

COUNCIL OF GOVERNORS

Meeting to be held on Tuesday 31 October 2017 at 14:00 in the Conference Room,
Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	PAGE NO.
1.0 Preliminary Business				
1.1	Introduction and apologies	Information	<i>Chairman</i>	Verbal
1.2	Declarations of Interest	Information	<i>Chairman</i>	Verbal
1.3	Minutes of the last meetings: a) Minutes of the meeting held on 28 July 2017 b) Minutes of Annual Members' Meeting held on 21 September 2017	Approval Note	<i>Chairman</i>	p. 3 p. 14
1.4	Matters arising (Action Log)	Approval	<i>Chairman</i>	p. 22
2.0 Holding Non-executive Directors to account				
2.1	Holding to account report	Assurance	<i>Membership Engagement Manager</i>	p. 23
3.0 Non-executive Director appointments (appraisal review)				
3.1	Nominations and Appointments Committee report - Non-executive Director re-appointment	Assurance Approval	<i>Chairman</i> <i>Chairman</i>	To follow
3.2	Non-executive Director remuneration	Approval	<i>Trust Secretary</i>	p. 25
4.0 Constitutional/forward plans				
4.1	Governor Group reports a) Quality Focus Group b) Governors' Strategy Group c) Constitution Focus Group	Information	<i>Governor Group Leads</i>	p. 29
5.0 Member/Public interests				
5.1	Membership engagement report	Information	<i>Membership Engagement Manager</i>	p. 35
6.0 Training and development				
6.1	Governor compliance, training and development report	Information	<i>Membership Engagement Manager</i>	p. 39

7.0 Performance Update and Strategic Outlook				
7.1	a) Chief Executive's report	Information	<i>Chief Executive</i>	Verbal
	b) Quarterly Patient Experience and Complaints Reports	Information	<i>Chief Nurse</i>	Attached as Supporting Information
7.2	Independent Review of Children's Cardiac Services in Bristol	Information	<i>Chief Nurse</i>	Attached as Supporting Information
8.0 Items for Information				
8.1	Governors' Log of Communications	Information	<i>Chairman</i>	p. 42
8.2	Governors' Meeting Dates 2018/19	Information	<i>Chairman</i>	p. 48
9.0 Concluding Business				
9.1	Governor Questions arising from the meeting of the Trust Board of Directors	Information	<i>Chairman</i>	Verbal
9.2	Foundation Trust Members' Questions	Information	<i>Chairman</i>	Verbal
9.3	Any Other Business	Information	<i>Chairman</i>	Verbal
9.4	Date and time of next meeting Wed 31 Jan 2018, 2pm-3.30pm Conference Room, Trust HQ	Information	<i>Chairman</i>	Verbal

Minutes of the Council of Governors Meeting held on 28 July 2017 at 2:00pm in the Conference Room, Trust Headquarters, Marlborough Street, BS1 3NU

Present

John Savage – Chairman
 Malcolm Watson – Public Governor and Lead Governor
 Pauline Beddoes – Public Governor
 Carole Dacombe – Public Governor
 Jonathan Seymour-Williams – Public Governor
 John Rose- Public Governor
 Malcolm Watson – Public Governor
 Mary Whittington – Public Governor
 Kathy Baxter – Patient Governor
 Ray Phipps – Patient Governor
 John Sibley – Patient Governor
 Derek Wholey – Patient Governor
 John Chablo – Patient/Carer Governor
 Graham Papworth – Patient/Carer Governor
 Sue Milestone – Patient/Carer Governor
 Florene Jordan – Staff Governor
 Neil Morris – Staff Governor
 Jo Roberts – Staff Governor
 Jane Westhead – Staff Governor
 Sophie Jenkins – Appointed Governor
 Astrid Linthorst – Appointed Governor

In Attendance

Robert Woolley – Chief Executive
 Sean O’Kelly – Medical Director
 Paul Mapson – Director of Finance and Information
 Paula Clarke – Director of Strategy and Transformation
 Alex Nestor – Acting Director of Workforce and Organisational Development
 Carolyn Mills – Chief Nurse
 Alison Ryan – Non-executive Director
 Jill Youds – Non-executive Director
 Julian Dennis – Non-executive Director
 David Armstrong – Non-executive Director
 Madhu Bhabuta – Non-executive Director
 Pam Wenger – Trust Secretary
 Clive Hamilton– Foundation Trust member

Minutes

Sarah Murch – Membership and Governance Administrator

The Chairman opened the meeting at 2.05pm

Minute Ref:	Item	Actions
COG 23/07/17	1.1 Chairman's Introduction and Apologies	
	<p>The Chairman, John Savage, welcomed everyone to the meeting, particularly newly-elected governors and others who were there for the first time. He noted apologies from:</p> <p>Governors: Hussein Amiri, Andy Coles-Driver, Tom Frewin, Rashid Joomun, Marty McAuley, Sally Moyle, Penny Parsons, Mo Phillips, Tony Tanner, Bala Thyagarajan, Garry Williams and Jenny James.</p> <p>Trust Board of Directors: Guy Orpen, Lisa Gardner, John Moore, Emma Woollett, Steve West and Mark Smith</p> <p>Head of Membership and Governance: Amanda Saunders.</p>	
COG 24/07/17	1.2 Declarations of Interest	
	In accordance with Trust Standing Orders, all those present were required to declare any conflicts of interest with items on the meeting agenda. There were no declarations of interest.	
COG 25/07/17	1.3 Minutes from Previous Meeting	
	<p>Governors considered the minutes of the meetings of the Council of Governors held on 28 April and 26 May 2017 and approved them as a true and accurate record of the meetings.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the minutes of the Council of Governors meetings held on 28 April and 26 May 2017 	
COG 26/07/17	1.4 Matters Arising/Action Log	
	Governors received the action log. It was noted that there was still one action outstanding: to provide governors with an update on the Orla Virtual Ward scheme. Paul Mapson advised governors that Orla was now in receivership. Governors would receive a report through the Governors' Strategy Group.	
COG 27/07/17	2.1 Holding to Account report	
	<p>Governors received an overview of the ways in which they had held non-executive directors to account in the period since the last meeting. There were no questions.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	
COG 28/07/17	3.1 Nominations and Appointments Committee Report	
	<p>John Savage, Chairman, introduced the Nominations and Appointments Committee (NOMCO) report.</p> <p>Appointment of Committee Members: According to the Committee's Terms of Reference, the Committee should have 12 governors, who should be appointed by the Council of Governors. Following the 2017 governor elections</p>	

	<p>and resulting changes to the Council of Governors, 8 vacancies had arisen. All governors had received notification of the vacancies and an invitation to put themselves forward. Governors noted that since publication of the meeting papers Penny Parsons had withdrawn her application, and as a result there were now 8 governors standing for 8 vacancies on the committee. Their appointments were approved.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note; • Approve the re-appointment of Malcolm Watson, Florene Jordan, Carole Dacombe and Garry Williams to the Nominations and Appointments Committee. • Approve the appointment of Neil Morris, Marty McAuley, Sophie Jenkins, Kathy Baxter, Rashid Joomun, Tony Tanner, Mo Phillips and Jonathan Seymour-Williams to the Nominations and Appointments Committee. 	
COG 29/07/17	3.2 Appointment of the Chair	
	<p>A report had been tabled containing a summary of the recruitment process and a recommendation for the appointment of a new Chairman to succeed John Savage at the end of his term in November.</p> <p>Alison Ryan, Non-executive Director, reported to governors that a selection day had taken place on 7 July, consisting of a formal panel interview and an assessment exercise. A meeting of the Nominations and Appointments Committee had then taken place on 27 July to discuss the recommendation of the interview panel and make a recommendation to the Council of Governors.</p> <p>The Nominations and Appointments Committee had supported the interview panel's recommendation to appoint Jeff Farrar. Jeff had recently retired from a long and successful career in the police, in which he held a number of senior command posts, most recently as Chief Constable for Gwent Police.</p> <p>The Council of Governors approved this recommendation.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note; • Approve the appointment of Jeff Farrar as Chairman of UH Bristol NHS Foundation Trust for a term of office of three years from 1 December 2017 to 30 November 2020. 	
COG 30/07/17	3.3 Appointment of Senior Independent Director	
	<p><i>Jill Youds, Non-executive Director, left the room for this item.</i></p> <p>A report had been circulated explaining the obligation of the Board of Directors and the Council of Governors to appoint one of the Trust's non-executive directors to the position of Senior Independent Director (SID). Pam Wenger, Trust Secretary, explained that the current SID, Emma Woollett, was now nearing the end of her term of office, and it was therefore proposed that Jill Youds take on the role from 1 September.</p>	

	<p>This had also been discussed at the Nominations and Appointments Committee at their meeting on 27 July, and they had supported this proposal.</p> <p>The Council of Governors approved the Committee's recommendation.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note; and • Approve the appointment of Jill Youds as Senior Independent Director from September 2017. The appointment would be reviewed bi-annually by the Board of Directors in consultation with the Council of Governors 	
COG 31/07/17	4.1 Governor Groups Reports	
	<p>Written reports had been circulated for all groups.</p> <p>a) <u>Quality Focus Group</u></p> <p>Carole Dacombe, Chair of the Quality Focus Group, introduced the report from the group's meeting on 2 May. Eleven governors had attended. They had received input from the non-executive chair of the Board's Quality and Outcomes Committee, Alison Ryan. Among other issues, governors had received an update from Alison on the action plan following the British Orthopaedic Association (BOA) report in relation to Fractured Neck of Femur services at the Trust.</p> <p>At the time of the meeting, governors had been awaiting a draft version of the Trust's annual Quality Report for 2016/17, for which they were required to write a governors' statement which would be included as an appendix to the report. The report was subsequently received and the governors' statement had been written and submitted. As there had been no Quality Focus Group meeting in July, it was agreed that the summary would be circulated to the new Council of Governors for discussion at August's Governors' Informal Meeting.</p> <p>The group had also discussed the governor requirement to select a quality indicator which would be assessed by external auditors and reported in the Quality Report. The indicator chosen by governors this year was: 'Number of patients with timely discharge (7am – 12 noon)'. The group had requested a presentation on the wider issues around discharge at a future meeting.</p> <p>b) <u>Governors' Strategy Group</u></p> <p>Malcom Watson, Chair of the Governors' Strategy Group, introduced a report from the meeting on 19 July. There had been a well-received presentation by Jeremy Spearing, Associate Director of Finance, which had given governors an overview of NHS Finance and the headlines from the Finance Director's report.</p> <p>There had been a brief update on the Weston Partnership and joint working with North Bristol Trust from Paula Clarke, Director of Strategy & Transformation. Also, governors had been notified that a new governor representative to join the Trust's IDEA Group (Image, Design, Environment and the Arts) was being sought, and expressions of interest would be invited.</p>	

