

COUNCIL OF GOVERNORS

Meeting to be held on Thursday, 29 July 2021 at 14:30-16:30 via Cisco Webex
Videoconference. Livestreamed online for public viewing

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS	PAGE NO.
1. Preliminary Business					
1.1.	Introduction and apologies	Information	Chair	14:30	verbal
1.2.	Declarations of Interest	Information	Chair		verbal
1.3.	Minutes of previous meetings - Minutes of Council of Governors meeting held on 27 May 2021	Approval	Chair	14:35	3
1.4.	Matters arising (Action Log)	Approval	Chair		12
1.5.	Chair's Report	Information	Chair	14:40	verbal
2. Performance Update and Strategic Outlook					
2.1.	Chief Executive's Report	Information	Chief Executive	14:55	verbal
2.2.	Integration Update	Information	Director of Strategy and Transformation	15:20	13
2.3.	COVID-19/ Service Restoration update	Information	Deputy Chief Executive and Chief Operating Officer	15:30	16
2.4.	Corporate Quality Objectives update	Information	Chief Nurse	15:40	18
2.5.	Quarterly Patient Experience and Complaints reports – To Note	Information	Chief Nurse	15:45	Attached separately
3. Governor Updates					
3.1.	Nominations & Appointments Committee Report	Information	Membership Manager	15:50	27
3.2.	Governor Activity Report	Information	Membership Manager/ Governors	15:55	28
3.3.	Membership Engagement Report	Information	Membership Manager	16:05	40
3.4.	Youth Involvement Group Report	Information	Youth Involvement Group Governors	16:10	verbal
3.5.	Governors Log of Communications	Information	Chair	16:20	43

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS	PAGE NO.
4. Concluding Business					
4.1.	Foundation Trust Members' Questions	Information	Chair	16:25	verbal
4.2.	Any Other Urgent Business	Information	Chair	16:30	verbal
	Date and time of next meeting <ul style="list-style-type: none"> • Annual Members Meeting: Thursday, 16 September 2021, from 17:30 – 19:30 • Council Of Governors: Tuesday 30 November 2021, from 14:00 – 16:00 	Information	Chair		

Minutes of the Council of Governors Meeting of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) held in public on Thursday 27 May 2021 at 14:00-16:00 by videoconference

In line with social distancing guidance at the time of this meeting due to the COVID-19 Coronavirus pandemic, this meeting was held as a videoconference and broadcast live on YouTube for public viewing.

Present

Name	Job Title/Position
Jayne Mee	Interim Chair of the Board and Chair of the Council of Governors
Hessam Amiri	Public Governor
Ashley Blom	Appointed Governor (University of Bristol)
Graham Briscoe	Public Governor
John Chablo	Public Governor
Carole Dacombe	Public Governor
Sophie Fernandes	Appointed Governor (Joint Union Committee)
Tom Frewin	Public Governor
Chrissie Gardner	Staff Governor, Non-Clinical Staff
Hannah McNiven	Staff Governor, Nursing and Midwifery
Hannah Nicoll	Appointed Governor (Youth Involvement Group)
Sue Milestone	Public Governor
Sally Moyle	Appointed Governor (University of the West of England)
Mo Phillips	Public Governor / Lead Governor
Ray Phipps	Public Governor
John Rose	Public Governor
Martin Rose	Public Governor
John Sibley	Public Governor
Others in attendance:	
David Armstrong	Non-executive Director
Julian Dennis	Non-executive Director
Bernard Galton	Non-executive Director
Jane Norman	Non-executive Director
Martin Sykes	Non-executive Director
Steve West	Non-executive Director
Robert Woolley	Chief Executive
Paula Clarke	Director of Strategy and Transformation
Deirdre Fowler	Interim Chief Nurse
Neil Kemsley	Director of Finance and Information
Mark Smith	Deputy Chief Executive and Chief Operating Officer
Matt Joint	Director of People

Alex Nestor	Deputy Director of People
William Oldfield	Medical Director
Eric Sanders	Director of Corporate Governance
Sarah Murch	Membership Manager
Rachel Hartles	Membership and Governance Officer (Minutes)

Jayne Mee, Interim Chair, opened the meeting at 14.00

Minute Ref:	Item	Actions
1.0 Preliminary Business		
COG1.1/05/21	1.1 Chair's Introduction and Apologies	
	<p>The Chair, Jayne Mee, welcomed everyone to the meeting. She notified those in attendance via videoconference that the meeting was being streamed live online via YouTube for public viewing. She reminded members of the public who were watching the livestream that the meeting should not be recorded.</p> <p>Apologies had been received from Governors Aishah Farooq, Debbi Norden, Graham Papworth, Penny Parsons, Jane Sansom, Malcolm Watson, Mary Whittington and Garry Williams. Apologies had also been received from Sue Balcombe, Non-Executive Director.</p> <p>Jayne congratulated recently re-elected Governors. She also thanked Governors who would be stepping down on 31 May 2021 at the end of their term of office (Penny Parsons, Mary Whittington and Jane Sansom) and wished them well. Mo Phillips, Lead Governor, read a letter received from Penny Parsons to say thank you to the Council of Governors. Jayne also wished Matt Joint well as he stepped down from his position as Director of People on the Board of Directors and welcomed Alex Nestor who would be stepping up to the Interim Director of People role until a replacement had been appointed</p>	
COG1.2/05/21	1.2 Declarations of Interest	
	There were no new declarations of interest from Governors relevant to items on the agenda.	
COG1.3/05/21	1.3 Minutes from Previous Meeting	
	<p>Governors considered the minutes of the meetings of the Council of Governors held on 28 January 2021 and 25 March 2021.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the minutes of the Council of Governors meetings held on 28 January 2021 and 25 March 2021 as a true and accurate record of the proceedings. 	
COG1.4/05/21	1.4 Matters Arising/Action Log	
	<p>Governors noted updates on the actions from previous meetings as follows:</p> <p>Extraordinary COG 25/3/21: <i>Governors requested an update on the Trust's action plan to address the recommendations from the recently-published report into the CQC inspection of the BRI Emergency Department.</i> It was confirmed that an update was provided to Governors at their recent Quality Focus Group. Action completed.</p> <p>COG4.2/01/21: <i>Director of People to look into application of annual leave</i></p>	

	<p><i>policy to ensure that it was fair and consistent and to report back to Governors.</i></p> <p>Matt Joint, Director of People, confirmed the Trust was confident the annual leave policy was fair and consistently used across the Trust. <u>Action completed.</u></p> <p>COG3.4/07/20: <i>More information to be provided to Governors about alcohol-related ED attendances.</i></p> <p>Lucy Parsons was due to meet with the Governors at their next Quality Focus Group on 14 July and this would be discussed then. <u>Action ongoing.</u></p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Approve the updates to the action log. 	
COG1.5/05/21	1.5 Chair's Report	
	<p>Jayne Mee, Interim Trust Chair, gave a brief update to Governors on her recent activity. Key points were as follows:</p> <ul style="list-style-type: none"> • Due to COVID rules being relaxed, Jayne had been able to spend more time at the hospitals and had seen more staff in the Trust. A programme of departmental visits for the Non-executive Directors had been arranged for the coming months starting in June, subject to Government guidelines. • Meetings had been held to discuss the new Integrated Care System (ICS) and how different NHS bodies could increase work collaboratively. The Non-executive Directors had been invited to two workshops to understand the development of the ICS in more detail, along with how they could participate. • Meetings between Jayne and staff networks and staff-side unions were ongoing. <p>There were no comments from the Governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chair's Report for Information. 	
2.0 Performance Update and Strategic Outlook		
COG2.1/05/21	2.1 Chief Executive's Report	
	<p>Robert Woolley, Chief Executive, provided an update on the main issues facing the Trust. Key points included:</p> <ul style="list-style-type: none"> • The financial plan for the new financial year was currently being mapped out and would prove to be challenging for the Trust • The number of COVID infections in the hospital was small, but capacity was difficult • Work was ongoing to thank staff for their hard work during the pandemic and provide wellbeing support to everyone • The recruitment for a new Director of People was ongoing and a search for a new Medical Director was starting • The action plan that had arisen from the Care Quality Commission (CQC) inspection of the BRI Emergency Department was now being implemented • The Trust was still promoting the 'It's not OK' campaign to combat increased levels of violence and aggression from patients towards staff • The Board had discussed the Weston Medical ward CQC inspection and noted the action plan in response to the inspection 	

	<ul style="list-style-type: none"> • The Trust had been advised that there would be a whole-Trust CQC inspection in June to include a 'Well-led' inspection. The Governors were advised that as part of this, they would be invited to attend a focus group with the CQC. • The Arts and Culture programme was supporting staff and patient recovery through a variety of ways which included: <ul style="list-style-type: none"> ○ Work on the Weston Division staff garden and courtyard gardens in the Bristol Heart Institute; ○ Work had been commissioned to create artwork within the Bristol Haematology and Oncology Centre; ○ A range of illustrations had been printed and distributed around the Trust as well as a colouring competition for children of staff; ○ Elizabeth Osmond, a consultant neonatologist at St Michael's Hospital, was one of the prize winning finalists in the 2021 FPM-Hippocrates Health Professional Prize for Poetry and Medicine; ○ The latest patient newspaper 'Boredom Buster 2' had been launched in the Trust and distributed to wards and staff as well as other NHS providers. <p>There were no comments from the Governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chief Executive's report for Information. 	
COG2.2/05/21	2.2 Weston Integration Update	
	<p>Paula Clarke, Director of Strategy and Transformation, provided the Governors with an update on the integration between the Bristol and Weston hospital sites following the merger last year. Key points included:</p> <ul style="list-style-type: none"> • The integration programme was a core priority for the Board. The clinical services integration had stalled due to the COVID-19 pandemic, however this had been restarted and two additional services had been approved for integration recently (Gynaecology and Resuscitation Services) • Teams in Bristol and Weston had met to understand processes that needed merging and the work that would be involved • The Corporate Services work stream had been closed due to the majority of services having now integrated • Work had started on developing a new set of values for the Trust • The Digital services convergence had moved to phase 2, which included the rollout of the Medway Patient Administration System • The Healthy Weston Programme had been reviewed and would restart shortly. <p>Governor questions included:</p> <ul style="list-style-type: none"> • Graham Briscoe, Public Governor (North Somerset), asked how many staff were involved in the Urology staff transfer to North Bristol NHS Trust. Paula confirmed that it was a small team, and that the service would still run from Weston General Hospital. Graham further queried how the Trust would ensure staff who were not employed directly through the Trust would follow the values of the Trust. Paula confirmed that there had always been a substantial amount of cross-site working, and all staff were expected to follow the principles and behaviours expected on the site they were working on. Jayne Mee 	

