

COUNCIL OF GOVERNORS

Meeting to be held on Thursday 28 November 2019 at **14:00-15:00 (private session)**
and 15:00-16:00 (public session) in the Conference Room, Trust Headquarters,
Marlborough Street, Bristol, BS1 3NU

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	PAGE NO.	TIMING
MEETING OF THE COUNCIL OF GOVERNORS IN PRIVATE 14:00 – 15:00					
1.0 Preliminary Business					
1.1	Introduction and apologies	Information	<i>Chair</i>	Verbal	15.00
1.2	Declarations of Interest	Information	<i>Chair</i>	Verbal	
1.3	Minutes of the last meeting held on 30 July 2019 and minutes of the Annual Members' Meeting held on 19 September 2019	Approval Information	<i>Chair</i>	p. 3	
1.4	Matters arising (Action Log)	Approval	<i>Chair</i>	p.22	
1.5	Chair's Report	Information	<i>Chair</i>	Verbal	15.05
2.0 Performance Update and Strategic Outlook					
2.1	Chief Executive's report	Information	<i>Chief Executive</i>	Verbal	15.10
2.2	Weston Partnership and Merger Update – note UH Bristol Board decision on Full Business Case – note governor engagement process	Information	<i>Chief Executive</i>	p.23	15.20
2.3	Quarterly Patient Experience and Complaints Reports (Q1)	Information	<i>Chief Nurse</i>	Attached as supporting information	
3.0 Non-Executive Director appointments (appraisal/review)					
3.1	Nominations and Appointments Committee report - Re-appointment of David Armstrong - Non-Executive Director remuneration	Information Approval Approval	<i>Director of Corporate Governance</i>	p.27	15.30
4.0 Member/Public interests					
4.1	Draft Membership Strategy	Approval	<i>Membership Manager</i>	p.29	15.35
5.0 Items for Information					
5.1	Holding to account report	Assurance	<i>Membership Manager</i>	p.44	15.45
5.2	Governor Group reports a) Quality Focus Group b) Governors' Strategy Group	Assurance	<i>Governor Group Leads</i>	p.46	

	c) Constitution Focus Group				
5.3	Membership Engagement report	Information	<i>Membership Manager</i>	p.52	
5.4	Governor training and development report		<i>Membership Manager</i>	p.56	
5.5	Governors' Log of Communications	Information	<i>Chair</i>	p.58	
5.6	Meeting dates 2020/21	Information	<i>Chair</i>	p.63	
6.0 Concluding Business					
6.1	Foundation Trust Members' Questions	Information	<i>Chair</i>	Verbal	15.50
6.2	Any Other Business	Information	<i>Chair</i>	Verbal	
6.3	Date and time of next meeting: <ul style="list-style-type: none"> Council of Governors' Meeting: Thursday 30 January 2020, 2pm-4pm, Conference Room, Trust HQ. 	Information	<i>Chair</i>	Verbal	

**Minutes of the Council of Governors Meeting held on Tuesday 30 July 2019 at
 14:30 in the Conference Room, Trust Headquarters, Marlborough Street, BS1 3NU**

Present

Jeff Farrar – Chair
 Mo Phillips – Public Governor (Lead Governor)
 Hessam Amiri – Public Governor
 Graham Briscoe – Public Governor
 John Chablo – Public Governor
 Carole Dacombe – Public Governor
 Tom Frewin – Public Governor
 Graham Papworth – Public Governor
 Ray Phipps – Public Governor
 Martin Rose – Public Governor
 John Sibley – Public Governor
 Malcolm Watson – Public Governor
 Michelle Bonfield – Staff Governor
 Chrissie Gardner – Staff Governor
 Hannah McNiven – Staff Governor
 Barry Lane – Staff Governor
 Sally Moyle – Appointed Governor (University of the West of England)
 Sophie Jenkins – Appointed Governor (Joint Union Committee)
 Astrid Linthorst – Appointed Governor (University of Bristol)
 Aishah Farooq – Appointed Governor (Youth Involvement Group)

In Attendance

Robert Woolley – Chief Executive
 Mark Smith – Chief Operating Officer and Deputy Chief Executive
 Paula Clarke – Director of Strategy and Transformation
 Neil Kemsley – Director of Finance and Information
 Matt Joint – Director of People
 Carolyn Mills – Chief Nurse
 Bernard Galton – Non-Executive Director
 Julian Dennis – Non-Executive Director
 Guy Orpen – Non-Executive Director
 David Armstrong – Non-Executive Director
 Jayne Mee – Non-Executive Director
 Sue Balcombe – Non-Executive Director (Designate)
 Eric Sanders – Trust Secretary
 Kate Hanlon – Membership Engagement Manager

Minutes: Sarah Murch – Membership and Governance Administrator

Minute Ref:	Item	Actions
COG27/07/19	1.1 Chair's Introduction and Apologies	
	The Chair, Jeff Farrar, welcomed everyone to the meeting. Apologies had been received from Kathy Baxter, Sue Milestone, Debbi Norden, Penny Parsons, John Rose, Jane Sansom, Mary Whittington and Garry Williams. As this was the first Council of Governors meeting for newly-	

	elected governors, all present at the meeting introduced themselves	
COG28/07/19	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 new declarations of interest.	
COG 29/07/19	1.3 Minutes from Previous Meeting	
	<p>Governors considered the minutes of the meeting of the Council of Governors held on 30 April and the Extraordinary Meeting of the Council of Governors on 24 May.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the minutes of the Council of Governors meeting held on 30 April and 24 May 2019 as a true and accurate record of the proceedings. 	
COG30/07/19	1.4 Matters Arising/Action Log	
	<p>Governors received the action log and noted updates against the actions as follows:</p> <p>COG 05/04/19 Information about the universities' diversity and inclusion training to be shared: Contact had been made with University of Bristol organiser of workshop on unconscious bias, with the aim of working together for a training session for governors in their October seminar.</p> <p>COG 50/10/18 Governors to receive a draft Membership Strategy at the January Council of Governors meeting: This had been deferred until later in the year to allow for further engagement. The first draft of a Membership Strategy had been received at the July Constitution Focus Group meeting for discussion with governors.</p>	
COG 31/07/19	1.5 Chair's Report	
	<p>This was a standing agenda item to enable the Chair, Jeff Farrar, to discuss with governors his activity in the last quarter and his current reflections. His activity in the last quarter had included:</p> <p>Nationally:</p> <ul style="list-style-type: none"> • Attendance at a Good Governance Institute conference in London to talk about UH Bristol's governance and leadership • Attendance at a meeting with the Chief Executives of NHS England and NHS Improvement to discuss the priorities for the health service over the next ten years. <p>Regionally:</p> <ul style="list-style-type: none"> • Two Board development seminars with North Bristol NHS Trust • Discussions with Chair and Chief Executive of Weston Area Health NHS Trust about partnership working • Attendance at the City Leaders' Meeting hosted by the Mayor of Bristol to discuss the part played by UH Bristol in the city 	

	<ul style="list-style-type: none"> • Inaugural meeting of the Partnership Board for Healthier Together/Sustainability and Transformation Partnership. <p>Within the Trust:</p> <ul style="list-style-type: none"> • Non-Executive Director recruitment campaign to appoint three new Non-Executive Directors, who were now in post • Regular meetings with the University of Bristol to talk about issues in Bristol Dental Hospital • Chairing consultant interviews • Launch of UH Bristol's five-year strategy, including staff engagement • One-to-one meetings with new governors. <p>Jeff Farrar invited questions from governors. In response to a question from Malcolm Watson, Public Governor, about how consultant interview panels were constituted, Jeff Farrar explained that they would be chaired by himself or a Non-Executive Director and also included the Medical Director, the Chief Executive or his nominee, an HR representative, a university representative if necessary, a representative of the Royal Colleges and one or two consultants from the field. Malcolm Watson added that some Trusts invited governors to observe the process. This was noted.</p> <p>Carole Dacombe, Public Governor, enquired whether all panel members had undertaken appropriate training in diversity and inclusion and in unconscious bias. Matt Joint, Director of People, responded that this was not a standard requirement at present but that this was an area under review. He agreed to check progress and report back.</p> <p>Action: Review diversity and inclusion training needs for consultant interview panels and report back to governors</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chair's Report to note. 	Director of People
COG32/07/19	2.1 Chief Executive's Report	
	<p>Robert Woolley, Chief Executive provided a verbal update to governors on progress against the four priority areas that the Trust had set this year for its leadership (Quality and Safety, Staff Wellbeing and Engagement, Working Smarter and Making Ourselves Fit for the Future), as follows:</p> <ol style="list-style-type: none"> 1. Quality and Safety: UH Bristol had set an objective of becoming the safest trust in England with the best patient experience. The results of the 2018 Care Quality Commission's national inpatient survey had been published last month, and UH Bristol had been rated the top general acute trust in England for the overall patient experience score. Work was now underway to develop metrics to report progress as to how UH Bristol could demonstrate safety on a comparable basis to other Trusts to help demonstrate 	

progress against the objective.

The Trust was also waiting to hear the results of the CQC inspections that had taken place in May. There had been an informal letter of feedback which had included a description of UH Bristol staff as friendly, authentic, open and honest. The final report would be received in mid-August.

2. **Staff Wellbeing and Engagement:** Use of the 'Happy App' staff feedback tool was increasing. The Trust had published new psychological wellbeing resources for staff, there were now over 160 wellbeing advocates in different departments across the Trust and training sessions were well-attended. The Trust had published its new diversity and inclusion strategy and was now finalising divisional diversity and inclusion plans to take the strategy forward. A senior leaders' workshop on tackling bullying and harassment had identified the areas to focus on, and there was a drive to increase training for managers in this area.
3. **Working Smarter:** Patient flow principles for clinical teams were being implemented to improve clinical decision-making, to ensure the commitment of senior staff in engaging in ward rounds and to make sure the right reporting structures were in place.
4. **Making ourselves fit for the future:** The Trust was investing £9m this year into new service developments in the Emergency Department, specialised services, silver trauma (ortho-geriatrics and associated support), and for Allied Health Professionals. Around £11m of capital spending had been allocated and was split between operational requirements and major medical equipment. The Trust had also started investing in new roles, such as physician associates and nursing associates and was looking at developing a business case for an advanced practitioner workforce in order to address workforce challenges. The Trust was working closely with Healthier Together (the BNSSG Sustainability and Transformation Partnership) to develop a five-year regional system plan that would answer all the requirements of the NHS Long-Term plan but also regional changes to models of care. The region was required to produce a draft plan by September and a final plan by November.

Robert Woolley invited questions from governors. Malcolm Watson, Public Governor, welcomed the Trust's consideration of an advanced practitioner workforce, and asked whether plans to implement this would involve the universities. Robert Woolley responded that it would, but the roles had not yet been defined and the Trust did not yet know how far it was affordable. Sally Moyle, Appointed Governor for the University of West of England, responded that an advanced clinical practitioner masters' degree programme was now running at UWE, and they worked with Trusts and other organisations in order to deliver it.

	<p>Malcolm Watson further noted that the contract for community care had now been awarded and asked if there were any implications for UH Bristol. Robert Woolley confirmed that the Clinical Commissioning Group had announced that Sirona were their preferred organisation for taking on the contract, with a formal decision expected later in the year. UH Bristol already worked closely with Sirona through regional system-working, but there would be implications for the Trust which would need to be worked through.</p> <p>Ray Phipps, Public Governor, enquired whether the Trust had experienced any recent challenges in working with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP). Robert Woolley responded that AWP were a very committed partner in the regional system. There was currently a new strategy under development for the region which involved a more integrated approach to mental health by clinicians in organisations across the system rather than it being the responsibility of one organisation.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chief Executive's report to note. 	
COG33/07/19	2.2 Weston Merger Update	
	<p>Governors had been provided with a report updating them on the partnership with Weston Area Health NHS Trust (WAHT) and progress on the plan to merge UH Bristol and WAHT. Paula Clarke, Director of Strategy and Transformation confirmed that due diligence was now taking place and that the merger programme was proceeding with the twin milestones of the full business case by the end of November 2019 and completion of the merger on 1 April 2020.</p> <p>Robert Woolley added that the Trusts had announced today that there would be a change of leadership at Weston Area Health NHS Trust with Jeff Farrar and Robert Woolley taking on dual Chair and Chief Executive roles at both UH Bristol and WAHT from 1 September 2019. Governors had received a briefing from Jeff Farrar and Robert Woolley on this change of leadership in advance of the meeting. They had asked a number of questions about the implications and had sought reassurance from the Board that the arrangement would be effectively managed and risks mitigated appropriately.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Weston Area Health NHS Trust merger report to note. 	
COG 34/07/19	2.3 External Auditors report on Quality Report	
	<p>Governors had received the External Auditors' Report on the Quality Report 2018/19. This had previously been discussed by governors through their Quality Focus Group. Carolyn Mills, Chief Nurse, added that there had been no substantive issues identified by the external auditors on the quality indicators tested in the year.</p>	

	Members RESOLVED to: <ul style="list-style-type: none"> • Receive the External Auditors' Report on the Quality Report to note. 	
COG 35/07/19	2.4 Patient Experience Report and Patient Complaints Report	
	<p>Carolyn Mills, Chief Nurse, introduced the Trust's quarterly Patient Experience Report and Patient Complaints reports. These provided high level assurance to governors on the Trust's activities in these areas.</p> <p>Carole Dacombe, Public Governor, added that governors had been particularly pleased to see that the report's section on Learning from Complaints had been expanded and now included specific items to make it clear that the Trust was learning from complaints and making changes as a result of them.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Patient Experience and Complaints reports to note. 	
COG 36/07/19	3.1 Holding to Account Report	
	<p>Kate Hanlon, Membership Engagement Manager, introduced this report, which included a short summary of ways in which governors had carried out their duty to hold Non-Executive Directors to account in the quarter.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Holding to Account report to note. 	
COG37/07/19	4.1 Nominations and Appointments Committee	
	<p>Jeff Farrar, Trust Chair, presented a report of the meeting of the Nominations and Appointments Committee on 8 May. Committee members had considered appraisal documentation for four Non-Executive Directors: Julian Dennis, Martin Sykes, Steve West and Madhu Bhabuta.</p> <p>Governors were asked to approve a minor amendment to the Terms of Reference for the Committee and the committee membership for the year ahead. As five members of the committee had ended their governor terms of office on 31 May, governors agreed to appoint Ray Phipps, John Rose, Penny Parsons, Barry Lane and Sally Moyle to the committee, and to re-appoint the remaining seven members: Malcolm Watson, Mo Phillips, Carole Dacombe, Garry Williams, Kathy Baxter, Sophie Jenkins and Jane Sansom.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Nominations and Appointments Committee report to note. • Approve the Terms of Reference for the Nominations and Appointments Committee • Approve the Committee membership for 2019/20. 	

