

COUNCIL OF GOVERNORS

Meeting to be held on Thursday 26 April 2018 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 meeting	Approval	<i>Chairman</i>	p.3
1.4	Matters arising (Action Log)	Approval	<i>Chairman</i>	p.13
1.5	Chair's Report	Information	<i>Chairman</i>	Verbal
2.0 Holding Non-executive Directors to account				
2.1	Holding to account report	Assurance	<i>Membership Engagement Manager</i>	p.14
3.0 Non-executive Director appointments (appraisal/review)				
3.1	Nominations and Appointments Committee report a) Non-executive Director re-appointment b) Appointment of Vice-Chair c) Appointment of Senior Independent Director d) Revised role description for Non-executive Designate Role e) Appointment of NED Designate as Non-executive Director	Assurance Approval Approval Approval Approval Approval	<i>Chairman</i>	p.16
4.0 Constitutional/forward plans				
4.1	Governor Group reports a) Quality Focus Group b) Governors' Strategy Group c) Constitution Focus Group	Assurance	<i>Governor Group Leads</i>	p.22
4.2	Lead Governor Election	Approval	<i>Membership Engagement Manager</i>	p.28
5.0 Member/Public interests				
5.1	Membership engagement report	Information	<i>Membership Engagement Manager</i>	p.30

6.0 Training and development				
6.1	Governor training and development report	Information	<i>Membership Engagement Manager</i>	p.34
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>	p.37
	c) Update on Operational Plan 2018/9	Information	<i>Director of Strategy & Transformation</i>	Verbal
8.0 Items for Information				
8.1	Governors' Log of Communications	Information	<i>Chairman</i>	p.42
8.2	Governors' Register of Business Interests	Information	<i>Chairman</i>	p.46
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 Friday 27 July 2018, 2pm-3.30pm Conference Room, Trust HQ	Information	<i>Chairman</i>	Verbal

**Minutes of the Council of Governors Meeting held on 31 January 2018 at 2:00pm
in the Conference Room, Trust Headquarters, Marlborough Street, BS1 3NU**

Present

Jeff Farrar - Chair
Malcolm Watson – Public Governor (Lead Governor)
Carole Dacombe – Public Governor
John Rose – Public Governor
Tom Frewin – Public Governor
Penny Parsons – Public Governor
Mo Phillips – Public Governor
Tony Tanner – Public Governor
Jenny James – Public Governor
Mary Whittington – Public Governor
Kathy Baxter – Patient Governor
Ray Phipps – Patient Governor
John Sibley – Patient Governor
Rashid Joomun – Patient Governor
John Chablo – Patient/Carer Governor
Graham Papworth – Patient/Carer Governor
Garry Williams – Patient/Carer Governor
Florene Jordan – Staff Governor
Neil Morris – Staff Governor
Andy Coles-Driver – Staff Governor
Jane Westhead – Staff Governor
Astrid Linthorst – Appointed Governor
Marty McAuley,- Appointed Governor
Sally Moyle – Appointed Governor
Carole Johnson – Appointed Governor

In Attendance

Robert Woolley – Chief Executive
Paula Clarke – Director of Strategy and Transformation
Mark Smith – Chief Operating Officer and Deputy Chief Executive
Matt Joint – Director of People
Carolyn Mills – Chief Nurse
Mark Callaway – Interim Medical Director
Jill Youds – Non-executive Director
David Armstrong – Non-executive Director
Martin Sykes – Non-executive Director
Julian Dennis – Non-executive Director
Madhu Bhabuta – Non-executive Director
Joanna Lloyd-Jones – Projects Director
Jeremy Spearing – Associate Director of Finance
Kate Hanlon – Membership Engagement Manager
Clive Hamilton– Foundation Trust member
Fiona Reid – Head of Communications
Marie Le Marechal – Member of staff
Gillian Steels– Trust Secretary for Gloucestershire Care Services NHS Trust
Minutes: Sarah Murch – Membership and Governance Administrator

Minute Ref:	Item	Actions
	<p>Jeff Farrar, Trust Chair, welcomed everyone to the meeting. He asked the Council to consider item 7.1a (Update on Weston Partnership) as its first item of business.</p>	
COG 64/01/18	7.1a Update on Weston Partnership (Chief Executive's Report)	
	<p>The purpose of this item was to inform the Council of Governors of the Trust Board's decision to pursue an organisational merger with Weston Area Health Trust (WAHT) through acquisition, and to seek governors' views.</p> <p>Robert Woolley, Chief Executive, reminded governors that WAHT and UH Bristol had entered into a formal partnership in May 2017, against a long history of joint working at clinical service level. UH Bristol was also currently supporting WAHT with several key senior management posts.</p> <p>Today, the Boards of both Trusts had approved the Strategic Outline Case (SOC) for a merger. The decision to merge was still subject to a joint assessment, several key transaction conditions being met and the preparation and approval of a full business case.</p> <p>Any decision to merge would also be dependent on the outcome of the Clinical Commissioning Group's 'Healthy Weston' programme which was currently exploring new models of integrated care for the Weston area and was expected to conclude over the next few months. This included consideration of a care campus that would integrate primary, community and secondary care.</p> <p>The two trusts had appointed external consultants (Carnall Farrar) to examine in particular how the Healthy Weston programme would affect the future acute service offering in Weston. Now that the Strategic Outline Case had secured the approval of both Boards, the next step was to prepare a joint assessment, which the Board would review on 29 May to decide whether to proceed to a Full Business Case. The Full Business Case would then need to be presented to both Trust Boards, the Council of Governors, the regulator, the Competition and Markets Authority and other bodies for approval in January-March 2019, with the target completion date for the transaction being 1 April 2019.</p> <p>Governors were advised of several key transaction conditions that the Trust had identified as central to the financial viability of the merger. Most of these had not yet been resolved, but Robert reassured governors that he was making the conditions clear to NHS Improvement on a continuing basis.</p> <p>Governors were invited to comment on the Strategic Outline Case, which had been circulated for information in advance of the meeting.</p> <p>In the discussion that followed, there was a general consensus of support for the proposed merger. Governors however emphasised the importance of ensuring that the key transaction conditions were met beforehand, in particular the cash injection needed to clear Weston Area Health Trust's historic debt.</p>	

Key points raised were as follows:

- Carole Dacombe, Public Governor, commended the Board on the thoroughness of the Strategic Outline Case. She further noted that there had previously been large-scale attempts to change provision at Weston in both 2012 and 2014. She asked that the Full Business Case refer to learning from these processes, which had both failed after a lot of time and resources had been expended.
- Noting that approving mergers and acquisitions was one of the duties of the Council of Governors, Garry Williams, Patient/Carer Governor, asked that the Trust consider continuity of governor experience over the proposed timeline. He further asked about primary care in Weston, and whether a merger would put pressure on services that were already stretched, such as pathology. Robert Woolley responded that the CCG's Healthy Weston programme was looking at improving access and developing new physical capacity for primary care. Services such as pathology were already being considered within the context of Bristol, North Somerset and South Gloucestershire as a whole, including North Bristol Trust, as part of the Acute Care Collaboration stream of the Sustainability and Transformation Partnership.
- Rashid Joomun, Patient Governor, and Tom Frewin, Public Governor, both enquired about the implications for Bristol and Weston if the merger did not take place. Robert responded that if the trusts took the decision not to merge this was likely to be in the context of an alternative solution identified by the Healthy Weston programme. Jeff Farrar added that when making the decision, UH Bristol had a responsibility to act for the healthcare of everyone in the region though not to the detriment of its own services.
- John Rose, speaking as a Public Governor for North Somerset, voiced support for the merger and expressed confidence in UH Bristol's ability to make it work. He spoke about the need for an improved hospital service for the diverse and increasing population of Weston and its surrounding area.
- In response to a question from Mo Phillips, Public Governor, about management challenges at Weston Area Health Trust, Jeff responded that there had been difficulty recruiting in some areas which was why UH Bristol and North Bristol Trust were now providing senior management support. Jill Youds, Non-executive Director, emphasised that while Weston had been struggling to recruit, it was difficult to make comparisons with UH Bristol: it was not a level playing field due to Weston having high infrastructure costs but not the volume of activity to make it viable.
- Ray Phipps, Patient Governor, enquired as to the extent of the involvement of the newly-merged Clinical Commissioning Group (CCG) in the process. Robert clarified that Bristol CCG, North Somerset CCG and South Gloucestershire CCG were yet to formally merge but were now operating as one organisation. The CCGs held the statutory responsibility to consult on service changes through the Healthy Weston programme.
- Malcolm Watson, Public Governor, asked when clarity would be achieved over the key transaction conditions. Robert confirmed that some of the conditions would be resolved by early summer, while others would not be resolved until later in the year. He welcomed the continued challenge from governors and Non-executive Directors in this area. In response to a question from Andy Coles-Driver (Staff Governor) about the scope for flexibility in the key conditions, Robert added that this would be considered in the Full Business

