

## COUNCIL OF GOVERNORS

Meeting to be held on Friday 27 July 2018 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

### AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	PAGE NO.
<b>1.0 Preliminary Business</b>				
1.1	Introduction and apologies	Information	<i>Chair</i>	Verbal
1.2	Declarations of Interest	Information	<i>Chair</i>	Verbal
1.3	Minutes of the last meeting	Approval	<i>Chair</i>	p. 3
1.4	Matters arising (Action Log)	Approval	<i>Chair</i>	p. 14
1.5	Chair's Report	Information	<i>Chair</i>	Verbal
<b>2.0 Performance Update and Strategic Outlook</b>				
2.1	Chief Executive's report	Information	<i>Deputy Chief Executive</i>	Verbal
2.2	Quality Report 2017/18	Information	<i>Chief Nurse</i>	Attached as supporting information
2.3	Independent Auditor's Report to the Governors on the Quality Report	Information	<i>Chief Nurse</i>	p. 15
2.4	Quarterly Patient Experience and Complaints Reports	Information	<i>Chief Nurse</i>	Attached as supporting information
<b>3.0 Holding Non-executive Directors to account</b>				
3.1	Holding to account report	Assurance	<i>Membership Engagement Manager</i>	p. 36
<b>4.0 Non-executive Director appointments (appraisal/review)</b>				
4.1	Nominations and Appointments Committee report - Terms of Reference and Committee membership	Approval	<i>Chair</i>	p. 38
<b>5.0 Constitutional/forward plans</b>				
5.1	Governor Group reports a) Quality Focus Group b) Governors' Strategy Group c) Constitution Focus Group - Terms of Reference for project focus groups	Assurance  Approval	<i>Governor Group Leads</i>	p. 47
5.2	Proposal to merge public and patient constituencies and impact on governor numbers	Decision	<i>Membership Engagement Manager</i>	p. 62

<b>6.0 Member/Public interests</b>				
6.1	Update from Youth Involvement Group	Information	<i>Youth Involvement Group appointed governor</i>	Verbal
6.2	Membership engagement report	Information	<i>Membership Engagement Manager</i>	p. 66
<b>7.0 Training and development</b>				
7.1	Governor training and development report - Results of Council of Governors self-assessment	Information	<i>Membership Engagement Manager</i>	p. 70
<b>8.0 Items for Information</b>				
8.1	Governors' Log of Communications	Information	<i>Chair</i>	p. 84
<b>9.0 Concluding Business</b>				
9.1	Governor Questions arising from the meeting of the Trust Board of Directors	Information	<i>Chair</i>	Verbal
9.2	Foundation Trust Members' Questions	Information	<i>Chair</i>	Verbal
9.3	Any Other Business	Information	<i>Chair</i>	Verbal
9.4	Date and time of next meeting Annual Members' Meeting: <b>Thursday 13 September</b> , 5pm-7pm, Lecture Theatre 1, Education and Research Centre <b>Wednesday 31 October</b> , 2pm-3.30pm Conference Room, Trust HQ	Information	<i>Chair</i>	Verbal

**Minutes of the Council of Governors Meeting held on 26 April 2018 at 14:00 in the  
Conference Room, Trust Headquarters, Marlborough Street, BS1 3NU**

**Present**

Jeff Farrar - Chair  
 Malcolm Watson – Public Governor (Lead Governor)  
 Carole Dacombe – Public Governor  
 John Rose – Public Governor  
 Tom Frewin – Public Governor  
 Penny Parsons – Public Governor  
 Mo Phillips – Public Governor  
 Tony Tanner – Public Governor  
 Jenny James – Public Governor  
 Mary Whittington – Public Governor  
 Jonathan Seymour-Williams – Public Governor  
 Ray Phipps – Patient Governor  
 John Sibley – Patient Governor  
 Rashid Joomun – Patient Governor  
 John Chablo – Patient/Carer Governor  
 Graham Papworth – Patient/Carer Governor  
 Garry Williams – Patient/Carer Governor  
 Jane Westhead – Staff Governor

**In Attendance**

Robert Woolley – Chief Executive  
 Paula Clarke – Director of Strategy and Transformation  
 Mark Smith – Chief Operating Officer and Deputy Chief Executive  
 Matt Joint – Director of People  
 Carolyn Mills – Chief Nurse  
 Paul Mapson – Director of Finance and Information  
 Jill Youds – Non-executive Director  
 David Armstrong – Non-executive Director  
 Martin Sykes – Non-executive Director  
 Julian Dennis – Non-executive Director  
 John Moore – Non-executive Director  
 Eric Sanders – Trust Secretary  
 Kate Hanlon – Membership Engagement Manager  
 Mike Lyall – Foundation Trust member  
 Clive Hamilton – Foundation Trust member  
 Adrian Upex – Member of Staff  
 Marian Gibson – Member of Staff  
 Matthew Kershaw – Senior Fellow, King’s Fund  
 Anna Charles – Senior Policy Adviser, King’s Fund  
**Minutes:** Sarah Murch – Membership and Governance Administrator

Minute Ref:	Item	Actions
COG 01/04/18	<b>1.1 Chair’s Introduction and Apologies</b>	
	The Chair, Jeff Farrar, welcomed everyone to the meeting and noted apologies from: <b>Governors:</b> Hussein Amiri, Pauline Beddoes, Sophie Jenkins, Sue Milestone, Kathy Baxter, Florene Jordan, Neil Morris, Marty McAuley, Sally Moyle, Andy Coles-Driver	

	<p>and Astrid Linthorst  <b>Board of Directors:</b> Emma Woollett</p> <p>Jeff extended a particular welcome to Matthew Kershaw and Anna Charles from the King's Fund, who were in attendance as part of a visit to the Trust to report on its governance and leadership.</p> <p>He also informed governors that UH Bristol was hosting a non-executive director placement as part of NHS Improvement's NExT programme (a national initiative supporting people from black, Asian and minority ethnic communities to become non-executive directors in the NHS). As a result Sue Evans would be joining the Board on a one-year placement as an honorary non-executive director.</p>	
<p>COG 02/04/18</p>	<p><b>1.2 Declarations of Interest</b></p>	
	<p>In accordance with Trust Standing Orders, all those present were required to declare any conflicts of interest with items on the meeting agenda. There were no declarations of interest.</p>	
<p>COG 03/04/18</p>	<p><b>1.3 Minutes from Previous Meeting</b></p>	
	<p>Governors considered the minutes of the meeting of the Council of Governors held on 31 January 2018.</p> <p>Carole Dacombe, Public Governor, requested an amendment to Item 7.1a - Update on Weston Partnership (minute ref. COG 64/01/18), as she felt that the minutes did not sufficiently reflect the concerns that governors had raised about the financial implications of the proposed merger with Weston Area Health NHS Trust. In particular, Carole had made a specific point that there had to be national support for dealing with the historical deficit which should be included in the minutes. The Chair agreed that the minutes would be amended on that basis.</p> <p>Malcolm Watson, Public Governor, asked whether there were any further answers to governors' questions about the financial implications of the merger. Robert Woolley reiterated his assurance to governors that the Board would not enter into any arrangement that would be to the detriment of UH Bristol, its staff or its patients.</p> <p>Garry Williams, Patient/Carer Governor, referred to Item 9.1 (COG 79/01/18) and asked whether there was any update on arrangements for General Practitioner interface with the Emergency Department following the end of the Trust's contract with the GP Support Unit (GPSU). Mark Smith, Deputy Chief Executive and Chief Operating Officer, added that the Trust was currently in discussions with other organisations with the intention of reducing the burden on the Emergency Department without re-providing the GPSU function in its current form. In response to a question from Tom Frewin, Mark Smith clarified that the GPSU still continued to provide advice to primary care organisations.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the minutes of the Council of Governors meeting held on 31 January 2018 as a true and accurate record of the proceedings subject to amendments to COG 64/01/18 to clarify governor concerns about the</li> </ul>	

	financial implications of the proposed merger between UH Bristol and Weston Area Health Trust.	
COG 04/04/18	<b>1.4 Matters Arising/Action Log</b>	
	There were no matters arising.	
COG 05/04/18	<b>1.5 Chair's Report</b>	
	<p>This was a standing agenda item to enable the Chair, Jeff Farrar, to update governors on his recent activity and current reflections. Jeff Farrar gave governors a verbal update to governors on his activities in the last quarter.</p> <p>Nationally, he had made contact with the Chair of NHS Providers and the Chair of NHS Improvement. He had invited Professor Ted Baker, Chief Inspector of Hospitals, to visit the Trust's Emergency Department. He added that he was determined to increase engagement on a national level in support of the Trust, and suggested that there could be opportunities for non-executive directors and governors to support this.</p> <p>He further emphasised the importance of building constructive relationships with the Trust's partners in the region. In this regard, he had recently attended the South West Regional Chairs' Meeting and had met with the Interim, Chair of North Bristol Trust, the Chair of the Clinical Commissioning Group and the Police and Crime Commissioner.</p> <p>Within the Trust, Jeff Farrar had now met almost all governors individually. He was meeting with staff associations on a monthly basis, and had been part of the selection process for the new Medical Director. In the next quarter, he intended to focus on 'Back to the Floor': engaging staff on the front line in the hospitals. He invited governors to accompany him on these visits. Governors welcomed this suggestion and it was agreed that this would be arranged via the membership team.</p> <p>Jeff Farrar reminded governors that they were welcome to raise questions with him either directly or during their informal meetings with him. It was also noted that the Lead Governor held regular meetings with both the Chair and the Chief Executive, and that this provided an alternative channel of communication for governors to use.</p> <p>Malcolm Watson, Lead Governor, welcomed Jeff Farrar's call for governors to assist with engagement to keep the Trust in the public eye and noted that a mechanism to do so was needed. Jeff asked for information to be sent to governors about the Trust's recent achievements and encouraged them to share it. In response to a question from Malcolm Watson about whether Jeff Farrar had yet made contact with the regional Metro Mayor or North Somerset and South Gloucestershire Councils, Jeff responded that he had no plans to meet with the regional mayor as yet but was meeting with representatives of all the local authorities through the Sustainability and Transformation Partnership and was also planning to meet with the area's MPs.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the report to note.</li> <li>• <b>Receive</b> an invitation to governors to accompany the Chair on visits to the hospitals.</li> </ul>	Chair

COG 06/04/18	<b>2.1 Holding to Account report</b>  Governors received a summary report of the ways in which they had held non-executive directors to account in the period since the last meeting. Kate Hanlon, Membership Engagement Manager, highlighted that the format of governors' informal Counsel meetings with non-executive directors had been changed to enable more interaction between governors and non-executive directors.  <b>Members RESOLVED to:</b> <ul style="list-style-type: none"> <li>• <b>Receive</b> the report to note.</li> </ul>	
COG 07/04/18	<b>3.1 Nominations and Appointments Committee Report</b>  The Chair, Jeff Farrar, introduced this report, which contained several recommendations around re-appointments and changes to non-executive positions.  a) <b>Re-appointment of Guy Orpen:</b> As Guy had already served two terms as non-executive director, the Nominations and Appointments Committee had noted that according to guidance, his appointment could be extended for a further three years 'in exceptional circumstances'. It was felt that Guy's contribution was considerable and that he was a valued member of the Board as deputy vice-chancellor of the University of Bristol. The Council of Governors was therefore asked to approve the Committee's recommendation to re-appoint Guy Orpen as non-executive director for a further three-year term of office from 2 May 2018 - 1 May 2021 (subject to annual review and annual re-appointment in line with the Foundation Trust Code of Governance). This was agreed.  b) <b>Appointment of Vice-Chair:</b> Jeff Farrar noted that the current vice-chair, Emma Woollett, was due to step down in May and he conveyed the Board's gratitude for her work in the role of Vice-Chair. He asked the Council of Governors to approve the Committee's recommendation to appoint Jill Youds as Vice-Chair from 1 June 2018. This was agreed.  c) <b>Appointment of Senior Independent Director (SID):</b> As Jill Youds was moving from the position of SID to that of Vice-Chair, Jeff Farrar asked the Council of Governors to approve the Committee's recommendation that Julian Dennis be appointed as Senior Independent Director. This was agreed.  d) <b>Revised role description for Non-executive Designate role:</b> Jeff explained to governors that confusion had recently arisen among Board members about the distinction between the role of non-executive director and that of non-executive designate, and clarification had been required. The Council of Governors was therefore asked to approve a revised role description for the NED Designate role with remuneration to be set at half that of full non-executive directors for a time commitment of one day per month. Governors approved the revised role description and further noted that Madhu Bhabuta would remain on the Board as a NED Designate.  e) <b>Appointment of Non-executive Director (Designate) to Non-executive Director:</b> Jeff Farrar further asked the Council of Governors to approve the	



	<p>Committee’s recommendation to appoint Steve West (NED Designate) as a full non-executive director for the period 1 September 2017 to 31 May 2018 (as cover for Alison Ryan’s sabbatical), and for the period from 1 June 2018 (as replacement for Emma Woollett) until 31 June 2020.</p> <p>It was further noted that among other changes to non-executive portfolios, David Armstrong would be taking over the role of Chair of the Audit Committee from John Moore.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the report to note;</li> <li>• Approve the Committee’s recommendation to re-appoint Guy Orpen as non-executive director for a further three-year term of office from 2 May 2018-1 May 2021, subject to annual review and annual re-appointment in line with the Foundation Trust Code of Governance.</li> <li>• Approve the Committee’s recommendation to appoint Jill Youds as Vice-Chair from 1 June 2018 (to be reviewed in line with Jill’s term of office).</li> <li>• Approve the Committee’s recommendation that Julian Dennis be appointed as Senior Independent Director, to be reviewed bi-annually by the Board of Directors in consultation with the Council of Governors.</li> <li>• Approve the revised role description for Non-executive Designate role</li> <li>• Approve the change of status of Steve West from Non-executive Designate to Non-executive Director for the period 1 September 2017 to 31 May 2018 as cover for Alison Ryan, and for the period 1 June 2018 to 31 June 2020 as replacement for Emma Woollett.</li> </ul>	
<p>COG 08/0418</p>	<p><b>4.1 Governor Groups Reports</b></p>	
	<p>Written reports had been circulated for all groups.</p> <p>a) <u>Quality Focus Group</u> Carole Dacombe, Chair of the Quality Focus Group, introduced the report from the group’s meeting on 12 March.</p> <p>The group had discussed the Trust’s disappointing performance in relation to Fractured Neck of Femur targets with Julian Dennis, non-executive Chair of the Quality and Outcomes Committee and had acknowledged that there could be no expectation of significant change until June/July when further conclusions about this topic would be expected. Staff issues were also discussed, particularly in terms of staff sickness, recruitment and retention, and it was agreed to invite Matt Joint, Director of People, to update governors on these issues later in the year.</p> <p>Carole Dacombe also highlighted that the group had enjoyed an impressive presentation from Annette Giles, Head of the Trust’s Central Steam Sterilising Department (CSSD). Governors had welcomed the remarkable improvements that this service had made over recent years, particularly as they had been aware of problems faced by the department in the past. Jeff Farrar agreed to write to Annette Giles to formally thank her.</p> <p>b) <u>Governors’ Strategy Group</u> Malcom Watson, Chair of the Governors’ Strategy Group, reported back from the</p>	

	<p>group's meeting on 14 March. Paula Clarke, Director of Strategy and Transformation, and Paul Mapson, Director of Finance and Information, had shared the draft operating plan with governors and sought their views (though it was noted that the Trust had not received its control total at the time of the meeting).</p> <p>The group had received a presentation on the Sustainability and Transformation Partnership (Healthier Together), and updates on the Clinical Commissioning Groups and Weston Partnership. Martin Sykes, Non-executive Chair of the Finance Committee had given the group an update on the work of his committee.</p> <p>c) <u>Constitution Focus Group</u></p> <p>Ray Phipps, Chair of the Constitution Focus Group, introduced a report from the group's most recent meeting on 14 March. Governors had discussed current membership engagement methods and practices. There had been a lengthy discussion about proposed changes to membership constituencies, and governors had agreed to remove the split between the public and the patient membership constituencies, though some had emphasised the importance of maintaining representation from specific groups, such as carers. The group had agreed to review staff governor classes and appointed governor roles at their next meeting. Ray Phipps added that governors had received information from NHS Providers that demonstrated that UH Bristol's governor numbers and membership representation were fairly typical compared with other trusts.</p> <p>The group had received updates about the work of the Youth Involvement Group and the Audit Committee. Finally, they had discussed and agreed changes to the term of office for the Lead Governor and changes to the Terms of Reference for the governor focus groups.</p> <p>John Rose, Public Governor, requested that governors receive more updates from the Youth Involvement Group, and Kate Hanlon responded that the YIG governors were scheduled to meet with the Chair that day and that this and their other activities would be reported back through the Constitution Focus Group.</p> <p><b>Members RESOLVED:</b></p> <ul style="list-style-type: none"> <li>• To receive the reports to note.</li> <li>• That the Chair should formally thank the Head of CSSD in writing.</li> </ul>	Chair
	<p><b>4.2 Lead Governor Election</b></p>	
	<p>Kate Hanlon, Membership Engagement Manager, informed governors that Malcolm Watson and Mo Phillips had expressed interested in holding the Lead Governor role jointly from 1 June. This was supported by governors.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• Elect Malcolm Watson and Mo Phillips as Joint Lead Governors from 1 June 2018 to 31 May 2019.</li> </ul>	
<p>COG 09/04/18</p>	<p><b>5.1 Membership engagement report</b></p>	
	<p>Kate Hanlon, Membership Engagement Manager, introduced a report on progress against the Membership Strategy, including priorities for membership engagement.</p>	



	<p>She reported a continued fall in public/patient membership numbers due to the team's proactive approach towards contacting members and giving them the opportunity to opt out. The last mailshot had resulted in considerable positive feedback about membership and about the Trust, but also in many members unsubscribing.</p> <p>Membership engagement consisted of a programme of activities agreed by governors under the headings of recruiting, informing and involving members. Highlights had included more Health Matters Events (three in the last quarter), and monthly governors' messages in the e-newsletters to members.</p> <p>Malcolm Watson commended Paula Clarke's team on their Health Matters Event on the Trust's Strategy review (Where Next for UH Bristol? on 12 April with 50 attendees) and commented on the unanimity in views expressed in some of the areas, which he hoped would be noted. Paula Clarke, Director of Strategy, responded that her team would consider the feedback from that event and others, and she committed to keep governors, members and staff informed as the strategy was written.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the report to note.</li> </ul>	
<p>COG 10/04/18</p>	<p><b>6.1 Governor Compliance, Training and Development Report</b></p>	
	<p>Kate Hanlon, Membership Engagement Manager, introduced a report of governor constitution, development and compliance with statutory requirements since the last meeting. Highlights of this quarter included the staff governor election which was being held to fill the medical and dental staff governor vacancy. Three candidates had nominated themselves and there would be an election in May.</p> <p>In relation to training, governors had attended a seminar day in April in which they had discussed the Trust's current strategy, and had received an informative and interesting talk from Marty McAuley, Appointed Governor for South Western Ambulance Service NHS Foundation Trust, on the work of his Trust. Governors were also attending sessions with Shaun Carr, Interim Deputy Chief Operating Officer, to gain a better understanding of the Trust's Quality and Performance data.</p> <p>Finally, 15 governors had completed a governor skills assessment in February, and the Membership Team were now starting to draw on governor skills in various areas.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the reports to note.</li> </ul>	
<p>COG 11/04/18</p>	<p><b>7.1a Chief Executive's Report</b></p>	
	<p>Robert Woolley, Chief Executive, provided a verbal update on key issues facing the Trust.</p> <p>He reminded governors of the national context. Following a difficult winter for the NHS, conversations were taking place about different funding frameworks for the NHS, and a pay rise had been agreed for staff which was yet to be ratified, but</p>	

clarification was still required as to how this would be implemented and funded.