	<p>c) <u>Constitution Focus Group</u></p> <p>Ray Phipps, Chair of the Constitution Focus Group, introduced a report from the group's most recent meeting on 19 July. The group had discussed membership numbers, governor elections and induction, content for the membership page of Voices magazine and ideas for future Health Matters events.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the reports to note. 	
COG 32/07/17	4.2 Foundation Trust Constitution	
	<p>Pam Wenger, Trust Secretary, introduced the report, which contained the following proposed amendments to the UH Bristol Foundation Trust Constitution.</p> <ol style="list-style-type: none"> 1. <u>Non-executive Director Designate role</u> – to add further clarity to the role, an additional point to be added to the section on Board of Directors – Composition, to follow 25.2.3 on p. 14, to read: <i>'25.2.4 Non-executive Directors (Designate) will attend Board of Director meetings and relevant Committee meetings playing an active role by providing advice and appropriate challenge across the range of Trust healthcare services and supporting business areas. However, Non-executive Director (Designates) are not formally appointed as a board member and should circumstances arise, will not be eligible to vote.'</i> 2. <u>Appointed Governor Voluntary & Community Sector</u> – in lieu of an appropriate and equitable appointing body it is recommended that the role is removed from the Constitution. Engagement with the voluntary and community sector will continue via other stakeholders internal and external to the Trust. <i>Remove reference to the Voluntary & Community Sector role in Annex 4, p. 27.</i> <p>The changes had already been discussed and agreed by the Constitution Focus Group and the Trust Board of Directors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. • Approve the changes to the Trust's Constitution. 	
COG 33/07/17	4.3 UH Bristol Governor Elections 2017	
	<p>Pam Wenger, Trust Secretary, introduced a report on the 2017 governor elections, which had concluded on 1 June. The report contained a summary of the activities that had taken place over February-March to encourage people to stand for election as governor. These had resulted in the achievement of 29 nominations for 14 public, patient and staff vacancies, across all 7 membership constituencies.</p>	

	<p>Elections had been held across 6 of those constituencies in April/May, with successful candidates joining the Council of Governors on 1 June. The full election results were included in the report, along with a comparison of the election turnout for the previous 4 elections.</p> <p>As four new Appointed Governors had also joined the Council of Governors on 1 June, there were now 18 new governors on the Council, and induction of new governors had been taking place over June and July. Pam invited new governors to give feedback on the induction process to the Membership Team.</p> <p>She added that in their evaluation of the elections, the team had identified several areas of consideration for the future. These included increasing election turnout, and preparing those governors who had been standing for re-election for the possibility that they might lose their seat.</p> <p>The Chairman commented that the Trust had been very lucky to have so much interest in the governor role again this year, and he thanked the new governors for getting involved.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	
COG 34/07/17	5.1 Membership engagement report	
	<p>Pam Wenger, Trust Secretary, introduced a report on membership engagement in the last quarter.</p> <p>Preparations were underway for this year's Annual Members Meeting on 21 September. It was hoped to display at the meeting some of the entries from the recent poster display at the Trust's Quality Improvement showcase event on 14 July.</p> <p>Ray Phipps suggested that there may be a need to review the Trust's current Membership Engagement Strategy in the coming months, and this was agreed.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	
COG 35/07/17	6.1 Governor Training and Development Report	
	<p>Pam Wenger, Trust Secretary, introduced a report of governor training, development and compliance with statutory requirements. She highlighted that Malcolm Watson and Florene Jordan had attended a national conference for NHS governors in May. She added that the Membership Team was working with the Voluntary Services team to align the governor induction process with that of the volunteers.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the reports to note. 	
COG 36/07/17	7.1a Chief Executive's Report	

	<p>Robert Woolley, Chief Executive, provided a verbal update on the national context and key issues currently facing the Trust.</p> <p>Recruitment of Medical Director: Robert advised governors that as Sean O’Kelly would soon be leaving the Trust to take up a position at NHS Improvement, the Trust was looking for a new Medical Director. Interviews had been held yesterday and the outcome would be announced next week. He thanked governors who had participated in the process.</p> <p>Partnership with Weston Area Health Trust: Governors noted that the partnership with Weston was progressing positively and relationships were very good. A partnership agreement had been signed, and Joint Partnership Board meetings were being held so that both Executive Teams could discuss ways in which the Trusts could work together. They had identified scope for mutual support in various clinical services, particularly gynaecology, respiratory medicine, emergency surgery, colorectal surgery, paediatric radiology, cellular pathology, and urgent and emergency care. UH Bristol was also supporting Weston’s management needs. There had been three Board-to-Board meetings so far since the beginning of the year, and at last week’s meeting both Boards had reaffirmed their commitment on both sides to deepening the partnership. At UH Bristol, clinical and management staff were being encouraged to liaise with their colleagues at Weston but the Board was also providing staff with reassurance that UH Bristol would not commit to any course of action that had not been properly risk-assessed.</p> <p>Options for the form of the partnership included the possibility of a merger, though no decision on this had yet been made. The Trusts were also therefore carrying out discussions with NHS Improvement to ensure that the nature of the partnership and any proposed timeline were in line with regulatory requirements. Robert provided assurance that if there were to be a formal transaction governors would have a formal route of approval at the end of the process, and in the meantime, would be kept fully informed of progress.</p> <p>He reported that the transfer of patients from Weston due to the overnight A&E closures from 4 July was progressing in line with projections and was proving manageable, and there had even been an improvement in 4 hour waiting times in the Bristol Royal Infirmary in July. However, the Board was aware that A&E demand would increase as winter approached, and the Trust had therefore already started its winter planning.</p> <p>Sustainability and Transformation Programme (STP) The STP for Bristol, North Somerset and South Gloucestershire (BNSSG) now had a new independent chair, Sir Ronald Kerr, and an experienced programme director and was in the process of recruiting a core programme team. The STP had conducted a review of its priorities and had agreed to rationalise some of them, and as a result work in the areas of diabetes, respiratory conditions, frailty amongst the elderly, stroke services, and musculoskeletal services would now be taken forward by commissioners rather than the STP.</p> <p>Weston was recognised as one of the STP’s major priorities and was seen as</p>	

	<p>an early opportunity to implement the STP vision (i.e. community care and support for patients to avoid hospital admissions). It was hoped that commissioners would publish their intentions around Weston very soon. This would be followed by an option appraisal for the long-term future configuration of services at Weston produced by the providers (including Weston Area Health Trust, UH Bristol and North Bristol Trust), and commissioners would then need to determine the need for consultation.</p> <p>The STP had also agreed to invest in a population health needs analysis, as currently North Somerset, South Gloucestershire and Bristol all had different joint strategic needs assessments (assessments that each Health and Wellbeing Board were required by statute to produce every three years to identify all the health and social care needs of area and the resulting priorities). The STP's aim was to create one analysis that allowed appropriate stratification of population risk and the ability to model forward population health needs over the next few decades, so that the STP could look at the relationship between this and the likely funding.</p> <p>Carole Dacombe, Public Governor, noted that this idea had been discussed for 10 years without success, and enquired whether there was a national body or department that could be approached to achieve it. Robert responded that Public Health England and the STP leads (of each of the 15 organisations) had committed to the work and the funding of it. Expert external support would also be sought if needed.</p> <p>Malcolm Watson, Lead Governor and Public Governor for South Gloucestershire, asked that consideration be given in this process to the disparities of the population needs in BNSSG, so that the needs of Bristol were not allowed to override the potentially different needs of South Gloucestershire and North Somerset. Robert agreed, adding that the population needs analysis was intended to be a holistic analysis that would allow it to be broken down by geography, demography and population.</p> <p>With reference to the Weston partnership, Sue Milestone, Patient/Carer Governor, asked about the difference between Board to Board meetings and Joint Partnership Board meetings and asked whether either of them were open to the public. Robert clarified that the Joint Partnership Board meetings were formal meetings of the executive directors, while the Board to Board meetings were more informal and also included the non-executive directors. Neither were open to the public.</p> <p>Arts Director: Finally, Robert notified governors that the Trust's charity Above and Beyond had agreed to fund an Arts Director post for the Trust. The Arts Director, in conjunction with the Image Design, Environment and Arts (IDEA) group, would create an Arts strategy to be delivered over the next 12-18 months. Governor involvement would be welcomed.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	
COG	7.1b Quarterly Patient Experience and Complaints Reports	

37/07/17		
	<p>Carolyn Mills, Chief Nurse, introduced the Patient Experience and Complaints reports, the purpose of which was to share insight and learning from patient-reported experience generated from complaints, patient surveys and patient and public involvement activities during Quarter 4. This had been received by the Trust Board of Directors at their meeting in June.</p> <p>Carolyn asked governors to note the positive outcome of this year's national inpatient survey, in which UH Bristol was one of only two non-specialist Trusts in the country that had gained a place in the top 10.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Quarterly Patient Experience and Complaints Reports to note. 	
COG 38/07/17	7.1c Quality Report 2016/17	
	<p>Governors received the Quality Report 2016/17.</p> <p>• Members RESOLVED to: Receive the Quality Report 2016/17 to note.</p>	
COG 39/07/17	7.1d Independent Auditor's Report to the Governors on the Quality Report 2016/17	
	<p>Governors received the Independent Auditor's Report to the Governors on the Quality Report 2016/17.</p> <p>• Members RESOLVED to: Receive the Independent Auditor's Report on the Quality Report 2016/17 to note.</p>	
COG 40/07/17	7.2 Independent Review of Children's Cardiac Services in Bristol Report	
	<p>Carolyn Mills, Chief Nurse, introduced an update report on the delivery of the programme plan to address the recommendations for UH Bristol and South West and Wales Congenital Heart Network as set out in the Independent Review of the children's cardiac service at the Bristol Royal Hospital for Children and a CQC expert review of clinical outcomes of the children cardiac service published on 30 June 2016.</p> <p>Good progress was being made in delivery of the recommendations. There were three recommendations yet to be signed off. It had been hoped that they would be delivered by June, but there had been a delay which was mainly due to work that needed to be done to try to ensure that the changes made would be embedded in day-to-day practice. John Savage commented that the Board had previously received this report and had welcomed the progress made, particularly the level of scrutiny and challenge as part of the implementation of the recommendations.</p> <p>Governors noted that there was now an additional steering group meeting scheduled for August, which would report back to the Trust Board of Directors in September. A final report would then be written which would be reviewed by</p>	