	<p>Case. While some assumptions may need to be made about forward risks, every effort would be taken to come up with a solution that suited both Trusts.</p> <ul style="list-style-type: none"> • Penny Parsons, Public Governor, expressed concerns about staff morale at Weston, and enquired whether a merger would improve this and make recruitment into key posts easier. Robert responded that the Boards of both Trusts were very conscious of the need to inject confidence and raise morale and were working together to try to give staff certainty and support recruitment. • Kathy Baxter, Patient Governor, enquired whether Brexit would affect the financial aspects of the Weston merger. Robert explained that while specific risks to Weston had not been considered, NHS Providers was lobbying on the national impact of Brexit on the NHS, including the risks to free movement of qualified staff. • John Rose emphasised the importance of adequate communication with the public of North Somerset, particularly to help them understand the financial position. <p>Governors commended Paula Clarke, Director of Strategy and Transformation and her team on their work on the Strategic Outline Case for the merger. As there were no dissenting voices, Robert confirmed that the Trust would communicate to all staff in both Trusts today that the Trust Board had approved the Strategic Outline Case with the support of governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Strategic Outline Case to note and support the Board's decision to pursue an organisational merger between UH Bristol and Weston Area Health Trust. 	
<p>COG 65/01/18</p>	<p>1.1 Chair's Introduction and Apologies</p>	
	<p>The Chair noted apologies from:</p> <p>Governors: Hussein Amiri, Pauline Beddoes, Sophie Jenkins, Sue Milestone, Jo Roberts, Sujana Canagarajah and Siobhan Coles.</p> <p>Trust Board of Directors: Emma Woollett, Guy Orpen and Steve West</p>	
<p>COG 66/01/18</p>	<p>1.2 Declarations of Interest</p>	
	<p>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.</p>	
<p>COG 67/01/18</p>	<p>1.3 Minutes from Previous Meeting</p>	
	<p>Governors considered the minutes of the meeting of the Council of Governors held on 31 October 2017.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the minutes of the Council of Governors meeting held on 31 October 2017 as a true and accurate record of the proceedings. 	
<p>COG 68/01/18</p>	<p>1.4 Matters Arising/Action Log</p>	
	<p><i>Action COG 56/10/17 Item 7.1a: Mike Lyall, Foundation Trust member, had</i></p>	

	<p><i>enquired whether any assistance could be provided to North Somerset patients who have difficulty in getting home at night after treatment at UH Bristol's emergency department.</i></p> <p>Carolyn Mills, Chief Nurse responded that there was a waiting area where people who were not eligible for supported transport could safely wait for public transport or a lift home. As Mike Lyall had sent his apologies to this meeting, John Rose agreed to communicate this response to him.</p>	
COG 69/01/18	1.5 Chair's Report	
	<p>This was a new standing agenda item to enable the Chair, Jeff Farrar, to update governors on his recent activity and current reflections.</p> <p>After his first seven weeks as Chair, Jeff commented that his initial impressions of the Trust had been very positive. He had been particularly impressed by the evident pride that the staff he had met took in their work and in the Trust.</p> <p>Governors heard that on a national level, Jeff was working with NHS Improvement around recruitment and had invited the Chair of the Care Quality Commission to visit the Trust this week. He was speaking to chairs of trusts around the country to gain a broad perspective on the role of Chair and the issues facing NHS trusts at this time.</p> <p>On a regional basis, he was building relationships with chairs of other healthcare organisations involved in the Sustainability and Transformation Partnership. He was particularly keen to build relationships with North Bristol Trust.</p> <p>At the Trust, he had met individually with governors, Board members, and other members of staff. He had been impressed with the breadth of skills among the governing body, and he was keen to explore how to use governors' skills to best effect across the trust. He was arranging to meet with unions and other staff organisations every month, and he had also committed to supporting staff at Trust initiatives around the hospitals, such as the Dementia Café.</p>	
COG 70/01/18	2.1 Holding to Account report	
	<p>Governors received a summary report of the ways in which they had held non-executive directors to account in the period since the last meeting.</p> <p>Malcolm Watson noted that there was more work to be done in this area to improve the quality of the scrutiny that governors had over the Non-executive Directors. This was acknowledged, and Jeff Farrar added that it was one of the issues being addressed through an evaluation of governors' skills and training needs.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	
COG 71/01/18	3.1 Nominations and Appointments Committee Report	
	<p>As Chair of the Nominations and Appointments Committee, Jeff Farrar introduced this report.</p>	

	<p>He asked the Council of Governors to note that the committee had discussed the process for filling the upcoming vacancy for a new Vice-Chair, with the departure of Emma Woollett in May at the end of her term. Existing non-executive directors would be approached to fill the position and Jeff would bring a recommendation back to the next meeting of the Committee.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note; 	
<p>COG 72/01/18</p>	<p>4.1 Governor Groups Reports</p>	
	<p>Written reports had been circulated for all groups.</p> <p>a) <u>Quality Focus Group</u> Carole Dacombe, Chair of the Quality Focus Group, introduced the report from the group's meetings on 8 November and 10 January. Governors had welcomed useful and informative presentations on the results of the 2016 national cancer patient experience survey and on the Trust's actions resulting from the national staff survey. In relation to the staff survey actions, governors had expressed an interest in further updates on how the work around Leadership Behaviours was developing.</p> <p>Julian Dennis had provided assurance to governors around the quality issues and performance metrics on which non-executive directors were currently focussed, in person at the November meeting, and by email following the January meeting. Carole thanked Julian for the fullness and promptness of his responses.</p> <p>Two governors, Penny Parsons and John Sibley, were now attending meetings of the Trust's Patient Experience Group and were reporting back to governors through the Quality Focus Group.</p> <p>As governors had requested greater support to understand the Trust's Quality and Performance Reports, a session to do this had now been organised, supported by Mark Smith, Deputy Chief Executive and Chief Operating Officer.</p> <p>b) <u>Governors' Strategy Group</u> Malcom Watson, Chair of the Governors' Strategy Group, reported back from the meeting on 4 December. Paula Clarke, Director of Strategy and Transformation had given governors an overview of the plans to renew the Trust's strategy and the current capital investment programme, and Martin Sykes, Non-executive Chair of the Finance Committee, had given governors an update on the Committee's work. One of the functions of the group was to scrutinise the Trust's forward plans, but as the Trust had not yet received the annual planning guidance for this year, it was likely that this would now be discussed at their March meeting.</p> <p>Garry Williams noted governors' continuing appreciation of Director of Finance Paul Mapson's excellent management of the Trust's finances.</p> <p>c) <u>Constitution Focus Group</u> Ray Phipps, Chair of the Constitution Focus Group, introduced a report from the group's most recent meeting. Governors had discussed membership engagement</p>	

	<p>methods and governor training and development. The group had been particularly pleased to support the expanded programme of Health Matters events for 2018.</p> <p>Carole Dacombe added thanks on behalf of the group to John Moore, Non-executive Chair of the Audit Committee, who had given a talk about the Committee's work at the meeting which had been both informative and understandable.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the reports to note. 	
<p>COG 73/01/18</p>	<p>5.1 Membership engagement report</p>	
	<p>Kate Hanlon, Membership Engagement Manager, introduced a report on progress against the Membership Strategy, including priorities for membership engagement.</p> <p>The priority this quarter had been to identify and define membership engagement and recruitment methods and practices for 2018. Governor views had been sought at their December Constitution Focus Group meeting, and at a workshop session at their January Governor Development Seminar they had defined a programme of activities that would form the scope of this year's membership engagement.</p> <p>Kate highlighted the launch of a survey last week to find out patient and public members views on membership. This would run until the end of February, and results would be reported at the next Council of Governors meeting. A new and expanded programme of Health Matters events (health talks for members and the public) was also in place for 2018. The first event of the year, Quality Counts, had been held on 30 January with 50 attendees and had been a jointly-run event with the Quality Team and Youth Involvement Group to help set the Trust's quality priorities for the year ahead.</p> <p>In response to a question from John Rose, Kate added that the proposed changes to membership constituencies would be discussed further at the March Constitution Focus Group meeting.</p> <p>Rashid Joomun, Patient Governor, enquired about ways in which members could hold governors to account, and Kate agreed that one of the intentions behind that the new programme of engagement work was to strengthen two-way conversation with members.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	
<p>COG 74/01/18</p>	<p>6.1 Governor Compliance, Training and Development Report</p>	
	<p>Kate Hanlon, Membership Engagement Manager, introduced a report of governor constitution, development and compliance with statutory requirements.</p> <p>She reported that Derek Wholey had stepped down as governor in January. His vacancy would be addressed over the coming months alongside the staff governor vacancy that had opened up when Bala Thyagarajan had stepped down in the</p>	

