NHS
University Hospitals Bristol
NHS Foundation Trust

COUNCIL OF GOVERNORS

Meeting to be held on Thursday 31 January 2019 at <u>14:00-16:00</u> 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	*Chair*	Verbal
1.2	Declarations of Interest	Information	*Chair*	Verbal
1.3	Minutes of the last meeting held on 31 October 2018	Approval	*Chair*	p.3
1.4	Matters arising (Action Log)	Approval	*Chair*	p.15
1.5	Chair's Report	Information	*Chair*	Verbal
2.0	**Performance Update and Strategic Outlook**			
2.1	Chief Executive's report	Information	*Chief Executive*	Verbal
2.2	Quarterly Patient Experience and Complaints Reports	Information	*Chief Nurse*	Attached as supporting information
3.0	**Holding Non-Executive Directors to account**			
3.1	Holding to account report	Assurance	*Membership Manager*	p.16
4.0	**Non-Executive Director appointments (appraisal/review)**			
4.1	Nominations and Appointments Committee report	Information	*Chair*	p.18
4.2	Non-Executive Director Appointments Process	Approval	*Deputy Trust Secretary*	p.19
5.0	**Constitutional/forward plans**			
5.1	Governor Group reports a) Quality Focus Group b) Constitution Focus Group	Assurance	*Governor Group Leads*	p.24
6.0	**Member/Public interests**			
6.1	Membership engagement report (including membership representation report)	Information	*Membership Manager*	p.29
6.2	Governor Elections report	Information	*Membership Manager*	p.38

7.0	Training and development			
7.1	Governor training and development report	Information	*Membership Manager*	p.40
8.0	**Items for Information**			
8.1	Governors' Log of Communications	Information	*Chair*	p.42
8.2	Annual Cycle of Business for Council of Governors meetings 2019/20	Information	*Chair*	p.55
9.0	**Concluding Business**			
9.1	Governor Questions to the Board of Directors	Information	*Chair*	Verbal
9.2	Foundation Trust Members' Questions	Information	*Chair*	Verbal
9.3	Any Other Business	Information	*Chair*	Verbal
9.4	Date and time of next meeting Tuesday 30 April 2019, 2pm-4pm, Conference Room, Trust HQ	Information	*Chair*	Verbal

Minutes of the Council of Governors Meeting held on 31 October 2018 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, BS1 3NU

Present

Jeff Farrar - Chair
Mo Phillips – Public Governor (Joint Lead Governor)
John Rose – Public Governor
Carole Dacombe – Public Governor
Tony Tanner – Public Governor
Jonathan Seymour-Williams – Public Governor
Mary Whittington – Public Governor
Ray Phipps – 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
Andy Coles-Driver – Staff Governor
Jane Sansom – Staff Governor
Sophie Jenkins – Appointed Governor (Joint Union Committee)
Sally Moyle – Appointed Governor (University of the West of England)
Astrid Linthorst – Appointed Governor (University of Bristol)

In Attendance

Robert Woolley – Chief Executive
Mark Smith – Chief Operating Officer and Deputy Chief Executive
Paul Mapson – Director of Finance and Information
Carolyn Mills – Chief Nurse
William Oldfield – Medical Director
Paula Clarke – Director of Strategy and Transformation
Lynn Lane – Interim Deputy Director of People
David Armstrong – Non-executive Director
Martin Sykes – Non-executive Director
Alison Ryan – Non-executive Director
Julian Dennis – Non-executive Director
Eric Sanders – Trust Secretary
Kate Hanlon – Membership Engagement Manager
Chris Smith - Good Governance Institute
Clive Hamilton – Foundation Trust Member
Idwal Baines – Foundation Trust Member

Minutes: Sarah Murch – Membership and Governance Administrator

Minute Ref:	Item	Actions
COG39/10/18	**1.1 Chair's Introduction and Apologies**	
	The Chair, Jeff Farrar, welcomed everyone to the meeting. He asked governors to note that Chris Smith from the Good Governance Institute was observing the meeting as part of the Well-Led Governance Review, an external review of the Trust's governance and leadership.	
	Apologies had been received from:	

	Governors: Malcolm Watson, Kathy Baxter, Pauline Beddoes, Tom Frewin, Jenny James, Sue Milestone, Penny Parsons, Jane Westhead, Barry Lane, and John Sibley. **Board of Directors and others**: Matt Joint (Director of People), John Moore (Non-executive Director), Jill Youds (Non-executive Director), Guy Orpen (Non-executive Director and Steve West (Non-executive Director).	
COG40/10/18	**1.2 Declarations of Interest**	
	In accordance with Trust Standing Orders, all those present were required to declare any conflicts of interest with items on the meeting agenda. There were no declarations of interest.	
COG41/10/18	**1.3 Minutes from Previous Meeting**	
	Governors considered the minutes of the meeting of the Council of Governors held on 27 July 2018 and the minutes of the Annual Members' Meeting on 13 September 2018. **Members RESOLVED to:** • **Approve** the minutes of the Council of Governors meeting held 27 July 2018 as a true and accurate record of the proceedings. • **Note** the minutes of the Annual Members' Meeting on 13 September 2018.	
COG42/10/18	**1.4 Matters Arising/Action Log**	
	Governors received the action log and noted updates against all actions.	
COG43/10/18	**1.5 Chair's Report**	
	This was a standing agenda item to enable the Chair, Jeff Farrar, to update governors on his activity in the last quarter and his current reflections, including: • His activity outside the Trust had included meetings with other Chairs of partner organisations in the region and involvement in non-executive director and Chair recruitment at neighbouring Trusts. The Trust's Board had also recently held a Board-to-Board meeting with Weston Area Health NHS Trust. Meetings with the Chair of South Gloucestershire Council, the Leader of North Somerset Council, and the three Bristol MPs were in the diary. At a recent meeting with Marvin Rees, Mayor of Bristol, he had discussed UH Bristol's positioning in the wider debate around the Mayor's One City Vision. • Within the Trust, Jeff Farrar had attended the junior doctors' forum and had spent some time visiting various areas of the hospitals, including the sexual health clinic, Bristol Dental Hospital, and the Bristol Heart Institute intensive care unit. He had spent several hours with the Trust's porters, in porters' uniform, and had found it useful as Chair to see the workings of the Trust through a different lens. He had chaired consultant interviews, and had been impressed with the quality of candidates, and had specifically asked them a question about their work to improve equality, difference and diversity in their time at the Trust. He had been involved in the Trust's celebrations of	

Black History Month last month with a visit from the Deputy Mayor of Bristol and a talk from the Trust's first black sister who had retired in 1990. He had chaired the Trust's AGM/Annual Members' Meeting in September, and the Board had also established a new People Committee in September to focus on workforce issues.

He invited governors to join him in further hospital walk-rounds. Garry Williams expressed interest in this and also in taking part in walk-rounds with people other than the Chair.

Members RESOLVED to:
- **Receive** the Chair's Report to note.

COG44/10/18	**2.1 Chief Executive's Report**

Robert Woolley, Chief Executive provided a verbal update to governors including the following:
- The Board had just carried out its quarterly Divisional Reviews with the leadership of the Trust's six divisions (Medicine, Surgery Head and Neck, Women's and Children's, Specialised Services, Diagnostic and Therapies, and Trust Services). A common theme emerging was that of increasing demand coupled with workforce recruitment and retention issues, which was resulting in high locum and agency staff costs. To support delivery of the annual financial plan, reserves had been released. This meant that these funds were now not available to help manage through winter if required and increased the potential risk to the overall Trust position.
- In relation to clinical quality, the Trust was performing well overall, but was continuing to find it a challenge to meet Emergency Department waiting time targets. Attendance was already increasing so the Trust was putting in place escalation protocols in advance of the winter.
- The Trust was looking forward to the outcome of this month's Well Led Governance Review and the outcome of a likely Care Quality Commission inspection between January and March 2019.
- The Trust was working closer together with others in the region through the Healthier Together/Sustainability and Transformation Partnership (STP), and the pace of progress was speeding up. All 13 STP organisations in the region had now agreed to work towards becoming an Integrated Care System. This would mean more collaborative working based on the principles of improving care in the community, improving primary care support, and improving social care, with the long-term aim of keeping people out of hospital as far as possible.
- Plans for the coming year included a response to the expected content of the new NHS ten-year plan that was currently being written. This was likely to include changes to next year's tariffs, in particular funding for urgent and emergency care.
- Partnership working with Weston Area Health NHS Trust continued. The Clinical Commissioning Group for Bristol, North Somerset and South Gloucestershire had issued a leaflet today describing the case for changing services in Weston-super-Mare. By January the CCG would produce a Pre-consultation Business Case with options that would go to

public consultation on a range of possible configurations of services at Weston General Hospital with a greater focus on integrated primary and community care supporting hospital care.

- **Fire in Bristol Haematology and Oncology Centre**: As requested by governors, Robert Woolley provided an update into the investigations into the fire in May at the Bristol Haematology and Oncology Centre (BHOC). The Avon Fire and Rescue Service report into the fire had still not been received, but a report summarising the findings of several other different investigations and reviews into the incident had been made public and shared with governors. The Audit Committee had since received an update on the Trust's action plans and had noted that most, but not all, actions were on track, including the establishment of a new Trust Fire Safety Committee. The Quality and Outcomes Committee had received a report from NHS England on emergency preparedness and response and was monitoring its action plan and recommendations. External advice had been sought from Capitec (the authorised engineers for fire safety in the Trust) on the Trust's risk assessment approach. While Capitec had concluded that the Trust's approach was broadly correct, they had identified areas that required attention, particularly the smoke dampers in the ventilation system and the fixed wiring inspection regime. They had also recommended re-inspection of works that had been done. Above and Beyond had agreed to fund a thankyou event on 21 November for all staff who had been caught up in the fire to express gratitude for the remarkable steps they had taken to make sure that patients were safe.

The discussion that followed included the following questions:

- In response to a question from Andy Coles-Driver about the nature of counselling provided for the staff involved, Robert Woolley confirmed that the Trust's clinical psychology resources had been used to support staff in group events and that individual support had also been made available on request.

- Garry Williams asked that the Trust's meeting with the MPs include appropriate reference to the need to tackle the challenges faced by the health service in Weston-super-Mare. Robert Woolley confirmed that this would be included in the discussion. While UH Bristol were meeting the three Bristol MPs, the Clinical Commissioning Group were also working closely with the MPs in North Somerset to make sure that they understood the case for change.

- Carole Dacombe sought assurance that the Trust was giving appropriate attention to the impact on regular staff of the use of agency staff, rather than just the financial impact. Robert Woolley provided reassurance that the Board were aware of this, adding that as the issue was not unique to UH Bristol, he was working closely with others in the region to design a system-wide workforce plan. This would include a proactive approach of developing new types of staff in new roles who the Trust could train itself.

- John Rose commended the Board on the openness of the Trust evident

	through the public report on the investigations into the BHOC fire and asked that his continuing interest in single point failures and risk issues be noted. • Ray Phipps asked whether governors would receive a further update in relation to the potential merger between UH Bristol and Weston Area Health NHS Trust. Robert Woolley committed to keep governors up to date, but added that the timescales were still dependent on the Clinical Commissioning Group's Healthy Weston Pre-consultation Business Case and consultation which would start in January. • Florene Jordan requested that communications to staff relating to major incidents be thoroughly reviewed to ensure that information received was as helpful as possible. This was noted. **Members RESOLVED to:** • **Receive** the Chief Executive's report to note. • **Receive** update on merger between UH Bristol and Weston Area Health Trust to be scheduled for a future meeting.	**Membership Manager**
COG45/10/18	**2.2 Quarterly Patient Experience and Complaints Report**	
	Carolyn Mills, Chief Nurse, noted that the Patient Experience Report and the Complaints report were Quarter 1 reports that had been received by the Public Trust Board meeting in September. There were no questions. It was noted that governors could also direct any questions on these reports through their Patient Experience Group governor representatives. **Members RESOLVED to:** • **Receive** the report to note.	
COG46/10/18	**3.1 Holding to Account Report**	
	This report was a standing item which provided a summary of the ways in which the governors had fulfilled their statutory duty of holding non-executive directors to account in the last quarter. The forums for doing this had included Governor-NED Engagement sessions and meetings of the Nominations and Appointments Committee. **Members RESOLVED to:** • **Receive** the report to note.	
COG47/10/18	**4.1 Nominations and Appointments Committee**	
	Jeff Farrar, Chair of the Nominations and Appointments Committee, asked governors to note the report of the meeting on 10 September. There were four recommendations from the committee that required approval by the whole Council of Governors: - to approve the Committee's recommendation to re-appoint John Moore for a final year of office as Non-Executive Director (1 January -31 December 2019).	