	<p>confirmed that training for staff was set by NHS England and Improvement and therefore training was similar in all organisations. Jayne also confirmed that the Values that were being developed by the Trust would be communicated to all staff on all sites from all NHS backgrounds.</p> <ul style="list-style-type: none"> • John Rose, Public Governor (North Somerset), commented on the difficulty in keeping track of the various work streams in relation to the Weston integration and the Integrated Care System (ICS) development. Paula advised that an easy to read table could be produced and circulated to Governors surrounding the various work streams in the Weston integration programme and the groups responsible for each one. It was noted that the work streams for the ICS were still in development but they would be added to the table once they were agreed. <p>ACTION: Paula Clarke to produce a table of all work streams ongoing in the Weston integration programme and the responsible groups for circulation to the Governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Weston Integration Update report for Information. 	Paula Clarke
COG2.3/05/21	2.3 Financial Plan for 2021/22/Update on Operational Plan	
	<p>Neil Kemsley, Director of Finance and Information presented a report on the Financial Plan for 2021/22 and an update on the Operational Plan. Key points included:</p> <ul style="list-style-type: none"> • National financial planning guidance for 2021/2022 was released in late March 2021 and only included information for the first six months of the financial year. • National guidance called for a greater system emphasis for 2021/2022 than in previous years. • Financial risks for the plan had been assessed and mitigated in full • Capital for the Bristol, North Somerset and South Gloucestershire (BNSSG) had been confirmed at approximately £121m. The Trust was expected to spend approximately £85m of this. • The financial plan had been approved by the Trust Board after rigorous discussion in the Finance and Digital Committee. <p>Questions asked by the Governors included:</p> <ul style="list-style-type: none"> • Mo Phillips, Public Governor, asked what information could be shared with members and the public relating to the plans for the coming year. Neil advised that it would be useful to highlight information about the key areas of investment, for example the Weston integration programme, intensive care, oncology, cardiac services, and staff wellbeing. This detail would be clearer in the operating plan which was due to go to the Board in June 2021 and would be provided to the next Council of Governors meeting in July 2021. • Ray Phipps, Public Governor, asked whether the high risk areas around staff retention and recruitment were acceptable to the Trust. Alex Nestor, Deputy Director of People, provided assurance that there was significant focus at present on recruitment and retention in the Trust. <p>Members RESOLVED to:</p>	

	<ul style="list-style-type: none"> • Receive the Financial Plan for 2021/22/Update on Operational Plan for Information. 	
COG2.4/05/21	<p>2.4 Covid-19 Update and Recovery and Restoration</p> <p>Mark Smith, Deputy Chief Executive and Chief Operating Officer, provided the Governors with a verbal update on COVID-19 and the recovery and restoration of services in the Trust. Key points included:</p> <ul style="list-style-type: none"> • In January 2021, 34% of the bed base within the Trust was being used by COVID-positive patients, however in May 2021, it had reduced to less than 1% of the bed base • The waiting lists had grown significantly over the pandemic; however the size of the waiting lists in the Trust were in line with other teaching hospitals around the UK • The Trust had been selected to be an 'accelerator site' along with 12 other sites in the UK to deliver an increase in patients seen in the area. The accelerator status provided additional capital and ability to earn additional funds linked to additional activity. The programme varied between different specialities based on the requirements of the patients. <p>Governor questions included:</p> <ul style="list-style-type: none"> • John Rose, Public Governor, asked whether the Non-executive Directors were assured that every effort was being made with system partners to improve the position the Trust was in, in relation to the 174 Medically Fit for Discharge (MFFD) patients. Mark Smith confirmed that the number of patients in this status was an average within the Trust; however funding had been withdrawn for the community support required for patients to be discharged and the Trust was working with all system partners to improve the situation. • Hannah McNiven, Staff Governor, asked whether there were specific areas of focus for the accelerator programme. Mark confirmed that there were five work streams being planned, which would focus on different approaches to bringing more patients into the Trust while keeping the infection prevention and control measures as stringent as possible. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the COVID-19 Update and Recovery and Restoration for Information. 	
COG2.5/05/21	<p>2.5 Patient Experience Report and Patient Complaints Report</p> <p>The Trust's Quarterly Patient Experience Report and Patient Complaints reports were provided to Governors to provide information on the Trust's activities in these areas.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Patient Experience and Complaints reports to note. 	
3.0 Governor Decisions and Updates		
COG3.1/05/21	<p>3.1 Nominations and Appointments Committee Report</p> <p>Nominations and Appointments Committee Report <i>Julian Dennis, Non-Executive Director, left the meeting</i></p> <p>Non-executive Director Re-appointment</p>	

	<p>The Governors were advised of Julian’s recent appraisal and the Nominations and Appointments Committee’s recommendation for re-appointment into the second year of his third and final three-year term of office. There were no dissenting voices, and his re-appointment was therefore approved.</p> <p><i>Julian Dennis re-joined the meeting.</i></p> <p>Committee Terms of Reference The Committee Terms of Reference were provided to the Governors and updates were noted as including minor amendments to terminology only. The Governors approved the Terms of Reference.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the re-appointment of Julian Dennis as Non-Executive Director into the second year of his third and final three-year term of office. • Approve the Terms of Reference for the Nominations and Appointments Committee subject to the changes suggested. 	
COG 3.2/05/21	<p>3.2 Appointment of Lead Governor</p>	
	<p><i>Mo Phillips, Public Governor, left the meeting.</i></p> <p>Governors had been invited to nominate themselves or others for the position of Lead Governor for the coming year. The only person to receive nominations for the role was Mo Phillips, the current Lead Governor. Governors were asked therefore to approve her continuation in the role for a further year. There were no dissenting voices.</p> <p><i>Mo Phillips re-joined the meeting.</i></p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve Mo Phillips continuation in the role of Lead Governor from 1 June 2021 to 31 May 2022. 	
COG 3.3/05/21	<p>3.3 Governor Activity Report</p>	
	<p>Sarah Murch, Membership Manager, presented the report on the Governors recent activity demonstrating that Governors had continued to carry out their duties. They had continued to hold Non-executive Directors to account and to raise issues on behalf of their members. Governors were also asked to approve the Governor Focus Group Terms of Reference. Key points included:</p> <ul style="list-style-type: none"> • The Membership team had provided the Governors with a survey to assess effectiveness and how operations could be improved. An action plan had been created based on the results of the survey and would be used to inform work over the year ahead. The action plan would be monitored through the Constitution Focus Group. • Chairs and deputy chairs had been appointed for each of the Governor Focus Groups for the year ahead. • The Membership team had agreed to review and benchmark the structure of groups over the year ahead but requested the Governors approved the Terms of Reference for the current year. <p>There were no comments from the Governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report for Information. 	

	<ul style="list-style-type: none"> • Approve the Terms of Reference for the Focus Groups for the next 12 months. 	
COG3.4/05/21	<p>3.4 Membership Engagement Report</p> <p>Sarah Murch, Membership Manager, presented the Membership Engagement Report to the Governors. Key points included:</p> <ul style="list-style-type: none"> • Engagement with Foundation Trust members in the period had mainly focussed on the Trust's governor elections held between March and May 2021, along with the regular communications that were sent to members by the Trust • The Membership team organised virtual events for members and the public, and the next one was a virtual Health Matters Event on Learning Disabilities in June 2021. <p>There were no comments from Governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report for Information. 	
COG3.5/05/21	<p>3.5 Elections to the Council of Governors</p> <p>Sarah Murch, Membership Manager, presented a paper on the Elections to the Council of Governors. Sarah advised the Governors that the election results included the re-appointment of five Governors (Mo Phillips, Sue Milestone, John Rose, Graham Briscoe and Chrissie Gardner) and the appointment of six new Governors (Annabel Plaister, Khushboo Dixit, Mohammad Rashid, Charlie Bolton, Shabnum Ali and Jocelyn Hopkins).</p> <p>All seats had been filled and there had been a contested election in each category, including, for the first time in many years, a contested election in the 'Other Clinical' staff governor category. The turnout for the elections had been average but it was acknowledged that the team could try to improve this next year. The next step would be to induct governors into the group.</p> <p>There were no comments from the Governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report for Information. 	
COG3.5/01/21	<p>3.5 Governors' Log of Communications</p> <p>Governors noted the report of the most recent questions that Governors had asked directors via the Governors' Log of Communications. It was noted that since this report, one question had been answered (the Digital Programme question) and another question had been added to the Log (about nosocomial infection by aerosol spread).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Governors' Log of Communications for Information. 	
4.0 Concluding Business		
COG4.1/05/21	<p>4.1 Foundation Trust Members' Questions</p> <p>There had been no questions asked for the meeting via the YouTube livestream or in advance of the meeting.</p>	

COG4.2/05/21	4.2 Any Other Business	
	Mo Phillips, Lead Governor, thanked Sarah Murch and Rachel Hartles for all the work they had done to arrange the online meetings over the last year and ensuring all meetings were effectively run.	
COG4.3/05/21	4.3: Meeting close and date of next meeting	
	The Chair declared the meeting closed at 15:35. The date and time of the next meeting of the Council of Governors would be Thursday 29 July 2021, 2pm-4pm.	