	<p>the families involved and this would be received at the Board meeting in October.</p> <p>Members RESOLVED to</p> <ul style="list-style-type: none"> • Receive the update report on the Independent Review of Children's Cardiac Service to note. 	
COG 41/07/17	8.1 Governors' Log of Communications	
	<p>Governors received an updated report of the questions that governors had asked directors via the Governors' Log of Communications.</p> <p>Robert referred to the Log question on the subject of the external cladding on the hospital buildings. He noted that Mark Smith, Deputy Chief Executive and Chief Operating Officer had confirmed to the Trust Board meeting that all cladding was safe and met the required standards. The review of cedar panelling to the rear of Bristol Royal Hospital for Children had now concluded and was also deemed safe. There were therefore no outstanding issues in relation to assessment of fire safety of the BRI façade or other buildings.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	
COG 42/07/17	8.2 Governors' Register of Business Interests	
	<p>Governors received an updated report of the governors' Register of Business Interests.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	
COG 43/07/17	9.1 Governors' Questions arising from the meeting of the Trust Board of Directors	
	<p>Carole Dacombe referred to the Finance Report that had been received by the meeting of the Trust Board of Directors. She noted anxiety about medical pay overspend and enquired whether it was related to the new junior doctors' contract. Paul Mapson, Finance Director, responded that the issues to date related to other factors, but warned that the Trust was anticipating that the new contract would represent a significant cost.</p>	
COG 44/07/17	9.2 Foundation Trust Members' Questions	
	<p>Clive Hamilton, Foundation Trust Member, referred to the Board's Infectious Disease report. According to the report, healthcare workers were protected from infections, but it also stated that the BCG vaccine was currently unavailable for staff. He asked for assurance that staff were not faced with infection without an opportunity to be vaccinated. Carolyn Mills agreed to find out and report back. It was agreed that one of the governors would add this on Clive's behalf as a question on the Governors' Log of Communications.</p>	

COG 45/07/17	9.3 Any Other Business	
	John Savage noted that it was the last meeting for Sean O’Kelly, Medical Director. Governors also noted that Alison Ryan, Non-executive Director, was leaving (for a one-year sabbatical), and also that Debbie Marks, Membership Support Assistant had left the Membership and Governance Team this week. John wished them all well on behalf of the Council of Governors.	
Meeting close and date of next meeting The Chair declared the meeting closed at 3.15pm Date and time of next meetings: Annual Members Meeting: Thurs 21 Sept 2017, 5pm-7pm, Education & Research Centre Council of Governors meeting: Tues 31 Oct 2017, 2pm-3.30pm Conference Room, Trust HQ		

Signed by:(Chair) on..... (Date)

Minutes of the Annual Members' Meeting held on 21 September 2017 at 5pm at the Education and Research Centre, Upper Maudlin Street, Bristol, BS2 8AE

Present

Members of the Trust Board of Directors

John Savage – Chairman
Robert Woolley – Chief Executive
Paul Mapson – Director of Finance and Information
Mark Smith – Chief Operating Officer and Deputy Chief Executive
Paula Clarke – Director of Strategy and Transformation
Matt Joint – Director of People
Alex Nestor – Acting Director of Workforce and Organisational Development
Carolyn Mills – Chief Nurse
Mark Callaway – Acting Medical Director
Martin Sykes – Non-executive Director
Emma Woollett – Non-executive Director

Members of the Council of Governors

Malcolm Watson – Public Governor and Lead Governor
John Rose – Public Governor
Mary Whittington – Public Governor
Tom Frewin – Public Governor
Penny Parsons – Public Governor
Ray Phipps – Patient Governor
Derek Wholey – Patient Governor
John Chablo – Patient/Carer Governor
Florene Jordan – Staff Governor
Neil Morris – Staff Governor
Jane Westhead – Staff Governor
Sophie Jenkins – Appointed Governor
Astrid Linthorst – Appointed Governor

In Attendance

Pam Wenger – Trust Secretary
Kate Hanlon – Membership Engagement Manager
Craig Sullivan, Director, PwC – *External Auditor*
Dr Helen Wheeler, Consultant and Paddy Horner, Consultant – Unity Sexual Health – *Guest Speakers*
Approximately 30 public, patient and staff members of University Hospitals Bristol NHS Foundation Trust and members of the public.

Minutes

Sarah Murch – Membership and Governance Administrator

The Chairman opened the meeting at 5.05pm

<p>1. Chairman's Introduction and Apologies</p> <p>The Chairman, John Savage, welcomed everyone to the meeting. He noted apologies from:</p> <p>Trust Board of Directors: Lisa Gardner, Guy Orpen, Steve West, Jill Youds</p> <p>Governors: Hussein Amiri, Kathy Baxter, Andy Coles-Driver, Carole Dacombe, Jenny James, Rashid Joomun, Sally Moyle, Mo Phillips, John Sibley, Tony Tanner and Garry Williams.</p>
<p>2. Minutes of the previous Annual Members Meeting</p> <p>The minutes of the Annual Members' Meeting on 15 September 2016 were approved as an accurate record of proceedings.</p>
<p>3. Independent Auditors' Report</p> <p>Members received the External Auditors' Report from Craig Sullivan, Director of PwC.</p> <p>Craig outlined the three key responsibilities of the external auditors in relation to the Annual Report and reported their conclusions as follows:</p> <ol style="list-style-type: none"> 1. Financial statements: The external auditors had issued an unqualified audit opinion on the Trust's financial statements, concluding that the financial statements were a true and fair representation of the financial records of the Trust. 2. Value for money: They had issued an unqualified opinion in relation to value for money, concluding that Trust had used its resources effectively, efficiently and economically. 3. Quality Report: The external auditors had concluded that the content of the Quality Report complied with guidance issued by NHS Improvement, and was consistent with other information from the Trust and its stakeholders. There had been no problems in relation to two out of the three indicators that they had tested. However, they had needed to modify their opinion because they found some issues in relation to one of the indicators through testing.
<p>4. Presentation of Annual Report and Accounts for 2016/17 Presentation of Quality Report 2016/17</p> <p>Robert Woolley, Chief Executive, and Paul Mapson, Finance Director jointly presented the Annual Report and Accounts for 2016/17.</p> <p><u>Review of the Year 2016/17</u></p> <p>Robert Woolley, Chief Executive, presented a summary of the Trust's achievements in 2016/17. Among the overall highlights was the 'Outstanding' rating which the Trust had received from the Care Quality Commission (CQC) in March 2017 for its performance and delivery of services to patients. It was one of only six acute hospital trusts in the country to have received the top rating, which in Robert's view was a testament to the staff who worked tirelessly under significant pressure to provide care to patients. During the year, the Trust and its partners had also received a grant of £21 million from the National Institute for Health Research to establish a Biomedical Research Centre for translational research, and it had also been one of 16 acute trusts designated as 'global digital exemplars' for its plans to increase the use of IT in clinical care.</p> <p>Robert summarised the Trust's other highlights of the year as follows:</p>

Delivering Best Care: UH Bristol had emerged as one of the top ten trusts for patient experience in the CQC's 2016 national survey of adult inpatients. Developments during the year had included the Trust's appointment to manage sexual health services across Bristol and the surrounding region, and the opening of a new unit for expectant mothers who suffer extreme vomiting during their pregnancy. The West of England Genomic Medicine Centre, which was hosted by UH Bristol, had enrolled its first patients.

Improving patient flow: There was a renewed focus on ensuring that the Trust's hospitals worked efficiently and that patients could access services. The Trust however still continued to struggle against national access standards.

Renewing our hospitals: Work in 2016/17 had included the completion of the Bristol Royal Infirmary façade; and the Trust had moved out of and paid tribute to the Old BRI Building.

Building Capability: There was a continued focus on improving staff experience. The NHS staff survey and the Staff Friends and Family Test had revealed that while staff were now more engaged, there was still more work to do. Developments in 2016/17 had included implementing e-appraisals, continuing the roll-out of the award-winning 'happy app'; setting up a Quality Improvement Academy to foster innovation; and providing extra support for staff to stay well.

Leading in Partnership: The Trust was working more closely than ever with other NHS providers, commissioners, social services, universities and training providers. Initiatives were underway to improve health and to design cost-effective resilient services for the future. Formal partnerships had been agreed with North Bristol Trust and Weston Area Health Trust. The Trust was also developing research partnerships with academic and research-focussed institutions.

Future plans: Priorities for the coming year included continuing to engage staff and partnering with patients with the aim of improving care. Collaboration would continue with the universities on clinical research and professional education & training. The Trust would also be working with its partners to develop the Sustainability and Transformation Partnership – a 5-year plan for care in Bristol, North Somerset and South Gloucestershire with an emphasis on moving healthcare away from curing people once they were ill and towards preventing people from becoming ill in the first place.

Annual Accounts 2016/17

Paul Mapson, Director of Finance and Information, gave an overview of the Trust's financial results for 2016/17, during which the Trust had delivered the ninth year of its financial strategy as a foundation trust and the fourteenth year of breakeven or better before technical items. UH Bristol had in fact been one of only 15 acute trusts in surplus in England in 2016/17. Headlines included:

- There had been a surplus of £16.606m before technical items (against a planned surplus of £15.897m)
- The Trust had received £13.670m Sustainability & Transformation Funding (STF), hence without STF funding the surplus was £2.936m
- Technical items (primarily impairments) were a net charge of £9.124m
- The Trust had received a use of Resources Rating of 1, the highest rating

- The Trust reported EBITDA of £48.692m (7.6%), achieved savings of £13.189m, and capital expenditure of £29.894m
- Year-end cash was £65.441m and net current assets £36.992m

The accounts had received an unqualified audit opinion. Paul provided a breakdown of income and expenditure and more details about the Trust's capital programme and savings programme.

He discussed the Trust's progress against its financial strategy. In particular, most projects outlined in the Trust's eight-year capital development strategy had now been completed:

- BRI Redevelopment new ward block in February 2015
- Centralisation of Specialist Paediatrics in May 2014
- BHOC development in March 2014
- Welcome Centre in December 2013
- South Bristol Community Hospital in March 2012
- Conversion of the King Edward Building and decommissioning of the BRI Old Building in November 2016
- Marlborough Hill multi-storey car park - due to be completed in late 2018

Paul concluded by commenting that while the Trust was clearly operating at the top end of the NHS on several indicators (finance, quality, IT, patient feedback), continuing to deliver this would be very challenging in a climate in which many acute providers were in deficit due to multiple pressures on services. He warned that in 2017 the Trust was already £5m off plan due to pay spending pressures which would eliminate its surplus due to the potential consequential loss of funding (£13m). This would be a challenge as the Trust needed to continue to deliver surpluses in order to be able to invest in its future.

Presentation of Quality Report 2016/17

Carolyn Mills, Chief Nurse, introduced the annual Quality Report 2016/17. The Quality Report, part of the Annual Report, was an assessment of the quality of the Trust's services in relation to patient safety, patient experience, clinical effectiveness and performance against national quality indicators.

Every year the Trust set Quality Objectives focusing on areas that required improvement. Carolyn outlined the Trust's progress against last year's objectives, and informed members of the eight quality objectives that the Trust had set for 2017/18. These included five objectives carried forward from the previous year:

- reducing last minute cancelled operations
- reducing cancellations and delays in outpatients
- improving the management of sepsis
- implementing a new patient feedback system
- improving staff-reported ratings for engagement and satisfaction.