**End of year report:** At UH Bristol, winter pressures on staff had not yet been relieved. At the end of the financial year, the Trust had not achieved the access standards set out in the NHS Constitution, though quality indicators were satisfactory and the Trust's financial plan had been achieved. Because the plan had been achieved, the Trust had been eligible for more funds and as a result was declaring a surplus for 2017/18 of £19.9m, some of which the Board had committed to transferring into schemes that would support improvements in staff wellbeing.

**Priorities for 2018/19:** Governors heard that the Trust's Senior Leadership Team had identified four priorities for 2018/19: to invest in the development and wellbeing of staff, to continue to improve patient care (with a focus on the holistic care of the patient as an individual), to increase capacity to meet increased demand, and finally, to achieve a surplus of £18.5m (by encouraging staff to work smarter to remove waste and minimise delays).

**Weston Partnership Update:** Governors were reminded that the UH Bristol Board and that of Weston Area Health NHS Trust had approved a strategic outline case in January for merger by acquisition. However, progress had stalled because the next steps were contingent on the outcome of the Clinical Commissioning Group (CCG)'s Healthy Weston programme to create an integrated care campus at Weston, which had not progressed as quickly as expected.

With the Healthy Weston programme now anticipated to go to public consultation by the autumn, UH Bristol and Weston would not be bringing a decision to their Boards in May to proceed to Full Business Case, and if an acquisition were to happen, it was unlikely that it would be complete before the end of the financial year. Governors would receive a further update in June.

Governors were assured that UH Bristol continued to work very closely with Weston Area Health NHS Trust providing both management support and clinical support. UH Bristol's Head of Communications, Fiona Reid, was now also covering the equivalent role at Weston. UH Bristol was also helping Weston recruit medical staff in difficult areas, such as respiratory services. North Bristol NHS Trust was also discussing how it could use Weston Area Health NHS Trust's spare capacity to help with its waiting times.

**UH Bristol Strategy Review:** The Trust was undertaking a review of its five-year strategy to explore how it would position itself amid sustainability and transformation partnerships and any changes in national policy. Robert welcomed governor engagement in the strategy review.

**New Arts Director:** Finally, governors were informed that Anna Farthing had joined the Trust in the new position of Arts Director. Anna would bring extensive expertise to the Trust's new charity-funded arts programme. A reference group would be established and governors were invited to join.

There followed a discussion which included the following questions:

- Two governors asked questions relating to staff pay. Garry Williams asked whether the Trust was able to provide safeguards for more vulnerable staff

and those at the bottom of the pay scales. Robert responded that the new pay deal, if agreed, would give greater increases to lower paid staff and to those at the lower ends of their pay bands, and was welcomed by the Board on this basis. It would also ensure that all staff within the Trust would receive at least the Living Wage. Tom Frewin, Public Governor, enquired about gender imbalance in relation to pay. Robert responded that while there was an imbalance at the Trust, it was typical of many other large organisations in that there were more women than men working in the organisation but more men in senior positions. While the Trust's Director of People was working on a plan to address this, he acknowledged that it would take time

- Several governors asked further questions about the delays to the potential merger between UH Bristol and Weston Area Health NHS Trust. Garry Williams enquired whether developments at Weston Area Health NHS Trust were dependent on the financial robustness available to the Clinical Commissioning Group. Robert responded that any full business case for a merger with Weston Area Health NHS Trust would need to demonstrate that it was a viable transaction that would not take back risk into UH Bristol. However, there was a limited amount of money for the area, and excess in one part would mean a call on resources in other parts. It was therefore in the interests of everyone to work together to get the whole region on a sound financial footing.
- Ray Phipps sought clarification on the Healthy Weston delay and how far it had been caused by the recent merger undergone by the CCGs. In his response, Robert explained that reasons were more complex, but the merger of the CCGs would be advantageous for the region, particularly as the new combined CCG had now appointed Katie Norton (formerly Chief Executive of Gloucestershire Care Services) to lead the Healthy Weston programme. He added that the UH Bristol Board had discussed the delay at length and had concluded that it would not be detrimental to either Trust, provided that UH Bristol could still provide the necessary support to Weston Area Health NHS Trust in the meantime. John Moore, Non-executive Director, added that while he had initially been keen to see the merger talks progress quickly, he now felt satisfied that UH Bristol should continue to provide support on this basis, as it may be possible that health services in Weston could be redesigned without a merger being necessary.
- John Rose, Public Governor for North Somerset, expressed disappointment if the merger between UH Bristol and Weston did not take place. Robert reiterated that there was a still formal partnership in place between UH Bristol and Weston and that a transaction was not necessary in order to continue to provide support to Weston. John Rose further requested clarification on the respective roles of the Sustainability and Transformation Partnership and the CCG in the Healthy Weston programme. Robert Wooley clarified that the STP was a partnership of which the CCG was a key partner. The Chief Executive of the CCG, Julia Ross, was now jointly leading the STP with himself. Healthy Weston was an STP initiative, but the CCG had a statutory responsibility to the population to commission services for the region and consult on any service changes.

**Members RESOLVED to:**

- **Receive** the report to note.
- **Receive** an update on the Trust's partnership with Weston Area Health Trust.

Chief Executive

COG 12/04/18	<b>7.1b Quarterly Patient Experience and Complaints Reports</b>	
	<p>Carolyn Mills, Chief Nurse, introduced the Patient Experience and Complaints Reports. There were no questions.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the Quarterly Patient Experience and Complaints Reports to note.</li> </ul>	
COG 13/04/18	<b>7.1c Update on Operational Plan 2018/19</b>	
	<p>Governors received a brief verbal update on the development of the Trust's Operational Plan 2018/19 from Paula Clarke, Director of Strategy and Transformation. They had previously given their views on the draft plan at their Governors' Strategy Group meeting on 14 March. Paula asked governors to note that more detailed financial information had now been provided in relation to workforce and people. The Trust had also now successfully secured agreement on all contracts now from local and national commissioners. The final version of the plan would be submitted over the next few days and would be circulated to all governors.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the verbal update on the Operational Plan 2018/19 to note.</li> <li>• <b>Receive</b> the final version of the Operational Plan 2018/19 when available.</li> </ul>	Director of Strategy
COG 14/04/18	<b>8.1 Governors' Log of Communications</b>	
	<p>Governors received the updated report of the questions that governors had asked directors via the Governors' Log of Communications.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the report to note.</li> </ul>	
COG 15/04/18	<b>8.2 Governors' Register of Business Interests</b>	
	<p>Governors received the updated Governors' Register of Business Interests.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the Governors' Register of Business Interests to note.</li> </ul>	
COG 16/04/18	<b>9.1 Governors' Questions arising from the meeting of the Trust Board of Directors</b>	
	<p>The Chair invited questions from governors. With reference to discharge, Garry Williams asked whether the Trust had considered establishing a facility that it controlled but which was not within its main body in which vulnerable people could be eased back into the community. Robert Woolley responded that the Trust was working actively with partners including all councils in relation to social care provision and re-enablement as part of a wider review of these issues, but there was nothing specific to report at this stage. Garry further enquired whether it would be beneficial for the Trust to encourage outside providers to link into its IT systems to make this easier. Robert agreed in principle, citing the Connecting Care programme which multiple NHS institutions, local authority, and police force had now joined,</p>	

	<p>although it was not yet an interactive platform. The Trust was also going to be part of an expression of interest for a region-wide health and care record exemplar. Paul Mapson, Director of Finance and Information, noted a further problem that the strength of the networking into some of the organisations, such as nursing homes, was often not adequate to cope with the systems they needed to access.</p>	
<p>COG 17/04/18</p>	<p><b>9.2 Foundation Trust Members' Questions</b></p> <ul style="list-style-type: none"> <li>• Mike Lyall, Foundation Trust member, noted that in his capacity as mayor elect of Weston-super-Mare, he remained very concerned about Weston General Hospital, particularly given the area's high levels of child poverty and deprivation. He was grateful to UH Bristol for the support that it was giving to Weston General Hospital and asked whether two separate Boards of Directors would be still required if the Trusts were to merge. Jeff Farrar responded that while two boards would not be required if the merger went ahead, there was still great uncertainty as to whether it would get to that stage. He provided reassurance that the UH Bristol Board knew that they had a moral responsibility to improve care not just within the Trust but in the region as a whole and would support Weston Area Health NHS Trust accordingly.</li> <li>• Clive Hamilton, Foundation Trust member, expressed disappointment at the lack of attendance by the public at the Trust's Board meetings in public and Council of Governors meetings. He suggested that the Trust improve promotion to encourage greater interest. The Chair noted his comments.</li> </ul>	
<p>COG 18/04/18</p>	<p><b>9.3 Any Other Business</b></p>	
	<p>Carole Dacombe advised governors that she had received the Trust's draft Quality Report and was drafting the governors' commentary with Rashid Joomun.</p> <p>There was no other business.</p>	
	<p><b>Meeting close and date of next meeting</b>          The Chair declared the meeting closed at 15:40.</p> <p>Date and time of next meeting: Friday 27 July 2018 at 14:00-15:30 in the Conference Room, Trust HQ .</p>	

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



Council of Governors meeting – 27 July 2018

Action Log

Outstanding actions following the meeting held on 26 April 2018					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	COG 11/04/18	Governors to receive an update briefing on the Trust's partnership with Weston Area Health Trust	Chief Executive	28 August 2018	
Completed actions following the meeting held on 26 April 2018					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	COG 05/04/18	Governors to receive the final version of the Operational Plan 2018/19.	Director of Strategy and Transformation	1/5/18	Circulated by email 1/5/18.
2.	COG 05/04/18	Governors to receive an invitation to accompany the Chair on visits around the hospitals.	Chair	June 2018	Governors invited to join Chair on visit to outpatients in July. Future dates to be advised.
3.	COG 08/04/18	The Chair should formally thank the Head of CSSD in writing.	Chair	May 2018	



**Report to the Council of Governors meeting to be held on 27 July 2018 at 14:00  
 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1  
 3NU**

		<b>Agenda Item</b>	2.3
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	27 July 2018
<b>Report Title</b>	External Auditor's Report to the Governors on the Quality Report 2017/18		
<b>Author</b>	External Auditor		
<b>Executive Lead</b>	Carolyn Mills, Chief Nurse		
<b>Freedom of Information Status</b>		Open	

<b>Governor Responsibility</b> (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"/>

<b>Action/Decision Required</b> (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**

NHS Foundation Trusts are required to prepare and publish a Quality Report each year. The Quality Report has to be prepared in accordance with the NHS Foundation Trust Annual Reporting Manual and the requirements of NHS Improvement.

The Quality Report is one of the key ways that the Trust demonstrates to the public and its stakeholders that its services are safe, effective, caring and responsive. The report is an open and honest assessment of the last year, its successes and its challenges. A link to the Quality Report for 2017/18 is published on the Trust's website: <http://www.uhbristol.nhs.uk/about-us/key-publications/>

The Trust's External Auditors are required to undertake work on the Quality Report and provide the Council of Governors with a separate report on its findings and recommendations for improvements.

Governors are asked to:

- Receive the External Auditor's report to governors on the Quality Report 2017/18 for assurance.

<b>Intended Audience</b> (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"/>

<b>Date papers were previously submitted to other committees</b>				
<b>Nominations and Appointments Committee</b>	<b>Quality Focus Group 17/7/2018</b>	<b>Governor Strategy Group</b>	<b>Constitution Focus Group</b>	<b>Public Trust Board meeting</b>

# *University Hospitals Bristol NHS Foundation Trust*

*Quality Report 2017/18*

May 2018

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# Contents

<i>Background and scope</i>	<i>1</i>
<i>Summary of findings</i>	<i>3</i>
<i>Detailed findings</i>	<i>6</i>
<i>Appendices</i>	<i>13</i>
<i>Appendix A: Matters arising from our limited assurance review of the Foundation Trust’s 2017/18 Quality Report: Content review</i>	<i>14</i>
<i>Appendix B: Matters arising from our limited assurance review of the Foundation Trust’s 2017/18 Quality Report: Performance indicators</i>	<i>15</i>

## Scope of this work

We have performed this work in accordance with the NHS Foundation Trust Annual Reporting Manual (“FT ARM”) and the “Detailed requirements for quality reports 2017/18” issued by NHS Improvement (“NHSI”).

Reports and letters prepared by external auditors and addressed to governors, directors or officers are prepared for the sole use of the NHS Foundation Trust, and no responsibility is taken by auditors to any governor, director or officer in their individual capacity, or to any third party. The matters raised in this report are only those which have come to our attention arising from or relevant to our work that we believe need to be brought to your attention. They are not a comprehensive record of all the matters arising, and in particular we cannot be held responsible for reporting all risks in your business or all internal control weaknesses. This report has been prepared solely for your use in accordance with the terms of our engagement letter dated 28 March 2018 and for no other purpose and should not be quoted in whole or in part without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared for, and is not intended for, any other purpose.

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# *Background and scope*

## *Background*

NHS foundation trusts are required to prepare and publish a Quality Report each year. The Quality Report has to be prepared in accordance with the NHS Foundation Trust Annual Reporting Manual (“FT ARM”) and the “Detailed requirements for quality reports 2017/18” issued by NHS Improvement (“NHSI”).

As your auditors, we are required to undertake work on your Quality Report under NHSI’s “Detailed requirements for external assurance for quality reports 2017/18” (‘the detailed guidance’) which was published in February 2018.

The purpose of this report is to provide the Council of Governors of University Hospitals Bristol NHS Foundation Trust (“the Trust”) with our findings and recommendations for improvements, in accordance with NHSI’s requirements. It is referred to by NHSI as the “Governors report”.

## *Scope of our work*

We are required by NHSI to review the content of the 2017/18 Quality Report, test three performance indicators and produce two reports:

- Limited assurance report: This report is a formal document that requires us to conclude whether anything has come to our attention that would lead us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the “Detailed requirements for quality reports 2017/18”;
- The Quality Report is not consistent in all material aspects with source documents specified by NHSI; and
- The specified indicators have not been prepared in all material respects in accordance with the criteria set out in the FT ARM and the “Detailed requirements for external assurance for quality reports 2017/18”.

A limited assurance engagement is less in scope than a reasonable assurance engagement (such as the external audit of accounts). The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited compared to a reasonable assurance engagement.

- Governors report: A private report on the outcome of our work that is made available to the Trust’s Governors and to NHSI.

Our limited assurance report is restricted, as required by NHSI, to the content of the Quality Report, consistency of specified documents to the Quality Report; and two mandated performance indicators only. The Governors report covers all of our work and, therefore, the third local indicator which is chosen by the Governors.

## Content of the Quality Report

We are required to issue a limited assurance report in relation to the content of your Quality Report. This involves:

- Reviewing the content of the Quality Report against the requirements of NHSI’s published guidance, as specified in the FT ARM and the “Detailed requirements for quality reports 2017/18”; and
- Reviewing the content of the Quality Report for consistency with the source documents specified by NHSI in the detailed guidance.