DRAFT

Council of Governors meeting – 29 July 2021 - Action Log

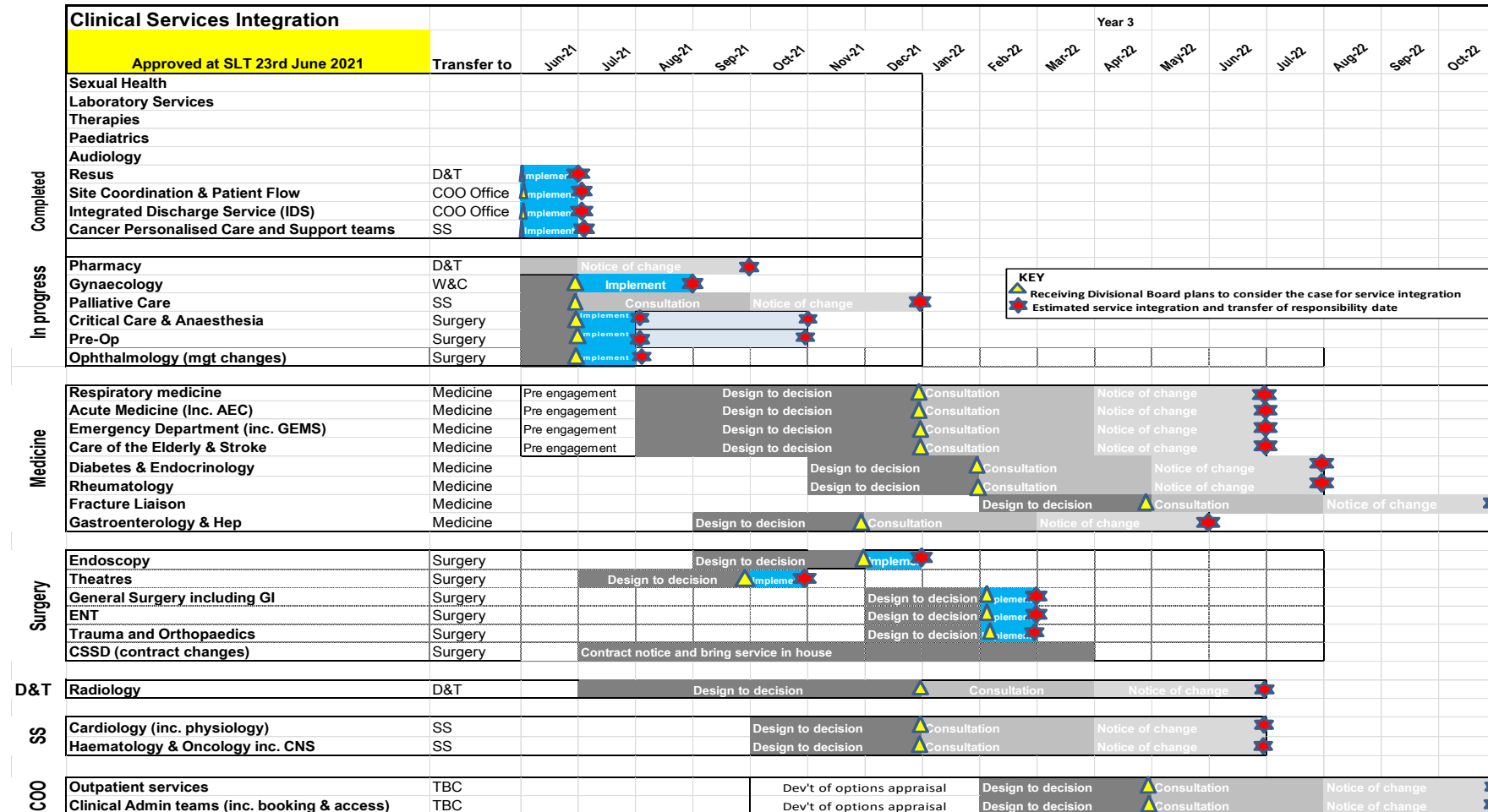
Outstanding actions following the Council of Governors meeting held on 27 May 2021					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	COG2.2/05/21	Paula Clarke to produce a table of all work streams ongoing in the Weston integration programme and the responsible groups for circulation to the Governors.	Director of Strategy and Transformation	July 2021	Action complete – on agenda for today’s meeting (Item 2.2)
2.	COG3.4/07/20	More information to be provided to governors about alcohol-related ED attendances	Deputy Chief Executive/ Chief Operating Officer	July 2021	Action complete – response provided from Lucy Parsons, Deputy Chief Operating Officer, as follows: <i>No noticeable effect of pub restrictions during covid, other than immediate / one off increases in attendances related to lockdowns lifting which is probably human nature and to be expected. BRI is well supported by SWAST who run the Alcohol Recovery Centre – essentially a unit where people who are intoxicated but who have no other significant injury / illness and have been triaged by a paramedic are cared for until they are safe to go home. We have looked at whether similar support for Weston ED would be helpful but given the closure of the ED at 10pm the impact of alcohol on attendances is not significant enough to warrant the same approach.</i>

Meeting of the Council of Governors on Thursday, 29 July 2021

Report Title	Item 2.2: Integration Programme Update
Report Author	Claire Weatherall – Senior Programme Manager
Executive Lead	Paula Clarke – Director of Strategy and Transformation

1. Report Summary
<p>The public board pack provides governors with the full report which sets out the progress being made with the clinical and corporate integration programme, following the merger in April 2020.</p> <p>Clinical and corporate teams across the Trust continue to work together to provide integrated services for patients.</p> <p>Full details are available in the public board pack</p> <p>Appendix 1 (below) provides the summary view of the clinical services integration plan</p> <p>Appendix 2 (below) provide the clinical integration update from the monthly Integration Programme Report (IPR)</p>
2. Key points to note <i>(Including decisions taken)</i>
<p>The Council of Governors should note:</p> <ul style="list-style-type: none"> • Integration progress made to date • The intention to brief governors further on progress at the next Governors Strategy Group meeting on 9th September 2021
3. Advice and Recommendations
<ul style="list-style-type: none"> • This report is for Information.
4. History of the paper Please include details of where paper has <u>previously</u> been received.

Appendix 1: Reset Clinical Integration Schedule



Appendix 2: Progress against Clinical Services Integration Plan (June21)

Delivery Streams – Clinical Services

June 2021

A Delayed/Partially Achieved

Progress Against Clinical Services Integration Plan

Service Integration Status	% of Services	Number of Services
Completed	28%	9
In progress - off track	44%	14
In progress - on track	0%	0
Not started	28%	9
Total	100%	32

Key Points:

- Resus, IDS, Site Coordination & Patient Flow and Cancer Personalised Care & Support Teams transferred on the 1st July 2021.
- Pharmacy consultation closed 12th June and are now working through their notice period. Palliative Care consultation commenced 22nd June.
- 72% or 23 services have commenced the integration process. 9 have completed and the remaining 14 are behind plan for their originally planned Divisional Board decision date. Revised decision dates are shown in Figure 1.

Recovery Actions:

- Full engagement from service leads and other relevant parties is essential to meeting the revised board decision dates which were approved by SLT in month.
- Cooperation is required with the accelerated workshop approach, including the release of infrequent, compressed time of some clinical staff.
- The continuation of PMO funding post March-22 to be confirmed.

Phase	Service	Receiving Division	Status	Original Divisional Board Decision Date	Revised Divisional Board Decision Date	Notes
Phase 1	Sexual Health	Medicine	Completed	08 October 2020		Transferred 01/11/20
	Laboratory Services	D&T	Completed	30 September 2020		Transferred 01/11/20
	Therapies	D&T	Completed	30 September 2020		Transferred 01/11/20
	Gynaecology	W&C	In progress - off track	06 November 2020	Approved 07/05/21	Transfer date 01/09/21
	Pharmacy	D&T	In progress - off track	28 October 2020	Approved 25/11/21	Consultation closed-transfer date Sept21
Phase 2	Paediatrics	W&C	Completed	05 February 2021	Approved 05/03/21	Transferred 06/04/21
	Resus	D&T	Completed	27 January 2021	Approved 26/05/21	Transferred 01/07/21
	Audiology	D&T	Completed	27 January 2021	Approved 24/02/21	Transferred 06/04/21
	Palliative Care	SS	In progress - off track	27 January 2021	Approved 24/02/21	In consultation-transfer date Oct21
	Integrated Discharge Service (IDS)	COO office	Completed	04 February 2021	Approved 06/05/21	Transferred 01/07/21
	Patient Flow	COO office	Completed	04 February 2021	Approved 06/05/21	Transferred 01/07/21
	Endoscopy	Surgery	In progress - off track	02 February 2021	02 December 2021	
	Critical Care and Anaesthesia	Surgery	In progress - off track	02 February 2021	Approved 01/07/21	Transfer date 01/08/2021
	Pre-op	Surgery	In progress - off track	02 February 2021	Approved 01/07/21	Transfer date 01/08/2021
	Gastroenterology & Hep	Medicine	In progress - off track	28 January 2021	25 November 2021	
	Care of the Elderly & Stroke	Medicine	In progress - off track	28 January 2021	23 December 2021	
Emergency Department (inc. GEMS)	Medicine	In progress - off track	28 January 2021	23 December 2021		
Phase 3	Outpatient services	COO	In progress - off track	17 June 2021	TBC	
	Booking and access	COO	In progress - off track	17 June 2021	TBC	
	Theatres	Surgery	In progress - off track	03 August 2021	05 October 2021	
	Haematology and Oncology	SS	In progress - off track	23 June 2021	22 December 2021	
Phase 4	Cancer Personalised Care & Support teams	SS	Completed	16 September 2021	N/A	Transferred 01/07/21
	Rheumatology	Medicine	Not started	23 September 2021	27 January 2022	
	Acute Medicine (Inc. AEC)	Medicine	In progress - off track	23 September 2021	23 December 2021	
	Diabetes & Endocrinology	Medicine	Not started	23 September 2021	27 January 2022	
	Respiratory medicine	Medicine	Not started	23 September 2021	23 December 2021	
	Fractural Liaison	Medicine	Not started	23 September 2021	21 April 2022	
	General Surgery including GI	Surgery	Not started	5 October 2021	01 February 2022	
	Trauma and Orthopaedics	Surgery	Not started	5 October 2021	01 February 2022	
	ENT	Surgery	Not started	5 October 2021	01 February 2022	
	Radiology	D&T	Not started	29 September 2021	TBC	
	Cardiology (inc. physiology)	SS	Not started	22 September 2021	22 December 2021	