There were also three new objectives relating to initiatives in the Trust's new four-year Quality Strategy that had been agreed in the year:

- creating a new Quality Improvement Academy
- establishing a new mortality review programme
- developing a consistent customer service mindset in all our interactions with patients and their families.

John Savage, Chairman, thanked Carolyn, Paul and Robert, and commended the Trust Board and the entire staff on the dedication and hard work that lay behind the Outstanding CQC rating. The view of the Board was that the Trust was delighted to have received the rating, but that it still required improvement and should not become complacent. He added that working in partnership with other organisations would be the key to the future, including more work in the community to prevent illness.

5. Membership and Governors' Review

John Savage introduced this item by voicing his support for the Foundation Trust model, which through its membership enabled the Trust to be more accountable to the people it served. He introduced Malcolm Watson, Lead Governor, who gave a report on the Trust's membership and governor activity in 2016/17.

Membership at 31 March 2017 stood at 19,666, with 5,518 public members, 3,879 patient and carer members, and 10,269 staff members. Public membership was broadly representative of the population at large, although there had been a further slight decline in public and patient membership numbers. Governor elections had been held in March-May 2016, with 15 governors taking up office in June 2016. Preparation had also taken place during the year for the governor elections in March-May 2017, in which there had been 14 seats up for election.

Malcolm informed members that Council of Governors delegated its main work to three groups: Constitution Focus Group, Governors' Strategy Group and Quality Focus Group, and also to one statutory committee, the Nominations and Appointments Committee.

Among the governors' key achievements for 2016/17 were the following:

- They had been involved in the appointment process for the Chairman and Non-executive Directors, which had culminated in the appointment of a new Chairman and three Non-executive Directors who would all take up office in 2017
- They had been involved in the appointment process for the External Auditor, and had approved the appointment of PwC as the Trust's external auditors for 2017-2020.
- Governors had contributed to the corporate quality objectives and Trust's Quality Report and also to the Trust's Annual Planning process.
- They had reviewed the Membership Engagement strategy and priorities, and had contributed to the members' page of the Trust's Voices magazine. They had worked with the Youth Involvement Group to design an event for young people. Governors had participated in patient/staff activity: for example, through walk-rounds, assessments and patient interviews, and through their role they had also liaised with external partners, e.g. Dhek Bhal, South West Citizens Assembly, and Healthwatch.

Objectives for 2017/18 included refocusing the membership strategy and members' events programme, building on governors' understanding of the Sustainability and Transformation Partnership, and further building on relationships with the Board and opportunities to hold Non-executive Directors to account.

6. Clinical Services Presentation

Improving Sexual Health Across Bristol, North Somerset and South Gloucestershire

Paul Mapson introduced Dr Helen Wheeler, Clinical Lead and Dr Paddy Horner, Research and Innovation Lead, both from Unity Sexual Health.

Helen and Paddy gave a presentation explaining how Bristol Sexual Health had developed into Unity Sexual Health. Around three years ago, UH Bristol had been informed that its sexual health service was going to be put out to tender by commissioners. They had decided that the Trust should bid as a contractor for the whole integrated service.

This was a challenging prospect. The service that they were bidding for was almost double the size of the sexual service that the Trust was currently delivering, but it would need to be delivered with a 20% reduction in budget over 5 years. However, they saw it as an exciting chance to make the service that they wanted. They faced competition from across the sector, but managed to win the bid due to having a very clear idea and strategy, the full support of the Trust Board, and a collaborative approach which saw them forming partnerships with seven other organisations. They had been awarded the contract in November 2016, and in April 2017 took on the main contract as Unity Sexual Health.

Members heard about Unity's achievements and plans for the future. Their aim was to reduce inefficiencies in the system with a larger emphasis on health promotion and a focus on those with greatest need. New developments included an interactive website with online information and videos to direct patients to the services they need, the introduction of an online self-testing kit service, and a single booking line for all sexual health services. New health promotion campaigns driven by local needs were ongoing, and they had opened a new specialist complex sexual health service in South Gloucestershire, a new Pregnancy Advisory service for North Somerset, a new Saturday Young Persons clinic at Weston General Hospital. Their overall mission was to empower local people to enjoy healthier relationships and sexual wellbeing.

Questions:

- a. Tom Frewin, Public Governor, enquired which organisations the team had been bidding against. Paul Mapson responded that they had never been told, but that there were likely to have been well-known commercial companies interested in the service.
- b. Ray Phipps, Patient Governor, commended the team on a refreshing approach to solve a major problem. He enquired about the team's involvement in child safeguarding. Helen Wheeler responded that members of the team were involved in a multi-agency meeting every quarter at which different organisations were able to share information. They attended paediatric meetings to discuss clinical patients, and there were regular safeguarding meetings across Unity and internally. There was also a new senior nurse providing specific support in this area.

7. Ask the Board – Q&A with the Trust Board

- a) John Steeds, Foundation Trust Member, enquired whether there was any news on the future of South Bristol Community Hospital. Robert Woolley explained that although UH Bristol was the Lead Provider at South Bristol Community Hospital, it was owned by Bristol Clinical Commissioning Group. The Lead Provider contract deadline had been due to end in March 2017 but had been extended to March 2018. Discussions were currently ongoing in order to try to achieve a more strategic and longer-term contact in line with the aims of the Sustainability and Transformation

Partnership, i.e. more integrated, locally-focused services.

- b) Paul Thomas, Foundation Trust Member, commented that after asking questions on the same issue at this meeting several years running, he finally felt hopeful that the Trust was reviewing the way that it considered how its service changes impacted on patients. Robert Woolley apologised that it had taken so long to give Paul assurance in relation to this issue, but assured him that the Trust had put a lot of work into how it assessed the impact of change on patients.
- c) Paul Thomas further wished to make the Board aware that out of the three clinics that he attended at the Trust's hospitals, two were consistently very good, but in the third there was always either a long wait or his appointment was postponed or cancelled. He enquired whether there was a way that excellent clinics could support staff in other clinics. Robert Woolley responded that one of the aims of the Trust's new Outpatient Improvement Programme was to use best practice from successful areas in order to improve services that were performing less well, and he asked Paul to advise him of the particular clinic after the meeting.
- d) Janis Purdy, Foundation Trust member, enquired whether cancelled operations were due to a lack of beds. Robert Woolley explained that rather than a lack of beds, the pressures of emergency demand meant that beds were being used by patients who should actually be in other parts of the hospital, which was why it was a particular problem during the peak of demand in the winter.
- e) Philip Morris, Foundation Trust member and a regular patient, commented that in his experience, the hospital treatment and staff were very good, but that some aspects of the hospital's breakfast service required improvement. Robert thanked him for his feedback which illustrated that the hospital experience was wider than just the treatment that was provided. He added that the Trust was signing a new catering contract and would continue to listen to patients to try to better meet their needs.
- f) Anne Skinner, Foundation Trust member, voiced concern about the reportedly low numbers of staff in Weston Hospital's maternity service. Carolyn Mills responded that while the service was not run by UH Bristol, she understood that it had been facing significant recruitment challenges. Robert briefly clarified the current position regarding UH Bristol's relationship with Weston: the two trusts had signed a formal partnership agreement and were looking at working even closer together, and the Boards were working collaboratively to identify those services that required support.
- g) Tom Frewin, Public Governor, enquired why, if winter pressures were predictable, bed pressures and cancelled operations caused such problems every winter, and whether the Trust be doing more? Robert explained that the Trust planned beds to vary capacity through the year in order to have escalation capacity in the winter. However, there was a point where the inexorable increases in demand on hospital services became unsustainable and the system could no longer flex for the winter period in the way that it used to. He added that this was driving the move towards the focus on prevention and reducing emergency reliance on hospital services.
- h) A member of the public enquired why there had yet been no mention in the meeting of the part that hospital charity Above and Beyond had played in funding improvements to the Trust's hospitals. Robert apologised and acknowledged that this was an omission, as the Trust relied heavily on support from Above and Beyond and its other charity partners. In particular, the Above and Beyond Golden Gift Appeal had been successful in raising £8m for much-needed developments to the Bristol Haematology and Oncology Centre and the BRI.

- i) Finally, the Chairman, John Savage read out a submitted question from Susan Mehdevy, a Foundation Trust member who had not been able to attend the meeting in person. She had asked how UH Bristol was combatting privatisation of the NHS, and what members of the public could do about it. In responding to the question, John noted that NHS bodies had for many years needed to work with the increasing prevalence of privatisation in the health service. One way to deal with it was to be more competitive: the presentation given by Unity had shown that it was possible for NHS organisations to win contracts against private companies. However, he added that in today's political climate, it was increasingly important to hold on to the NHS as a concept. Members of the public could help by challenging the government to give an honest assessment of the cost of meeting the current NHS funding gap, as it was only once this was known that the population as a whole could decide whether and how they would be prepared to pay for it.

Robert Woolley asked members to note that this was John Savage's last Annual Members' Meeting as he was standing down in November. He thanked John for his selfless commitment in chairing both the Board and the Council of Governors over the last 12 years and commended his wisdom, his business acumen, and, above all, his highly principled and unwavering commitment to the social value of the work of the Trust and the NHS in the care of its patients.

John Savage thanked everyone for attending and closed the meeting at 6.45pm.

Signed by:(Chair) on..... (Date)

Council of Governors meeting – 28 July 2017

Action Log

There were no actions arising from the Council of Governors meetings held on 28 July, 28 April or 26 May 2017.					
Completed actions following meeting held on 31 January 2017					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	COG/ 50/01/2017 Item 10.1	Mily Yogananth asked if the governors would be receiving a report regarding the financial details of the ORLA pilot.	Director of Finance	5/9/17	Included in presentation to Governor Strategy Group meeting 5/9/17

**Cover report to the Council of Governors meeting to be held on 31 October
2017 at 14:00 in the Conference Room, Trust Headquarters, Marlborough
Street, Bristol, BS1 3NU**

		Agenda Item	2.1
Meeting Title	Council of Governors	Meeting Date	31/10/2017
Report Title	Holding to account report		
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Pam Wenger, Trust Secretary		
Freedom of Information Status	Open		

Governor Responsibility (please tick any which are impacted on / relevant to this paper)	
Holding the Non-executive Directors to account	<input checked="" type="checkbox"/>
Non-executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input checked="" type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

Action/Decision Required (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
		For Approval	<input type="checkbox"/>
		For Information	<input type="checkbox"/>

Executive Summary
<p>Purpose: In line with the Trust's Constitution, one of the general duties of the Council of Governors is to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors. This report provides a summary of the forums in which the governors have held non-executive directors to account in the last quarter.</p> <p>21 July 2017 – 18 October 2017</p> <ul style="list-style-type: none"> Governors attended the public meetings of the Trust Board of Directors on 28 July and 28 September to observe the non-executive directors holding the executive directors to account. During the period a non-executive director attended the Governors' Quality Focus Group on 11 September. The Quality Focus Group receives the Quality and Outcomes Committee Chair's report, the Strategy Group receives the Finance Committee Chair's report and the Constitution Focus Group receives the Audit Committee Chair's report. These reports provide evidence to give governors assurance that non-executive directors are discharging their duties effectively as members of the Board, and are an opportunity for governors to discuss the content. There was one Nominations and Appointments Committee meeting on 26 September.

