

## COUNCIL OF GOVERNORS

Meeting to be held on Thursday, 22 January 2026 at 13.00 – 15.30 in  
Clifton and Hotwells Meeting Rooms, St James Court

## AGENDA

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS	PAGE NO.
<b>Preliminary Business</b>					
1.	Welcome and Apologies	Information	Group Chair	13.00 (5 mins)	verbal
2.	Declarations of Interest	Information	Group Chair		
3.	Foundation Trust Members' Questions	Information	Group Chair		
4.	Minutes of Previous Meetings: • 18 November 2025	Approval	Group Chair		
5.	Matters Arising and Action Log	Approval	Group Chair		
<b>Strategic Outlook</b>					
6.	Group Chief Executive's Report, including a verbal update on the Resident Doctor's Discussions	Information	Group Chief Executive and Hospital Managing Director	13.05 (15 mins)	
7.	Update on Merger Planning - timelines and next steps	Information	Group Formation Officer	13.20 (30 mins)	
8.	Group Chair's Report	Information	Group Chair	13.50 (15 mins)	
<b><i>BREAK 14.05 – 14.15 (10 MINS)</i></b>					
9.	<b>Theme for this month:</b> People	Discussion	Non-executive Members of the People Committee and Jenny Lewis, Executive Lead	14.15 (40 mins)	
10.	Governor Questions from Group Public Board Meeting	Discussion	Group Chair	14.55 (15 mins)	verbal
<b>Governor Decisions and Updates</b>					
11.	Lead Governor Report	Information	Lead Governor	15.10 (5 mins)	
12.	Membership Strategy Update and Governor and Membership Forward Look	Information and Approval	Corporate Governance Manager	15.15 (5 mins)	
13.	Governor Elections 2026	Approval	Head of Corporate Governance	15.20 (7 mins)	
14.	Governors Log of Communications	Information	Group Chair	15.27 (3 mins)	
<b>Concluding Business</b>					
15.	Any Other Urgent Business	Information	Group Chair	15.30	verbal
	Date and time of next meeting: • <b>Council of Governors – Thursday 23<sup>rd</sup> April 2026, 10.00 – 12.30</b>	Information	Chair		

**Minutes of the Council of Governors Meeting on Tuesday, 18 November 2025, held in the  
 Clifton and Hotwells Meeting Rooms, St James' Court, Cannon Street, Bristol, BS1 3LH  
 and on Microsoft Teams**

**Present**

Name	Job Title/Position
Ingrid Barker	Group Chair of UHBW and NBT
Ben Argo	Public Governor
John Chablo	Public Governor
Paul Cousins	Public Governor (online)
Megan Crofts	Staff Governor, Medical and Dental (online)
Carolyne Crowe	Public Governor
Robert Edwards	Public Governor
Lisa Gardiner	Staff Governor, Non-clinical Staff
Reni George	Staff Governor, Nursing and Midwifery
Suzanne Harford	Public Governor
Rachel Harkness	Staff Governor, Nursing and Midwifery (online)
Robert Knowles-Leak	Public Governor
James Lee	Appointed Governor, UWE
Jude Opogah	Staff Governor, Non-clinical Staff (online)
Annabel Plaister	Public Governor
Janis Purdy	Public Governor
John Rose	Public Governor
Martin Rose	Public Governor (online)
John Sibley	Public Governor
Phil Smith	Public Governor
Chloe Somers	Public Governor
Paul Wheeler	Public Governor
David Wilcox	Appointed Governor, Bristol City Council (online)

**Others in attendance:**

Rachel Hartles	Membership and Governance Officer (Minutes)
Emily Judd	Corporate Governance Manager
Mark Pender	Head of Corporate Governance
Stuart Walker	UHBW Hospital Managing Director
Paula Clarke	Group Formation Officer
Rob Gittins	Project Management Office Director
Xavier Bell	Group Chief of Staff
Cath Cookson	Head of Finance - Financial Services and Assurance

**Ingrid Barker, Group Chair, opened the meeting at 10.00.**

Minute Ref:	Item	Actions
COG:01/11/25	<b>Chair's Introduction and Apologies</b>	
	<p>The Group Chair, Ingrid Barker, welcomed everyone to the Council of Governors meeting.</p> <p>Apologies had been received from Grace Burn, Sarah George, Jay-Jay Martin, Mark Patteson, Stuart Robinson and Phoebe Turner.</p>	

	<p>It was noted that a number of Governors had joined the meeting online.</p>	
<b>COG:02/11/25</b>	<b>Declarations of Interest</b>	
	<p>There were no new declarations of interest from Governors relevant to items on the agenda.</p>	
<b>COG:03/11/25</b>	<b>Foundation Trust Member Questions</b>	
	<p>There were no questions received from Foundation Trust members prior to the meeting.</p>	
<b>COG:04/11/25</b>	<b>Minutes from Previous Meeting</b>	
	<p>Governors considered the minutes of the meeting of the Council of Governors held on 22<sup>nd</sup> July 2025. Ben Argo, Public Governor, asked that the minutes clarify that his invite to Kettering General Hospital's Council of Governors was a virtual one, and this amendment was agreed.</p> <p><b>Members RESOLVED to approve the minutes of the Council of Governors meeting held in public on 22 July 2025 as a true and accurate record of the proceedings, subject to the change mentioned above.</b></p>	
<b>COG:05/11/25</b>	<b>Matters Arising and Action Log</b>	
	<p>The completed actions were noted, and outstanding actions were reviewed as follows:</p> <p><i>COG:14/07/25: Stuart Walker to provide an update on the Woodland Walkway to Governors.</i>  A post meeting note was added to minutes as follows:  It was confirmed that the steps from Horfield Road were rotten prior to the fire and so a firm had been instructed to replace these by September 2025. The section of the walkway damaged by the fire was still to be assessed and plans for the future of the walkway was being discussed with a variety of interested stakeholders. It was expected that this would take up to four months.</p> <p><b>Action Closed.</b></p> <p><i>COG:12/07/25: Corporate Governance Team to ensure the Quality Report is referenced and talked about at the Annual Members Meeting in September 2025.</i>  This was referenced in the Annual Members Meeting.</p> <p><b>Action Closed.</b></p> <p><i>COG:09/07/25: Update the Constitution changes agreed outside of the last meeting and circulate by email for approval.</i>  The changes required were more extensive than originally expected and so these were brought to the Council of Governors for approval under item 12 of today's meeting.</p> <p><b>Action Closed.</b></p> <p><i>COG:08/07/25: Ingrid to confirm to Governors once the Group Board had completed the anti-racism training</i>  Ingrid Barker, Group Chair, confirmed that training of all Group Board members had been considered and agreed as part of the Anti Racism</p>	

	<p>plan agreed at the last Group Board meeting and would be completed as soon as possible.</p> <p><b>Action Ongoing.</b></p> <p>COG:06/05/25: Negative experience at the hospital to be provided to Stuart Walker for investigation.</p> <p>This was provided to Stuart Walker.</p> <p><b>Action Closed.</b></p> <p><i>COG:05/07/25: Include an Annual Attendance item on the Business Cycle for the Council of Governors detailing the attendance of Governors at mandatory and highly recommended meetings.</i></p> <p>This was added to the business cycle and would be included annually going forward.</p> <p><b>Action Closed.</b></p> <p><i>COG: 08/05/25: Neil Kemsley to provide a case study of the Theatres Efficiency Programme conducted via Patient First to Governors.</i></p> <p>This was scheduled for September 2025 but there was no time available on the agenda so has been rescheduled for January 2026.</p> <p><b>Action Ongoing.</b></p> <p><b>Members RESOLVED to approve the action log.</b></p>	
COG:06/11/25	<p><b>Chair's Report</b></p> <p>Ingrid Barker, Group Chair, presented her report and expanded on her recent visits to the 3D Medical Centre in Frenchay, Jessie May Children's Hospice and Dermatology. Ingrid had also met with Lisa Galvani, Divisional Director for Medicine, to discuss her work as co-Chair of South Bristol Locality Partnership. She also highlighted a visit she had made to the Macmillan Centre on the Southmead site.</p> <p>Sarah Purdy, Vice Chair for NBT, advised that she had attended a Research Showcase at UHBW and commended the amount of innovation shown in the Trust.</p> <p>John Rose, Public Governor, asked whether the Group Board had contact with the Integrated Care Board (ICB) to help address the number of patients in hospital with no criteria to reside. Ingrid explained that information on the winter plan would come through the next item on the agenda, however she advised that the Group Board did approve both Trust's Winter Plans with the additional information provided by the ICB.</p> <p><b>Members RESOLVED to receive the Chair's Report for information.</b></p>	
COG:07/11/25	<p><b>Chief Executive Officer/ Hospital Managing Director's Report</b></p> <p>Stuart Walker, Hospital Managing Director, provided an update to the Group Chief Executive Officer's Report provided to Governors in the papers for the meeting. Stuart talked to the Winter Plan and the additional information provided by the ICB that equipped the Group Board with tangible actions to support both Trusts in decreasing the number of patients with no criteria to reside, in order to support the flow of the hospital. Stuart also explained the recent critical incident declared in the hospital and the reasons behind this and finished the update with a general overview of the performance of the Trust.</p>	

	<p>Annabel Plaister, Public Governor, asked about the number of patients with no criteria to reside and whether they were spread throughout the various hospital sites. Stuart agreed that there was a fairly proportionate number at each site.</p> <p>Rob Knowles-Leak, Public Governor, highlighted the number of senior staff that were taking up additional work while Resident Doctors were taking Industrial action, and asked what the cost of the industrial action was to the Trust. Stuart explained that there were a number of costs resulting from industrial action, not all of which were financial. He confirmed that the last period of industrial action financially cost the Trust around £700k, however this current period would cost more as elective activity was required to stay at 95%.</p> <p>John Sibley, Public Governor, raised concerns over 'failed discharges', where a patient is sent home and re-admitted to the hospital within a short period of time. He asked why patients were sent home for an assessment instead of being assessed in hospital. Stuart explained that patients were often assessed in hospital, but some patients were assessed as being well enough to have a fuller assessment at home. He reassured Governors that alongside the desire to keep a flow through the hospital, the Trust was also committed to patient safety and ensuring patients were safe enough to leave the Trust.</p> <p>Paul Wheeler, Public Governor, talked to recent media reports around the industrial action that included a plan from NHS England. He asked when the Group Chief Executive would be meeting with the resident Doctors as per the plan. Stuart advised that the meeting was due to take place in early December and an update would be provided in the next Council of Governors Group Chief Executive Report.</p> <p>Stuart Walker finished his update by talking about the recent Bristol NHS Group Stakeholder event where updates to the Joint Clinical Strategy were discussed, along with a presentation from the Trust on the potential merger with NBT and the clinical plans should it proceed. He advised it was a productive and positive event with many stakeholders attending.</p> <p>Paul Wheeler, Public Governor, asked about private healthcare companies using NHS facilities which was recently featured in the media and whether the Governors could understand more about what private companies were using the NHS facilities in the Trust. Stuart explained that many Trusts would have partnership agreements with private companies. He advised that the Trust was undertaking a full, competitive procurement exercise to ensure transparency, ongoing value for money, and robust assurance.</p> <p><b>Members RESOLVED to receive the Chief Executive Officer/Hospital Managing Director's Report for information.</b></p>	
COG: 08/11/25	Theme for this month: Quality	
	Sarah Purdy, Vice Chair of NBT and Chair of the Quality and Outcomes Committee, invited Steve Hams, Group Chief Nursing and Improvement Officer, to provide a presentation on the work of the Quality and Outcomes Committee. Steve provided the Council of Governors with an	

	<p>overview of the different areas covered in the Committee, along with current workstreams and outcomes before inviting questions from Governors.</p> <p>John Rose, Public Governor, asked about the various inpatient surveys conducted in the Trust and asked whether any outpatient surveys conducted. Steve advised that although no specific outpatient surveys were conducted, a Friends and Family Test was provided and this helped to understand what was positive and negative about the outpatient areas in the Trust. After further discussion on this theme, it was agreed to invite the Experience of Care team to a meeting of the Governors to discuss outpatient feedback and how this was collated.</p> <p><b>ACTION: Invite Experience of Care to meet the Governors and discuss Outpatient Feedback techniques and impact.</b></p> <p>Chloë Somers, Public Governor, noted that a high number of inpatient survey scores related to discharge were significantly worse than the 2023 survey. She asked whether Governors were able to have a deep dive into this area to understand how this related to patients with no criteria to reside and how discharge was being managed in the Trust. She also highlighted the risk area around a decrease in Clinical Nurse Specialist (CNS) roles in the cancer survey results and expressed disappointment in this; she asked whether there was an opportunity to have additional CNS support in the future. Steve agreed that CNS roles were extremely important for patients undergoing cancer treatment and promised to ensure the concern was raised with the relevant department. Marc Griffiths, Non-executive Director, explained that the issue around this risk was due to the investment in the professional development of the role into a practitioner role, rather than availability of support.</p> <p>Janis Purdy, Public Governor, asked whether the aim to increase weekend discharges was to facilitate a greater intake of patients from the Emergency Department, and highlighted that there was a lack of community care on weekends which would cause more potential failed discharges. Steve agreed that there was a lack of community care on weekends, but the Trust would be considering patients on pathway 0 for weekend discharges using criteria-led paperwork to ascertain their appropriateness.</p> <p>At the conclusion of this item Ingrid Barker, Group Chair, thanked the Quality and Outcomes Team for their time and their presentation.</p>	Corporate Governance Team
COG:08/07/25	<p><b>Group Board and Merger</b></p> <p>Paula Clarke, Group Formation Officer, and Rob Gittins, Group PMO Director, provided the Governors with an update on the potential merger between University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and North Bristol NHS Trust (NBT).</p> <p>Paula explained to Governors that the strategic case had been provided and approved by NHS England (NHSE) to proceed with Due Diligence and a Full Business Case. NHSE commended the case for change and the benefits for patients contained within the Summary Benefits Case provided.</p>	