Figure 1: A table to show the progress of clinical integrations

Meeting of the Council of Governors on Thursday, 29 July 2021

Report Title	Item 2.3: COVID-19 / Service Restoration Update
Report Author	Restoration Oversight Group
Executive Lead	Mark Smith, Deputy Chief Executive and Chief Operating Officer

1. Report Summary
This is a report from the Restoration Oversight Group, which is now overseeing the restoration of hospital services disrupted by the pandemic. The report was received by the Senior Leadership Team and the Quality and Outcomes Committee this month and is shared with governors for information.
2. Key points to note <i>(Including decisions taken)</i>
See report.
3. Advice and Recommendations
<ul style="list-style-type: none"> This report is for Information.
4. History of the paper Please include details of where paper has <u>previously</u> been received.
Senior Leadership Team and Quality and Outcomes Committee – July 2021

Programme Title: Restoration Oversight Group

15th July 2021

Programme Manager : Susan Philpott

Operational Programme Lead:
Divisional Directors

Senior Responsible Officer: Mark Smith

Recent Progress

Project RAG

- Programme mandate for restoration recovery and renewal signed off.
- Priorities for subgroups submitted for ROG review.
- Wellbeing and Workforce working group established to identify gaps in risk mitigations and develop a methodology for capturing feedback from staff.
- Bed model testing group revisited opportunities for additional capacity.

Progress against plan

Risks

Aims for Next Month

- Wellbeing and workforce priorities and delivery mechanism defined.
- KPIs and trajectories in place for each sub group priorities (ongoing).
- Confirm alternative site for Eye hospital diagnostic hub.

Benefit Realisation

Key Messages (Challenges, Risks, Awareness, Discussion)

- Staff well being risks do not have sufficient mitigations in place. These are being worked up as part of a separate working group focussing on staff wellbeing. Methodology and action plan to be discussed at ROG 19/07/21
- Patient demand normalises before our capacity can be increased remains high. (RAG 16) Risk is being monitored via ROG and the Capacity and Demand Steering Group. No further update on current mitigations.
- Elective capacity will be significantly impacted by the delay in additional 16-24 BHI ward beds being completed. (RAG 15) Bed model testing group to present to ROG opportunities for additional capacity.

Meeting of the Council of Governors on Thursday, 29 July 2021

Report Title	Item 2.4: Progress Report against Corporate Quality Objectives: Q1
Report Author	Chris Swonnell, Head of Quality & Patient Experience
Executive Lead	Deirdre Fowler, Chief Nurse

1. Report Summary
<p>This report was received by the Board’s Quality and Outcomes Committee in July to provide an update of progress towards achieving corporate quality objectives for 2021/22. It is shared with governors for information to ensure that all governors are formally aware of the quality objectives that have been selected for 2021/22.</p> <p>Governors will receive regular progress reports on an ongoing basis through the year through their Quality Focus Group.</p>
2. Key points to note <i>(Including decisions taken)</i>
<p>The Council of Governors should note:</p> <ul style="list-style-type: none"> • Taking into account the ongoing challenges of recovery and restoration, five corporate quality objectives have been selected for 2021/22, representing a continuation of three existing objectives which had necessarily been ‘paused’/delayed due to the pandemic, plus two new objectives – improving the experience of discharge from hospital, and the experience of patients with a learning disability. • At the end of quarter 1, three of the five objectives were rated as being ‘blue’ (on-plan), one was rated ‘amber’ and one had yet to commence.
3. Advice and Recommendations
<ul style="list-style-type: none"> • This report is for Information.
4. History of the paper Please include details of where paper has <u>previously</u> been received.
<p>Senior Leadership Team 21/7/21 Quality and Outcomes Committee 26/7/21</p>

Subject: Quarter 1 update on Corporate Quality Objectives
Report to: Senior Leadership Team / Quality & Outcomes Committee
Author: Chris Swonnell, Head of Quality and Patient Experience
Date: 16th July 2021

Introduction

Taking into account the ongoing challenges of recovery and restoration, five corporate quality objectives have been selected for 2021/22, representing a continuation of three existing objectives which had necessarily been ‘paused’/delayed due to the pandemic, plus two new objectives – improving the experience of discharge from hospital, and the experience of patients with a learning disability.

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

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

At the end of quarter 1, three of the five objectives were rated as being ‘blue’ (on-plan), one was rated ‘amber’ and one had yet to commence.

Progress at end of Quarter 1

Objectives:	Year to date progress
1. Delivering the NHS Patient Safety Strategy	Amber
2. Improving the availability of information about physical access to our hospitals to ensure patients and visitors know how to get to services in the easiest possible way, particularly patients with disabilities.	Blue
3. Supporting and developing the participation of lay representatives in Trust groups and committees	Blue
4. Improving the experience of patients with a learning disability	Blue
5. Improving patient experience of discharge from hospital	Grey

Objective 1	Delivering the NHS Patient Safety Strategy
Rationale and past performance	<p>In July 2019, NHS Improvement published the first ever national patient safety strategy, setting the direction of travel for patient safety in the NHS in England for the foreseeable future. The strategy recognises that:</p> <ul style="list-style-type: none"> • Patient safety has made great progress since the publication of “To err is human” 20 years ago but there is much more to do. • The NHS does not yet know enough about how the interplay of normal human behaviour and systems determines patient safety. • The mistaken belief persists that patient safety is about individual effort. People too often fear blame and close ranks, losing sight of the need to improve. More can be done to share safety insight and empower people – patients and staff – with the skills, confidence and mechanisms to improve safety. • Getting this right could save almost 1,000 extra lives and £100 million in care costs each year from 2023/24. The potential exists to reduce claims provision by around £750 million per year by 2025. <p>Addressing these challenges will enable the NHS to achieve its safety vision; to continuously improve patient safety. To do this, the NHS will build on two foundations: a patient safety culture and a patient safety system. Three strategic aims will support the development of both:</p> <ol style="list-style-type: none"> 1. improving understanding of safety by drawing intelligence from multiple sources of patient safety information (Insight) 2. equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (Involvement) 3. designing and supporting programmes that deliver effective and sustainable change in the most important areas (Improvement).
What will we do?	<p>In 2020/21, we will deliver Year 1 of UHBW priorities to implement the national strategy. To do this we will:</p> <ol style="list-style-type: none"> 1. Be ready to transition to new Patient Safety Incident Response Framework from March 2022 by: <ul style="list-style-type: none"> • Conducting a thematic situational analysis on which to base a UHBW incident response plan • Developing a UHBW patient safety incident response plan • Identifying, recruiting and developing trained, objective patient safety investigation specialists (note: achievement is reliant on access to Healthcare Safety Investigation Branch patient safety incident investigation training commissioned by NHS Improvement). 2. Further develop UHBW just and restorative culture by: <ul style="list-style-type: none"> • Delivering a programme of patient safety development in Weston to mirror existing provision in Bristol • Reviewing patient safety approach in UHBW to mitigate risk of blame culture. 3. Provide patient safety training and development in line with the National Patient Safety curriculum. Specifically: <ul style="list-style-type: none"> • Level 1 Health Education England training “essentials of patient safety” will be made available for all UHBW staff (note: compliance reporting is not required until 2022/23)

	<ul style="list-style-type: none"> We will review existing patient safety training and development in UBHW and align with Health Education England principles in the interim. <p>4. Meaningfully involve patients and families in improving patient safety in UHBW. Specifically, in 2021/22 we will:</p> <ul style="list-style-type: none"> Conduct a “readiness for involvement” assessment and develop our involvement plan.
Measurable target/s for 2021/22	<ol style="list-style-type: none"> Revised interim patient safety approach in place: <ul style="list-style-type: none"> Bristol and Weston patient safety update aligned and focusing on safety culture, safety systems, continuous improvement, human factors awareness and sharing learning from incidents by end Q1. Moving towards patient safety incident investigations adopting HSIB principles and format by end Q2 Thematic situational analysis completed by end of Quarter 2. Readiness for involvement assessment completed and plan in place by end of Quarter 2. Measurement of the percentage attendance for patient safety update training for clinical staff in Weston by the start of Quarter 3. Patient safety incident response plan drafted by end Quarter 3, with Board approval by the end of Quarter 4. Trained patient safety incident investigators in place by end of Quarter 4.
How progress will be monitored	Through quarterly reporting to: Patient Safety Group, Clinical Quality Group and Senior Leadership Team.
Board sponsors	Chief nurse and medical director
Implementation lead	Head of quality and patient safety
Progress to date	<ul style="list-style-type: none"> A programme of patient safety development in Weston to mirror existing provision in Bristol commenced May 2021 and is ongoing; approximately 200 out of 800 clinical staff have attended to date. Level 1 Health Education England training “essentials of patient safety” is forecast to become available from August 2021. Existing patient safety training and development in UBHW and alignment with Health Education England principles in the interim has been completed. Initial scoping and engagement has commenced in the involvement work stream and a plan is being developed for the “readiness for involvement” assessment. Our current UHBW patient safety programme is being refreshed with a new programme manager in post. Commencement of the situational analysis has been delayed due to need to respond to a number of urgent regulatory requirements and national emerging patient safety risks requiring urgent action.
RAG rating	Amber - a number of initiatives have commenced but some are delayed