One of the key duties of this Committee is to monitor the performance of the Chairman and other Non-Executive Directors and make reports thereon to the Council of Governors. This is a further process by which governors can hold non-executives to account.

- Governors hold regular informal Chairman's Counsel Meetings with the Chairman and non-executive directors to allow governors to request assurance or information around any topics. There were two meetings in this period on 24 August (13 governors attended) and 26 September (14 governors attended).

Where non-executive directors are unable to answer governor questions, governors have use of the governors' log of communications – a practical mechanism for supporting good two-way communication between governors and Trust executives – see item 8.1.

Recommendations

Members are asked to:

- **Note** the report and receive **assurance** that the activities that have been undertaken by the Governors have held the non-executives directors to account.

Intended Audience

(please tick any which are relevant to this paper)

Board/Committee Members	<input checked="" type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Public	<input checked="" type="checkbox"/>
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Cover Report to the Council of Governors meeting to be held on 31 October 2017 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

		Agenda Item	3.2
Meeting Title	Council of Governors	Meeting Date	31 October 2017
Report Title	Non-executive Director remuneration		
Author	Pam Wenger, Trust Secretary		
Executive Lead	Pam Wenger, Trust Secretary		
Freedom of Information Status		Open	

Governor Responsibility (please tick any which are impacted on / relevant to this paper)	
Holding the Non-executive Directors to account	<input type="checkbox"/>
Non-executive Director appointments (appraisal review)	<input checked="" type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

Action/Decision Required (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>
		For Approval	<input checked="" type="checkbox"/>
		For Information	<input type="checkbox"/>

Executive Summary
<p><u>Purpose:</u> To consider the Nominations and Appointments Committee's recommendation to increase non-executive director remuneration.</p> <p>The Committee had discussed non-executive director remuneration their meeting on 26 September 2017. Non-executive director remuneration at UH Bristol was currently £12,000 for a commitment of at least one day a week, though it was noted that most non-executive directors committed considerably more time than this.</p> <p>Data had been circulated to governors comparing remuneration at UH Bristol with other NHS Trusts. The Committee had noted that the Trust had fallen behind in relation to comparable Trusts because there had been no increase in non-executive director remuneration for many years. They had therefore suggested an uplift broadly in line with the increase in staff salaries over the same period. This would take non-executive director remuneration to £13,000 per annum, with effect from 1 November 2017. The Committee would continue to review this on an annual basis.</p>

Recommendations

Governors are asked to:

- **Approve** the Nominations and Appointments Committee's recommendation of a £1,000 uplift in non-executive director remuneration to £13,000 per annum, to take effect from 1 November 2017.

Intended Audience

(please tick any which are relevant to this paper)

Board/Committee Members	<input checked="" type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>
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Date papers were previously submitted to other committees

Nominations & Appointments Committee	Quality Focus Group	Governor Strategy Group	Constitution Focus Group	Audit Committee
26 Sept 2017				

Non Executive Director Remuneration

The Council of Governors has responsibility for setting the Chair and Non-Executive Director remuneration, following the recommendations of the Governors' Nomination and Appointments Committee. This report forms part of the review of all terms and conditions, including expenses to be claimed.

As with Executive remuneration these rates are assessed through annual benchmarking against the published review by NHS Employers of Executive and Non-Executive remuneration in the NHS. A benchmarking review of salaries has been undertaken and considered by the Governors' Nomination and Appointments Committee in September 2017.

Following detailed discussion and a comparison against similar size foundation trust, an uplift of £1,000 was proposed. The remuneration for the Chair was reviewed during 2017 as part of the appointment process. There was no uplift agreed to the remuneration of the Chair.

Where the Non-Executive Directors hold additional responsibilities such as Vice Chair, Senior Independent Director or Chair of a Committee an additional payment of £4,000 is paid.

The rates of pay are reviewed annually by the Nominations and Appointments Committee.

Policy for the Payment of Expenses / Mileage and Remuneration for the Chair and Non-Executive Members of the Trust Board

The day subsistence rates from 1st July 2017 are as follows:

Period of Absence	Rate Payable
5-10 hours Lunch Allowance	£5
Over 10 hours Evening Meal	£15
Overnight subsistence Meal	£20
Night Allowance in non-Commercial accommodation	£25
Incidental expenses over 24 hours	£4.20

Carer's expenses:

Chairs and non-executives can claim re-imbursement of expenses incurred while on NHS business in relation to the provision of a carer for any relatives for whom he/she is responsible. The carer responsibility may be for a child or an elderly or infirm relative. The expense must be receipted and in line with costs of providing care in the Bristol area. HMRC deem such payments as a taxable benefit and will require tax and NI to be deducted at source.

Mileage Rates from 1st July 2017

Standard Rate To 3500 miles Thereafter 20p per mile for all cars 56p

HMRC has a dispensation for Home to Office mileage whereby an Office Holder may request the employing trust to pay the tax and NI on the 'profit' element of the mileage rate above 45p per mile. U H Bristol has a PAYE Settlement Agreement with HMRC which will pay these sums for each individual financial year. Any member wishing to take up this dispensation will need to complete a request form and retain a copy for their records. Business mileage, i.e. attending meetings, training etc away from Bristol will not be subject to dispensation and the 'profit' element will attract a tax and NI charge, in this case however the value to 45p is not subject to tax or NI.

Remuneration for the Office Holder position.

HMRC has determined that the remuneration payable is liable to tax under Schedule E and that this will normally be deducted under PAYE.

There are very restricted circumstances in which HMRC may agree to remuneration being paid gross and allow separate arrangements to meet the tax liability, this may particularly apply to company directors or the self-employed. Initially tax will be deducted under PAYE until the Trust is advised to the contrary by HMRC.

Remuneration is treated as that of an Office Holder and is non-pensionable service. Non-Executives may not join the NHS Pension Scheme* and the Trust is excluded from any requirement to operate an alternative pension schemes such as NEST. National Insurance will be deducted at A or C rate depending on the age of the Director, office holders may pay maximum National Insurance with another employer or company, in these circumstances a deferment certificate can be obtained from the DWP, this will allow NI to be deducted at the 2% J rate instead of the 12% rate. A deferment certificate only lasts for one financial year and must be re-applied for on an annual basis by the individual.

*Non-Executive members who hold other NHS positions which are pensionable continue to pay contributions on those posts but will not pay on the Non-Executive post. Special rules apply to GP's and will need to be individually evaluated on appointment.

The above conditions currently apply apart from the mileage and subsistence rates which came into force from the 1st July 2017. The rates and conditions may be subject to change in future years.

**Cover report to the Council of Governors meeting to be held on 31 October
2017 at 14:00 in the Conference Room, Trust Headquarters, Marlborough
Street, Bristol, BS1 3NU**

		Agenda Item	4.1
Meeting Title	Council of Governors Meeting	Meeting Date	31/10/2017
Report Title	Quality Focus Group		
Author	Carole Dacombe, Chair		
Executive Lead	Carolyn Mills, Chief Nurse		
Freedom of Information Status		Open	

Reporting Committee	Quality Focus Group
Chaired by	Carole Dacombe
Lead Executive Director	Carolyn Mills, Chief Nurse
Date of last meeting:	11/09/2017

Summary of key matters considered by the Group and any related decisions made.

Meeting held on 11 September 2017 – Attended by 17 governors

- **Urgent Care Steering Group:** Alison Grooms, Associate Director of Operations gave governors a presentation on the work of the Urgent Care Steering Group over the past six months and its impact on performance. The group had been set up to improve the Trust's 4-hour performance (a nationally-mandated target that at least 95% of patients attending an A&E Department must be seen, treated, and admitted or discharged in under 4 hours). Governors were supportive of the Urgent Care Steering Group's approach to the problem, and welcomed the news that it was achieving positive results: however, they understood that the national standards were still not being met in relation to 4-hour performance, and that it would be a challenge to maintain the improvements that had been made throughout the winter months.
- **Discharge Planning:** Governors received a presentation from Julia Wynn, General Manager, Medicine and Complex Discharge Lead, on the Trust's integrated discharge service. The service was a Trust-led initiative working with partner organisations to tackle the difficulties around the timely discharge of patients. Julia outlined the service's current projects, the overall aim of which was to reduce length of stay while improving patient experience. While there was still some way to go, the integrated model was already helping to make things easier for patients by aiding joined-up ways of working.
- **Quality and Outcomes Committee Chair's Update (as reported at April Board)**
 - **Quality and Performance Report August 2017**
Julian Dennis, Non-executive Director and the new Chair of the Quality and Outcomes Committee, reported back from the Committee meetings in July and August. He

highlighted several current key areas that Non-executive Directors were currently focussed on. Governors noted the Quality and Performance Report for August 2017. Julian confirmed that Non-executive Directors had reviewed the report and were seeking assurance in relation to referral-to-treatment times (which were still not improving) and staff sickness levels (which were improving but still high).

- **Quality Report 2016/2017 External Audit Opinion:** Governors noted that as part of their audit work on the annual Quality Report, the External Auditors had tested two indicators that were mandated, and a third that was chosen by governors. Governors had supported the selection of the third performance indicator being the percentage of patients discharged between morning and evening. The external auditors had found no issues of concern in relation to this indicator. However, for one of the two statutory performance indicators, they had not been able to form a conclusion because the data required to support the indicator had not been available. Julian Dennis explained that the issue was a common one experienced by other Trusts nationwide, but that UH Bristol was nevertheless looking at what it could do differently.
- **National Inpatient Survey Results:** Governors commended the Trust on the excellent results that it had achieved in the Care Quality Commission's 2016 national inpatient survey. They were particularly keen to ensure that staff on the ground were informed of the results and were recognised for the hard work that lay behind them.
- **Complaints Annual Report** Governors noted the Annual Report of complaints received by the Trust.

Standing items also discussed included the six-monthly review of the Governors Log of Communications and an update on the Cellular Pathology Service.

There was no attendance from the Executive Directors at this meeting, but an apology had been received from Carolyn Mills regarding their lack of availability. Governors also recorded their thanks to Sean O'Kelly, who was leaving the post of Medical Director on 19 September and had been a regular attender of this group.

Matters referred to other Committees: None

Date of next meeting	08/11/2017
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**Report to the Council of Governors meeting to be held on 31 October 2017 at
14:00 in the Conference Room, Trust Headquarters, Marlborough Street,
Bristol, BS1 3NU**

Meeting Title	Council of Governors Meeting	Agenda Item	4.1b
Report Title	Governors' Strategy Group Meeting Report	Meeting Date	31/10/2017
Author	Malcolm Watson, Chair of the Governors' Strategy Group		
Executive Lead	Paula Clarke, Director of Strategy and Transformation		
Freedom of Information Status			Open

Reporting Committee	Governors' Strategy Group
Chaired by	Malcolm Watson
Lead Executive Director	Paula Clarke, Director of Strategy
Date of last meeting	05/09/2017

Summary of key matters considered by the Committee and any related decisions made.