<p>Paula provided the Governors with an overview of the proposed touchpoints with the Governors to update them on progress, including almost monthly updates with assurances on the work being done.</p> <p>John Rose, Public Governor, asked about the NBT Brunel Building and whether there were any Private Finance Initiative (PFI) costs involved in the building that would potentially transfer to the newly merged Trust. He also talked about a previous merger that was proposed in 2012 and research that proved a merger between the Trusts were not beneficial at the time. John asked whether there were more recent studies that proved the proposed merger may provide better deliverables this time. Xavier Bell, Group Chief of Staff, agreed to investigate the PFI status of the Brunel Building. Paula advised that the lessons learned from other mergers, along with the Summary Benefits Case provided to Governors previously, provide the proposed benefits of the merger and a more favourable expected outcome this time.</p> <p><b>ACTION: Xavier Bell to confirm the situation relating to the PFI on the Brunel Building at NBT.</b></p> <p>Carolyne Crowe, Public Governor, asked whether there were unexpected hurdles discovered through the work conducted so far. Paula confirmed that nothing unexpected was found during the due diligence process, although there were some areas including staff engagement and communication that were understood to be a key focus for the Merger Committees. Rob also highlighted that the team was monitoring the development of the Medium-Term Financial Plan to ensure there would be no immediate issues with the plans in place for the potential merger.</p> <p>Ben Argo, Public Governor, welcomed the outline of the touchpoints with Governors but asked whether Non-executive Directors would be involved in the schedule to ensure Governors were discussing the assurances with Non-executive Directors. Paula confirmed that Non-executive Directors would be invited to the face-to-face touchpoints for their views and assurances.</p> <p>Further to a question from Chloë Somers, Public Governor, it was highlighted that Governors could access the Summary Benefits Case which was presented to NHSE via Convene or the UHBW website.</p> <p>James Lee, Appointed Governor (University of the West of England), asked for a better understanding of the documentation that would need to be produced for NHSE and Secretary of State approval. Paula confirmed that the merger transaction case, strategic case and full business case were all required by NHSE and the Secretary of State, however these would be scrutinised by the Merger Committees for each Trust and approved by the Group Board before they were submitted. James further asked whether there was any information on what would be provided to each touchpoint session with Governors. Paula advised that once the touchpoints were agreed with Governors, work would turn to what would be provided at each stage, including an update from the Merger Committees.</p> <p>Janis Purdy, Public Governor, asked who would be approving the potential merger on behalf of NBT, as they did not have a Council of Governors. Paula advised that both Boards must support the plan, and so a Merger Committee had been convened at each Trust, chaired by</p>	Xavier Bell
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	<p>the independent Non-executive Director for that Trust to ensure the merger was in the best interests of each Trust. The merger would be approved by the Secretary of State for the Department of Health and Social Care.</p> <p>Chloë Somers, Public Governor, commended the frequently asked questions available to staff and the updates to this document as more questions were added. She asked if these could be made available to Governors to see the questions being asked and also asked what was available to the public. Ingrid Barker, Group Chair, highlighted the information on both Trusts websites for public to access. Sue Balcombe, Non-executive Director, advised that the Merger Committee that she chaired was also concerned by a lack of information available to the public which was highlighted in their recent meeting. She confirmed that the Committee had agreed to ensure more information was made publicly available.</p> <p>Ingrid Barker brought this session to a close and asked for Governors to agree the timeline and touchpoints were suitable. There were no discerning voices.</p> <p><b>Members RESOLVED to note the questions asked by Governors.</b></p> <p>POST MEETING NOTE: Xavier Bell confirmed in the meeting that the PFI status of the Brunel building related to the mortgage and facilities and were of minimal risk to the Trusts.</p>	
<b>COG: 09/11/25</b>	<p><b>Lead Governor Report</b></p> <p>Ben Argo, Public Governor, invited question from the report he had provided to Governors on his activity since the last meeting. He highlighted that observing the Group Public Board meetings had provided him an opportunity to watch the Board in action and provide assurances that the Non-executive Directors were fulfilling their roles.</p> <p>There were no comments from the Governors.</p> <p><b>Members RESOLVED to note the Lead Governor Report.</b></p>	
<b>COG: 10/11/25</b>	<p><b>Appointment for Joint External Audit Contract</b></p> <p>Catherine Cookson, Head of Finance - Financial Services and Assurance, provided a verbal update to the report provided to Governors on the Appointment for the Joint External Audit Contract. Catherine explained that the contract for the Trust's External Auditor was due to finish at the end of the current financial year, and due to the potential merger, it had been agreed to procure an External Auditor for both UHBW and NBT in a joint tendering arrangement. She explained that three Governors would be invited to join three Non-executive Directors as part of the External Auditor Selection Task and Finish Group (EASG) and provide assurances to the wider Council of Governors that all processes were followed correctly. She gave an outline of the timelines for the process, as well as the training and involvement of other departments in the Trust.</p> <p>Further to a discussion on the Terms of Reference, it was confirmed that uniformity would be provided to the name of the Task and Finish Group</p>	

	<p>in a second iteration, along with clarity of who would be able to cast a vote.</p> <p><b>ACTION: Provide Governors with a revised Terms of Reference providing a uniform name to the Task and Finish Group and clarity on voting rights.</b></p> <p>John Rose, Public Governor, asked who would Chair the Task and Finish Group, and how the vote would be conducted. Catherine advised that the Chair of the Group Audit Committee, Richard Gaunt, would Chair the Task and Finish Group. She also advised that there was a tried and tested approach to the process, including providing a scoring system that should provide an overall preferred provider, although the Chair of the Task and Finish Group would have a casting vote.</p> <p>Ingrid Barker, Group Chair, asked Governors to vote on the approach and timescales of the Appointment for Joint External Audit Contract. All Governors present voted to approve the documentation, subject to the changes noted above.</p> <p><b>Members RESOLVED to approve the Appointment for Joint External Audit Contract.</b></p>	Mark Pender
<b>COG:11/11/25</b>	<b>UHBW Constitution Update</b>	
	<p>Mark Pender, Head of Corporate Governance, provided Governors with an update on some minor changes to the UHBW Constitution in line with the previous meeting action. He explained that although the action suggested this was to be approved by email, the changes that were required were more substantive than first thought and so the team brought it back to the Council of Governors for formal approval.</p> <p>Ingrid Barker, Group Chair, asked Governors for formal approval of the updated UHBW Trust Constitution. All Governors present approved the document.</p> <p><b>Members RESOLVED to approve the UHBW Trust Constitution.</b></p>	
<b>COG:12/11/25</b>	<b>Governor and Membership Forward Look</b>	
	<p>Emily Judd, Corporate Governance Manager, gave the Governors an update on the Governor and Membership Forward look, which outlined activity Governors had undertaken since the last meeting in July 2025.</p> <p>Emily highlighted the positions available on the Nominations and Appointments Committee, and the new meeting schedule for 2026-2027. She highlighted that, as per Governors' request, emailed calendar invites would be sent for the full financial year in due course.</p> <p>There were no comments from Governors.</p> <p><b>Members RESOLVED to receive the Governor and Membership Forward look for information.</b></p>	
<b>COG:13/11/25</b>	<b>Governor's Log of Communications</b>	
	<p>Ingrid Barker, Group Chair, noted the updates in the Governor's Log of Communications took the report as read and asked for comments.</p> <p>There were no comments from Governors.</p>	

	<b>Members RESOLVED to receive the Governors Log of Communications for information.</b>	
<b>COG:14/11/25</b>	<b>Any Other Business</b> <p>Ingrid Barker, Group Chair, asked whether Governors had any other business they wished to discuss. Chloë Somers, Public Governor, highlighted a recent contact from a constituent and asked whether the Governors had an update on this. Rob Edwards, Public Governor, advised that Phil Smith, Public Governor, and himself met with the constituent, who raised concerns over the approvals to complete some tree felling on land behind the Bristol Heart Institute and possible disruption to some wildlife in the area, as well as a lack of communication when work was being done in the area. Stuart Walker, UHBW Hospital Managing Director, advised that there had been a large amount of grounds maintenance in the area but that he would investigate whether the correct approvals were granted prior to the work. After some further discussion, it was agreed that the Governors involved would raise a Governors Log question around the communication and groundwork completed.</p> <p><b>ACTION: Governors to raise Governors Log questions around groundwork and communication.</b></p> <p>John Chablo, Public Governor, commended the Corporate Governance Team on the recent Health Matters Event held on dysphasia (difficulty swallowing) and recommended that Governors attend these events whenever possible to engage with their constituents, the general public and colleagues in the hospital.</p> <p>Ingrid Barker, Group Chair, announced that the new Group Director of Corporate Governance, Lavinia Rowsell, would be joining the Trusts on Monday 12<sup>th</sup> January 2026.</p>	
<b>COG:15/11/25</b>	<b>Meeting close and date of next meeting</b> <p>The Chair declared the meeting closed at 12.00. The date of the next meeting would be <b>Thursday 22<sup>nd</sup> January 2026</b>.</p>	

**Council of Governors meeting – Thursday, 22 January 2026**  
**Action Log**

<b>Actions following Council of Governors meeting held on 18 November 2025</b>					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	COG:14/11/25	Governors to raise Governors Log questions around groundwork and communication with local residents.	Corporate Governance Team	January 2026	<b>Suggest Action Closed</b> This question has been raised and followed through the Governors Log process.
2.	COG:10/11/25	Provide Governors with a revised Terms of Reference providing a uniform name to the Task and Finish Group and clarity on voting rights.	Mark Pender	January 2026	<b>Suggest Action Closed</b> Replacement Terms of Reference provided to Governors. Voting rights were clarified on the replacement version as well as a uniform name to the Group.
3.	COG:09/11/25	Xavier Bell to confirm the situation relating to the PFI on the Brunel Building at NBT.	Xavier Bell	January 2026	<b>Suggest Action Closed</b> Xavier Bell confirmed in the meeting that the PFI status of the Brunel building related to the mortgage and facilities and were of minimal risk to the Trusts.
4.	COG:08/11/25	Invite Experience of Care to meet the Governors and discuss Outpatient Feedback techniques and impact.	Corporate Governance Team	January 2026	<b>Suggest Action Completed</b> Experience of Care team joined Governors in December 2025.
5.	COG:08/07/25	Ingrid to confirm to Governors once the Group Board had completed the anti-racism training through Black Mothers Matter.	Ingrid Barker	November 2025	<b>Action Ongoing</b> <u>January 2026 Update:</u> Group Board training in train but stalled due to Hospital pressures.  <u>November 2025 Update:</u> Training of all Group Board has not yet been completed but was in train.
6.	COG: 08/05/25	Neil Kemsley to provide a case study of the Theatres Efficiency Programme conducted via Patient First to Governors.	Neil Kemsley	July 2025	<b>Suggest Action Closed</b> Theatres Improvement Lead joined Governors in January 2026.

<b>Report To:</b>	Meeting of the Council of Governors					
<b>Date of Meeting:</b>	22 January 2026					
<b>Report Title:</b>	Group Chief Executive Report					
<b>Report Author:</b>	Xavier Bell, Group Chief of Staff					
<b>Report Sponsor:</b>	Maria Kane, Group Chief Executive					
<b>Purpose of the report:</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>			
			X			
	The report sets out information on key items of interest to the Council of Governors, including engagement with system partners and regulators, events, and key staff appointments.					
<b>Key Points to Note</b> <i>(Including any previous decisions taken)</i>						
The report seeks to highlight key issues for the Council of Governors to be aware of. These are structured into five sections: <ul style="list-style-type: none"> <li>• National Topics of Interest</li> <li>• Integrated Care System Update</li> <li>• Strategy and Culture</li> <li>• Operational Delivery</li> <li>• Engagement &amp; Service Visits</li> </ul>						
<b>Strategic Alignment</b>						
This report highlights work that aligns with the Trusts' strategic priorities.						
<b>Risks and Opportunities</b>						
N/A						
<b>Recommendation</b>						
This report is for <b>Information</b> . The Council of Governors are asked to note the contents of this report.						
<b>History of the paper (details of where paper has previously been received)</b>						
Group Public Board	13 January 2026					
<b>Appendices:</b>	N/A					

## Group Chief Executive's Report

### Background

This report sets out briefing information from the Group Chief Executive on national and local topics of interest.

#### 1. National Topics of Interest

##### 1.1. Strategic Commissioning Framework

In early November, following the publication of the Medium-Term Planning Framework, NHS England published the [Strategic Commissioning Framework](#), where they have set out a clearer articulation of the expectations on Integrated Care Boards as strategic commissioners.

The framework describes strategic commissioning as a continuous, evidence-driven process to plan, purchase, monitor and evaluate services over the longer term, with a strengthened emphasis on improving population health, reducing inequalities and securing best value from the NHS budget. It introduces an updated, four-stage commissioning cycle and highlights the need for deeper collaboration with providers, local government and communities, supported by seven key enablers such as strong system leadership, enhanced data and intelligence, and meaningful patient and public involvement.

ICBs are expected to adopt this approach from 2026/27, and NHS England will launch a Strategic Commissioning Development Programme in 2026 to build the capabilities required for successful implementation.

#### 2. Integrated Care System Update

##### 2.1. BNSSG ICB

The latest update from our ICB (as of [3 December 2025](#)) confirms the continued progress in developing the Gloucestershire and BNSSG ICB cluster, aligned with national aims to reduce duplication, streamline functions and strengthen the future strategic commissioning role of ICBs. The publication of the Strategic Commissioning Framework (see above) provides a blueprint for translating population health needs into commissioning plans, and local work is now focused on building a leading commissioning organisation through strong data, evidence and partnership working. A Joint Transition Committee is overseeing key workstreams (governance, workforce, communications, finance and clinical delivery) to ensure a well-managed transition.

ICB Executive Director consultation on future leadership structures is underway, alongside preparations for a national voluntary redundancy scheme, with wider organisational consultation expected in the spring of 2026. Throughout this process, continuity of care and commitment to place-based working remains a central focus.