	<p>autumn.</p> <p>Kate reported training and development that governors had received in the last quarter, including January's Governor Development Seminar day which had focussed on membership engagement and the governor role, internal and external audit, governors' duties in relation to annual reporting at the Trust, and fraud prevention. Following the seminar, governors would be sent a skills audit form to ensure that the skills and experience of governors were being used appropriately and to identify and training needs. She encouraged all governors to complete this.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the reports to note. 	
<p>COG 75/01/18</p>	<p>7.1a Chief Executive's Report</p>	
	<p>Robert Woolley, Chief Executive, provided a verbal update on key issues facing the Trust.</p> <p>Robert reported that the Trust's performance was standing up well in particularly challenging circumstances which he attributed to the hard work and resilience of staff. The Trust had achieved all its access trajectories for performance at the end of Quarter 3 (including its A&E 4-hour trajectory), and as a result the Trust had earned the performance element of its sustainability and transformation funding.</p> <p>Good progress had been made in reducing excess costs, particularly in reducing agency nurse staffing costs. The Trust had not yet received national guidance on planning for next year but had nevertheless started work on a plan that would enable it to continue to make savings.</p> <p>The Board had accepted an invitation from the Kings Fund to participate in a leadership study of four high-performing trusts. This would involve observers attending meetings in March.</p> <p>Along with Chief Nurse Carolyn Mills, Robert had attended a meeting of South Gloucestershire and Bristol Scrutiny Committees to give them an update on the independent review of children's heart services. They had updated the committee on actions following the death of a baby in children's intensive care in 2015 which had been the subject of an independent review. They were questioned in detail about this case and asked to return in a year's time to give a further report. They had also discussed the Sustainability and Transformation Partnership with scrutiny members to seek advice and support on engaging the public.</p> <p>Finally, governors heard that Robert had been involved this week in an all-party parliamentary group on arts in health and wellbeing. The group had discussed a recent Creative Health report which explored the phenomenal evidence base around improved wellbeing from participation in the arts. He had informed the committee that the Trust intended to advertise for an Arts director over the coming weeks, who would then set out an arts strategy for the whole organisation to support the wellbeing of both patients and staff.</p> <p>Governors welcomed the emphasis on the arts initiative, and were pleased that it</p>	

	<p>encompassed staff wellbeing as well as that of patients. They discussed the importance of linking it more widely into the community to make sure that it was a holistic approach rather than just that of one Trust.</p> <p>In response to questions from governors about discharging patients, Robert informed governors that the Trust was involved in multi-agency discharge events which were having a positive impact on discharging patients. The Sustainability and Transformation Partnership were now looking at how a workforce could be created to support patients once they had been discharged. Improving rates of discharge at the weekend was also part of the STP's considerations.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	
<p>COG 76/01/18</p>	<p>7.1b Quarterly Patient Experience and Complaints Reports</p>	
	<p>Carolyn Mills, Chief Nurse, introduced the Patient Experience and Complaints reports for Quarter 2, explaining that they had already been received by the Trust Board and were shared with governors for information. She reminded governors that as Penny Parsons and John Sibley were now sitting on the Trust's Patient Experience Group, they could now bring questions about these reports from governors to this group.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Quarterly Patient Experience and Complaints Reports to note. 	
<p>COG 77/01/18</p>	<p>8.1 Governors' Log of Communications</p>	
	<p>Jeff Farrar introduced the updated report of the questions that governors had asked directors via the Governors' Log of Communications.</p> <p>Referring to a question asked through the Log about whether the collapse of Carillion would affect UH Bristol in any way, Robert Woolley responded that it would not have a large impact, though there was a small risk to one contract which they were currently waiting to settle.</p> <p>Jeff asked governors to let him know how effective they were finding the Log as a communication tool. Carole Dacombe explained that it was a useful way for governors to ask questions that they either had not thought of during a meeting or which were not relevant to the business of a meeting, and questions and responses were reviewed regularly by governors through their Quality Focus Group meetings.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	
<p>COG 78/01/18</p>	<p>8.2 Council of Governors Meetings Forward Planner</p>	
	<p>Governors received the proposed forward planner for Council of Governors meeting business for April 2018 to March 2019.</p> <p>Members RESOLVED to:</p>	

	<ul style="list-style-type: none"> • Receive the forward planner to note. 	
COG 79/01/18	9.1 Governors' Questions arising from the meeting of the Trust Board of Directors	
	<ul style="list-style-type: none"> • Garry Williams enquired whether the system for GP interface with the Emergency Department had yet been resolved. Mark Smith, Deputy Chief Executive and Chief Operating Officer, noted that the GP Support Unit in the BRI Emergency Department was currently contracted to stream patients to GPs and also to take GP referrals in the unit. This was currently working satisfactorily; however, it was understood that the Clinical Commissioning Group were looking at commissioning a redesigned model from April. • Ray Phipps asked for clarification about hospital staff access to patients' GP records. Mark Smith explained that there was a basic version of the record which staff could see, but if patients had not given their permission to share the full details of the record, it could be very hard to organise access at the time when care was needed. 	
COG 80/01/18	9.2 Foundation Trust Members' Questions	
	<p>Clive Hamilton, Foundation Trust Member, commented that as a resident of North Somerset, he would be supportive of the proposal to merge UH Bristol with Weston Area Health Trust. He enquired whether overnight Emergency Department admissions would be reinstated at Weston General Hospital. Robert Woolley responded that this would be a matter for the Clinical Commissioning Group to resolve as part of their Healthy Weston programme. He added that as the overnight closure of Weston's Emergency Department was temporary, if the CCG was considering a permanent closure, they would need to carry out public consultation.</p> <p>Clive further enquired whether the joint pathology service based at North Bristol Trust (NBT) was now operating to the satisfaction of both UH Bristol and NBT. Robert responded that while there were still some staffing difficulties, this was functioning well and being monitored closely.</p>	
COG 81/01/18	9.3 Any Other Business	
	There was no other business.	
<p>Meeting close and date of next meeting</p> <p>The Chair declared the meeting closed at 3.40pm.</p> <p>Date and time of next meeting: Wed 26 April 2pm-3.30pm Conference Room, Trust HQ</p>		

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



University Hospitals Bristol
NHS Foundation Trust

Council of Governors meeting – 26 April 2018

Action Log

There were no outstanding actions following the meeting held on 31 January 2018

**Cover report to the Council of Governors meeting to be held on 26 April 2018
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	26/04/2018
Report Title	Holding to account report		
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Eric Sanders, 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>24 January 2018 – 18 April 2018</p> <ul style="list-style-type: none"> • Governors attended the public meetings of the Trust Board of Directors on 31 January (12 governors), 28 February (six governors) and 29 March (three governors) to observe the non-executive directors holding the executive directors to account. • During the period the non-executive director Chairs of the Quality and Outcomes Committee and Finance Committee attended governor focus groups – respectively the Governors' Quality Focus Group on 12 March and the Governors' Strategy Group on 14 March. The Quality Focus Group receives the Quality and Outcomes Committee Chair's reports, the Strategy Group receives the Finance Committee Chair's reports, and the Constitution Focus Group receives the Audit Committee Chair's reports. 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 and challenge the content.

- There was one Nominations and Appointments Committee meeting on 27 March. One of the key duties of this Committee is to monitor the performance of the Chair 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-executive directors to account. A summary of this meeting is provided in item 3.1.
- Governors hold regular informal Chairman’s Counsel Meetings with the Chair and non-executive directors to allow governors to request assurance or information around any topics. There were two meetings in this period – the first, on 23 February was attended by 17 governors, the Chair, and four non-executive directors. This session explored how joint governor and non-executive director meetings could be improved to help relationship building and used as an opportunity to share any concerns more informally. As a result the format of the second meeting on 27 March (attended by 16 governors, the Chair, and three non-executive directors) was changed to give small groups of governors the opportunity to talk to each of the non-executives informally.