COG38/07/19	4.2 Appointment of Vice-Chair	
	<p>Jeff Farrar, Trust Chair, advised governors that the Trust needed to appoint a new Vice-Chair, following the departure of Jill Youds on 31 March. According to the Trust's Constitution, it was the responsibility of the Council of Governors to appoint one of the Non-Executive Directors to take on the role of Vice-Chair.</p> <p>As agreed with governors at the Nominations and Appointments Committee meeting on 8 May, Jeff Farrar had approached all Non-Executive Directors to ask for expressions of interest. Following conversations with each individual who had been interested, he was now recommending Martin Sykes for the role. He confirmed that Martin would have the availability to meet the requirements of the role given that they could increase in the coming months with the Chair's new additional role at Weston Area Health NHS Trust. Governors voiced their support for this recommendation. Mo Phillips, Lead Governor, added that Martin Sykes would be a measured and effective Vice-Chair.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the appointment of Martin Sykes as Vice-Chair, to be reviewed in line with his term of office. 	
COG 39/07/19	Governor Group Reports	
	<p>Written reports had been circulated from the three governor working groups: the Quality Focus Group, the Governors' Strategy Group, and the Constitution Focus Group.</p> <p><u>Quality Focus Group:</u> Carole Dacombe, Governor Chair of the Quality Focus Group, introduced a report of the group's meetings on 19 July and 21 May: both full meetings with lively discussion. The group continued to have excellent support from Julian Dennis, Non-Executive Director. At their May meeting, the group had been particularly pleased to receive an update on the Trust's discharge planning initiative from the Integrated Discharge Team. At the July meeting, William Oldfield, Medical Director, had attended to explain the Trust's medical staffing model, and governors had found this extremely helpful in clarifying the staffing challenges faced by the Trust. The group had reviewed the External Auditor's report on the 2018/19 Quality Report and had wished it to be clarified that this year the 'governors' selected indicator' had not in fact been selected by governors, as national guidance had directed that governors support a particular indicator. The group had also received an update from John Moore and Bernard Galton on the recent work of the People Committee.</p> <p><u>Governors' Strategy Group</u> Malcolm Watson, former governor chair of the Governors' Strategy Group, reported back from the group's meeting on 8 May. David Wynick, Director of Research and Innovation had given an overview of research and innovation at the Trust. Governors had been impressed to hear the extent of the Trust's research and its importance to the</p>	

	<p>Trust. Governors had received updates from Paula Clarke, Director of Strategy and Transformation, on the Trust's current partnerships with other organisations in the region and also a report on the Trust's major strategic capital schemes. Governors had sought assurance from Martin Sykes, Non-Executive Director that the Board was monitoring slippage and delays in capital projects, and had been reassured by his response. The group had also received reports about the work of the Board's Finance Committee from Martin Sykes and were very grateful for his contribution.</p> <p><u>Constitution Focus Group.</u></p> <p>Ray Phipps, Governor Chair of the Constitution Focus Group, reported back from the group's meetings on 21 May and 19 July. At their May meeting they had been particularly pleased to receive a report from David Armstrong about the work of the Audit Committee. They had discussed at length the committee's progress towards achieving its objectives for the year, particularly improvements in committee oversight of key risks. At the July meeting, the Trust's new Director of Communications was in attendance to talk about her plans for a new communications strategy. At both meetings governors had received reports on membership numbers, membership engagement, and governor elections, and in the July meeting there was a discussion on potential options for the Trust's overarching membership strategy for the coming years.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the reports to note. 	
COG40/07/19	<p>6.1 Membership engagement report</p> <p>Kate Hanlon, Membership Engagement Manager, presented a report of membership numbers and key activities undertaken to engage with public and staff members in the past quarter. Governor elections had been a key focus in the past quarter. Other engagement had included newsletters to members and Health Matters Events – monthly public events on the topics of pain management in May, children's trauma services in June, and stroke care in July. Work over the next quarter would include setting the programme of Health Matters Events for the year ahead in conversation with other teams and initiatives in the Trust such as the Youth Involvement Group, the Public and Patient Involvement Team, and the Arts Programme.</p> <p>Malcolm Watson, Public Governor added that some governors had recently held a meeting with members of the Council of Governors at Royal United Hospitals Bath NHS Foundation Trust and had been interested to hear of their membership engagement initiatives such as constituency surgeries held by governors. Carole Dacombe added that at a recent national governor conference she had attended in London, governors in all areas had discussed similar challenges in terms of membership engagement. She had noticed that examples of good practice presented by other Trusts were mostly already current practice for UH Bristol.</p>	

	<p><u>Youth Involvement Group Report</u></p> <p>Aishah Farooq, Appointed Governor for the Youth Involvement Group (YIG), provided an update on the activities of the group and a reflection on her role since her appointment last September. Governors were reminded that the Youth Involvement Group were young members of the Trust aged between 11 and 21 who met on a monthly basis at Bristol Royal Hospital for Children. As well as appointing two of their members to the Council of Governors every year, the group took part in various activities to support the work of the Trust from the perspective of young people. As a YIG member in the past year, Aishah's activities had included:</p> <ul style="list-style-type: none"> • Taking part in a '15-step challenge' assessment of the hospital environment in C708 (as a result of which the area would be getting an accreditation for being 'young person friendly' towards the end of August) • Together with a number of YIG members, attending Health Matters events on the Trust quality and strategic objectives, and also on Children's Trauma Services • Sitting on an interview panel for a congenital heart disease youth worker • Attending a Trust Diversity and Inclusion event • Attending transition delivery group meetings, and planning transition events in cardiology and endocrinology for later in the year • Helping to support stalls and stands across the hospitals to raise awareness of issues e.g. coeliac disease • On 27 July, YIG had held an open day at the Trust's Simulation Centre for 14-18 year olds interested in future careers in the NHS, which had been attended by more than 80 young people and had gained very positive feedback. <p>The Chair and governors thanked Aishah for the enthusiasm that she put into her role as a governor. It was noted that her 12-month term of office as governor ended in August and that she was hoping to stand for re-appointment for a further year.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	
COG41/07/19	<p>6.2 Elections report</p> <p>Sarah Murch, Membership and Governance Administrator, presented a short report on the results of the 2019 elections to the Trust's Council of Governors. The Trust had received 28 nominations for 17 public and staff seats, with governors in three seats elected unopposed, and elections taking place for the others. The election had closed on 24 May with results declared on 28 May and new governors taking up office on 1 June.</p> <p>Election Turnout: Governors were provided with a comparison of the election turnout with previous years, showing the percentage of eligible</p>	

	<p>members who voted in each constituency class in 2019 compared with the results of governor elections in 2017, 2016 and 2014. Turnout had slightly improved in the staff constituencies, but was slightly lower than previous years in two of the public constituencies (though around average for NHS Foundation Trusts).</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Governor Election results report to note. 	
COG42/07/19	7.1 Governor Training and Development Report	
	<p>Kate Hanlon, Membership Engagement Manager, presented a report on governor training and development in the quarter. On 1 June 2019 the new configuration of the Council of Governors, approved in late 2018, took effect and the Council of Governors now comprised 29 governors in total (17 public, 6 staff and 6 appointed governors). For the first time in a number of years, there were no governor vacancies, partly due to the reconfiguration of the Council of Governors and partly due to the 2019 governor elections.</p> <p>In relation to governor training, since 1 June there had been a focus on induction for new governors to support them in their role. Next quarter there would be a focus on ensuring governors had training to help them to understand their responsibilities in relation to the UH Bristol's merger with Weston Area Health NHS Trust.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Governor Training and Development Report to note. 	
COG43/07/19	8.1 Governors' Log of Communications	
	<p>The Council noted the report of the most recent questions that governors had asked directors via the Governors' Log of Communications. Governors expressed their thanks to Executive Directors for the comprehensive nature of their responses. In response to a question from Martin Rose, Public Governor, it was noted that a response was still awaited for one question, which had been raised on behalf of a Trust member and enquired after the Trust's plastic usage and its efforts to reduce, reuse and recycle.</p> <p>Receive the Governors' Log of Communications to note.</p>	
COG44/07/19	8.2 Council of Governors' Register of Business Interests	
	<p>Governors noted that the Governors' Register of Interests had been updated following the outcome of the governor elections.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	
COG45/07/19	9.1 Governors' Questions to the Board	
	The Chair invited questions from governors. There were no further	

	questions.	
COG460719	9.2 Foundation Trust Members' Questions	
	There were no Foundation Trust members present.	
COG470719	9.3 Any Other Business	
	There was no other business.	
	Meeting close and date of next meeting The Chair declared the meeting closed at 16:00 Date and time of next Council of Governors meeting – Thursday 28 November 2019 at 2pm in the Conference Room, Trust HQ, Marlborough Street, Bristol, BS1 3NU.	

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

Minutes of the Annual Members' Meeting held on 19 September 2019 at 17:00 at the Education and Research Centre, Upper Maudlin Street, Bristol, BS2 8AE

Present

Members of the Trust Board of Directors

Jeff Farrar - Chair
Robert Woolley – Chief Executive
Mark Smith – Deputy Chief Executive and Chief Operating Officer
Neil Kemsley – Director of Finance and Information
Carolyn Mills – Chief Nurse
Paula Clarke – Director of Strategy and Transformation
William Oldfield – Medical Director
Matt Joint – Director of People
Madhu Bhabuta – Non-Executive Director Designate
Julian Dennis – Non-Executive Director
Bernard Galton – Non-Executive Director
Jayne Mee – Non-Executive Director

Members of the Council of Governors

Michelle Bonfield – Staff Governor
Graham Briscoe – Public Governor
John Chablo – Public Governor
Carole Dacombe – Public Governor
Aishah Farooq – Appointed Governor (Youth Involvement Group)
Astrid Linthorst – Appointed Governor (University of Bristol)
Hannah McNiven – Staff Governor
Sally Moyle – Appointed Governor (University of the West of England)
Graham Papworth – Public Governor
Mo Phillips – Public Governor (Joint Lead Governor)
Ray Phipps – Public Governor
John Rose – Public Governor
Marimo Rossiter – Appointed Governor (Youth Involvement Group)
Jane Sansom – Staff Governor
Garry Williams – Public Governor

In Attendance

Kate Hanlon – Membership Engagement Manager
Emma Mooney – Director of Communications
Nina Stock - Outpatient Services Manager – *Guest Speaker*
Craig Sullivan, Director, PricewaterhouseCoopers – *External Auditor*
Approximately 25 public, patient and staff members of University Hospitals Bristol NHS Foundation Trust and members of the public.

Minutes

Sarah Murch – Membership and Governance Administrator

1. Chair's Introduction and Apologies

The Chair of the Trust, Jeff Farrar, welcomed everyone to the meeting. In his opening remarks he acknowledged those governors and Board members who had left during the year and welcomed those newly-elected or appointed in the past year. Highlights of his second year as Chair had included the Trust's Outstanding rating from the Care Quality Commission, which he viewed as a testament to the remarkable work of staff at the Trust.

Apologies were noted from governors Chrissie Gardner, Sue Milestone, John Sibley and Mary Whittington.

2. Minutes of the previous Annual Members Meeting

The minutes of the Annual Members' Meeting on 13 September 2018 were approved as an accurate record of proceedings.

3. Independent Auditors' Report

Members received the External Auditors' Report from Craig Sullivan, Director of PricewaterhouseCoopers (PwC). He outlined PwC's three key responsibilities as the Trust's external auditors in relation to the Annual Report for 2018/19 and reported their conclusions as follows:

- 1. Financial statements:** Following a thorough audit, PwC had issued an unqualified audit opinion on the Trust's financial statements, concluding that the financial statements were a true and fair representation of the Trust's accounts for the year.
- 2. Value for money:** PwC had also issued an unqualified opinion in relation to value for money, concluding that Trust had used its resources effectively, efficiently and economically.
- 3. Quality Report:** There were three elements to the external auditors' examination of the Quality Report. Firstly, they had reviewed the content of the Quality Report and concluded that was compliant with guidance issued by NHS Improvement. Secondly, they had concluded that the report was consistent with other information from the Trust and its stakeholders. Thirdly they had reviewed three key indicators in order to validate the Trust's performance data. NHS Improvement had identified two mandated indicators – the 62 day cancer target and 4-hour A&E waiting time target. There was also a third indicator selected by the Trust's governors, and this year NHS Improvement had suggested that this be the summary hospital-level mortality indicator, which governors had supported. PwC had identified no issues or errors and had concluded that the Trust's data was accurate across all three indicators.

The Chair thanked Craig Sullivan for attending and he left the meeting.

4. Presentation of Annual Report and Accounts and Quality Report for 2018/19

Robert Woolley, Chief Executive, and Neil Kemsley, Director of Finance and Information jointly presented the Annual Report and Accounts for 2018/19, with Carolyn Mills, Chief Nurse, presenting the Quality Report for the year.

Review of the Year 2018/19

Robert Woolley, Chief Executive, began by introducing the Trust's new five-year strategy which had been launched earlier in the year. The Trust's revised strategic vision reflected its intention to work more closely with health and care partners in the region, to grow its specialist services, and to place greater emphasis on education and research, as well as continuing to deliver exceptional care.

Among key developments in the year had been the strengthening of the Trust's partnership with Weston Area Health NHS Trust (WAHT), in preparation for the merger between the two Trusts in April 2020. As part of this, from 1 September 2019 he had taken on the role of Chief Executive of WAHT as well as UH Bristol and Jeff Farrar had become Chair of both organisations.

Other highlights had included the Outstanding rating from the Care Quality Commission received by the Trust in August 2019 after an inspection in May, making the Trust one of only three general acute Trusts in the country to receive an Outstanding rating on two consecutive occasions. He reflected on further priorities and successes of 2018/19 as follows:

Delivering Best Care

- The Trust had received the best overall hospital experience score of all general acute trusts in the Care Quality Commission's National Adult Inpatient Survey (for the second time in three years).
- A three-year Sign-up-to-Safety programme had concluded and the rate of adverse incidents had halved over the course of the programme.
- The Trust had undertaken significant work with its partners to reduce the number of deaths related to sepsis.
- *Here to Help*: A new initiative to improve the Trust's customer service focus had resulted in the installation of real-time feedback points around the hospitals for patients to use.

Improving patient flow

- Demand for services continued to grow. The Trust had focused on being better prepared for winter, with additional staff, extra beds, and significant improvements in the way that clinical teams worked together which had led to an improvement in performance over winter. However, there still remained challenges in meeting ever-increasing demand.
- Teams continued to introduce new ways of working, for example, a new system had been put in place which delivered real-time information on the location of every patient in the hospitals.