## Performance indicators

We are required to issue a limited assurance report in respect of two out of four for Acute Trust national priority indicators specified by NHSI in their detailed guidance.

The indicators for the year ended 31 March 2018 which were chosen by the governors and subject to our limited assurance (the “specified indicators”) are marked with the symbol **A** in the Quality Report and consist of:

<b>Specified Indicators</b>	<b>Specified indicators criteria</b> (exact page number where criteria can be found)
<i>Percentage of incomplete pathways within 18 weeks for patients with incomplete pathways at the end of the period</i>	<i>See Appendix B in the Quality Report, page 78</i>
<i>Percentage of patients with a total time in A&amp;E of four hours or less from arrival to admission, transfer or discharge</i>	<i>See Appendix B in the Quality Report, page 78</i>

Our procedures included:

- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgments made by the Trust in preparation of the specified indicators; and
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosure.

## Local indicator

We are also required to undertake substantive sample testing of one further local indicator. This indicator is not included in our limited assurance report. Instead, we are required to provide a detailed report on our findings and recommendations for improvements in this, our Governors report. The Trust’s Governors select the indicator to be subject to our substantive sample testing. The indicator selected is Non-Purposeful Omitted Doses of the Listed Critical Medication.



# Summary of findings

## *Content of the Quality Report*

No issues have come to our attention that lead us to believe that the Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the “Detailed requirements for quality reports 2017/18”.

For further information refer to page 6.

### **Limited Assurance Report**

**As a result of our work, we are able to provide an unqualified limited assurance report in respect of the content of the Quality Report.**

## *Consistency with Other Information*

No issues have come to our attention that lead us to believe that the Quality Report is not consistent with the other information sources defined by NHSI’s “Detailed requirements for quality reports 2017/18”.

### **Limited Assurance Report**

**As a result of our work, we are able to provide an unqualified limited assurance report in respect of the consistency of the Quality Report with the “Detailed requirements for quality reports 2017/18.”**

For further information refer to page 6.

## *Selected Performance indicators*

Our findings relating to the performance indicators are summarised as follows:

<b>Performance indicators included in our limited assurance report</b>	<b>Findings</b>
Percentage of incomplete pathways within 18 weeks for patients with incomplete pathways at the end of the period	Eight issues identified; noted in our testing. Disclaimer to the opinion
Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge	No issues identified; no impact on our limited assurance opinion.

For further information refer to page 7.

### **Limited Assurance Report**

As a result of our work, our limited assurance report in respect of the mandated performance indicators is qualified as follows:

- The 18 week indicator is calculated each month based on a snapshot of incomplete pathways. In our testing we found two instances of a patient being included in monthly reporting which did not meet the inclusion criteria and three cases where patients were not included in an applicable month in error. Additionally, for three pathways tested, no evidence was available of the relevant clock start or stop date.
- As the Trust has not reviewed or updated the underlying data set, we were unable to access accurate and complete data to check the waiting period from referral to treatment reported across the year.

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**Performance indicator not included within our limited assurance report**

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**Findings**

Non-Purposeful Omitted Doses of the Listed Critical Medication

Unable to test local indicator due to issues with data.

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For further information refer to page 10.

### *Annual Governance Statement*

We identified no issues relevant to the Quality Report.

For further details, see page 12.

# Detailed findings

## *Review against the content requirements*

We reviewed the content of the Quality Report against the content requirements which are specified in the FT ARM and the “Detailed requirements for quality reports 2017/18”.

No issues came to our attention that led us to believe that the Quality Report has not been prepared in line with the FT ARM and the “Detailed requirements for quality reports 2017/18”.

## *Review consistency against specified source documents*

We reviewed the content of the 2017/18 Quality Report for consistency against the following source documents specified by NHSI:

- Board minutes for the period April 2017 to the date of signing the limited assurance report the period;
- Papers relating to Quality reported to the Board over the period April 2017 to the date of signing the limited assurance report;
- Feedback from the Commissioners Bristol, North Somerset and South Gloucestershire CCG’s dated 16 May 2018;
- Feedback from Governors dated 9 May 2018;
- Feedback from local Healthwatch organisations - Healthwatch North Somerset dated 9 May 2018, Healthwatch Bristol and Healthwatch South Gloucestershire dated 9 May 2018
- Feedback from The Bristol City Council People Scrutiny Commission 16 May 2018;

- The trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, DRAFT dated May 2018;
- The 2016 national patient survey dated 31 May 2017;
- The 2017 national staff survey dated 26 April 2018;
- Care Quality Commission inspection report, dated 2 March 2017; and
- The Head of Internal Audit’s annual opinion over the Trust’s control environment dated 16 May 2018.

No issues came to our attention that led us to believe that the Quality Report is not consistent with the information sources detailed above.

### *Performance indicators on which we are required to issue a limited assurance conclusion*

As required by NHSI we have undertaken sample testing of two performance indicators on which we issued our limited assurance report:

1. Percentage of incomplete pathways within 18 weeks for patients with incomplete pathways at the end of the period; and
2. Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.

We are required to obtain an understanding of the key processes and controls for managing and reporting the indicators and sample test the data used to calculate the indicator. Our work is performed in accordance with the detailed guidance and included:

- Identification of the criteria used by the Trust for measuring the indicator;
- Confirmation that the Trust had presented the criteria identified above in the Quality report in sufficient detail that the criteria are readily understandable to users of the Quality Report and are in accordance with NHSI mandatory performance indicator definitions set out in Annex C of the NHSI Detailed requirements for external assurance for quality reports 2017/18;
- Updating our understanding of the key processes and controls for managing and reporting the indicator through making enquiries of Trust staff and through performing a walkthrough;
- Checking the Trust's reconciliation of the reported performance in the Quality Report to the data used to

calculate the indicator from the Trust's underlying systems;

- Testing a sample of relevant data used to calculate the indicator; and
- Obtaining representations that the data used to calculate the indicator is accurately captured at source and that no sources of information/data relevant to the indicator performance have been excluded.

We tested only a sample of data, as stated above, to supporting documentation. Therefore, the errors reported below are limited to this sample.

We have also not tested the underlying systems, for example the patient administration system and the data extraction and recording systems.

Our findings are set out below. Recommendations arising from these findings are presented in Appendix B.

## 1. Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways

### Reported performance:

2017/18 Threshold: 92%

2017/18 Actual: 89.6 %

### Criteria identified:

We confirmed the Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report:

- The indicator is expressed as a percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period;
- The indicator is calculated as the arithmetic average for the monthly reported performance indicators for April 2017 to March 2018;
- The clock start date is defined as the date that the referral is received by the Foundation Trust, meeting the criteria set out by the NHSI guidance; and
- The indicator includes only referrals for consultant-led service, and meeting the definition of the service whereby a consultant retains overall clinical responsibility for the service, team or treatment.

### Issues identified through work performed:

No.	Issue	Impact on limited assurance report
	<i>Our testing identified the following issues:</i>	<i>The issues identified are due to weaknesses in the processes followed by the Trust prior to full implementation of a new live reporting process direct from the Trust's patient administration system from January 2018.</i>
1.	<i>For three patient pathways, no evidence was available to support the clock start date used by the Trust.</i>	
2.	<i>Three patient pathways should have been reported for an additional month (two as a non-breach, and one as a breach). This was due to the Trust's process of running the data on the Thursday post month end. This was corrected from January 2018.</i>	<i>Although no further issues were noted following the change to the new process, the issues identified mean that a complete and accurate data set is not available, and further testing would not be beneficial.</i>
3.	<i>Two patient pathways were reported as incomplete pathways for an additional month in error, due to late completion of clinic discharge letters.</i>	<i>We have therefore disclaimed our limited assurance report in respect of this matter.</i>

### Overall Conclusion:

Our substantive testing of the indicator identified 8 issues which impact on our limited assurance report resulting in a disclaimed opinion in respect of this indicator.



**2. Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge**

**Reported performance:**

**2017/18 Target: 95%**

**2017/18 Actual: 86.5%**

**Criteria identified:**

We confirmed the Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report:

- The indicator is defined within the technical definitions that accompany, ‘Everyone counts: planning for patients 2014/15 to 2018/10’. This can be found at <https://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>
- Detailed rules and guidance for measuring A&E attendance and emergency admissions can be found at <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/03/AE-Attendances-Emergency-Definitions-v2.0-Final.pdf>

**Issues identified through work performed:**

No.	Issue	Impact
1.	<i>No issues were noted in our substantive testing</i>	<i>No impact on our limited assurance report</i>

**Conclusion:**

Our substantive testing of the indicator identified no issues. No impact on our limited assurance report resulting in an unmodified report in respect of this indicator.

*Performance indicators not included within our limited assurance report*

NHSI also requires us to undertake substantive sample testing of a local indicator selected by the Governors, the results of which are not included within our limited assurance report.

We obtain an understanding of the key processes and controls for managing and reporting the indicator and sample test the data used to calculate the indicator back to supporting documentation.

Our findings are detailed as follows:

<b>3. Non-Purposeful Omitted Doses of the Listed Critical Medication</b>		
<b>Reported performance:</b>		
<b>2017/18 Target:</b> <1%	<b>2017/18 Actual:</b> 0.4%	
<b>Criteria identified:</b>		
<p>We confirmed the Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report:</p> <ul style="list-style-type: none"> <li>Percentage of non-purposeful missed/omitted doses of the listed critical medication in the 3 days (counting 3 days back from time of review) prior to prescription review.</li> <li>Critical being defined as a medicine administered in non-emergency situations where the timeliness of administration is crucial and omission or delay of the medicine is likely to cause harm.</li> </ul>		
<b>Issues identified through work performed:</b>		
<b>No.</b>	<b>Issue</b>	<b>Impact</b>
	<p><i>Hospital wards are asked to provide monthly returns detailing any omitted doses identified in a sample of patients. These returns are used to report performance each month.</i></p> <p><i>No substantive testing was able to be conducted due to the following weaknesses identified in the Trust's processes:</i></p> <ol style="list-style-type: none"> <li><i>A sample of between 5 and 10 patients per week are reviewed by the wards and therefore the returns do not capture all omitted doses.</i></li> <li><i>The returns provided by wards are not retained by the data team, are often not on formal data collection sheets, and do not contain specific patient information to enable a full audit trail</i></li> <li><i>Returns have not been submitted by all wards for every month of the year, and there is no evidence of a formal process to chase outstanding returns.</i></li> </ol>	<p><i>As a result of the identified issues, we were not able to obtain complete and accurate data set, and there is an insufficient audit trail to enable us to test this indicator.</i></p> <p><i>This indicator is not subject to our limited assurance opinion.</i></p>

4. *Some wards have transitioned to an electronic prescribing system during the year. No data has been collected from wards which have transitioned due to limitations with the system not being able to easily identify between critical and non-critical drugs.*

**Conclusion:**

Due to the issues identified and noted above, we were unable to substantively test the local indicator. This local indicator however is not subject to our limited assurance opinion.

The recommendations associated with these findings are presented in Appendix B.

## *Annual Governance Statement*

NHSI require Foundation Trusts to include a brief description of the key controls in place to prepare and publish a Quality Report as part of the Annual Governance Statement (“AGS”) in the 2017/18 published accounts. The requirements for the content of the AGS are set out in Annex 5 of Chapter 2 of the NHS Foundation Trust Annual Reporting Manual 2017/18.

The Annual Governance Statement, within the Foundation Trust’s 2017/18 Annual Report, includes the following statement specific to the Quality Report:

The process of producing the quality report and accounts is overseen by the Chief Nurse and Medical Director, who have a shared board-level leadership responsibility for quality. Drafts of the report and account are reviewed by our Clinical Quality Group, Senior Leadership Team, Audit Committee and Quality and Outcomes Committee prior to approval by the Board. Local stakeholders submit formal statements for inclusion in the quality report and accounts describing their relationship and interaction with the Trust on matters of quality, and offering comment on the Trust’s reported quality story and ambitions. Data included in the report and accounts is cross-referenced for accuracy with quality and performance data reported to the board during the previous year; national comparative indicators published in the report and accounts are also guided by local data quality frameworks. Finally, external auditors carry out detailed testing of three indicators included in the report, one of which is selected by our governors.

A Data Quality Framework has been developed by the Trust, which encompasses the data sets that underpin the key access and quality indicators reported in monthly in the Trust Quality and Performance Report and on an annual basis in the Quality Report. The framework addresses the six dimension of data quality (i.e. accuracy, validity, reliability, timeliness, relevance and completeness), and describes the process by which the data is gathered, reported and scrutinised by the Trust. The Data Quality Report is underpinned by the Data Quality Policy which describes the policy and procedures for supporting data quality across the Trust, including core responsibilities of staff. The Trust’s approach to Data Quality is being reviewed and is due to be updated in 2018/19.

As part of our report on the financial statements we were required to:

- Review whether the Annual Governance Statement reflects compliance with FT ARM Annex 5 of Chapter 2 in respect of Quality Report requirements and NHSI’s Detailed requirements for external assurance for quality reports 2017/18; and
- Report if it does not meet the requirements specified by NHSI or if the statement is misleading or inconsistent with other information we are aware of from our audit of the financial statements.

The work we undertook on the Annual Governance Statement as part of our work on the financial statements identified no issues relevant to the Quality Report.



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# *Appendices*

## ***Appendix A: Matters arising from our limited assurance review of the Foundation Trust's 2017/18 Quality Report: Content review***

	<b>Observation</b>	<b>Recommendation</b>
	<b>Review of the content requirements</b>	
1.	No matters identified on review of content requirements	No recommendations.
	<b>Review of the consistency of the report with specified source documents</b>	
2.	No matters identified on review of consistency of report with specified sources of documents	No recommendations.



## ***Appendix B: Matters arising from our limited assurance review of the Foundation Trust's 2017/18 Quality Report: Performance indicators***

	<b>Observation</b>	<b>Recommendation</b>
	<b>Percentage of incomplete pathways within 18 weeks for patients with incomplete pathways at the end of the period</b>	
1.	<p>From our sample size of 15 patients we identified 8 issues. The nature of the issues can be grouped as follows;</p> <ul style="list-style-type: none"> <li>• For three patient pathways, no evidence was available to support the clock start date used by the Trust. This was due to evidence of referrals not being retained in the patient administration system.</li> <li>• Three patient pathways should have been reported for an additional month (two as a non-breach, and one as a breach). This was due to the Trust's process of running the data on the Thursday post month end. This was corrected from January 2018.</li> <li>• Two patient pathways were reported as incomplete pathways for an additional month following discharge in error, due to late completion of clinic discharge letters.</li> </ul>	<p>The Trust has implemented a new live reporting process from the patient administration system during the year, with full transition to the new process from January 2018. No issues were noted in our sample testing following this transition.</p> <p>We recommend however that the Trust considers analysing clock start and stop evidence to identify any specific areas where there are delays in issuing discharge letters, or where evidence of referrals are not retained.</p>

	<b>Observation</b>	<b>Recommendation</b>
	<b>Non-Purposeful Omitted Doses of the Listed Critical Medication (Local Indicator)</b>	
2.	<p>Due to issues noted in the data collation process, we were unable to perform substantive testing over this indicator. The following issues were noted:</p> <ul style="list-style-type: none"> <li>• A sample of between 5 and 10 patients per week are reviewed by each ward and therefore the returns do not capture all omitted doses.</li> <li>• The returns provided by wards are not retained by the data team, are often not on formal data collection sheets, and do not contain specific patient information to enable a full audit trail.</li> <li>• Returns have not been submitted by all wards for every month of the year, and there is no evidence of a formal process to chase outstanding returns.</li> <li>• Some wards have transitioned to an electronic prescribing system during the year. No data has been collected from wards which have transitioned due to limitations with the system not being able to easily identify between critical and non-critical drugs.</li> </ul> <p>We understand that the new electronic prescribing method of data collection is being phased out across all hospital wards which impact this KPI indicator. This process involves all drug charts going electronic, which would enable all patients data to be captured and monitored. The Trust staff believe both the data quality and collection issues identified in the previous process will be addressed. We believe this assessment to be reasonable.</p>	<p>The new electronic prescribing system is being implemented across all wards, meaning that data required to calculate this indicator will be collected for all patients and all wards electronically. The current manual process of collating the data through monthly returns from wards is being phased out.</p> <p>We understand that work is ongoing to distinguish between critical and non-critical drugs within the system, to enable reporting of this indicator from the electronic records.</p> <p>We recommend that this transition is implemented swiftly to enable complete and accurate reporting of this indicator.</p> <p>In the interim, where the current manual process is used, a process should be implemented to ensure that a return is provided by all wards each month, and that there is a clear audit trail for any omitted doses reported.</p>



In the event that, pursuant to a request which University Hospital Bristol NHS Foundation Trust has received under the Freedom of Information Act 2000, it is required to disclose any information contained in this report, it will notify PwC promptly and consult with PwC prior to disclosing such report. University Hospital Bristol NHS Foundation Trust agrees to pay due regard to any representations which PwC may make in connection with such disclosure and University Hospital Bristol NHS Foundation Trust shall apply any relevant exemptions which may exist under the Act to such report. If, following consultation with PwC, University Hospital Bristol NHS Foundation Trust discloses this report or any part thereof, it shall ensure that any disclaimer which PwC has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

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**Cover report to the Council of Governors meeting to be held on 27 July 2018 at  
14:00 in the Conference Room, Trust Headquarters, Marlborough Street,  
Bristol, BS1 3NU**

		<b>Agenda Item</b>	3.1
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	27/07/2018
<b>Report Title</b>	Holding to account report		
<b>Author</b>	Kate Hanlon, Membership Engagement Manager		
<b>Executive Lead</b>	Eric Sanders, Trust Secretary		
<b>Freedom of Information Status</b>	Open		

<b>Governor Responsibility</b> (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"/>

<b>Action/Decision Required</b> (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"/>

<b>Executive Summary</b>
<p><b>Purpose:</b> 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><b>19 April 2018 – 19 July 2018</b></p> <ul style="list-style-type: none"> <li>• Governors attended the public meetings of the Trust Board of Directors on 26 April (six governors), 24 May (three governors) and 28 June (three governors) to observe the non-executive directors holding the executive directors to account.</li> <li>• During the period the non-executive director Chairs of the Quality and Outcomes Committee, Finance Committee and Audit Committee attended governor focus groups – respectively the Governors' Quality Focus Group on both 11 May and 17 July; the Governors' Strategy Group on 7 June and the Constitution Focus Group on 17 July.</li> </ul> <p>The Quality Focus Group receives the Quality and Outcomes Committee Chair's reports, the Strategy Group receives the Finance Committee Chair's reports, and the Constitution Focus Group receives the Audit Committee Chair's reports. These reports</p>

provide evidence to give governors assurance that non-executive directors are discharging their duties effectively as members of the Board, and are an opportunity for governors to discuss and challenge the content.