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 continue to 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 26 April 2018
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	26 April 2018
Report Title	Nominations and Appointments Committee Meeting Report		
Author	Kate Hanlon, Membership Engagement Manager		
Lead	Jeff Farrar, Trust Chair		
Freedom of Information Status		Open	

Reporting Committee	Nominations and Appointments Committee
Chaired by	Jeff Farrar, Trust Chair
Lead Executive Director	Eric Sanders, Trust Secretary
Date of last meetings	27 March 2018

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

Committee Meeting Reports: There has been one meeting of the Governors' Nominations and Appointments Committee since the last Council of Governors meeting.

Meeting held on 27 March 2018: Attended by Chair, Jeff Farrar, and eight Committee members

- **Non-executive Director Appraisals:** The committee received appraisal papers for Julian Dennis, Steve West, Madhu Bhabuta and Guy Orpen and discussed the strengths and skills that each of them brought to the Board.
- **Non-executive Director Designates:** There was a discussion about the distinction between the role of NED and the role of NED Observer/Designate, during which the committee noted that both the time commitment and remuneration for NED Designates would be reduced.
- **Non-executive Director Re-appointment – Guy Orpen:** The Committee noted that Guy Orpen had reached the end of his second three-year term of office, and that, according to the NHS Foundation Trust Code of Governance, his appointment could be extended for a further three years 'in exceptional circumstances'. The Committee agreed that having a representative of the University of Bristol on the Board was important for the Board, and agreed with the Chair's recommendation that Guy should be re-appointed for a final three-year term of office. However, they noted that this would need to be subject to annual review and annual re-appointment in line with the Code of Governance, and they asked that succession planning be put in place during the three years.
- **Vice-Chair and Senior Independent Director Appointment:** According to the Trust's constitution, the Council of Governors is required to appoint one of the Trust's non-executive directors to the role of Vice-Chair. The committee noted that the current

Vice-Chair, Emma Woollett, was leaving the Trust on 31 May 2018 at the end of her term of office, and they accepted the Chair's recommendation of the appointment of Jill Youds as Vice-Chair with effect from 1 June 2018.

As Jill was currently the Trust's Senior Independent Director (SID), the Committee also agreed that Julian Dennis be appointed as SID, to be reviewed bi-annually by the Board of Directors in consultation with the Council of Governors. The committee received role descriptions and remuneration details for both Vice-Chair and SID. It was agreed that the committee would receive a complete updated schedule of Board members' portfolios and leadership roles at a future meeting.

Following the meeting the Committee was asked to consider and support two papers circulated by email. Firstly a revised role description for the Non-executive Director (Designate) role and secondly the confirmation of the appointment of Steve West to cover for Alison Ryan's sabbatical, and as a replacement for Emma Woollett at the end of her term of office. Members confirmed their support by email.

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

The following five recommendations from the Committee require approval by the full Council of Governors:

- a) **Re-appointment of Guy Orpen:** The Council of Governors is asked to approve the Committee's recommendation to re-appoint Guy Orpen as non-executive director for a further three-year term of office from 2 May 2018-1 May 2021, subject to annual review and annual re-appointment in line with the Foundation Trust Code of Governance.
- b) **Appointment of Vice-Chair:** The Council of Governors is asked to approve the Committee's recommendation to appoint Jill Youds as Vice-Chair from 1 June 2018 (to be reviewed in line with Jill's term of office).
- c) **Appointment of Senior Independent Director:** The Council of Governors is asked to approve the Committee's recommendation that Julian Dennis be appointed as Senior Independent Director, to be reviewed bi-annually by the Board of Directors in consultation with the Council of Governors.
- d) **Revised role description for Non-executive Designate role:** The Council of Governors is asked to approve the revised role description for the NED Designate role (see Appendix 1).

e) Appointment of Non-executive Director (Designate) to Non-executive Director:

The Council of Governors is asked to approve the appointment of Steve West (NED Designate) to Non-executive Director for the period 1 September 2017 to 31 May 2018 as cover for Alison Ryan, and for the period 1 June 2018 to 31 June 2020 as replacement for Emma Woollett.

Date of next meeting:

07 June 2018

JOB DESCRIPTION

Non-Executive Director (Designate)

Accountable to: Chair of the Trust Board

Role Profile

NHS boards play a key role in shaping the strategy, vision and purpose of an organisation. They hold the organisation to account for the delivery of strategy and ensure value for money. They are also responsible for assuring that risks to the organisation and the public are managed and mitigated effectively. Led by an independent chair and composed of a mixture of both executive and independent non-executive members, the board has a collective responsibility for the performance of the organisation.

Non-executives work as a member of the Board team with the executive members.

The key responsibilities of an NHS Non-executive are:

- helping to plan for the future to improve healthcare services;
- making sure that the management team meets its performance targets;
- making sure that the finance of the organisation are managed properly with accurate information;
- helping the Board to be sure that it is working in the public interest and keeps its patients and the public properly informed;
- serving on important Board committees.

Roles and responsibilities of the Non-executive Director (Designate)

Non-executive directors will work alongside other non-executives and executive directors, however Non-executive Director (Designates) are not formally appointed as board members and will not be eligible to vote. Non-executives use their skills and personal experience as a member of their community to:

- Commit to working to, and encouraging within the trust, the highest standards of probity, integrity and governance
- Provide independent judgement and advice on issues of strategy, vision, performance, resources and standards of conduct and constructively challenge, influence and help the executive board develop proposals on such strategies to enable the organisation to fulfil its leadership responsibilities for healthcare of the local community
- Ensure that patients are treated with dignity and respect at all times, and that the patient is central to Trust decision making
- Ensure that the board sets challenging objectives for improving its performance across the range of its functions
- In accordance with agreed board procedures, monitor the performance and conduct of management in meeting agreed goals and objectives and statutory responsibilities,

including the preparation of annual reports and annual accounts and other statutory duties

- Contribute to ensuring that the trust's internal governance arrangements conform with best practice and statutory requirements
- Ensure that financial information is accurate and that financial controls and risk management systems are robust and defensible and that the Board is kept fully informed through timely and relevant information
- Take an active part in committees established by the board of directors to exercise delegated responsibility
- Assist fellow directors in providing entrepreneurial leadership to the trust within a framework of prudent and effective controls, which enable risk to be assessed and managed
- As a member of board committees, appoint, remove, support, encourage and where appropriate "mentor" senior executives
- Contribute to the determination of appropriate levels of remuneration for executive directors
- Assist fellow directors in setting the Trust's values and standards and in demonstrating a commitment to NHS values.
- Ensure that the organisation values diversity in its workforce and demonstrates equality of opportunity in its treatment of staff and patients and in all aspects of its business
- Engage positively and collaboratively in board discussion of agenda items and act as an ambassador for the trust in engagement with stakeholders including the local community, dealing with the media when appropriate
- Liaise and co-operate with the Council of Governors and have due regard for their opinions, as appropriate.
- Bring independent judgement and experience from outside the trust and apply this to the benefit of the trust, its stakeholders and its wider community
- Lead discussions regarding the strategic development of the Trust and any other material and significant issues facing the organisation.
- Analyse and contribute positively to the strategic development of long-term healthcare plans for the community

Time requirements:

1 day per month comprising board meetings, committees, meetings of the Council of Governors, occasional evening events.

Remuneration:

£6,500 p.a.

Length of appointment:

Up to 3 years.

Essential criteria

- Candidates will need to have a commitment to patients, to the promotion of excellent health care services and have Board experience working across any industry sector but within large and complex organisations.
- Exceptional candidates with other areas of expertise will be considered)

Board level competencies

If you are invited to interview, you will also need to demonstrate the range of competencies required to contribute effectively in this board level role, including:

- **Patient and community focus** - a high level of commitment to patients, carers and the community, and to tackling health inequalities in disadvantaged groups
- **Strategic direction** - the ability to think and plan ahead, to develop a clear vision and enthuse others, balancing needs and constraints
- **Holding to account** - the ability to accept accountability for board performance, and probe and challenge constructively
- **Effective influencing and communication** - a high level of ability to gain support and influence, political acumen
- **Team working** - be committed to working as a team member
- **Self-belief and drive** - the motivation to improve NHS performance and confidence to take on challenges
- **Intellectual flexibility** - the ability to think clearly and creatively, make sense of complexity and clarify it for other people

Overall, successful applicants must have the talent to engineer change but also be able to remember the difference between executive activity and non-executive input, advice and guidance.