Meeting held on 5 September – Attended by 10 governors

- **Virtual Ward Service Update:** Andy Burgess, Divisional Director for Medicine, presented an update on the Trust's out of hospital provision. He informed governors about ORLA, an out of hospital care scheme set up with UH Bristol last year which had since gone into administration. Andy described its performance, lessons learned and timeline to closure. Governors also heard about the Trust's other plans regarding out of hospital capacity following the closure of ORLA, including: identifying immediate community capacity, working with Bristol Community Health to develop an out of hospital IV Therapy model and acute care at home model, and evaluating and expanding the Pulse initiative (a premium rate home care provider); as well as opening up substantive beds in ward A518, influencing social care funding within BNSSG and working with system partners around care home and discharge to assess capacity.
- **Multi-Storey Car Park Scheme:** Andy Headdon, Interim Director of Facilities and Estates, gave a presentation to governors on progress to date with plans for a new multi storey patient and visitor car park for UH Bristol. Governors discussed the plans and asked questions around the management of the scheme, whether it would include staff parking spaces, how the parking spaces would be protected from wider public use, accessibility for disabled/vulnerable patients, and whether local residents had been kept informed.
- **Finance Committee Chair's Update/ Headlines from Finance Director's Report:** Both items were circulated for reference. Governors were informed that from December Martin Sykes would be the non-executive director representative on the Governor Strategy Group, as he would take over from Lisa Gardner as the non-

executive chair of the Finance Committee from December 2017. Governors heard that the Board was aware of the deteriorating financial position and further work was currently underway on a recovery plan, which would be reported to the September Board.

- **Partnership Updates:**

- Weston Partnership update: Pam Wenger, Trust Secretary, explained that the Boards of UH Bristol and Weston had been meeting regularly since July and that a joint clinical service strategy had been developed. UH Bristol and Weston were currently looking at a range of options on how they may work together in future.
- NBT Partnership update: No meetings had taken place between NBT and UH Bristol executives in the last few months.
- Sustainability Transformation Programme: It was noted that the correct terminology was now the Sustainability and Transformation Partnership. NHS England had published a dashboard on the progress of each of the STP footprints. An update on the BNSSG STP would be scheduled for the next meeting of the group on 4 December.

Any Other Business

- Pam Wenger outlined to governors the basic timeline for their input into the development of the annual operating plan, noting that divisions would provide an outline process to the October Board with governors invited to comment on the draft at the next Strategy meeting in December before it went to the Senior Leadership Team and Finance Committee in late December. It was agreed to extend the next meeting by 30 minutes to sufficiently cover all the agenda items.

Key risks and issues/matters of concern and any mitigating actions

- None.

Matters requiring Committee level consideration and/or approval

- None.

Matters referred to other Committees

- None.

Date of next meeting:

04/12/2017

**Cover report to the Council of Governors meeting to be held on 31 October
2017 at 14:00 in the Conference Room, Trust Headquarters, Marlborough
Street, Bristol, BS1 3NU**

		Agenda Item	4.1
Meeting Title	Council of Governors Meeting	Meeting Date	31/10/2017
Report Title	Constitution Focus Group Meeting Report		
Author	Ray Phipps, Chair of Constitution Focus Group		
Executive Lead	Pam Wenger, Trust Secretary		
Freedom of Information Status		Open	

Reporting Committee	Constitution Focus Group
Chaired by	Ray Phipps
Lead Executive Director	Pam Wenger, Trust Secretary
Date of last meeting	05/09/2017

Summary of key matters considered by the Committee and any related decisions made.

Meeting held on 5 September 2017 – Attended by 10 governors.

The meeting included discussion on the following topics:

- **Membership Presentation – Who are our Members?** Governors received a presentation on the Foundation Trust membership, which covered the changes in membership at the Trust from 2007 to the present day, including the results of the membership database cleansing exercises in the first half of 2017. The presentation also included a profile of the current public membership and an analysis of how representative it was in relation to the population served by the Trust.
- **Membership Engagement Plan:** Governors received a proposed plan of engagement activities for 2017/18. Feedback was invited, and further discussion around the future strategy/direction of membership would take place at the next meeting on 4 December.
- **Annual Members Meeting:** Governors received the final programme for the Annual Members' Meeting and were invited to host a membership stall at the event.
- **Voices Magazine:** The draft copy for the Membership/Governors' page in the September/October edition of the Trust's magazine was circulated for comment. It featured profiles of four new governors from an unusually large intake this year.
- **Health Matters Update:** The Membership Team was planning to put in place a programme of members' events for 2018, and input was invited from governors as to any themes/topics they would like to be covered. Governors also heard that the Membership Team had teamed up with the Trust's Youth Involvement Group to organise and promote an event specifically for our young members (aged 14-25). Titled 'Young Minds Matter', it

would focus on mental health provision in our hospitals and had been timed to coincide with World Mental Health Day on 10 October.	
Key risks and issues/matters of concern and any mitigating actions	
<ul style="list-style-type: none"> • None 	
Matters requiring Committee level consideration and/or approval	
<ul style="list-style-type: none"> • None 	
Matters referred to other Committees	
<ul style="list-style-type: none"> • None 	
Date of next meeting	04/12/2017

**Cover report to the Council of Governors meeting to be held on 31 October
2017 at 14:00 in the Conference Room, Trust Headquarters, Marlborough
Street, Bristol, BS1 3NU**

		Agenda Item	5.1
Meeting Title	Council of Governors	Meeting Date	31/10/2017
Report Title	Membership engagement report		
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Pam Wenger, Trust Secretary		
Freedom of Information Status		Open	

Governor Responsibility (please tick any which are impacted on / relevant to this paper)	
Holding the Non-executive Directors to account	<input type="checkbox"/>
Non-executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input checked="" type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

Action/Decision Required (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
		For Approval	<input type="checkbox"/>
		For Information	<input checked="" type="checkbox"/>

Executive Summary									
<p>Purpose: The Trust has a formal requirement to maintain a Foundation Trust membership and a responsibility to engage with its membership. This report provides the Council of Governors with current membership details, a summary of membership engagement since the last Council of Governors meeting on 28 July and an update on progress against the Membership Engagement and Governor Development Strategy (April 2015).</p>									
Recommendations									
<p>Members are asked to:</p> <ul style="list-style-type: none"> Note the report and receive assurance in relation to the activities to engage with the Trust Membership. 									
Intended Audience (please tick any which are relevant to this paper)									
Board/Committee Members	<input checked="" type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input checked="" type="checkbox"/>

Membership engagement report

1.0 SITUATION

The Trust has a formal requirement to maintain a Foundation Trust membership and a responsibility to engage with its membership. This report provides the Council of Governors with current membership details, a summary of membership engagement since the last Council of Governors meeting on 28 July 2017 and an update on progress against the Membership Engagement and Governor Development Strategy (April 2015).

2.0 BACKGROUND

At 18 October 2017, Foundation Trust membership stands at 19,510 members; the breakdown of members by constituency is show below. This compares with membership at 12 July 2017 of 19,559 members (5,494 public members; 3,828 patient members; 10,237 staff members).

We contain to maintain the membership with updates to the staff group (leavers and new starters – four times a year) and with any new members or members who wished to be removed.

Member Type Breakdown	Total
Public Constituencies	5,477
Out of Trust Area	0
Bristol	2,723
North Somerset	1,050
South Gloucester	1,073
Rest of England and Wales	631
Patient Constituencies	3,796
Unspecified	0
Carer of patients 16 years and over	171
Carer of patients 15 years and under	457
Patient - Local	3,168
Staff Classes	10,237
Unspecified	0
Medical and Dental	1,368
Nursing and Midwifery	2,928
Other Clinical Healthcare Professionals	2,826
Non Clinical Healthcare Professionals	3,115

Areas of progress against the Membership Engagement and Governor Development Strategy

In line with the priorities for the Membership Office agreed with the Constitution Focus Group at the end of 2016 and presented to the Council of Governors in

January 2017, during the last quarter our main focus has been on new governor induction and reviewing current membership engagement methods and practices with a view to setting priorities for 2018 under a renewed membership strategy/direction.

However, we have also continued our regular membership engagement activities, as follows

Monthly e-newsletter updates

To our circa 3000 patient and public members with an email address:

- 24 August 2017 – *Announcement of Annual members meeting; Health Matters forward planning; invitation from Bristol CCG to feedback on experiences of support during cancer; Pedal to Paris event to support Above & Beyond.*
- 8 September 2017 – *Chairman's invitation to members to Annual Members' Meeting*
- 20 October 2017 – *Latest edition of Voices; feedback from Annual Members' Meeting; Health Matters and Research showcase events at UH Bristol; request for feedback to North Somerset Clinical Commissioning Group on future of care in Weston area.*

Going forwards, we plan to include a short governor message in member e-newsletters on a rotational basis so that governors have another opportunity to feedback directly to their constituents about their activities.

Voices magazine

The members' page in the Sept/Oct edition of Voices focused on the election of new governors, with four newly elected governors sharing their reasons for wanting to become governors and what they hope to achieve in their role. Plans for the membership pages of the next external edition in January/February will be discussed with the Constitution Focus Group in December.

Health Matters events

The membership team supported the Youth Involvement Group to host a 'Young Minds Matter' event for young people to discuss the issues around mental health, which took place on 10 October. The topic and structure of the event was led by members of the Youth Involvement Group, including the young governors for 2016-17, Beatrice Lander and Olivia Garrett.

As part of the publicity campaign we emailed 125 young members (aged between 14-21 years old) about the event and also about the opportunity to become a young governor. We sent the same information via mail to 557 young members for whom we have no email addresses.

The event brought together partners from local health and wellbeing organisations and charities for young people to start a conversation about mental health. The evening included a marketplace of information stands, as well as live music and other activities, and a Q&A session. It was attended by 65 people, of which 37 were young people. The Young Persons' Involvement worker at the Children's Hospital is

currently gathering feedback from participants to assess whether the event will run again next year and in what format.

Planning for future Health Matters events is discussed with governors at the Constitution Focus Group meetings. In the past weeks the membership team (with support from divisional management) has been working on a draft programme of events for 2018 – in particular on increasing the number of events from quarterly to monthly. The last Health Matters event for 2017 will take place on Tuesday 14 November from 4.00-5.30pm on the topic of preventing infections and preparing for winter.