- There was one Nominations and Appointments Committee meeting on 7 June. One of the key duties of this Committee is to monitor the performance of the Chair and other non-executive directors and make reports thereon to the Council of Governors. This is a further process by which governors can hold non-executive directors to account. A summary of this meeting is provided in item 4.1.
- Governors hold regular informal Chairman’s Counsel Meetings with the Chair and non-executive directors to allow governors to request assurance or information around any topics. There were two meetings in this period – the first, on 24 May was attended by four governors, the Chair, and six non-executive directors. This session explored how the Counsel meetings could be improved to help governors in their duty of holding to account. Due to the small number of governors attending it was agreed to bring a decision to the next meeting.

The second meeting on 26 June (attended by 12 governors, the Chair, and five non-executive directors) agreed that the format of the meeting would continue to focus on the informal sharing of issues and concerns between non-executives and governors to help build relationships, and as an alternative to the formal opportunities for questioning the non-executive directors.

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

### Recommendations

Members are asked to:

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

### Intended Audience

(please tick any which are relevant to this paper)

Board/Committee Members	<input checked="" type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Public	<input checked="" type="checkbox"/>
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**Cover report to the Council of Governors meeting to be held on 27 July 2018 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	4.1
<b>Meeting Title</b>	Council of Governors Meeting	<b>Meeting Date</b>	27 July 2018
<b>Report Title</b>	Nominations and Appointments Committee Meeting Report		
<b>Author</b>	Sarah Murch, Membership and Governance Administrator		
<b>Lead</b>	Jeff Farrar, Trust Chair		
<b>Freedom of Information Status</b>		Open	

<b>Reporting Committee</b>	Nominations and Appointments Committee
<b>Chaired by</b>	Jeff Farrar, Trust Chair
<b>Lead Executive Director</b>	Eric Sanders, Trust Secretary
<b>Date of last meetings</b>	7 June 2018

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

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

**Meeting on 7 June 2018: Attended by Chair, Jeff Farrar, and six Committee members**

- **Non-executive Director Appraisals:** The committee received appraisal papers for Martin Sykes, Non-executive Director.
- **Non-executive Director Activity:** The committee received and discussed reports of the last six months' activity of the Chair and all of the non-executive directors and a report of their meeting attendance for the year 2017/18. They received an updated schedule of Board members' portfolios and were informed that a new Board committee would be set up from September to focus on workforce issues.
- **Committee Self-Assessment:** Governors assessed the Committee's performance over the past year against its purpose (to carry out the duties of governors with respect to the appointment, re-appointment, remuneration and other terms of service of the Chair and non-executive directors). They agreed that the Committee had provided appropriate oversight of appointments, re-appointments and remuneration, and that they were monitoring non-executives' performance effectively through appraisals and activity reports. Reflecting on the 2017 round of appointments, governors highlighted the lack of sufficient forward planning as a weakness in the Trust's processes and it was agreed to review the processes to take this into account.

The Committee also discussed the wider governor duty of holding non-executive directors to account, and it was noted that the mechanisms in place to allow governors to engage effectively with non-executive directors would be reviewed by the Council of Governors as a whole.

- **Review of Terms of Reference:** The Committee agreed two minor changes to the

terms of reference as follows: to include the Chair in the group's membership, and to allow the Trust Secretary to nominate a deputy to attend meetings in his place.

- **Committee Membership:** According to the Terms of Reference, the committee should be made up of the Chair plus 12 members (eight public/patient governors, two appointed governors, two staff governors). Membership is reviewed annually by the Council of Governors. All governors present indicated that they would like to remain as members of the committee, with the exception of Neil Morris, as he was standing down as a staff governor.

Following the meeting, Neil Morris's position on the committee was offered to all other staff governors, and interest was expressed by both Andy Coles-Driver and Jane Sansom. Andy has since withdrawn his interest, and the Council is therefore asked to approve the appointment of Jane Sansom to the committee.

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

None.

**Matters requiring Committee level consideration and/or approval**

None.

**Matters referred to other Committees**

**a) Terms of Reference:** The Council of Governors is asked to **approve** the amended Terms of Reference for the Nominations and Appointments Committee (Appendix 1).

**b) Appointment/Re-appointment of Committee members:**

The Council of Governors is asked to **approve** the appointment of **Jane Sansom** to the committee and the re-appointment of the other committee members as follows:

- Jeff Farrar: Chair
- Malcolm Watson: Public - South Gloucestershire
- Jonathan Seymour-Williams: Public – Rest of England and Wales
- Mo Phillips: Public - Bristol
- Carole Dacombe: Public - Bristol
- Garry Williams: Patient – Carer
- Kathy Baxter: Patient - Local
- Rashid Joomun: Patient - Local
- Tony Tanner: Patient - Local
- Florene Jordan: Staff - Nursing & Midwifery
- Marty McAuley: Appointed governor – SWASFT
- Sophie Jenkins: Appointed governor - JUC

**Date of next meeting:**

10 September 2018

## Terms of Reference - Nominations and Appointment Committee – Council of Governors

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<b>Document Data</b>	
<b>Corporate Entity</b>	Nominations and Appointments Committee (Council of Governors)
<b>Document Type</b>	Terms of Reference
<b>Document Status</b>	Draft
<b>Executive Lead</b>	Trust Secretary
<b>Document Owner</b>	Trust Secretary
<b>Approval Authority</b>	Council of Governors
<b>Document Reference</b>	TOR0003
<b>Review Cycle</b>	12 months
<b>Next Review Date</b>	06/06/2019



<b>Document Change Control</b>				
<b>Date of Version</b>	<b>Version Number</b>	<b>Lead for Revisions</b>	<b>Type of Revision</b>	<b>Description of Revision</b>
July 2009	1.0	Membership Manager	Major	Version 1.0
27 July 2011	1.1	Membership Manager	Minor	Version 1.1
02 May 2012	2.0	Trust Secretary	Major	Revision to Foundation Trust Constitution to increase Committee membership. Approved by the Membership Council.
12/02/2015	3.0	Interim Head of Membership and Governance	Major	
19/09/2017	4.0	Trust Secretary	Minor	Changes to job titles
27/09/2017	5.0	[Deputy] Trust Secretary	Minor	Amendments to: a) update references from Monitor to NHS Improvement; b) change the quorum from four governors to four committee members c) allow for another non-executive director to take the chair in circumstances in which it was inappropriate for either the Chair or the Senior Independent Director to do so.
07/06/2018	6.0	Trust Secretary	Minor	Amendments to: a) include the Chair as a member of the committee b) allow the Trust Secretary to nominate another person to attend meetings on their behalf.

## Table of Contents

1.	Constitution and Purpose	3
2.	Function and Duties	3
3.	Authority	3
4.	Reporting	4
5.	Membership	4
	5.5 Chair of the Committee	4
	5.6 Quorum	5
	5.7 Attendance at Meetings	5
6.	Secretariat	5
	6.2 Notice and Conduct of Meetings	5
	6.3 Minutes of Meetings	5
	6.4 Frequency of Meetings	6
7.	Review of Terms of Reference	6

## 1. Constitution and Purpose

- 1.1 The Nominations and Appointments Committee is a formal Committee of the Council of Governors established in accordance with the NHS Act 2006<sup>1</sup>, ) as amended by the Health and Social Care Act 2012 (the 2012 Act), the University Hospitals Bristol NHS Foundation Trust Constitution<sup>2</sup>, and the Foundation Trust Code of Governance<sup>3</sup> for the purpose of carrying out the duties of governors with respect to the appointment, re-appointment removal, remuneration and other terms of service of the Chairman and Non-Executive Directors.

## 2. Function and Duties

- 2.1 The Committee shall carry out functions in relation to the following:

### Nominations Functions

- (a) determine a formal, rigorous and transparent procedure for the selection of the candidates for office as Chairman or Non-Executive Director of the Trust having first consulted with the Board of Directors as to those matters and having regard to such views as may be expressed by the Board of Directors;
- (b) seek by way of open advertisement and other means, candidates for office and to assess and select for interview such candidates as are considered appropriate and who meet the “*fit and proper person*” test as set out in the provider license — and in doing so the Committee shall be at liberty to seek advice and assistance from persons other than members of the Committee or of the Council of Governors;
- (c) make recommendation to the Council of Governors as to potential candidates for appointment as Chairman or other Non-Executive Director, as the case may be,
- (d) consider and make recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Chairman and other Non-Executive Directors,
- (e) on a regular and systematic basis monitor the performance of the Chairman and other Non-Executive Directors and make reports thereon to the Council of Governors from time to time when requested to do so or when, in the opinion of the Committee, the results of such monitoring ought properly to be brought to the attention of the Council of Governors;
- (f) To ensure there is a formal and transparent procedure for setting the annual objectives for the Non-Executive Directors, in conjunction with the Chairman, and in conjunction with the Senior Independent Director in the case of the annual objectives for the Trust Chairman
- (g) To ensure there is a formal and transparent procedure for the appraisal of the Trust Chairman and Non-Executive Directors’ performance

- (h) To regularly review, in conjunction with the Board of Directors Nominations and Remuneration Committee, the structure, size and composition of the Board of Directors, including giving full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the NHS Foundation Trust and the skills and expertise required within the Board of Directors to meet them.

#### Remuneration Functions

- (a) To ensure there is a formal and transparent policy on remuneration for the Trust Chairman and Non-Executive Directors;
- (b) To set the structure and levels of remuneration of the Trust Chairman and Non-Executive Directors;
- (c) To determine and review the terms and conditions of the Trust Chairman and Non-Executive Directors;
- (d) To market test/ benchmark the remuneration of the Trust Chairman and Non-Executive Directors at a frequency agreed by the Committee and taking account of any external guidance on recommended frequency and/ or where the Committee is considering recommending large change to that remuneration, drawing on external professional advice
- (e) To appoint, if deemed appropriate, independent consultants to advise on Trust Chairman and Non-Executive Director remuneration.

### **3. Authority**

- 3.1 The Committee is authorised by the Council of Governors to carry out the functions and duties set out in these Terms of Reference.
- 3.2 All powers and authorities exercisable by the Council of Governors, together with any delegation of such powers or authorities to any Committee or individual, are subject to the limitations imposed by the by the National Health Service Act 2006, the NHS Licence Conditions, Trust Constitution or by other regulatory provisions.
- 3.3 In discharging the functions and duties set out in these Terms of reference, the Committee is to have due regard for the applicable principles and provisions of the Foundation Trust Code of Governance.

### **4. Reporting**

- 4.1 The Committee shall report to the Council of Governors.
- 4.2 A Chair of the Committee or nominated member of the Committee shall report the proceedings of the Committee to the Council of Governors after each meeting

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<sup>1</sup> 17 (1) It is for the Council of Governors at a general meeting to appoint or remove the Chairman and the other non-executive directors.

<sup>2</sup> 10.2 The Council of Governors shall establish a committee of its members to be called the Nominations and Appointments Committee to discharge those functions in relation to the selection of the Chair and Non-Executive Directors.

<sup>3</sup> The NHS Foundation Trust Code of Governance Section B2: Appointments to the Board

<sup>4</sup> The governors are responsible at a general meeting for the appointment, re-appointment and removal of the chairperson and the other non-executive directors.

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## **5. Membership**

- 5.1 Members of the Committee shall be appointed by Council of Governors as set out in the Trust's Constitution and shall be made up of the Chairman or deputy plus twelve members including:
- (a) 8 elected public, patient or carer governors
  - (b) 2 appointed governor
  - (c) 2 elected staff governor
- 5.2 Appointment of governors to the Committee shall be conducted at a general meeting of the Council of Governors. If there are more governor nominees than places on the Committee, the final selection of candidates shall be put to a vote of the Council of Governors.
- 5.3 Governors shall be appointed to the Committee until their term of office as governor ends as set out in the Trust's Constitution, or they choose to resign from the Committee, which shall be confirmed in writing to the Chair of the Committee.
- 5.4 In the case of the appointment process for the Trust Chairman, the Senior Independent Director (SID) will be co-opted to join the Committee. The SID will attend in an advisory capacity and will not participate in the formal decision making process.

### **5.6 Chair of the Committee**

- (a) The Chairman of the Trust will Chair the Nominations and Appointment Committee. In his absence, or when the Committee is to discuss matters in relation to the appraisal, appointment, re-appointment, suspension, removal or remuneration and terms and conditions of the Chairman, the Committee will be chaired by the Senior Independent Director. Under any such circumstances in which it would be inappropriate for either the Chair or the Senior Independent Director to Chair the Committee, another non-executive director will Chair the Nominations and Appointments Committee.

### **5.6 Quorum**

- (a) The quorum necessary for the transaction of business shall be four Committee members and the Chairman and/or Senior Independent Director
- (b) A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

### **5.7 Attendance at Meetings**

- (a) Only members of the Committee have the right to attend Committee meetings.
- (b) Other individuals, including advisers, may be invited to attend for all or part of any meetings, as and when appropriate. This shall include the Director of People in an advisory capacity when considering matters of recruitment, appointment and appraisal of the Chairman and Non-executive Directors
- (c) The Trust Secretary or his nominee shall attend meetings of the Committee to advise on matters of corporate governance, procedure and conduct in relation to the NHS Provider Licence Conditions and Trust Constitution.

## **6. Secretariat**

6.1 The Trust Secretariat shall provide Secretariat support to the Committee.

### **6.2 *Notice and Conduct of Meetings***

- (a) The Trust Secretary shall call meetings of the Committee at the request of the Chairman not less than ten clear days prior to the date of the meeting,
- (b) The agenda shall be agreed by the Chair of the Committee in consultation with the Trust Secretary,
- (c) Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be available to each member of the Committee and where appropriate, other persons required to attend, no later than five working days before the date of the meeting,
- (d) Supporting materials shall be provided to Committee members and to other attendees as appropriate, at the same time.

### **6.3 *Minutes of Meetings***

- (a) The Trust Secretary or his nominee shall minute the proceedings and resolutions of the Committee, including the names of members present and others in attendance. Draft minutes shall be distributed to Committee members for approval after each meeting.

### **6.4 *Frequency of Meetings***

- (a) The Committee shall meet at least twice per annum and at such other times as the Chair of the Committee shall require.

## **7. Review of Terms of Reference**

7.1 At least once a year, the Committee shall review its own performance, constitution and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Council of Governors.

Nominations and Appointments Committee     June 2018

**Cover report to the Council of Governors meeting to be held on 27 July 2018 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	5.1
<b>Meeting Title</b>	Council of Governors Meeting	<b>Meeting Date</b>	27/07/2018
<b>Report Title</b>	Quality Focus Group		
<b>Author</b>	Carole Dacombe, Group Chair		
<b>Executive Lead</b>	Carolyn Mills, Chief Nurse		
<b>Freedom of Information Status</b>		Open	

<b>Reporting Committee</b>	Quality Focus Group
<b>Chaired by</b>	John Rose, Carole Dacombe
<b>Lead Executive Director</b>	Carolyn Mills, Chief Nurse
<b>Date of last meeting(s):</b>	<b>11/5/2018 and 17/7/2018</b>

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

**Meeting held on 17 July 2018 – Attended by 8 governors**

- **Staff Survey Update** - Oonagh McNeil, Organisational Development Facilitator, gave the group a presentation on the results of the staff survey 2017. Governors raised concerns about the increase in reporting of bullying and harassment, and it was noted that more needed to be done to convince staff that where leadership behaviours were not as expected among senior clinical staff, this would be addressed. Following a very full session of questions it was agreed that a further update from Oonagh should be scheduled within 6-12 months.

- **Quality and Outcomes Committee Chair's Update**
  - **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 May and June, including the proposed move of laparoscopy work to South Bristol Community Hospital. He provided governors with reassurance that the committee was continuing to monitor Fractured Neck of Femur, last-minute cancellation of operations and referral-to-treatment times.

