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## Meeting of the Council of Governors on Friday 28 January 2022

<b>Report Title</b>	<b>Circulated for information - Governor Activity Report</b>
<b>Report Author</b>	<b>Sarah Murch, Membership Manager</b>
<b>Executive Lead</b>	<b>Eric Sanders, Director of Corporate Governance</b>

### 1. Report Summary

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

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

### 2. Key points to note

*(Including decisions taken)*

- Two governor focus group meetings and a Governor Development Seminar Day were cancelled in January 2022 in line with national guidance to Trusts over the surge in the Omicron variant of Covid-19.
- Governor meetings in December 2021 were carried out online due to the Covid-19 pandemic.
- In this period, Governors concluded the recruitment process for a Trust Chair, and were involved in the recruitment process for a Chief Executive for the Trust.
- Governors also received a briefing in this period from Paul Kearney, Chief Executive of Bristol and Weston Hospitals Charity.
- Since the last Council of Governors meeting on 30 November 2021, there have been no changes to the composition of the Council of Governors, with all 29 seats filled and no vacancies.
- Meeting dates for Council of Governors meetings in 2022-23 have changed. The annual cycle of business showing the agenda items for each of these meetings next year is attached as an Appendix to this report.

## **GOVERNOR MEETINGS**

**Governor Groups:** Most governor work is carried out through three Governor Groups, the Quality Focus Group, the Governors' Strategy Group, and the Membership and Constitution Group. Each group receives reports from each of the Non-Executive Chairs of the Board Committees to allow governors to keep abreast of the Board's current areas of

focus and to enable them to carry out their statutory duty to hold Non-Executive Directors to account.

### **1. Quality Focus Group – Governor Chair: Carole Dacombe**

The meeting of the Quality Focus Group due to be held on 13 January 2022 was cancelled due to the Omicron surge. The next meeting is due to be held on 11 March 2022.

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

One meeting was held in this period, on 17 December 2021, attended by 8 governors. Timings were condensed due to operational pressures caused by the pandemic. Agenda items included:

- **Acute Provider Collaborative (APC) Overview and Update:** Owen Ainsley, APC programme director, gave governors a presentation on the creation of the Acute Provider Collaborative: the new name for the working partnership between UHBW and North Bristol NHS Trust (NBT).
- **Strategic Capital Investments Update:** Paula Clarke, Director of Strategy and Transformation, provided an update to governors on the progress of the strategic capital programme: a five-year programme of projects to improve the Trust's estates, buildings and infrastructure.
- **Operational Plan Update:** Paula Clarke, Director of Strategy and Transformation, provided an update to governors on the operational plan. Governors were provided with a paper on the Trust's approach to planning for the second half of the financial year 2021/22.
- **Finance and Digital Committee Chair's Report:** Martin Sykes, Non-Executive Director and Chair of the Finance and Digital Committee, gave an update on his committee's most recent meetings.
- Governors also received papers on the Trust's Corporate Strategic Objectives, the progress of the Merger and Integration Implementation Programme, and an update from the Healthier Together BNSSG Integrated Care System.
- The next meeting of the Governors Strategy Group will be held on 11 March 2022.

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

The meeting scheduled for 13 January 2022 was cancelled. The next one is scheduled for 13 July 2022, although one may be scheduled before then.

Other governor activity in the period included:

**Chair and Chief Executive Recruitment:** Governors concluded the recruitment process for a new Trust Chair in this period, taking the decision to appoint Jayne Mee into the role at an Extraordinary Council of Governors meeting on 9 December 2021.

Governors were also involved in the selection days for the Chief Executive appointment, with governors taking part in discussion groups and the interview panel on 5-6 January 2022. Governors considered the outcome of the process at an Extraordinary Council of Governors meeting on 21 January 2022.

**Governor/NED Engagement Sessions:** Governors hold regular informal engagement meetings with the Chair and Non-Executive Directors to allow them to seek assurance around any topics of interest to assist them in their duty to hold them to account. There was one session in this period, held on 17 December, attended by 7 governors and 6 Non-Executive Directors. Assurance was sought around hospital pressures, particularly pressures on the Emergency Department, and how the Trust was working with its partners in the wider health and care system to resolve these. Other topics discussed included the Trust's strategic capital plans for Weston, hospital transportation, the progress of the Integrated Care System and the likely impact of the Omicron variant of Covid-19 on the Trust in January.