**Cover report to the Council of Governors meeting to be held on 26 April 2018
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	26/04/2018
Report Title	Quality Focus Group		
Author	Carole Dacombe, Group 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(s):	12/3/2018

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

Meeting held on 12 March 2018 – Attended by 10 governors

- **Quality and Outcomes Committee Chair's Update**
 - **Quality and Performance Report – February 2018**

Julian Dennis, Non-executive Director and Chair of the Quality and Outcomes Committee, reported to governors the committee's key areas of focus in January and February. These included the Trust's A&E performance in the face of winter pressures, cancer referral rates, sepsis review, fractured neck of femur performance, essential training, staff sickness levels and staff appraisals.

Key issues raised by governors with Julian included questions around the continued sustainability of the Trust's Fractured Neck of Femur service, and concerns about a number of workforce metrics in the Quality and Performance Report. It was suggested that Matt Joint, Director of People, attend a future meeting of the group to discuss with governors the Trust's response to current workforce issues. Governors also questioned the data in the Quality and Performance Report, for example in relation to the variations in the number of ED admissions.

- **Update against Corporate Quality Objectives 2017/18 and Quality Report**

Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness), led this item, which aimed to:

- explain governors' responsibilities in relation to the Trust's annual Quality Report
- enable governors to choose an indicator to be tested by external auditors as part of the annual Quality Report
- update governors on the current progress of the Trust's corporate quality objectives for 2017/18 and seek input into the 2018/19 objectives.

Governors agreed to select non-purposeful omitted doses as the indicator that they would like

the external auditors to test in the 2017/18 Quality Report. Governors also noted that they would be asked to contribute their views to the Annual Quality Report by writing a Governors' Statement.

- **Patient Experience Group Update**

A report of governors' questions to the Patient Experience Group and responses from the group was circulated to governors after the meeting.

- **Presentation – CSSD**

Annette Giles, Head of Central Steam Sterilising Department and Trust Decontamination Manager, gave governors a presentation on the work of the department and the improvement journey that it had undergone over the past six years.

- **Chair of Quality Focus Group 2018/19**

Carole Dacombe agreed to continue in the role of Chair of the Quality Focus Group for 2018/19. The group noted that a deputy chair was also being sought.

Matters referred to other Committees: None

Date of next meeting

11/05/2018

Report to the Council of Governors meeting to be held on 26 April 2018 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		
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 and Transformation
Date of last meeting	14/03/2018

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

Meeting held on 14 March – Attended by 15 governors

- **BNSSG Sustainability and Transformation Partnership:** Governors received a presentation from Laura Nicholas, STP Programme Director, about the partnership's constituent organisations, a summary of the case for change, ambitions for the future and examples of progress to date.
- **2018/19 Operating Plan:** Paula Clarke, Director of Strategy, and Paul Mapson, Director of Finance, presented to governors the latest position in the development of the Trust's Operating Plan for 2018/19, specifically regarding the Trust's rejection of NHS Improvement's Control Total offer, the key issues and risks, and the timeframe for submission of the plan. Governors asked questions about vacancy rates, the risks and benefits of private finance initiatives in the NHS, and shared approaches with Weston on setting the plan for the year.
- **Finance Committee Chair's Update/ Headlines from Finance Director's Report:** Martin Sykes, Non-executive Director, highlighted the areas of focus of the Finance Committee at its most recent meeting, including the committee's scrutiny of the Trust's financial targets and control total, service line reporting, and staffing spend.
- **Partnership Updates:**
 - **CCGs:** Governors were informed that from 1 April 2018 the three existing Clinical Commissioning Groups (Bristol, North Somerset and South Gloucestershire) would merge into a single group, and were currently working through their revised structures.
 - **Weston Partnership update:** Paula Clarke reported to governors that the Boards of

UH Bristol and Weston continued to meet on a monthly basis as part of their formal working partnership. Governors were reminded about the briefing they had already received on work that is currently being done to understand the viability of a merger before progressing to develop a full business case. Governors were advised that there would be a checkpoint report on this assessment at the end of April/early May, with an additional confidential briefing for governors anticipated for May.

- **North Bristol Trust Partnership update:** Governors heard that NBT and UH Bristol continued to meet around specific pieces of work, including exploring a best model of care for Bristol neonatology services.

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:

07/06/2018

10:00-12:00

**Cover report to the Council of Governors meeting to be held on 26 April 2018
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	26/04/2018
Report Title	Constitution Focus Group Meeting Report		
Author	Ray Phipps, Chair of Constitution Focus Group		
Executive Lead	Eric Sanders, Trust Secretary		
Freedom of Information Status		Open	

Reporting Committee	Constitution Focus Group
Chaired by	Ray Phipps
Lead Executive Director	Eric Sanders, Trust Secretary
Date of last meeting	14/03/2018

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

Meeting held on 14 March 2018 – Attended by 14 governors.

The meeting included discussion on the following topics:

Membership Report:

- **Membership engagement:** Governors discussed the main activities that they had agreed should form the scope of the Trust's membership engagement and recruitment activities: monthly Health Matters Events, monthly governor meet and greet stalls in the hospitals, monthly e-newsletter, Voices magazine twice a year, an annual survey to members, and any external events/networking activities that governors wished to undertake. The group discussed the feedback from this year's survey and mailshot in February.
- **Proposed changes to membership constituencies:** Following a discussion about membership constituencies, there was agreement by a majority of governors to support the removal of the split between the public and patient membership constituencies. This would mean that all patient and patient/carer members would be re-categorised as public members and placed in the public constituency classes (Bristol, North Somerset, South Gloucestershire and Rest of England & Wales). A proposal of potential options, including the impact on current governors, would be produced for the next meeting.
- **Youth Involvement Group update** Governors were provided with an update on the recent activities of the Youth Involvement Group.
- **Audit Committee Chair's Report:** Governors received the most recent Audit Committee report.
- **Standard Operating Procedure for External Auditor Appointment:** Governors approved a standard operating procedure for appointing the external auditor.
- **Lead Governor role:** Governors discussed changes to the role description, term of office, and election process for the position of Lead Governor.

- **Other Business:** The committee discussed the Governor Focus Group terms of reference and it was agreed to add provision for the appointment of deputy focus group chairs. Governors were invited to send a representative to meetings of the Trust's Voluntary Services Steering Group.
- **Future topics:** The group agreed to review staff governor vacancies and appointed governor roles at their next meeting on 11 May.

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

11/05/2018

**Cover report to the Council of Governors meeting to be held on 26 April 2018
at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street,
Bristol, BS1 3NU**

		Agenda Item	4.2
Meeting Title	Council of Governors	Meeting Date	26/04/2018
Report Title	Lead governor election		
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Eric Sanders, 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 checked="" 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>Purpose: The purpose of this report is to provide the Council with an update on the election of a Lead Governor for the period 1 June 2018 - 31 May 2019.</p> <p>At the meeting of the Constitution Focus Group in March 2018 governors reviewed both the role description for the Lead Governor and the nomination form, which were slightly amended to allow for a lead governor to take on the role for up to 24 months.</p> <p>A call for a new nominee for the Lead Governor role was issued on 29 March 2018 via email from the membership office to all governors, with a deadline of 6 April 2018 for nominations. Two candidates nominated themselves and were supported by fellow governors. Both nominees indicated that they would be willing to share the lead governor role; subsequently the Council is asked to consider a proposal for a Joint Lead Governor, with the role held by both Malcolm Watson and Mo Phillips. Malcolm Watson has held the position of lead governor since 1 June 2017.</p> <p>The lead governor role is supported by other governors, the Trust Board, Trust Secretary and the Membership Engagement Manager.</p>

Recommendations

Committee Members are asked to:

- **Approve** the nominees

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"/>
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**Cover report to the Council of Governors meeting to be held on 26 April 2018
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	26/04/2018
Report Title	Membership engagement report		
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Eric Sanders, 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><u>Purpose:</u> 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 and a summary of membership engagement activities since the last Council of Governors meeting on 31 January 2018.</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 BACKGROUND

At 16 April 2018, Foundation Trust membership stands at 19,309 members; the breakdown of members by constituency is shown below. This compares with membership at 23 January 2018 of 19,475 members (5,473 public members; 3,765 patient members; 10,237 staff members – the difference is shown in right hand column). The continued slight decline in public and patient membership numbers is a result of a continued proactive approach through the year in seeking updated contact information from public and patient members for whom the membership office only holds a postal address.