	- to approve the Committee's recommendation that there should be no change in remuneration for non-executive directors at the Trust this year. - to approve the amended Terms of Reference for the Nominations and Appointments Committee (Appendix 1). - to approve the appointment of Jane Sansom (Staff Governor) to the Committee and the re-appointment of the other committee members as follows: Jeff Farrar (Chair), Malcolm Watson, Jonathan Seymour-Williams, Mo Phillips, Carole Dacombe, Garry Williams, Kathy Baxter, Rashid Joomun, Tony Tanner, Florene Jordan, Marty McAuley and Sophie Jenkins. Governors approved all four recommendations. **Members RESOLVED to:** • **Receive** the report to note. • **Approve** the four recommendations as detailed above.	
COG48/10/18	**Governor Group Reports**	
	Written reports had been circulated for each of the three governor groups: the Quality Focus Group, the Governors' Strategy Group, and the Constitution Focus Group. a) Quality Focus Group Carole Dacombe, Chair of the Quality Focus Group, introduced a summary report of the meeting on 10 September 2018. In an update on discharge planning, governors had been interested to hear about the new Integrated Care Bureau initiative. They had asked for a further update in six months' time to find out whether its expected benefits were being realised by patients, carers and families. Governors were conscious that the work of the STP/Healthier Together would be essential in this area to speed up discharge processes, ensure effective communication between organisations and to standardise systems and paperwork. The Group had received reports from Julian Dennis, the Chair of the Quality and Outcomes Committee, and governors had sought assurance on the work of the committee and the Trust's performance. The sessions that had been organised for governors to help them in their understanding of the Quality and Performance Report were also much appreciated. The Group now received quarterly update reports on the progress of the Trust's Quality Objectives for 2018/19. They had been disappointed with the sparsity of information about the objective to improve telecommunications issues, and were now seeking further assurance on this issue. The Group were very interested in hearing about the work of the Board's new People Committee and would review whether they were able to give this sufficient time within the current meeting structure. b) Governors' Strategy Group Graham Papworth, Deputy Chair of Governors' Strategy Group, reported back	

from the meeting held on 10 September. Martin Sykes, Chair of the Finance Committee had updated governors on the headlines from the committee including overspend controls and dermatology outsourcing. Governors had received a presentation about the renewal of the Trust's strategy. Mary Whittington, governor representative on the Trust's IDEA (Image, Design, Environment, Arts) Group had updated governors on Trust's new arts programme. The group had also received updates in relation to the Trust's strategic capital programme to 2023, and on the Trust's partnership working with Weston Area Health NHS Trust, North Bristol NHS Trust and with others in the area through Healthier Together/STP.

- Clive Hamilton, Foundation Trust member, requested more information about the outsourcing of dermatology services. Mark Smith, Deputy Chief Executive and Chief Operating Officer, explained that this had only related to a small fraction of the service, it had been a capacity issue that had arisen when the Trust had taken on additional work from another Trust, and it had now been decommissioned.

c) Constitution Focus Group

Mo Phillips, Deputy Chair of the Constitution Focus Group, reported back from the group's meeting on 10 October. The main topic of discussion at the meeting had been the proposed changes to membership constituencies and governor numbers.

These changes and the reasons for making them had been discussed on several occasions previously. The aim was to achieve representation on the Council of Governors that was proportional to membership. The Group had agreed several recommendations which now needed a decision by Council of Governors:

- *to keep the number of staff governor seats as 6 (unchanged from the present number)*

- *to reduce the number of appointed governor seats to 6: removing the Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) seat and the South West Ambulance Service NHS Foundation Trust (SWASFT) seat.* The group had been satisfied that the Trust's partnerships with these organisations were now covered adequately through the STP. From a practical point of view, it had been difficult for these governors to attend meetings, and the AWP seat had been a long-standing vacancy.

The group had however acknowledged the contribution of Marty McAuley (SWASFT Appointed Governor since June 2017), and in particular his well-received presentation at a recent governor seminar.

- *to proceed with the merger of the patient and patient/carer membership constituencies into the public constituencies.* This had been agreed subject to a commitment from the Chair that the issue of carer support within the Trust be prioritised. It was also noted that the Carers' Strategy Group was being relaunched in order to maintain importance of carers in the Trust: governors would seek to be involved in this and would receive updates through their

Quality Focus Group meetings. The Group had discussed the effect of this on existing governors and had noted that four governors would fall for election a year earlier than they would have done otherwise, and all Patient and Carer governors would need to stand for re-election as Public Governors in 2019.

- to set the total number of public governor seats at 17 (9 representing Bristol members, 3 for North Somerset, 3 for South Gloucestershire, and 2 for the Rest of England and Wales). Following discussion about representation and meeting attendance, the Group had agreed to set the number of public governors at 17.

Terms of Reference for Governor Focus Groups
The Group had also discussed the Terms of Reference for all the Governor Focus Groups at their meeting on 11 May and were recommending these for approval by the Council of Governors. Kate Hanlon noted that she had since included reference to the new People Committee and its reporting lines through Quality Focus Group, though noted that this would be kept under review by governors.

Members RESOLVED to:
- **Receive** the reports to note.
- **Approve** the Terms of Reference for the Governor Focus Groups.

COG 49/10/18	**5.2 Constituency Changes**

Kate Hanlon, Membership Engagement Manager, introduced proposed changes to UH Bristol's constitution for approval by the Council of Governors. The full draft constitution with the changes marked up had been circulated, as had a report summarising the changes, as follows:

Relevant paragraph/ section of constitution	*Paragraph heading*	*Detail of change*
5	*Membership and constituencies*	*Proposal to remove the patients and carers constituency. This is subject to approval at Council of Governors on 31 October 2018. All proposed changes relating to the removal of this constituency are highlighted in yellow in Appendix 1.*
8	*Staff constituency*	*Additional detail around contractors and academic staff removed. Staff membership details are pulled from ESR. If staff member is not on ESR, staff member will not be a member of the staff constituency.*
11	*Annual Members' Meeting (AMM)*	*Reference removed regarding 'notice of meeting being prominently displayed at the Trust's main address and all the Trust's principal places of business'. This is impractical. The AMM is promoted through a number of other effective channels (Trust website and social media, local media, Voices).*
15	*Council of Governors – disqualification and removal*	*Removal of reference to DBS check requirement. No longer required for governors.*
17	*Council of Governors:*	*Clarification added around filling vacant seats on the Council of Governors.*

		vacancies	
24	*Board of Directors – composition*	*Detail around the role of Non-Executive Director (Designate) moved to Annex 7.*	
33	*Board of Directors – conflicts of interest of Directors*	*Clarification of wording around conflicts of interest.*	
Annex 1	*Public constituencies*	*Numbers updated to reflected most recent population data.*	
Annex 2	*Staff constituencies*	*Numbers updates to reflect updated headcount.*	
Annex 7	*Meetings of the Board*	*Details of NED Designate role added as 3.4A Clarification of a quorum at 3.43.*	
Annex 8	*Council of Governors Code of Conduct*	*Reference to Governor Role Description removed – not part of the constitution.*	

Kate Hanlon explained that while a number of changes to the constitution were being proposed, the key changes related to merging the Foundation Trust membership constituencies. The changes were the product of a review of the Trust's membership which had begun around a year ago. There had been a significant amount of discussion through Constitution Focus Group meetings, governor seminars and via email about the pros and cons of merging the constituencies and different options for governor numbers. She clarified that under the current proposal there would be 29 governors on the Council of Governors in total (compared with current numbers of 31 governors - 35 seats and 4 vacancies).

She added that during the discussions, the issue of governor representation of carers had been frequently raised, and she emphasised that governors would still play a key part in ensuring that the carer's voice was heard in the Trust. John Chablo, who had recently represented governors at a Trust meeting to relaunch the Carers' Strategy Group, added that he had seen a real desire among those present at this meeting to get the group up and running again.

There was vote by a show of hands on the proposed changes to the constitution. A majority of governors were in favour of the changes, with one vote against.

Members RESOLVED to:
- **Receive** the reports to note.
- **Approve** the changes to the Trust's constitution as summarised above.

COG50/10/18	**6.1 Membership engagement report**	
	Kate Hanlon, Membership Engagement Manager, introduced a report on progress against the Membership Strategy. The report included a breakdown of Foundation Trust membership numbers (18,901 members including staff as at 16 October 2018). There was a continued decline in membership as a result of members opting out following a mailshot to all postal members in June and a mailshot to all young members under the age of 18 in October.	

	The Membership Strategy was being reviewed and would be brought back to the January Council of Governors meeting in draft. This included a review of the Trust's approach to recruitment and engagement. The report also included a summary of membership engagement activities that had taken place over the past three months. In particular, Kate Hanlon highlighted a Health Matters Event on Eye Health Event on 30 October, at which consultant Kieren Darcy had spoken about eye conditions and the proposed redevelopment of the Eye Hospital. Work was currently ongoing on the programme of Health Matters Events for next year and it was hoped to link this to the Trust's Arts programme. **Members RESOLVED to:** • **Receive** the report to note. • **Receive** a draft Membership Strategy at the January Council of Governors meeting.	**Membership Manager**
COG51/10/18	**7.1 Governor Compliance, Training and Development Report**	
	Kate Hanlon, Membership Engagement Manager, introduced a report of governor constitution, development and compliance with statutory requirements since the last meeting. Key points to note were as follows: - There were two new Youth Involvement Group (YIG) governors, Siobhan Coles (re-appointment) and Aishah Farooq (new appointment) - Governor training opportunities had included a seminar day on 4 October which had included a session on risk management, an update on the proposals for the new transport hub, a review of the membership engagement framework and an update from the Joint Union Committee appointed governor. The next quarter would focus on governor input into the new Trust strategy, the Arts strategy and preparations for the 2019 governor elections. Rashid Joomun asked for more information about how representative the Trust's membership was of the general population. Kate Hanlon noted that it was a key duty to ensure that membership was representative and agreed to bring a report on this to the next meeting. In response to a question from Garry, it was clarified that it was not possible to break down membership to show which particular hospital site members had visited. Ray Phipps noted the extensive activities of the Youth Involvement Group and requested whether we could encourage the YIG appointed governors to use their social networks to promote membership. Kate Hanlon confirmed that this was possible and also noted that governor Graham Papworth had offered to promote membership via his Scout movement networks. **Members RESOLVED to:** • **Receive** the reports to note. • **Receive** a report on public membership including details of how representative it is of the general population.	**Membership Manager**