Objective 2	Improving the availability of information about physical access to our hospitals to ensure patients and visitors know how to get to services in the easiest possible way, particularly patients with disabilities.
Rationale and past	The hospitals which make up the Trust’s Bristol site have grown and developed over the past hundred years. We receive consistent feedback that our estate

performance	can be challenging to navigate, particularly for patients and visitors with a physical disability. In 2019/20 we successfully secured charitable funding to enable the Trust to partner with an organisation called AccessAble to survey our estate and produce on-line Access Guides. Work to achieve this objective commenced in 2020/21 but was paused as a result of the COVID-19 pandemic.
What will we do?	In 2021/22, working with AccessAble, we will re-commence the surveying of over 230 locations and create detailed web and app-based access guides for patients and the public, providing visual and descriptive information about our Trust estate, including Weston General Hospital.
Measurable target/s for 20221/22	Success will be measured by implementation of the project, including production of a 'recommendations matrix' to guide future decisions about how and where we could improve access, subject to future funding.
How progress will be monitored	Via the Patient Inclusion and Diversity Group, reporting to Patient Experience Group
Board sponsor	Chief nurse
Implementation lead	Patient and public involvement lead
Progress to date	Planning has taken place during Q1 to enable the re-start of surveying in July 2021. This has included a validation exercise of the locations to be surveyed at Weston General Hospital, South Bristol Community Hospital and a review of the methodology by the Trust's Infection Prevention and Control team. An additional location, Avon Partnership NHS Occupational Health Service, has been included in the schedule of work under a separate agreement bringing added value to the initiative for staff. Surveying work is scheduled to conclude in September 2021 with a validation exercise of the draft access guides planned for Q3.
RAG rating	Blue - planning completed ahead of recommencement of site surveys in Bristol and Weston

Objective 3	Supporting and developing the participation of lay representatives in Trust groups and committees
Rationale and past performance	<p>This objective sets out to influence and develop the practice of lay partner involvement in UHBW as part of a growing move in the NHS to develop the concept and practice of patient leadership. This represents a continuation of a journey which commenced in 2016 with the patient and community leadership programme, "Healthcare Change Makers", which was a collaboration between UH Bristol, North Bristol NHS Trust and Bristol Community Health, with additional input from the local Clinical Commissioning Group and Healthier Together, with facilitation provided by the Centre for Patient Leadership.</p> <p>At the beginning of 2020/21 we launched this work by holding a workshop with existing lay representatives and other colleagues to identify opportunities to improve the support and development we offer people in such roles. The workshop concluded that, whilst participants felt they understood their role, were respected and had influence, there were opportunities for improvements in the support offered (particularly emotional support), the connectivity between lay representatives (peer sharing) and the diversity of participants.</p> <p>Whilst the impact of COVID-19 resulted in the pausing of significant progress in relation to this objective there has been some activity to ensure we are well placed to make progress on this area of work in 2021/22. Significantly, this</p>

	includes capitalising on the potential that the delivery of the National Patient Safety Strategy offers the Trust in respect of modelling the new approach to lay representation that we originally set out to achieve (see Objective 1 above).
What will we do?	<p>During 2021/22 we will:</p> <ul style="list-style-type: none"> • Devise and launch a new support and development package for lay representatives including refreshed recruitment materials • Develop an internal communications plan to more effectively publicise and promote the value of working with lay representatives and the processes for recruitment/training • Update our internal guidance for staff who are considering recruiting lay representatives • Increase the number of opportunities for lay representatives to join the organisation as volunteers • Develop and support the former Weston General Hospital Patient Council as a corporate patient feedback resource • Explore opportunities to partner with local health and social care providers so that UHBW training can be shared across organisations. • Support the implementation of the National Patient Safety Strategy as it relates to lay representation
Measurable target/s for 2020/21	<p>Our targets for 2021/22 are:</p> <ul style="list-style-type: none"> • For all Trust lay representatives to attend at least one training, support and development activity • To develop and deliver an internal communications plan, to be launched in Quarter3 2021/22 • To have recruited at least four new lay representatives to Trust groups • To have mapped out an implementation plan to deliver that part of the National Patient Safety Strategy as it relates to lay representation
How progress will be monitored	Via quarterly reports to the Patient Experience Group
Board sponsor	Chief nurse
Implementation lead	Patient and public involvement lead
Progress to date	<p>During Q1 activity has taken place to support the emerging patient leadership agenda in networks hosted by the Trust and the implementation of the National Patient Safety Strategy. By working together on this common agenda during Q2 we will be in a position to deliver a consistent approach to patient leadership across the trust. Work has continued to define the role and support needs of the former Weston General Hospital Patient Council in the context of the corporate Patient Experience and Voluntary Services team whilst maintaining their focus and passion for patient care at that hospital. Work has continued, with the support of the Carers Support Centre, to identify and recruit lay representatives to the trust's Learning Disability Steering Group. Four potential lay representatives will join the meeting of that group as observers in July as part of that recruitment process.</p>
RAG rating	Blue – commenced and on plan

Objective 4	Improving the experience of patients with a learning disability
Rationale and past performance	Research shows that people with learning disabilities have poorer health and receive poorer healthcare than people without learning disabilities. Patients with a learning disability who access services provided by our Trust should expect to be cared for and communicated with by staff skilled in recognising

	<p>complex care needs in both inpatient and outpatient environments. We want to ensure patients with a learning disability and the people who care for them feel engaged and listened to, and that they have a voice in how we plan and deliver services.</p> <p>Legislation requires that public bodies, including providers of health and social care, monitor their performance in identifying and addressing these issues. https://digital.nhs.uk/services/general-practice-gp-collections/service-information/learning-disabilities-observatory</p> <p>UHBW has submitted data to NHS Digital as a newly merged organisation, leading to the development of a robust improvement plan where shortfalls in service provision were identified.</p> <p>UHBW is also committed to learning from the recommendations of an independent review into the death of Oliver McGowan, a young man with a mild learning disability and autism who had received care from numerous agencies across Bristol, North Somerset and South Gloucestershire.</p> <p>The Trust currently employs a small team of learning disability nurses who advise, support and signpost staff with enquiries; they carry out some clinical assessments but do not currently offer any regular in house training.</p>
<p>What will we do?</p>	<p>We will:</p> <ul style="list-style-type: none"> • Hold a learning disability ‘Health Matters’ interactive virtual learning event in the first quarter of the year; external and internal speakers will be invited as well as a carer with lived experience and a person with autism; invitations will be sent to all staff within the organisation, as well external professionals nationally/locally and carers/people with a learning disability. • Ensure that identified staff from across the Trust from a range of disciplines complete the Oliver McGowan pilot tier one and two training programme (20 Tier 2 training places are available for UHBW). Tier 1 training is designed for all staff including volunteers who have limited contact with people with a learning disability/Autism; Tier 2 is a blended all day face to face/online event, aimed at staff who have clinical involvement with people with a learning disability/autism. The pilot for both tiers will run until November 2021. The 20 staff chosen to attend Tier 2 training are from a wide spectrum of professions within our organisation. The pilot also provides an opportunity for UHBW to influence the national mandatory training proposal. • Establish and expand a new network of Learning Disabilities Champions across the Trust who will identify early in a patient’s journey their care needs and the resources needed to meet those needs. • Participate in a BNSSG system-wide pilot project to develop and implement a robust system to record Reasonable Adjustments; this will support staff to identify people with a learning disability and ensure they receive equitable care and treatment. • Undertake reviews of the Emergency Department (BRI/BRCH/BEH & Weston) environments for patients with sensory impairments and/or learning disabilities; this will be a peer review with North Bristol NHS Trust, led by the patient experience team and with service user engagement, with the aim of identifying improvements aimed at reducing anxiety and distress for patients and their carers. • Develop with the ED team prompt cards to assist in our out-of-hours attendance and management of people with a learning disability.

	<ul style="list-style-type: none"> • With the help of our clinicians, carry out a retrospective audit of ReSPECT forms for people with a learning disability during the Covid-19 pandemic, looking at the use of the Mental Capacity Act (2005) and best interest decision making; any learning will be shared and used to improve practice. • Develop a standard operating procedure (SOP) for adding learning disability alerts to our Medway patient administration system; this will ensure that patients who present with a learning disability will have an alert flag on their hospital record which correctly reflects their diagnoses and any requirements for reasonable. • Organise an autism whole day event with invited speakers including those with lived experience (although at present the Trust does not currently have a commissioned autism service, we recognise that people with a learning disability can also have an autism diagnoses - having an awareness event will allow staff to engage and take learning to further support positively this cohort of patients). • Work collaboratively with BNSSG partners to carry out an ‘end to end’ review of the patient pathway followed by Oliver McGowan to ensure lessons are learned. • Make a bid to our hospital charity ‘Above and Beyond’ for equipment and resources to improve the experience of people with a learning disability, such as noise reducing headphones, sensory distraction equipment and communication books. • Relaunch the learning disability group at Weston General Hospital; this is a multidisciplinary group with an agenda led by service users and their carers.
Measurable target/s for 2021/22	Our target is to deliver each of the commitments set out above.
How progress will be monitored	Via Learning Disability Steering Group and BNSSG Learning Disability/Autism provider network
Board Sponsor	Chief Nurse
Implementation lead	Head of Safeguarding & Learning Disability Services
Progress to date	<ul style="list-style-type: none"> • Our learning disability ‘Health Matters’ awareness event took place on 22nd June, with 50 registrants; speakers included a parent/‘expert by experience’ and learning disability nurses (both community and hospital based). The event was attended by carers and internal/external professionals. We are still in the process of gathering feedback but have received expressions of interest from internal staff to become LeDeR reviewers, and carers who want to join our Learning Disability Steering Group. • The Learning Disability Team have developed ED prompt cards for high risk patients - currently being trialled • Two clinicians have taken the lead in undertaking the ReSPECT audit • A draft SOP for adding Medway alerts has been written and will be taken to the Safeguarding Operational Group and Learning Disability Steering Group • The Learning Disability Team have been successful in securing £4k for reasonable adjustments • The Learning Disability Group (service user led) is due to recommence

	<p>based at WGH in August</p> <ul style="list-style-type: none"> • A role outline for a Learning Disability Champion has been developed in draft • Patient experience leads from UHBW and NBT have met and are actively planning for peer reviews of our EDs and have submitted a co-production bid for service user engagement in the 'end to end pathway' review.
RAG rating	Blue – commenced and on plan