Annual Members Meeting: The Trust's Annual Members Meeting (AMM) took place on Thursday 21 September 2017. The format of the meeting ran as per previous years, with members invited to attend a marketplace event prior to the meeting. The marketplace included displays from our key charity partnerships, winners of the recent Quality Improvement showcase event and plans for the proposed multi-storey car park. The guest speakers were from Unity Sexual Health, and their presentation explored the journey of Bristol Sexual Health becoming Unity Sexual Health over the past three years. There were around 60 attendees in total. We have been reviewing the format of this year's AMM with governors and will look at feedback in preparing for next year's event.

3.0 ASSESSMENT

Membership numbers continue to decline gradually month on month, which is in line with the decision not to actively recruit members this year. As per our work plan we are in the process of reviewing the membership strategy to set out how we will engage with members over the coming two years. We will take an initial discussion paper to the Constitution Focus Group in December with further discussion planned for the January Governor Development Seminar. We continue to work with external partners to share best practice and are continually exploring ways in which to improve engagement across all membership constituencies

RECOMMENDATIONS

Members are asked to:

- **NOTE** the contents of the report.

**Cover report to the Council of Governors meeting to be held on 31 October
2017 at 14:00 in the Conference Room, Trust Headquarters, Marlborough
Street, Bristol, BS1 3NU**

		Agenda Item	6.1
Meeting Title	Council of Governors	Meeting Date	31/10/2017
Report Title	Governor compliance, training and development report		
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Pam Wenger, Trust Secretary		
Freedom of Information Status		Open	

Governor Responsibility (please tick any which are impacted on / relevant to this paper)	
Holding the Non-executive Directors to account	<input type="checkbox"/>
Non-executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input checked="" type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

Action/Decision Required (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
		For Approval	<input type="checkbox"/>
		For Information	<input checked="" type="checkbox"/>

Executive Summary	
<p>Purpose: The Council of Governors has responsibilities that are set out in Acts of Parliament such as the <i>Health and Social Care Act 2012</i>. The attached report provides an overview of</p> <ul style="list-style-type: none"> The current constitution of the Council of Governors A review of compliance to statutory requirements of all governors. <p>Alongside a summary of how governor training and development is progressing.</p>	
Recommendations	
<p>Members are asked to:</p> <ul style="list-style-type: none"> Note the report and receive assurance in relation to governor compliance for training and development. 	
Intended Audience (please tick any which are relevant to this paper)	
Board/Committee Members	<input type="checkbox"/> Regulators <input type="checkbox"/> Governors <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Public <input type="checkbox"/>

Governor compliance, training and development report

1.0 SITUATION

The Council of Governors has responsibilities that are set out in Acts of Parliament such as the *Health and Social Care Act 2012*. This report provides an update on the current composition of the Council of Governors, a review of governor compliance to statutory requirements and a summary of how governors have discharged their responsibilities in areas including engagement with members and holding Non-executive Directors to account.

2.0 BACKGROUND

As of 19 October 2017 there were 34 governors in post and one vacancy.

During the period two young governors were appointed to the Youth Council appointed governor roles – Sujan Canagarajah and Siobhan Coles. The governor vacancy is with the Avon & Wiltshire Mental Health Partnership NHS Trust and the Trust Secretary is in contact with the Trust to resolve this.

Statutory requirements

All new governors have signed the UH Bristol Governors' Code of Conduct and have declared any relevant business interests for the Governors' Register of Business Interests.

In total, 13 governors have completed standard DBS checks, three are in progress and four have yet to be started or are missing information. We will continue to monitor progress against completing these checks.

Governor development

The governor development programme was established to provide governors with the necessary core training and development of their skills to perform the statutory duties of governors effectively. This includes quarterly governor development seminars, among other briefings for governors.

There has been one Governor Development Seminar in this period, which took place on 6 October and was attended by 13 governors. This session focused on the subjects of Holding to Account; an overview of the Trust's recruitment strategy, an update from Above & Beyond and an introduction to the work around the quality objective of developing a consistent customer service mindset at UH Bristol. There was an optional tour of the Information Management and Technology department at the end of the seminar.

Briefings received by governors in this period included an overview of Quality reporting at the Trust from the Chair of the Quality Focus Group which took place in August at the governors' informal meeting. In August two governors attended a Chairman and Chief Executive walkround of Research and Innovation, and in October two governors attended a walkround in the division of Surgery, providing an opportunity to observe first-hand how the hospitals are running.

NHS Providers published the ninth edition of its national Governor Focus newsletter, which was circulated to all governors.

3.0 ASSESSMENT

As reported in January 2017, in line with new priorities for the Membership Office, in the last quarter we have been focused on new governor induction and planning for around the future membership engagement and governor development strategy. We have been working with the Voluntary Services team to provide more tailored essential training, in line with the training provided to our Trust volunteers – and the feedback from governors has been positive.

4.0 RECOMMENDATIONS

Members are asked to:

- **NOTE** the contents of the report.

**Cover report to the Council of Governors meeting to be held on 31 October
2017 at 14:00 in the Conference Room, Trust Headquarters, Marlborough
Street, Bristol, BS1 3NU**

		Agenda Item	8.1
Meeting Title	Council of Governors	Meeting Date	31/10/2017
Report Title	Governors' Log of Communications		
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Pam Wenger, Trust Secretary		
Freedom of Information Status		Open	

Governor Responsibility (please tick any which are impacted on / relevant to this paper)	
Holding the Non-executive Directors to account	<input type="checkbox"/>
Non-executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input checked="" type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

Action/Decision Required (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>
		For Approval	<input type="checkbox"/>
		For Information	<input checked="" type="checkbox"/>

Executive Summary									
<p>Purpose: The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications added or modified since the previous Council of Governors meeting.</p> <p>The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust. The log is distributed to all Board members, including Non-executive Directors, when new items are received and when new responses have been provided.</p>									
Recommendations									
<p>Governors are asked to:</p> <ul style="list-style-type: none"> Note the report 									
Intended Audience (please tick any which are relevant to this paper)									
Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Public	<input checked="" type="checkbox"/>

ID **Governor Name****193** **Neil Morris****Theme:** Sexual orientation monitoring**Source:** Governor Direct**Query** **19/10/2017**

Following the recent release of NHS guidance regarding the recording of the sexual orientation of patients over 16, can the Trust confirm its position on this matter and what steps it plans to take?

Division: Trust-wide**Executive Lead:** Medical Director**Response requested:** 03/11/2017**Response****Status:** Assigned to Executive Lead**192** **Carole Dacombe****Theme:** Clinic letters**Source:** From Constituency/ Members**Query** **06/10/2017**

What assurance do we have that clinic letter turnaround times are being monitored to ensure that they are meeting, and continue to meet, an appropriate standard?

Division: Trust-wide**Executive Lead:** Chief Operating Officer**Response requested:** 17/10/2017**Response****Status:** Pending Assignment

ID **Governor Name**

191 **Rashid Joomun**

Theme: Staff training

Source: Governor Direct

Query **28/09/2017**

I am concerned to see from the latest Quality and Performance Report that overall compliance with staff essential training is 88%. What assurance can you provide that staff are adequately trained to safely carry out their roles?

Division: Trust-wide

Executive Lead: Director of Human Resources and Organisational Development

Response requested: 12/10/2017

Response **02/10/2017**

Despite best Trust-wide efforts to continually raise Essential Training (ET) compliance, the month of August sees our overall compliance at 88% (a drop from last month's 89%).

We continually scrutinise remedies to respond to drops in compliance and not only consider staff who may have let training lapse, but also those relatively newer staff who are encountering their annual, bi-annual, and 3-yearly update requirements for the first time. Awareness of training requirements is continually re-emphasised, to all staff, at all levels. Regular reminders are provided to staff directly from the system via e-mails, and also through Newsbeat. Log-in guidance and a link to the log in page are also regularly provided.

There are various aspects to take into account when looking at August's report:

- Compliance for Dementia Awareness (DA) training (3 yearly update) has been added in this month's report, as work was required to refine the target audience for those required to undertake updates. This inclusion has resulted in lower compliance for DA in this month.
- The audience at Doctors' induction has expanded with new F1 and F2 doctors, and their compliance decreased slightly, this is a relatively small audience.
- As this is a compliance report only, bookings for future training are not part of the calculation. HR Business Partners (HRBPs) in each Division are using more detailed compliance reporting to encourage individual staff to complete their training. Bookings are noted in these reports. HRBPs also have tailored recovery plans to increase their compliance in their areas.
- All ET attendance registers that are returned to the Learning & Development Admin Team are recorded in the Portal within 24 hours. All ET attendance received and administered up to 31 August has been included in this most recent report.
- All dates for training are accessible on the Learning and Development Portal. Additional training dates are being arranged where training needs exceed supply. 2018 dates are now being published.

Status: Closed

Query **16/08/2017**

Page 313 of the July 2017 Board report (page 11 of the Infection Control Annual report) refers to the measures to reduce the risk of spread of infection between staff and patients with an undertaking to "Ensure that healthcare workers are free of and protected from exposure to infections " and "are offered appropriate vaccinations against infectious disease" "

The last paragraph of the report states that the BCG vaccination for tuberculosis is currently unavailable for health care workers which appears to contradict the stated policy of protection.

NHS Choices website indicates that BCG vaccinations should be administered to healthcare workers (between the ages of 16 and 35) with an increased risk of exposure to TB but goes on to say that there is a global shortage of the vaccine.

We know that our staff will occasionally come into contact with TB infected patients or TB infected material so what measures are being taken to control the risks to staff and what action is being taken to escalate availability of the BCG vaccine.

Division: Trust-wide

Executive Lead: Chief Nurse

Response requested: 16/08/2017

Response **18/09/2017**

There has been a global shortage of BCG vaccine and in the UK the usual supplier has had manufacturing and supply issues. BCG Vaccine availability remains very limited, although an alternative vaccine is now in use. This is not currently licensed in the UK, but has been widely used around the world for many years. Supplies should be starting to be available for the vaccination of healthcare workers and, when accessible, vaccination will be resumed in a programme prioritising higher risk areas initially.

BCG vaccination is of most value in protecting young children against the most severe forms of TB such as meningeal TB. The value in adolescents and adults is less established, to the extent that some countries e.g. Germany, Austria, Netherlands do not recommend BCG for healthcare workers (HCW). This underpins the current UK prioritisation for BCG vaccination, with use for Occupational Health reasons remaining the lowest priority group overall.

Even when BCG vaccine is available this is not the principal factor to control the risk of transmission to HCWs. The mainstay of protection for HCWs, and other inpatients, is the recognition of possible patients with infectious ('open') pulmonary TB and the management of those patients in line with infection control guidelines, with the use of isolation of inpatients in appropriate rooms, and, where required, masks.

Transmission of TB generally requires prolonged close contact with an infective person, and is most likely to occur within the home environment. A study published in 2016* has shown that TB diagnosed in HCWs in the UK is generally not acquired as a result of UK occupational exposure, concluding:

ID **Governor Name**

‘The lack of evidence of an increased risk of TB among HCWs in the UK, the evidence of only very rare occurrences of nosocomial transmission in the UK and the majority of HCW TB cases originating from high TB burden countries likely reactivating from latent infection, suggests guidelines on the prevention of TB in HCWs should focus less on preventing infection through BCG vaccination, and more on identifying and treating LTBI, especially in HCWs from high TB burden countries.’