#### 3. Operational Delivery

##### 3.1. Quarter Two - National Oversight Framework (NOF) Segmentation

I am very pleased to confirm that both NBT and UHBW have retained their Segmentation status for Quarter two of 2025/26, with NBT remaining in NOF segment two and UHBW in segment 1. This means that both organisations remain in the top 25 out of 134 across

England, as measured by the NOF domains of elective and urgent care performance, quality of care, financial sustainability, workforce and leadership, patient experience and safety and outcomes.

### **3.2. NHSE South West region's approach to NHS provider oversight assurance in 2026**

NHS England has confirmed the new South West provider oversight arrangements, which will take effect from January 2026 as responsibility for provider performance oversight and management formally transfers from ICBs to the NHSE regional team.

Oversight will be conducted in line with the NHS Oversight Framework, with meeting frequency determined by each organisation's NOF segment: UHBW is currently in segment 1, meaning annual oversight, while NBT is in segment 2, with six-monthly oversight.

The new approach aims to maintain strong regional relationships, ensure a smooth handover from ICBs, and apply proportionate, risk-based oversight across the five NOF domains, supported by a cluster-based model aligned to emerging ICB structures. Further updates will be brought to the Board as the arrangements embed.

### **3.3. Operational Pressures in Urgent and Emergency Care**

Both organisations have continued to see sustained pressure on services throughout November and December, with a small period of respite over the Christmas bank holidays. Both Trusts have declared Critical Incidents during December, which supported the use of escalation actions to manage significant pressures. While there are issues across the system that mean both Trusts have high levels of patients with no criteria to reside (NCTR), both organisations are actively working to improve the flow of patients, and I am extremely grateful to colleagues for their continued efforts to support our patients during these particularly busy times. The Board will have the opportunity to discuss performance and related safety and outcomes metrics when considering the Integrated Quality and Performance Report.

### **3.4. Industrial Action**

I am pleased to report that during the resident doctor industrial action in November the NHS was able to meet the ambitious goal of maintaining 95% of planned care, while still maintaining critical services. A further period of industrial action took place over 17-22 December, and I want to thank colleagues for their hard work to maintain operational preparedness across our Group sites to prioritise patient safety. While Industrial Action is a national dispute between the Government and Trade Unions, I maintain the commitment to work with Resident Doctors to address their concerns locally and ensure Bristol NHS Group is a place where all staff groups are heard, and I attended a joint NBT and UHBW Resident Doctors Forum in December and intend to join regularly moving forward.

### **3.5. Avon Breast Screening Service**

I am pleased to inform the Board that the Avon Breast Screening Service has successfully completed its recent Screening Quality Assurance review, which took place in November. The review confirmed a high cancer detection rate, strong breast care nurse support, and clear improvements against key performance indicators. I would like to extend my sincere thanks to all colleagues across radiology, pathology, administration, and clinical teams for their professionalism, commitment, and the high quality care they provide to patients.

## **4. Strategy and Culture**

### **4.1. Black History Month**

In October 2025, we celebrated Black History Month under the theme “Standing Firm in Pride and Power”, honouring Black heritage, amplifying voices, and embracing the strength and creativity within our community. Highlights included art exhibitions, themed food, a Schwartz Round, and a moving performance by the Bread of Life Choir.

Our speaker sessions featured Katie Donovan Adekanmbi, Aiyisha Thomas, and Tyrell BX, each bringing powerful insights. We closed the month with an inspiring event led by Ingrid Barker, Bristol NHS Group Chair, and Dorcas Gwata, award-winning Mental Health Nurse and Ubuntu Coach, whose reflections on justice, health, and leadership left a lasting impact. I would like to thank everyone who took part.

### **4.2. Disability History Month**

From 20 November - 20 December 2025 our NHS Group marked Disability History Month (DHM), a national campaign celebrating the contributions of disabled and neurodivergent people while raising awareness of the barriers they face. This year’s theme, “Disability, Life and Death”, explored how disabled people’s lives have been valued throughout history in healthcare and society.

### **4.3. NHS Sexual Misconduct Prevention Actions**

In early December 2025, NHS England issued an [update on national actions](#) to prevent sexual misconduct, following recent media reports and ongoing police investigations. The letter highlights progress made across the NHS, with all trusts and ICBs now having sexual misconduct policies in place or in the process of being adopted, and 76% having implemented anonymous reporting routes. New expectations include:

- national investigation training for people professionals,
- expansion of specialist investigator capacity,
- strengthened chaperoning and incident-review arrangements, and
- a requirement for all providers, including primary care, to complete a revised sexual misconduct audit by 2 February 2026.

Reassuringly, these actions align closely with work already underway across both of our Trusts to enhance safety, strengthen reporting pathways, and promote a culture in which concerns are raised confidently and addressed robustly. Further detailed updates on implementation and progress will be reported through the Boards’ People Committee in the coming months.

### **4.4. NHS Genomics Healthcare Summit 2025**

I was pleased to attend the NHS Genomics Healthcare Summit 2025, held at the Queen Elizabeth II Centre in London, a key national event bringing together leaders from across healthcare, research, academia and industry to explore the latest advances in genomic medicine.

The Summit provided valuable insight into emerging clinical applications of genomics and opportunities for system-wide collaboration. I chaired one of the sessions, which brought together experts including Professor Dame Sue Hill, Chief Scientific Officer for England and Senior Responsible Officer for Genomics, at NHS England, Paul Maubach Director for

Neighbourhood Health, Department of Health and Social Care, and a number of other preeminent academics, clinicians as well as patient perspectives, to discuss the role of genomics in improving patient outcomes and accelerating the adoption of innovative approaches across the NHS.

It was a positive opportunity to showcase the strength of our regional contributions and to ensure our Trusts remain closely engaged with developments shaping the future of personalised and preventative care.

#### **4.5. Bristol Health Partners Chair**

As the Board may be aware, I recently stood down as Chair of Bristol Health Partners following a three-year term. I am pleased to note that our Chief Medical and Innovation Officer, Professor Tim Whittlestone, has now been appointed as the new Chair. As you will all appreciate Tim brings significant clinical and system leadership experience to this role, alongside his extensive contribution to regional innovation and research. His appointment has been warmly welcomed by Bristol Health Partners, who highlighted his commitment to advancing evidence-based improvement and strengthening collaboration across Bristol, North Somerset and South Gloucestershire. I echo these sentiments and look forward to seeing the partnership continue to thrive under his leadership.

#### **4.6. Group Director of Corporate Governance**

I'm pleased to share that following a competitive process, Lavinia Rowsell has been appointed as Director of Corporate Governance for the Bristol NHS Group. Lavinia has over a decade of experience overseeing governance processes at a senior level across the healthcare and non-profit sector, most recently as Director of Corporate Governance at Gloucestershire Health and Care NHS FT. This appointment is another important step in building our leadership team as we continue to work towards our vision of sustainable, high-quality care that best serves our Patients, our People, our Population, and the Public Purse.

#### **4.7. UHBW Professor Jonathan Benger appointed CEO of NICE**

I am delighted to advise that Professor Jonathan Benger CBE, Senior Consultant in Adult Emergency Medicine at UHBW, has been appointed Chief Executive Officer of the National Institute for Health and Care Excellence (NICE). Professor Benger has made an exceptional contribution both nationally (most recently as NICE's Chief Medical Officer, Interim Director of the Centre for Guidelines and Deputy Chief Executive) and locally through more than 23 years of clinical service at the BRI. His continued clinical practice ensures that the guidance NICE produces remain grounded in real-world NHS experience.

This is an outstanding achievement, and I ask the Board to join me in congratulating Professor Benger on his well-deserved appointment. We are extremely fortunate to continue benefiting from his expertise as he takes on this influential national leadership role.

#### **4.8. New Years Honours**

A number of former colleagues were honoured in the King's New Year's Honours List:

- Former NBT Consultant Anaesthetist, Dr Fiona Donald, was awarded an OBE for her services to anaesthesia, intensive care and pain management. Dr Donald retired last year, having worked at Southmead since 1997.

- Also receiving an OBE in the King's New Year Honours was former NBT Midwife and Director of Midwifery, Ann Remmers, who now works as Maternity and Neonatal Clinical Lead at Health Innovation West of England. Ann, who began her midwifery career at Southmead Hospital, was honoured for services to maternal and neonatal care.
- Former Head of Learning and Development at NBT, Jane Hadfield, was made a Member of the Order of the British Empire (MBE) in the New Year Honours for services to education. Jane, who started her career as a nurse at UHBW where she started her work in training and development before moving to NBT, is now the national NHS lead for Talent for Care, which is developing accessible employment, education and training.

I'm sure the Board will all join me in sending congratulations to these very worthy recipients.

#### **4.9. Pathology and Occupational Therapy Week**

In early November we celebrated both National Pathology Week and Occupational Therapy Week. We should take a moment to recognise the incredible work that our teams do in these vital areas, supporting patient care through diagnostics, testing, rehabilitation and recovery. Without these colleagues and the expertise, dedication and compassion they bring, our hospitals would not be able to function as effectively as they do.

#### **4.10. UHBW Workplace Wellbeing Team**

The UHBW Workplace Wellbeing Team has achieved a North Somerset Health Workplaces Gold Award, recognising the organisation's comprehensive and inclusive wellbeing programme, designed to support all colleagues across the organisation. It reflects the incredible work happening across our teams to create a culture where people feel supported, valued and empowered to thrive.

#### **4.11. Innovation Spotlight – Dermoscopea Recognition**

The internationally recognised Dermoscopea project, which was founded and led from NBT Dermatology and now active in more than 60 countries, was recently celebrated at the OpenUK Awards in the House of Lords. The team were finalists for the Open Hardware Award for developing the world's first open-source, self-assembly 3D-printable dermatoscope, and were awarded the runner-up prize.

This achievement reflects the creativity, commitment and altruism of the predominantly resident doctors, medical students, and engineering students who contributed to the project, and exemplifies the impact that a supportive environment for innovation can have. It is a powerful reminder of the importance of continuing to nurture and champion innovation across both our Trusts.

#### **4.12. Tessa Jowell Centre of Excellence for Children**

UHBW has been named as a Tessa Jowell Centre of Excellence for Children, highlighting the strength of its services for children with a brain tumour. We were one of four UK paediatric neuro-oncology centres to be awarded the designation in December by the Tessa Jowell Brain Cancer Mission (TJBCM).

UHBW was designated as a Tessa Jowell Centre of Excellence after working for the past 18 months to implement innovative new solutions. The centre's neuro-oncology team showed an exceptional commitment to service development, bringing together a wide number of specialties to deliver impactful changes. The designation follows a rigorous review process which examined multiple areas of the patient pathway in detail, together with patient feedback collected by The Brain Tumour Charity. Thank you to all colleagues involved in securing this prestigious designation.

#### **4.13. Our Community Partnership with Bristol Rovers**

The Boards will recognise that working with community partners is an essential part of our role as an anchor organisation. We have recently joined forces with Bristol Rovers Football Club to build a healthier, more connected community and have now launched this partnership. Through working together, members of Bristol Rovers Community Trust and the football club will receive free health checks from the Health Checks team at NBT to provide valuable wellbeing insights.

Initiatives like these recognise that improving healthcare for our population doesn't always have to happen inside the four walls of a hospital and can be much more accessible within familiar community settings like local sports environments. Together, we are committed to creating a healthier, more connected community for Bristol and beyond.

### **5. Engagement and Visits**

#### **5.1. Service Visits**

Since our last Group Board meeting, I have visited a number of areas, and met with senior clinical staff across the Trusts including:

- Emergency Departments at Southmead, the BRI, and Weston General Hospital
- Colleagues from the UHBW Hepatology Specialty
- Colleagues from the Bristol and Weston Hospital Charity
- Colleagues from UHBW Paediatric Critical Care

#### **Recommendation**

The Council of Governors are asked to note the report.

**Maria Kane**  
**Group Chief Executive**

<b>Report To:</b>	Council of Governors					
<b>Date of Meeting:</b>	Thursday 22 January 2026					
<b>Report Title:</b>	Update on Merger Planning					
<b>Report Author:</b>	Rob Gittins, Group PMO and Merger Programme Director					
<b>Report Sponsor:</b>	Paula Clarke, Group Formation Officer					
<b>Purpose of the report:</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>			
		X				
	<p>This update is part of a continuing series intended to keep Governors well-informed and actively engaged throughout every stage of the merger transaction. Our goal is to maintain transparency about governance arrangements, decision-making timelines, and actions being taken to safeguard the interests of both our members and the wider public.</p>					
<b>Key Points to Note</b>						
<p>This report will:</p> <ul style="list-style-type: none"> <li>• Recap the information previously shared with the Council of Governors in November</li> <li>• Outline key activities undertaken since the last meeting</li> <li>• Provide an update on our communications and engagement planning, as well as progress within our transformation and merger programmes</li> <li>• Look ahead to the Governors' Development Seminar scheduled for 12th February</li> </ul>						
<b>Strategic and Group Model Alignment</b>						
<p>This paper supports the strategic intent of the Bristol NHS Group to pursue a merger and become a single organisation as a means to accelerate delivery of strategic benefits for our four P's – our patients, our people, the populations we serve and the public purse.</p>						
<b>Risks and Opportunities</b>						
<p>Progressing to merger provides an opportunity to simplify and streamline our Group Model and allows us to better respond to the transformational changes in the NHS 10-year Plan and the wider national expectations for increased productivity and efficiency.</p> <p>A full review of merger risks has taken place under the due diligence process. Wider risks across the merger programme include delivering the Group benefits case opportunities and maintaining operational grip and performance while completing a transaction process; ensuring the right engagement and cultural development for creating a new organisation; and completing a TUPE process.</p>						
<b>Recommendation</b>						
<p>This report is for <b>noting and review</b>.</p> <p><b>The Council of Governors are asked to:</b></p>						

<ul style="list-style-type: none"><li>• <b>Note</b> the update on merger planning and the focus for the Governors Development seminar on 12<sup>th</sup> February.</li><li>• <b>Review</b> the communications and engagement briefing and identify any further areas of assurance required</li></ul>
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<b>History of the paper (details of where paper has <u>previously</u> been received)</b>
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N/A
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<b>Appendices:</b>	Appendix 1: Communication and Engagement briefing
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# Council of Governors Merger Update – 22 January 2026

## Introduction

This update is part of a continuing series intended to keep Governors well-informed and actively engaged throughout every stage of the merger transaction. Our goal is to maintain transparency about governance arrangements, decision-making timelines, and actions being taken to safeguard the interests of both our members and the wider public.