Renewing our hospitals

- The Trust had maintained its strong track record of investment in its hospitals - over £200 million over the past 10 years. In the past year this had included investment in a new linear accelerator for radiotherapy patients and improvements in IT including a digital solution to improve staff handover of patient care.
- The Trust had now committed to invest £237 million of capital over the next four years to develop specialist clinical services and to renew and upgrade medical equipment, IT and estates infrastructure.

Building Capability

- The Trust had continued to focus on improving staff experience and wellbeing. The staff engagement score in the NHS Staff Survey had risen for the fifth year running.
- The Trust Board had outlined a major commitment to improving diversity and inclusion at the Trust.
- There was a renewed focus on professional education.
- An improved version of the "Happy App" (an app supporting staff wellbeing) had been launched.
- Around 500 staff had been trained in quality improvement methods through the Trust's Quality Improvement Academy.

Leading in Partnership

- The Trust had maintained its crucial partnerships with other NHS providers, commissioners, local authorities, universities and training providers. It would be important to work even more closely going forward as this was part of the NHS long-term plan.
- UH Bristol had strengthened its partnership with Weston Area Health NHS Trust – with increased joint working in many services as both Trusts worked towards the proposed merger in April 2020.
- The Trust continued to play a leadership role in 'Healthier Together', the system-wide collaboration between health and care organisations in Bristol, North Somerset and South Gloucestershire.

Robert Woolley concluded by thanking all the charities who had worked with or supported UH Bristol in 2018/19 particularly Above and Beyond. He outlined his ambitions for 2019/20 which included working towards becoming the safest Trust in England with the best patient experience,

improving staff wellbeing, continuing to work smarter to eliminate waste and delays, and continuing to work to ensure that the Trust was fit for the future.

Annual Accounts 2018/19

Neil Kemsley, Director of Finance and Information, presented the Trust's financial results for 2018/19. Having joined the Trust in June 2019, he paid tribute to his predecessor, Paul Mapson, who had retired this year after many years as Director of Finance and who had played a major part in the financial success of the Trust over that time.

Headlines for the year included:

- The Trust had managed to deliver a core surplus of £5m, against a plan of £3m. This had then triggered an additional £25m of Provider Sustainability Funding.
- The cash balance at the end of the year was £100m, against a plan of £80m due to the Trust spending less than planned on capital projects over the year. It was planned to use this for future strategic capital developments.
- Income for the year was £693m, of which around 85% was for care that the Trust provided. The rest related to education, training, research and other services.
- Expenditure was £688m, of which 59% related to staff costs and 26% to supplies and services.
- The results for 2018/19 demonstrated that the Trust had delivered the 11th year of its financial strategy as a Foundation Trust and the 16th year of breakeven or better (before technical items).
- Financial stability, investment of surpluses and successful loan applications had allowed the Trust to deliver significant capital investment of around £26m for 2018/19 for a wide range of developments benefitting staff and patients
- The Trust had received a Use of Resources Rating of 1, the highest rating, and the accounts had received an unqualified audit opinion from the External Auditor.
- The Trust had achieved around £26m of savings in the year through transactional efficiencies as well as through productivity projects.

Neil Kemsley provided more detail on the income and expenditure breakdown and the Trust's capital and savings programmes.

Looking ahead to 2019/20, he explained that the Trust had submitted a final plan to deliver a core control total surplus of £2.6m which would then secure an additional £10.2m of Provider Sustainability Funding. There was a productivity and savings requirement in the plan of £17m, and a capital spending programme of £43m. However, he cautioned that it would be a challenge to deliver the planned growth in activity, maintain and develop the workforce and control costs given the pressures on emergency care, staff recruitment and retention issues, and the impact of changes in tax rules for consultant pensions.

Presentation of Quality Report 2018/19

Carolyn Mills, Chief Nurse, introduced the annual Quality Report 2018/19. This included an assessment of the quality of the Trust's services in relation to patient safety, patient experience, clinical effectiveness and performance against national quality indicators. It was part of the Annual Report and was publicly available on the UH Bristol website.

She explained that every year the Trust set specific objectives to improve the quality of the care provided. She outlined the Trust's progress against the 8 objectives for 2018/19, which were:

- Develop a consistent customer service mind-set
- Improve staff-reported ratings for engagement and satisfaction
- Improve compliance with the 62-day GP referral standard
- Introduce a mystery shopping programme within the Trust
- Improve learning from serious incidents and Never Events

- Improve early recognition of the dying patient
- Improve patients' experiences of maternity services
- Improve the safe prescribing and use of insulin

All had been successfully delivered except the one that related to the safe prescribing and use of insulin, but further analysis had revealed that the data that this objective had been based on was misleading and that the Trust was actually a strong performer in this area compared with others.

Carolyn Mills then explained the Trust's new quality objectives developed for 2019/20. These were as follows:

- Reducing the risk of Never Events
- Improving staff engagement
- Enabling improvements in patient safety through use of digital technology
- Improving provision of information and support to meet needs of young carers
- Improving information about physical access to our hospitals
- Improving patient experience through the roll-out of the real time outpatients initiative
- Planning/overseeing implementation of the Medical Examiner System
- Developing/implementing a training programme for lay representatives to support and develop participation in Trust groups and committees

These had been developed with reference to Trust's Quality Strategy and were informed by feedback gathered from governors, members, staff and the public from an event and a survey carried out in early 2019.

Jeff Farrar, Trust Chair, thanked the Chief Executive, Director of Finance and Chief Nurse for their presentations.

5. Highlights from the new Trust Strategy: 'Embracing Change, Proud to Care – our 2025 vision'

Paula Clarke, Director of Strategy and Transformation, outlined the new five-year strategy that the Trust had adopted in May.

The strategy had been developed over a 14-month period with input from staff, patients, governors, members and the Trust's partners in the wider health system. At the end of the process, it was recognised that the Trust's mission and core purpose remained the same: *to improve the health of the people we serve by delivering exceptional care, teaching and research, every day*. However, the ways in which the Trust achieved its mission needed to adapt to continue to meet the changing needs of its population and the current challenges facing the NHS.

She outlined the three key components of the Trust's strategic vision going forward and explained what they meant, as follows:

1. **Grow our specialist hospital services and our position as a leading provider in south west England and beyond.** Within this, there would be a particular focus on cancer, cardiac, dermatology and children's services.
2. **Work more closely with our health and care partners to provide more joined up local healthcare services and support the improvement of the health and wellbeing of our communities.** This included the merger with Weston Area Health NHS Trust as well as working with other organisations in the wider region with the aim of increasing the delivery of services closer to home for patients.
3. **Become a beacon for outstanding education and research and build our culture of improvement and innovation.** One of the aims behind this was to encourage staff to join the Trust and stay by offering learning and improvement opportunities and sustaining

an inclusive working environment. It was also intended to improve patient care through increased use of technology and innovative solutions. Research ambitions included plans to bid for a National Institute for Health Research clinical research facility in 2021.

She concluded by showing the audience a video which provided further information about the Trust's five-year strategy.

6. Governor and Membership Report

Mo Phillips, Lead Governor/Public Governor and Carole Dacombe, Public Governor, introduced a report of governor and membership activity over 2018/19.

Mo Phillips began by explaining the role of the governors at UH Bristol. She highlighted the wide range of backgrounds and experience that was represented on the current Council of Governors and the common interest in UH Bristol and the NHS that brought them all together. One of their key duties was to challenge the Non-Executive Directors to make sure the Board was carrying out its duties in the right way, and the 2019 Care Quality Commission inspection report had stated that governors were very challenging in this regard.

Carole Dacombe described the activities that governors had enjoyed during the year, including meetings, events, visits, and involvement in a number of different areas of Trust life. She outlined the ways in which governors engaged with the Board of Directors and the Foundation Trust membership. She particularly highlighted the work of the two Youth Involvement Group governors who represented the views of young people on the Council of Governors.

She reported Foundation Trust membership developments and governor elections that had taken place over the year. As at 31 March 2019 the Trust had 8,066 public and patient members and 10,658 staff members, and governors had regularly reviewed membership numbers, ways of communicating with members, and whether the membership was representative of the population it served. Over 2018/19, governors had undertaken a thorough review of the make-up of membership and in particular the way in which the Trust categorised its members and how these categories were represented by governors. To make representation clearer and more meaningful, they had taken the decision to merge the public and patient Foundation Trust membership categories, revise public governor representation, and reduce overall governor numbers from 35 to 29. All changes had taken effect from 1 June 2019.

Mo Phillips summarised governors' priorities for the coming year, including preparing for the merger with Weston Area Health NHS Trust and finalising the Trust's membership strategy. She concluded by encouraging members to consider whether they would like to stand for election as governor in the next elections in Spring 2020, and spoke of her enjoyment of the role and her appreciation of all the activities that she had been able to get involved in.

Jeff Farrar, Trust Chair, reminded the audience that the governor role was entirely voluntary and he thanked Mo Phillips, Carole Dacombe, and all the governors for their support, positivity and commitment to the role.

7. Clinical Services Presentation – Transforming Outpatient Services

Nina Stock, Outpatient Services Manager, gave a presentation on the Trust's current programme to improve outpatient services. There were 23 outpatient departments across all nine of the Trust's hospitals, and in 2018/19, these had seen 737,005 attendances. In partnership with others in the region, the Trust had launched a programme to make these departments more efficient and effective.

She described the aims of the programme and its progress so far. To make it easier to book

initial appointments, the Trust had moved an electronic referral service for GP referrals and had successfully managed to switch off paper referrals on 4 June. For patients booking follow-up appointments, the Trust's appointment centre had been expanded and it now took 1000 calls a day. Self-check-in kiosks had been introduced to make it easier for patients on their arrival in the department, and new uniforms for receptionists made it clearer who they could approach for help. There had been a lot of work to improve communication with patients, including more use of text reminders and sending appointment letters by email rather than by post.

One of the more ambitious developments was the launch of a 'real-time outpatients' project. The aim of this project was to do as much work as possible with patients on the day of their appointment, for example, making sure that the patient was leaving hospital with any follow-up appointments or scans booked. This was currently live within five specialities and it was intended to roll it out across the Trust. The next phase was to look at ways of reducing face-to-face follow-up appointments which could involve solutions such as teleconferencing, telephone clinics and group clinics. The Trust was working in partnership with GP practices and other organisations on this in order to establish better ways of responding to patient need across the region.

Questions from the floor:

Graham Briscoe, Public Governor, enquired about information technology links between the ambulance service and the Trust's Emergency Departments. Nina Stock explained that this was outside her remit; however, she was confident that more communication between Outpatients Departments and GPs was now performed electronically, as could be demonstrated by the move to electronic referrals.

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

1. Two Foundation Trust members (Philip Morris and Suaad Walker) voiced concern that the IT systems in different health organisations locally were not joined-up and that this was having a detrimental impact on patient care. An example was given that the services run by Bristol Community Health at South Bristol Community Hospital accessed a different patient record with different information from the services run by UH Bristol in the same building. They pointed out that well-connected services were vital for people with complex health conditions because of the risks posed by out-of-date information. They asked why this had still not been resolved and what the Trust was doing to overcome it.

Robert Woolley, Chief Executive, responded that this was a work in progress. He explained that the Trust was working with other organisations in the region to develop a digital platform so that patient records could be shared. Progress made so far included the Connecting Care system, which allowed a number of institutions to share information, but this was not yet fully embedded in all organisations, and did not work in real time. There was a long-term plan to join up all the IT systems across all health organisations in Bristol, North Somerset and South Gloucestershire.

Madhu Bhabuta, Non-Executive Director, added that data security posed an additional impediment to the integration of systems across organisations. To move forward, each organisation needed to be confident that the others had sufficiently robust processes in place to protect patient records.

2. Mike Lyall, Foundation Trust member, expressed his gratitude as a North Somerset resident that UH Bristol was progressing with its merger with Weston Area Health NHS Trust (WAHT). He enquired whether WAHT would adopt UH Bristol's university status or its staff. Jeff Farrar explained that if the merger took place, the organisation would be one single Foundation Trust with university status. While there would undoubtedly be challenges in bringing staff from the two organisations together, he had seen considerable optimism about the opportunities that it would bring. Robert Woolley, Chief

Executive, added that while there would be opportunities for staff to work in Bristol or Weston, the Trust would not compel staff to work where they did not want to

3. Paul Thomas, Foundation Trust member, sought assurance that the Trust carried out adequate and robust impact assessments involving patients and staff when any change was proposed or took place within The Trust. He had noticed that staff and patients were not always included or listened to when they had ideas for change that could save the Trust time and money. He asked whether this would form part of the Trust's new five-year strategy given that 'embracing change' was its key focus. Paula Clarke, Director of Strategy and Transformation, responded that while there was always scope for improvement, the Trust undertook engagement with staff and patients when significant changes were made at the Trust, and ongoing feedback and ideas were collected on a day-to-day basis. It was noted that Carolyn Mills, Chief Nurse had also offered to meet with Paul Thomas to talk this over in more detail outside the meeting.

4. Clive Hamilton, Foundation Trust member, referred to the Care Quality Commission Inspection report and noted that several recommendations had been made in relation to several patient safety issues (medicines safety and medicine storage, staffing in the neonatal department, and care of staff with communicable diseases). Jeff Farrar, Trust Chair, explained that these areas for improvement had been recognised by the Board, action plans were in place to address the CQC's recommendations and that these would be monitored by the Board's Committees.

Clive Hamilton further asked why staff numbers appeared to have been increased by 3,000 in this year's annual reporting figures. Robert Woolley clarified that the way in which the Trust counted its staff had changed from full-time equivalent numbers to numbers of actual people. Using the latter measure, there were now 11,500 staff employed at UH Bristol, and following the merger with Weston Area Health NHS Trust this would rise to around 13,000.

5. Antoinette Cornock-Welch, Patients' Council member from Weston General Hospital, enquired how the Trust learnt from its 'Never Events' when they occurred. Robert Woolley, Chief Executive, explained that any Never Event would be reported as a very serious incident through a national reporting system and it would be investigated thoroughly. Learning gained through the investigation would be shared with staff in the area in which the event had occurred and would focus on how processes, attitudes and individual staff practices would need to change to reduce the likelihood of the event re-occurring. In response to a further question about the process if a Never Event happened more than once in the same area, he explained that the Non-Executive Directors would demand assurance from the Executive Team and may even consider bringing in external assessors to independently assess the incidents and the changes made.

6. Philip Morris, Foundation Trust member, voiced disapproval that staff who worked for the Trust's Temporary Staffing Bureau (Bank staff) did not receive holiday pay or sick pay. He understood that Bank staff received an allowance for holiday pay through an additional 12% in their basic salary; however he remained concerned that the lack of sick pay was discouraging members of Bank staff from taking time off work when they were not well. Matt Joint, Director of People, responded that the Trust encouraged Bank staff to apply for substantive roles which would give them the full benefits of a substantive member of staff. However, some still preferred the flexibility of working for the Bank. Jeff Farrar, Chair, offered to look into the issue after the meeting.