Member Type Breakdown	Total	Since 23 Jan 2018
Public Constituencies	5,312	-161
Bristol	2,662	
North Somerset	1,017	
South Gloucester	1,038	
Rest of England and Wales	595	
Patient Constituencies	3,632	-133
Carer of patients 16 years and over	162	
Carer of patients 15 years and under	454	
Patient - Local	3,016	
Staff Classes	10,365	+128
Medical and Dental	1,554	
Nursing and Midwifery	2,941	
Other Clinical Healthcare Professionals	1,951	
Non Clinical Healthcare Professionals	3,919	

2.0 AREAS OF PROGRESS

An update on areas of progress for the membership office and governors over the last quarter is provided under the following headings, 'recruit', 'inform' and 'involve', reflecting the three areas of focus for the membership team discussed with governors through the Constitution Focus Group and in the January 2018 governor development seminar. In the last quarter the main focus of the team has been to establish the now near monthly Health Matters events programme.

RECRUIT

- Membership posters sent to all GP Practice Managers in Bristol, North Somerset and South Gloucestershire in January 2018 (with copies of Voices magazine)
- Governor meet and greet stands in hospital areas – February (Children’s Hospital – hosted by Kathy Baxter and Mo Phillips); March (Bristol Heart Institute – hosted by Rashid Joomun and Mary Whittington).
- Improved use of UH Bristol social media accounts to promote membership and health matters events to members of the public (e.g. using images, links to Eventbrite, Facebook events).

The membership office recorded 11 new members in the last quarter. As detailed in the last membership report to Council of Governors in January 2018, the focus on recruitment is not intended to significantly increase membership, but rather to provide opportunities for members of the public to hear about membership and have access to our governors.

Governors are also using their own networks to promote membership and the membership team is linking with external partners to continue to promote health matters events to the widest possible audience. Opportunities for members of the public to join the Trust as members are promoted through the inpatient Welcome Guide, through the Temporary Staffing Bureau, the Involvement Network, Youth Involvement Group and Voluntary Services. The membership team will be exploring whether there are any opportunities to promote membership through patient communications in the next quarter.

INFORM

- Monthly e-newsletter sent to 2,718 Public/Patients with email addresses (as of 16 April 2018), representing 30% of total membership.
 - o 13 February: Intro by Ray Phipps (including reflections on Council of Governors in January 18), membership survey, Quality Counts event, Healthwatch Bristol annual conference
 - o 20 March: Intro by John Chablo, the Trust’s Digital Exemplar status, Health Matters events, opportunity to contribute ideas to quality objectives for 18/19, date for next Council of Governors meeting
 - o 18 April: Intro by Kathy Baxter, link to strategy survey, NHS at 70, Membership survey feedback, Update from Above & Beyond, Council of Governors meeting papers

The Jan/Feb edition of Voices was sent to members at the end of January and included a cover letter from the Chair, a feedback form for comments or to update address details/unsubscribe and reply paid envelope. The membership office received around 300 feedback forms, and the mainly positive comments have been shared with governors and the communications team. The impact of engaging with members in this way will naturally result in a fall in numbers – and from the feedback

forms we have seen predominantly older members who have been unsubscribing as members.

Governors are now attending the Trust's Patient Experience Group as a mechanism to examine feedback from patients and to work with Healthwatch.

INVOLVE

- Health Matters events (three in the last quarter): 21 February – Hearing loss, introduced by Mo Phillips (around 40 attendees); 6 March – Living with cancer, introduced by Malcolm Watson (around 25 attendees); 12 April – Where next for UH Bristol, introduced by Carole Dacombe (50 attendees).

The 'Where next' event provided governors and members with the opportunity to feed their views into the work going on to refresh the Trust strategy, taking place through 2018.

- Membership survey: Through January and February we ran a short membership survey online, publicised through two membership e-newsletters and through the feedback form in the postal mail out. This survey covered the impact and benefits of membership. There was a small number of respondents (40 in total), reflective of the difficulty in engaging a largely passive audience, however this still provides a useful snapshot. What respondents found to be most beneficial about membership was keeping up to date with the hospital and wider NHS news. Most rated Voices and e-newsletter as good or excellent, but there was less certainty over the impact of Facebook and Twitter. Most members wanted the same level of contact via either Voices or the e-newsletter.

3.0 ASSESSMENT

The Health Matters events programme is gaining traction; over the course of the last couple of events the membership team observed more member-governor and member-member discussions. We have seen improved attendance from younger members in working more closely with the Youth Involvement Group over the last few months and will continue to work together. The Constitution Focus Group will keep track on engagement activities and will review the current activity programme in the summer.

Over the next quarter the membership team will be exploring our relationship with Healthwatch and how we might work together more closely to share/hear 'public views' of our hospitals and services, in particular those from the hard to reach groups. We will be using the celebration of 10 years a foundation trust, alongside the 70th anniversary of the NHS, to further promote membership, and will be keeping our members informed on the impact of the introduction of the General Data Protection Regulations (through the Voices mail out and by e-newsletter).

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 26 April 2018
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	26/04/2018
Report Title	Governor compliance, training and development report		
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Eric Sanders, 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 Council of Governors has responsibilities set out in the <i>Health and Social Care Act 2012</i>. The Act specifies that Foundation Trusts are required to take steps to ensure governors are equipped with the skills and knowledge they require to discharge their responsibilities. The attached report provides an overview of the following areas:</p> <ul style="list-style-type: none"> • The current composition of the Council of Governors • Any updates in regards to governor compliance with constitutional requirements • A summary of governor training and development in the last quarter.

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 with constitutional requirements and a summary of development opportunities for governors to help them perform the statutory duties of governors effectively.

2.0 BACKGROUND

Composition

As of 16 April 2018 there were 33 governors in post and three vacancies. The vacancy in the staff governor constituency (medical and dental) was open for election at the time of writing, with the nomination period closing on Thursday 19 April 2018. The other two vacancies remain in the longstanding appointed governor vacancy with the Avon & Wiltshire Mental Health Partnership NHS Trust and the patient governor constituency. Governors will review appointed governor roles in the Constitution Focus Group in May along with the potential merger of the public and patient constituencies, and will report back to Council in July.

Constitutional requirements

Most governors have updated their entry in the Governors' Register of Business Interests for the new financial year, attached as item 8.2.

Governor training and development

The Trust's 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 held within the Trust, alongside external training opportunities, as follows:

- There has been one Governor Development Seminar in this period, which took place on 10 April 2018 and was attended by 16 governors. This session provided an update on the Trust's digital strategy, and update from appointed governor Marty McAuley on the South Western Ambulance Service, a safeguarding training refresh, and importantly, an opportunity for governors to share their views in discussions on the future strategy/priorities for UH Bristol hospitals and services with executive director Paula Clarke.
- Training session on Quality and Performance report – help for governors to understand the content so that they can better hold non-executive directors to account. This session was intended as the first in a series with future dates to be confirmed in the coming weeks.
- One governor attended a training event for governors in London on NHS Finance and Business Skills hosted by NHS Providers on 6 February 2018.

All governors are kept updated on national issues by NHS Providers, the national membership organisation and trade association for NHS trusts, through regular e-newsletters (the last issued on 29 March 2018). Patient governor Graham Papworth is currently standing for election for the NHS Providers' Governor Advisory Committee, with the election result anticipated in early May 2018.

3.0 ASSESSMENT

A total of 15 governors completed a skills assessment during February 2018 and the results of this are being used to inform the 2018/19 training and development programme. The aim for the coming year is to further develop the skills of the governing body in alignment with Board development plans, and in relation to governors' statutory responsibilities, while also making more effective use of individual skills and experience (e.g. chairing meetings, public speaking, marketing) to support the work of the membership office.

4.0 RECOMMENDATIONS

Members are asked to:

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

**Report to the Council of Governors meeting to be held on 26 April 2018 at
 14:00 in the Conference Room, Trust Headquarters, Marlborough Street,
 Bristol, BS1 3NU**

		Agenda Item	7.1b
Meeting Title	Council of Governors	Meeting Date	26 April 2018
Report Title	Quarterly Complaints Report (Quarter 3)		
Author	Tanya Tofts, Patient Support and Complaints Manager		
Executive Lead	Carolyn Mills, Chief Nurse		
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

Purpose

To provide the Council of Governors with information about complaints received during the third quarter of 2017/18, the Trust's performance in handling those complaints, and assurance about how Divisions have been responding to any 'hot spots' identified.