The vaccine shortage does not prevent APOHS screening new staff for latent TB in line with the national guidelines, and this approach continues.

In the event of a failure of the control measures there are processes which are followed to identify possible transmission of infection to patients or HCW, with treatment if needed - TB remains a treatable disease. Again these processes do not rely on the vaccine.

Therefore although the vaccine is not widely available yet, the steps that are actually the most important ones in terms of protecting staff and patients are still in place.

* Davidson JA, et al. Thorax 2016;0:1–6. doi:10.1136/thoraxjnl-2015-208026 TB in healthcare workers in the UK: a cohort analysis 2009–2013 [Thorax online first]

Status: *Closed*

ID **Governor Name**

189 **Neil Morris**

Theme: Patient Transport

Source: Governor Direct

Query **08/08/2017**

Please can the Trust provide an update to governors regarding the process by which third party patient transport organisations are appointed and monitored. In addition please can the Trust advise on how these organisations are required to manage complaints, how service users are advised with regards to how they can make a complaint and if the process is to a standard similar to that of the Trust?

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 08/08/2017

Response **29/08/2017**

The Patient Transport Service (PTS) is commissioned by the BNSSG CCGs and the Trust had a new contract which started in April this year. It is an NHS contract but the tender was awarded to EZec, who are an established provider of PTS in other CCG areas. The Trust was involved in the tendering process and contributed to the development of the specification and evaluation process, led by the CCG and delivered through Bristol and Weston Consortium.

As with any provider EZec are required to address patient complaints and report into a monthly contract performance meeting with the CCG lead commissioner. The Trust PTS manager attends this meeting, and additionally forwards any complaints received at UH Bristol which relate to the provision of PTS on to EZec using extract information from Datix.

The Trust also use a small amount of ad hoc private ambulances for exceptional operational pressures, specific journeys etc, and this provider would be expected to respond back to us if any complaints involved their crew.

Status: Awaiting Governor Response

**Cover report to the Council of Governors meeting to be held on 31 October
2017 at 14:00 in the Conference Room, Trust Headquarters, Marlborough
Street, Bristol, BS1 3NU**

		Agenda Item	8.2
Meeting Title	Council of Governors	Meeting Date	31/10/2017
Report Title	Governors' Meeting Dates 2018 / 2019		
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Pam Wenger, Trust Secretary		
Freedom of Information Status		Open	

Governor Responsibility (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input checked="" type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input checked="" type="checkbox"/>
Constitutional/forward plans	<input checked="" type="checkbox"/>
Member/Public interests	<input checked="" type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

Action/Decision Required (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>
		For Approval	<input type="checkbox"/>
		For Information	<input checked="" type="checkbox"/>

Executive Summary									
Purpose: To note the schedule of Governors' Meeting Dates for April 2018 to March 2019.									
Recommendations									
Governors are asked to: <ul style="list-style-type: none"> Note the schedule of Governors' Meeting Dates. 									
Intended Audience (please tick any which are relevant to this paper)									
Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Public	<input checked="" type="checkbox"/>

Governors' Meeting Dates March 2018- Mar 2019

	Governor Meetings								Board	Walkrounds
	Council of Governors (preceded by Public Trust Board) <i>(all governors: attendance mandatory)</i>	Governor Development Seminars <i>(all governors: attendance strongly recommended)</i>	Nominations and Appointments Committee <i>(committee members only)</i>	Quality Focus Group <i>(open to all governors)</i>	Constitution Focus Group <i>(open to all governors)</i>	Governors Strategy Group <i>(open to all governors)</i>	Chairman's & Non-executive Directors' Counsel Preceded by Governors' Informal Meeting <i>(open to all governors)</i>	Members' Events <i>(open to all governors)</i>	Public Trust Board <i>(governors may attend as observers - recommended to attend at least one per year)</i>	Chair and CE Divisional Walkrounds <i>(2 governors per walkround as observers)</i>
Chair	Jeff Farrar	Kate Hanlon	Jeff Farrar	Carole Dacombe	Ray Phipps	Malcolm Watson	Jeff Farrar for Chairman's Counsel		Jeff Farrar	Robert Woolley
Other Lead	N/A	N/A	N/A	Exec Lead: Medical Director / Carolyn Mills)	Pam Wenger / Kate Hanlon	Exec Lead: Paula Clarke/ Sarah Nadin	Malcolm Watson for informal meeting		N/A	N/A
April 2018	Thurs 26 April 14:00-15:30 (CR)	Tues 10 April 10:00-16:00 (CR)						<i>Health Matters Event</i>	Thurs 26 April 2018 11:00-13:00 (CR)	TBC
May 2018				Fri 11 May 10:00-12:00 (CR)	Fri 11 May 12:30-14:30 (CR)		Thurs 24 May (BR) Informal meeting, 11:00-12:30 BR Governor/NED meeting:12:30-13:30 BR	<i>Health Matters Event</i>	Tues 29 May 2018 11:00-13:00 (CR)	TBC
June 2018		Fri 15 June 10:00-16:00 (CR)	Thurs 7 June 12:30-13:30 (CR)			Thurs 7 June 10:00-12:00 (CR)	Tues 26 June (CR) Informal meeting, 12:00-13:00 Governor/NED meeting, 13:00-14:00	<i>Health Matters Event</i>	Thurs 28 June 2018 11:00-13:00 (CR)	TBC
July 2018	Thurs 26 July 14:00-15:30 (CR)			Tue 17 July 10:00-12:00 (CR)	Tue 17 July 12:30-14:30 (CR)			<i>Health Matters Event</i>	Thurs 26 July 2018 11:00-13:00 (CR)	TBC
Aug 2018							Tues 28 Aug (CR) Informal meeting, 11:00-12:30 Governor/NED meeting, 12:30-13:30		No meeting	TBC
Sept 2018	Thurs 13 Sept 2018 Annual Members' Meeting / AGM 17:00-19:00 LT1 Ed Centre		Mon 10 Sept 14:30-15:30 (CR)	Mon 10 Sept 10:00-12:00 (CR)		Mon 10 Sept 12:30-14:30 (CR)	Tues 25 Sept (CR) Informal meeting, 11:00-12:30 Governor/NED meeting, 12:30-13:30	(Annual Members' Meeting/AGM)	Thurs 27 Sept 2018 11:00-13:00 (CR)	TBC
Oct 2018	Weds 31 Oct 14:00-15:30 (CR)	Thurs 4 Oct 10:00-16:00 (CR)						<i>Health Matters Event</i>	Weds 31 Oct 2018 11:00-13:00 (CR)	TBC
Nov 2018				Mon 5 Nov 10:00-12:00 (CR)	Mon 5 Nov 12:30-14:30 (CR)		Tue 27 Nov (CR) Informal meeting, 12:00-13:00 Governor/NED meeting, 13:00-14:00	<i>Health Matters Event</i>	Thurs 29 Nov 2018 11:00-13:00 (CR)	TBC
Dec 2018			Tues 18 Dec 13:30-14:30 (CR)			Fri 14 Dec 10:00-12:00 (CR)	Tues 18 Dec (CR) Informal meeting, 11:00-12:30 Governor/NED meeting, 12:30-13:30		No meeting	TBC
Jan 2019	Thurs 31 Jan 2019 14:00-15:30 (CR)	Wed 16 Jan 2019 10:00-16:00 (CR)		Tues 22 Jan 2019 10:00-12:00 (CR)	Tues 22 Jan 2019 12:30-14:30 (CR)			<i>Quality Counts Event</i>	Thurs 31 Jan 2019 11:00-13:00 (CR)	TBC
Feb 2019							Tues 26 Feb 2019 (CR) Informal meeting, 11:00 -12:30 Governor/NED meeting, 12:30-13:30	<i>Health Matters Event</i> <i>Governor Election Event</i>	Thurs 28 Feb 2019 11:00-13:00 (CR)	TBC
Mar 2019			Tue 19 Mar 2019 13:30-14:30 (CR)	Wed 13 Mar 2019 10:00-12:00 (CR)		Wed 13 Mar 2019 12:30-2.30 (CR)	Tue 26 Mar 2019 (CR) Informal meeting, 11:00 -12:30 Governor/NED meeting, 12:30-13:30	<i>Health Matters Event</i> <i>Governor Election Events</i>	Thurs 28 March 2019 11:00-13:00 (CR)	TBC

Cover report to the Council of Governors meeting to be held on 31 October 2017 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

		Agenda Item	3.1
Meeting Title	Council of Governors Meeting	Meeting Date	31 October 2017
Report Title	Nominations and Appointments Committee Meeting Report		
Author	Pam Wenger, Trust Secretary		
Executive Lead	Pam Wenger, Trust Secretary		
Freedom of Information Status		Open	

Reporting Committee	Nominations and Appointments Committee
Chaired by	John Savage
Lead Executive Director	Pam Wenger, Trust Secretary
Date of last meetings	n/a

Summary of key matters considered by the Committee and any related decisions made.

Committee Meeting Reports: There have been two meetings of the Nominations and Appointments Committee since the last Council of Governors meeting.

Meeting held on 26 September. Attended by 12 Committee members

- **Non-executive Director Six-month Activity Review:** The committee noted activity reports for the Chairman and the non-executive directors for the period December 2016 to May 2017.
- **Non-executive Director Remuneration Review:** The committee reviewed current levels of non-executive director remuneration. *See separate report: agenda item 3.2*
- **Committee Self-review and review of Terms of Reference:** The committee considered a summary of its activities over the past year and noted that it had carried out its statutory duties adequately. The committee reviewed its Terms of Reference and suggested some slight amendments.

Meeting held on 26 October. Attended by six Committee members

- **Non-executive Director Appraisals (Emma Woollett and John Moore):** The committee noted the appraisals for Emma Woollett and John Moore.
- **Non-executive Director Re-appointment (John Moore):** The committee discussed the re-appointment of John Moore for a third three-year term, taking into consideration the guidance in the [Foundation Trust Code of Governance](#) (section B.7.1). Governors agreed that it was important to maintain continuity at a time of great change at Board level, given that a new chair was due to take up office on 1 December, and two of the current NEDs were approaching the end of their terms of office. The committee were reminded of the requirement for non-executives in their third three-year term to be

subject to a rigorous annual review and annual re-appointment. The committee agreed to recommend a third term of office for John Moore on this basis.

Key risks and issues/matters of concern and any mitigating actions

None.

Matters requiring Committee level consideration and/or approval

Matters referred to other Committees

The Council of Governors is asked to consider the committee's recommendation to re-appoint John Moore as non-executive director for a third term of office until 31 December 2020, subject to annual re-appointment in accordance with the agreed process.

Date of next meeting:

21 December 2017