**Governor Development Seminars:** The Trust has a duty to provide its governors with training for their role, and so holds regular seminar days for governors. The seminar day scheduled for 20 January was cancelled due to the Omicron surge. The previous one took place on 13 October 2021, and the next one is scheduled for 13 April.

**Public Board meetings:** A number of governors watched the livestreamed meeting of the Board of Directors on 30 November 2021, to observe the Board conducting their business.

**Charity Update:** On 17 December 2021, governors met Paul Kearney, Chief Executive of the Trust's main charity, Bristol and Weston Hospitals Charity, to hear about the charity's formation in October 2021 from the merger between Above and Beyond and the Weston General Hospital charity.

#### Advice and Recommendations

- The Council of Governors is asked to **note** this update for information
- The Council of Governors is asked to **note** the Annual Cycle of Business for Council of Governors meetings in 2022/3 (attached as an appendix).

COUNCIL OF GOVERNORS - ANNUAL BUSINESS CYCLE 2022-23							
	Sponsor	Author	Fri 27 May 2022 (14:00-16:00)	Tuesday 9 August 2022 (14:00-16:00)	(Annual Members' Meeting - Thursday 15 September 2022 17.00-19.00)	Tuesday 13 December 2022 (14:00-16:00)	Tuesday 14 February 2023 (14:00-16:00)
Chair's Welcome and Apologies	Chair	Chair					
Declarations of Interest	Chair	Chair					
Minutes and matters arising from previous meetings	Chair	Chair					
Chair's Update	Chair	Chair					
Chief Executive's Report	Chief Executive	Chief Executive					
Governors' Log of Communications	Chair	Governors					
Nominations & Appointments Committee Report	Chair	Chair					
Governor Activity Report	Membership Manager/ Focus Group Chairs	Membership Manager					
Membership Activity Report (update against Membership Strategy)	Director of Corporate Governance	Membership Manager					
Quarterly Patient Experience and Complaints reports	Chief Nurse	Chief Nurse					
Governors' Questions to the Board of Directors	Chair	Governors					
Foundation Trust Members' Questions	Chair	FT Members					
Appointment of Lead Governor	Director of Corporate Governance	Membership Manager					
Foundation Trust Constitution review	Chair	Director of Corporate Governance					
Terms of Reference for Governor Focus Groups and NOMCO	Director of Corporate Governance	Membership Manager					
Council of Governors Register of Interests	Director of Corporate Governance	Membership Manager					
Election and Appointment of Governors	Director of Corporate Governance	Membership Manager					
Annual Cycle of Business for Council of Governors	Director of Corporate Governance	Membership Manager					
Governors Meeting Dates for 2023-24	Director of Corporate Governance	Membership Manager					
Annual Plan	Chief Executive	Chief Executive					
External Auditor's Report to the Governors on the Quality Report	Chief Nurse	Chief Nurse					
Mergers/Acquisitions/Significant Transactions - ad hoc as necessary	Chief Executive	Chief Executive					
Appointment of Non-executive Directors/Chair (ad hoc)	Chair/ Director of Corporate Governance	Membership Manager					
Appointment of External Auditors (ad hoc)	Director of Corporate Governance	Director of Corporate Governance					
Capital Projects - ad hoc as necessary	Chief Executive	Chief Executive					
Corporate Quality Objectives update	Chief Nurse	Chief Nurse					
Presentation of the Annual Report and Accounts (including External Auditor's Opinion)	Chief Executive and Director of Finance	Chief Executive and Director of Finance					
Governors' Annual Report of Governor and Membership Activity	Lead Governor	Membership Manager					
Youth Involvement Group Report	YIG Governors	YIG Governors					
Covid/Service Restoration Update	Deputy Chief Executive/ Chief Operating Officer	Deputy Chief Executive/ Chief Operating Officer					
Weston/Bristol Integration Update	Director of Strategy and Transformation	Director of Strategy and Transformation					

## Meeting of the Council of Governors on Friday 28 January 2022

<b>Report Title</b>	<b>Circulated for information – Membership Engagement Report</b>
<b>Report Author</b>	<b>Sarah Murch, Membership Manager</b>
<b>Executive Lead</b>	<b>Eric Sanders, Director of Corporate Governance</b>

### 1. Report Summary

University Hospitals Bristol and Weston NHS Foundation Trust has a formal requirement to maintain a Foundation Trust membership made up of members of staff and members of the public. It also has a duty to monitor member engagement and to provide opportunities for governors to engage with its membership. This report gives a breakdown of current membership numbers and summarises engagement with membership in December 2021-January 2022 against the aims set out in the Trust's Membership Strategy 2020-23.