The Trust Chair, Jeff Farrar, thanked everyone for attending and closed the meeting at 19:00.

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

Council of Governors meeting – 28 November 2019

Action Log

Outstanding actions following the Council of Governors meeting held on 30 July 2019					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	COG 31/07/19	Director of People to review diversity and inclusion training needs for consultant interview panels	Director of People	Nov 2019	<i>Update from Matt Joint, Director of People, Nov 2019:</i> The 'recruiting the best' training offered in the Trust includes unconscious bias and it is a requirement for all recruiting managers to attend this training. Our Essential Training for all staff includes Diversity and Inclusion and it is a requirement for all staff to complete this upon appointment and then every three years.
2.	COG50/10/18	Governors to receive a draft Membership Strategy at the January Council of Governors meeting.	Membership Manager	Nov 2019	On agenda.

**Cover report to the Council of Governors meeting to be held on 28 November
2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough
Street, Bristol, BS1 3NU**

		Agenda Item	
Meeting Title	Council of Governors	Meeting Date	28/11/2019
Report Title	Process for governor engagement in proposed merger		
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Eric Sanders, Trust Secretary		
Freedom of Information Status		Open	

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

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

Executive Summary	
<u>Purpose:</u> This report outlines the process for governor engagement in the proposed merger between University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust.	
Recommendations	
Members are asked to: <ul style="list-style-type: none"> Note the report. 	
Intended Audience (please tick any which are relevant to this paper)	
Board/Committee Members	<input checked="" type="checkbox"/> Regulators <input checked="" type="checkbox"/> Governors <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/>

Introduction

The Boards of University Hospitals Bristol NHS Foundation Trust (UH Bristol) and Weston Area Health NHS Trust (WAHT) have announced an ‘intent to merge the two organisations’. Subject to satisfactory completion of the approvals process, the legal merger (via acquisition) can formally take place on 1 April 2020. Appendix A shows the transaction timeline. Ahead of the Board’s decision on the merger in March 2020 it will receive the following assurances to guide its decision:

- Internal due diligence
- Legal due diligence (by DAC Beachcrofts)
- An assurance review of the full business case by KPMG
- An independent financial assessment by KPMG
- Regulatory review by NHS Improvement/NHS England
- Other specific reviews as identified, including an Estates review.

The subcommittees of the Board (Audit Committee, Finance Committee, People Committee and the Quality and Outcomes Committee) will also review the elements of these assurances relevant to their portfolios.

Governor duties

While one of the key duties of the Council of Governors is to approve any significant transaction, merger, acquisition, separation or dissolution, governors are not expected, nor is their duty, to review the documents provided to the Board for assurance.

Instead governors should assure themselves that the Board has followed an appropriate process in deciding to undertake the transaction and that it has taken account of the interests of members and the public.

Process for governor engagement

The timetable below outlines the process for engagement with governors on the transaction from November 2019 to March 2020, namely what information about the merger the governors will see and when it will be provided.

The meetings, both public and private, are opportunities at which the Council of Governors can get assurance on the robustness of the merger process through discussion of the key issues, risks and benefits.

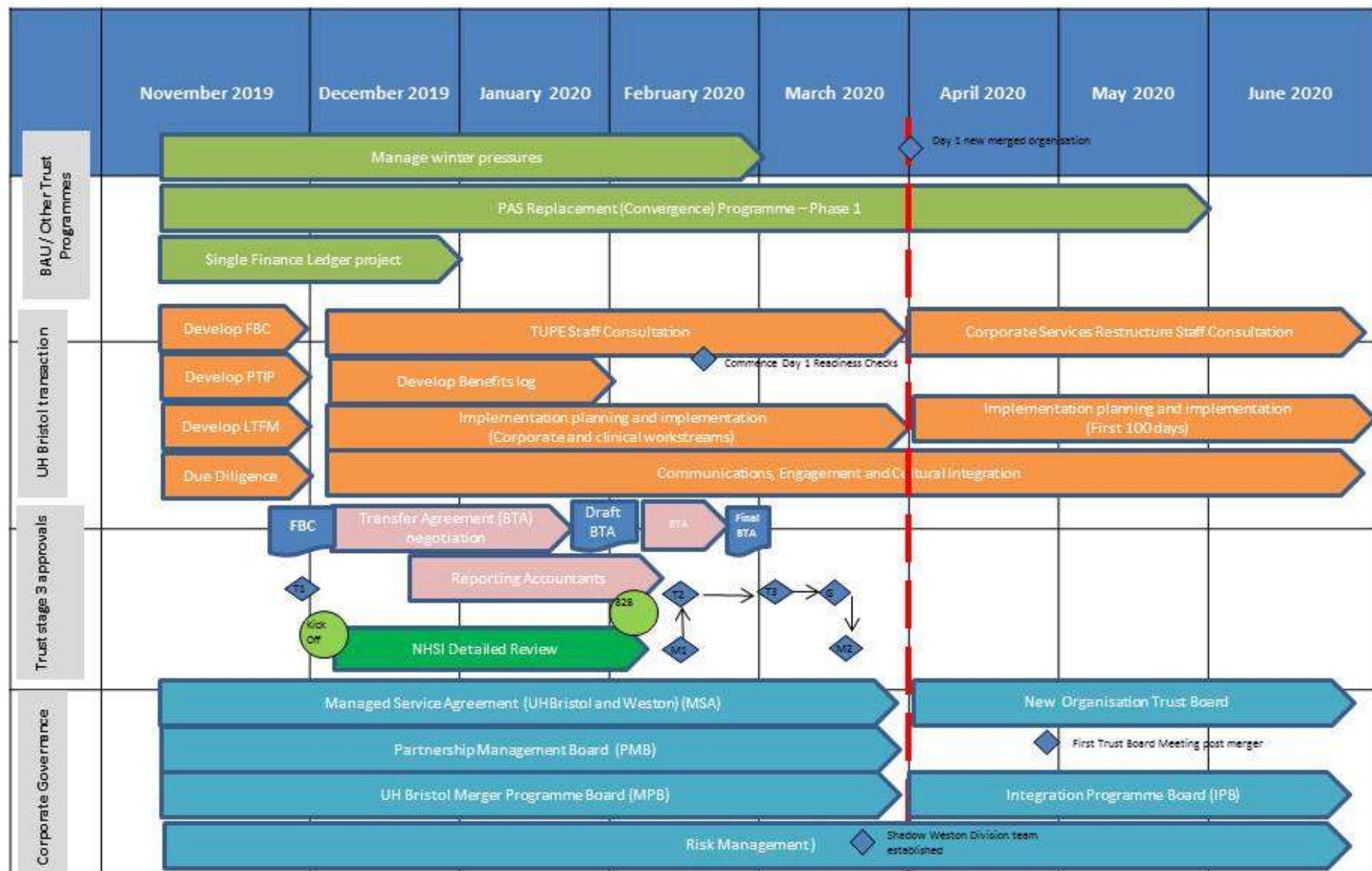
Additional meetings, including an out of hours session, will be held in early 2020 if further updates are required and/or to repeat elements of the private meetings if not all governors are able to attend.

Governors have already received a timeline of the dates on which they have been briefed on the merger process, along with the documents associated with these briefings, covering the period January 2018 to October 2019.

Process for governor engagement timeline			
Date	Meeting	Purpose and content	Public/private
28 Nov 2019	Council of Governors	Presentation on summary of main issues from the Full Business Case.	Private
		Note the UH Bristol Board's decision on the Full Business Case.	Public
10 Dec 2019	Governor Strategy Group	Further discussion with Weston merger team and executive lead (Paula Clarke) on key issues/risks/benefits from the summary business case	Private
10 Dec 2019	Governor workshop	Governors to distil areas from strategy group meeting for further discussion and determine what the key issues are for Council of Governors	Private
20 Dec 2019	Governor and Non-executive Director engagement session	Opportunity for governors to hold non-executive directors to account on the merger process through discussion of key issues	Private
22 Jan 2020	Governor Development Seminar	Programme to be confirmed with governors following Dec governor workshop meeting – to include update on Board assurance process and communications plans*	Private
30 Jan 2020	Council of Governors	Progress update – including any key issues from regulators	Public
20 Feb 2020	Governor and Non-executive Director engagement session	Opportunity for governors to hold non-executive directors to account on the merger process through discussion of key issues	Private
Mar 2020 (date TBC)	Council of Governors	Governors approve (or not) decision on merger. A majority of the Council of Governors must approve the application; that is, a majority of all governors in post at the relevant time and not just a majority of those voting at the governors' meeting.	Public

*As part of the merger process a full communications and engagement strategy has been developed to keep staff and stakeholders informed during the process. Governors need to be aware of how the views of Foundation Trust members (including staff) and members of the public are being sought and stakeholders kept informed.

Appendix A: Transaction timeline



Decisions and Approvals (TRUST)

T1 - Board approves FBC documents for submission to NHSI

T2 - Board approves certification, Board statements, memorandum and final reports from reporting accountants

B2B – Board to Board Meeting

T3 - Board decision to approve transaction

G - Governors formal vote on the transaction

Decisions and Approvals (NHSI)

M1 - NHSI approves and issues

transaction rating

M2 – NHSI grants formal application for statutory application

**Report to the Council of Governors meeting to be held on 28 November 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	Meeting Date	28 November 2019
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		Julian Dennis, Senior Independent Director	
Lead Executive Director		Eric Sanders, Trust Secretary	
Date of last meeting		5 November 2019	
Summary of key matters considered by the Committee and any related decisions made.			
<p>There has been one meeting of the Governors' Nominations and Appointments Committee since the July Council of Governors meeting.</p> <p>Meeting on 5 November 2019: Attended by 8 Committee members and chaired by Julian Dennis, Senior Independent Director</p> <ul style="list-style-type: none">• Chair's Appraisal: The Committee received an appraisal report in respect of the Chair, Jeff Farrar.• Non-executive Director Appraisal/Re-appointment: The Committee received an appraisal report for David Armstrong, Non-Executive Director. As David Armstrong's second three-year term of office was due to finish at the end of November, they were asked to consider whether he should be re-appointed for a further three-year term. They noted that this would be subject to rigorous annual review and annual re-appointment in line with the Foundation Trust Code of Governance. The Committee supported David Armstrong's re-appointment for a third and final three-year term of office and agreed to recommend this to the Council of Governors.• Non-executive Director Activity Reports: The Committee received and discussed reports from the Chair, the eight Non-Executive Directors and the two Non-Executive Director Designates which summarised their activity over the past six months and their present key areas of focus.• Annual review of NED/Chair Appraisal Framework: The Committee reviewed the Trust's current framework for conducting the annual appraisals for the Chair and the Non-Executive Directors. They agreed that no changes were currently necessary to the appraisal framework for Non-Executive Directors, but noted that the framework for the Chair would be revised in line with new national guidance.			

- **Annual review of Non-Executive Director Remuneration:** The Committee were provided with details of current NED remuneration and the findings of a benchmarking exercise conducted by NHS Providers which showed that the Trust's remuneration was average in this regard. The Committee agreed therefore to propose no change in NED remuneration for this year but agreed to conduct a more thorough review in 2020.
- **Any Other Business – Non-Executive Director Vacancy:** The Committee noted that a Non-Executive Director vacancy would arise when John Moore ended his third and final term of office on 31 December. A report about the process for filling this vacancy would be circulated to the committee before their next meeting.

Matters referred to the Council of Governors

- Non-Executive Director Re-appointment:** The Council of Governors is asked to **approve** David Armstrong's re-appointment for a third and final three-year term of office as Non-Executive Director subject to annual review and annual re-appointment.
- Non-Executive Director Remuneration:** The Council of Governors is asked to **approve** the committee's recommendation that there should be no change in Non-Executive Director remuneration for the next 12 months.

Date of next meeting:

17 March 2020

**Cover report to the Council of Governors meeting to be held on 28 November
2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough
Street, Bristol, BS1 3NU**

Meeting Title	Council of Governors	Agenda Item	4.1
Report Title	Draft membership engagement strategy	Meeting Date	28/11/2019
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Eric Sanders, Trust Secretary		
Freedom of Information Status	Open		

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

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

Executive Summary									
<p>Purpose: As a Foundation Trust, UH Bristol is accountable to the local community, the patients it cares for and staff it employs through its membership. UH Bristol has a diverse membership of 18,000 people (including staff) and a 29-strong Council of Governors who hold the Board of Directors to account and represent the patients, staff and local communities the Trust serves. This draft membership strategy outlines the framework for the activity of the membership team from 2020-2023. It largely follows the direction of the previous membership strategy agreed in 2015, but with a focus on three core objectives and an action plan aligned to the objectives and resources available.</p> <p>The key difference from previous strategies is an ambition to improve engagement with members through the offer of a regular events programme to hear more about the work of the Trust, and a focus on increasing the proportion of public Foundation Trust members with an email address over the lifespan of the strategy.</p>									
Recommendations									
<p>Members are asked to:</p> <ul style="list-style-type: none"> Approve the draft strategy. 									
Intended Audience (please tick any which are relevant to this paper)									
Board/Committee Members	<input checked="" type="checkbox"/>	Regulators	<input checked="" type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Public	<input checked="" type="checkbox"/>



Membership Engagement Strategy 2020 - 2023

As a Foundation Trust, UH Bristol is accountable to the local community, the patients it cares for and staff it employs through its membership. By becoming members and governors, local people, patients, carers and our staff can have a say in how services will be designed and delivered.

This membership strategy outlines the benefits of membership and sets out a vision and objectives for the Trust to effectively engage its membership. This updated strategy is largely a continuation of work of preceding strategies, but with a sharper focus on supporting and sustaining an engaged membership over further recruitment and growth – recognising that we have more than 7,500 public members on our database, limited resources which need to be prioritised, and that there are more opportunities now than a decade ago to influence and get involved in shaping the health and care system.

This strategy outlines a direction of travel to span the next three years, which will take us through governor elections in 2020, 2022 and 2023, and through the anticipated merger with Weston Area Health NHS Trust. The health and care system is changing and, with this in mind, the Trust membership needs to be 'fit for the future' – with members aware of the role they play – so that it is best placed to adapt to this environment.

The strategy will be delivered within the wider framework of Trust strategies and supports the Trust's overall vision. It ties in with the priority area in the Trust Strategy to 2025 in seeking out and listening to what matters to patients, staff and the wider population, using this feedback to keep improving and playing a part in promoting the health and wellbeing of our populations to prevent illness and injury.

1. Introduction

University Hospitals Bristol NHS Foundation Trust (UH Bristol) is a Public Benefit Corporation authorised by NHS Improvement, the Independent Regulator of NHS Foundation Trusts, on 1 June 2008. The Trust provides services in the three principal domains of clinical service provision, education, and research and innovation – and has a total workforce of more than 11,450 people. The Trust's eight hospitals are almost all based at our city centre campus, with local delivery in the community delivered at South Bristol Community Hospital.