Summary of performance in Quarter 3

	Q3	
Total complaints received	407	↓
Complaints acknowledged within set timescale	99.3%	↓
Complaints responded to within agreed timescale – formal investigation	85.4%	↑
Complaints responded to within agreed timescale – informal investigation	73.8%	↑
Proportion of complainants dissatisfied with our response (formal investigation)	10.4%	↑

In Q3:

- The most common causes for complaint related to 'clinical care'. This represents a change from the most common theme of 'appointments and admissions in Q2 and 'attitude and

communication' in Q1.

Improvements in Q3:

- There were notable reductions in the number of complaints received by the Bristol Heart Institute (BHI) Waiting List Office and the BHI Outpatients Department compared to quarter 2.
- Fewer complaints were received about 'appointments and admissions'.
- Although December is traditionally a quiet month for complaints, nonetheless this was the first month since July 2013 when the number of complaints received by the Trust fell below 100.

However:

- There was a rise in the number of complaints received by the Division of Surgery in respect of staff attitude and communication.
- Although complaints about the Bristol Dental Hospital fell marginally in quarter 3, levels of complaints about the service remain high.
- The proportion of cases which breached the agreed deadline for a response reduced in quarter 3 but remains too high; there were 30 breaches of formal complaint response deadlines and 54 breaches of informal complaint response deadlines during the quarter.
- There is an emerging trend away from informal resolution of complaints and towards the formal resolution process. Further work is needed to understand the reasons for this pattern.

Corporate plans include:

- A meeting between corporate and divisional complaints leads, scheduled for April, to agree a plan for improving the timeliness of complaints responses.

Please click the link below to view the full report:

<http://www.uhbristol.nhs.uk/patients-and-visitors/support-for-patients/patient-support-and-complaints/>

Recommendations

Governors are asked to:

- **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 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	Public Trust Board 29 March 2018
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**Report to the Council of Governors meeting to be held on 26 April 2018 at
 14:00 in the Conference Room, Trust Headquarters, Marlborough Street,
 Bristol, BS1 3NU**

		Agenda Item	7.1b
Meeting Title	Council of Governors	Meeting Date	26 April 2018
Report Title	Quarterly Patient Experience Report (Quarter 3)		
Author	Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness)		
Executive Lead	Carolyn Mills, Chief Nurse		
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><u>Purpose</u></p> <p>To provide the Council of Governors with an update of survey data relating to service-user experiences at UH Bristol and key Patient and Public Involvement activity being carried out at the Trust.</p> <p><u>Key issues to note</u></p> <p>Overall, all of UH Bristol's headline Trust-level patient satisfaction survey measures were above their target levels in Quarter 3, indicating the continued provision of a high quality hospital experience.</p> <p>The Bristol Royal Hospital for Children also received a very positive set of results in the Care Quality Commission 2016 National Children's Survey (released in Quarter 3), including:</p> <ul style="list-style-type: none"> • An overall experience rating among the top three trusts nationally • The joint top score nationally from parents of younger children (0-7 years) in respect of whether they felt that they were treated with respect and dignity • Recognition from the Care Quality Commission that the Trust was among the best

performers nationally in relation to parent-reported experience.

In Quarter 3, Ward A528 (Division of Medicine / care of the elderly) received relatively low survey scores in UH Bristol's corporate survey programme. A full review of the survey data for the ward has been carried out by the Patient Experience and Involvement Team, but no consistent theme could be identified that would account for these low scores (furthermore, there was no corresponding "spike" in complaints during this period). In discussion with the Head of Nursing for the Division and the ward's Matron, no underlying cause for these results could be identified, and it is not reflective of other quality data reviewed by the Division. In order to better understand these results, members of the UH Bristol *Face2Face* volunteer interview team will visit the ward in early April 2018 to talk to patients and families. Further actions will be identified if necessary following those conversations.

As noted in previous Quarterly Patient Experience and Involvement Reports, South Bristol Community Hospital has consistently received below average survey scores in the Trust's corporate survey programme. This is consistent with evidence at a national level which suggests that this, at least in part, is due to the challenges of providing a positive experience for long-stay patients with complex / chronic conditions. However, there has been a focus on improving these scores by the management team and staff at the hospital, including in collaboration with Healthwatch Bristol. Quarter 3 saw a further improvement in the South Bristol Community Hospital survey scores, with the "kindness and understanding" measure achieving the Trust's minimum target score (90/100). The composite "inpatient survey tracker" survey score remained below the target level for the hospital, but also appears to be on an improvement trend.

The Outpatient Friends and Family Test survey response rate for Quarter 3 was 5.8% against a target of 6%. This was due to a particularly low response rate in December 2017 (4.1%). UH Bristol's primary approach to this element of the Friends and Family Test is via SMS text message. There was a one week "suspension" of text messages by the Trust's Patient Experience and Involvement Team over the Christmas period, as this is a particularly sensitive time of year to send out hospital surveys. The SMS surveying was reinstated from 1 January and the response rate target moved back above the target level.

A range of Patient and Public Involvement activities took place at the Trust in Quarter 3, including:

- Through the Trust's "Involvement Network", a group of Sixth Form students from Ashton Park School visited UH Bristol. The students all had some degree of learning disability or additional educational need. Over the course of the day these "hospital detectives" were able to give the Patient Experience and Involvement Team insights into what it feels like to visit clinical and non-clinical areas of the Trust. Insights from this work will be shared with the Trust's Patient Experience and Inclusion Group in Quarter 4, to identify specific improvement actions.
- In January 2018, members of our Involvement Network joined Trust members, staff and Governors to discuss what they consider to be the quality priorities for UH Bristol. These priorities included a continued focus on developing a customer care mind-set and an emphasis on developments that improved accessibility to services for people with a physical or sensory impairment. This will help to inform the Trust's annual Quality Objective setting process.

Please click the link below to view the full report:

<http://www.uhbristol.nhs.uk/patients-and-visitors/patient-experience-and-involvement/what-patients-tell-us-about-uh-bristol/>

Recommendations

Governors are asked to:

- **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 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	Public Trust Board 29 March 2018
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**Cover report to the Council of Governors meeting to be held on 26 April 2018
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	26/04/2018
Report Title	Governors' Log of Communications		
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Eric Saunders, 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><u>Purpose:</u> 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 checked="" type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Public	<input checked="" type="checkbox"/>

ID **Governor Name**

198 John Rose

Theme: Patient safety**Source:** Governor Direct

Query **14/03/2018**

Recent media coverage seems to suggest that surgeons (and doctors) can carry out procedures with only themselves aware of their histories of success or otherwise. What processes are in place to monitor the effectiveness and safety of medical and surgical activities at UH Bristol?

Division: Trust-wide**Executive Lead:** Medical Director**Response requested:** 28/03/2018**Response** **11/04/2018**

We have a system for proactively monitoring our quality intelligence data for any potential outlier alerts which need further investigation. Where a potential alert is identified this is reviewed to see if it is statistically significant, that coding and mode of admission data is accurate and, if both, then a clinical review of the care of the patients which comprise the alert is undertaken. Where possible we triangulate the information with other data sources if they are available to us, such as national clinical audits, serious incident investigations, mortality review process. Occasionally we receive outlier alerts from third parties such as the CQC who may use slightly different datasets and statistical methodology. Increasingly when this occurs we are finding that we are already aware of a similar outlier alert which has already been investigated and, if relevant, improvement actions are in place or is being investigated.

Status: Awaiting Governor Response

ID **Governor Name**

197 Neil Morris

Theme: Cancelled operations

Source: Governor Direct

Query 29/01/2018

I understand that as a result of adult services being in the highest levels of escalation the Trust informed staff members that “in line with our winter plan, we are cancelling elective, non-urgent operations”. I can see the process for cancelling, but not what the recovery process is for these additional cases which will be added onto the upcoming workload. What assurance can you provide that there is a recovery plan in place to ensure that the ripple effect from cancelled operations does not spread too far into the new year.

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 09/02/2018

Response 09/02/2018

The elective cancellations for surgery fall into three defined categories, elective pacing, last minute cancellation on the day (LMC), and electives cancelled in advance of the date of surgery.

The Surgery and Specialised Divisions are keeping daily records of all patients from the above three groups and we have requested that the cancellation list is prioritised to ensure the most urgent cases are identified and rebooked in the shortest possible timeframe.