A report on the plan for the 2022 governor elections is also attached as an appendix.

### 2. Key points to note

There has been a significant decrease in public membership numbers as a result of the data cleansing exercise undertaken part of the Membership Strategy 2020-23.

### 3. Membership Numbers

Membership Numbers: The breakdown of members by constituency class is shown below. On 21/01/2022 membership numbers were 4,637 compared with 6,183 public FT members on 18/11/21.

<b>Membership Constituency Classes</b>	<b>21/01/22</b>	<b>18/11/21</b>
<b>Public Constituency</b>		
Bristol	2,326	3,247
North Somerset	857	1,200
South Gloucestershire	833	1,089
Rest of England and Wales	621	644
<b>Total Public Membership</b>	<b>4,637</b>	<b>6,183</b>
<b>Staff Constituency</b>		
Medical and Dental	2,283	2,252

Nursing and Midwifery	5,377	5,428
Other Clinical Healthcare Professionals	2,333	2,349
Non-Clinical Staff	4,087	4,105
<b>Total Staff Membership</b>	<b>14,080</b>	<b>14,134</b>
<b>TOTAL PUBLIC AND STAFF MEMBERSHIP</b>	<b>18,717</b>	<b>20,317</b>

#### 4. Progress against Membership Strategy

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

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

**Engagement with Members:** A monthly e-newsletter is sent to all public members for whom we have an email address. Since the data cleanse, this has increased from 41% of the total membership in December, to 53% of the total membership in January. This is a positive development as we can keep in touch easier with email members. The newsletter is produced by the membership team and usually includes a report by a governor each month as a means to directly engage with their constituents. November's newsletter included a report by Ray Phipps, Public Governor, December's newsletter included a report from Martin Rose, Public Governor, and January's is due to include a report from John Chablo, Public Governor.

#### 1. Priorities for the next quarter

The next period will include focus on:

- Planning for next round of governor elections in March – May 2022 (see the report below)
- Reports from each of our staff governors in Newsbeat and exploration of other ways for staff governors to engage with their constituents – Feb/March 2022
- Plan for Health Matters Events in 2022-23
- Postal mailshot in February/March 2022





- Governor training on membership engagement was planned for the Governor Development Seminar Day on 20 January 2022 which was cancelled, so this will now be received at the Governor Development Seminar in April 2022.

#### Advice and Recommendations

- This report is for **Information**.



## **Appendix - Governor Elections 2022**

This report updates the Council of Governors on the plan for the 2022 Governor Elections.

### **Background**

Public and staff governors are elected to the Trust's Council of Governors by public and staff Foundation Trust membership. Elections are staggered and are scheduled to take place two years out of every three.

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.

### **2022 Elections- Seats and Terms**

At present it is anticipated there will be 14 seats up for election in 2022, all for three year terms of office from 1 June 2022-31 May 2025. The seats available are as follows:

- 3 Public – South Gloucestershire seats
- 6 Public – Bristol seats
- 2 Public – Rest of England and Wales seats
- 1 Staff - Other Clinical Healthcare Professional seat
- 2 Staff - Nursing and Midwifery seats

There are currently governors in all of the 14 seats. All except 2 are eligible to stand for re-election.

The Trust is not expecting to run elections this year in the other membership constituency classes (Public-North Somerset, Staff-Non-Clinical, or Staff-Medical and Dental, or the remaining three Public-Bristol seats).

### **Election Timetable**

The Trust's Governor Elections are run by an independent returning officer. In line with previous years the Trust has engaged Civica Election Services (formerly known as Electoral Reform Services). They have provided us with a timetable which follows our constitutional requirements.