COG52/10/18	**8.1 Governors' Log of Communications**	
	The Council noted the report of the most recent questions that governors had asked directors via the Governors' Log of Communications. It was noted that two responses had been received since the report had been sent out, and governors would be updated via email. **Members RESOLVED to:** • **Receive** the report to note.	
COG52/10/18	**8.2 Governor Meeting Dates**	
	Governors received draft meeting dates for 2019/20. It was noted that the NED/Governor Engagement Sessions were still to be confirmed. **Members RESOLVED to:** • **Approve** the meeting dates for 2019/20.	
COG53/10/18	**9.1 Governors' Questions to the Board**	
	The Chair invited questions from governors. • Garry Williams enquired whether the Board was now committed to holding their public Board meetings on alternate months (reduced from ten to six per year). Jeff Farrar confirmed that the Board was committed to this for the moment, but would keep it under review and could revert to holding them more frequently if necessary. Eric Sanders, Trust Secretary, confirmed that Board Committee Chair reports and the Quality and Performance Report were still published online every month. • Ray Phipps asked how the Trust received updates from Avon and Wiltshire Mental Health Partnership. Jeff Farrar confirmed that he regularly met with their Chair. Robert Woolley confirmed that he was also in regular discussions with the organisation as part of the Healthier Together/Sustainability and Transformation Partnership. • In response to a comment from Garry Williams about the Trust's media engagement, Robert Woolley further advised governors that UH Bristol's Head of Communications had now left the Trust, and it had been agreed to create a Director of Communications post jointly with Weston Area Health NHS Trust, which would be advertised soon.	
COG54/10/18	**9.2 Foundation Trust Members' Questions**	
	• Clive Hamilton, Foundation Trust Member, expressed disappointment in the conduct of the meeting in terms of how quickly the constitutional changes had been voted through. As a member of the public, he felt he had not received much information from the meeting and was concerned that scrutiny was being reduced in relation to the reduction in the number of governors, the reduction in the number of Board meetings and the decision not to post AGM notices at the Trust's place of business. He enquired how the reduction in the number of Public Board meetings would work: whether it was intended to make the bi-monthly meetings	

	longer and publicise them more widely. Jeff Farrar noted that Board meetings in public had been reduced to bring the Trust into line with other similar trusts and to create an opportunity to try to reduce bureaucracy and create space for extra Board committees, and he reiterated that it would be kept under review.	
	Kate Hanlon further advised that the constitutional requirement to post AGM notices in all of the Trust's hospitals had proved impractical. It was instead publicised in various different ways: post and email to all members, local media, to staff, on the website.	
	Clive Hamilton offered to write to Jeff Farrar to outline his concerns. The Chair also extended an invitation to Clive Hamilton to meet with him.	
	• Florene Jordan thanked Jeff Farrar for his meetings with staff and asked that he include visits to more challenged areas.	
	• Garry Williams enquired about the smoking ban which would take effect from 1 January. Jeff Farrar confirmed that the Board had discussed the risks and would be interested in governor views on it.	
	• In response to a question from Idwal Baines, Foundation Trust member, about Trust's 'baby buddies' group, it was confirmed that this was a new volunteer-led project and had now been implemented at Bristol Royal Hospital for Children.	
COG55/10/18	**9.3 Any Other Business**	
	There was no other business.	
	Meeting close and date of next meeting The Chair declared the meeting closed at 15:20. Date and time of next meeting: • **Council of Governors Meeting** – 31 January 2018 at 14:00-16:00 in the Conference Room, Trust HQ, Marlborough Street, Bristol, BS1 3NU.	

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

Action Log

		Outstanding actions following the Council of Governors meeting held on 31 October 2018			
No.	**Minute reference**	**Detail of action required**	**Responsible Officer**	**Completion date**	**Additional comments**
1.	COG50/10/18	Governors to receive a draft Membership Strategy at the January Council of Governors meeting.	**Membership Manager**	Oct 2019	Deferred until later in the year to allow for further engagement.
2.	COG51/10/18	Governors to receive a report on public membership including details of how representative it is of the general population.	**Membership Manager**	31 Jan 2019	On the agenda
3.	COG23/07/18	Governors to receive more information about the Trust's equality, inclusion and diversity agenda at a future meeting.	**Director of People**	April 2019	Update to be included in April governor development seminar.
		Completed actions			
No.	**Minute reference**	**Detail of action required**	**Responsible Officer**	**Completion date**	**Additional comments**
1.	COG26/07/18	Governors to receive a briefing on the Trust's datasets and data quality.	**Head of Quality (Patient Safety)**	18 Dec 2018	Briefing for governors with the Head of Quality (Patient Safety) held on 18/12 focussing on quality metrics.
2.	COG31/07/18	Governors to receive a proposal to merge public and patient membership constituencies at a future meeting.	**Membership Manager**	31 Oct 2018	Proposal approved at Council of Governors meeting on 31 Oct 2018.
3	COG44/10/18	Schedule update for governors on merger between UH Bristol and Weston Area Health Trust at a future meeting.	**Membership Manager**	Jan 2019	Update provided at Governor Development Seminar 16/1/19.

Cover report to the Council of Governors meeting to be held on 31 January 2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

		Agenda Item	3.1
Meeting Title	Council of Governors	**Meeting Date**	31/01/2019
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	☒
Non-executive Director appointments (appraisal review)	☐
Constitutional/forward plans	☐
Member/Public interests	☐
Significant transaction/private patient increase	☐
Appointment of External Auditor	☐
Appointment of the Chief Executive	☐

Action/Decision Required (please tick any which are relevant to this paper)							
For Decision	☐	For Assurance	☒	For Approval	☐	For Information	☐

Executive Summary

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.

23 October 2018 – 23 January 2019

- Governors attended the one public meeting of the Trust Board of Directors in this period on 29 November 2018 (five 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 the People Committee attended the Governors' Quality Focus Group on 5 November 2018. The Governor Strategy Group was stood down in December.

- 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

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governors to discuss and challenge the content.

- There was one Nominations and Appointments Committee meeting on 18 December 2018. 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 4.1.

- Governors hold regular informal engagement 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 27 November 2018, was attended by 15 governors, the Chair and four non-executive directors. This meeting focused on the recent changes to the public Board meetings and their format; the 'end PJ paralysis' initiative; the Trust's developing customer service mind set and some of the barriers to improving this, with a particular focus on issues around telecommunications; and proposed plans for the transport hub.

The second meeting on 18 December 2018 (attended by 15 governors, the Chair, and six non-executive directors) explored issues including winter pressures and winter preparedness and our relationships with other health and social care providers; the new Director of Finance appointment; outcomes from the fire at Bristol Haematology and Oncology Centre; progress of discussions around future of Weston General Hospital; engagement between the Board and staff; and initial feedback from the Well-Led Review.

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 appropriate activities are being undertaken by the Governors to hold the non-executives directors to account.

Intended Audience
(please tick any which are relevant to this paper)

Board/Committee Members	☒	Regulators	☐	Governors	☒	Staff	☒	Public	☒

Cover report to the Council of Governors meeting to be held on 31 January 2019 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	18 December 2018
Report Title	Nominations and Appointments Committee Meeting Report		
Author	Sarah Murch, Membership and Governance Administrator		
Lead	Eric Sanders, Trust Secretary		
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	18 December 2018

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

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

Meeting on 18 December 2018: Attended by Jeff Farrar (Chair) and six Committee members.

- **Non-Executive Director Appraisals:** The committee received and discussed an appraisal report for David Armstrong, Non-executive Director.
- **Six-Monthly Review of Non-Executive Director Activity Reports:** The committee received reports of the activity of the Chair and each of the nine Non-Executive Directors over the previous six months. Governors were satisfied that the reports provided sufficient assurance on the spread of activities undertaken and the current areas of focus of all Non-Executive Directors.
- **Non-Executive Director Recruitment:** The committee received a report detailing the proposed process for Non-Executive Director recruitment in 2019. Governors discussed at length the revised role description and the skills that were being sought. They agreed to recommend to the Council of Governors approval of the process including the use of an External Recruitment Agency to identify suitable candidates for shortlisting, and noted the need to start the process immediately *(see Agenda Item 4.2)*. They also noted that governors would be invited to be involved in the shortlisting and interview process.

Matters referred to the Council of Governors

n/a *(Non-Executive Director Recruitment to be considered under Agenda Item 4.2)*

Date of next meeting:	19 March 2019

Cover report to the Council of Governors meeting to be held on 31 January 2019 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**	31/01/2019
Report Title	Non-Executive Director Appointments Process		
Author	Sophie Melton Bradley, Head of Corporate Governance		
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	☐
Non-Executive Director appointments (appraisal review)	☒
Constitutional/forward plans	☐
Member/Public interests	☐
Significant transaction/private patient increase	☐
Appointment of External Auditor	☐
Appointment of the Chief Executive	☐

Action/Decision Required (please tick any which are relevant to this paper)							
For Decision	☐	For Assurance	☐	For Approval	☒	For Information	☐

Executive Summary
Purpose:

Purpose:

In 2019, two of the current Non-Executive Directors on the Board of Directors will be stepping down. Jill Youds has confirmed she will step down on 31 March 2019, and John Moore has confirmed he will step down on 31 December 2019.

The Trust therefore needs to initiate a formal process for the recruitment of new Non-Executive Directors in 2019. Responsibility for the recruitment of new Non-Executive Directors of the Board is led by the Council of Governors, specifically the Governors' Nominations and Appointment Committee.

The Nominations and Appointments Committee received a proposal to initiate a recruitment drive for Non-Executive Directors in 2019, and agreed to RECOMMEND the proposal to the Council of Governors for APPROVAL. This paper therefore sets out the key recommendations recommended by the Committee, provides some further updates.

Recommendations
Governors are asked to: • **Approve the process for non-executive director appointments in 2019, as recommended by the Nominations and Appointments Committee.**

Intended Audience							
(please tick any which are relevant to this paper)							
Board/Committee Members	☒	Regulators	☐	Governors	☒	Staff	☐	Public	☐

APPOINTMENT OF NON EXECUTIVE DIRECTORS TO THE BOARD OF DIRECTORS IN 2019

1. Introduction

Responsibility for the recruitment of new Non-Executive Directors of the Board is led by the Council of Governors, with specific responsibility for the process delegated to the Governors' Nominations and Appointment Committee. The Committee therefore received a proposal to recruit Non-Executive Directors at its meeting of 18 December 2019, which it agreed to recommend to the Council of Governors.

2. Key Proposals

The Nominations and Appointments Committee agreed at its meeting of 18 December 2018 to recommend the following proposals to the Council of Governors:

- That a process for Non-Executive Director recruitment be initiated in 2019 (see approximate timetable at **Appendix A**).

- That an appropriate External Recruitment Agency be identified to work with the Trust to identify suitable candidates for the role(s). (Due to timescales, HR colleagues have already started work identify a suitable agency, in consultation with the Chair, and in line with a person specification for the role(s) approved by the Committee).

3. Shortlisting and Interview Process

All applications will need to be assessed against the job description and person specification and those that meet the criteria will be shortlisted for interview. Shortlisting and interviews will be undertaken by a selected sub-panel of members of the Nominations and Appointments Committee, led by the Chair, with the Director of People and the Trust Secretary in attendance in an advisory role.

A briefing session for candidates, and an opportunity to meet members of the Council of Governors and Board of Directors will be offered to any expressions of interest. Any interested candidates will also have the opportunity to meet with the Chair to discuss the role, and be provided with research material including NHS Improvement's requirements, governance arrangements and the organisation's strategic documents.

As well as a formal interview, candidates will be required to attend a discussion/focus group comprising of members of the wider Council of Governors, and members of the Board of Directors.

The dates for the process are due to be confirmed shortly: once dates are confirmed, members of the Council of Governors will be invited to participate in the discussion/focus groups for the interviewed candidates.

Due to the timescales required for recruitment, including the schedule of Committee and Council of Governors meetings in 2019, the aim is for successful candidates to be formally approved at the Council of Governors meeting on **30 April 2019**.

The Council of Governors is asked to **APPROVE** the recommendations of the Nomination and Appointments Committee to begin the recruitment process for Non-Executive Directors in 2019.