- **Quality Report 2017/18 (including Governors' Commentary) and the External Auditor's Report to Governors on the Quality Report.**

Governors discussed the content of these reports with Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness) and Anne Reader, Head of Quality (Patient Safety). There was a lot of discussion around the outcome of the auditor's report on the indicator that governors had specifically requested (non-purposeful omitted doses of medication), as the auditor had not been able to test this indicator. The content to be included in future governors' statements regarding the Quality Report was then discussed, along with the timescales and constraints that underpin the writing of it. A provisional timeline to be followed in the future will now be drawn up.

- **Annual Complaints Report 2017/18** - Governors received this report.
- **Governors' Log of Communications**– Governors noted the most recent questions and responses on the Governors' Log of Communications.

**Meeting held on 11 May 2018 – Attended by 8 governors**

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

Julian Dennis, Non-executive Director and Chair of the Quality and Outcomes Committee, discussed with governors the committee's key areas of focus in March and April. These had included the Trust's recruitment strategy, the clinical utilisation review, and the Trust's continued failure to deliver certain key access targets. Governors noted that non-executive directors were particularly concerned about the non-delivery of access targets and were monitoring the outcome of measures intended to reduce waiting times.

- **Governors' Log of Communications**

Governors reviewed the questions and responses on the Governors' Log of Communications over the past six months, and requested more detailed responses for several of the items.

- **Governors' Statement on the UH Bristol Quality Report 2017/18**

The group discussed the Governors' Statement on the Quality Report. This had been drafted by Carole Dacombe and Rashid Joomun, shared with all governors via email for approval before submission, and published as an appendix to the report.

- **Patient Experience Group Update**

Governors discussed questions that could be raised by governors on the Patient Experience Group.

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

The group appointed Carole Dacombe as Chair and John Rose as Deputy Chair of the Quality Focus Group from 1/6/18-31/5/19.

**Matters referred to other Committees:** None

**Date of next meeting**

**10/09/2018**



**Report to the Council of Governors meeting to be held on 27 July 2018 at 14:00  
in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1  
3NU**

<b>Meeting Title</b>	Council of Governors Meeting	<b>Agenda Item</b>	4.1b
<b>Report Title</b>	Governors' Strategy Group Meeting Report		
<b>Author</b>	Malcolm Watson, Chair of the Governors' Strategy Group		
<b>Executive Lead</b>	Paula Clarke, Director of Strategy and Transformation	<b>Meeting Date</b>	27/07/2018
<b>Freedom of Information Status</b>		Open	

<b>Reporting Committee</b>	Governors' Strategy Group
<b>Chaired by</b>	Malcolm Watson
<b>Lead Executive Director</b>	Paula Clarke, Director of Strategy and Transformation
<b>Date of last meeting</b>	07/06/2018

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

**Meeting held on 7 Jun 2018** – Attended by 11 governors

- **Finance Committee Chair's Update/ Headlines from Finance Director's Report:**  
Martin Sykes, Chair of the Finance Committee, discussed with governors his report of the meeting of 22 May, which focused on the end of year figures and month one of the new financial year. Governors were particularly pleased to hear that the audit of the final accounts for 2017/18 had not found any errors or misstatements.
- **Introduction from Arts Programme Director, Dr Anna Farthing**  
Anna Farthing introduced herself to governors as the new Arts Programme Director for the Trust, having joined in early May on a contract for 18 months funded by Above & Beyond to create a strategic, systemic and sustainable cultural strategy for the organisation. Governors asked questions about the scope of Anna's work and how the programme's success would be measured.
- **Trust Strategy Renewal**  
Paula Clarke, Director of Strategy and Transformation, showed governors a video about the renewal of the Trust's five-year strategy and shared with them the six draft priorities that had been drawn up based on the feedback so far. Governors were impressed with the breadth and depth of consultation that had taken place on the strategy renewal. They discussed the difficulties of setting priorities dependent on the work of external providers/partners outside the Trust.
- **Strategic Capital Update**  
Paula Clarke informed governors that as a result of the surplus at the end of the financial year, the Trust's investment programme was being revisited and proposals would be brought forward to the July Board meeting and an update to the September Strategy meeting.

**Partnership Updates:**

- **Healthier Together (BNSSG Sustainability and Transformation Plan)** – Governors were advised that regular written reports from Healthier Together were now being received at Board meetings so governors would be able to see the progress that was being made.
- **Weston Partnership update:** Paula Clarke reported to governors that the Boards of UH Bristol and Weston continued to meet on a monthly basis as part of their formal working partnership. While timelines had slipped, work was still ongoing to inform the case for a potential merger (including the outcome of the Healthy Weston consultation), with the most recent independent assessment of productivity assessments nearing conclusion. Governors heard that there had been a number of opportunities identified during this further assessment to work more closely together, but fundamentally the financial case was still challenging.
- **North Bristol Trust Partnership update:** Paula highlighted that joint working was progressing in neonatology services and that a clinical leads workshop had recently been held to discuss areas in which the two organisations could work closer together.
- **Group Chair:** It was confirmed that Malcolm Watson would remain as Chair of the Governors' Strategy Group for 2018-19, with Graham Papworth as Deputy Chair.

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

- None.

**Matters requiring Committee level consideration and/or approval**

- None.

**Matters referred to other Committees**

- None.

**Date of next meeting:****10/09/2018**

**Cover report to the Council of Governors meeting to be held on 27 July 2018 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	5.1
<b>Meeting Title</b>	Council of Governors Meeting	<b>Meeting Date</b>	27/07/2018
<b>Report Title</b>	Constitution Focus Group Meeting Report		
<b>Author</b>	Ray Phipps, Chair of Constitution Focus Group		
<b>Executive Lead</b>	Eric Sanders, Trust Secretary		
<b>Freedom of Information Status</b>		Open	

<b>Reporting Committee</b>	Constitution Focus Group
<b>Chaired by</b>	Ray Phipps
<b>Lead Executive Director</b>	Eric Sanders, Trust Secretary
<b>Date of last meeting</b>	17/07/2018 and 11/05/2018

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

**Meeting held on 17 July 2018** – Attended by 9 governors.

The meeting included discussion on the following topics:

- **Audit Committee Chair’s Report** - David Armstrong, Chair of the Audit Committee, was in attendance to update governors on the work of his committee. He provided them with a written report of the committee’s meeting on 23 May 2018 and discussed with governors his priorities for the coming year as committee chair.
- **Voluntary Services Steering Group update** - Jenny James reported back to governors from the meeting of the Voluntary Services Steering Group that she had attended on 3 July on behalf of the governing body. Topics that had been discussed included volunteer involvement in the Trust’s arts programme, proposed new volunteering roles and an update on volunteer recruitment and training.
- **Membership Engagement Report** - Governors received an update on membership numbers and recent engagement activities. This also included the results of the staff governor election for the Nursing and Midwifery seat in May 2018, and an update from the Youth Involvement Group on their activities from March-July 2018.
- **Annual Members’ Meeting – 13/9/2018** - Governors received a draft agenda for the Annual Members Meeting. They suggested a change in the seating arrangements for the event to make it more inclusive and make governors more accessible to members, and requested that more information be included in the presentation about governor activity over the year. They discussed potential topics that were likely to be raised by their constituents.

- **Potential changes to the Trust's Constitution** - Sophie Melton Bradley, Deputy Trust Secretary, was in attendance for this item. She advised the governors that the Trust's constitution was under review and invited input from governors. Governors suggested changes to the Governors' Code of Conduct, which forms an appendix to the constitution. The group were advised that they would be asked to consider all proposed changes for approval at a future meeting.
- **Proposed changes to membership constituencies** – Jeff Farrar, Trust Chair, was in attendance for this item. Following previous meetings and emails through which a majority of governors had agreed that the Trust should proceed with plans to merge the public and patient membership constituencies, the group were asked to consider the impact on governor numbers. They were presented with a paper detailing the current numbers with an explanation of the statutory minimum and a rationale for proposed changes. After a robust discussion and a vote, the group agreed to recommend to the Council of Governors for support:
  - the proposal to merge the public and patient constituencies;
  - keeping the number of staff governor seats the same (six) with no changes as to the method by which staff were classified;
  - reducing the number of appointed governor seats by two to six: removing the Avon & Wiltshire Mental Health Partnership seat and the South West Ambulance Service seat (as governors felt that links between these organisations and UH Bristol were established through other means).

There was however no clear consensus on the proposed changes to the numbers of public governor seats, and it was agreed to invite the full Council of Governors to consider this question (item 5.2 on the Council of Governors agenda).

- **Other Business**

Governors noted that staff governors were still experiencing difficulties in seeking permission for time off work to attend governor meetings. It was agreed that all line managers of staff governors should be made aware of impending governor commitments well in advance as well as the Trust policy on time off to fulfil their governor duties.

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**Meeting held on 11 May 2018** – Attended by 7 governors.

The meeting included discussion on the following topics:

- **Voluntary Services Steering Group update**

Jenny James updated the group on the meeting of the Trust's Voluntary Services Steering Group that she had attended on 17 April on behalf of governors. Governors discussed the wide range of work undertaken by volunteers, the huge contribution that they make both at UH Bristol and at other trusts, and their use as a valuable source of feedback from patients.

- **Membership Report:**

**Membership engagement:** Governors discussed their involvement in the current membership engagement and recruitment activities: monthly Health Matters Events, monthly governor meet and greet stalls in the hospitals, monthly e-newsletter, and Voices magazine (twice a year). Governors requested assurance that staff governors were granted time off work to attend governor meetings in line with the Trust policy.

**Proposed changes to membership constituencies:** Governors further discussed the proposed removal of the split between the public and patient membership constituencies. This would mean that all patient and patient/carer members would be re-categorised as public members and placed in the public constituency classes (Bristol, North Somerset, South Gloucestershire and Rest of England & Wales). It was agreed that the membership team would seek views from all governors about this proposal, following which the July meeting would consider potential changes to governor numbers.

- **Internal Audit Report** - Governors received an internal audit report that had been carried out on Governors' Roles and Responsibilities. The overall conclusion had been that the Trust 'provided substantial support to facilitate the governors' statutory duties', with a rating of 'significant assurance' (the highest level). Governors noted the conclusion and the recommendations for improvement.
- **Audit Committee Chair's Report:** Governors received the most recent Audit Committee reports. Questions were raised about the Committee's level of assurance around fire compliance and on the risks to an organisation of a single point of failure.
- **Terms of Reference for Governor Focus Groups** – The group approved amendments to the Terms of Reference for the Governor Focus Groups. These are attached as appendix 1 for approval by the Council of Governors.
- **Focus Group Chair:** Governors agreed to appoint Ray Phipps and Mo Phillips as Chair and Deputy Chair of the Constitution Focus Group for 2018/19.

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

- None

**Matters requiring Committee level consideration and/or approval**

- None

**Matters referred to other Committees**

- The Council of Governors is asked to **approve** the Terms of Reference for the Governor Focus Groups.

**Date of next meeting**

**TBC**

## Terms of Reference – Focus Groups for Governors

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<b>Document Data</b>	
<b>Corporate Entity</b>	Council of Governors
<b>Document Type</b>	Terms of Reference
<b>Document Status</b>	Draft
<b>Executive Lead</b>	Trust Secretary
<b>Document Owner</b>	Membership Engagement Manager
<b>Approval Authority</b>	Chairman
<b>Document Reference</b>	PFGV0.9
<b>Review Cycle</b>	12
<b>Next Review Date</b>	May 2019
<b>Estimated Reading Time</b>	5 Minutes

<b>Document Abstract</b>	
<p>The Health and Social Care Act 2012 (the Act) introduces both new and changed duties for governors and directors of NHS Foundation Trusts, and makes a clear distinction between the duties and accountabilities of governors and directors.</p> <p>The Trust Board of Directors' duty to take into account the views of the Council of Governors in its planning remains unchanged. It is the stated intention of the Chairman and Trust Board of Directors to work as closely as possible with the Council of Governors on all matters of joint interest to the Board and the Council of Governors.</p> <p>The revised annual cycle of business for the Board and Council of Governors includes new formal mechanisms to support and enable their working together.</p> <p>The purpose of the Focus Groups is to facilitate engagement with the Trust Board and governors on matters of <u>constitution</u> (including membership), <u>strategy and planning</u> (including significant transactions), and <u>reporting</u> (including quality and performance monitoring and metrics) as part of the annual cycle of business.</p> <p>Focus Group meetings are chaired by nominated Governors (Governor Chair for the Focus Group), have nominated Executive Leads, and are open to attendance by any interested governor and Non-Executive Director.</p>	

<b>Document Change Control</b>				
<b>Date of Version</b>	<b>Version Number</b>	<b>Lead for Revisions</b>	<b>Type of Revision</b>	<b>Description of Revision</b>
15 January 2013	0.1	Trust Secretary	First Draft	First Draft
3 February 2013	0.2	Trust Secretary	Draft	Draft for comment by Governor Representative
4 February 2013	0.3	Trust Secretary	Draft	Draft for comment by Chairman
5 February 2013	0.4	Trust Secretary	Version	Version for implementation
25 April 2013	0.5	Trust Secretary	Minor	Revision of Project Group titles
11 May 2015	0.6	Head of Membership & Governance	Draft	Amendments to bring Terms of Reference up to date
23 July 2015	0.7	Head of Membership & Governance	Draft	Amendments post discussion at Constitution Focus Group meeting
19 January 2017	0.8	Interim Head of Membership & Governance	Draft	Amendments post discussion at Constitution Focus Group meeting
May 2018	0.9	Membership Engagement Manager	Draft	Amendments post discussion at Constitution Focus Group meeting; minor amendments to ensure consistency of terminology used.

## Table of Contents

1.	Purpose	4
2.	Authority	4
3.	Reporting	4
4.	Chairing	4
5.	Membership and Attendance	4
6.	Focus Groups Objectives	5
	6.1 Constitution Focus Group	5
	6.2 Governors Strategy Group	5
	6.3 Quality Focus Group	5
7.	Secretariat Services	6
8.	Frequency of Meetings	6



## **1. Purpose**

- 1.1 The purpose of the Governor Focus Groups is to facilitate engagement with governors on matters of:
- (a) constitution (including membership);
  - (b) strategy and planning (including significant transactions); and,
  - (c) reporting (including quality and performance monitoring and metrics).
- 1.2 Meetings of the Focus Groups are intended to support the development of governors in their role and provide them with information in order to be able to undertake their statutory duties.
- 1.3 Meetings of the Focus Groups are part of the annual cycle of business managed on behalf of the Board by the Trust Secretariat.
- 1.4 When it is determined to be required and in exceptional circumstance, the Governor Group Chair for each group can request external advisors to attend a Focus Group meeting in order to provide Governors with additional information determined to be necessary.

## **2. Authority**

- 2.1 The Executive Leads of Focus Groups are authorised by the Trust Chair to conduct consultation, engagement and development activities with Governors in accordance with these Terms of Reference.

## **3. Reporting**

- 3.1 The Governor Group Chair for each Focus Group is required to provide a brief summary of activity to the Trust Secretary for reporting to the quarterly meeting of the Council of Governors. (See also 5.1)

## **4. Chairing**

- 4.1 Focus Groups are chaired by a nominated Governor, the Governor Group Chair . In circumstances where it is not possible for the Governor Group Chair to attend, their Deputy or another Governor may Chair the meeting.

## **5. Membership and Attendance**

- 5.1 Each Group has a Governor Group Chair who is nominated by the group as a whole at the start of the Financial Year. A Deputy Governor Group Chair can also be nominated for the year at the discretion of the group. They will link with Executive Lead/s and have involvement with the forming of the agenda for meetings.
- 5.2 There is no fixed membership for the groups; they are open to all governors to attend. This is to allow for equitable access to any of the Focus Groups by any governor.

- 5.3 The minimum number of governors required for any meetings of the Focus Groups to be considered a valid consultation or engagement activity is any four (4) governors and at least one (1) Trust representative.
- 5.4 Each Group has a non-executive director member, who is the Chair of the respective Board Committee (Quality and Outcomes, Audit or Finance) or their nominated representative.

## **6. Focus Groups Objectives**

The objectives of each Focus Group are as follows:

### **6.1 Constitution Focus Group**

- (a) The objectives of the Constitution Focus Group are to provide:
- (i) engagement with governors in drafting Constitutional changes;
  - (ii) assessment of the public, patient and staff membership profile and monitoring of recruitment initiatives;
  - (iii) engagement of governors on communications and engagement activities for Foundation Trust members;
  - (iv) ownership and oversight of the Trust's Membership Engagement and Governor Development Strategy, to include recommendations for updates to this working strategy as required;
  - (v) reflections upon updates from the Trust's Audit Committee.
- (b) The group shall be chaired by the Governor Group Chair and the nominated Executive Lead shall be the Trust Secretary.

### **6.2 Governors Strategy Group**

- (a) The objectives of the Governors Strategy Group are to provide:
- (i) engagement with governors to develop the Annual Operational Plan;
  - (ii) engagement with governors on both the short and long term strategic plans of the Trust;
  - (iii) engagement with governors on strategic objectives and matters affecting the strategic outlook of the Trust and to contribute to the strategic direction of the organisation.
  - (iv) reflections upon updates from the Trust's Finance Committee.
- (b) The group shall be chaired by the Governor Group Chair and the Executive Lead shall be the Director of Strategy and Transformation or their duly authorised deputy.