The election includes a nominations period in March, in which anyone wishing to stand for election/re-election will need to nominate themselves by completing a nomination form, and an election period in May, 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 election timetable for 2022 is as follows:

<b>ELECTION STAGE</b>	<b>DATE</b>
Notice of Election / nominations open	Wednesday, 2 Mar 2022
Nominations deadline	Wednesday, 30 Mar 2022
Summary of valid nominated candidates published	Thursday, 31 Mar 2022
Final date for candidate withdrawal	Monday, 4 Apr 2022
Electoral data to be provided by Trust	Thursday, 7 Apr 2022
Notice of Poll published	Friday, 22 Apr 2022
Voting packs despatched	Monday, 25 Apr 2022
Close of election	Thursday, 19 May 2022
Declaration of results	Friday, 20 May 2022
New Terms of Office start	1 June 2022

The Trust is intending to run governor elections as planned in order to ensure that its Council of Governors is constituted in line with legislative and constitutional requirements. However, it should be noted that NHSE/I guidance sent to all Trusts on 24 December 2021 allows Foundation Trusts to stop or delay elections where necessary, and the Trust would therefore be able to pause the elections if the pandemic situation were to deteriorate to such an extent as to impact on our ability to run them in a fair, transparent and effective way.

As in previous years, a communications plan is being prepared to raise awareness of the governor role, nominations and voting.

The Council of Governors is asked to **note** this report for information.

Meeting of the Council of Governors on Friday 28 January 2022

<b>Report Title</b>	<b>Circulated for information - Governors' Log of Communications</b>
<b>Report Author</b>	<b>Sarah Murch, Membership Manager</b>
<b>Executive Lead</b>	<b>Eric Sanders, Director of Corporate Governance</b>

<b>1. Report Summary</b>	
The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust. The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting.	
<b>2. Key points to note</b> <i>(Including decisions taken)</i>	
Since the last public Council of Governors meeting in November 2021, two new questions have been added to the Governors' Log (on staff vacancies/absences and cleft palate surgery delays) and three responses have been received from Executive Directors (on staff vacancies/absences, the Low Emission Zone, and dietician provision).	
<b>3. Advice and Recommendations</b>	
<ul style="list-style-type: none"> <li>This report is for <b>Information</b>.</li> </ul>	
<b>4. History of the paper</b> <b>Please include details of where paper has previously been received.</b>	
<i>Board of Directors meeting in public</i>	<i>28 January 2022</i>

**ID**      **Governor Name****263**      **Sofia Cuevas-Asturias**      **Theme:** Steps to address vacancy and absence rates**Source:** From Constituency/ Members**Query**      **24/12/2021**

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

**Division:** Trust-wide**Executive Lead:** Chief Nurse**Response requested:** 24/12/2021**Response**      **05/01/2022**

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

**1. Recruitment:-**

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

**2. Retention: -**

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

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

**3. Operational:-**

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

Undertaking regular risk assessments on staff returning from Covid exposures.

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

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

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

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

**ID**      **Governor Name**

How the Trust is facilitating

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

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

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

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

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

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

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

**Status:** *Awaiting Governor Response*

**ID**      **Governor Name**  
262      John Sibley

**Theme:** Cleft Palate surgery delays

**Source:** From Constituency/ Members

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**Query**      24/12/2021

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

**Division:** Women's & Children's Services

**Executive Lead:** Medical Director

**Response requested:** 24/12/2021

### **Response**

Response pending.

**Status:** Assigned to Executive Lead

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**ID**      **Governor Name**

**261**      **John Rose**

**Theme:** Low Emission Zone

**Source:** Governor Direct

**Query**      **25/11/2021**

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

**Division:** Trust-wide

**Executive Lead:** Chief Operating Officer

**Response requested:** 15/12/2021

**Response**      **29/12/2021**

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

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

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

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

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

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

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

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



**ID**      **Governor Name**

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

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

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

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

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

**Status:** *Awaiting Governor Response*

**260**      **Paul Hopkins**

**Theme:** Staff Retention following Consultation

**Source:** Governor Direct

**Query**      **10/11/2021**

What strategy or plan does UHBW have in place to evaluate and review the impact upon staff wellbeing and staff retention following a consultation process? And how is this information captured?

**Division:** Trust-wide

**Executive Lead:** *Director of People*

**Response requested:** 19/11/2021

**Response**

**Status:** *Assigned to Executive Lead*

**ID**      **Governor Name**

259      Paul Hopkins

**Theme:** Zero landfill target

**Source:** Governor Direct

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**Query**      **01/11/2021**

Follow-up to Log Question 255 (Recycling):

How does UHBW aim to achieve its target of zero landfill in the next 4 years? And, if this is not achievable, what steps will the trust propose to attempt to reach this target in a realistic time frame? And what time frame will that be?