Appendix A

Activity	Timescales
Briefing meeting with Chair, Director of People and Trust Secretary with the selected External Recruitment Agency	late January 2019 – tbc once Agency is agreed
Preparation of all paperwork to include, role description and spec, advert copy, applicant information pack and application form.	January 2019
Advert, applicant information pack and application form sign off	January 2019
Advertisement appears	End of January 2019
Search and Trawl activity	End of January 2019 – end of February 2019
Closing date for receipt of applications	End of February 2019
Eligibility checking, paper assessment of candidates by ERA with summary report on each applicant.	Early March 2019
Shortlisting meeting with Jeff, Matt, Eric and selected Nom-Co sub-panel (panel to assess applications against criteria separately before meeting)	tbc – early/mid-March 2019
Nominations and Appointments Committee will review the shortlisting proposals of the shortlisting panel. Interview planning will also be covered at the meeting.	19 March 2019 (Ctte meeting date)
Preparation of interview paperwork	April 2019
Briefing session for candidates: including meeting Chair and Chief Executive, and opportunities to visit key operational areas	April 2019 – date tbc
Interviews (1 day – at least one week after shortlisting)	April 2019 – date tbc
Prepare draft paper for Council of Governors summarising detail i.e. process followed, number of candidates etc., and recommendation	April 2019
Papers out to Council of Governors	April 2019
Recommendation presented to Council of Governors	30 April 2019
Appointment to commence	**1 May 2019**

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Cover report to the Council of Governors meeting to be held on 31 January 2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

		Agenda Item	5.1
Meeting Title	Council of Governors Meeting	**Meeting Date**	31/01/2019
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):	**5/11/18 and 22/1/19**

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

Meeting held on 5 November 2018 – *Attended by 13 governors*

- **Update on Patient-Led Assessment of the Care Environment (PLACE):** Maria Fox (Performance & Projects Manager – Facilities) and Phil Body (Deputy General Manager - Facilities) reported back on the actions arising from last year's assessments of hospital areas, in which governors had taken part. Governors noted that the timings of the 2019 PLACE programme were currently under review.

- **People Committee Chair's Update:** Alison Ryan (Non-executive Director and Chair of the People Committee) updated governors on the first two meetings of this new Board committee. Governors noted that the remit and terms of reference of the committee were still being determined but welcomed the new Board focus that the committee gave to workforce issues. Alison reported that the Committee's initial areas of focus included staff turnover and vacancies, junior doctor rostering, education and training, the Trust's apprentice scheme and leadership training. Governors asked the Committee to note the importance of the quality of the working environment on staff morale given the disparities between some of the refurbished public areas of the hospital and some staff areas. They sought further assurance on junior doctor rostering and support, bullying and harassment, and the extent and effectiveness of staff training.

- **Quality and Outcomes Committee Chair's Update including Quality and Performance Report:** Julian Dennis (Non-executive Director and Chair of the Quality and Outcomes Committee) reported to governors the committee's key areas of focus in September and October including the Trust's progress against performance targets and its Quality Objectives. Key issues included Fractured Neck of Femur performance and initiatives, the work around 'on-hold' patients, the implementation of NEWS2

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(National Early Warning Scores, which help doctors to identify deteriorating patients), and the outcome and actions in relation to the investigations into the fire at the Bristol Haematology and Oncology Centre in May. Governors sought further assurance in relation to Fractured Neck of Femur performance, and particularly the length of time to tackle job planning issues. Governors raised a number of issues that they felt non-executive directors should continue to monitor, including the objective to improve early recognition of the dying patient, insulin prescribing, and on-hold patients.

- **Update from Carers' Strategy Group relaunch:** Governors were updated on the Trust's Carers' Strategy Group, which had lapsed over the past year but had been relaunched at a meeting on 25 October. Governors were keen that this group continue to include governor representation to help ensure that carer voices were still heard by the Trust.

- **Governors' Log of Communications:** Governors noted the most recent questions and responses on the Governors' Log of Communications and discussed all outstanding questions.

Meeting held on 22 January 2019 – *Attended by 14 governors*

- **Electronic Prescribing and Medicine Administration (EPMA):** Andy Coles-Driver, (Staff Governor and Senior Business Change Manager for EPMA), gave governors a presentation on the roll-out of the Trust's electronic prescribing system. Governors heard that the system replaced the paper drug charts that were currently used and that the roll-out was currently ongoing in adult inpatient areas, with the aim of extending the system to outpatients and paediatrics services at a later date. They discussed the progress of the roll-out and the benefits of the new system particularly in improving medicines safety. Areas of interest included how the system was backed up, training for all staff who needed to use it, how it would be used in emergency situations, its use in updating discharge summaries, and how the data captured through EPMA would be used.

- **People Committee Chair's Update:** Alison Ryan (Non-executive Director and Chair of the People Committee) updated governors on the meeting of the People Committee in November. Current areas of focus included recruitment of doctors, workforce challenges in the Estates and Facilities department, Ofsted's assessment of the Trust's apprenticeship scheme, and student experience in the Bristol Dental Hospital. Governors supported the Committee in pursuing answers on these issues. They sought further assurance on the extent and impact of the Trust's training programmes, particularly in relation to leadership and management training, along with the Board of Directors' overall commitment to further investment in key staffing issues.

- **Quality and Outcomes Committee Chair's Update including Quality and Performance Report:** Julian Dennis (Non-executive Director and Chair of the Quality and Outcomes Committee) reported to governors the committee's key areas of focus in November and December. These included pressure ulcer incidence, the Hospital Standardised Mortality Ratio, changes in the dermatology service, the implementation of a new outpatient e-booking system, and the progress of the Clinical Utilisation Review which continued to make sure patients were seen in the right place at the right time. Governors requested assurance around the Trust's response to increases in Emergency Department attendance. They welcomed the fact that the Trust's long-standing challenges around Fractured Neck of Femur services were now being approached as part of the wider issue of Trauma and Orthopaedics services across the

city.

- **Quality Report:** Governors discussed possible themes for the governors' commentary that they would need to write for the 2018/19 Quality Report. It was noted that they would need to choose a quality indicator to be tested by External Auditors, and that national guidance had now been received including a recommendation for this indicator. At their next meeting in March the group would discuss content and timings in more detail.

- **Update from Patient Experience Group (PEG):** Penny Parsons and John Sibley (PEG Governor Representatives) reported back from a meeting of this group on 15 November. Issues discussed had included the implementation of a new rapid-time patient feedback system, the results of the national cancer patient experience survey, the results and actions of the Patient-Led Assessment of the Care Environment surveys, an update from the Patient Inclusion and Diversity Group and an update on the relaunch of the Carers' Strategy Group.

- **Governors' Log of Communications:** Governors noted the most recent questions and responses on the Governors' Log of Communications. It was noted that Kathy Baxter intended to add a question to the Log about discharging patients at night.

Matters referred to other Committees: None	
Date of next meeting	**13/03/2019**

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Cover report to the Council of Governors meeting to be held on 31 January 2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

		Agenda Item	5.1
Meeting Title	Council of Governors Meeting	**Meeting Date**	31/01/2019
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	22 January 2019

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

Meeting held on 22 January 2019 – Attended by 11 governors.

The meeting included discussion on the following topics:

- **Membership Report:** Governors received an update on membership numbers and recent engagement activities, noting in particular the new programme of Health Matters Events for 2019. There was a discussion about the format and effectiveness of email communications with members.

- **Membership Representation Report:** Governors received a report on how representative the public/patient Foundation Trust membership is of the general population of Bristol, North Somerset and South Gloucestershire. They discussed the importance of ensuring that the Council of Governors was representative as well as membership.

- **Towards a Membership Strategy:** Governors received a discussion paper about the direction of the Trust's membership over the next three years. They agreed a framework for governor-member interaction. They noted that any membership communications strategy would need to form part of the Trust's wider communications strategy once the Trust's new Director of Communications had taken up post. They discussed the question of what to do with the large proportion of Trust members who were not actively engaged and it was agreed to look at options for this at future meetings.

- **Governor Elections 2019**: Governors discussed the forthcoming governor elections and gave feedback on the Information Pack that would be given to prospective new

governors to tell them about the role.

- **Governor Handbook and Governor Role Description:** The group agreed a revised role description for UH Bristol governors. Governors were asked for their views on a draft of a 'Governor Handbook' – a central resource of useful information to be made available to all governors and given to new governors when they started.

Matters referred to other Committees	
n/a	
Date of next meeting	**19/03/2019**

University Hospitals Bristol
NHS Foundation Trust

Report to the Council of Governors meeting to be held on 31 January 2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

		Agenda Item	6.1
Meeting Title	Council of Governors	**Meeting Date**	31/01/2019
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	☐
Non-executive Director appointments (appraisal review)	☐
Constitutional/forward plans	☐
Member/Public interests	☒
Significant transaction/private patient increase	☐
Appointment of External Auditor	☐
Appointment of the Chief Executive	☐

Action/Decision Required
(please tick any which are relevant to this paper)

For Decision	☐	For Assurance	☐	For Approval	☐	For Information	☒

Executive Summary

Purpose: The Trust has a formal requirement to maintain a Foundation Trust membership and a responsibility to engage with its membership. This report provides the Council of Governors with current membership details and a summary of membership engagement activities since the last Council of Governors meeting on 31 October 2018.

Recommendations

Members are asked to:
- **Note** the report 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	☒	Regulators	☐	Governors	☒	Staff	☒	Public	☒

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Membership engagement report

1.0   BACKGROUND

At **4 January 2019**, Foundation Trust membership stands at **18,816** members; the breakdown of members by constituency is shown below. This compares with membership at 3 October 2018 of 18,901 members. As membership is in a transitional phase with the merge of our public/patient constituencies underway, the report below shows membership numbers both with and without the merge taken into account.

Membership Constituency Classes (as of 4 January 2019)	Combined total 4/1/19 (showing effect of constituency merge)	Total 4/1/19 (without constituency merge)
Public Constituencies	8,455	5,071
Bristol	4,494	2,558
North Somerset	1,668	957
South Gloucestershire	1,519	990
Rest of England and Wales	774	566
Patient Constituencies	**n/a**	3,384
Carer of patients 16 years and over	n/a	154
Carer of patients 15 years and under	n/a	433
Patient - Local	n/a	2,797
Staff Classes	10,361	10,361
Medical and Dental	1,554	1,554
Nursing and Midwifery	2,939	2,939
Other Clinical Healthcare Professionals	1,951	1,951
Non Clinical Healthcare Professionals	3,917	3,917
TOTAL MEMBERSHIP	**18,816**	**18,816**

At the meeting of the Council of Governors in October 2018, governors requested details on how representative the public membership is of the population we serve. The report attached as item 6.1 compares the combined public/patient membership numbers in Bristol, North Somerset and South Gloucestershire with the population of the area in relation to gender, age, socio-economic classification, geographical constituency and ethnicity.

2.0   AREAS OF PROGRESS

An update on areas of progress for the membership office and governors over the last quarter is summarised under the following headings, 'recruit', 'inform' and 'involve':

RECRUIT

- Link with Community Outreach Officer (Laura Harrison) based in the UH Bristol Simulation Centre (Laura is attending careers days at local schools and promoting membership to students interested in a possible future career in the NHS). This builds on the work already being done to promote membership through the Voluntary Services team and the Temporary Staffing Bureau.

- Link with Scouts Association (District Commissioners working across the nine districts of Avon Scouts had flyers re membership and Youth Involvement Group. The Youth Commissioner is helping to spread the word as well)

- The membership office recorded 21 new members in the last quarter (since 1/10/18) – 11 under the age of 21.

INFORM

- Staff governor updates in Newsbeat from Flo Jordan on 26 November 2018 – included the governors' log questions from past six months; and from Andy Coles-Driver on 17 December 2018, which focused on upcoming elections.

- Monthly e-newsletter sent to approx. 2,650 public/patient members (31% of public/patient membership) with email addresses:
    o 17 October: Intro by John Rose – topics covered were a reminder of the upcoming Health Matters event; opportunity to get involved in the End of Life Steering Group; launch of the Healthwatch Bristol GP Survey; summary of Gromit Unleased 2 fundraising total.
    o 22 November: Intro by Mary Whittington – topics covered included changes to Foundation Trust membership constituencies; reminder of Psychology in Health event; details of Annual Research Showcase event; offer of free dental treatment; update on partnership working with Weston Area Health NHS Trust.
    o 20 December: Intro by Graham Papworth – topics covered included details on Quality Counts event; involvement opportunity for 'patients and doctors as partners in learning' event; opportunity to comment on plans for the transport hub; Smoke Free hospitals reminder; volunteer call out for recording shared history of NHS.
    o 8 January: Important changes to membership email.
    o 11 January: Invitation to members to invite them to the Quality Counts Event.