### **6.3 Quality Focus Group**

- (a) The objectives of the Quality Focus Group are to provide:

- (i) engagement with governors to develop the Board’s Annual Quality Report;
  - (ii) regular support to enable governors to understand and interpret the Board Quality and Performance Report to enable governors to hold the non-executive directors to account;
  - (iii) regular support to enable governors to understand and interpret reported progress on the Trust’s Corporate Quality Objectives;
  - (iv) opportunities for input from governors on quality, (as defined by NHS Improvement), matters;
  - (v) reflections upon updates from the Trust’s Quality and Outcomes Committee;
  - (vi) provide input into the Trust’s Quality Report and provide the statement for inclusion in the report on behalf of the Council of Governors.
- (b) The group shall be chaired by the Governor Group Chair and the Executive Lead shall be the Medical Director and/ or the Chief Nurse.

## **7. Secretariat Services**

- 7.1 Focus Groups shall be facilitated by the Trust Secretariat, specifically the Membership & Governance Team. This shall include the scheduling of meetings dates, circulation of papers for meetings and note taking.
- 7.2 In addition to the “Reporting” requirements, as detailed at 3.1, the facilitator of each meeting shall keep notes of the meeting as a record for decisions and future plans,. These will be circulated to all attendees following each meeting.

## **8. Frequency of Meetings**

- 8.1 The governors annual cycle of meetings will be available at the beginning of each Financial Year from the Trust Secretariat. An overview of the standing items for each meeting is available as Appendix 1.
- 8.2 Additional meetings will be scheduled as required in agreement by the Governor Group Chair and Executive Lead for each group.

Appendix 1: PROJECT FOCUS GROUPS - ANNUAL BUSINESS CYCLE 18-19

Lead		May-18	Jul-18	Nov-18	Jan-19	Mar-19
<b>CONSTITUTION</b>						
Membership profile and review of activity	Membership Manager					
Governor elections (not in 2018)	Membership Manager					
Lead governor elections	Membership Manager					
Annual Members Meeting	Membership Manager					
Scheme of Delegation	Trust Secretary					
Health Matters events	Membership Manager					
Governor skills and training review	Membership Manager					
Review of the Trust Constitution, Governor Code of Conduct	Membership Manager					
Audit Committee Chairs Report (month = related month of Chairs report)	Non-executive Director	April	May	July/ Oct		
Voices magazine - members page (month = related to distribution of magazine)	Membership Manager			For Jan/ Feb		For May/ Jun
Youth Involvement Group update	Young Persons Involvement Worker					
Voluntary Services Steering Group update	Nominated governor					
Terms of Reference and Business Cycle review	Membership Manager					

Lead		May-18	Jul-18	Sep-18	Nov-18	Jan-19	Mar-19
<b>QUALITY</b>							
Staff survey results	Director of People						
Annual complaints report	Chief Nurse						
Equality and Diversity annual report	Director of People						
National inpatient survey results	Chief Nurse						
Selection of audit indicator for Quality Report and governor input into Quality Report	Chief Nurse						
Review of Corporate Quality Objectives	Chief Nurse						
Patient Experience Group Update	Nominated governor						
Quality and Performance Report	Chief Operating Officer	Apr	June	Aug	Oct	Dec	Feb
Quality and Outcomes Committee Chairs Report	Non-executive Director	Apr	June	Jul	Oct	Dec	Feb
Governors' Log of Communications - six month look back	Membership Manager						
Terms of Reference and Business Cycle review	Membership Manager						

## Terms of Reference – Focus Groups for Governors

Lead		Jun-18	Sep-18	Dec-18	Mar-19
<b>STRATEGY</b>					
2018/19 Operational Plan	Director of Finance				
Strategic capital investments update	Director of Strategy & Transformation				
Review of the Trust's strategy	Director of Strategy & Transformation				
IDEA Group governor report	Nominated governor				
BNSSG Sustainability and Transformation Partnership update	Director of Strategy & Transformation				
Weston Partnership update	Director of Strategy & Transformation				
NBT Partnership Board update	Director of Strategy & Transformation				
Finance Committee Chair's Report	Non-executive Director	May	Jul/Aug	Nov	Mar
Terms of Reference and Business Cycle review	Membership Manager				

**Cover report to the Council of Governors meeting to be held on 27 July 2018 at  
14:00 in the Conference Room, Trust Headquarters, Marlborough Street,  
Bristol, BS1 3NU**

		<b>Agenda Item</b>	5.2
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	27/07/2018
<b>Report Title</b>	Proposal to merge public and patient constituencies		
<b>Author</b>	Kate Hanlon, Membership Engagement Manager		
<b>Executive Lead</b>	Jeff Farrar, Chair		
<b>Freedom of Information Status</b>		Open	

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

<b>Executive Summary</b>									
<p><b>Purpose:</b> The purpose of this report is to provide an opportunity for the Council of Governors to formally support the proposal that has been discussed through Constitution Focus Group meetings since December 2017 to merge the public and patient membership constituencies.</p> <p>Merging the public and patient constituencies would affect the number of governors on the Council. This paper also outlines the recommendations put forward by the Constitution Focus Group on governor numbers from 1 June 2019. Governors are asked to form a collective view on the proposed numbers ahead of any drafting any changes to the Constitution. Any necessary changes to the Constitution will be brought forward to the Trust Board and the Council of Governors in September/October for approval.</p>									
<b>Recommendations</b>									
<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Support</b> the proposal to proceed with the merger of the public and patient constituencies as recommended by Constitution Focus Group</li> <li>• <b>Support</b> the Constitution Focus Group's recommendations for the proposed number of governors on the Council of Governors (appointed, staff and public)</li> </ul>									
<b>Intended Audience</b> (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"/>

## **Proposal to merge public and patient constituencies and impact on governor numbers**

### **1.0 BACKGROUND**

Since becoming a Foundation Trust in 2008 we have had two categories of public Foundation Trust members – public members and patient members (including local patients and carers of patients under 16 and over 16). There is a requirement in the NHS Act (Schedule 7 – Section 30) for a public and a staff constituency, however the patient constituency is optional.

In reality we know that many of our public members are or have been patients and carers; as are some of our public governors. There are low numbers of members in the two ‘carer of patients’ constituencies compared to the other constituencies (see details in report 6.2), which potentially gives rise to a less democratic election process and overrepresentation of governors in these constituencies. We have seen particularly low turnout for governor elections in the ‘carer of patients 15 years and under’ constituency in the last two elections (4.6% in 2017 and 3.2% in 2014). Merging the constituencies would enable us to draw governors from a much bigger pool.

As an established Foundation Trust with a variety of voices among the membership, we are taking the opportunity in this non-election year (2018-19) to fully review our membership and the governors that represent our members. With any potential change in the public/patient membership constituencies there is potential impact on the governors who represent these members. This also presented the opportunity to review the number of governors drawn from the membership.

### **2.0 ASSESSMENT**

At the governor Constitution Focus Group meetings in March and May, and via email discussion following the May meeting, there was agreement by a majority of governors to support the removal of the split between the public and patient membership constituencies (14 in support, three against). At the Constitution Focus Group in July 2018 it was agreed to recommend to the Council of Governors the proposal to remove the split. It is proposed that from the 2019 governor elections, the patient and carer constituency classes would be removed, and all patient members would be re-categorised as public members and would join the four currently existing geographical public membership constituencies (Bristol, North Somerset, South Gloucestershire and Rest of England and Wales).

Numbers of governors in each constituency class were considered in turn – appointed, staff and public/patient combined. The preferred options are presented below.

## Appointed governors

	Current governor numbers	Preferred option
<b>Appointed governors</b>	<b>8</b>	<b>6</b>
<b>University of Bristol</b>	<b>1</b>	<b>1</b>
<b>University of the West of England</b>	<b>1</b>	<b>1</b>
<b>Joint Union Committee</b>	<b>1</b>	<b>1</b>
<b>Youth Involvement Group</b>	<b>2</b>	<b>2</b>
<b>Council (Bristol, North Somerset or South Glos)</b>	<b>1</b>	<b>1</b>
<b>South Western Ambulance Service</b>	<b>1</b>	<b>0</b>
<b>Avon &amp; Wiltshire Mental Health Partnership</b>	<b>1</b>	<b>0</b>

**Rationale:** The NHS Act requires a minimum of one appointed governor from a qualifying local authority and, if any of the corporation's hospitals includes a medical or dental school provided by a university, at least one governor must be appointed by that university. The preferred option here retains the Joint Union Committee and two Youth Involvement Group governors to ensure we retain the important link with Staff Side colleagues, the children's hospital and our young members. However the South Western Ambulance Service and AWP appointed governors are removed to avoid duplication with the work already being done to link our organisations through the Sustainability and Transformation Partnership (STP) and other means. The two university appointed roles are kept as these organisations are not represented within the STP but are strongly linked through recruitment and training.

## Staff governors

	Current staff numbers	Current staff governor numbers	Preferred option
<b>Staff Classes</b>	<b>10,367</b>	<b>6</b>	<b>6</b>
<b>Medical and Dental</b>	<b>1,555</b>	<b>1</b>	<b>1</b>
<b>Nursing and Midwifery</b>	<b>4,009</b>	<b>2</b>	<b>2</b>
<b>Other Clinical Healthcare Professionals</b>	<b>1,751</b>	<b>1</b>	<b>1</b>
<b>Non Clinical Healthcare Professionals</b>	<b>3,052</b>	<b>2</b>	<b>2</b>

**Rationale:** The number of staff governors is kept as six based on the headcount of staff members in each constituency – working on a ratio of one staff governor to represent approx.1,600 staff. Current governor numbers would remain unchanged.



## Public/patient governors

	Total members	Current governor numbers	Option 1	Option 2
<b>Public and Patient Constituencies</b>	<b>8,920*</b>	<b>21</b>	<b>13</b>	<b>17</b>
<b>Bristol</b>	<b>4,707 (52%)</b>	<b>5</b>	<b>7</b>	<b>9</b>
<b>North Somerset</b>	<b>1,804 (20%)</b>	<b>2</b>	<b>3</b>	<b>3</b>
<b>South Gloucestershire</b>	<b>1,601 (18%)</b>	<b>2</b>	<b>2</b>	<b>3</b>
<b>Rest of England and Wales</b>	<b>808 (9%)</b>	<b>2</b>	<b>1</b>	<b>2</b>
<b>Patient Carer of patients 16 years and over</b>	<b>N/A</b>	<b>2</b>	<b>N/A</b>	<b>N/A</b>
<b>Patient Carer of patients 15 years and under</b>	<b>N/A</b>	<b>2</b>	<b>N/A</b>	<b>N/A</b>
<b>Patient – Local</b>	<b>N/A</b>	<b>6</b>	<b>N/A</b>	<b>N/A</b>

\*Membership numbers assume public and patient constituencies are merged (figures from 31/03/18)

**Rationale:** According to the NHS Act, the total number of public and patient governors must be greater than the total number of appointed and staff governors. With the total number of recommended appointed and staff governors equal to 12, there are two options available:

Option 1 increases the number of governors in Bristol to ensure that Bristol governors form the majority of the public governors – as reflected in the membership numbers. Data for first outpatient GP referrals 2017/18 and all admissions 2017/18 broadly reflects the membership breakdown.

The ratio of governors to members here is approx. 1 to 700. The number of North Somerset governors is increased by one to reflect closer working with Weston Area Health NHS Trust, and to ensure the total number of public and patient governors is greater than the total number of appointed and staff governors.

Option 2 looks at calculating numbers based on a ratio of 1 governor to approx. 500 members.

### 3.0 RECOMMENDATIONS

Members are asked to:

- **SUPPORT** the recommendation to proceed with the merger of the public and patient constituencies.
- **SUPPORT** the recommendation to keep the number of staff governor seats as six (unchanged from present number)
- **SUPPORT** the recommendation to reduce the number of appointed governor seats as six (removing the Avon & Wiltshire Mental Health Partnership seat and the South West Ambulance Service seat from 1 June 2019)
- Consider and **SUPPORT** either option 1 or 2 as above in relation to the proposed total number of public governor seats from 1 June 2019.

Any changes required in the Trust Constitution brought about by these recommendations will be subject to legal advice and will be brought to Council of Governors and the Board for **APPROVAL** in September/October.

**Report to the Council of Governors meeting to be held on 27 July 2018 at 14:00  
in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1  
3NU**

		<b>Agenda Item</b>	6.2
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	27/07/2018
<b>Report Title</b>	Membership engagement report		
<b>Author</b>	Kate Hanlon, Membership Engagement Manager		
<b>Executive Lead</b>	Eric Sanders, Trust Secretary		
<b>Freedom of Information Status</b>		Open	

<b>Governor Responsibility</b> (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"/>

<b>Action/Decision Required</b> (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"/>

<b>Executive Summary</b>	
<p><u>Purpose:</u> The Trust has a formal requirement to maintain a Foundation Trust membership and a responsibility to engage with its membership. This report provides the Council of Governors with current membership details and a summary of membership engagement activities since the last Council of Governors meeting on 26 April 2018.</p>	
<b>Recommendations</b>	
<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>Note</b> the report in relation to the activities to engage with the Trust Membership.</li> </ul>	
<b>Intended Audience</b> (please tick any which are relevant to this paper)	
Board/Committee Members	<input checked="" type="checkbox"/>
Regulators	<input type="checkbox"/>
Governors	<input checked="" type="checkbox"/>
Staff	<input type="checkbox"/>
Public	<input checked="" type="checkbox"/>

## Membership engagement report

### 1.0 BACKGROUND

At 6 July 2018, Foundation Trust membership stands at 19,217 members; the breakdown of members by constituency is shown below. This compares with membership at 16 April 2018 of 19,311 members (5,312 public members; 3,632 patient members; 10,367 staff members – the difference is shown in right hand column).

The decline in public and patient membership numbers is a result of a continued proactive approach in seeking updated contact information from public and patient members. Following the mail out of Voices magazine in May/June (to members without an email address) the membership office has received a number of calls from members asking to be removed from the database.

Member Type Breakdown	Total (6/7/18)	No. governor reps	Change since 16 April 2018
<b>Public Constituencies</b>	<b>5,267</b>		<b>-45</b>
Bristol	2,647	5	
North Somerset	1,002	2	
South Gloucester	1,032	2	
Rest of England and Wales	586	2	
<b>Patient Constituencies</b>	<b>3,583</b>		<b>-49</b>
Carer of patients 16 years and over	161	2	
Carer of patients 15 years and under	453	2	
Patient - Local	2,969	6	
<b>Staff Classes</b>	<b>10,367</b>		
Medical and Dental	1,555	1	
Nursing and Midwifery	4,009	2	
Other Clinical Healthcare Professionals	1,751	1	
Non Clinical Healthcare Professionals	3,052	2	

### 2.0 AREAS OF PROGRESS

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

#### RECRUIT

*Opportunities for members of the public to hear about membership and have access to our governors.*

- Governor meet and greet stands in hospital areas – Thurs 3 May (Penny and Carole), Wed 30 May (Malcolm and Tony), and Wed 27 June (Mary and Malcolm).
- Membership forms provided to Bristol branch of the NHS Retirement Fellowship.
- The membership office recorded 19 new members in the last quarter (since 1/4/18).

## **INFORM**

*Opportunities for governors to feed back to members about their activities*

- Monthly e-newsletter (sent to 31% of public/patient membership with email addresses):
  - 24 May: Intro by Rashid Joomun – General Data Protection Regulation, promotion of Dental Health Matters Event in June, promotion of Governor ‘Meet and Greet’ stalls.
  - 15 June: Intro by Siobhan Coles – Latest edition of Voices magazine, Celebrating our volunteers, promotion of Governor Meet and Greet stalls and July Council of Governors meeting.
- Voices magazine – May/June issue focused on UH Bristol’s 10 years as a Foundation Trust (alongside the 70<sup>th</sup> anniversary of the NHS) and promotion for autumn Health Matters Events and the Annual Members’ Meeting. A letter was included from the Chair informing members on the impact of the introduction of the General Data Protection Regulation (GDPR) and a link to our updated privacy notice. A second letter was included requesting views on the Transport Hub.

## **INVOLVE**

*Opportunities for two-way communication*

Health Matters Events:

- 9 May: Heart Care, introduced by Penny Parsons (around 50 attendees)
- 19 June: Dental Health, introduced by Tony Tanner (around 25 attendees). Event speaker Professor Peter Robinson was interviewed on BBC Radio Bristol (Dr Phil Hammond show) on Saturday 16 June.
- 18 July: Liaison Psychiatry, introduced by Jane Westhead (around 45 attendees).
- In April-May, governors were involved in Patient-Led Assessments of the Care Environment (PLACE) and face-to-face patient interviews.
- Hospital Transport Hub – survey and details of exhibition sent to members by email (and as a letter in Voices magazine) on 27 June.
- The 2018 staff governor election provided an opportunity to engage with Medical and Dental staff. Three members of staff stood for election and Dr Jane Sansom was the successful candidate. The election result is attached.

### **3.0 ASSESSMENT**

The governor effectiveness review/governor development seminar highlighted some key areas of work to refine and embed the membership engagement framework with governors, including exploring additional opportunities to promote membership, particularly links with the staff membership.

Feedback around members’ Health Matters events has been consistently positive and in the next quarter the membership office will be working on a schedule of events for 2019.