**Division:** Trust-wide

**Executive Lead:** Director of Strategy and Transformation

**Response requested:** 02/11/2021

**Response**      **15/11/2021**

Thank you for your very valid question,

Since declaring a climate emergency back in 2019 and the launch of the Sustainability Development Strategy across the organisation, the Trust has invested in the creation of a sustainability team. One of the workstreams the team has been focused on is delivering the Trust sustainable waste management targets. The Trust intends to achieve the target of zero waste to landfill by 2025, by following a clear set of strategic and operational objectives.

This objectives include the review of all current waste management contracts. All of the Trust current waste management contracts will cease in 2022. This gives us the opportunity to ensure our sustainability targets are built into the new contracts by clearly specifying and tendering the Trust requirements.

This approach, supported by the Ecoquip+ innovation procurement project, includes analysing the current and future waste market place, and evaluating innovative sustainable waste management treatment and reduction solutions. We are also building sustainability into our procurement processes to minimise the amount of waste generated in the first place; for instance by changing from single use to reusable items. By working with partners across the region and beyond, we are committed to develop a circular economy across the organisation and beyond. We are working to ensure all of our future contracts, contractors and working partners are aligned to the Trust's sustainability targets.

To further support achieving our sustainable waste management objectives, the Trust is developing a staff sustainable waste management engagement strategy and to deliver training across the organisation.

We are confident that, by following the steps above we will achieve or zero waste to landfill objective by the targeted date. We are now looking at how we can get to zero waste to contribute to our 2030 carbon target.

**Status:** Re-opened

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**ID**      **Governor Name**

258      Sofia Cuevas-Asturias

**Theme:** National standard for full-time dieticians

**Source:** Governor Direct

**Query**      01/11/2021

How far does the Trust meet the national standard for employment of full-time dieticians? Is there a plan to address any shortcomings in this regard, and if so, what is it?

**Division:** Diagnostics & Therapies

**Executive Lead:** Chief Nurse

**Response requested:** 02/11/2021

**Response**      15/12/2021

- We cannot confirm if we are compliant with all standards at this time, however BI (Business Intelligence) can pull this report if required. Routine reporting does class patient referrals according to priority. The data shows we are seeing more priority 1 urgent patients referrals and less lower priority 2 patients, compared to last year.
- The acute dietetic teams stopped collecting paper outcome measures to await the electronic build linked to Medway. However the Home Enteral Feeding team do have a suite of outcome data that is collected electronically and reported back to BNSSG in their annual report.
- But in other pathways we do not meet guidance. GPICS (Guidelines for the provision of intensive care services) 2019, recommends 0.05-0.1 WTE (Whole-Time Equivalent member of staff) per bed, which we do not meet. Similarly, the Cystic Fibrosis Trust sets standards for clinical care (2011) which we do not meet.
- Then there is what might be termed unmet need through safeguarding care with recommendations for safe caseloads. The British Dietetic Association, (Safe Caseload, Safe Staffing 2016) considers that a full time dietitian's safe caseload would number on average 37 contracts per week. A simple hypotheses of 1 contact being 1 patient, then we have at least 1 caseload/1 WTE unmet need, as we routinely do not see all patients referred to us as evidenced by our activity data.
- The Home Enteral Feeding service, positively, has a service model that incorporates safe caseloads per dietitian & in previous years this has led to appropriate resourcing. But as patient numbers grow we now no longer have enough staff members. New therapies and treatments will also drive need for dietetic services as patients have active longer lives with conditions that may have been previously limiting, such as Inherited Metabolic Disease and Cancer. Our service is no longer consigned by time, ie Monday to Friday and equity of care should be there on a Saturday and Sunday. Nor should we be consigned by role, as dietitians see to take on extended roles & work as first contact practitioners.
- Therapy services do submit bids as part of the Operating Plan submissions. All bids in the last few years have included an uplift for Saturday working and 52 weeks of the year, where traditionally the bids just reflected a Monday to Friday service accepting 8 weeks are lost for annual leave etc.
- Leads for the service liaise with our dietitians on the floor & peers in other Trusts, and are always looking for ways to meet the gaps & needs of our patients. This is reflected in the Risk Register, inclusion in Divisional business cases, submission to Divisional/Trust OPP and External ICP /Specialist Commissioning. This plan has been in part been successful over the years, with investment that has resulted in doubling in size of the Adult & Paediatric Dietetic Services. We need the plan to continue to work, in order to drive forward a robust service fit for the future.

**Status:** Awaiting Governor Response