Since December 2018, we have been using a new email tool which has allowed us to gather more information about the numbers of members who have opened our emails and clicked on the links in them. The report below shows the results (as of 15/1/19). This should help us to shape what we send out, and detail such as how and when we send emails to members, as we gather more information over the coming months.

Date sent	Email Subject Line	Emails sent	Successful Delivery	Emails opened	Open Percent	Links clicked	Percentage of links clicked
11/01/19	Book Now - Your invitation to UH Bristol's annual Quality Counts meeting 2019	2637	99.78%	728	27.61%	14	0.53
08/01/19	Important changes to Foundation Trust Membership	2644	99.84%	1271	48.07%	17	0.64
20/12/19	Membership news Dec 2018	2646	99.62%	1267	47.88%	33	1.25

INVOLVE

- Health Matters Events: 30 October on Eye Health, introduced by Kathy Baxter and attended by approx. 35 people. 29 November on Psychology in Health – introduced by John Chablo, attended by approx. 25 people.

- Two questions raised on the governors' log on behalf of (staff) members.

- The Youth Involvement Group have been involved in a wide range of activities and events including:

  o A '15 steps challenge' on Puzzle Wood (Paediatric Clinical Investigations Unit).
  o A session looking at the priorities for young people for the next year and what they would like to see in the Children's Hospital strategy.
  o Continued development of a Young People's Welcome Guide. The group have been co-creating this with patients.
  o A session looking at Mental Health as part of World Mental Health Day. The group looked at young people's experiences of attending for mental health support alongside the areas in which they think staff need further training to enable them to support young people more effectively.
  o One of the young governors attended and spoke at an event for junior doctors encouraging them to think about a career in paediatrics.

3.0   ASSESSMENT

At the January Constitution Focus Group governors reviewed progress against the three themes of 'recruit', 'inform', 'engage' and agreed to continue to report engagement activities in this way. We reviewed our successes for 2018 – including good attendance at an increased number of Health Matters events; small but steady numbers of new members; questions from members raised on the governors log (four from members in 2018); and feedback from members from the e-newsletters and Voices magazine.

We have a small base of engaged members who come to events and share their feedback, however we know that a large proportion of our members are passive. As we develop a formal membership strategy the question we will be exploring with governors is if and how we might address this issue, exploring the potential benefits and risks of any changes to membership.

In the next quarter we will be sending out the Jan/Feb edition of Voices magazine to members and publicising the new 'Health Matters' event programme. The communications campaign around the upcoming governor elections will be the primary focus, with a drive to recruit multiple nominees in the vacant staff seats in particular, as well as ensuring election and membership information is shared with community organisations and other stakeholder groups. More detail about the governor elections is included in Agenda Item 6.2.

4.0   RECOMMENDATIONS

Governors are asked to **NOTE** the contents of the report.

Item 06.1 - Membership Representation report

1.0   BACKGROUND

As a Foundation Trust, UH Bristol has a duty to ensure that its public membership is representative of the local population and to publicly report the steps taken to achieve this on an annual basis.

This report examines the composition of Foundation Trust membership reflecting the merge of the public and patient membership constituencies. The decision to merge was taken in autumn 2018 and the Trust's membership is now in a transitional phase with all changes due to be complete by 1 June 2019.

The report compares the combined public/patient membership numbers in Bristol, North Somerset and South Gloucestershire with the population of the area in relation to i) gender, ii) age, iii) socio-economic classification, iv) geographical constituency and v) ethnicity. The index figure in the right-hand column shows the extent to which the Trust membership is representative: those with an index figure of <100 and a red background are categories that are under-represented within our membership, and those with an index figure of >100 and a green background are over-represented within our membership.

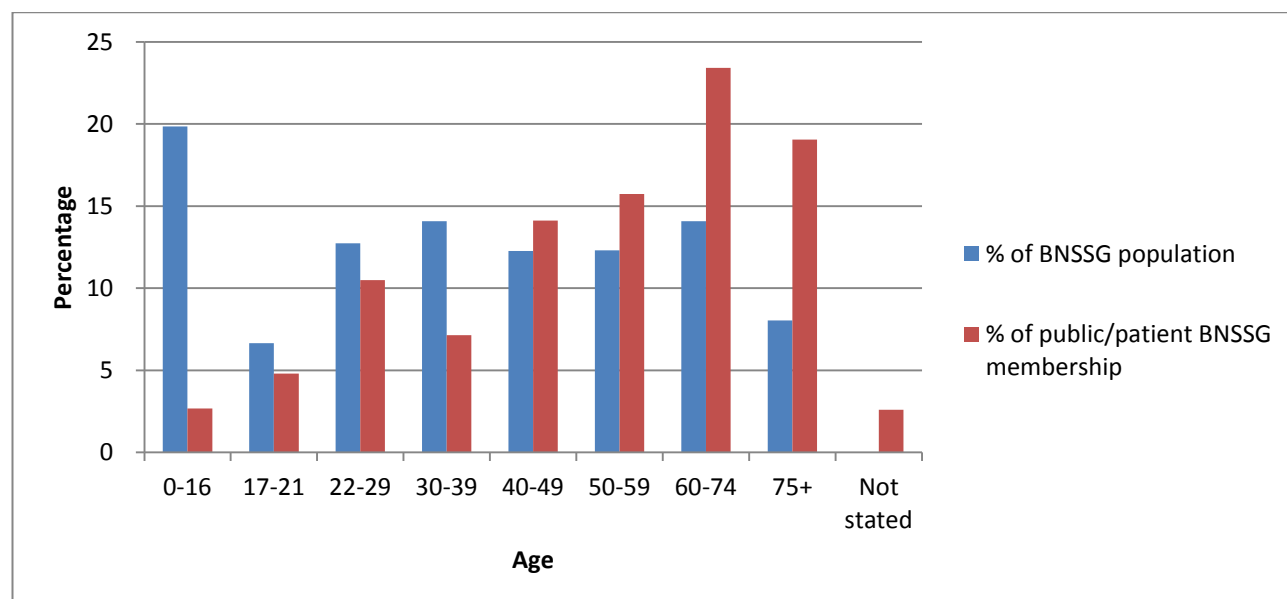## 2.0   PROFILE OF PUBLIC/PATIENT MEMBERSHIP (4/1/2019)

2.1   GENDER

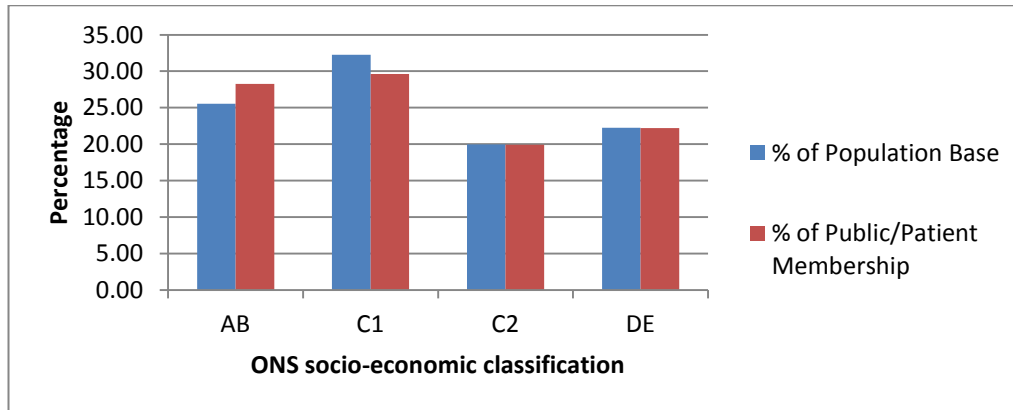| Gender	Population Base	% of Population Base	No. of Public/Patient members (excluding Rest of England and Wales)	% of Public/Patient membership	Index
Male	477,187	49.71	3,213	41.83	84
Female	482,736	50.29	4,282	55.75	111
Not stated	*0*	*0.00*	*186*	*2.42*	
Total	**959,923**	**100.00**	7,681	100.00	
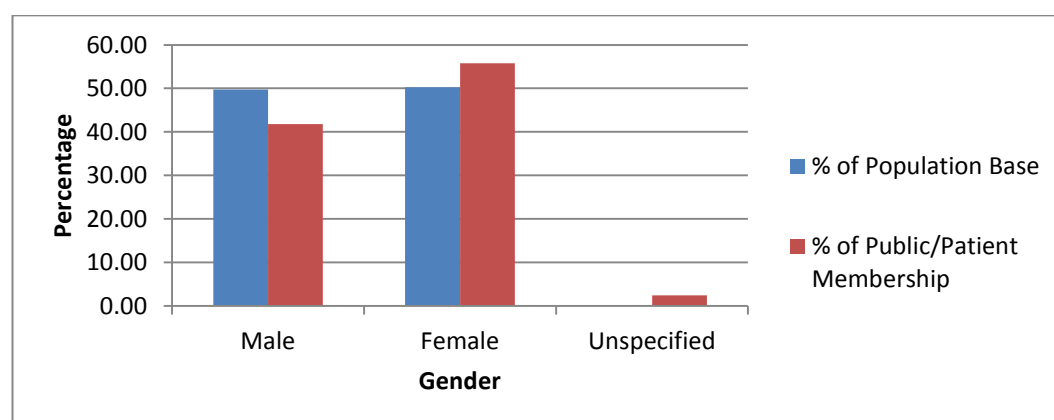
2.2   AGE

AGE	Population Base	% of Population Base	No. of Public/Patient members (excluding Rest of England and Wales)	% of Public/Patient membership	Index
0-16	190,785	19.84	206	2.68	14*
17-21	63,991	6.66	368	4.79	72
22-29	122,401	12.73	806	10.49	82
30-39	135,408	14.08	548	7.13	51
40-49	117,967	12.27	1,084	14.11	115
50-59	118,278	12.30	1,208	15.73	128
60-74	135,378	14.08	1,799	23.42	166
75+	77,302	8.04	1,463	19.05	237
Not stated	*0*	*0*	*199*	*2.59*	
Total	**961,510**	**100**	**7,681**	**100**	

*The data for this age category is not comparable as the minimum age for membership is seven years old according to the Trust's constitution. We currently have no members under the age of 11.
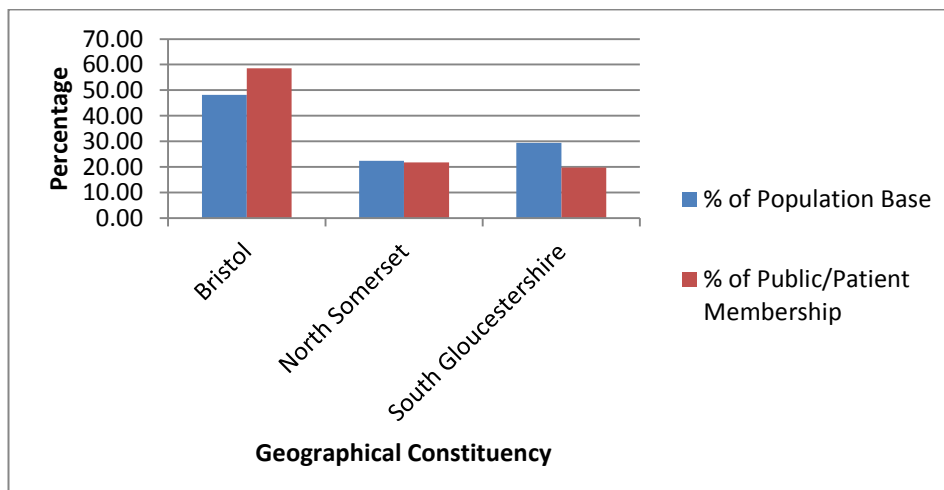
2.3   SOCIO-ECONOMIC PROFILE

Socio-economic Classifications	Population Base	% of Population Base	No. of Public/Patient members (excluding Rest of England and Wales)	% of Public/Patient membership	Index
AB	72,696	25.56	2,162	28.24	111
C1	91,716	32.24	2,266	29.60	92
C2	56,721	19.94	1,526	19.93	100
DE	63,324	22.26	1,701	22.22	100
Total	**284,457**	**100.00**	7,655	100	100