Objective 5	Improving patient experience of discharge from hospital
Rationale and past performance	A well organised and timely discharge for patients is an important element of their hospital journey. We know from patient feedback that receiving a safe, coordinated and planned discharge helps patients and their families to leave hospital feeling as if they have been well looked after, and well prepared to adapt back to their home environment. Discharging our patients earlier in the day also supports the flow of patients across the organisation, enabling UHBW to deliver a proficient, safe and appropriate admission pathway for patients. We have previously set annual quality objectives relating to improving discharge (most recently in 2016/17), but we recognise that there is more work to do.
What will we do?	<p>During 2021/22, we will:</p> <ul style="list-style-type: none"> • Focus in particular on releasing time for staff to be able to deliver improvements in discharging patients from hospital. We will undertake diagnostic work, through a time in motion study, by observing our nursing staff, quantifying time undertaken on non-value-adding tasks, enabling the teams to be freed up to plan and deliver an improved discharge experience for our patients. • Create qualitative channels (via questionnaires and focus groups) to encourage staff to identify efficiency savings in the way they perform their duties in order to create additional capacity to progress safe and timely patient discharges. • Work in partnership with local Healthwatch to better understand patients' experiences of discharge from hospital and to co-design service improvements. <p>We also envisage that this will, by its nature, be an iterative objective and that further ideas and initiatives will emerge and be explored as the year progresses.</p>
Measurable target/s for 2020/21	Success will be measured in the achievement of the plans described above, and specifically in achieving a measurable improvement in timely discharge from hospital.
How progress will be monitored	<p>Delivery of the time in motion study and identified recommendations for delivery will be monitored through the Productive Hospital Steering Group, and Restoration Oversight Group.</p> <p>Co-production activity with local Healthwatch will be monitored via Patient Experience Group.</p>
Board sponsors	Chief nurse and chief operating officer / deputy chief executive
Implementation leads	<p>Deputy chief operating officer</p> <p>Improvement lead, Transformation Team</p> <p>Assistant chief nurse</p>
Progress to date	Work on this objective will commence in Q2.
RAG rating	Grey - Not due to start yet

Meeting of the Council of Governors on 29 July 2021

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

1. Report Summary

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

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

There have been no meetings of the Nominations and Appointments Committee since the last Council of Governors meeting.

However, several vacancies have arisen on the Committee, and governors have been asked to come forward to fill those vacancies.

According to the Committee's Terms of Reference, there should be 12 governors on the committee: 8 public, 2 staff and 2 appointed governors. Vacancies for one public governor and 2 staff governors arose due to governors leaving office. Martin Rose (Public Governor) and Charlie Bolton (Staff Governor) have come forward so far to fill these vacancies. Governors are therefore asked to approve their appointment to the committee and note that there is still one staff governor vacancy to be filled.

3. Recommendations requiring Council of Governors approval

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

- Appointment of Charlie Bolton and Martin Rose to the Nominations and Appointments Committee.

Meeting of the Council of Governors on Thursday 29 July 2021

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

1. Report Summary

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

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

2. Key points to note

(Including decisions taken)

- All governor meetings in the period were carried out virtually as video-conferences in line with the social distancing restrictions due to the COVID-19 coronavirus pandemic.
- Since the last Council of Governors meeting on 27 May, seven new governors have joined the Council of Governors, and three have left. All 29 seats on the Council of Governors are now filled and there are no vacancies. June-July has therefore been a period of induction and integration of new governors.
- Key issues arising in governor discussions in this period have been the Care Quality Commission inspection of the hospitals in June and its outcome, hospital pressures, management training, staff culture and staff wellbeing, and membership engagement.
- As well as their usual meetings, governors contributed to the Trust's annual Quality Account, attended a meeting with Care Quality Commission inspectors as part of the Trust inspection, and attended online sessions of a national governor conference.
- Governors have decided to change the name of one of their governor groups, and the Group Terms of Reference have been altered accordingly and require **approval** from the Council of Governors.

GOVERNOR MEETINGS

Governor Groups: Most governor work is carried out through three Governor Groups, the Quality Focus Group, the Governors' Strategy Group, and the Constitution Focus 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

One meeting was held in this period on 14 July 2021, attended by 12 governors. The following topics were discussed:

- **Organisational Development Update – Workplace Wellbeing:** Mike Sheppard, Psychological Wellbeing Lead and Claire Haley, Workplace Wellbeing Lead, gave governors a presentation about wellbeing provision for staff at the Trust.
- **Urgent and emergency care throughout COVID:** Lucy Parsons, Deputy Chief Operating Officer (Urgent and Emergency Care) talked to governors about the effect of the pandemic on the Trust's urgent and emergency care services and current issues including the pressure on services, and the effect of the relaxing of COVID-19 restrictions nationally.
- **Communications Update:** Emma Mooney, Director of Communications, talked to governors about how the Trust's communications strategy had adapted to the merger and to the pandemic.
- **Quality and Outcomes Committee Chair's Report and People Committee Chair's Report:** Non-Executive Directors Julian Dennis and Bernard Galton were in attendance in their respective roles of Chair of the Quality and Outcomes Committee and Chair of the People Committee to update governors on their current areas of focus. Governors sought assurance on the challenges around discharging patients, the Trust's work with its partners in the community and the wider health system, the Trust's recovery and restoration plan, management training, and the recruitment of overseas nurses.
- The next meeting of the Quality Focus Group will be held on 9 September 2021.

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

There were no meetings in this period. The next meeting will be on 9 September 2021.

3. Constitution Focus Group – Governor Chair: Ray Phipps

One meeting was held in this period, on 14 July 2021, attended by 9 governors. Agenda items included:

- **Audit Committee Chair's Report:** David Armstrong, Non-Executive Director, presented the Audit Committee Chair's Reports from the committee's meetings in April and May 2021, in particular highlighting the committee's work around the Annual Report and Accounts. Governors asked questions about the Trust's digital agenda, and also the adequacy of ventilation in the Trust's estate. They also enquired about main areas of risk going forward identified by the Audit Committee and requested an interim report between now and the next Constitution Focus Group meeting in January 2022.
- **Membership Strategy update:** Governors noted a report on progress against the

membership strategy. There was a discussion about the increased use of social media for membership promotion, different ways to engage staff, and ideas for events for members.

- **Annual Members Meeting draft agenda:** Governors received the draft agenda for the Trust's 2021 Annual Members' Meeting for comment.
- **Governor Elections:** Governors received the outcome report on the governor elections, including a comparison of voter turnout rates with previous years.
- **Governor Focus Groups: Outcome of Benchmarking Exercise:** Governors received a report comparing UHBW's governor group structure with those in other Trusts. Governors concluded that while the remit of UHBW's governor groups was generally fit for purpose, they agreed that a change of name for the 'Constitution Focus Group' to the 'Membership and Constitution Group' would better reflect its purpose. It was decided to change the group name on this basis, and the Terms of Reference have been updated accordingly for Council of Governors approval.
- **Governor Self-Assessment Survey – update on Action Plan:** Governors received an update on the action plan arising from the 2021 Council of Governors Self-Assessment Survey.
- The next meeting will be held on 13 January 2022.

Other governor activity in the period included:

Governor/NED Engagement Sessions: Governors hold regular informal engagement meetings with the Chair and Non-Executive Directors to allow them to seek assurance around any topics of interest to assist them in their duty to hold them to account. There was one session in this period, held on 24 June 2021 and attended by 14 governors, the Interim Chair and 5 Non-Executive Directors. Assurance was sought around the Care Quality Commission inspection of the Trust's hospitals which took place in June, management and leadership training at the Trust, staff culture, disclosure issues around patients who died after contracting Covid in our hospitals, progress of the elective accelerator programme, and the way in which the Trust shares information and answers questions.

Governor Development Seminar Afternoon: The Trust has a duty to provide its governors with training for their role, and so holds regular seminar days for governors. There was one in this period, held virtually on 15 June 2021 and attended by 16 governors. Topics covered included:

- **Introduction to the Governor Role:** This was a session on the governor role and its statutory duties, primarily aimed at the new governors.
- **Welcome by the Chief Executive:** Robert Woolley, Chief Executive, informed governors of key issues facing the Trust at present.

- **Breakout Group Session:** New and existing governors introduced themselves and discussed their thoughts on the role.
- **Care Quality Commission Inspection:** Chris Swonnell (Head of Quality -Patient Experience and Clinical Effectiveness) briefed governors on the current inspection in preparation for the governors' meeting with the CQC on 23 June.
- **About UHBW:** Mark Smith, Deputy Chief Executive/Chief Operating Officer gave an overview of UHBW including how the Trust was structured and how operational performance was measured.

Governor meeting with the Care Quality Commission (CQC): As part of the Care Quality Commission's inspection of the Trust's hospitals in June, CQC inspectors met with a number of governors on 23 June 2021 so that governors could share their assessment of the Trust's leadership and explain how they carried out their role.

Governor Statement for the Quality Account: Governors contributed to the Governors' Statement that will go in the 2020/21 Quality Account for UHBW. The annual Quality Account is a record of the quality of the care provided by NHS organisations across all of the healthcare services they deliver. Governors are invited to read it when it is in draft format and contribute a statement giving their views which is then published as an appendix in the final version of the Quality Account. This year, the Governors' Statement was written by Carole Dacombe with the help of John Rose, Martin Rose and Mo Phillips, it was seen and reviewed by all governors, and was submitted on 9 July 2021.

Governor Focus Conference: UHBW Governors were invited to attend sessions of NHS Providers' Governor Focus Conference in July. This is the main national annual conference for NHS Foundation Trust governors, and was held online from 6-8 July with around 480 governors attending in total over the three days. Five governors from UHBW attended sessions which included an update on national policy, the role of governors in system-working (Integrated Care Systems) and how governors can help to enable a wellbeing culture for staff. Governor representation at national events is recommended so that UHBW can receive national updates that are relevant to their role and learn from best practice. Governors have been invited to take part in more virtual workshops that NHS Providers are organising for governors in the autumn.