As a foundation trust, UH Bristol has a membership and 29 governors (23 elected and six appointed) who hold the Board of Directors to account and represent the patients, staff and local communities the Trust serves. More than 18,000 people are members of the Trust, including staff, and their input is vital to our work.

This membership strategy sets out three core objectives for the Trust to continue to engage its membership, including the actions that it will take to meet these objectives. It also describes how the delivery of the strategy will be monitored and evaluated.

This document is a revision to the membership strategy which was introduced in April 2007 and updated in 2010 and 2015. With input from the governors via the Constitution Focus Group, it sets out the rationale in designing, developing and implementing a plan for membership and community engagement at the Trust. It also incorporates how the Trust will support its governors to fulfil their statutory duties.

As both a community employer and provider of vital services, the Trust has an obligation to listen and react to the needs of its staff, local people and stakeholders. The strategy will provide a framework for keeping members informed and active members involved. It recommends a shift in emphasis away from recruitment with a focus on informing and involving our diverse membership community.

More information about membership is included as appendix A. The key internal and external partnerships to achieving the objectives of the strategy are included as appendix B.

2. Vision and objectives of the membership strategy

The purpose of the strategy is to set out a vision, objectives and key actions that will be achieved to develop an engaged membership.

Our vision: To develop and maintain an **engaged** membership which **reflects the diversity** of the communities we serve, and reflects our Trust mission to deliver exceptional care, teaching and research every day.

To deliver this vision we will focus on three objectives:

1. Awareness (of membership)
2. Communication (with members)
3. Engagement (of members).

Awareness – to maintain the visibility of membership so that staff, patients and carers, visitors to our hospitals (including Weston if organisations are merged) are aware of the opportunity to become a member and know what membership means, and ensure membership is reflective and representative of the local population.

The gender, age, location and ethnicity of our public members is recorded (where this information is disclosed by the member) which allows us to monitor representation (see appendix C). There is the opportunity with the potential merger with Weston Area Health NHS Trust to take awareness of the role of membership to a broader audience (both members of the public and staff) and recruit more Foundation Trust members in the North Somerset constituency as part of the communications and engagement plan around the merger.

Action 1. The opportunity to join the Trust as a member is visible at all key virtual or physical 'touch points' for patients, carers and visitors to our hospitals. Touch points include for example the main entrances to our hospitals; Trust website (including membership/governors section), corporate social media accounts; appointment letters (as appropriate); the Patient Support and Complaints team, Voluntary Services team and the Trust's Involvement Network.

Action 2. Membership leaflets/posters are available at all key Trust events/open days, or where staff from the Trust are out in the community. Governors are encouraged to use their own networks to promote membership.

Action 3. Staff joining the Trust are made aware of membership and the benefits (i.e. standing for election), and the option to opt out – through appointment/welcome letter and corporate induction.

Action 4. Staff leaving the Trust are offered the opportunity to become members so that they can keep in touch with the work of the Trust

Action 5. Membership benefits (e.g. the opportunity to attend events, standing for election as a governor) are publicised through the Trust's social media channels, internal channels for staff and via stakeholders, in different formats (e.g. videos, blogs).

Communication – to provide appropriate and timely information about the Trust to members that is informed by the work of the governors. Communication with members is achieved through a combination of Trust and governor managed communications. Email is the preferred but not exclusive method of contacting public members as it provides a more dynamic, effective and less costly way of keeping in touch.

Only 35% of the UH Bristol public membership has an email address. We want to see this figure rise to around 80%. To do this, we intend to ask the large cohort of public members with only a postal address to **reconfirm** their membership over the lifespan of this strategy – and provide an email address if possible. We recognise that this will reduce the Trust's public membership base over the next three years, but will result in more realistic membership numbers and a greater proportion of members who are engaged and informed.¹

Action 6. Members are clear about their role. Public members receive a welcome pack (either by post or email) on joining the Trust along with regular communications (monthly e-newsletter or magazine and letter from the Chair twice yearly for those with postal address only). These provide updates from the governors on their work, on wider Trust news, opportunities to get involved (e.g. through volunteering, workshops, focus groups, standing as a governor) and about events

¹ According to the Department of Health's *Short Guide to NHS Foundation Trusts (2005)*: 'There is no limit on the number of people who can register as members, providing they meet the eligibility criteria. Neither Monitor nor the Department of Health has set out a minimum or maximum number of people who can register as members. It is for NHS Foundation Trusts to ensure they have a representative membership and sufficient members in order that they can mount credible election processes.'

(including the Annual Members' Meeting). Members receive ballot papers when there are elections in their constituency.

Action 7. Staff members receive regular updates from their staff governor representatives and the membership team through the Trust internal communications channels and face to face meetings.

Action 8. Members, and more broadly, members of the public receive regular updates from governors on their work and achievements, through the Trust social media channels, as well as at the Annual Members' Meeting, Council of Governors meetings, and at membership events as appropriate.

Action 9. The membership team maintains an accurate record of public membership and takes every opportunity to encourage public members to provide an email address where possible.

Action 10. Good relationships with external organisations, particularly through Healthier Together (Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Partnership) ensure cross promotion of health engagement opportunities through regular event programme.

Engagement – to harness the experience, skills and knowledge of members who wish to be more active to support and influence the development of the Trust to achieve its objectives and improve services.

We recognise that among the membership there is a wide variation in the level of participation of members. Not all members want to be actively involved and we know that the pool of active members is relatively small. Those who are most active often become governors, therefore the 'engagement' actions mainly focus on providing appropriate information and support to governors to effectively carry out their role.

Action 11. Members have access to a regular events programme on key health topics aligned with the strategic health priorities for the region or the Trust forward plans/priorities, and which can be used by members to raise their questions, and for the governors and Board to meet members and hear their feedback. Event topics are determined by collaborative working with staff, members and partners, including the Youth Involvement Group to ensure events also appeal to a younger audience. These events provide an opportunity for members to engage with staff at the Trust and a way to showcase the work of the Trust and raise the Trust's profile. Other events (e.g. arts and culture programme, annual research showcase) or opportunities to engage in Trust work are promoted to members through their monthly e-newsletter.

Action 12. A full governor development programme provides governors with the necessary core training and skills to carry out their statutory duties effectively and to discharge their responsibilities. Training is facilitated through quarterly Governor Development Seminars – including an induction seminar – and three focus groups (on quality, strategy, membership and constitution), along with engagement sessions with the Non-executive Directors help governors to gain a better understanding of the workings of the Trust and fulfil their statutory duties. An overview of the ways in which governors discharged their duties in 2018/19 is included as appendix D.

Action 13. Support is provided to all governors by the membership team and new governors are buddied with an existing experienced governor to help them settle in to the role. Specific support is provided to the Youth Involvement Group appointed governors to help them to feel confident in their role and able to engage with the Trust in a manner that reflects their age and experience. Weekly updates are provided to all governors to keep them up to date on upcoming meetings and key Trust news.

Action 14. Effective processes are in place to enable staff governors to canvas and feedback staff views – as part of wider staff engagement initiatives (linking with the Communication Strategy and People Strategy). There is a focus on consistently and regularly promoting the governor role to staff and how the governor role can influence/impact on staff.

Action 15. Governors raise issues on behalf of members via the 'Governors' Log of Communications', which is published in the Public Board Meeting papers.

3. Monitoring and evaluation

The governor Constitution Focus Group, which meets at least four times a year has a key role in monitoring the progress and effectiveness of this strategy so that it remains a meaningful and relevant document. The Constitution Focus Group reports to Council of Governors on a quarterly basis. Monitoring will include:

- Regular summary membership reports which include number of members by constituency (including new members by quarter), numbers of new members joining and leaving and a breakdown of public membership by, age, gender, ethnicity and socio-economic classification. This breakdown will show if the membership base is aligned with the demographics of the catchment areas – and if it is not the Group can determine actions to address this. The membership breakdown is also reported annually to Council of Governors.
- Regular summary of communications to members (both staff and public) – including e-newsletter open rates or feedback from postal members
- Number of attendees at membership events
- Number of members standing for election
- Number of members voting (turnout)
- Number of vacancies on the Council of Governors
- Member questions raised via the Governors' Log or issues raised through the membership team.

The success of the strategy will be measured by ensuring consistency or increases in these areas, via feedback from members (online surveys, feedback forms at events and postal feedback forms) and the Council of Governors through their own self-assessment programme. Specifically we aim to achieve:

- An increase from 35% to 80% of public members with an email address by the end of 2023.
- Increase in election turnout to a minimum of 20% in all public constituencies by 2023 elections
- No uncontested seats in the 2020, 2022 and 2023 elections
- No governor vacancies
- Consistent or improved event attendance at membership events. Membership events must be more closely aligned with the wider communications strategy.

4. Resourcing the strategy

The Trust has a Membership Manager and Membership Administrator (the membership team) to act as principal contact and support for members and potential members, including day-to-day support for the Council of Governors and communicating and engaging with members.

Resourcing covers:

- Staffing the membership team

- Non-pay costs associated with membership governance, such as elections and the membership database (annual service fee)
- Provision of hard copy newsletters to members with a postal address only, reply paid feedback, other materials/communications about membership (e.g. posters, banners)
- Governor training
- Support for meetings and events (including catering).

There is currently no resource in place to look at any large-scale recruitment of public members that may be required if membership representation falls below minimum numbers and/or is no longer reflective of our local communities. Membership numbers and representation will therefore need to be reviewed in 2021/22 – with a view to changing the focus of this strategy or increasing resource to look at targeted, face to face recruitment within different communities or different age groups if needed.

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Appendix A

Membership – an overview

Being a member of University Hospitals Bristol NHS Foundation Trust provides the general public, patients, carers and staff with the opportunity to participate and get involved with their local hospitals.

There are minimum requirements for membership which are defined in legislation. All foundation trusts must have at least one public constituency, made up of people who live in the public constituency areas, and a staff constituency made up of employees of the Trust.

What value do members bring to the Trust?

Having a dedicated membership provides the Trust with a diverse group of contacts who can provide feedback, local knowledge and support, and an important ‘temperature check’ for the organisation to ensure we are moving forward with appropriate, sustainable services. All members are potential champions of the Trust and will form opinions on the reputation of the Trust through their interactions as members alongside other services. Those members who go on to undertake a governor role in particular become more involved, participating in a variety of forums to hold the Trust Board to account for the performance of the Trust, and to represent members’ interests. Governors therefore form an integral part of the Trust’s governance structure and represent members at their most engaged.

What does the Trust offer members?

Individual members may be interested in different levels of involvement in the work of the Trust, and this strategy will acknowledge this and cater to the widest audience. For those who join us to have their voice heard, we need to ensure there are mechanisms available for us to incorporate these views. While it is understood that not all members will always be active, this strategy invites members show some level of engagement with us. There are a number of ways in which members can be involved, which include but are not limited to:

- Receiving regular Trust news updates
- Taking part in activities to enable service co-design or improvement
- Providing feedback via surveys or questionnaires
- Learning more about our services and different health conditions at events
- Taking part in consultation about specific Trust plans
- Taking on a volunteer role at the Trust
- Electing governors to represent their constituency
- Standing for election as a governor

It is important that the Trust develops a strong dialogue with members, enabling those who seek more active engagement the chance to regularly share their views. In turn the Trust must listen to its members, and offer them ways to get involved in the continuous improvement of services.

Membership constituencies

The Trust’s membership is designed to relate to the geography in which its patients reside, reflect their needs, and recognise the value that staff contribute to the organisation.

All NHS Foundation Trusts must have at least one **public constituency** and the boundaries must be defined on the basis of local government electoral areas. People who

live in that area can become members of that constituency if they are over the age of seven (to ensure patients of Bristol Royal Hospital for Children are represented). Public members are required to complete a brief application form (either in hard copy or online) to register their request to join the Trust. Once they become members they are members for life unless they cease to be a member as specified in the UH Bristol Constitution (para 10.5). Members over the age of 16 are eligible to stand and vote for governors in their public constituency area.

Reflecting local referral patterns, the Trust has defined the public constituency areas of Bristol, North Somerset and South Gloucestershire. In addition, as a tertiary hospital with a large number of specialist services, the Trust treats patients from a wide geographical base. To reflect this the Trust created a Rest of England and Wales constituency.

The Trust also has a **staff constituency**, which is open to all employees of the Trust who are on permanent contracts or on temporary contracts longer than 12 months. The Trust operates an opt-out system for employees of the NHS Foundation Trust, who are automatically made members unless they choose to opt-out. Staff who opt out are unable to participate in staff governor elections.

There are four constituencies within the overarching staff constituency to ensure that staff governors are representing a broad range of staff: Nursing and Midwifery; Medical and Dental; Other clinical healthcare staff; Non-clinical healthcare staff.

What is the current membership picture?

As of October 2019, the Trust public membership comprises 7,820 public members as follows:

Public membership	
Bristol	4,171
North Somerset	1,526
South Gloucestershire	1,403
Rest of England and Wales	719
Total	7,820

The Trust has the benefit of a secure, effective database used to manage the public membership, including for contacting members and processing engagement activity. It is linked to a membership sign up process that is simple and accessible and compliant with current guidance and best practice.

The minimum data set for public members is name, address, postcode, age, gender and ethnic origin, which enables us to analyse and monitor the diversity of our membership community. The database is used to define the electorate for elections to the Council of Governors. Administration of the election process is outsourced to an organisation with the expertise and capacity to carry out elections.

The membership team has been proactively managing the membership in recent years, with a focus since 2017 on ensuring public members who have moved away are removed from the database as well as regular requests for email addresses from members for

whom we only have a postal address. This has resulted in a drop in public membership numbers from 11,000 in 2016 to around 8,000 in 2019.

As of October 2019, staff membership totals 10,880. Two staff members have chosen to opt out.

Staff membership	
Non-clinical staff	3,209
Other clinical staff	1,879
Medical and Dental staff	1,601
Nursing and Midwifery staff	4,191
Total	10,880

Numbers of eligible staff are taken from the Trust's Electronic Staff Record and do not form part of the public membership database.

The role of a governor

Governors were given important duties when the first Foundation Trusts were established and the role has significantly developed since that time. Governors have an important part to play by listening to the views of the Trust's members, the public and other stakeholders, and representing their interests in the Trust. Governors also have a role in communicating information from the Trust to members and the public, for example about the Trust's strategic plans and direction.

In addition to representing and engaging the views of its membership, the governors also have the statutory role of holding the Non-executive Directors to account for the performance of the Trust Board, among other statutory duties.