### **4.0 RECOMMENDATIONS**

Members are asked to:

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

**UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST**

**ELECTION TO THE COUNCIL OF GOVERNORS**

**CLOSE OF VOTING: 5PM ON THURSDAY 31 MAY 2018**

**CONTEST: Staff: Medical and Dental**

<b>RESULT</b>		<b>1 to elect</b>
Jane SANSOM	128	<b>ELECTED</b>
James ASHWORTH-HOLLAND	25	
Megan CLARK	25	

Number of eligible voters:		1,554
Votes cast online:	178	
Total number of votes cast:		178
Turnout:		11.45 %
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		178

Electoral Reform Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

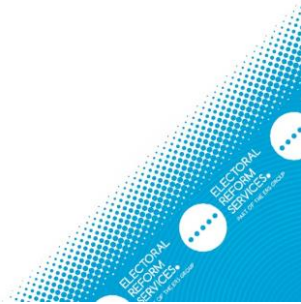
The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and ERS is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

*Ciara Norris*

**Ciara Norris**  
**Returning Officer**  
**On behalf of University Hospitals Bristol NHS Foundation Trust**

ELECTORAL REFORM SERVICES



**Cover report to the Council of Governors meeting to be held on 27 July 2018 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	7.1
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	27/07/2018
<b>Report Title</b>	Governor compliance, training and development report		
<b>Author</b>	Kate Hanlon, Membership Engagement Manager		
<b>Executive Lead</b>	Eric Sanders, Trust Secretary		
<b>Freedom of Information Status</b>		Open	

<b>Governor Responsibility</b> (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"/>

<b>Action/Decision Required</b> (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"/>

<b>Executive Summary</b>
<p><b>Purpose:</b> 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"> <li>• The current composition of the Council of Governors</li> <li>• Any updates in regards to governor compliance with constitutional requirements</li> <li>• A summary of governor training and development in the last quarter.</li> </ul>

<b>Recommendations</b>
<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report in relation to governor compliance for training and development.</li> </ul>

<b>Intended Audience</b> (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"/>		<input type="checkbox"/>

## **Governor compliance, training and development report**

### **1.0 SITUATION**

The Council of Governors has responsibilities that are set out in Acts of Parliament such as the *Health and Social Care Act 2012*. This report provides an update on the current composition of the Council of Governors, a review of governor compliance with constitutional requirements and a summary of development opportunities for governors to help them perform the statutory duties of governors effectively.

### **2.0 BACKGROUND**

#### **Composition**

As of 19 July 2018 there were 32 governors in post and three vacancies.

#### **Changes to the Council of Governors**

We were saddened to hear of the sudden passing of one of our public governors representing the Rest of England and Wales, **Hussein Amiri**, in July. Hussein will be greatly missed by all those who had the opportunity to work with him since he joined the Council in June 2016.

In the last quarter, the vacancy in the staff governor constituency (medical and dental) was filled after an election – with **Dr Jane Sansom** taking on the role from 1 June 2018 until 31 May 2020. At the end of June, **Neil Morris** left the trust and, in line with the Constitution, the candidates who also stood in the 2017 non-clinical staff governor election were approached to take his place. **Barry Lane** accepted and joined the Council on 1 July 2018 representing non-clinical healthcare professionals.

In mid-July, the membership office was notified that **Jo Roberts**, staff governor representing nursing and midwifery, was due to leave the Trust at the end of July. The membership office is in discussion with the other candidate who stood for election in this constituency in 2017 and will update the Council in due course.

Due to the current review of governor numbers (as detailed in agenda item 5.2), it is intended to hold the vacancies in the appointed governor constituency, the patient governor constituency and the public governor constituency as vacant for the present.

#### **Governor training and development**

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

- There has been one Governor Development Seminar in this period, which took place on 15 June 2018 and was attended by 18 governors. It was preceded by a workshop with the Trust's End of Life Care team who were seeking feedback from governors on their new website. The development seminar provided an update on the Trust's workforce strategy (from Matt Joint, Director of People), an overview of the structure and strategy of UWE from appointed governor Sally Moyle, and a Board Governance update from the Trust Secretary. The afternoon session focused on a governor effectiveness review – a summary of the results of the review, along with the data, are attached as appendix 1.

Other activities undertaken by governors over the quarter included:

- Graham Papworth attended the NHS Providers' Governor Focus Conference in London on 24 May (the annual national conference for NHS governors)
- Governors took part in a tour of the Central Sterile Services Department on 7 June
- On 11 June Carole Dacombe attended the Cancer Validation Panel (which aims to gain assurance that the Trust's cancer assessment process is being conducted appropriately) to give an external perspective; Carole also took part in a workshop on the Trust's customer service project on 28 June.
- Governors attended the NHS 70<sup>th</sup> birthday tea party on 5 July in the BRI.
- Pauline Beddoes accompanied the Chair on a visit to the BRI Outpatients Department on 9 July.
- Governors attended the Trust's Quality Improvement Forum on 10 July and the launch of the Heart of the Matter exhibition at the Royal West of England Academy on 13 July.

### **3.0 ASSESSMENT**

The membership of the Council of Governors has seen a number of changes in the last quarter at a time when there has also been a lot of work going on both in reviewing the structure of the membership and governing body, and in assessing the effectiveness of the Council.

The results of the effectiveness review highlighted a number of actions to be taken forward over the coming months. The next quarter will provide an opportunity for new governors to be welcomed to the existing group and time for further reflection and refinement on roles.

### **4.0 RECOMMENDATIONS**

Members are asked to:

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



## Appendix 1: Results of the governor effectiveness review

A review of the effectiveness of the Council of Governors took place at the governor development seminar on 15 June 2018, in the form of a collective discussion and individual responses around five key themes: statutory duties, training and development, support to the Council, procedures, and composition. For governors who did not attend the seminar there was an opportunity to complete the review in the weeks following. A compilation of the results (18 in total) are included at the end of this document along with a summary of proposed actions.

The review was a new format for this year, combining elements from an earlier effectiveness review, but focusing governors on their core duties to help the membership team understand and respond to any gaps or training needs. The review also fulfilled a recommendation from the recent internal audit to carry out a governor satisfaction feedback exercise annually to ensure that the service provided by the membership team continues to meet their needs.

Three possible answers to a total of 44 questions were 'yes', 'no', 'don't know' – with the opportunity for wider discussion and comments. Some governors felt that the three options did not allow them to express partial agreement or disagreement, so the ability to rank answers on a sliding scale will be considered for the next version of this review.

This report draws attention to the questions under each of the five sections where fewer than half of respondents responded 'yes', along with those where more than a quarter of the respondents answered 'no' or 'don't know'. Major points raised in the general discussion at the development seminar are also included in the commentary below.

### 1. Statutory duties

The first section of the review asked governors to focus on their effectiveness in terms of their core duties.

On the duty of holding to account, governor responses were fairly positive on the ability to carry out this role. The general discussion during the development seminar highlighted that this area was 'work in progress' and more could be done to develop the knowledge and confidence of some governors to be able to ask the Non-executive Directors effective questions (through a combination of relationship building, more opportunities to engage with the Board, and training). Some governors felt that they would benefit from a greater understanding of key risks to the Trust in order to frame their questions appropriately. Further discussion around the meaning of the term 'holding to account' and how it could be defined was due to take place at Chair's Counsel at the end of June.

Respondents felt less certain around the duty of representing member interests, in particular around governors having regard for the views of members, members knowing how to contact governors and mechanisms to canvas their opinions. A framework for engagement was defined with governors through Constitution Focus Group in late 2017/early 2018 and through a governor development seminar, but the responses to the review show that more work needs to be done to embed/refine this membership engagement framework (particularly relating to staff members) – and to explore where the work of the membership team could fit with the overall Trust strategy. This will be picked up through the Constitution Focus Group and development seminars.

A third of the respondents were unsure about whether there is sufficient dialogue on the forward plan with members. We hope that the introduction of new quarterly reporting on progress against the plan (to the Strategy group/Council of Governors) should provide more detail to governors in this area. Governors have received updates on the work to refresh the Trust Strategy at Strategy Focus

Group meetings, a development seminar and through a Health Matters event in April 2018.

In terms of governor confidence in the remaining statutory duties, there was good feedback at the seminar about the effective involvement of governors in the Nomination and Appointments Committee in its role in appointing and removing non-executives and the chair, and deciding their remuneration.

There were lower scores around confidence in the duty of approving significant transactions and involvement in developing the strategic direction of the Trust. In the general discussion governors felt that they were not receiving sufficient information about the Trust's non-NHS work to allow them to fulfil their duties in deciding whether the trust's non-NHS work would significantly interfere with its principal purpose.

## **2. Training and development**

There were lower scores in this section on questions related to governor induction and training, with the general discussion and survey comments noting a number of suggestions for improvement, including access to a central resource for governors containing the most up-to-date information on the Trust (including org charts, Board profiles etc.).

There were strong views in the discussion that not all governors want to be trained on everything, suggesting that themed training could be attached to the different focus groups, i.e. finance or quality, with training provided by third parties or governors themselves. Comments suggested a link back to the governor skills assessment here to focus on where governor expertise can be put to use and where governors can benefit from training (if wanted).

## **3. Support to the Council**

The feedback in this section was largely positive, with most governors agreeing that the current meeting schedule is acceptable, though there were a high number of 'don't knows' around whether level of attendance at meetings was satisfactory. In the general discussion staff governors noted that it can be difficult to make all the meetings. There was a suggestion that governors could nominate themselves to specific focus groups to get better clarity on who was attending which groups and give governors the opportunity to cover for each other when unable to attend. There was also a suggestion that it might be helpful to summarise key messages and actions from each focus group meeting after the meetings.

## **4. Procedures**

The two questions in this section focused on the level of attendance of Board members at governor meetings and interaction with the Board – again, mostly positive results though some uncertainty over relationships with the Board, which suggests ongoing work in clarifying relationships between the Executive Directors, Non-executive Directors and governors.

## **5. Composition**

This section contained one question on membership and size of the Council of Governors – respondents were largely in agreement, though noted that a review of the Council is currently underway. There is an opportunity to further enhance this and other sections for future versions of the review.

In summarising this report, please find over the page a list of proposed actions and timings:

<b>Proposed action</b>	<b>Forum</b>	<b>Proposed timing</b>
Better definition of holding to account	Governor informal meeting and Chair's Counsel	June 2018
Review/refresh membership engagement framework	Constitution Focus Group (CFG)  Governor development seminar (at least two of the four per year)	All future meetings  Governor development seminar in January 2018 and October 2018
Improving confidence around approving significant transactions/ deciding on role of non-NHS work	Governor Strategy Focus Group	September and December 2018
Improving confidence on reading and interpreting data	Briefings from Shaun Carr, Deputy Chief Operating Officer  Governor to governor briefings	Next briefing date to be confirmed
Providing governor handbook to contain key information on the Trust, Board and governor meetings	Hard copy for the governors room and online version on governor webpage.	Summer 2018 (membership team)
Providing feedback on skills assessment and 'check in' with individual governors	Email and face to face meetings	Summer 2018 (membership team)
Summary of key points/issues raised at governor meetings and governors appointing themselves to specific focus group meetings	Governor informal meetings	Summer- autumn 2018
Review effectiveness survey questions and repeat	Governor development seminar	April 2019

## FRAMEWORK FOR REVIEW OF THE COUNCIL OF GOVERNORS – 2018

This document, based on a format from Northern Lincolnshire and Goole NHS Foundation Trust and previous UH Bristol COG self-assessment frameworks, is a tool for reviewing the role, function and effectiveness of the Council of Governors (COG).

[The NHS Foundation Trust Code of Governance](#) states that the council of governors should periodically assess its own collective performance and impact on the NHS foundation trust, including a review of its roles, structure, composition, and procedures.

Most governors have now served 12, 24 months or longer so it feels timely to take stock of our effectiveness and how we may continue to improve.

The following assessment draws on relevant sections from the *Code of Governance*. It is split into five separate parts, covering firstly the statutory role of the governors, then training and development, support to the Council, procedures and composition.

Ahead of the development seminar, governors are invited to respond to the questions and make their own comments. At the seminar we will have the opportunity to discuss the questions collectively. Governors not attending the seminar will be able to feed in their responses and a full report will go to Council of Governors in July.

## RESULTS

**As of 06/07/18: 18 responses (although one respondent only answered questions 1-33)**

## PART 1: THE ROLE OF GOVERNORS – STATUTORY DUTIES

Requirement	Covered by	Questions	Governor answers/comments		
<p><b>Hold the non-executive directors, individually and collectively, to account for the performance of the board of directors.</b></p> <p><i>The council of governors has a duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors. This includes ensuring the board of directors acts so that the foundation trust does not breach the conditions of its licence. It remains the responsibility of the board of directors to design and then implement agreed priorities, objectives and the overall strategy of the NHS foundation trust. (Code of Governance, A.5.a)</i></p>	<p>Minutes of Board meetings and monthly Quality and Performance reports in the Board papers provided to governors</p> <p>Reports from the Chairs of the Board Committees (Audit, Finance and Quality and Outcomes) provided in the monthly Board papers and in the papers of the relevant governor Focus Groups.</p> <p>Patient experience and complaints reports (via Council of Governors and via Patient Experience Group)</p> <p>Annual report and accounts, including the Quality Report</p> <p>Annual staff survey</p> <p>Information on any proposed significant transaction/merger/acquisition/separation/decision (ad hoc)</p> <p>CQC inspection reports (ad hoc)</p> <p>Non-executive director appraisal documentation (annually) and activity reports (every six months) – via the Nomination and Appointments Committee</p>	<p>1. Do governors feel they have sufficient information to fulfil this role?</p> <p>2. Do governors understand and feel they have the power to hold the Board to account through the NEDs?</p> <p>3. Are governors satisfied with the amount of contact with the Executive Directors and NEDs?</p> <p>4. Are governors satisfied with the level of information received from, and the level of engagement with, the Board?</p> <p>5. Do governors know who the Senior Independent Director (SID) is and feel able to approach him/her if the circumstances required it?</p> <p>6. Should further training on finance and performance management be provided?</p>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
			<b>14</b>	<b>1</b>	<b>3</b>
			<p>- Work in progress. - With reservations.</p>		
			<b>16</b>	<b>0</b>	<b>2</b>
			<p>- Confidence to be direct - Partially, depends on ensuring direct challenges are possible when we meet - But don't feel like we have the power</p>		
			<b>12</b>	<b>3</b>	<b>3</b>
			<p>- Seven out of ten. - More contact always welcome</p>		
			<b>14</b>	<b>3</b>	<b>1</b>
			<p>- Seven out of ten. - I find that sometimes the amount of information received could put me off. Unless I am free it is not easy to attend the Trust Board meeting. - What are the licence conditions?</p>		
			<b>12</b>	<b>6</b>	<b>0</b>
<p>- Yes after today's meeting! - Julian Dennis.</p>					
<b>13</b>	<b>1</b>	<b>4</b>			
<p>- More training is always helpful. - Some need support more than others. - NED appraisal docs/activity report seen only by a couple of governors and not shared with the rest.</p>					

## PART 1: THE ROLE OF GOVERNORS – STATUTORY DUTIES

Requirement	Covered by	Questions	Governor answers/comments		
			Yes	No	Don't Know
<p><b>Represent the interests of the members of the trust as a whole and the interests of the public.</b></p> <p><i>The council of governors is responsible for representing the interests of NHS foundation trust members and the public and staff in the governance of the NHS foundation trust. Governors must act in the best interests of the NHS foundation trust and should adhere to its values and code of conduct. (Code of Governance, A.5.b)</i></p> <p><i>Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied. (Code of Governance, B.5.6)</i></p> <p><i>Governors are responsible for regularly feeding back information about the trust, its vision and its performance to members and the public and the stakeholder organisations that either elected or appointed them. The trust should ensure governors have appropriate support to help them discharge this duty. (Code of Governance, A.5.c)</i></p>	<p>Near monthly Health Matters events for meeting members</p> <p>Near monthly member/governor meet and greet stalls in the BRI</p> <p>Monthly e-newsletters to members with email addresses</p> <p>Twice yearly communication via Voices magazine external edition (magazine also send to GP surgeries across BNSSG and libraries)</p> <p>Twice yearly communication via Voices magazine internal edition (staff only)</p> <p>Staff governor updates in Newsbeat</p> <p>Membership section on the Trust website</p> <p>Membership survey (Jan-Feb 2018)</p> <p><b>Annual Members' Meeting</b></p> <p><b>Trust Annual Report</b></p>	<p>7. Can the Council of Governors demonstrate that they have had regard to the views of members?</p> <p>8. Do governors feel confident in representing the needs of the public, members and patients?</p> <p>9. Is feedback provided regularly by governors to members?</p> <p>10. Do governors feel they have the support in place via the Membership office to help the Trust communicate what it is doing for the public, patients and members?</p> <p>11. Do governors feel that members know how to contact governors?</p> <p>12. Are current mechanisms of canvassing member/public opinion sufficient?</p> <p>13. Is there sufficient dialogue on the forward plan?</p>	<b>7</b>	<b>9</b>	<b>2</b>
			- I feel we could have more contact, but we do try hard and it is about the members engaging too.		
			<b>11</b>	<b>3</b>	<b>4</b>
			- Partially		
			<b>11</b>	<b>3</b>	<b>4</b>
			- I think the governor piece in Voices is very valuable.		
			- To constituents who may not be members.		
			- In addition to the newsletter.		
			- Occasionally		
			- Yes now e.g. John/Rashid's piece and Newsbeat.		
			<b>15</b>	<b>1</b>	<b>2</b>
			Always very well supported.		
			<b>3</b>	<b>11</b>	<b>4</b>
- Work in progress: one-way mostly.					
<b>3</b>	<b>10</b>	<b>5</b>			
- But again it is hard to engage with people unless they are interested!					
- Local focus emails.					
- I feel the input loops of public members and patients into Governors could be greatly enhanced and improved. - patient/members' Log/Support Desk?					
<b>12</b>	<b>0</b>	<b>6</b>			
- Yes, but more would be good.					
- This can only take place if plan is presented at each stage of schedule to target.					
- The Development Seminars also provide an opportunity to ask questions and receive information.					