Public Board meetings: A number of governors watched livestreamed meetings of the Board of Directors on 27 May, to observe the Board conducting their business.

Advice and Recommendations

- The Council of Governors is asked to **note** this update for information.
- The Council of Governors is asked to **approve** a change to the Terms of Reference for the Governor Focus Groups for 2021/22 to reflect the change of name of the Constitution Focus Group to the Membership and Constitution Group.

Terms of Reference – Focus Groups for Governors

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

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

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

Terms of Reference – Focus Groups for Governors

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.

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1. Purpose

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

2. Authority

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

3. Reporting

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

4. Chairing

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

5. Membership and Attendance

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

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

6. Focus Groups Objectives

The objectives of each Focus Group are as follows:

~~6.1~~ Constitution Focus Group Membership and Constitution Group

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

6.2 *Governors Strategy Group*

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

6.3 *Quality Focus Group*

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

7. **Secretariat Services**

7.1 Focus Groups shall be facilitated by the Trust Secretariat, specifically the Membership Team. This shall include the scheduling of meetings dates, circulation of papers for meetings and note taking.

7.2 In addition to the “~~Reporting~~Reporting” requirements, as detailed at 3.1, the facilitator of each meeting shall keep notes of the meeting as a record for decisions and future plans. These will be circulated to all attendees following each meeting.

8. **Frequency of Meetings**

8.1 The governors annual cycle of meetings will be available at the beginning of each Financial Year from the Trust Secretariat. An overview of the standing items for each meeting is available as Appendix 1.

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

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

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

	Lead	May-21	Jul-21	Sep-21	Nov-21	Jan-22	Mar-22
QUALITY							
Review of Corporate Quality Objectives – Quarterly	To note in QOC Chair item						
Quality and Outcomes Committee and People Committee Chairs' Reports	Non-executive Director						
Integrated Quality and Performance Report	To note in QOC Chair item						
Selection of audit indicator for Quality Report and governor input into Quality Report (if necessary)	Chief Nurse/ Head of Quality						
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)						
Patient Experience Group/Carers' Group Update (ad hoc depending on PEG/Carers' Group meeting dates)	Nominated governor						
Governors' Log of Communications - six month look back	Membership Manager						

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

Terms of Reference – Focus Groups for Governors

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

Meeting of the Council of Governors on Thursday 29 July 2021

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

1. Report Summary

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

2. Key points to note

Current and planned membership engagement activity has increased over the last two months and has been enhanced with fresh ideas from other Trusts and newly-elected governors. Members have continued to receive email newsletters with reports from their governors, the Membership Team has organised virtual events for members, we have run a social media campaign to promote governors and membership (the Governors' Social Media Takeover Week – w/c 12 July), and members have raised a number of issues with governors in the period.

3. Membership Numbers

Membership Numbers: The breakdown of members by constituency class is shown below. On 6/7/21 there were 6,295 public FT members compared with 6,464 public Foundation Trust members at 18/3/21.

Membership Constituency Classes	6/7/21	18/3/21
Public Constituency		
Bristol	3,307	3,418
North Somerset	1,224	1,250
South Gloucestershire	1,104	1,125
Rest of England and Wales	660	671
Total Public Membership	6,295	6,464
Staff Constituency		
Medical and Dental	2,081	2,136
Nursing and Midwifery	5,424	5,458

Other Clinical Healthcare Professionals	2,291	2,428
Non-Clinical Staff	4,142	4,178
Total Staff Membership	13,938	14,200
TOTAL PUBLIC AND STAFF MEMBERSHIP	20,233	20,664

4. Progress against Membership Strategy

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

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

1. AWARENESS

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

A social media campaign to raise awareness of governors and membership has been taking place in July, with a 'Governor Social Media Takeover' week taking place w/c 12 July 2021. This included a number of posts and images introducing different governors, explaining the governor role and the benefits of membership on the Trust's social media channels (Twitter, Facebook and Instagram).

2. COMMUNICATION

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

- **Public Membership (email members):** A monthly e-newsletter is sent to all public members for whom we have an email address (41% of the total membership). The newsletter is produced by the membership team and is introduced by a different governor each month as a means to directly engage with their constituents. The June 2021 edition was introduced by Mo Phillips, Public Governor, and the July edition was introduced by John Rose, Public Governor. In May-June work was carried out to compare UHBW's membership newsletter offer with those in other Trusts, and improvements have been made as a result.
- **Public Membership (postal members):** Just under 60% of the Trust's public Foundation Trust membership is not contactable by email. Currently we write to these members twice a year, with the last mailshot in March and the next planned for August. As part of August's mailshot, it is proposed that we continue carrying out the Membership Strategy's objective to update our public membership records by including a letter asking some of the members who joined more than ten years ago to re-affirm their membership. If they do not respond, we will assume that they no longer wish to be members and we will cancel their membership.

- **Staff Members:** Articles in staff newsletters informed staff of the results of the governor elections and invited staff to Health Matters Events.
- **Young Members:** Young members are engaged through the Youth Involvement Group at Bristol Royal Hospital for Children, which has been sending out regular newsletters and holding online meetings.

3. ENGAGEMENT

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

Virtual Events: The Membership Team organises public events known as ‘Health Matters Events’ to inform and engage members, staff and the public in the work of the Trust. Two virtual Health Matters events have been organised so far in 2021 as follows:

- *Wed 12 May 2021: Health Matters – Stroke Awareness.* This was part of National Stroke Awareness Month and aimed to raise awareness of the impact of strokes on individuals and families. It was attended by around 30 people.
- *Tues 22 June 2021: Health Matters: Learning Disabilities Liaison Provision (UHBW)* Around 50 people attended this event to hear talks about different aspects of support for people with Learning Disabilities accessing care in our hospitals.

These events are good opportunities to showcase not only the work of the Trust but also our health and care partners in the wider system. The talks were led by Trust staff but included speakers from Sirona Care and Health, the Carers’ Support Centre, Bristol After Stroke and the Stroke Association.

Issues raised by members in this period: Foundation Trust members, both public and staff, can raise questions with the Trust’s leadership through their the governors that represent them. Members in this period have raised questions about nosocomial infection by aerosol spread and ventilation of the Trust’s buildings, sexual health services at Weston General Hospital, the redevelopment of the Quantock outpatients area at Weston General Hospital, issues around discharging patients from Bristol Royal Hospital for Children, and affordable accommodation for Trust staff.

4. Priorities for the next quarter

The next period will include focus on:

- Reports from each of our staff governors in Newsbeat and exploration of other ways for staff governors to engage with their constituents – July-Sept 2021
- Organising future membership events
- Survey of our members in August 2021
- Postal mailshot and membership data tidy-up in August 2021
- Annual Members’ Meeting/AGM in September 2021

Advice and Recommendations

- This report is for **Information**.

Meeting of the Council of Governors on Thursday 29 July 2021

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

1. Report Summary	
<p>The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.</p>	
2. Key points to note <i>(Including decisions taken)</i>	
<p>Since the last public Council of Governors meeting on 27 May 2021, 3 new questions have been added to the Governors' Log of Communications, and 6 responses received. All questions have now been closed by governors, though some issues will still be pursued via governor meetings.</p>	
3. Advice and Recommendations	
<ul style="list-style-type: none"> This report is for Information. 	
4. History of the paper Please include details of where paper has <u>previously</u> been received.	
<i>Board of Directors meeting in public</i>	<i>29 July 2021</i>

ID **Governor Name**

253 Charles Bolton

Theme: Mental Health/Bed availability**Source:** Governor Direct**Query** **25/06/2021**

I understand that the Children's Hospital may be experiencing some pressure on bed availability due to a high number of admissions of young adults/older children with mental health issues arising from the pandemic. Is this the case and, if so, is there a strategy for addressing the situation?

Division: Women's & Children's Services**Executive Lead:** Chief Nurse**Response requested:****Response** **05/07/2021**

It is correct that the Children's Hospital has been experiencing greater numbers of admissions of children and young people with mental health needs, specifically and notably these have been presentations with anorexia nervosa.

We are providing data to the CCG in relation to these presentation. We have stood up a cross system surge and capacity project group with the CCG,AWP – Avon and Wiltshire Mental health partnership, inclusive of locality CAMHS Eating disorders leads, CAMHS operations lead and ourselves to address immediate actions and longer term solutions addressing this surge in numbers and acuity. Currently this approach is working well and we do not currently have higher numbers today as inpatients than is usual at this time of year – however this fluctuates regularly.

In addition, there are now twice weekly CAMHS escalation calls, cross system - social care, CCG, CAMHS, AWP, NBT, BRI & BRHC, reviewing all delayed discharges within acute hospital beds related to CAMHS.

Status: *Closed*

ID **Governor Name**

252 John Rose

Theme: Sexual Health Services in Weston

Source: From Constituency/ Members

Query **02/06/2021**

Can the Trust update the Governors on the running of the sexual health clinic at Weston General Hospital? It would appear that there has been a prolonged period where no consultant has been to Weston to run the clinic and this is causing concern to their patients.

Division: Other

Executive Lead: Medical Director

Response requested: 18/06/2021

Response **11/06/2021**

We are interviewing for the post of Genito-urinary Medicine (GUM) consultant for the WISH clinic later this month. In addition, we have successfully recruited a locum Sexual and Reproductive Health consultant who will start in August for six months.

To ensure our patients have continued to receive appropriate care and treatment in the interim. The Consultants and clinical team at the Bristol based Unity Sexual Health clinic have been supporting the nursing team in the WISH service by attending the clinic weekly and seeing patients as required, providing advice and support and where appropriate patients have been offered appointments in Bristol.

Status: Closed

Query 26/05/2021

During the height of the COVID-19 pandemic, hospitals including ours made enquiries to determine the extent of transmission of the virus to patients while in hospital. Figures varied between 1 in every 7 patients and 1 in every 4. I find these figures quite alarming especially as some patients are likely to be immune response compromised. Recent research has pointed to aerosol spread of virus particles as a contributory factor in enclosed areas with inadequate ventilation (ventilation being the adequate supply of fresh or artificially purified air to all areas occupied).