This report will:

- Recap the information previously shared with the Council of Governors in November
- Outline key activities undertaken since the last meeting
- Provide an update on our communications and engagement planning, as well as progress within our transformation and merger programmes
- Look ahead to the Governors' Development Seminar scheduled for 12th February

## Recap

The last merger update on 18<sup>th</sup> November, set out the agreed approach for ongoing engagement with Governors. This approach supports Governors in fulfilling responsibilities outlined in the Transaction guidance. The update explained the governance structure that oversees the merger programme, mapped out the transaction timeline, and identified key decision points leading up to a final merger decision expected in summer 2026.

Governors requested a clear, forward-looking summary of key actions and monthly engagement opportunities to ensure transparency and provide the necessary assurances for Council of Governors (CoG) approval of the merger. This summary was shared with members in early January.

As a reminder, for significant transactions such as this, Governors must assure themselves that the Board of Directors has undertaken a rigorous evaluation process of the cost-benefit of merger and that the interests of both members and the public are fully considered during the decision-making process. This requirement is drawn from NHS Providers' guidance (discussed at CoG on 22/10/25) and is consistent with the Health and Social Care Act 2012.

## Current Update

The Full Business Case (FBC) and Post-Transaction Implementation Plan (PTIP) have been drafted. Both documents are currently under review by relevant Board subcommittees and by the NBT and UHBW Merger Committees throughout January. They will then be considered by the Group Board in February 2026 and if the draft business case is approved, it will be formally reviewed by NHS England, with an expectation that a transaction risk rating will be given by June 2026.

Following the Group Board meeting in February, the next steps will include:

- Launching the TUPE staff consultation
- Commencing NHS England Finance and Quality Reviews
- Progressing Day 1 Readiness planning

## Governors' assurance: Communications and engagement

In line with the CoG Merger Touchpoints Plan, members are encouraged to review the communication and engagement plan and activities completed to date. The slides in appendix 1 provide a concise overview of the latest updates across the merger programme, focusing on the Joint Clinical Strategy, Corporate Services Transformation, and a dedicated summary of the merger process itself. They will also outline key developments in staff communications and engagement, as well as public and stakeholder engagement activities. Additionally, the slides reference how our formal obligations are being met, including the use of the engagement log, ensuring the Council of Governors is fully informed and able to discharge their responsibilities.

## Looking Ahead: Council of Governors Development Seminar – 12th February

The upcoming Development Seminar will focus on the Merger Business Case and Post-Transaction Implementation Planning. There will be an update on the Board's decision to proceed to formal NHS England review, along with a walkthrough of both documents. The seminar will emphasise assurances concerning patient care and quality, public interest and system alignment, governance, financial matters, workforce issues, and stakeholder engagement.

## Recommendations

This report is for noting and review. The Council of Governors are asked to:

- **Note** the update on merger planning and the focus for the Governors Development seminar on 12th February.
- **Review** the communications and engagement briefing and identify any further areas of assurance required



# Updates on our Group

Delivering better care together

A partnership between: North Bristol NHS Trust, and University Hospitals Bristol and Weston NHS Foundation Trust

# What we'll cover

Communications and engagement updates

- **Engaging and informing our staff**
- **Involving communities and patients**
- **Engaging our stakeholders**
- **Next steps to support merger**



# Engaging and informing staff

- We're keeping staff updated through:
  - Group Executive updates
  - Town Halls and Q&As
  - Intranet Hub with FAQs
  - Support pack for leadership
- Staff in our clinical and corporate transformation programmes have tailored communications and engagement support.

## Group Liaison Psychiatry

Supporting staff as they form a Group Clinical Service through briefing sessions, FAQs and resources.

**25**

Colleagues attended a briefing and Q&A session

**48**

Questions answered

# Involving communities and patients

- Our **Community Participation Group (CPG)** is helping shape clinical services through patient and community voices
- The group has been laying foundations for meaningful involvement and is now shaping a framework for Group Clinical Services.



## Listening to patients in Cardiology

**470** Responses to our survey

**23** People attended a workshop

Helping us identify priorities as:

- Improving waiting times
- Better communication
- More aftercare support

# Engaging our partners and stakeholders

- We've been sharing our progress with a range of political and regulatory partners – 20 in the last month – including local MPs, the Joint Health Oversight Scrutiny Committee and Bristol One City group.
- We'll be continuing to update partners as our organisations come together.



## Refreshing our JCS

In November, we held an event with **130 community and system partners** from over **30 organisations**.

We captured over **1,900 pieces of feedback** on our JCS and ambitions for the future to inform a strategy update.



# TUPE: Next steps



## Listening, updating staff and early engagement

We'll be keeping staff updated on plans while we are finalise our understanding of the potential impacts of our decision to follow this route to becoming a merged organisation with Unions and leadership teams.



## Engagement and Consultation

Informing staff about the changes you may experience from our Trusts becoming a single merged organisation, answering questions and recording their feedback. Staff will be able to attend virtual listening sessions, staff roadshows and leadership-walkarounds.



## Review feedback

Collate and review all the feedback from the virtual listening sessions, staff roadshows and leadership-walkarounds.



## Decision

Using TUPE feedback and due diligence we will make the decision whether to transfer staff from NBT to UHBW if merger is approved by Trust Board, UHBW Council of Governors, NHS England and Secretary of State.

**January – February 2026**

**February – April 2026**

**April – May 2026**

**June – Summer 2026**



# Questions

<b>Report To:</b>	Council of Governors					
<b>Date of Meeting:</b>	Thursday 22 January 2026					
<b>Report Title:</b>	Group Chair's Report					
<b>Report Author:</b>	Bejide Kafele, EA to Group Chair of Bristol NHS Group					
<b>Report Sponsor:</b>	Ingrid Barker, Group Chair of Bristol NHS Group					
<b>Purpose of the report:</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>			
			✓			
	The report sets out information on key items of interest to the Council of Governors including activities undertaken by the Group Chair, and Vice Chairs.					
<b>Key Points to Note</b> <i>(Including any previous decisions taken)</i>						
The Group Chair reports to every public Board meeting with updates relevant to the period in question. The update is also shared with the Council of Governors. This report covers the period Tuesday 11 November 2025 to Monday 12 January 2026.						
<b>Strategic and Group Model Alignment</b>						
The Group Chair's report identifies her activities throughout the preceding months and those of the Vice Chairs, providing an opportunity for Board discussion and triangulation. Where relevant, the report also covers key developments at the Trust and further afield, including those of a strategic nature.						
<b>Risks and Opportunities</b>						
Not applicable.						
<b>Recommendation</b>						
This report is for discussion and information. The Council of Governors is asked to note the activities and key developments detailed by the Group Chair.						
<b>History of the paper</b> <i>(details of where paper has previously been received)</i>						
N/A						
<b>Appendices:</b>	N/A					

## **1. Purpose**

1.1 The report sets out information on key items of interest to the Council of Governors, including the Group Chair's attendance at events and visits as well as details of the Group Chair's engagement with Trust colleagues, system partners, national partners, and others during the reporting period.

## **2. Background**

2.1 The Council of Governors receives a report from the Group Chair to each meeting, detailing relevant engagements she and the Vice-Chairs have undertaken.

2.2 This report is also provided to the Group Board of Directors at Group Public Board meetings.

## **3. Activities across both Trusts (UHBW and NBT)**

3.1 The Group Chair has undertaken several meetings and activities since the last report to the Group Board on 11 November 2025:

- Visited the Macmillan centre to learn about the innovative ways that the team support our service users and their families.
- Attended monthly check-in meetings with the Lead Governor.
- Chaired a Council of Governors meeting where the Governors discussed ongoing issues including the potential merger and an update from the Group Quality and Outcomes Committee
- Chaired the Governor's Nominations and Appointments committee meeting to present NED activity reports and the outcome of NED appraisals.
- Visited Fresh Arts Team at NBT, who wellbeing support to patients through art and dance. Ingrid spent time with the team and even had a dance in the atrium with the Dance for Parkinsons class, an initiative that gives people with Parkinsons disease the opportunity to exercise whilst socialising and showing off their dance moves.
- Attended a Board development session with Executive and Non-Executive Directors, with a focus on team building.
- Hosted Paul Miller, Chair of the Avon and Wiltshire Mental Health Partnership at the Bristol Royal Hospital for Children and the Bristol Royal Infirmary. Paul visited various services including Children's Emergency Department and Apollo Ward as well as the Home First and High Impact User teams, and the Liaison Psychiatry Service.
- Guest speaker at the Group Women's Network meeting.
- Chaired a Governor/NED engagement session.
- Led a number of monthly Vice Chair touchpoint meetings and NED check in meetings.

## **4. Connecting with our Partners**

4.1 The Group Chair has undertaken several visits and meetings with our partners:

- Attended the fortnightly City Partners meeting, delivering a presentation on the Group's merger aspirations.
- Chaired the Bristol NHS Group Community Partnership Group meeting.
- Chaired the NHS Race Health Observatory regional conference, 'Fair Futures – Ethnicity Pay and Progression in Healthcare'. The conference shared data on the current position and its impact on the 30% of our NHS workforce from ethnic minority

backgrounds, as well as examples of good practice. A national report bringing together the learning from the regional roadshows will be published in due course.

- Attended the Christmas Star festive concert organised by Bristol & Weston Hospitals Charity. Ingrid delivered one of the opening speeches before enjoying an incredible performance which helped raise essential funds for the Charity.
- Met with the Chair and CEO of the Grand Appeal, the Bristol Children Hospitals charity.
- Visited the CEO of the Care Forum and his deputy to discuss the Care Forum's progress in learning from the experience of marginalised groups of people in order to build more responsive services. The Care Forum also hosts and manages Healthwatch for BNNSG.
- Hosted a visit by the West of England Combined Authority Mayor at Southmead Hospital, highlighting technological developments including the Genomics lab, robotic surgery and a visit to the new Princess Royal Bristol Surgical Centre.

#### 4.2 National and Regional Engagement

The Chair attended several meetings including:

- BNSSG Integrated Care Partnership Board
- BNSSG Chairs Reference Group
- NHS Providers' Chairs and Chief Executives Network
- NHS Confederation and NHS Providers' Quarterly Shared Chairs' Leadership Forum

### 5. Vice-Chairs Report

This report details activities undertaken by the Vice-Chairs, in their capacity as Vice Chairs for the individual Trusts.

#### 5.1 Vice Chair (UHBW):

The Vice Chair for UHBW undertook a variety of activities including:

- Visited NBT's Emergency Department.
- Visited the Severn Pathology team.
- Chaired the Finance and Estates Committee meeting.
- Visited the Princess Royal Bristol Surgical centre
- Attended the Governor's Strategy Group.
- Visited BRI's Emergency Department.
- Attended a Board development session with Group Execs and non-Exec Directors across both Trusts.
- Touchpoint meetings with the Group Chair, and Vice Chair for NBT.
- Attended the Governors and NED engagement session.

#### 5.2 Vice Chair (NBT):

The Vice Chair for NBT undertook a variety of activities including:

- Visit to the UHBW's Pharmacy team.
- Meeting with Obstetric consultants at NBT.

- Visited the Maternity suite in her capacity as Perinatal Safety Champion.
- Reviewed the Maternity Incentive Scheme return and associated evidence for NBT and UHBW.
- Visited to Southmead's Emergency Department.
- Attended the NHS Race and Health Observatory roadshow.
- Visited NBT's Haematology and Oncology Departments.
- Attended a Board development session with Group Executives and non-Executive Directors across both Trusts.
- Attended a meeting with senior members of Faculty of Health and Life Sciences at the University of Bristol.
- Visited St Peter's Hospice.

5.3 The NBT Vice Chair also attended the following meetings during this period:

- Council of Governors
- Trust Level Risks and Corporate Quality Risks meeting
- Maternity and perinatal safety champions meeting
- Quality and Outcomes committee.
- Finance and Estates committee.
- Touchpoint meetings with the Group Chair, and Vice Chair for UHBW.
- BNSSG Outcomes, Quality and Performance Committee meeting.
- Governors and NED engagement session.
- Renumeration and nominations committee.
- Quality focus group.

## **6 Summary and Recommendations**

The Council of Governors is asked to note the content of this report.

# People Committee Update Committee of Governors

January 22, 2026



**NHS**

**Bristol**  
**NHS Group**

Bristol | Weston  
Page 37 of 90

# People Committee Purpose & Portfolio

Assuring the Boards on all matters relating to workforce supply, development and wellbeing, and the delivery of education

- Workforce strategy and planning
- Workforce supply (recruitment and retention)
- Workforce health and wellbeing
- Workforce engagement
- Workforce risk
- Learning and development

- Leadership development
- Culture and organisational development
- HR systems, policies and processes
- Equality, Diversity and Inclusion (EDI)
- Freedom to Speak Up (FTSU)
- Group Learning and Workforce strategy



# Current Position

- In November 2025 the People Strategies for UHBW & NBT concluded
- In December 2025 the Group People Plan for the Hospital Group was launched
- The Group People Plan is pillarised by 6 group strategic people priorities
- Ahead of merger we have a streamlined and focused framework of people deliverables
- Ahead of merger we are developing a Group L&WD Plan aligned to the 'Growing a Future Ready Workforce' priority
- Allows the focus on the development of a People and LW&D Strategy that's underpinned by a single set of values for the organisation post-merger.



# The 6 Group Strategic People Priorities



## Communities and Partners



We will continue to strengthen relationships and partnerships within our communities.