2.4   GEOGRAPHICAL CONSTITUENCY

All public/patient members in new geographical constituencies compared with the population numbers as a whole.

| Constituency	Population Base	% of Population Base	No. of Public/Patient members (excluding Rest of England and Wales)	% of Public/Patient membership	Index
Bristol	462,572	48.19	4,495	58.52	121
North Somerset	214,965	22.39	1,667	21.70	97
South Gloucestershire	282,386	29.42	1,519	19.78	67
Total	**959,923**	**100.00**	7,681	100.00	100

2.5   ETHNICITY

Ethnicity	Population Base	% of Population Base	No. of Public/Patient members (excluding Rest of England and Wales)	% of Public/Patient membership	Index
White - English, Welsh, Scottish, Northern Irish, British	765,596	85.51	6,370	82.93	97
White - Irish	6,187	0.69	63	0.82	119
White - Gypsy or Irish Traveller	806	0.09	<5	<0.05	14**
White - Other	33,653	3.76	146	1.90	51
Mixed - White and Black Caribbean	9,586	1.07	39	0.51	47
Mixed - White and Black African	2,185	0.24	17	0.22	91
Mixed - White and Asian	5,116	0.57	17	0.22	39
Mixed - Other Mixed	4,251	0.47	31	0.40	85
Asian or Asian British - Indian	10,063	1.12	75	0.98	87
Asian or Asian British - Pakistani	7,672	0.86	100	1.30	152
Asian or Asian British - Bangladeshi	2,641	0.29	25	0.33	110
Asian or Asian British - Chinese	5,817	0.65	29	0.38	58
Asian or Asian British - Other Asian	6,338	0.71	34	0.44	63
Black or Black British - African	13,455	1.50	100	1.30	87
Black or Black British - Caribbean	7,895	0.88	83	1.08	123
Black or Black British - Other Black	7,234	0.81	21	0.27	34
Other Ethnic Group - Arab	1,765	0.20	<5	<0.05	20**
Other Ethnic Group - Any Other Ethnic Group	5,072	0.57	<5	<0.05	2
Not stated	*0*	*0.00*	*526*	*6.85*	
Total	**895,332**	**100.00**	7,681	100.00	100

** Two ethnic categories (*White – Gypsy or Irish Traveller* and *Other Ethnic Group-Arab)* were added to the membership form in 2016, so membership numbers in these two categories do not include any members who joined before this time.

Minorities Chart (to show Ethnicity representation excluding *White - English, Welsh, Scottish, Northern Irish, British* and those who have not stated their ethnicity).
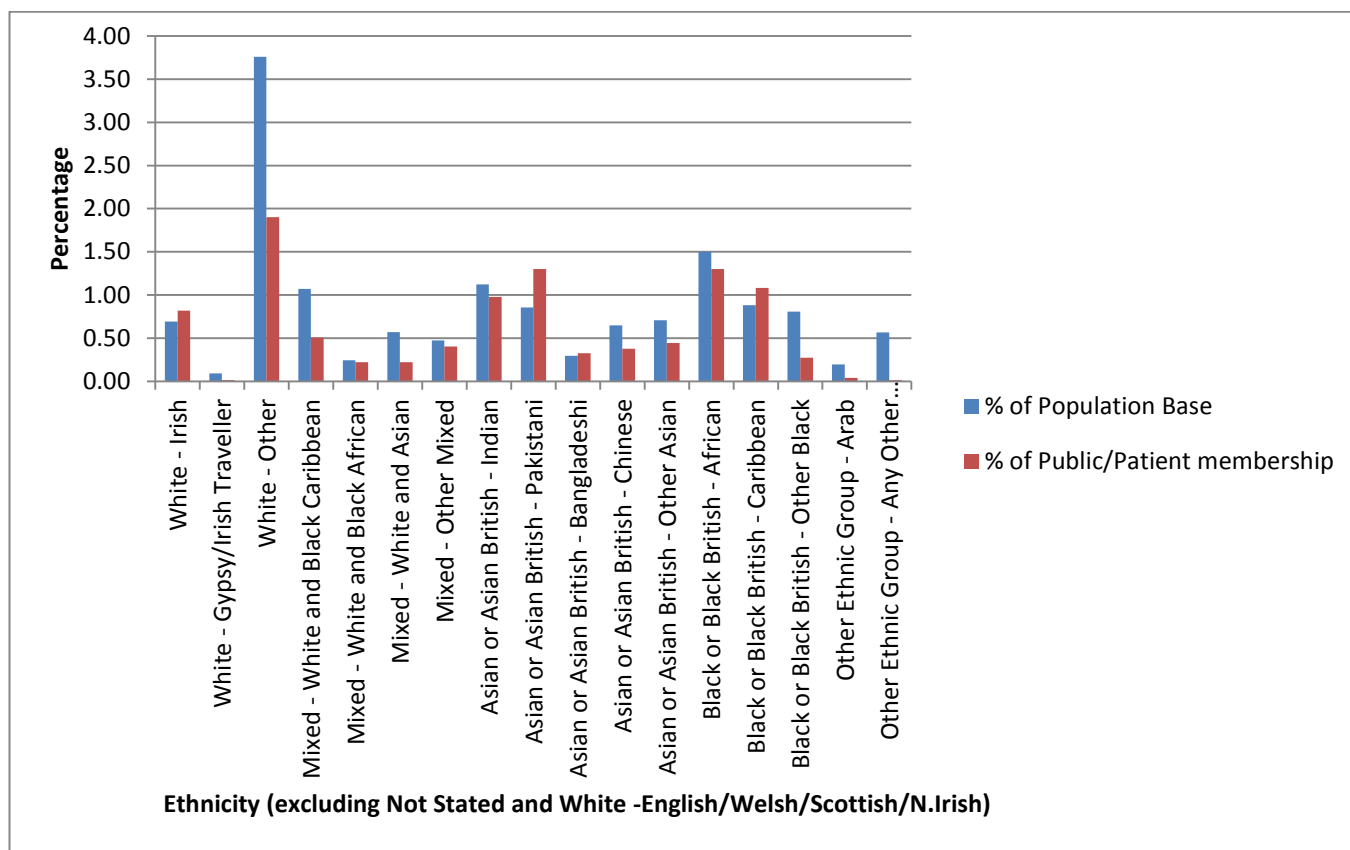
3.0   ASSESSMENT

Our combined public/patient Foundation Trust membership is broadly representative of the population in most, though not all, areas. It is clear that the over-40s are over-represented in our membership, and we have more female than male members, though neither of these aspects are unusual compared with other Foundation Trusts. In relation to socio-economic profiling, the balance appears to match the population as a whole fairly accurately. There are proportionally more members in Bristol than in South Gloucestershire or North Somerset, which is as expected given the catchment area of the Trust. Regarding ethnicity, there are a number of categories in which we are under-represented, though the relatively high proportion of members who have not stated their ethnicity make this difficult to judge accurately.

Our current approach to ensure a representative membership is to work within the Trust's existing networks. We are working to raise the profile of membership among young people through the Youth Involvement Group, through the Scout movement (using governor contacts), and through the Trust's community outreach work programme (an initiative which is specifically targeting schools in more deprived areas). We support the Trust's efforts to engage with different communities and seldom-heard groups through offering membership activities to the Involvement Network, which connects the Trust to a diverse range of voluntary and community organisations in and around Bristol.

Report to the Council of Governors meeting to be held on 31 January 2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

		Agenda Item	6.2
Meeting Title	Council of Governors	**Meeting Date**	31/01/2019
Report Title	Governor Elections Report		
Author	Sarah Murch, Membership and Governance Administrator		
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	☐
Non-executive Director appointments (appraisal review)	☐
Constitutional/forward plans	☐
Member/Public interests	☒
Significant transaction/private patient increase	☐
Appointment of External Auditor	☐
Appointment of the Chief Executive	☐

Action/Decision Required (please tick any which are relevant to this paper)							
For Decision	☐	For Assurance	☐	For Approval	☐	For Information	☒

Executive Summary

Governor elections will be taking place in 2019, with 17 public and staff governor seats up for election. The seats available, and the timeline and process for filling them, are outlined in the report.

Recommendations

Members are asked to:
- **Note** the report in relation to the Governor Elections 2019.

Intended Audience (please tick any which are relevant to this paper)							
Board/Committee Members	☒	Regulators	☐	Governors	☒	Staff	☒	Public	☒

1.0   Background

Public and staff governors are elected to UH Bristol's Council of Governors by the Trust's membership, with elections taking place two years out of every three. 2019 and 2020 will be election years. According to the Trust's Constitution, each governor may hold office for a 3-year term of office. They are eligible for re-election at the end of their term, providing that no governor serves for more than a total of 9 years.

2.0   Seats for election

There will be 17 public and staff seats up for election in 2019. As well as governors who will reach the end of their 3-year term of office on 31 May 2019, there are several vacancies that have arisen during the past year, and 4 governors who are stepping down a year early as a result of the 2018 changes to the Trust's constitution to merge the public and patient membership constituencies.

This means that 16 of our current governors will end their term of office on 31 May: Pauline Beddoes, Malcolm Watson, Carole Dacombe, Tom Frewin, Jonathan Seymour-Williams, Rashid Joomun, Kathy Baxter, Ray Phipps, Garry Williams, Sue Milestone, Andy Coles-Driver, Flo Jordan, Tony Tanner, John Sibley, John Chablo and Graham Papworth. All are eligible to stand for re-election with the exception of Pauline Beddoes and Flo Jordan who have served the maximum 9 years.

Governor elections will be held for 17 seats in the following constituencies:
Public – South Gloucestershire (3 seats)
Public – North Somerset (1)
Public – Bristol (7)
Public – Rest of England and Wales (2)
Staff – Non-clinical (1)
Staff – Other Clinical (1)
Staff – Nursing and Midwifery (2)

3.0   Election Process

Elections for elected Governors are conducted in accordance with the Model Election Rules, which form part of the Trust's Constitution. The Trust is required to engage an independent returning officer to run the elections on our behalf. This has been confirmed as Electoral Reform Services, an independent body experienced in running democratic elections. The timeline will be as follows:

Nominations period: Notice of Election / nomination open - Thurs 7 Mar 2019
                            Nominations deadline - Thurs 4 Apr 2019

Ballot period: Voting packs dispatched - Tues 30 Apr 2019
                            Close of election - Fri 24 May 2019
                            Declaration of results - Tues 28 May 2019

New governors take up office: 1 June 2019

During the nominations period, the governor role will be promoted through emails, website, social media, posters, flyers, Voices magazine, and community and partner organisations, and – for staff governor vacancies – Newsbeat, Connect and staff meetings. Those wishing to stand for election/re-election will need to nominate themselves by completing a nomination form. To stand for election as governor, people need to be aged 16 or over, and a member of the constituency in which they are standing. During the ballot period, the returning officer will send ballot papers (hard copy and/or electronic) to eligible public and staff members so that they can vote for their preferred candidates in their constituencies.

4.0 Recommendations

Governors are asked to:
- **NOTE** the contents of the report.

University Hospitals Bristol
NHS Foundation Trust

Cover report to the Council of Governors meeting to be held on 31 January 2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

		Agenda Item	7.1
Meeting Title	Council of Governors	**Meeting Date**	31/01/2019
Report Title	Governor 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	☐
Non-executive Director appointments (appraisal review)	☐
Constitutional/forward plans	☐
Member/Public interests	☐
Significant transaction/private patient increase	☐
Appointment of External Auditor	☐
Appointment of the Chief Executive	☐

Action/Decision Required (please tick any which are relevant to this paper)							
For Decision	☐	For Assurance	☐	For Approval	☐	For Information	☒

Executive Summary

Purpose: The Council of Governors has responsibilities set out in the *Health and Social Care Act 2012*. 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:

- The current composition of the Council of Governors
- A summary of governor training and development in the last quarter.

Recommendations

Members are asked to:
- **Note** the report in relation to governor training and development.