The World Health Organisation published their advice on "Natural Ventilation For Infection Control in Healthcare Settings" updated in 2009 - ISBN 978 924 154785 7 and there may be more recent advice from NHS England.

1. Has UHBW carried out surveys to assess compliance with the WHO or more recent standards of ventilation in all occupied areas under its control and if so what are the findings?

2. If no surveys have been implemented I would like assurance that these will be carried out coupled with the establishment of an action plan.

3. Has the Trust recognised the risk of aerosol spread of COVID-19 and other airborne infections (T.B., Influenza, etc) and included this on its risk register?

I have attached information (2 documents) on aerosol infection spread and survey methods using carbon dioxide level monitoring to establish the effectiveness of ventilation. Levels of carbon dioxide give an indication of the build up of exhaled breath in occupied areas and thus an approximation of how effective the ventilation is.

Division: Trust-wide**Executive Lead:** Chief Nurse**Response requested:****Response 02/06/2021**

1. Has UHBW carried out surveys to assess compliance with the WHO or more recent standards of ventilation in all occupied areas under its control and if so what are the findings?

There is a Trust ventilation safety Group managed through the Estates Department which includes clinical representation and IPC. There are Health Technical Memorandum (HTM's) produced by the Department of Health which describe the ventilation assurance for the hospital. As part of this compliance of the ventilation system is formally checked annually. This was carried out in 2020. There are a number of clinical areas where the ventilation systems, such as Theatre, must be fully compliant with specific air changes required per hour.

Throughout the pandemic we have been mindful of the issues around ventilation across the organisation. Each clinical area has been assessed against the current national (HTM O3-01). Certain parts of the older estate have poor ventilation, and efforts have been made to improve the situation. These have ranged from working with the estates department to increase the number of air changes in certain clinical areas, to simply opening windows.

2. If no surveys have been implemented I would like assurance that these will be carried out coupled with the establishment of an action plan.

Ventilation assurance is via the ventilation safety group. The ventilation compliance is monitored through this group with appropriate actions.

3. Has the Trust recognised the risk of aerosol spread of COVID-19 and other airborne infections (T.B., Influenza, etc) and included this on its risk register?

The critical issue with all infections is the way that transmission occurs. There remains some debate about aerosol versus droplet spread of SARS-CoV-2, although

ID **Governor Name**

it is clear that transmission is more likely to occur in areas with poor ventilation. The other factors that influence increased COVID-19 transmission include how close people are together (less than 2 metres apart), the density of people (the more people in a small space the greater the transmission risk) and the use of PPE to minimise the potential for transmission. Although efforts to improve the ventilation in certain clinical areas have been undertaken, it needs to be acknowledged that the levels of carbon dioxide (as a surrogate for ventilation) is primarily a function of the number of individuals occupying that space. In the older estate it is clear that there are too many beds in a number of the bays, meaning that patients are unable to maintain the required 2 meters to socially distance as mandated by Public Health England guidance. Individual beds have been identified, and plans to remove them from the overcrowded areas have been formulated to enable compliance with national guidance, and reduce the risk of transmission. These plans have been discussed at a senior level, but have to be balanced against other organisational priorities. These issues have been entered onto the risk register.

Status: *Closed*

ID **Governor Name**
250 John Chablo

Theme: Digital Programme

Source: Project Focus Group

Query **12/05/2021**

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

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

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

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

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

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

Division: Trust-wide

Executive Lead: Director of Finance

Response requested:

Response **25/05/2021**

Due to a number of practical and technical reasons, over the last 15 months the digital hospital programme has experienced a number of delays however the programme has now been re-baselined and detailed planning is now in progress. The Trust is due to upgrade the current version of its Medway patient administration system on the Bristol site in July 2021, this will provide the foundation to progress the digitisation programme.

The Digital Hospital Programme Board which governs the delivery of the programme reviewed the current state of ePMA at the meeting held in May 2021 following concerns on the timelines for some of the core functionality required as outlined in the latest ePMA roadmap received from SystemC in March 2021.

UHB had worked with SystemC as a Development Partner to develop System C's ePMA product as part of the Global Digital Exemplar programme with a pilot launched in 2017. However, following an unsuccessful attempt to deploy the product more widely across the Trust in 2019, the Trust's fast follower (Whittington Trust) played a more active role in progressing the development of the product with System C with the Trust supporting as required. The Whittington's recent decision to progress an alternative product in early 2021 has further increased the concerns within UHBW about the timelines to realise a fully functioning ePMA product. The Board has now asked for an outline business case which will explore options on how to realistically achieve a suitable ePMA solution.

Currently, the Weston version of Medway is "ahead" of Bristol Medway due to its implementation of a later version in Sept 2020. On convergence of the two Medway systems (due to be completed in April 2022), the Trust will only operate one instance of Medway across its sites eliminating any compatibility issues. This approach has been validated as the most suitable approach with minimal risks to patient safety.

ID **Governor Name**

The Digital Hospital Programme Board is fully committed to the achievement of the Trust’s digital transformation agenda. Furthermore, increased Trust Board oversight is provided by the Finance and Digital Committee (that has replaced the former Finance Committee). Board Seminars are being planned for later in the year to consider the refresh of the Digital Strategy and related resourcing implications.

Status: *Closed*

Query 12/05/2021

The Governors are aware of the need to tackle the issues of bullying and harassment throughout the NHS, along with the challenges that this presents. We wish to seek assurance that UHBW has a comprehensive plan to tackle these issues throughout the trust - from awareness raising and prevention to the management of incidents when they occur. Has the required training in these issues been identified for all grades of staff?

Division: Trust-wide

Executive Lead: Director of People

Response requested:

Response 27/05/2021

To date, the priority has been to ensure appropriate support for the person(s) who feel they are being treated in an inappropriate way. Through consultation with stakeholders, the slogan 'Supporting Positive Behaviours' was adopted to de-stigmatise uptake of the resources. Below we outline the resources that comprise the Supporting Positive Behaviours framework:

1. A guide was written as a tool to help staff...
 - acknowledge rather than ignore the impacts on them
 - understand some of the reasons for others actions
 - enhance confidence in speaking with the person/people (promoting an informal approach first)
 - overviewing the support available through multiple channels.

The guide also includes a section for Managers of teams where bullying may be occurring, to help them...

- understand their role and responsibility
- know how to support staff
- acknowledge their own potential need for support

2. An e-learning session was created, presenting much of the self-help material from the above guide, but in an alternative medium for staff to access. Since launch in March 2020, 917 staff have accessed this non-mandatory training session.

3. A second e-learning session was created with more of an emphasis on preventing negative behaviours between staff by introducing the concept of unconscious biases in all of our thinking. The session uses exercises to encourage the learner to consider how they may have beliefs about any colleagues (or people more generally) who they view as different to them, and how this has the potential to affect their behaviour/treatment of those people, without them being consciously aware. This session links heavily to the Equality Diversity and Inclusion agenda. Since launch in July 2020, 1,015 staff have accessed this non-mandatory training session.

4. A workshop was developed for Managers, to support their learning of how to deal with conflict within their teams. The two hour session linked to the above content, but with more of an emphasis on how to support, resolve, signpost, escalate; as required of the situation. Unfortunately due to COVID-19, the delivery of

ID **Governor Name**

this session was impacted; meaning very few staff have as yet accessed it. Please see below.

5. In addition to existing channels of support (Trust Mediators, Freedom To Speak Up, Occupational Health etc), the procurement of an Employee Assistance Programme in 2020 has meant that all staff have 24/7 access to accredited counsellors able to support with matters including bullying and harassment.
6. The Organisational Development Team contributed to the updating of the existing Dignity at Work policy to ensure it reflected the above 'Supporting Positive Behaviours' approach. The re-launch of this policy has been delayed but is imminent.
7. Given the challenges and obstacles that surround this topic, a considered communications plan was designed to raise awareness of the new resources, whilst also attempting to normalise the topic; aiming to make it more acceptable for people to feel able to give informal feedback and seek informal resolution. Attached above is a poster which was used to help promote the work.

Work planned:

1. Delivery of the manager workshop (point 4 above) needs to be reviewed to see if it can resume as a face-to-face or live virtual option; or whether the content can appropriately be moved to an e-learning format.
2. Work is being explored to take a more preventative approach, by creating a support/learning resource for the person accused of (or self-suspecting) being a 'bully'. The intention here is that it can be offered as a tool for self-reflection and learning behaviour change when a grievance has been made...but also as a proactive tool that staff can self-access at any time in privacy.
3. Meetings are being held bi-monthly between the Freedom To Speak Up Guardians, members of Organisational Development and Employee Services to triangulate data (Staff Survey, Grievances, FTSU support requests, e-learning uptake) with the intention of better understanding how to provide more targeted responsive support in teams where there is an apparent culture of negative behaviour.
4. Work is being explored with the Learning Team to add a means of gathering feedback to the two e-learning sessions (points 2&3 in the above section), so that we can better understand the impact of these resources, and develop them in response to feedback.

Status: *Closed*

ID **Governor Name**
248 Carole Dacombe

Theme: Training

Source: Project Focus Group

Query 12/05/2021

The Governors are aware that there are many different levels and types of management roles across the trust, all of which are integral to staff support and development. Is the trust committed to ensuring that managers at all levels are provided with the required knowledge, skills and confidence to fulfil these roles? Are the sources of all such training (internal and external) clearly identified?

Division: Trust-wide

Executive Lead: Director of People

Response requested:

Response 27/05/2021

The trust is currently understanding a review of its management and leadership development training for both clinical and non-clinical staff. To date two engagement workshops have been undertaken and further listening workshop through an external process are planned for May and June 2021. A Training Needs Analysis is currently being undertaken as part of the OPP process of which leadership and management development is part. The aim of the work is to develop a new one point of access for development that integrates internal and externally available training inclusive of apprenticeship pathways. This work is also aligning with ICS development.

In the interim development has been re-instated for appraisal training and bespoke offers led from education for management and customer service training.

Status: Closed