## Growing a Future Ready Workforce



We will continue to develop a skilled, inclusive, and future-focused workforce.

## Embedding Inclusion, Belonging and Diversity



We will champion equality, diversity, and inclusion at the heart of our workforce.

## Leading Change



We will manage change with clarity and purpose.

## Looking After Our People



We will prioritise looking after our people by fostering a culture of wellbeing, belonging, speaking up and kindness.

## Right Skills, Right Place



We will sustainably deploy our workforce, with the right skills in the right place to improve health outcomes.



## Looking After Our People

# Deep Dives

- Staff Survey results relating to violence and aggression, and burnout, released in 2024 were concerning
- Sharpening our focus in these areas has been a priority and the Staff Survey resulted released in 2025 report improvements
- However, continued work is required and this is highlighted in our six People Priorities
- V&A is a BNSSG ICS focus which we've agreed to share experience and best practice on.



Looking After Our People

# Violence & Aggression - update





# Violence & Aggression - update

## NBT We Do Not Accept

Revised Process for Managing Violent and Aggressive Behaviour through updated Standard Operating Procedure (SOP) and supporting resources.

Additional training and tools, including suggested scripts to challenge.

Support after an incident including Staff Trauma Support Network and Employee Assistance Programme.

Refreshing 'We Do Not Accept' printed and digital materials to increase visibility in public areas.

Launching new, anti-racism peer supporter role in January.

Project team will continue to be out and about visiting areas to talk about our updated toolkit and reporting processes

## UHBW It Stops With Me

Introduction of Violence Reduction Officers.

Established Divisional Managing Violence and Aggression groups or processes through Health and Safety Committees.

'It Stops with Me' campaign and printable materials.

Updated SOP and policies.

Psychological health support.

Additional training and tools to support patients and colleagues.

Hosted safety pop up stalls with Police Community Support Officers at the BRI and Weston General Hospital for colleagues.



Looking After Our People

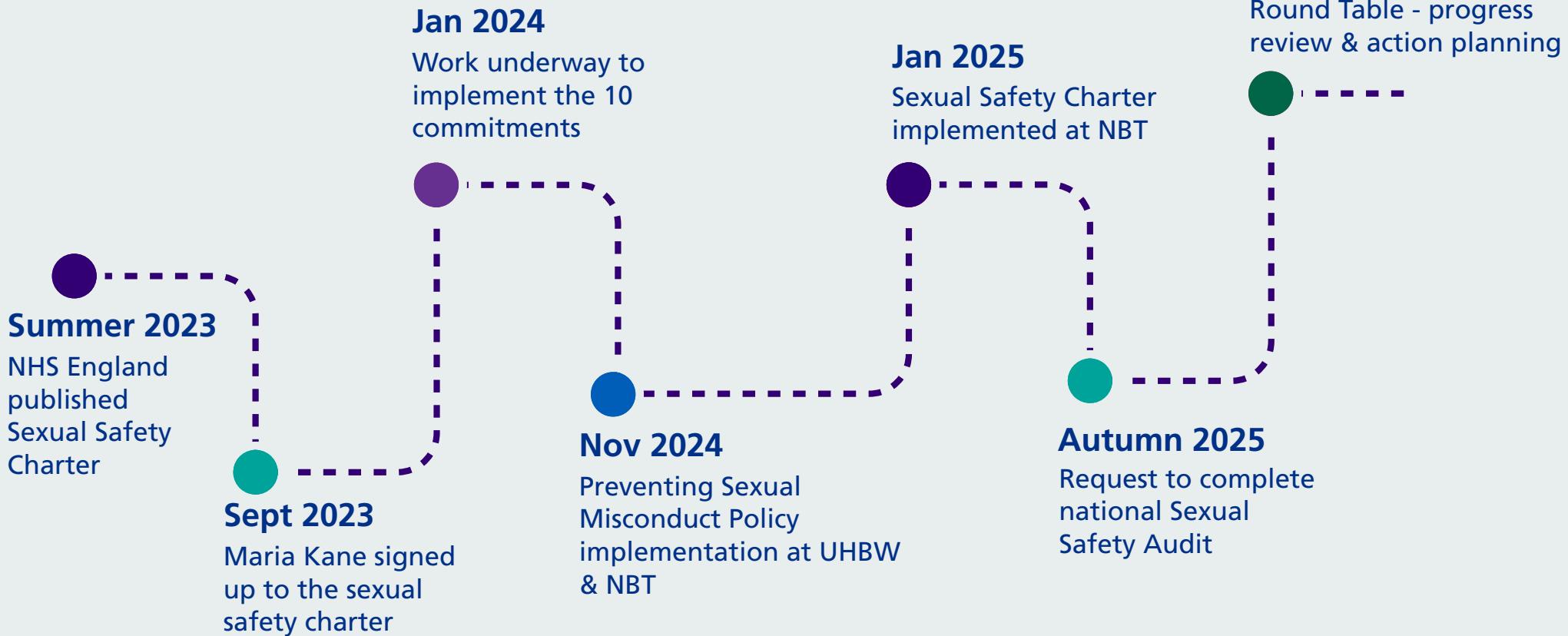


# Violence & Aggression looking to 2026

- Mobilise Group V&A Plan (26-27)
- Align training provision across the Hospital Group
- Launch Group V&A Communication Plan
- Review and develop Group policies and SOPs
- Implement a dashboard of measures to track progress
- Partnering with the ICS on this priority



# Sexual Safety – update





Looking After Our People

## Sexual Safety - looking to 2026

- Use the Sexual Safety Charter 10 commitments to assess progress and successes to date
- Identify barriers, risks and areas where confidence or clarity is lacking
- Strengthen our culture of safety, respect and speaking up
- Explore how we better support colleagues who disclose or are affected
- Agree priority actions and ownership for the next 6–12 months, building these into our existing action plans
- Build alignment across the Hospital Group



Looking After Our People

# Bristol Fatigue Management

Supported by NHS Trust Charities Together and NHSE with a view to impacting beyond Bristol

## Aim

- To pilot a bold approach to manage fatigue risks, boost workforce wellbeing and improve organisational performance

## Intentions

- Pilot an organisation approach to recognise and manage workforce fatigue in a systematic way
- Enhance our approach and governance of fatigue risks
- Apply a flexible risk management approach
- Implement evidence based interventions

## Outcomes

- Co designed tools to identify and manage fatigue
- Tested education and controls in clinical units
- Improved staff wellbeing and safety metrics
- Organisational culture of positive fatigue risk management practices





# Timeline of work



# Any Questions?

## The 6 Group Strategic People Priorities



We will continue to strengthen relationships and partnerships within our communities.



We will champion equality, diversity, and inclusion at the heart of our workforce.



We will prioritise looking after our people by fostering a culture of wellbeing, belonging, speaking up and kindness.



We will continue to develop a skilled, inclusive, and future-focused workforce.



We will manage change with clarity and purpose.



We will sustainably deploy our workforce, with the right skills in the right place to improve health outcomes.

<b>Report To:</b>	Council of Governors					
<b>Date of Meeting:</b>	Thursday 22 January 2026					
<b>Report Title:</b>	Lead Governor Activity Report					
<b>Report Author:</b>	Ben Argo, Lead Governor					
<b>Report Sponsor:</b>	Ben Argo, Lead Governor					
<b>Purpose of the report:</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>			
			<b>X</b>			
	<p>This report is for information. It sets out the Lead Governor's attendance at events and engagement with Trust colleagues, system partners, and others during the reporting period.</p>					
<b>Key Points to Note</b> <i>(including any previous decisions taken)</i>						
This report covers the reporting period from 7 <sup>th</sup> November 2025 to 9 <sup>th</sup> January 2026.						
<b>Strategic and Group Model Alignment</b>						
This report highlights activity that aligns with the strategic priorities of the Trust and the Group.						
<b>Risks and Opportunities</b>						
This report provides Governors with visibility of Lead Governor engagements and system-level activity that supports informed questioning and oversight of governance matters.						
<b>Recommendation</b>						
This report is for <b>Information</b> .						
The Council of Governors is asked to note the contents of this report. Questions for the Lead Governor on the contents of this report are welcome.						
<b>History of the paper (details of where paper has <u>previously</u> been received)</b>						
N/A						
<b>Appendices:</b>	N/A					

## **1. Purpose**

1.1 This report is for information. It sets out the Lead Governor's attendance at events and engagement with Trust colleagues, system partners, and others during the reporting period.

## **2. Background**

2.1 The Lead Governor has undertaken to regularly update his fellow Governors, detailing relevant engagements he has undertaken.

## **3. Lead Governor and Group Chair meetings**

Ben Argo and Group Chair Ingrid Barker have a regular one to one to discuss emerging priorities, share feedback from Governors, and ensure continuity in Governor representation across Trust activity. These conversations have highlighted:

- 3.1 Engagement with Governors around the planned merger with North Bristol NHS Trust (NBT);
- 3.2 Reviewing the Group NED recruitment and interview process;
- 3.3 Reflections and feedback on the Joint Clinical Strategy refresh event;
- 3.4 The process to appoint a new external auditor;
- 3.5 Proposing an improved format of the Governor/NED engagement sessions
- 3.6 A potential timeline and themes for a 'review and refresh' of Governors working, including better access to information and assurance mechanisms.

## **4. Activity as Lead Governor**

Since the last report issued at the Council of Governors in November 2025, I would like to share the following updates with the Council:

4.1 I attended many of the regular meetings that Governors are invited to, including:

- (a) Board meeting in public (as an observer)
- (b) Council of Governors
- (c) Nominations and Appointments Committee
- (d) Governor/NED Engagement Session
- (e) Quality Focus Group
- (f) Strategy Focus Group

4.2 I was unable to join the November meeting of the Accessible Information and Communication (AIC) Steering Group; but I was invited afterwards to meet with Fiona Spence, Health Equity and Inclusion Manager, to feedback on bringing together the steering group with its counterpart at NBT.

- 4.2 I have met regularly with the Corporate Governance team to feed back the views of Governors on important matters.
- 4.3 Following the Deputy Lead Governor elections, I met with Phil Smith and the Corporate Governance team to welcome him to the role.

## **5. Activity outside UHBW**

Outside the Trust, I continue to pursue national and system-wide involvement priorities.

Highlights this period include:

- 5.1 I attended (as a member of the public) the board meeting of Gloucestershire Health and Care NHS Foundation Trust.
- 5.2 I attended an engagement event with Claire Hazelgrove MP, Member of Parliament for Filton and Bradley Stoke, and fellow constituents. While this was a personal opportunity to have a direct conversation on local and national issues, I found it beneficial to be able to listen to what constituents shared around access to health services.

## **6. Summary and recommendations**

- 6.1 The Council of Governors is asked to note the contents of this report. Questions for the Lead Governor on the contents of this report are welcome.

**Ben Argo**  
**Lead Governor and Public Governor for South Gloucestershire**

<b>Report To:</b>	Council of Governors					
<b>Date of Meeting:</b>	Thursday 22 January 2026					
<b>Report Title:</b>	Governor Activity and Membership Forward Look					
<b>Report Author:</b>	Emily Judd, Corporate Governance Manager					
<b>Report Sponsor:</b>	Mark Pender, Head of Corporate Governance					
<b>Purpose of the report:</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>			
	X		X			
	This report provides a summary of governor activity since the last Council of Governors meeting in November 2025, to provide assurance that governors are carrying out their statutory duties, particularly their duty to hold the Chair and Non-Executive Directors to account.					
<b>Key Points to Note (Including any previous decisions taken)</b>						
It includes an activity summary for the two main groups through which the governors carry out most of their work (the Governors' Strategy Group and the Quality Focus Group), and any other governor activity in the period.						
<b>Strategic and Group Model Alignment</b>						
This report and its recommendations align with the Trust's 'Experience of Care' Strategic Improvement Priority.						
<b>Risks and Opportunities</b>						
None						
<b>Recommendation</b>						
This report is for <b>Information and Approval</b> . The Council of Governors is asked to approve the NOMCO Terms of Reference and Business Cycle for 2026-2027.						
<b>History of the paper (details of where paper has <u>previously</u> been received)</b>						
N/A						
<b>Appendices:</b>	12 01 DRAFT NOMCO Terms of Reference 2026-27 12 02 DRAFT NOMCO Annual Business Cycle 2026-27					

## **Governor Activity Report and Membership Forward Look**

### **1. Purpose**

- 1.1 This report provides a summary of governor activity since the last Council of Governors meeting on 18 November 2025, to provide assurance that governors are carrying out their statutory duties, particularly their duty to hold the Chair and Non-Executive Directors (NEDs) to account.

### **2. Background**

- 2.1 This report includes an activity summary for the main groups through which the governors carry out most of their work and any other governor activity in the period.

### **3. Governor Activity and Key Updates**

#### **3.1 Council of Governors Personnel Changes**

- 3.1.1 We have had no leavers or starters since the last Council of Governors meeting.

#### **3.2 Corporate Governance Team Changes**

- 3.2.1 Lavinia Rowsell has joined the Trust as the new Group Director of Corporate Governance.
- 3.2.2 This will be Mark Pender's, Head of Corporate Governance, final meeting with the Council of Governors as he leaves UHBW at the end of January. We would like to thank him for his support and wish him well for the future.

### **4. Governor Meetings and Activity since November 2025**

#### **4.1 Quality Focus Group**

- 4.1.1 There has been one meeting of the Quality Focus Group since the last report. Agenda items included updates from the Quality and Outcomes Committee Chair and the People Committee Chair, as well as a presentation on the Theatres Utilisation work and a spotlight on the Quality Objective of Patient Safety.

#### **4.2 Governors' Strategy Group**

- 4.2.1 There has been two meetings of the Governors' Strategy Group since the last report. Agenda items included updates from the Digital, Audit and Finance and Estates Committees, as well as a discussion on National surveys and Trust Outpatient surveys. In January, the agenda focussed on an update from the Arts and Culture Team and the Foundation Trust Membership. During this meeting, Governors discussed the Membership Strategy Objectives which had, and had not yet, been reached and received a full report on the Membership Representation, indicating where the Foundation Trust Membership had lower representation. Governors agreed at this meeting that a focus on visiting the community was key to increasing representation and discussions around communities to visit were discussed, which the Corporate Governance Team would facilitate.