At UH Bristol the Council of Governors has developed to become a group of 29 representatives, from a range of differing backgrounds, each representing either a public or staff constituency. Appointed governor roles are designed to ensure the Trust achieves input from key stakeholders: the Council, local universities and the Trust Joint Union Committee.² The Trust has two appointed governors from the Youth Involvement Group to recognise the wide ranging services delivered at the Bristol Royal Hospital for Children,

² NHS Foundation Trusts are allowed some local flexibility over the size and composition of their Board of Governors, however according to the NHS Foundation Trust Model Core Constitution:

- More than half of the members of the Council of Governors are to be elected by members of the trust other than those who come within the Staff Constituency. Therefore, there must be a majority of public governors.
- At least three members of the Council of Governors are to be elected by the Staff Constituency or, where there are classes within it, at least one member of the Council of Governors is to be elected by each class within the Staff Constituency and at least three members are to be elected altogether from the Staff Constituency
- At least one member of the Council of Governors is to be appointed by one or more qualifying local authorities.
- If any of the trust's hospitals includes a medical or dental school provided by a university, at least one member of the Council of governors is to be appointed by that university.

and give a voice to our younger members. A list of current governors is available at www.uhbristol.nhs.uk/governors

The Council of Governors is recognised by the Trust Board and regulators as being engaged and not only fulfilling its statutory role but also bringing added value to the organisation. A review of their work during the last financial year is included as appendix D.

Appendix B

Key relationships

There are key relationships within and outside the Trust in which closer collaboration will provide mutual benefits for members and the communities we serve, as follows:

INTERNAL

- Communications team

Central to the strategy will be effective and consistent communications – and therefore strong links with colleagues in the corporate communications team who manage the website, social media, and content of the Trust magazine and weekly staff newsletter. We will work together to promote and expand the use of social media, the Trust magazine and website – to promote membership, facilitate membership sign up and support engagement, particularly during governor elections.

- Voluntary services

A benefit the Trust can promote to members, that is mutually beneficial, is the opportunity to undertake voluntary work within the Trust. Volunteering can provide members with a chance to 'give something back', learn new skills and meet others who chose to get involved. We will work closely with colleagues in this team to support this agenda.

- Youth Involvement Group

The membership team works closely with the Trust's Young Person's Involvement Worker to ensure younger members have a route for getting their voices heard. This includes undertaking activities with the Youth Involvement Group and ensuring they can input into the membership programme

- Involvement Network

Close working with the Involvement Network helps keep seldom heard groups linked in to Trust events and opportunities to engage. The UH Bristol Involvement Network was established to enhance the voice, in the Trust, of organisations and individuals that broadly work in an equalities capacity. It is a dynamic resource and consists of a managed database of organisations who are invited to comment on and contribute to developments in the Trust, who may or may not also be members.

- Community Engagement Network

The Community Engagement Network was established to better understand the areas where the Trust is engaging with the local community, the types of engagement and opportunities for more collaborative working. The membership team is part of the network which also includes representatives from Apprenticeship, Traineeship, Simulation Centre, Voluntary Services, Youth Involvement Group, Work experience, Library services, Human Resources and recruitment, Patient and Public Involvement, Arts & Culture and Communications.

- Divisional leaders and managers

Key contacts for governor briefings and input into health events programme, sourcing

clinical/medical staff to speak at member events.

EXTERNAL

- **Local health and care charities and community groups**

Working closely with local health and care charities (e.g. Healthwatch; Carers Support Centre, Bristol Multi-Faith Forum; Dhek Bhal; Bristol Older People's Forum) and community groups, particularly those outside the Trust Involvement Network (e.g. Scouting Association) to help with promotion of health engagement opportunities.

- **Hospital charities**

The Trust is fortunate to have the support of two charities, raising funds and awareness of the organisation. Through partner working we can explore opportunities to work together to promote both fundraising and membership activities, for example by offering the charities exposure at our Health Matters Events and by joining them as they undertake activities in the local community.

- **Member organisations of Healthier Together**

UH Bristol is one of 13 members of Healthier Together, our Sustainability and Transformation Partnership. There are opportunities to work across the system to promote engagement on health topics.

- **Other Foundation Trusts**

We will continue to engage with other Foundation Trusts to share best practice, skills and expertise For governor networking and learning. The Trust is also a member of NHS Providers, which offers training and best practice information to help develop governors and the membership function.

Appendix C

Public membership breakdown (excluding Rest of England and Wales members and members who have not disclosed their date of birth, gender or ethnicity) as at October 2019. The Trust aims to get its public membership as closely in line as possible with the age, gender, ethnicity and socio-economic background of the eligible population (Bristol, North Somerset and South Gloucestershire) as possible.

	No. of Public Members	% of Public Membership	Eligible population	Actual as a % of total eligible population	Index (this number should ideally be close to 100)
Age	7,099	100.00	969,439	100.00	
0-16 (NB members can only join from the age of seven)	176	2.48	190,773	19.68	13
17-21	334	4.70	63,714	6.57	72
22-29	778	10.96	125,456	12.94	85
30-39	488	6.87	138,977	14.34	48
40-49	964	13.58	116,910	12.06	113
50-59	1,173	16.52	118,892	12.26	135
60-74	1,633	23.00	135,266	13.95	165
75+	1,367	19.26	79,451	8.20	235
Not stated	186	2.62	0	0.00	
Gender	7,099	100.00	969,438	100.00	
Unspecified	188	2.65	0	0.00	
Male	2,946	41.50	481,667	49.69	84
Female	3,965	55.85	487,771	50.31	111
Ethnicity	7,099	100.00	893,567	100.00	
Asian	264	3.72	32,531	3.64	102
Black	201	2.83	28,584	3.20	89
Mixed	108	1.52	21,138	2.37	64
White	6,015	84.73	806,242	90.23	94
Other (NB includes ethnicity not stated)	511	7.20	5,072	0.57	1,268
ONS/Monitor Classifications	7,077	99.69	408,573	100.00	
AB	2,001	28.19	101,139	24.75	114
C1	2,095	29.51	129,703	31.75	93
C2	1,409	19.85	82,759	20.26	98
DE	1,572	22.14	94,972	23.24	95
Total membership	7,099	100.00	969,439	100.00	

Appendix D

How did governors engage with Foundation Trust members and monitor membership in 2018/19?

- Monthly events (talks on Heart Care, Dental Health, Psychiatry, Psychology, Eye Health, Rheumatology) attended by Foundation Trust members and members of the public
- Events for members to have their say on Trust quality and strategy priorities
- Monthly public membership e-newsletters to inform members of the Trust's work
- Trust Voices magazine sent to members along with request for feedback
- Governor meet-and-greet stalls in hospital areas
- Young members involved through Youth Involvement Group governors
- Staff governors sought views of staff through Newsbeat and staff meetings
- Governors monitored how representative our membership is of the general public
- A thorough review of membership and governor representation in 2018 led to the decision to combine public and patient membership.

How did governors monitor the work of the Board and carry out their other duties in 2018/19?

- Governors engaged in challenging and constructive dialogue with Chair and Directors through formal and informal meetings
- Board Committee Chairs regularly attended Governor working groups so governors could seek assurance on their areas of focus
- Engagement with the formation of the Board's People Committee in September 2018, providing insight into staff perspective on workforce issues
- Involvement in Board succession planning and recruitment to three Non-executive Director roles
- Appointment of the Trust's Vice-Chair and Senior Independent Director
- Governors reviewed Non-executive Director activity, appraisals, remuneration and terms of office
- Governors attended public meetings of the Board
- Governors received the External Auditor's Report on the Quality Report and the Annual Report and Accounts.

What else do governors do?

As well as their formal duties, governors provide an independent perspective on the Trust's work. In 2018/19, this included:

- Input into Trust quality and strategic objectives
- Contributing to Trust Quality Report 2018/19
- Involvement in assessments of the hospital environment from a patient point of view
- Sitting on judging panels for Recognising Success Staff Awards and Nurses Day Awards
- Attending Cancer Validation Panel, Customer Service workshops, Junior Doctors' forum

- Attending Trust showcase events: Research and Innovation; Quality Improvement; Digital Transformation
- Involvement in Director of Finance interviews
- Attending Patient Experience Group, Carers' Strategy Group, and the Image, Design, Environment and Arts Group
- Visit to helideck, visit to adult Intensive Care Unit
- Attending regional and national events to bring a broader perspective to the Trust's work.

DRAFT

Cover report to the Council of Governors meeting to be held on 28 November 2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Meeting Title	Council of Governors	Agenda Item	5.1
Report Title	Holding to account report	Meeting Date	28/11/2019
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Eric Sanders, Trust Secretary		
Freedom of Information Status	Open		

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

Executive Summary			
<p>Purpose: In line with the Trust's Constitution, one of the general duties of the Council of Governors is to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors. This report provides a summary of the forums in which the governors have held non-executive directors to account in the last quarter.</p>			
<p>24 July 2019 – 18 November 2019</p> <ul style="list-style-type: none"> • Public Board meetings: Governors attended two public meetings of the Trust Board of Directors in this period on 30 July (five governors) and 27 September (three governors) to observe non-executive directors holding executive directors to account. • Board Committees/Governor focus groups: The three governor focus groups are aligned with the Board Committees and receive reports from each of the Committee Chairs which allow governors to keep abreast of the Board's current areas of focus. The Governors' Quality Focus Group receives the Quality and Outcomes Committee Chair and People Committee Chair reports, the Strategy Group receives the Finance Committee Chair reports, and the Constitution Focus Group receives the Audit Committee Chair reports. These reports provide evidence that non-executive directors are discharging their duties effectively as members of the Board, and are an opportunity for governors to discuss and challenge the content. <p>During the period:</p> <ul style="list-style-type: none"> - the Chair of the Quality and Outcomes Committee attended the Governors' Quality Focus Group on 10 September and 5 November 			

- the Chair of the People Committee attended the Governors' Quality Focus Group on 5 November
- the Finance Committee Chair attended the Governors' Strategy Group on 10 September
- the Audit Committee Chair attended the Governors' Constitution Focus Group on 28 October. Areas of challenge and focus at these meetings are detailed in the governor working group chair reports, item 5.2.
- There was one Nominations and Appointments Committee meeting on 5 November. One of the key duties of this Committee is to monitor the performance of the Chair and other non-executive directors and make reports thereon to the Council of Governors. This is a further process by which governors can hold non-executive directors to account. A summary of this meeting is provided in item 3.1.
- Governors hold regular informal engagement meetings with the Chair and non-executive directors to allow governors to request assurance or information around any topics. There were three meetings in this period – the first, on 30 August, was attended by 13 governors, the Chair and five non-executive directors. The discussion focused on changing ways of working in primary care and to the wider health and care system and how the Trust was managing these changes, including the progress of the planned merger with Weston Area Health NHS Trust. Governors again raised the issue of lack of hard data around patients being discharged out of hours and discussed the status of the transport hub project.

The second meeting on 26 September 2019 was attended by 13 governors, the Chair, and two non-executive directors. Governors raised with non-executive directors their concerns about the implications of changes to the provision of regional adult community services for South Bristol Community Hospital. They also sought assurance about the Trust's capital underspend and whether sufficient information was reaching staff about the Trust's capital projects, about annual appraisal rates among the Trust's consultant body, and about the planned merger with Weston Area Health NHS Trust.

The third meeting on 28 October 2019 (attended by 12 governors, the Chair and seven non-executive directors) focused on the Trust's proposed merger with Weston Area Health NHS Trust – the group discussed the benefits and high level risks of the merger along with the cultural challenges of merging two organisations. The governors questioned the non-executive directors on progress with the due diligence exercise, their roles in assessing the findings and the next steps in the process. Governors highlighted their recent visit to Weston General Hospital to meet the Patients' Council.

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 5.5..

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	<input checked="" type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Public	<input checked="" type="checkbox"/>
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Cover report to the Council of Governors meeting to be held on 28 November 2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

		Agenda Item	5.2a
Meeting Title	Council of Governors Meeting	Meeting Date	28/11/2019
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):	10 September 2019 and 5 November 2019

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

Meeting held on 10 September 2019 – Attended by 15 governors

- **Diversion and Inclusion Strategy Update:** The group received an update against the Trust's diversity and inclusion strategy from Teresa Sullivan, Diversity and Inclusion Officer. Governors welcomed the progress made to date and acknowledged that it would take time to change practice to the extent that was necessary for meaningful cultural change. Their discussion included questions about recruitment processes, staff inclusivity training and how this was going to reach all levels of staff, and how the Trust could give staff the tools and confidence to practically deal with (for example) racist behaviour as and when it occurred. Governors were interested in how the Trust would measure whether the actions in the strategy were making a difference for staff, and a further update was requested once the strategy had been in place for a year in order to see this.
- **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 July and August including the Trust's progress against key performance targets. Governors discussed with him issues such as the Care Quality Commission inspection report, the Trust's continuing challenges with A&E waiting times, and the impact on the Trust of tax rule changes for consultant pensions.
- **People Committee Report:** Governors received a report from the July meeting of the People Committee including progress against key metrics. They asked for further information about routes for staff to raise issues and seek advice.
- **Quarterly Review of Corporate Quality Objectives:** Governors received the first quarter's report on the Trust's Corporate Quality Objectives for 2019/20.
- **Care Quality Commission Inspection Report:** Governors discussed the Care Quality Commission's report into its inspection of UH Bristol which had been published in August 2019. They welcomed the news that the Trust had once again been awarded an Outstanding rating overall but were disappointed that the Trust had been downgraded in the domains of

effectiveness and safety and would continue to seek assurance that the Board was implementing the CQC's recommendations.

- **National Inpatient Survey Results:** The Trust's response to the Care Quality Commission's 2018 National Inpatient Survey results had been circulated to governors. Governors noted that the Trust had scored highly overall, and that most low scores related to communication issues.
- **Governors' Log of Communications:** A discussion about recent questions raised through the Governors' Log revealed that governors still had unresolved concerns about the Trust's processes in relation to discharging patients at night.
- **PLACE Assessments:** Governors were invited to take part in PLACE (Patient-Led Assessments of the Care Environment) in October and November.

Meeting held on 5 November 2019 – Attended by 7governors

- **Tackling Bullying and Harassment:** Sam Chapman, Head of Organisational Development, gave governors a presentation about the Trust's revised approach to tackling bullying and harassment. This prompted a discussion that encompassed the need for cultural change to shift traditional hierarchical behaviours, ensuring a joined-up approach across the Trust; the crucial role of performance management and appraisals and the importance of engaging the unions in this work and of incorporating learning from other Trusts. Governors were pleased to note that there was now a dedicated member of staff leading the programme to tackle bullying and harassment for one day a week but questioned whether this was sufficient. They also suggested that the Trust consider how to evidence that the plans were resulting in real change for staff on the ground other than through the annual staff survey results.
- **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 performance against key metrics. Governors asked questions about Emergency Department performance and whether the measures to improve this were sufficient, the decline in the Trust's performance in relation to aspects of patient complaints in recent months, the reduction in staff appraisal rates and the progress of the Trust's flu vaccination programme.
- **People Committee Report:** Bernard Galton (Non-Executive Director and Chair of the People Committee) introduced reports from the Committee's September and October meetings including progress against key metrics. Aspects of his report discussed by governors included culture and leadership, the Trust's HR structures, and the workforce risks identified as part of the work towards the planned merger with Weston Area Health NHS Trust.
- **Progress against quality objectives – quarterly review:** Governors received the Quarter 2 update of progress against this year's quality objectives. They were disappointed that of eight quality objectives for this year, three were behind schedule, all of which related to patient safety and experience
- **Discharging Patients at night:** Following a lengthy discussion about information that had been provided, governors still did not feel sufficiently assured that the Trust could evidence that there was a process in place to ensure that patients (particularly vulnerable and/or frail patients) were being discharged appropriately out-of-hours. It was agreed to follow this up.