Intended Audience (please tick any which are relevant to this paper)									
Board/Committee Members	☐	Regulators	☐	Governors	☒	Staff	☐	Public	☐

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

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

Composition

As of 23 January 2019 there were 29 governors in post and six vacancies. Public governor Jenny James resigned from her post in early January 2019 and in November 2018 staff governor Jane Westhead left the Trust.

All vacancies will now be addressed in the upcoming governor elections. Following the reconfiguration of constituencies and review of governor numbers in autumn 2018, this means that there will be 17 vacant seats available for election (including four staff governor seats and 13 public seats).

Governor training and development

The Trust has a governor development programme which aims to provide governors with the necessary core training and development of their skills to perform their statutory duties effectively. This includes quarterly governor development seminars, among other briefings for governors held within the Trust, and external training opportunities, as follows:

- There has been one Governor Development Seminar in this period, which took place on 16 January 2019 and was attended by 19 governors. The development seminar included an update on the Trust's improvement activity to provide consistently excellent customer service, including and introduction to the new 'Here to help' programme. There was an opportunity for governors to hear about the emerging Arts and Culture Strategy; feedback from the Well-Led Review; an update on developments relating to our partnership with Weston Area Health NHS Trust, and an opportunity to discuss and input into draft core areas of focus in the renewed Trust Strategy (Our 2025 Vision).

Other activities undertaken by governors over the quarter included:

- Eight governors participated in a workshop as part of the Well-Led Review on 31 October 2018.
- The third in a series of briefings around the Quality and Performance Report – this one from Anne Reader, Head of Quality (Patient Safety) relating to the quality indicators.
- A staff governor meeting with Chief Executive Robert Woolley on 8 January 2019.

2.0 ASSESSMENT

Governor training and development is progressing well with good attendance and engagement at development sessions. Feedback from the Well-Led Review found governors are engaged and active. There is always more training and development that can be done to fill gaps in knowledge and skills, and governors have identified areas of focus for the upcoming April and June seminars. We also continue to provide access to external training and networking opportunities for governors, the next through NHS Providers in February 2019.

3.0 RECOMMENDATIONS

Members are asked to:
- **NOTE** the contents of the report.

Cover report to the Council of Governors meeting to be held on 31 January 2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

		Agenda Item	8.1
Meeting Title	Council of Governors	**Meeting Date**	31/01/2019
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	☐
Non-executive Director appointments (appraisal review)	☐
Constitutional/forward plans	☐
Member/Public interests	☒
Significant transaction/private patient increase	☐
Appointment of External Auditor	☐
Appointment of the Chief Executive	☐

Action/Decision Required (please tick any which are relevant to this paper)							
For Decision	☐	For Assurance	☐	For Approval	☐	For Information	☒

Executive Summary

Purpose: The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications added or modified since the previous Council of Governors meeting.

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.

Recommendations

Governors are asked to:
- **Note the report**

Intended Audience (please tick any which are relevant to this paper)							
Board/Committee Members	☐	Regulators	☒	Governors	☒	Staff	☒	Public	☒

ID	Governor Name		
217	Kathy Baxter	**Theme:** Discharge	**Source:** From Constituency/ Members

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Query   **24/01/2019**

To what extent is the Trust discharging patients during the night, and what consideration and support is given to patients who have particular needs in the decision to discharge at this time?

Division: Trust-wide   **Executive Lead:** *Chief Nurse*   **Response requested:** 07/02/2019

Response

Status: *Assigned to Executive Lead*

ID	Governor Name		
216	Rashid Joomun	*Theme:* Mental health	*Source:* Other

Query   04/12/2018

Recent media reports about A&E departments struggling to meet their 4-hour target have emphasised the impact of patients presenting with mental health issues. Governors would like to seek assurance that the trust has adequate support in place both for patients presenting with mental health issues in A&E and for the trust staff who have to deal with them in such a pressured environment.

Division: Trust-wide   *Executive Lead:* *Chief Nurse*   *Response requested:* 18/12/2018

Response   24/01/2019

As part of the Government's 5 year plan for mental health there was a firm commitment to Liaison Psychiatry. Liaison Psychiatry services are becoming regarded as essential services within an acute hospital as any other departments. UH Bristol has a liaison psychiatry service which provides support to patients with mental health needs attending the Emergency Department. In 2018 the UH Bristol psychiatric liaison service was described by an independent review body as "excellent" and the overall UH Bristol emergency mental health response (Emergency Department plus liaison) as offering genuine parity of esteem for people in crisis.

The creation of the new role of Workplace Psychological Wellbeing Lead demonstrates a commitment to supporting positive psychological wellbeing amongst employees. It has been recognised that there is a need to consult with staff to inform a bespoke plan which addresses the needs of this workplace, rather than rolling out a more generic package of resources.

The Workplace Psychological Wellbeing Lead Mike Sheppard is currently consulting with staff to identify need and consider what might be most effective; and will be putting a plan in place in the coming months. It is Mike's intention that the plan will outline what resources are recommended, and will consider accessibility and sustainability to promote long term change. Communication will also be an important part of this role; to promote awareness and to tackle the difficulties that people may experience in discussing mental health.

Status: *Awaiting Governor Response*

ID	Governor Name		
215	John Sibley	**Theme:** Care of the elderly	**Source:** Other

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Query 29/11/2018

Given that we now have an 'end PJ paralysis' project up and running to encourage elderly, long-term patients to get out of bed and into their day clothes, I feel this needs a whole trust support. Given that 10 days in bed for someone over 80 can result in a 10% loss of muscle mass, it is in patients' and the trust's interest to minimise time spent in bed and to stimulate activity.

We all know that nursing staff do not have the time to deal with individual needs that would be covered in a care home setting. Therefore I am wondering if the Trust would consider employing care workers on the wards where elderly patients are stuck waiting for assessments and placements. These carers could do all washing, toileting, dressing and general stimulation of patients so that these patients can retain as much independence as possible when they leave hospital. I know from experience how valuable this would be as my mother's seven-month stay in the BRI resulted in endless hours in bed with no one to talk to and no stimulation. By the time a care home had been found for her she had lost the ability to walk. If care workers were employed it would free up nurses to spend more time with clinical needs. It would be an all round benefit.

Division: Trust-wide   *Executive Lead:* *Chief Nurse*   *Response requested:* 13/12/2018

Response 22/12/2018

Thank you for the endorsement of the hospital teams work to implement the national PJ paralysis initiative to maintain patients "normal" daily routine whilst in hospital. As you note this initiative aims to keep patients mobile, as independent as possible and wearing their own clothes while recovering in hospital. Under the banner of 'Get Up, Get Dressed and Get Moving', health professionals say that #endPJparalysis helps to encourage people to get out of bed during the day while staying in hospital which can:
* Prevent loss of muscle strength
* Reduce stay in hospital
* Avoid high risk of infection
* Assist a quicker recovery
* Encourage patients to maintain a normal routine
* Return patients home sooner

In regard to your suggestion regarding employing care workers on wards this is something that is already in place in all inpatient ward areas. Wards are staffed by a mix of registered nurses and nursing assistants who are responsible for all aspects of patient care including washing, toileting and dressing. These are supported by allied health professionals who provide physiotherapy support for patients. Many of the wards also have volunteers to support patients in other ways such as talking, reading, etc. the support from volunteers for patients that have an extended length of stay is very valuable. This is an area of volunteering the Trust is working to expand.

Status: *Closed*

ID	Governor Name
214	**Jane Sansom**

214 **Jane Sansom**   *Theme:* Arts programme   *Source:* Governor Direct

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Query   **21/11/2018**

Many staff, and hopefully patients and visitors, are delighted to see the Trust investing in Anna Farthing to develop an Arts Strategy. This sends a strong message that the Trust values the well-being of staff and patients. How is the programme funded and how will this funding be sustained to ensure the ongoing success of the programme?

Division: Trust-wide   *Executive Lead:* *Chief Executive*   *Response requested:* 05/12/2018

Response   **22/11/2018**

Anna Farthing's post as Arts Programme Director is funded by Above & Beyond for 18 months until October 2019. The current budget for the programme is a combination of Above & Beyond funding, capital, and funds from partnership projects with Bristol City Council, our local universities, Arts and Humanities Research Council etc. We receive essential and valuable in kind support from BID, civic organisations such as the Lord Mayors office, cultural organisations and individual volunteers.

The current programme offers low budget pilot projects, tasters and testers, to ascertain the potential value of the Arts and Culture programme to address strategic issues and the psycho social needs of patients, staff, students, families, visitors etc. These are arranged around a theme per month. After the focus month activities continue so that as more strands are introduced they can be embedded, and hopefully sustained by the engagement of participants. Part of the role is to create a strategy and action plans which will include resourcing and potential sources of financial support to sustain the programme.

Status: *Awaiting Governor Response*

ID	Governor Name		
213	Flo Jordan	Theme: Recruitment	Source: Governor Direct

Query   **08/11/2018**

How can staff, and potential staff, be assured that the recruitment process at the Trust (i.e. from advert to interview and offer) is being adhered to in line with Trust policies and values - and are staff adequately trained to follow the process?

Division: Trust-wide   *Executive Lead:* Director of People   *Response requested:* 22/11/2018

Response   **20/11/2018**

The HR Resourcing team routinely audit the Trust's recruitment process on a monthly basis with a random selection of files across Agenda for Change, Medical & Dental, Volunteers and Work Experience Placements to ensure compliance with the Trust's Recruitment policy, which is positioned and in line with the compliance stipulations of both NHS Employers and the Care Quality Commission (CQC). The outcome of these audits are used for team shared learning within Resourcing and also reported to the Safeguarding Recruitment Group where necessary.

The Trust provides a monthly 'Recruiting the Best' training session which covers off all aspects of the Trust's Recruitment policy. It is a requirement under the Trust's Recruitment policy that at least one interview panel member has attended the 'Recruiting the Best' training. In addition the HR Resourcing team provide quarterly open days designed to provide refresher training for managers on all aspects of recruitment. The next open day will be taking place on 5 December 2018.

Furthermore, the Trust shares the core values of the organisation from outset of the recruitment process. The values are positioned in all Job Descriptions, adverts and recruitment related correspondence. All shortlisted candidates receive a document which describes the values of the Trust and at interview, Managers are trained to assess the values and attitudes of candidates to ensure we are recruiting people who can recognise and are committed to working within

Status: *Awaiting Governor Response*

ID	Governor Name		
212	Graham Papworth	**Theme:** Impact of Brexit	**Source:** Governor Direct

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Query   **08/11/2018**

Does UH Bristol plan to cover the cost of any staff EU visas post Brexit? University College London Hospitals, St George's Hospitals and Guy's and St Thomas's have already said they will, with costs of £65 to £85 a head. If yes, what is the potential cost implication?

Division: Trust-wide   *Executive Lead:* *Director of People*   *Response requested:* 22/11/2018

Response   **22/11/2018**

The Trust's Senior Leadership team (SLT) has agreed to pay the £65 residency application fee for any EU staff working at UH Bristol who wish to apply for residency in the UK once the Government opens up the process nationally. Resourcing will provide drop-in sessions to support staff at the appropriate time. Comms to this affect are being disseminated w/c 12 November 2018 to all EU staff through Divisions to confirm the Trust's support and to ensure all our EU workers feel a valued part of the workforce.

Status: *Closed*

ID	Governor Name		
211	**Penny Parsons**	*Theme:* Patient feedback	*Source:* Project Focus Group

Query   **27/10/2018**

Thinking about the Trust's quality objective around implementing more responsive systems for gathering patient feedback, have other Trusts been consulted (in terms of learning from their mistakes and successes) in constructing and running these sorts of systems? What is the status of this project?

Division: Trust-wide   *Executive Lead:* Chief Nurse   *Response requested:* 09/11/2018

Response   **01/11/2018**

The Trust's Patient Experience and Involvement team talks to a range of trusts and suppliers about the patient experience systems they have in place, in particular Northumbria, Kings College Hospital, North Bristol Trust, Bristol Community Health and Imperial. There isn't one single approach that has come to the fore and they have all brought valuable insights to the development of the Trust's Quality Strategy.