#### **4.3 Nominations and Appointments Committee**

- 4.3.1 There has been one meeting of the Nominations and Appointments Committee (NOMCO) since the last Council of Governors meeting.
- 4.3.2 Further to the notification to Governors of an available seat on the Nominations and Appointments Committee, Paul Cousins was appointed into the Committee. There is one Staff Governor seat still available.

4.3.3 The last Committee meeting discussed Non-executive Director activity, Non-executive Director Appraisals, the renewal of the Vice Chair role for UHBW and the Business cycle and Terms of Reference.

4.3.4 The Council of Governors is asked to approve the NOMCO Terms of Reference and Business Cycle for 2026-2027, which reflect comments made at the last Committee meeting.

#### **4.4 Staff Governor Meeting**

4.4.1 In January 2026, the Staff Governors met with Stuart Walker, Hospital Managing Director and Alex Nestor, Hospital Director of People. Discussions were held around the potential merger with NBT, the Critical Incident at both Trusts, issues relating to car parking, issues around rest areas in the Education and Research Centre, staff food provisions on Christmas day, taxis for staff and staff morale in relation to the critical incident and consultations.

#### **4.5 Governor and Non-executive Director Engagement Sessions**

4.5.1 Governors joined the Group Non-Executive Directors for an engagement session at the end of December 2025. The session had a change in process and focussed on the discussion held in the Group Public Board. Initial feedback from Governors was positive and it was expected to follow this process in future meetings.

#### **4.6 External Auditor Selection Task and Finish Group**

4.6.1 The tender for the contract for the provision of External Audit for both NBT and UHBW commenced in December 2025.

4.6.2 The members of the External Auditor Selection Task and Finish Group (EASG) met on Wednesday 10<sup>th</sup> December to undertake training on the main duties of the group.

4.6.3 The tender is due to close on Friday 16<sup>th</sup> January 2026 and an update will be provided to the EASG the following week. A meeting will be arranged to discuss the tender scoring before the moderation meeting on 5<sup>th</sup> February 2026 and invites to a presentation day on 25<sup>th</sup> February 2026 given to successful candidates.

4.6.4 An Extraordinary Council of Governors meeting will be held on Wednesday 4<sup>th</sup> March 2026 after the Governor Focus Groups to approve the final decision of the EASG. An invite will be sent to your calendars, and we ask you to prioritise this meeting to ensure quoracy.

#### **4.7 Public Board Meetings**

4.7.1 Governors continue to be invited to Board of Directors in Public, to observe the Board conducting their business. A meeting was held in January 2026.

4.7.2 Recordings of the Public Board Meetings are added to the UHBW and NBT websites for accessibility purposes and Governors are sent a link to this, as well as a reflection piece from Ingrid Barker, Group Chair, that summarises the discussions from the meeting.

#### **4.8 Induction Marketplace**

4.8.1 The Corporate Governance team and staff governors where possible continue to attend UHBW Staff Induction marketplaces in Bristol and Weston; a space for new starters joining the Trust to hear more about the additional roles people undertake within the Trust and how they can get involved.

#### **4.9 Health Matters Events**

4.9.1 The Corporate Governance Team continue to reach out to teams to create a programme of Health Matters events for 2026. Due to the critical incident and

operational pressures, no follow ups have been made to the teams contacted in December 2025.

## **5. Membership and Governors Forward Look**

- 5.1** Further touchpoints have been planned for Governors around the work for the potential merger with NBT. The next update is scheduled for the Governor Development Seminar in February 2026.
- 5.2** The Governors will meet with NEDs in February 2026 for their next informal engagement session.
- 5.3** Governors will continue to be part of the External Auditor Selection Task and Finish Group and contribute to the appointment of an External Auditor, with the support of the Corporate Governance team, Finance team and Procurement team.
- 5.4** The Governors will meet for their next focus groups in March 2026. The meetings will include information about the work on Violence and Aggression in the Trust and an update on Estates.
- 5.5** Governors have been invited to have a marketplace information stand to talk to members of the public at upcoming Community Engagement Events in South Gloucestershire, known as 'Your Voice' events. The Governors will provide a verbal update of the first event, held on 19 January, at the Council of Governors meeting.
- 5.6** The Corporate Governance Team is looking to arrange further opportunities for Governors to talk to their communities within Bristol and North Somerset and with schools and universities. Governors have been asked to make the team aware of any community events they hear of that would be suitable for a stand for Governors.

## **6. Summary and Recommendations**

### **6.1 This report is for Information and Approval.**

- 6.1.1 The Council of Governors is asked to approve the NOMCO Terms of Reference and Business Cycle for 2026-2027.

# Nominations and Appointments Committee ToR

## Purpose

- The Nominations and Appointments Committee is a formal Committee of the Council of Governors established in accordance with the NHS Act 2006, as amended by the Health and Social Care Act 2012 (the 2012 Act), the University Hospitals Bristol and Weston NHS Foundation Trust Constitution, and the Foundation Trust Code of Governance.

## Duties

- Determine a formal, rigorous and transparent procedure for the selection of the candidates for office as Chair, Associate Non-executive or Non-Executive Director of the Trust.
- Based on an assessment of whether the process was carried out correctly, make recommendation to the Council of Governors as to potential candidates for appointments.
- Consider and make recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Chair and other Non-Executive Directors.
- On a regular and systematic basis monitor the performance of the Chair and other Non-Executive Directors and make reports thereon to the Council of Governors from time to time.
- To ensure there is a formal and transparent procedure for the appraisal and setting of annual objectives for the Non-Executive Directors, in conjunction with the Chair, and in conjunction with the Senior Independent Director in the case of the appraisal and annual objectives for the Trust Chair.
- To regularly review, in conjunction with the Board of Directors' Remuneration Committee, the structure, size and composition of the Board of Directors.
- To ensure there is a formal and transparent policy on remuneration for the Trust Chair and Non-Executive Directors.
- To recommend to the Council of Governors the structure and levels of remuneration of the Trust Chair and Non-Executive Directors.

- To determine and review the terms and conditions of the Trust Chair and Non-Executive Directors.
- To market test/ benchmark the remuneration of the Trust Chair and Non-Executive Directors at a frequency agreed by the Committee.
- To appoint, if deemed appropriate, independent consultants to advise on Trust Chair and Non-Executive Director remuneration.

## Delegated Authority

- None directly delegated to the group.

## Membership

- Group Chair.
- Eight elected public governors;
- Up to three appointed governors;
- Up to three elected staff governors

## Administration

- The quorum necessary for the transaction of business shall be four Committee members and the Chair and/or Senior Independent Director. Other attendees may be invited with agreement of the Chair
- The Group will meet twice per year.
- Additional meetings may be called at the request of the Chair.
- This Group reports to the Council of Governors.
- The Group can convene sub-groups as it sees necessary to deliver its purpose and duties.
- Secretariat support will be provided by Corporate Governance.
- Approval Date: 22 January 2026, approved for 12 months from this date.

## NOMINATIONS AND APPOINTMENTS COMMITTEE - ANNUAL BUSINESS CYCLE 2026-27

	Sponsor	Author	15 July 2026	28 Jan 2027
Apologies and absence	Chair	Chair		
Minutes of Meeting and Actions	Chair	Chair		
Monitor NED Activity (every 6 months)	Chair	Director of Corporate Governance		
Review of NED Remuneration (annual)	Chair	Director of Corporate Governance		
Appraisal - Chair (Annual)	Senior Independent Director	Director of Corporate Governance		
Committee Self Assessment (Annual)	Chair	Director of Corporate Governance		
Review of NED Portfolios	Chair	Director of Corporate Governance		
NED appraisal - Martin Sykes (Annual)	Chair	Chair		
NED appraisal - Sue Balcombe (Annual)	Chair	Chair		
NED appraisal - Roy Shubhabrata (Annual)	Chair	Chair		
NED appraisal - Marc Griffiths (Annual)	Chair	Chair		
NED Appraisal - Linda Kennedy (Annual)	Chair	Chair		
NED appraisal - Sarah Purdy (Annual)	Chair	Chair		
NED appraisal - Richard Gaunt (Annual)	Chair	Chair		
NED appraisal - Poku Osei (Annual)	Chair	Chair		
Review of Annual Cycle of Business	Chair	Director of Corporate Governance		
Review of Terms of Reference	Chair	Director of Corporate Governance		
NED/Chair Recruitment: process/interview/appoint/re-appoint	Chair	Director of Corporate Governance	AD HOC	AD HOC
NED/Chair Recruitment SOP Review (due every three years - next will be Nov 2028)	Chair	Director of Corporate Governance	AD HOC IN LINE WITH RECRUITMENT	AD HOC IN LINE WITH RECRUITMENT
Review of NED/Chair Appraisal Framework - ad hoc as needed	Chair	Director of Corporate Governance	AD HOC	AD HOC
Senior Independent Director/Vice Chair Appointment - ad hoc as needed	Chair	Chair	AD HOC	AD HOC

<b>Report To:</b>	Council of Governors Meeting		
<b>Date of Meeting:</b>	Thursday 22 January 2026		
<b>Report Title:</b>	UHBW Governor Elections 2026		
<b>Report Author:</b>	Emily Judd, Corporate Governance Manager; Mark Pender, Head of Corporate Governance		
<b>Report Sponsor:</b>	Lavinia Rowsell, Group Director of Corporate Governance		
<b>Purpose of the report:</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>
	X		
	<p>UHBW Governor elections are due to take place from February 2026 – May 2026 and are legally required to take place.</p> <p>This paper proposes postponing this timeline to work around the intent to merge with North Bristol NHS Trust (NBT) and informs the Council of Governors of the proposed plan for the elections.</p> <p>For the avoidance of any doubt, approval of this paper does not mean that the Council of Governors are approving the intent to merge with NBT, and the Council of Governors will continue to consider the merger at the touchpoints as agreed by them in November 2025.</p>		

#### **Key Points to Note (Including any previous decisions taken)**

##### **Background**

Public and staff governors are elected to the Trust's Council of Governors by public and staff Foundation Trust members. Elections are staggered and are scheduled to take place two years out of every three, and we are expected to run elections in 2026.

According to the Trust's Constitution, governors hold office for a term of up to three years, after which they need to stand for re-election or re-appointment, and no governor can serve for more than a total of nine years.

##### **2026 Elections – Seats and Terms**

At present, there will be 8 seats up for election in 2026, all for three-year terms from 2026 - 2029. Of these seats, two Governors (John Chablo, Bristol and John Rose, North Somerset) will reach the maximum term of office of nine years on 30 May 2026, and one Governor (John Sibley) will reach the maximum term of office of nine years on 22 October 2026.

The seats up for election are as follows:

- **2 Staff, non-clinical staff (currently held by Jude Opogah and Lisa Gardiner).**
- **3 Public, North Somerset (currently held by John Rose, Annabel Plaister and Suzanne Harford).**
- **2 Public, Bristol (currently held by Janis Purdy and John Chablo).**
- **1 Public, South Gloucestershire (currently held by John Sibley).**

Also due to finish their terms of office on 30 May 2026 are the following Appointed Governors:

- **Sarah George (Appointed from University of Bristol).**

- **Stuart Robinson (Appointed from the Joint Union Committee).**

Due to the potential merger with NBT, consideration needs to be made to the timing of the elections, and we propose delaying the elections to run between August and November 2026.

The implications of this would mean carrying two vacant seats (those currently held by John Chablo and John Rose) until November 2026 and extending terms of office temporarily for five seats from 30 May – 30 October 2026. Between May 2026 – November 2026 the Council of Governors would therefore have a total of 27 governors which we suggest is low risk in terms of them having the capacity and quoracy to continue to exercise their statutory duty of approving significant transactions or mergers and having enough governors in post to carry out this requirement, or others.

Furthermore, introducing a new cohort of Governors from 1 June 2026 seems counterintuitive as they would be required to be up to speed to consider the imminent merger with NBT. Introducing Governors from November 2026 instead would simplify their induction into the new post-merger organisation. Delaying the elections would also allow NBT staff members (who will automatically become Foundation Trust Members at the point of merger) to participate in the election of staff Governors.

Conversations with the Governors due for re-election this year have started to ensure they are aware of the implications a deferral may have on their term of office, and to seek confirmation of their intent to stand for re-election or step-down. In terms of the Appointed Governors, once we have gauged their preference, we will approach the relevant organisation to confirm extension of Appointed Governor terms, or to seek new candidates.

Work is also ongoing to look at the composition of the Council of Governors to ensure that the public constituencies are proportionately reflective of the populations of Bristol, South Gloucestershire and North Somerset. The arrangements for governors appointed by local government will also be reviewed.

### **Election Timetable**

If approved, the election would open a nominations period in August 2026, in which anyone wishing to stand for election/re-election will need to nominate themselves by completing a nomination form, and an election period opening in October 2026, in which the returning officer will send ballot papers to eligible public and staff Foundation Trust members so that they can vote for their preferred candidates. The declaration of results would take place at the end of October 2026, ready for terms of office to commence from November 2026.