Matters referred to other Committees: None

Date of next meeting

16/01/2020

**Report to the Council of Governors meeting to be held on 28 November 2019 at
14:00 in the Conference Room, Trust Headquarters, Marlborough Street,
Bristol, BS1 3NU**

		Agenda Item	5.2b
Meeting Title	Council of Governors Meeting	Meeting Date	28/11/2019
Report Title	Governors' Strategy Group Meeting Report		
Author	Graham Papworth, Chair of the Governors' Strategy Group		
Executive Lead	Paula Clarke, Director of Strategy and Transformation		
Freedom of Information Status		Open	

Reporting Committee	Governors' Strategy Group
Chaired by	Graham Papworth
Lead Executive Director	Paula Clarke, Director of Strategy and Transformation
Date of last meeting	10/09/2019

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

Meeting held on 10 September 2019 – Attended by 13 governors.

- **Merger with Weston Area Health NHS Trust:** Paula Clarke, Director of Strategy and Transformation, gave governors an update on the progress of the planned merger between UH Bristol and Weston Area Health NHS Trust (WAHT). Governors were reminded that as of 1 September 2019, Robert Woolley and Jeff Farrar were now Chief Executive and Chair of both UH Bristol and WAHT. Governors were advised that the due diligence process was currently ongoing with the intention of producing the full business case by the end of November, and merger completion by 1 April 2020. Governors were interested to hear that the commissioners' Healthy Weston programme was due to conclude in October and discussed the impact of the conclusions of this on the merger. Governors also asked about the likelihood of changing the name of the Trust post-merger, whether the outstanding issue of WAHT's debt had been resolved, and whether UH Bristol staff would need to move to work at Weston General Hospital and vice versa. They received a list of Frequently Asked Questions which was being shared with staff at both Trusts and emphasised the importance of engaging with staff concerns.
- **Finance Committee Chair's Update:** Martin Sykes, Chair of the Finance Committee, discussed with governors the key issues from the committee's meetings since the last meeting, including the current financial position of the Trust. Governors discussed his report, enquiring about the reasons for the Trust's current medical and nursing pay overspend and capital underspend, and discussed the financial impact of the costs of the merger with WAHT.
- **Partnership Updates**
Healthier Together (STP): Governors had received the July report from Healthier Together Sustainability and Transformation Partnership (the collaboration between health and care organisations across Bristol, North Somerset and South Gloucestershire) and heard that all system partners were now collaborating to produce a five-year plan for the region to be submitted in November. Governors asked questions about Healthier Together's Citizen's Panel and also about its population health management work.
North Bristol NHS Trust: Governors welcomed the cooperation between NBT and UH Bristol on neonatal services, noting that an outline business case had been approved to create an

integrated neonatal service for Bristol.

- **Corporate Objectives Update** – Governors discussed the Quarter 1 update of progress against the Trust's corporate objectives for 2019/20. They noted the importance of working with the two universities and Weston College on the Trust's strategic plans. They discussed risks to the Trust relating to junior doctor rota gaps, the suspension of the Trust's electronic prescribing system, and the UK's exit from the European Union.
- **Community Services Procurement and implications for South Bristol Community Hospital (SBCH):** Governors heard that Sirona had been confirmed as the new provider of adult community services for the whole BNSSG region from April 2020 for the next 10 years. This was positive in that it had brought a degree of certainty, but it had also raised questions over UH Bristol's provision of rehabilitation beds at SBCH. Governors discussed the appointment of Sirona and the implications for UH Bristol and partnership working with primary care and social care.

Matters referred to other Committees

- None.

Date of next meeting:

10/12/2019

Cover report to the Council of Governors meeting to be held on 28 November 2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

		Agenda Item	5.2c
Meeting Title	Council of Governors Meeting	Meeting Date	28/11/2019
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 meetings	10 September 2019 and 28 October 2019

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

Meeting held on 10 September 2019 – Attended by 11 governors.

This meeting had been convened specifically to discuss potential changes to the UH Bristol constitution as a result of the planned merger with Weston Area Health NHS Trust (WAHT). Changes in the following areas were considered:

1. Change to the name of the organisation post-merger (which governors noted would be subject to a separate process)
2. Change to Foundation Trust membership constituencies to reflect the increased catchment area of the merged Trust. The proposed changes included the expansion of the geographic constituency of North Somerset and an increase in the number of governors representing North Somerset by one.
3. Change to minimum membership numbers in the Constitution.

Governors were provided with a rationale for the proposed changes to the membership constituencies, including data showing the geographical spread of WAHT's activity (i.e. where their patients come from). Following a lengthy discussion, governors concluded that, having considered activity levels, population numbers, membership numbers and staff numbers, the current membership and governor structures were sufficient to give a voice to the population served by WAHT. They therefore recommended that **no changes** be made to membership constituency boundaries or public or staff governor numbers in the event of a merger. They also asked that no changes to minimum membership numbers should be made at present. They asked that membership and the governor role be adequately promoted to the patients and staff at WAHT.

Meeting held on 28 October 2019 – Attended by 10 governors.

The meeting included discussion on the following topics:

- **Audit Committee Chair's Report:** David Armstrong, Chair of the Audit Committee, reported to governors the key issues from the committee's meetings on 26 July and 28 October. He

discussed with governors the progress of his current priorities as Chair of the Audit Committee. Governors were particularly interested to hear about the Committee's work reviewing the due diligence report for the merger with Weston Area Health NHS Trust, and its work in helping to improve the Trust's risk management processes. Governors sought assurance that the due diligence was sufficiently robust and that the Board was still sufficiently focussed on UH Bristol's current risks despite the increased focus on the WAHT merger.

- **Membership Strategy:** Governors discussed the Trust's proposed new membership strategy. They were supportive of the strategy's objectives to improve awareness of membership, communication with members, and membership engagement. They suggested further ideas for improving visibility of membership. They were informed that the proposed direction of travel included asking the most long-standing members to reconfirm their membership to ensure that they were still interested, and noted that this was highly likely to result in a drop in membership numbers. They asked that public and staff engagement around the Weston merger be used as an opportunity to promote membership. They agreed to recommend the strategy for approval to the Council of Governors.
- **Membership Report:** Governors discussed a report on current membership numbers and reviewed membership engagement activities in the last quarter and future plans (including governor interaction with members through newsletters and events).
- **Governor Elections 2020:** Governors noted the timeline and seats available for the 2020 governor elections.
- **Annual Review of Trust Constitution and Governors' Code of Conduct:** Governors again discussed potential changes to the Trust's constitution and reconfirmed the recommendations from the September meeting that no changes to membership constituencies or public or staff governor numbers would be necessary in the event of a merger with Weston Area Health NHS Trust. Other minor changes to tidy up some of the references in the constitution were noted and agreed. Governors considered the Trust's Governors' Code of Conduct and concluded that no changes were necessary to this. Governors noted that this would now be considered as part of the merger process and recommendations would be considered by the full Council of Governors in due course.

Matters referred to other Committees

The Constitution Focus Group recommended that the Council of Governors:

- **Approve** the revised Membership Strategy (Item 4.1 on the agenda for Council of Governors 28/11/19).

Date of next meeting

Thurs 16 Jan 2020

**Report to the Council of Governors meeting to be held on 28 November 2019 at
14:00 in the Conference Room, Trust Headquarters, Marlborough Street,
Bristol, BS1 3NU**

		Agenda Item	5.3
Meeting Title	Council of Governors	Meeting Date	28/11/2019
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	<input type="checkbox"/>
Non-executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input checked="" type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

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

Executive Summary									
<p>Purpose: The 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 30 July 2019.</p>									
Recommendations									
<p>Members are asked to:</p> <ul style="list-style-type: none"> 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	<input checked="" type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Public	<input checked="" type="checkbox"/>

Membership engagement report

1.0 BACKGROUND

At **18 November 2019**, Foundation Trust membership stands at **18,701**. A breakdown of members by constituency is shown below. This compares with membership at 23 July 2019 of 18,394. members.

Membership Constituency Classes	18 November 2019	23 July 2019
Public Constituency		
Bristol	4,175	4,198
North Somerset	1,525	1,529
South Gloucestershire	1,403	1,411
Rest of England and Wales	718	720
Total	7,821	7,858
Staff Constituency		
Medical and Dental	1,601	1,463
Nursing and Midwifery	4,191	4,086
Other Clinical Healthcare Professionals	1,879	1,762
Non-Clinical Staff	3,209	3,225
Total	10,880	10,536
TOTAL MEMBERSHIP		

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 headings 'recruit', 'inform' and 'involve':

RECRUIT

- The Membership Team recorded 34 new public members joining the Trust since 1 August 2019 – 20 of whom are 18 years old or younger, reflecting the impact of our links with the Trust's Youth Involvement Group and the community outreach programme.

INFORM

We kept our members informed and provided opportunities for governors to talk to members in the following ways:

PUBLIC MEMBERS - Monthly e-newsletters (*produced by the Membership Team for public members and introduced by governors*). The open rate is consistently around 40%.

- July e-newsletter – included a governors' report by Ray Phipps; promotion of the Health Matters event on Stroke Services; promotion of the young persons' open day at Bristol Simulation Centre; report on CQC patient survey results; link to Annual Quality Report, and promotion of Board and COG meetings.
- August e-newsletter – included a governors' report by Martin Rose; an announcement on the results of the Care Quality Commission inspection; an invitation to the Annual Members' Meeting; promotion of an involvement opportunity (blood pressure study) and promotion of a consultation by the Medicine and Healthcare Products Regulatory Agency.
- September e-newsletter – included a governors' report by Mo Phillips reporting from the Annual Members' Meeting and highlighting governor focus on the Trust's planned merger with Weston Area Health NHS Trust; a link to the 2018/19 Annual Review magazine; promotion for October and November Health Matters events, and promotion for Healthier Together public conference.
- October e-newsletter – included a governors' report by John Chablo reflecting on key messages from the event on the Trust's draft sustainability strategy; an invitation to get involved in the arts programme during December; a request to review the Trust's complaints policy; an update on the proposed merger with Weston Area Health NHS Trust.
- November e-newsletter – included a governors' report by Sue Milestone; promotion for the November Health Matters event; information about the upcoming UH Bristol Christmas careers open day; an invitation to the UH Bristol Research Showcase event in January 2020, and the dates of the next Board and Council of Governors meetings.

There were two further notifications sent to public members by email in the period:

- Announcement about partnership with Weston Area Health NHS Trust (Chair/Chief Executive joint roles) - 30/7/19
- Invitation from the Chair to the Annual Members Meeting – 5/9/19

STAFF MEMBERS - Articles submitted to Newsbeat (*weekly Trust staff newsletter*):

- 'Meet your Staff Governor' articles featuring Chrissie Gardner (w/c 15/17/19), Hannah McNiven (w/c 2/9/19) and Debbi Norden (w/c 14/10/19)
- Promotion of Annual Members' Meeting (Aug/Sept 2019)
- Promotion of July, October and November Health Matters Events
- Promotion of Staff Governor Drop-in Surgery for staff to raise issues with staff governors (31/10/2019)

INVOLVE

We involved our members in our activities and sought their views as follows:

- **Health Matters Events** (monthly public information and engagement events organised by the membership team for members and the public and introduced by governors):
 - **Stroke Care** – 16 July 2019: talk and Q&A session on the impact of strokes on individuals and families, how to be aware of the symptoms of a stroke and how to reduce the chances

of having a stroke. Free blood pressure checks offered. Governor introduction by Sophie Jenkins. Approx. 40 people attended.

- **How Sustainable is our Trust? Our hospitals' response to planetary health** – 15 October 2019: talk and panel Q&A session on why the Trust had taken the decision to declare a 'Climate Emergency' and the development of a new Sustainability Development Strategy for our hospitals. Governor introduction by Chrissie Gardner. Around 40 people attended, the majority of whom were staff. The Youth Involvement Group has since engaged with this topic further by writing a letter to the Board voicing their support for urgent action.
- **Faith in Health** – 19 November 2019: talk from the Trust chaplain and guest speakers on the importance of understanding faith in the context of hospital care. Governor introduction by Martin Rose. Opportunity for discussion with the audience about how the Trust can better meet the religious and cultural needs of people who use our hospitals. Around 40 people attended this event bringing perspectives from many different faith backgrounds.

- **Annual Members' Meeting** – 19 September 2019 – Public and staff members attended to hear about the Trust's activity over the past year and plans for the next and for a Q&A session with the Trust Board. 15 governors and approx. 25 Foundation Trust members and members of the public in attendance.

- **Governors' Log:** One question has been raised on the governors' log on behalf of members in the past three months (relating to access for all staff to the staff survey).

3.0 ASSESSMENT

The last quarter saw a focus on reviewing proposed changes to the Trust Constitution, discussions around the direction of the membership strategy, preparations for the Annual Members' Meeting and Health Matters Events and young governor appointments.

Looking ahead, we will be confirming the Health Matters events calendar for 2020, and looking at options by which to promote the programme to members over and above the traditional routes. We will be looking ahead to the governor elections in 2020 and keeping governors and members informed on developments in the process around the proposed merger with Weston Area Health NHS Trust. It is crucial, with the upcoming elections and proposed merger, that the benefits of Foundation Trust membership (including the opportunity to stand as a governor) are publicised to Weston staff, its patients and the surrounding population as part of the developing communications and engagement campaign related to the merger. Governors will be encouraged to assist in promoting membership as part of this campaign.