We have a plan in place to rebook and deliver the cancelled operations, where the plan to recover the position with additional capacity was initially targeted for April 18, but this plan needs to be flexible and meet the changing and conflicting demands of winter pressures. We have extended the period of elective pacing into the middle of February, where we will review the current arrangements and decide as to whether a further period of pacing is required, to reduce bed occupancy and reduce the LOS.

We are able to share the modelling plan for elective pacing and the requirements for recovery, should additional assurance be required and once we have an defined period of stability, we will be in a position to provide further clarity on the time required to recover the surgical elective position.

Status: Awaiting Governor Response

ID **Governor Name**
196 Graham Papworth

Theme: Contractors

Source: Governor Direct

Query **23/01/2018**

Does Carillion going into liquidation have any impact on UH Bristol? And, in light of this situation, does UH Bristol have contingency plans in place in case any key contractors the trust is dependent on get into difficulties?

Division: Trust Services

Executive Lead: Chief Operating Officer

Response requested: 06/02/2018

Response **20/02/2018**

There is no significant impact as we have no substantial building contracts with Carillion, nor any other substantial (over £500,0000) contracts with other contractors. We undertake a careful selection of procurement routes and contractors to deliver higher value schemes and will continue to do so.

Status: *Awaiting Governor Response*

**Cover report to the Council of Governors meeting to be held on 26 April 2018
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	26/04/2018
Report Title	Governors' Register of Business Interests		
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Eric Saunders, 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	
<u>Purpose:</u> The purpose of this report is to provide governors with an updated Register of Governors' Business Interests to note.	
Recommendations	
Governors are asked to: <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 checked="" type="checkbox"/>
Governors	<input checked="" type="checkbox"/>
Staff	<input checked="" type="checkbox"/>
Public	<input checked="" type="checkbox"/>

Governors' Register of Business Interests 2018

First Name	Surname	Trust Position	Interest role	Is the interest remunerated?	Date of declaration
Hussein	Amiri	Governor – Public, Rest of England and Wales	None	n/a	10/7/17
Kathy	Baxter	Governor – Patients, Local	Freelance lecturer on sight awareness for various organisations including UWE.	Usually voluntary, occasionally paid.	17/4/18
Pauline	Beddoes	Governor – Public, South Gloucestershire	None	n/a	6/4/18
Sujan	Canagarajah	Governor – Appointed, Youth Involvement Group	None	n/a	3/12/17
John	Chablo	Governor – Patient, Carer	None	n/a	9/4/18
Siobhan	Coles	Governor – Appointed, Youth Involvement Group	None	n/a	27/10/17
Andy	Coles-Driver	Governor – Other Clinical Healthcare Professional	None	n/a	5/4/18
Carole	Dacombe	Governor – Public, Bristol	Volunteer Association Visitor for the Motor Neurone Disease Association (since April 2016)	n/a	10/4/18
Tom	Frewin	Governor – Public, Bristol	None	n/a	17/4/18
Jenny	James	Governor – Public, Bristol	None	n/a	5/4/18
Sophie	Jenkins	Governor – Appointed, Joint Union Committee	1. Vice-chair of UNISON trade union. 2. Joint Union Committee Officer		1/6/17
Carole	Johnson	Governor – Appointed, Bristol City Council	1. Councillor for Ashley Ward 2. Governor Easton Primary School 3. Governor St Patrick's School 4. Governor Hope Virtual School 5. Trustee The Sanctuary Church		23/9/16

Governors' Register of Business Interests 2018

First Name	Surname	Trust Position	Interest role	Is the interest remunerated?	Date of declaration
			6.Magistrate Adult Bristol Court 7.Magistrate Family Court (South West) 8.Vice-Chair Neighbourhood Partnership Scrutiny Committee		
Rashid	Joomun	Governor – Patients, Local	None	n/a	17/4/18
Florene	Jordan	Governor – Staff, Nursing and Midwifery	None	n/a	17/4/18
Astrid	Linthorst	Governor – Appointed, University of Bristol	1.Current Employee of University of Bristol (since 2003) 2. Chair Scientific Programme Committee European College of Neuropsychopharmacology (ECNP) and Ex-Officio Member ECNP Executive Committee (2014-2018) 3. Scientific Expert Wellcome Trust/Education Endowment Foundation Committee 'Education and Neuroscience' (2014-2019) 4. Lives in the Kingsdown Conservation Area	1.Yes 2.Expenses 3.Expenses/honorarium 4. No.	17/4/18
Marty	McAuley	Governor – Appointed, South Western Ambulance Service NHS FT	1. Employed by South Western Ambulance Service NHS FT as Trust Secretary (since Nov 2014) 2. Wife works for NEW Devon CCG 3. Brother-in-law works for KPMG Manchester	1.Yes 2-3 n/a	10/4/18
Sue	Milestone	Governor – Patients, Carers (patients 16 years and over)	1.Member of Council - Co-operative Group 2.National Executive Committee - Co-operative Party 3.Trustee - Bristol Community Land Trust 4.Trustee - Upper Horfield Community Trust 5. Board Member - Lower Severn Internal Drainage Board 6.Committee Member - Bristol City Council		22/8/17

Governors' Register of Business Interests 2018

First Name	Surname	Trust Position	Interest role	Is the interest remunerated?	Date of declaration
			Public Rights of Way and Greens Committee		
Neil	Morris	Governor – Staff, Non-clinical	None	n/a	9/4/18
Sally	Moyle	Governor – Appointed, University of the West of England	Employed by University of the West of England as Associate Dean (Partnerships) in the Faculty of Health and Applied Science.	Yes	11/4/18
Graham	Papworth	Governor – Patient, Carers (patients under 16)	Director of Agylia Group Ltd, working with NHS England/NHS Digital to create health training applications for a range of NHS organisations.	Yes	17/4/18
Penny	Parsons	Governor – Public – North Somerset	Vice-chair of Tyntesfield Medical Group Patient Participation Group	No	17/4/18
Maureen (Mo)	Phillips	Governor – Public – Bristol	None	n/a	5/4/18
Ray	Phipps	Governor – Patients, Local	Daughter is employed by pharmaceutical company Avara Pharma Services Ltd as quality control manager at bulk manufacturing plant.	No	7/4/18
Jo	Roberts	Governor – Staff, Nursing & Midwifery	None	n/a	11/4/18
John	Rose	Governor – Public, North Somerset	Volunteer with Healthwatch with specific interest in North Bristol Trust Patient Experience Group chaired by the Director of Nursing (since 2014)	No	7/4/18
Jonathan	Seymour-Williams	Governor – Public, Rest of England and Wales	Shareholder and Director of IDSL an independent sub contract manufacturer of fire-doors for Private and Public sector new build	Yes	6/4/18
John	Sibley	Governor – Patient, Local	None	n/a	12/7/17
Tony	Tanner	Governor – Public, Rest of England and Wales	None	n/a	5/4/18

Governors' Register of Business Interests 2018

First Name	Surname	Trust Position	Interest role	Is the interest remunerated?	Date of declaration
Malcolm	Watson	Governor – Public, South Gloucestershire	1.Member NHS SW Clinical Assembly 2.Member NBT Patient Experience Group 3.Member GP Practice PPG	n/a	6/4/18
Jane	Westhead	Governor – Staff, Non-clinical	Trustee of 'Up our Street' (since 2014)		12/4/18
Mary	Whittington	Governor – Public, Bristol	1. Employee of Ryhurst Ltd – currently on zero hours contract as Business Development Consultant (includes occasional assistance with bid submissions for strategic estates partnerships with NHS FTs – Since 2003) 2. Trustee, Carers Support Centre, Bristol and South Glos (since May 2017) 3. Trustee, BRACE (since June 2017) 4. Member of North Bristol NHS Trust 5. Daughter is a trainee Public Health Consultant employed by the NHS in the Manchester area.	1. Yes 2-5 No	5/4/18
Garry	Williams	Governor – Patients, Carers (patients 16 years and over)	1.Member South Central Ambulance NHS FT 2.Member of Great Ormond Street NHS FT 3.Member of Berks Healthcare NHS FT 4.Member of Frimley NHS FT. 5.Retired Officer, Army & TA 6.Life member, Homefarm Trust Charity 7.Annual member, National Autistic Society 8.Member of the Royal British Legion 9.One daughter is a senior HR manager at Harefield and Brompton NHS FT. Another is a Quality Inspector/Validator for National Construction Group.	n/a	18/4/18