A draft election timetable for 2026 is proposed as follows:

<b>ELECTION STAGE</b>	<b>TIMETABLE</b>
Trust to send nomination material and data to CES	Thursday, 30 Jul 2026
Notice of Election / nomination open	Thursday, 13 Aug 2026
Nominations deadline	Friday, 11 Sep 2026
Summary of valid nominated candidates published	Monday, 14 Sep 2026
Final date for candidate withdrawal	Wednesday, 16 Sep 2026
Electoral data to be provided by Trust	Monday, 21 Sep 2026
Notice of Poll published	Friday, 2 Oct 2026
Voting packs despatched	Monday, 5 Oct 2026
Close of election	Wednesday, 28 Oct 2026
Declaration of results	<b>Thursday, 29 Oct 2026</b>

<b><u>Election Provider</u></b>	
The Trust's Governor Elections are run by an independent returning officer and in line with previous years, it is proposed that we use Civica Election Services.	
<b><u>Strategic and Group Model Alignment</u></b>	
The elections support the development of the Group Model.	
<b><u>Risks and Opportunities</u></b>	
If the elections are not deferred, there is a risk that new Governors may not feel able to approve the merger or may require significant additional assurance to do so. NBT staff would also not have the opportunity to participate in the elections for staff governors.	
<b><u>Recommendation</u></b>	
<b>This paper is for Approval.</b> <ul style="list-style-type: none"> <li>• The Council of Governors are asked to approve the proposal to postpone UHBW governor elections in 2026 for the reasons outlined above.</li> </ul>	
<b><u>History of the paper (details of where paper has previously been received)</u></b>	
Group Executive Meeting	15 <sup>th</sup> Jan 2026
<b>Appendices:</b>	N/A

<b>Report To:</b>	Council of Governors					
<b>Date of Meeting:</b>	Thursday 22 January 2026					
<b>Report Title:</b>	Governors Log of Communications					
<b>Report Author:</b>	Rachel Hartles, Membership and Governance Officer					
<b>Report Sponsor:</b>	Emily Judd, Corporate Governance Manager					
<b>Purpose of the report:</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>			
			<b>X</b>			
	To update the Council of Governors on the communications with Governors since the last meeting of the Council of Governors.					
<b>Key Points to Note</b> <i>(Including any previous decisions taken)</i>						
Since the previous Council of Governors meeting held in public on 18 November 2025:						
<ul style="list-style-type: none"> <li>• There have been three questions added to the log.</li> <li>• There have been four questions closed on the log.</li> <li>• There is one question awaiting an additional response from the Group Executive.</li> <li>• There are four questions with Governors waiting on their response.</li> </ul>						
The Corporate Governance Team would like to ask the Council of Governors to ensure they confirm the closure of questions on the Governors Log and remember that questions can be re-opened or followed up after a number of months if required.						
<b>Strategic and Group Model Alignment</b>						
N/A						
<b>Risks and Opportunities</b>						
N/A						
<b>Recommendation</b>						
This report is for <b>Information</b> The Council of Governors is asked to note the updates to the log						
<b>History of the paper (details of where paper has <u>previously</u> been received)</b>						
N/A						
<b>Appendices:</b>	13 01 Formal Governors Log Update 140126					

Governors Log January 2026

Governors' questions reference number	Date Question asked	Governor Name	Description	Group Executive Lead	Date Response Due	Response	Status
325	22/12/2025	Paul Wheeler	please can you confirm that should someone attend ED with suspected drink spiking there are policies and procedures in place to diagnose and treat this issue?	UHBW Trust Managing Director	19/01/2026	A formal SOP is in development. Current practice is to assess every case using Royal College of Emergency Medicine guidance and position statements.	Closed
324	03/12/2025	Rob Edwards, Phil Smith	What support is in place within the Trust for Veterans seeking medical support, and how is this advertised? If there is no mechanism, would the Trust consider bringing one into place?	Group Chief Medical & Clinical Innovation Officer	31/12/2025	I welcome the interest in this matter and congratulate our two trusts on achieving Silver and Gold Veterans status whereby we are judged to be providing good services for both existing service personnel and veterans in recruitment. The question does prompt us to review our current service specification. We do not advertise enhanced or special processes for veterans but there is a sincere will to do so and we will work with the VA to ensure that all sensible options can be achieved.	Assigned to Executive Lead (follow up questions asked)
323	02/12/2025	Rob Edwards	What engagement is being held between the Trust and its most immediate local residents to ensure effective and full communication before any work is being done to the external site?	UHBW Trust Managing Director	31/12/2025	Meetings are held between the Trust and local residents on an ad hoc basis throughout each year, the frequency of meetings being dependent on the numbers or timings of planned changes. During these meetings residents are provided with updates on any estates projects which may impact on the external site, including updates on any anticipated planning applications. When there are specific schemes in development which require planning approval, presentations are provided on designs, layouts, external appearances and logistics prior to planning	Awaiting Governor response

						applications being submitted. Residents also have the opportunity to raise topics and questions more generally.	
322	10/11/2025	Stuart Robinson, Rachel Harkness	Ward D603 in the Bristol Haematology and Oncology Centre, in collaboration with Bristol and Weston Hospitals Charity recently launched a new appeal to help with refurbishing the ward. This ward was also subject to a fundraising request launched in 2019. Please can you provide an explanation for why this refurbishment did not happen in 2019 and what has happened to the money that was raised for this project. Can you also provide any detail on the plans and	UHBW Trust Managing Director	08/12/2025	<p>The Residents meetings are attended routinely by representatives from the local community and local groups e.g. Kingsdown Conservation Group, Christmas Steps Arts Quarter, Bristol Civic Society and Priors Close Residents Association.</p> <p>Where any major developments are planned, we have engaged more widely with the local community, tailoring engagement sessions to meet the needs of the project. This can involve written communications to all local residents with areas adjacent to a planned development, open 'drop in' style events or specific, targeted events for smaller groups if impacts are perceived to be on a smaller, restricted scale.</p>	Awaiting Governor response

<p>projected timescales for the completion of this project?</p>	<p>had been to utilise A518, a 17 bedded space in the BRI, which would have resulted in net loss of 8 beds for the works period. There were initially delays in 2019 due to the complexity of the project and the challenges around the decant space, which presented an issue for some of the major donors who had made an in-year commitment to spend the money.</p>	<p>In the latter part of 2019 and moving into 2020, the issues were compounded by the gathering threat of the Covid-10 pandemic, and by early 2020 it became clear that on the balance of risk, to lose a significant proportion of the Trust bed base (not only D603 but also the area on A518) on the cusp of a global pandemic was not deemed to be the right decision. In March 2020, we regrettably therefore concluded not to proceed with the planned refurbishment, which was agreed with Executive team, the Division, and the Charity.</p>	<p>When it was decided that the project could not proceed the other major donors were notified, and because there was no likelihood of an alternative project to transfer the income to in the short-medium term, the major donor money was returned. The remaining monies raised stayed with the Charity and were put towards the smaller project to improve parts of D603 such as bathrooms and communal areas, completed earlier in 2025. All funds</p>
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						raised for the planned refurbishment were put towards the recent project and the charity supplemented these with other funds. All monies raised for the initial refurbishment have been now spent, and there is currently no further plan to improve D603, but wider feasibility work regarding the long term-plan for BHOC is proceeding.	
321	05/11/2025	All Governors	The free bus that travels through Bristol is vital for patients to reach hospital and park their cars or come from out of the city limits. Unfortunately, there have been a number of instances recently where the bus has not arrived at stops on time and have been cancelled at the last minute. Please can you assure us that the free bus has the required level of resources for the full running schedule and what the Trust is doing to ensure this service remains?	Group Chief Strategic Finance & Estates Officer	03/12/2025	We acknowledge the recent concerns raised about the reliability of the service, including late arrivals and last-minute cancellations. Covering the hospital free bus shuttle is becoming increasingly challenging due to ongoing difficulties with driver recruitment across the city becoming more competitive with bus and haulage companies and some reliability of the current vehicle fleet, which we are reviewing for future investment. The Trust is actively exploring options to ensure continued and improved access to our hospitals via new and improved public transport. We are working closely with the West of England Combined Authority (WECA) and Bristol City Council to identify sustainable solutions. This includes considering a shift toward a more flexible, on-demand transport	Closed

						model and enhancing commercial bus services that serve our hospital sites. We remain committed to ensuring that patients, visitors, and staff can access our hospitals reliably and efficiently, and we will continue to update stakeholders as plans develop.	
320	05/11/2025	All Governors	The use of digital communication from the Trust has increased recently, and DrDoctor has been instrumental in communicating with patients. Please may you confirm if the system allows for messages with specific text to be sent that includes details on how to reschedule appointments where this option is available?	UHBW Trust Managing Director	03/12/2025	<p>Basic rescheduling on the DrDoctor patient portal needs to be enabled clinic by clinic. We have rolled it out to 41% of the Trust's clinics at present, and we have a plan to roll out to all other clinics by the end of the year.</p> <p>Some clinics are not appropriate for basic rescheduling – the appointments may be more time critical, and the service may want patients to telephone rather than rely on the DrDoctor portal. We also need to ensure that the specialties have the right administrative processes to manage any requests that are made via the portal.</p> <p>Additional details on the different methods that appointments can be cancelled or requests made to reschedule can be found on our new outpatients pages on our website.</p>	Closed
319	30/10/2025	John Rose	What work is happening to attack the waiting lists? Are we using weekends for some clinics?	UHBW Trust Managing Director	27/11/2025	As part of the Trust's approach to reducing elective waits, weekend outpatient clinics are commonplace. Since 1 April 2025, more than 12,600 patients have been seen in an outpatient clinic on a weekend, with just over 3,100 patients treated in a day case setting and 1,080 patients admitted for	Awaiting Governor Response

						an overnight stay as part of an elective admission.  Within the Trust's activity plans, core activity has been supplemented with approximately 4,600 day cases, 1,000 elective inpatients, and 37,000 outpatients, which are anticipated to be delivered through a combination of additional capacity at the elective centre in Southmead, and the extra activity the Trust are undertaking, either through recruitment, raising productivity levels, or running Waiting List Initiatives and insourcing lists.	
318	30/10/2025	John Rose	What representations did UHBW make to Bristol City Council regarding the changes to the road design outside the UHBW main entrance?	Group Chief Strategic Finance & Estates Officer	27/11/2025	University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) made full and detailed representations to Bristol City Council during the planning and consultation stages of the road redesign. As a direct result of our input, three new pedestrian crossings have been installed, significantly improving safety for patients, visitors, and staff moving between our hospital sites.  Our representations also led to the installation of more Blue Badge parking spaces closer to the hospital entrances. This has made it easier for people with disabilities to access our facilities, supporting our commitment to accessibility and inclusive access for all, in what is a very limited amount of space adjacent to the front of the hospital.  We will continue to work closely with	Closed

						the local authority to ensure that any changes in the surrounding infrastructure support safe and convenient access to our hospitals.	
301	11/09/2025	Rob Edwards	Further to a recent Governor Tour where we visited the Radiopharmacy team, the Governors would like to understand if there were any plans to relocate this group to a larger space more suited to their needs and team size?	Group Chief Strategic Finance & Estates Officer	09/10/2025	<p>Radiopharmacy is nationally recognised as a significant concern due to the vital nature of the work it undertakes, together with the vulnerability of workforce capacity and physical estates in which they operate. The UHBW service is no exception to that, and our MHRA licensed unit also supports other Trusts within the South West and beyond. An outline business case has been agreed within BNSSG for a new pharmacy aseptic unit which includes an option for a new Radiopharmacy. This new unit requires national funding, and at present there are no clear plans within NHS England for that funding to include Radiopharmacy. UHBW are therefore looking to undertake a feasibility assessment and create a plan for a potential new stand alone radiopharmacy to replace the existing unit.</p> <p>24/10/25 - A Project Initiation Document for a new Radiopharmacy unit has been approved by the appropriate Trust capital project governance, and is now included in the Trusts 5 year strategic capital plan. This would deliver a new unit which is over twice the size of the existing unit. An</p>	Closed

						options appraisal for the location of the unit is currently being drafted, with the recommended option to then go through further Trust governance for approval. We understand that there are National capital funding streams that are likely to soon be open for bids, and the Trust will be looking to submit this project for national funding. In the interim additional desk spaces are being made available for the Radiopharmacy team to be co-located near the Pharmacy Quality Assurance (QA) team. This will provide them with increased space for office work and a closer physical working environment with the QA team that the Radiopharmacy service is intrinsically linked to. NHS England have organised a meeting on 12th November to discuss the Radiopharmacy risks in the South West which the Trust will be present at, where we will look to escalate the need for a new unit for the Trust. We will bring a further update to Governors in April 2026.	
317	03/09/2025	Janis Purdy	Why were the seats removed from outside the public toilets which are just along from the side entrance drop off/pickup point to BRI ED (on the main entrance level 2) ? Those seats were very important for people waiting for family and friends using the toilets, especially when they themselves have mobility issues and cannot stand for any length of time. The seating was also very useful when people with	UHBW Trust Managing Director	01/10/2025	Thank you for your enquiry and firstly apologies for the lateness in response. To investigate removal of the chairs we have had to go through records held in Estates, Capital, Warp It and Security. However, following a search exhausting all potentials, we can confirm the removal of the chairs was not carried out by E&F division in connection with capital projects, requests of the waste/recycling team etc. Some chairs	Closed

			<p>mobility issues are waiting to be collected from the nearby ED entrance drop off/ pickup point. There is no seating available at the actual drop/off pickup point (except if there happens to be an abandoned wheelchair there) and this is very hard on people who are unable to stand for long.</p>			<p>have previously been removed from the smokers area in that drop off area, but not these ones.</p> <p>A few chairs which have been deemed no longer fit for purpose and require renewal are being replaced within the seating area just inside the Welcome Centre.</p> <p>Should chairs be required outside the public toilets (along from the side entrance drop off/pickup point to BRI ED on the main entrance level 2) to support our patients and families/carers this can be addressed and would be with the most appropriate seating for this area. E&amp;F division would look to fund the installation of these chairs should this be required and in discussion with Medicine division.</p> <p>02/12/25 - replacement seating has been secured (there is a six-week lead time) and the welcome centre has also been refreshed.</p>	
316	03/09/2025	Janis Purdy	<p>I understand that UHBW are not renewing their contract with taxi service Veezu. I believe they are giving the contract to a newly established taxi firm Zoom. I have no financial or other interest in Veezu, but have used them consistently for many years. They are excellent, and the drivers are always courteous and considerate and look after customers with mobility issues. Why would the</p>	Group Chief Strategic Finance & Estates Officer	01/10/2025	<p>The award of the taxi contract was undertaken following a full competitive procurement exercise. This identified considerable savings with Zoom, which was a key factor in the decision. Just as importantly, Zoom have been extremely collaborative and supportive, working with us to shape the service around the Trust's needs.</p> <p>We appreciate the governor's concern about continuity and quality of service.</p>	Closed