RECOMMENDATIONS:

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

**Cover report to the Council of Governors meeting to be held on 28 November
2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough
Street, Bristol, BS1 3NU**

		Agenda Item	5.4
Meeting Title	Council of Governors	Meeting Date	28/11/2019
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	<input type="checkbox"/>
Non-executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

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

Executive Summary									
<p>Purpose: The Council of Governors has responsibilities set out in the <i>Health and Social Care Act 2012</i>. The Act specifies that Foundation Trusts are required to take steps to ensure governors are equipped with the skills and knowledge they require to discharge their responsibilities. The attached report provides an overview of the following areas:</p> <ul style="list-style-type: none"> • The current composition of the Council of Governors • A summary of governor training and development in the last quarter. 									
Recommendations									
<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the report on governor composition, training and development. 									
Intended Audience (please tick any which are relevant to this paper)									
Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>

Governor 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 18 November 2019 there were 29 governors in post and no vacancies. Marimo Rossiter was appointed from the Youth Involvement Group in September to join the Council of Governors for a one-year term of office, alongside Aishah Farooq who is serving a second term of office as a Youth Involvement Group governor.

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 the last quarter, which took place on 16 October 2019 and was attended by 13 governors. The seminar focused on training for governors regarding their responsibilities in making the decision on the proposed merger between UH Bristol and Weston Area Health NHS Trust, presented by PwC (the Trust's external auditor). This was followed by an update on the current progress of the merger, the process and next steps. The seminar also included an overview of the new Education Strategy; an update on the Freedom to Speak Up programme and a session looking at the Trust's mandatory diversity and inclusion training for staff. Other development activities undertaken by governors over the quarter included:

- Sustainability 'walking workshop' of the Trust's estate hosted by the Trust's Energy Manager and attended by three governors on 31 July
- A presentation on the Trust's participation in the 'Testing of Elective Care Standards' programme, attended by 13 governors on 30 August.
- Visit and tour of South Bristol Community Hospital by five governors on 25 September
- Staff governors met with Director of People Matt Joint on 8 October
- Two governors attended Healthier Together's public conference on 17 October
- Visit to Weston General Hospital hosted by the Patients' Council, and attendance at the meeting of the Patients' Council by six governors on 24 October
- Six governors participated in PLACE (Patient-Led Assessments of the Care Environment) at South Bristol Community Hospital, Bristol Royal Infirmary and the Bristol Royal Hospital for Children in November.

2.0 ASSESSMENT

During the last quarter new governors who joined in June have been settling in to their roles, with the support of buddies and the membership team. Together the governors have been exploring the ways in which they will tackle the issues and questions around the proposed merger. Over the next quarter the focus of governor training and development will be to understand any gaps in knowledge that will assist governors in the decision they will need to take on whether to approve the merger in March 2020.

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 28 November
2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough
Street, Bristol, BS1 3NU**

		Agenda Item	5.5
Meeting Title	Council of Governors	Meeting Date	28/11/2019
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	<input type="checkbox"/>
Non-executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input checked="" type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

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

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

ID Governor Name

229 John Rose

Theme: Staff access to IT**Source:** Project Focus Group**Query** 07/11/2019

In the interest of helping improve the response to the staff survey, are there computers available in different areas of the hospitals which staff who are not desk based can use and thus have access to the survey and other relevant UH Bristol staff related news/information. Do these staff have time within their working hours to get access and are any IT training needs taken into consideration?

Division: Trust-wide**Executive Lead:** Director of People**Response requested:** 21/11/2019**Response** 19/11/2019

Since we launched the online NHS staff survey in 2018 we have increased our staff survey response rate from 43% to 52%, a 9% increase on the previous year.

Naturally in the transition period from paper to online we recognised the issue of access to the survey may be a risk. We have utilised a comprehensive and robust communication campaign to encourage staff to 'take 10 minutes' with the hope that this will increase confidence across the organisation, that the time taken away from work is short and practical.

The system relies on individual work email addresses (only accessible by the individual member of staff) and therefore relies on local PC availability. We have discussed alternatives with our IT experts as to whether we could be more flexible with annual access to a number of PCs, unfortunately there are no resources.

However there a number of things to support access:

- Forward your survey to your phone or personal laptop
- Access to the Trust Library PCs to complete,
- Communication plan to support managers.

There are also a number of local activities and initiatives that provide access and personal space which include:

- Coffee and cake morning
- Extra tea breaks
- Time and space prior to the end of a shift to complete
- Estates team has set up a job on their operational work system, Agility, providing a 20 min allocated slot for completion (currently 70% response rate)
- Trial of suite of PCs accessible in the education centre.

ID Governor Name

We work in partnership with Divisions and managers on a daily, and more formally weekly basis, to motivate and support access to Survey solutions.

There remain a group of approx. 900 staff who receive the survey on paper. This group includes facilities staff who do not have regular access to a PC and staff on maternity/paternity leave etc.

Status: *Awaiting Governor Response*

228 Kathy Baxter

Theme: Weston merger

Source: Project Focus Group

Query 31/10/2019

Can governors be assured that the Board remains sufficiently focused on issues at UH Bristol and has not been too far diverted by the demands of the Weston merger process. Does the merger process adequately take into account the risks to our own performance?

Division: Trust-wide

Executive Lead: *Director of Strategy and Transformation*

Response requested: 14/11/2019

Response 06/11/2019

As part of the preparatory work for the Weston merger the Board has identified that there is a potential risk to UHB performance due to the additional work required to successfully complete the transaction. This risk is included on the Corporate Risk Register and monitored through the Board every three months.

The risk recognises that UH Bristol business as usual activities and performance could be adversely affected, risking delivery of Trust corporate objectives as the merger will require expert input from staff across the organisation that cannot be solely provided on a project basis.

The controls put in place to mitigate the risk are:

- A Transaction Programme Team have been appointed to support organisation with general and subject specific support.
- The Transaction Programme Team are targeted in specifying requirements from the business as usual divisional operational teams to reduce the impact on them and maximise the efficient use of any available resource.

Status: *Awaiting Governor Response*

ID **Governor Name**

227 **Chrissie Gardner**

Theme: Bank staff

Source: From Constituency/ Members

Query **03/10/2019**

I'm concerned to hear that our bank staff are not invited to participate in our annual staff survey. Why is this the case, and, if not through the staff survey, how can we ensure that we're getting feedback from this valued section of our workforce?

Division: Trust-wide

Executive Lead: Director of People

Response requested: 17/10/2019

Response **04/10/2019**

It is a national decision for Bank staff not to be part of the annual NHS Staff Survey. In the Trust we are committed to all staff having a voice and sharing their experience at work. With this in mind we have a Bank only staff Friends and Family test which provides an opportunity to not only to respond to the questions regarding whether they would recommend the organisation to receive treatment or as a place to work and includes free text for comments and feedback.

Status: Closed

Query 16/07/2019

What is the Trust doing about plastic pollution – is it proactively reducing and reusing, or recycling? Is the Trust prudent in its use of natural resources to lessen its impact on our environment?

Division: Trust-wide**Executive Lead:** Director of Strategy and Transformation**Response requested:** 30/07/2019**Response 11/09/2019**

Reducing

- Gloves – trialling an education programme to reduce the overuse of gloves in a clinical setting.
- Catering:
 - o Stopped buying plastic straws.
 - o Replaced plastic cutlery and stirrers with wooden equivalent (beech).
 - o The three Brewnells outlets with seating are using crockery as opposed to disposables.
 - o Discount is offered at all Brewnells when using your own/bought reusable cup.
- Pharmacy are transitioning from using plastic bags for pharmaceuticals to paper bags.
- Audit of all Trust water stations to make sure they are mains fed and not bottle fed; signs encouraging people to refill their bottles, not buy bottled water; and sites to be added to the Refill Bristol website.

Reusing

- Working with partners to reuse as much office furniture as possible whether we give them unwanted furniture, saving on the environmental and financial costs of disposal – or they give us furniture, saving us procuring new items.

Recycling

- Introducing recycling bins into public areas.
- Trust owned cafes – Brewnells:
 - o Food containers changed from polystyrene to recyclable material.
 - o Takeaway cup lids are recyclable.
- Working with partners to recycle various plastic clinical waste items.

Our staff engagement programme, The Green Impact Awards, also actively encourages staff to use resources efficiently and think about alternatives to plastic.

Status: Closed

**Cover report to the Council of Governors meeting to be held on 28 November
2019 at 14:00 in the Conference Room, Trust Headquarters, Marlborough
Street, Bristol, BS1 3NU**

		Agenda Item	5.6
Meeting Title	Council of Governors	Meeting Date	28/11/2019
Report Title	Governors' Meeting Dates 2020/21		
Author	Kate Hanlon, Membership Engagement Manager		
Executive Lead	Eric Sanders, Trust Secretary		
Freedom of Information Status	Open		

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

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

Executive Summary									
<u>Purpose:</u> To approve the schedule of Governors' Meeting Dates for April 2020 to March 2021.									
Recommendations									
Governors are asked to: <ul style="list-style-type: none"> Approve the schedule of Governors' Meeting Dates. 									
Intended Audience (please tick any which are relevant to this paper)									
Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Public	<input checked="" type="checkbox"/>

Governors' Meeting Dates Jan 2020-Mar 2021 DRAFT

	Council of Governors (preceded by Public Trust Board) <i>(all governors: attendance mandatory)</i>	Governor Development Seminars <i>(all governors: attendance strongly recommended)</i>	Nominations and Appointments Committee <i>(committee members only)</i>	Quality Focus Group <i>(open to all governors)</i>	Constitution Focus Group <i>(open to all governors)</i>	Governors Strategy Group <i>(open to all governors)</i>	Governor-NED Engagement Session Preceded by Governors' Informal Meeting <i>(open to all governors)</i>	Members' Events (open to all governors)	Public Board <i>(governors may attend as observers - recommended to attend at least one per year)</i>
Chair	Jeff Farrar	Kate Hanlon	Jeff Farrar	Carole Dacombe / John Rose	Ray Phipps / Mo Phillips	Graham Papworth/ Malcolm Watson	Jeff Farrar for Governor-NED Engagement Session		Jeff Farrar
Other Lead	N/A	N/A	N/A	Exec Lead: Carolyn Mills / Bill Oldfield	Eric Sanders / Kate Hanlon	Exec Lead: Paula Clarke	Mo Phillips for informal meeting		N/A
Jan 2020	Thurs 30 Jan 2020 14:00-16:00 (CR)	Wed 22 Jan 2020 10:00-16:00 (CR)		Thurs 16 Jan 2020 10:00-12:00 (CR)	Thurs 16 Jan 2020 12:30-14:30 (CR)			Quality Counts Event Tues 28 Jan 2020 (LT1) Topic and Time TBC	Thurs 30 Jan 2020 11:00-13:00 (CR)
Feb 2020							Tues 25 Feb 2020 (CR) Informal meeting: 13:30-15:00 Governor/NED meeting, 15:00-16:00	Health Matters Event Thurs 27 Feb 2020 (LT1) Topic and Time TBC	
Mar 2020	TBC Extra Council of Governors Meeting		Tues 17 Mar 2020 14:30-15:30 (CR)	Tues 17 Mar 2020 12:30-14:30 (CR)	(Meeting scheduled for 11 March cancelled)	Tues 17 Mar 2020 10:00-12:00 (CR)	Thurs 26 Mar 2020 (CR) Informal meeting, 11:00 -12:30 Governor/NED meeting, 12:30-13:30	Health Matters Event Tues 17 Mar 2020 (LT1) Topic and Time TBC <i>-Governor Election Events</i>	Mon 30 March 2020 11:00-13:00 (CR)
April 2020		Fri 17 April 2020 10:00-16:00 (CR)					Tues 28 April (CR) Informal meeting, 12:00 -13:00 Governor/NED meeting, 13:00-14:00	Health Matters Event Date TBC Topic and Time TBC <i>-Governor Election Events</i>	
May 2020	Thurs 28 May 2020 14:00-16:00 (CR)		Mon 11 May 2020 11:00-12:00 (CR)	Mon 11 May 2020 12:30-14:30 (CR)	Tues 26 May 2020 12:00-14:00 (CR)	Mon 11 May 2020 15:00-17:00 (CR)		Health Matters Event Tues 5 May 2020 (LT1) Topic and Time TBC	Thurs 28 May 2020 11:00-13:00 (CR)
June 2020		Thurs 18 June 2020 10:00-16:00 (CR)					Thurs 25 June 2020 (CR) Informal meeting, 12:00 -13:00 Governor/NED meeting, 13:00-14:00	Health Matters Event Tues 30 June 2020 (LT1) Topic and Time TBC	
July 2020	Thurs 30 Jul 2020 14:00-16:00 (CR)			Tues 7 July 2020 10:00-12:00 (CR)	Tues 7 July 2020 12:30-14:30 (CR)			Health Matters Event Wed 22 July 2020 (LT1) Topic and Time TBC	Thurs 30 July 2020 11:00-13:00 (CR)
Aug 2020							Thurs 27 August 2020 (CR) Informal meeting, 11:30 -13:00 Governor/NED meeting, 13:00-14:00	-	
Sept 2020	Annual Members' Meeting / AGM Tues 15 Sept 2020 17:00-19:00 (LT1)			Thurs 10 Sept 2020 12:30-14:30 (CR)		Thurs 10 Sept 2020 10:00-12:00 (CR)	Fri 25 Sept 2020 (CR) Informal meeting, 11:30 -13:00 Governor/NED meeting, 13:00-14:00	Annual Members' Meeting Tues 15 Sept 2020 17:00-19:00 (LT1)	Tues 29 Sept 2020 11:00-13:00 (CR)
Oct 2020		Tues 6 Oct 2020 10:00-16:00 (CR)					Tues 27 Oct 2020 (CR) Informal meeting, 11:30 -13:00 Governor/NED meeting, 13:00-14:00	TBC	
Nov 2020	Fri 27 Nov 2020 14:00-16:00 (CR)		Tues 3 Nov 2020 12:30-13:30 (CR)	Tues 3 Nov 2020 14:00-16:00 (CR)	Thurs 26 Nov 2020 12:30-14:30 (CR)			TBC	Fri 27 Nov 2020 11:00-13:00 (CR)
Dec 2020						Tues 8 Dec 2020 10:00-12:00 (CR)	Fri 18 Dec 2020 (CR) Informal meeting, 11:30 -13:00 Governor/NED meeting, 13:00-14:00	-	
Jan 2021	Thurs 28 Jan 2021 14:00-16:00 (CR)	Wed 20 Jan 2021 10:00-16:00 (CR)		Thurs 14 Jan 2021 13:00-15:00 (CR)				TBC	Thurs 28 Jan 2021 11:00-13:00 (CR)
Feb 2021							Tues 23 Feb 2021 (CR) Informal meeting, 11:30 -13:00 Governor/NED meeting, 13:00-14:00	TBC	
Mar 2021			Tues 2 Mar 2021 12:30-13:30 (CR)	Tues 2 Mar 2021 10:00-12:00 (CR)	Fri 26 Mar 2021 12:30-14:30 (CR)	Mon 15 Mar 2021 10:00-12:00 (CR)	Thurs 25 Mar 2021 (CR) Informal meeting, 11:30 -13:00 Governor/NED meeting, 13:00-14:00	TBC	Wed 31 Mar 2021 11:00-13:00 (CR)