Specifically in terms of real-time e-feedback systems, the key learning (and challenge) for UH Bristol is that collecting feedback in real-time needs to be backed up by robust processes and support for staff to use that data in 'rapid-time', the need for effective promotion of these opportunities to service-users, and also that these tools are a compliment to 'traditional' methods to capture and use patient feedback (surveys, focus groups, community engagement) rather than a replacement for them. These insights have all been built into our plans. That said, we are pushing this technology further than many organisations are by using is it not just as a means of collecting survey feedback, but using it as a mechanism for people to be able to feed directly into the Trust's complaints and resolution processes.

We are working towards an implementation in the Bristol Royal Infirmary by the end of December 2018. From there we will spend Q4 (January-March 2019) learning from this initial implementation, before rolling-out to our other hospitals during 2019/20.

Status: *Closed*

ID	Governor Name		
210	John Chablo	**Theme:** Digital hospital	**Source:** Governor Direct

Query   25/10/2018

As a Digital Exemplar, UH Bristol is doing great things internally implementing digital systems to make life easier and better for our staff and patients. However, the current website doesn't reflect this fantastic work going on, as it is not secure (https SSL certificate required) and is non responsive (not mobile friendly). As the majority of people now use mobile to view websites, this makes it very difficult to use and view, and I feel doesn't project the right image for us as Digital Exemplars. Are we looking at updating the site?

Division: Trust-wide   **Executive Lead:** Chief Operating Officer   **Response requested:** 08/11/2018

Response   30/10/2018

We are looking to upgrade our website in the near future and have begun to explore the options for this. Over the coming weeks we will be meeting with staff and other stakeholders to review what is good about the current website, what their aspirations are for a new website and to look at best practice at other trusts. Ensuring it is mobile friendly and accessible will be a key priority for the new website.

Supplementary question: What are the timescales for the upgrade?

Status: Re-opened

ID	Governor Name		
209	**Carole Dacombe**	*Theme:* Telecommunications	*Source:* Project Focus Group

Query   26/09/2018

Given the longstanding and significant need to give attention to issues relating to telephone systems at the Trust, governors were disappointed to note the relatively sparse feedback on telecommunication within the recent Q1 report on Corporate Quality Objectives.

We wish to seek assurance that work on telecommunication issues is being pursued with real urgency and priority within the customer service objective. Have measurable targets been set for this work?

Division: Trust-wide   *Executive Lead:* *Chief Nurse*   *Response requested:* 10/10/2018

Response   13/11/2018

In April 2018 we launched a Trust-wide initiative to improve our telecommunications alongside work undertaken directly within the divisions. Our primary outcome measure is the number of complaints the Trust receives about telecoms. A recent Trust-wide analysis from January 2014 to October 2018 indicates our median complaints per month is the lowest in 2018 (6.5 per month for 2014; 12.5 for 2015; 10.5 for 2016; 9 for 2017, and 5 for 2018 to date). This is an early indication that work to improve telecommunications is having a positive impact. We understand issues with telephone systems are particularly frustrating for patients and so continue with three major areas of focus:

1)Improving our performance reporting
Key to driving improvements are process measures that tell us whether the changes staff have made to their working arrangements have made any difference to the number of calls they answer. Yet, until this project launched we had very limited means of proactively reporting telecoms activity and performance. Our software system is configured to focus on outbound call activity. Thus, inbound call data was in a very raw form, requiring substantial post processing to share anything meaningful. For example, we cannot easily calculate the percentage of calls answered in a day, and calls will reflect as 'answered' when picked up by a voicemail server or bulletin message. We have been working with IM&T and the software provider to use the system to its best capability. Whilst we have made some gains in redirecting its focus to capture inbound performance, the data still requires post processing. An analyst is currently working on whether we can further refine our reports to provide the information we need to drive and sustain improvements. If this is not possible, we will look at new code to be written into subsequent versions of the software.

2)Direct support to particular teams
High-volume, outpatient-heavy departments have the highest inbound call demand and frequency of complaints. These departments are staffed by co-ordinator teams who have numerous administrative tasks, so we have taken a process-led approach to understand and overcome barriers to answering the phones in a timely way. We are optimising our use of existing resources by modifying task structures, rotas and improving teamwork to support them to answer more calls. We have also assessed sources of failure demand (e.g. other teams signposting callers to inappropriate extensions, or confusing information in letters prompting calls to the department). There are a number of issues that can divert priority from our phones. In this context, there will be a ceiling to the improvements that

can be made within current resources, unless we can broaden the scope of the project to reduce inbound call traffic further. This bears consideration when we plan how best to sustain improvements.

3)Sharing good practice, tips and stories from teams
Before launching an awareness drive in April 2018, some departments had already undertaken work to improve telecoms in their own areas. We used the learning from these teams and others joining the project to share good practice, tips and resources via internal communications channels. A recent staff survey showed that 76% of nearly 400 respondents are aware of the drive to 'Take phonership'. The next phase of our communications will focus on sharing the benefits of improving telecoms and making these resources more accessible

Measurable targets
Given the challenges obtaining clear telephony data, it has not been possible to set Trust-wide targets regarding the percentage of calls answered. Instead, we have focussed on providing site-specific data as a process measure to provide feedback to teams who are making changes. Our agreed outcome measure is a reduction in complaints. Our target is to reduce complaints in key departments by 50% at the end of Q4. Complaints have reduced by more than 50% in nine out of 12 identified departments. During Q3 we will continue our Trust-wide communications and direct work with departments. We will also continue our focus on improving the quality of telecoms data, to establish ongoing monitoring of performance within the divisions during 2019.

Status: *Closed*

ID	Governor Name		
208	**Flo Jordan**	**Theme:** Workforce	**Source:** Governor Direct

Query   20/09/2018

I am aware that pockets of our specialist workforce are under strain due to staff turnover including retention and upcoming retirements. Is the Trust aware of where these gaps are, and do we offer opportunities for existing staff to upskill or retrain to fill these gaps?

Follow up question submitted 08/11/18: It was good to hear that you have recruitment plans in place, but how do you measure their effectiveness and do you have any further comment on tackling the issue of retention?

Division: Trust-wide   *Executive Lead:* *Director of People*   **Response requested:** 04/10/2018

Response   17/10/2018

The Trust is aware of the gaps as this is reported through Divisional workforce reports on a monthly and quarterly basis with supporting recruitment plans in place as appropriate.

A component of these plans would be the opportunity to retain these staff by using the retire and return policy which we have successfully deployed in a number of high turnover areas. This is clearly not a long term sustainable solution therefore the Trust has commenced work on succession planning that will ultimately ensure our high risk roles have identified successors in the future.

24/01/19: The Trust has a key performance target for vacancies of 5%. (Vacancy levels are measured as the difference between the Full Time Equivalent (FTE) budgeted establishment and the Full Time Equivalent substantively employed, represented as a percentage, compared to a Trust-wide target of 5%). Achievement against this target is monitored through Divisional Performance and Ops reviews and by other senior stakeholders who are pivotal in supporting the delivery of recruitment activities to meet supply and demand across the Trust's workforce.

There are recruitment trajectories established in response to Divisional operating plans each year which are monitored to ensure that appropriate interventions and activities are in place where there are challenges in meeting the demand for a sustained recruitment pipeline.

Evaluations of marketing campaigns are also ongoing to measure success and to inform future advertising and attraction solutions.

With a sustained and proactive strategy on recruitment and establishing UH Bristol as an employer of choice, focus also remains on retention and reducing staff turnover. Across the Trust there are a number of robust action plans for staff engagement and health & wellbeing, and work is being undertaken to better understand why staff are leaving. This data supports and informs ongoing delivery of Trust wide and divisional recruitment, retention, wellbeing and training strategies.

ID   Governor Name

Furthermore, a Retention Group comprising staff group representatives from across the Trust has been established to work with the National NHS Improvement Staff Retention Programme. With an initial focus on clinical staff, this programme aims to support the Trust to enhance existing retention strategies and develop further initiatives which will improve the retention of staff.

Status: *Awaiting Governor Response*

Cover report to the Council of Governors meeting to be held on 31 January 2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

		Agenda Item	8.2
Meeting Title	Council of Governors	**Meeting Date**	31/01/2019
Report Title	Annual Cycle of Business for Council of Governors Meetings		
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	☐
Non-executive Director appointments (appraisal review)	☐
Constitutional/forward plans	☐
Member/Public interests	☒
Significant transaction/private patient increase	☐
Appointment of External Auditor	☐
Appointment of the Chief Executive	☐

Action/Decision Required (please tick any which are relevant to this paper)							
For Decision	☐	For Assurance	☐	For Approval	☐	For Information	☒

Executive Summary
Purpose: To receive the annual schedule of business to be transacted at Council of Governors meetings for the year 2019-2020. The meetings at which each business item will be transacted are highlighted in blue.

Recommendations
Governors are asked to: • **Note the report.**

Intended Audience (please tick any which are relevant to this paper)							
Board/Committee Members	☐	Regulators	☒	Governors	☒	Staff	☒	Public	☒

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

COUNCIL OF GOVERNORS - ANNUAL BUSINESS CYCLE 2019-20

	Sponsor	Author	Tues 30 April 2019 (14:00-16:00, CR)	Tues 30 Jul 2019 (14:00-16:00, CR)	Annual Members' Meeting Thurs 19 Sept 2019 (5pm-7pm LT1)	Thurs 28 Nov 2019 (14:00-16:00, CR)	Thurs 30 Jan 2020 (14:00-16:00, CR)
Chair's Welcome and Apologies	Chair	Chair	■	■	■	■	■
Declarations of Interest	Chair	Chair	■	■		■	■
Minutes and matters arising from previous meetings	Chair	Chair	■	■		■	■
Governors' Log of Communications	Chair	Governors	■	■		■	■
Nominations & Appointments Committee Report	Chair	Chair	■	■		■	■
Governor Training and Development Report	Trust Secretary	Membership Manager	■	■		■	■
Governor Groups Report (including reports from Quality Focus Group, Constitution Focus Group, Governors' Strategy Group and any others)	Focus Group chairs	Membership Manager	■	■		■	■
Terms of Reference for Governor Focus Groups	Trust Secretary	Membership Manager	■				
Holding to Account Report	Trust Secretary	Membership Manager	■	■		■	■
Membership and Engagement Report	Trust Secretary	Membership Manager	■	■		■	■
Chief Executive's Report	Chief Executive	Chief Executive	■	■		■	■
Quarterly Patient Experience and Complaints reports	Chief Nurse	Chief Nurse	■	■		■	■
Governors' Questions to the Board of Directors	Chair	Governors	■	■		■	■
Foundation Trust Members' Questions	Chair	FT Members	■	■	■	■	■
Appointment of Lead Governor	Trust Secretary	Membership Manager	■				
Foundation Trust Constitution review	Chair	Trust Secretary				■	
Council of Governors Register of Interests	Trust Secretary	Trust Secretary	■				
Election and Appointment of Governors	Trust Secretary	Membership Manager					■
Annual Cycle of Meeting Business	Trust Secretary	Membership Manager					■
Governors Meeting Dates for 2020/21	Trust Secretary	Trust Secretary				■	
Appointment/Re-appointment of Non-executive Directors/Chair (as necessary)	Chair	Trust Secretary	■				
Annual Plan	Chief Executive	Chief Executive	■				
Independent Auditor's Report to the Governors on the Quality Report	Chief Nurse	Chief Nurse		■			
UH Bristol Quality Report	Chief Nurse	Chief Nurse		■			
Significant Transactions - ad hoc	Chair	Chair					
Mergers/Acquisitions/Reconfiguration - ad hoc	Chief Executive	Chief Executive					
Major Capital Projects - ad hoc	Chief Executive	Chief Executive					
Achievement of Corporate Quality Objectives	Chief Nurse	Chief Nurse		■			
Presentation of the Annual Report and Accounts	Chief Executive and Director of Finance	Chief Executive and Director of Finance			■		
Presentation of the External Auditors Opinion on the Annual Report (Annual Audit Letter)	Chief Executive	Chief Executive			■		
Governors' Annual Report of Governor and Membership Activity	Lead Governor	Membership Manager			■		