			Trust be changing from well-established Veezu to another firm which is untried and untested? If they are cheaper, then cheaper is not necessarily better.			We will continue to monitor performance closely to make sure that patients, visitors and staff receive the safe, courteous and reliable service they expect.  It has been confirmed that the team hold regular monthly meetings with Zoom Cars where performance is discussed. Poor performance is reported through Datix which can then be pulled into a report for their meeting.	
315	28/08/2025	Ben Argo, Rob Edwards	Following the update provided to members of the Accessible Information and Communication Steering Group regarding the Netcall telephone package, it was acknowledged that a decision was made by the Board to delay the implementation of this system upgrade. Can you confirm the reasons behind this delay and provide assurance that this delay will not impact the patients or staff? Please may you also provide a revised timescale for the implementation?	Group Chief Digital Information Officer	25/09/2025	<p>Following the update provided to members of the Accessible Information and Communication Steering Group regarding the Netcall telephone package, it was acknowledged that a decision was made by the Board to delay the implementation of this system upgrade. Can you confirm the reasons behind this delay and provide assurance that this delay will not impact the patients or staff? Please may you also provide a revised timescale for the implementation?</p> <p>Response: I have carefully reviewed the proposed telephony upgrade. The proposed solution intended to integrate the telephony system with the Electronic Patient Record System and consume all the Outpatient appointment data with a view to automatically telephoning patients, when an appointment opportunity was created by a cancellation, to try and maximise the clinic capacity and see patients sooner.</p>	Closed

This scheme will no longer go ahead as described for three main reasons:

1. This is a new development and has not been assessed for safety. The level and complexity of integration with the EPR is significant and would take considerable time to complete and be costly, particularly with System C and this is not as important as some of the other urgent work they are doing for the Trust particularly with AI developments.
2. The system would generate a significant number of additional phone calls into the call centres and currently the call centres are unable to keep up with the current call volume.
3. The future direction of patient communication will be through contact centre technology moving away from telephony as the only/main medium of communication. The contact centre project will be part of the future outpatient programme, which is just commencing, and I am happy to provide updates as the programme develops. Improving the way patients can contact us, improving efficiency and reducing waiting times remains a priority for the Trust and Group and therefore will be included in the wider outpatient improvement programme. The original proposal, although intended to provide some improvements, will not deliver the benefits we need and may unintentionally cause further concern to our patients.

314	08/08/2025	Paul Wheeler	<p>1. What support is the Trust providing to staff who are leaving on mutually agreed terms and need to seek fresh employment?</p> <p>2. What measures are the Trust using to ensure the accumulated knowledge of long standing staff who leave is not lost to the organisation?</p>	UHBW Trust Director of People	25/09/2025	<p>1. The Trust provides a range of support to staff leaving the Trust. In some cases, it is appropriate to use the collaborative Transition Hub (across NBT and UHBW) which supports people whose current role is coming to an end (e.g. fixed term contracts) or who are unable to carry out their role for health reasons, to secure alternative vacancies. This will include interview skills and careers planning options. We also work with colleagues in the BNSSG and Southwest regions to identify suitable vacancies. We are working to align our processes through a joint Redeployment Policy for the Bristol Group. There are restrictions to staff taking up new NHS employment following some voluntary exit schemes or compulsory redundancies, requiring compensation to be repaid. Support is available via our wellbeing and employee assistance programmes with financial, emotional and practical considerations, while many Trade Unions provide additional support to their members. In the coming months, we will be doing further work on “leaving well”, including working with partners in the region to share best practice and support colleagues leaving the organisation.</p> <p>2. There are comprehensive handovers from those leaving and in some cases, emails &amp; documents are being saved and allocated to line managers and PA's, this enables us to access information and any documents we may need. The</p>	Closed
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						requests for such documents/emails are being handled via approvals from Senior Managers, HR and via the IT department.	
313	31/07/2025	John Rose	At our recent QFG meeting, Neil Kemsley advised that our efficiency rates were lower than previous years. What work is happening to increase these rates in order to attack the waiting lists? Are we using weekends for some clinics?	UHBW Trust Managing Director	25/09/2025	For the first four months of 25/26, elective day case and inpatient activity volumes are up 7% on 24/25 volumes and 7.6% up on 2019/20 volumes and outpatient news (our future orderbook) is back to 2019/20 levels.	Closed
312	11/07/2025	John Rose	A proposal has been put forward for changes to the parking options on the Bristol Sites. The proposal is attached to this log and will be monitored through the Public Governors Log.	Group Chief Strategic Finance & Estates Officer	29/08/2025	The Team met with John on Teams and have been following up with him. John explained his rationale for creating the additional blue badge bays on the slope. The understanding is that when the BHOC site village comes down it will not be possible to build on the vacated area, so the area can be used for car parking. This will then allow the Trust to create the blue badge bays on the slope.	Closed
311	22/07/2025	David Chandler	'Is there any data being collected by UHBW as to the number of people who when going through 'choose and book' are being told that there are no appointments available?'  The patient has been told by the GP to make an outpatients appointment on choose and book but is unable to as the system says there are no appointments available.	UHBW Trust Managing Director	19/08/2025	If there are no directly bookable appointment slots available on the e-Referral Service (eRS), patients will not have a choice of slot and be held on a waiting list called an Appointment Slot Issue (ASI) list.  Some services do not give patients a choice of slot by design. For instance, the referral may need to be triaged by a secondary care clinician to determine which service to be booked into. These services are called Referral Assessment Services (RAS) and patients will be held on a RAS list pending triage and scheduling.  We can report the number of patients	Closed

on ASI / RAS lists at any given point in time. RAS lists can be further broken down by the number that are awaiting triage and that have been triaged by a clinician.

We are working towards ensuring that all patients can directly book slots at the point of referral.

Note that all NHS providers will have ASI lists to some extent, and the way that we manage our outpatient clinic capacity is reflective of practice elsewhere.

Governors Log January 2026

Governors' questions reference number	Date Question asked	Governor Name	Description	Group Executive Lead	Date Response Due	Response	Status
325	22/12/2025	Paul Wheeler	please can you confirm that should someone attend ED with suspected drink spiking there are policies and procedures in place to diagnose and treat this issue?	UHBW Trust Managing Director	19/01/2026	A formal SOP is in development. Current practice is to assess every case using RCEM guidance and position statements.	Awaiting Governor response
324	03/12/2025	Rob Edwards, Phil Smith	What support is in place within the Trust for Veterans seeking medical support, and how is this advertised? If there is no mechanism, would the Trust consider bringing one into place?	Group Chief Medical & Clinical Innovation Officer	31/12/2025	I welcome the interest in this matter and congratulate our two trusts on achieving Silver and Gold Veterans status whereby we are judged to be providing good services for both existing service personnel and veterans in recruitment. The question does prompt us to review our current service specification. We do not advertise enhanced or special processes for veterans but there is a sincere will to do so and we will work with the VA to ensure that all sensible options can be achieved.	Assigned to Executive Lead (follow up questions asked)
323	02/12/2025	Rob Edwards	What engagement is being held between the Trust and its most immediate local residents to ensure effective and full communication before any work is being done to the external site?	UHBW Trust Managing Director	31/12/2025	Meetings are held between the Trust and local residents on an ad hoc basis throughout each year, the frequency of meetings being dependent on the numbers or timings of planned changes. During these meetings residents are provided with updates on any estates projects which may impact on the external site, including updates on any anticipated planning applications. When there are specific schemes in development which require planning approval, presentations are provided on designs, layouts, external appearances and logistics prior to planning	Awaiting Governor response

						applications being submitted. Residents also have the opportunity to raise topics and questions more generally.	
322	10/11/2025	Stuart Robinson, Rachel Harkness	Ward D603 in the Bristol Haematology and Oncology Centre, in collaboration with Bristol and Weston Hospitals Charity recently launched a new appeal to help with refurbishing the ward. This ward was also subject to a fundraising request launched in 2019. Please can you provide an explanation for why this refurbishment did not happen in 2019 and what has happened to the money that was raised for this project. Can you also provide any detail on the plans and	UHBW Trust Managing Director	08/12/2025	<p>The Residents meetings are attended routinely by representatives from the local community and local groups e.g. Kingsdown Conservation Group, Christmas Steps Arts Quarter, Bristol Civic Society and Priors Close Residents Association.</p> <p>Where any major developments are planned, we have engaged more widely with the local community, tailoring engagement sessions to meet the needs of the project. This can involve written communications to all local residents with areas adjacent to a planned development, open 'drop in' style events or specific, targeted events for smaller groups if impacts are perceived to be on a smaller, restricted scale.</p>	Awaiting Governor response

<p>projected timescales for the completion of this project?</p>	<p>had been to utilise A518, a 17 bedded space in the BRI, which would have resulted in net loss of 8 beds for the works period. There were initially delays in 2019 due to the complexity of the project and the challenges around the decant space, which presented an issue for some of the major donors who had made an in-year commitment to spend the money.</p>	<p>In the latter part of 2019 and moving into 2020, the issues were compounded by the gathering threat of the Covid-10 pandemic, and by early 2020 it became clear that on the balance of risk, to lose a significant proportion of the Trust bed base (not only D603 but also the area on A518) on the cusp of a global pandemic was not deemed to be the right decision. In March 2020, we regrettably therefore concluded not to proceed with the planned refurbishment, which was agreed with Executive team, the Division, and the Charity.</p>	<p>When it was decided that the project could not proceed the other major donors were notified, and because there was no likelihood of an alternative project to transfer the income to in the short-medium term, the major donor money was returned. The remaining monies raised stayed with the Charity and were put towards the smaller project to improve parts of D603 such as bathrooms and communal areas, completed earlier in 2025. All funds</p>
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						raised for the planned refurbishment were put towards the recent project and the charity supplemented these with other funds. All monies raised for the initial refurbishment have been now spent, and there is currently no further plan to improve D603, but wider feasibility work regarding the long term-plan for BHOC is proceeding.	
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This scheme will no longer go ahead as described for three main reasons:

1. This is a new development and has not been assessed for safety. The level and complexity of integration with the EPR is significant and would take considerable time to complete and be costly, particularly with System C and this is not as important as some of the other urgent work they are doing for the Trust particularly with AI developments.
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314	08/08/2025	Paul Wheeler	<p>1. What support is the Trust providing to staff who are leaving on mutually agreed terms and need to seek fresh employment?</p> <p>2. What measures are the Trust using to ensure the accumulated knowledge of long standing staff who leave is not lost to the organisation?</p>	UHBW Trust Director of People	25/09/2025	<p>1. The Trust provides a range of support to staff leaving the Trust. In some cases, it is appropriate to use the collaborative Transition Hub (across NBT and UHBW) which supports people whose current role is coming to an end (e.g. fixed term contracts) or who are unable to carry out their role for health reasons, to secure alternative vacancies. This will include interview skills and careers planning options. We also work with colleagues in the BNSSG and Southwest regions to identify suitable vacancies. We are working to align our processes through a joint Redeployment Policy for the Bristol Group. There are restrictions to staff taking up new NHS employment following some voluntary exit schemes or compulsory redundancies, requiring compensation to be repaid. Support is available via our wellbeing and employee assistance programmes with financial, emotional and practical considerations, while many Trade Unions provide additional support to their members. In the coming months, we will be doing further work on “leaving well”, including working with partners in the region to share best practice and support colleagues leaving the organisation.</p> <p>2. There are comprehensive handovers from those leaving and in some cases, emails &amp; documents are being saved and allocated to line managers and PA's, this enables us to access information and any documents we may need. The</p>	Closed
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						requests for such documents/emails are being handled via approvals from Senior Managers, HR and via the IT department.	
313	31/07/2025	John Rose	At our recent QFG meeting, Neil Kemsley advised that our efficiency rates were lower than previous years. What work is happening to increase these rates in order to attack the waiting lists? Are we using weekends for some clinics?	UHBW Trust Managing Director	25/09/2025	For the first four months of 25/26, elective day case and inpatient activity volumes are up 7% on 24/25 volumes and 7.6% up on 2019/20 volumes and outpatient news (our future orderbook) is back to 2019/20 levels.	Closed
312	11/07/2025	John Rose	A proposal has been put forward for changes to the parking options on the Bristol Sites. The proposal is attached to this log and will be monitored through the Public Governors Log.	Group Chief Strategic Finance & Estates Officer	29/08/2025	The Team met with John on Teams and have been following up with him. John explained his rationale for creating the additional blue badge bays on the slope. The understanding is that when the BHOC site village comes down it will not be possible to build on the vacated area, so the area can be used for car parking. This will then allow the Trust to create the blue badge bays on the slope.	Closed
311	22/07/2025	David Chandler	'Is there any data being collected by UHBW as to the number of people who when going through 'choose and book' are being told that there are no appointments available?'  The patient has been told by the GP to make an outpatients appointment on choose and book but is unable to as the system says there are no appointments available.	UHBW Trust Managing Director	19/08/2025	If there are no directly bookable appointment slots available on the e-Referral Service (eRS), patients will not have a choice of slot and be held on a waiting list called an Appointment Slot Issue (ASI) list.  Some services do not give patients a choice of slot by design. For instance, the referral may need to be triaged by a secondary care clinician to determine which service to be booked into. These services are called Referral Assessment Services (RAS) and patients will be held on a RAS list pending triage and scheduling.  We can report the number of patients	Closed

on ASI / RAS lists at any given point in time. RAS lists can be further broken down by the number that are awaiting triage and that have been triaged by a clinician.

We are working towards ensuring that all patients can directly book slots at the point of referral.

Note that all NHS providers will have ASI lists to some extent, and the way that we manage our outpatient clinic capacity is reflective of practice elsewhere.