PART 1: THE ROLE OF GOVERNORS – STATUTORY DUTIES					
Requirement	Covered by	Questions	Governor answers/comments		
			Yes	No	Don't Know
<b>Approve 'significant transactions'</b> <i>NHS foundation trusts are permitted to decide themselves what constitutes a "significant transaction" and may choose to set out the definition(s) in the trust's constitution. Alternatively, with the agreement of the governors, trusts may choose not to give a definition, but this would need to be stated in the constitution. (Code of Governance, A.5.15)</i>	The Council of Governors and the Trust Board have agreed the definition of a significant transaction which is defined in the Trust Constitution as 'investments, divestments or other transactions comprising more than 25% of the assets, income or capital of the NHS Foundation Trust, in line with NHS Improvement's Risk Assessment Framework'	14. Do governors understand this definition?	12	4	2
		15. Are governors sufficiently clear on their role in fulfilling this duty?	11	4	3
<b>Approve an application by the trust to enter into a merger, acquisition, separation or dissolution</b>	Strategy Focus Group Ad hoc briefings Approval by COG	16. Are governors sufficiently clear on their role in fulfilling this duty?	15	1	2
<b>Decide whether the trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions</b>	Strategy Focus Group  Ad hoc briefings	17. Are governors sufficiently clear on their role in fulfilling this duty?	11	2	5
		- We have no info on the Trust's non-NHS work. - Profile of non-NHS work? Income benefits?			
<b>Approve amendments to the trust's constitution</b>	Constitution Focus Group Approval by COG	18. Are governors sufficiently clear on their role in fulfilling this duty?	18	0	0
<b>Appoint and, if appropriate, remove the NHS foundation trust's auditor</b>	Constitution Focus Group Approval by COG	19. Are governors sufficiently clear on their role in fulfilling this duty?	16	1	1
<b>Approve (or not) any new appointment of a chief executive</b>	Approval by COG	- Process of evaluation: seven out of ten. - Currently waiting report and meeting.			
		20. Are governors sufficiently clear on their role in fulfilling this duty?	18	0	0



## PART 1: THE ROLE OF GOVERNORS – STATUTORY DUTIES

Requirement	Covered by	Questions	Governor answers/comments			
			Yes	No	Don't Know	
<b>Appoint and, if appropriate, remove the chairperson</b> <i>The council of governors should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board of directors. The council should raise any issues with the chairperson with the senior independent director in the first instance. (Code of Governance, A.5.8)</i>	Nominations and Appointments Committee  Approval by COG	21. Are governors sufficiently clear on their role in fulfilling this duty?	17	0	1	
			- Governors should be aware of typical circumstances to trigger process.			
<b>Appoint and, if appropriate, remove the other non-executive directors</b>	Nominations and Appointments Committee Approval by COG	22. Are governors sufficiently clear on their role in fulfilling this duty?	17	1	0	
<b>Decide the remuneration and allowances and other terms and conditions of office of the chairperson and the other non-executive directors</b>	Nominations and Appointments Committee  Approval by COG	23. Are governors sufficiently clear on their role in fulfilling this duty?	17	1	0	
			24. Do individual governors, or the Council of Governors as a whole, have any additional training needs to fulfill any of these statutory duties?	11	4	3
				- It would always be useful to have more training to help understanding. - These need to be defined individually. - Evidence that all satisfying. - All don't need to know everything.		
<b>Receive the NHS foundation trust annual accounts, any report of the auditor on them, and the annual report at a general meeting of the council of governors</b>  <i>Governors should work closely with the board of directors and must be presented with, for consideration, the annual report and accounts and the annual plan at a general meeting. The governors must be consulted on the development of forward plans for the trust and any significant changes to the delivery of the trust's business plan. (Code of Governance, A.5.e)</i>	The CoG formally receives the Annual Report and Accounts at its September AMM meeting.  Annual plan and Trust Strategy through the Strategy focus group	25. Are governors encouraged to be involved in developing the Trust's strategic direction?	11	5	2	
		26. Are governors clear about the objectives of the Trust?	16	1	1	
		- Work in progress.				
		27. Do governors feel that they make a useful contribution to the functioning of the organisation?	14	1	3	
		28. Do governors feel the Trust is clear and communicative about the Trust's organisational priorities?	12	2	4	
		- Note – organisational only. - Seven out of ten.				



## PART 2: TRAINING AND DEVELOPMENT

Requirement	Covered by	Questions	Governor answers/comments		
<p><i>All directors and governors should receive appropriate induction on joining the board of directors or council of governors and should regularly update and refresh their skills and knowledge. Both directors and governors should make every effort to participate in training that is offered. (Code of Governance B.4.a)</i></p>	Constitution Focus Group, which reviews the Governor Role Description	29. Do governors feel that they have received sufficient induction and training to fulfil their role?	<b>Yes</b> 10	<b>No</b> 3	<b>Don't Know</b> 5
	Governor Induction seminar	30. Do governors, individually and collectively, feel they have any skills or knowledge gaps linked to their individual areas of interest / input / subgroups?	9	3	6
	Governor Induction Training	31. Do governors feel they were given adequate training or briefings at the start of their role to enable them to do the role?	13	2	3
	Governor skills assessment	32. Are governors satisfied there are mechanisms in place to identify and meet Governor training needs?	13	2	3
	-----	33. What, if anything, needs to happen to make the role of Foundation Trust governor more effective?	13	2	3
	<p>- I think engagement with members is something we need to develop further. Although it takes up a lot of time, I don't think there is any substitute for face to face communication in the areas where people actually spend most time. I'd like to see a strategy that was more embedded across the whole organisation rather than just left to the Membership team as it is such a small team. Also, the relationships between governors and NEDs is another area for development – there have been some positive changes made in 2018 to address this. We just need to get to know them. We can learn a lot from them.</p>	<p>-----</p> <p>- Some form of appraisal for governors themselves</p> <p>- Further guidance re interacting with our constituents. Small booklet outlining main points can be used for reference.</p> <p>- Ensure that a culture is fostered that will allow and foster a sufficiently open and mutually respectful atmosphere between execs, NEDs, chair and governors to support constructive discussion and challenge.</p> <p>- Mentor scheme – suggest more experienced governors mentor new governors.</p> <p>- NEDs also interact and brief new governors.</p> <p>- Is there e-learning/microlearning modules or a podcast to cover FAQs?</p>	<p>- Work in progress.</p> <p>- Need for basic info file with org charts</p> <p>- Changed since I was inducted</p> <p>- Chairing meetings.</p> <p>- Individually I may have gaps, but collectively no gaps.</p> <p>- Plan for governors focused on skills assessment.</p> <p>- How the NHS/CCGs etc finance the Trust</p> <p>- In general I think the role is not clearly defined (not by UH Bristol) and so it is often difficult for precise instructions to be given.</p> <p>- Needs to be assessed as to progress.</p> <p>- I think it's hard to spot gaps until we come across them, but I do think the Trust is very good at responding to governors' requests for further training. So keep delivering going!</p> <p>- Clearer understanding before election, attend a Trust Board meeting before putting name forward.</p> <p>- Training programme</p> <p>- Co-ordination of the skills and experience of the Council as an effective team (exists and is developing)</p> <p>- Attend a few courses run by the NHS body</p> <p>-The Executive Directors and the NEDs need to share with us what issues are bothering them each month.</p> <p>- More training and meetings with third party experts.</p> <p>- More governors listening to each other and supporting individuals and each other.</p>		

## PART 3: SUPPORT TO THE COUNCIL

Requirement	Covered by	Questions	Governor answer/comments		
			Yes	No	Don't Know
<p><i>The board of directors and council of governors should be supplied in a timely manner with relevant information in a form and of a quality appropriate to enable them to discharge their respective duties. (Code of Governance B.5.a)</i></p> <p><i>The directors must provide governors with an agenda prior to any meeting of the board, and a copy of the approved minutes as soon as is practicable afterwards. There is no legal basis on which the minutes of private sessions of board meetings should be exempted from being shared with the governors (Code of Governance A.5.12)</i></p> <p><i>The council of governors should meet sufficiently regularly to discharge its duties. Typically the council of governors would be expected to meet as a full council at least four times a year. Governors should, where practicable, make every effort to attend the meetings of the council of governors. The NHS foundation trust should take appropriate steps to facilitate attendance. (Code of Governance, A.5.1)</i></p>	<p>Governors receive the public Board agenda and minutes. The chief executive provides an update from the Board at each meeting of the Council of Governors.</p> <p>COG meetings are held four times a year</p> <p>Formal, written reports from sub groups are a standing item on each COG agenda</p> <p>COG and focus group papers are usually all circulated one week in advance of a meeting.</p> <p>Governors' log to answer queries for the Executive Directors</p>	34. Does the Chair ensure access to accurate, timely and clear information and good information flow across the board, council of governors and their subgroups, between directors and governors?	14	0	3
		- The Chair reports don't clearly convey the issues graded in order of importance.			
		13	0	4	
		- There may be some reticence on the part of Execs and NEDs in being candid about the issues they face. - Seven out of 10.			
		15	1	1	
		14	0	3	
		- Seven out of ten. - Sometimes. More room needed for general discussion not fixed to agenda			
		12	1	4	
		9	2	6	
		- Getting better – not all governors can attend all meetings.			
		17	0	0	
- Or as required.					
15	0	2			
41. Are action points followed up by the responsible Governor, Trust Chair or Director, or Membership office?					

PART 4: PROCEDURES									
Requirement	Covered by	Questions	Governor answer/comments						
<p><i>The council of governors may require one or more of the directors to attend a meeting to obtain information about performance of the trust's functions or the directors' performance of their duties, and to help the council of governors to decide whether to propose a vote on the trust's or directors' performance. (Code of Governance, A.5.13)</i></p> <p><i>The board of Governors should ensure its interaction and relationship with the board of directors is appropriate and effective, in particular, by agreeing the availability and timely communication of relevant information, discussion and the setting in advance of meeting agendas and use, where possible, of clear, unambiguous language. (Code of Governance A.5.7)</i></p>	<p>All Executive and Non-executive Directors are routinely invited and attend CoG meetings.</p> <p>Executive and Non-executive Directors attend governor focus groups</p> <p>Governors' log for answers to questions that cannot be resolved by Non-executive Directors</p>	<p>42. Are governors satisfied with the level of attendance from Executive Directors and NEDs?</p> <p>43. Is the interaction and relationship with the board of directors appropriate and effective?</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td>13</td> <td>0</td> <td>4</td> </tr> </tbody> </table>	Yes	No	Don't Know	13	0	4
			Yes	No	Don't Know				
			13	0	4				
			<p>- Seven out of ten. - Responsive but not always proactive.</p>						
<table border="1"> <thead> <tr> <th>12</th> <th>0</th> <th>5</th> </tr> </thead> <tbody> <tr> <td colspan="3"> <p>- Does this mean just NEDs? - With me, yes</p> </td> </tr> </tbody> </table>	12	0	5	<p>- Does this mean just NEDs? - With me, yes</p>					
12	0	5							
<p>- Does this mean just NEDs? - With me, yes</p>									
PART 5: COMPOSITION									
Requirement	Covered by	Questions	Governor answer/comments						
<p><i>The Council of Governors should not be so large as to be unwieldy. The Council of Governors should be of sufficient size for the requirements of its duties. (Code of Governance, A.5.2)</i></p>	<p>Constitution Focus Group – currently undertaking a review of membership (potential merger of public and patient constituencies and exploring the impact on governors)</p>	<p>44. Is the membership and size of the Council of Governors fit for purpose?</p> <p>-Providing we achieve redefinition of constituencies under discussion - You are never going to get a full turnout.</p>	<table border="1"> <thead> <tr> <th>13</th> <th>1</th> <th>3</th> </tr> </thead> <tbody> <tr> <td colspan="3"> <p>- I agree with the current review as I think there are improvements that can be made. - Seven out of ten. Work in progress – need to formally agree composition. - Issues as to effectiveness of input of some reps of statutory bodies in context of number of votes tied up with representatives of authorities, who may vote on basis of issues other than pragmatic daily issues.</p> </td> </tr> </tbody> </table>	13	1	3	<p>- I agree with the current review as I think there are improvements that can be made. - Seven out of ten. Work in progress – need to formally agree composition. - Issues as to effectiveness of input of some reps of statutory bodies in context of number of votes tied up with representatives of authorities, who may vote on basis of issues other than pragmatic daily issues.</p>		
13	1	3							
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**Cover report to the Council of Governors meeting to be held on 27 July 2018 at  
14:00 in the Conference Room, Trust Headquarters, Marlborough Street,  
Bristol, BS1 3NU**

		<b>Agenda Item</b>	8.1
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	27/07/2018
<b>Report Title</b>	Governors' Log of Communications		
<b>Author</b>	Kate Hanlon, Membership Engagement Manager		
<b>Executive Lead</b>	Eric Saunders, Trust Secretary		
<b>Freedom of Information Status</b>		Open	

<b>Governor Responsibility</b> (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"/>

<b>Action/Decision Required</b> (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"/>

<b>Executive Summary</b>									
<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>									
<b>Recommendations</b>									
<p>Governors are asked to:</p> <ul style="list-style-type: none"> <li><b>Note the report</b></li> </ul>									
<b>Intended Audience</b> (please tick any which are relevant to this paper)									
Board/Committee Members	<input type="checkbox"/>	Regulators	<input checked="" type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Public	<input checked="" type="checkbox"/>

**ID**      **Governor Name**  
205      Carole Dacombe

**Theme** Outpatients

**Source:** From Constituency/ Members

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**Query**      **18/07/2018**

Governors are aware that a FT member has taken the time to offer in-depth and insightful feedback on the running of outpatient clinics at our hospitals – noting some excellent, some good and some very poor practice. Can governors be assured that these comments have been taken on board and that there is a focus on the consistency in the way our outpatient clinics are managed?

**Division:** Trust-wide

**Executive Lead:** Chief Operating Officer

**Response requested:** 01/08/2018

**Response**

**Status:** Assigned to Executive Lead

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**204**      **John Rose**

**Theme** Medical recruitment

**Source:** Project Focus Group

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**Query**      **16/07/2018**

How seriously have visa restrictions affected the Trust's ability to recruit doctors and nurses from outside the European Union, and have the pledges to lift restrictions actually taken place?

**Division:** Trust-wide

**Executive Lead:** Director of People

**Response requested:** 27/07/2018

**Response**

**Status:** Assigned to Executive Lead

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**ID**      **Governor Name**

203      John Rose

**Theme**   Single point failure

**Source:**   Project Focus Group

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**Query**      **25/05/2018**

The recent fire at the Bristol Haematology and Oncology Centre has been dealt with in an exemplary manner, but it shows how vulnerable any business can be to an accident or single point failure. Does the Trust have an operational risk assessment of all its assets recognising the likelihood and effect of single point failures of buildings, departments, power supplies, steam supplies, heating, cooling and ventilation systems, and have mitigating actions been identified and agreed? In addition, are all emergency and life safety systems regularly and effectively tested and reviewed.

**Division:**   Trust-wide

**Executive Lead:**   *Chief Operating Officer*

**Response requested:**   08/06/2018

**Response**      **13/06/2018**

We have business continuity plans for all key departments and areas of the Trust. These include any patient facing department as well as any other key services provided by the Trust. These plans contain risk assessments as well as a prioritisation of the functions performed by each service. Additionally there is a focus on the response to impacts of incidents affecting premises, staffing, utilities and resources for each area. Within this process single points of failure are highlighted with mitigating actions put in place. Any high risks will also have an additional action plan as part of the plans. Estates and IM&T also hold plans for key systems which are relied upon across the Trust.

Alongside the business continuity plans MEMO also hold a database of all equipment which requires UPS backup and these are maintained between themselves and estates.

**Status:**   *Awaiting Governor Response*

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**ID**      **Governor Name**

202      Malcolm Watson

**Theme** Histopathology

**Source:** From Constituency/ Members

**Query**      08/05/2018

There was recent publicity about a former nurse who is terminally ill with cancer after her histopathology samples were negative when examined by Severn Pathology. This is a centralised service which UH Bristol also uses. Is there assurance that everything is being done now to reduce this risk by having sufficiently trained staff and double reporting (peer review) as recommended by the 2010 Mishcon enquiry?

**Division:** Trust-wide

**Executive Lead:** Medical Director

**Response requested:** 15/05/2018

**Response**      16/05/2018

The commencement of Severn Pathology saw the establishment of specialist teams of Consultant Pathologists who work in a limited number of specialisms rather than the more generalist approach that was practiced previously. This system allows individuals to build up expertise within those fields and was always a key aim of the merging of the services. The concentration of expertise into teams also facilitates a better approach to double-reporting which has been implemented fully and according to the policy developed for Severn Pathology.

Due to a national shortage of suitable applicants, there remain some gaps in total numbers of Consultant staff which mean that some teams have fewer members than would be optimal. However, with the exception of Paediatric / Perinatal Pathology (PPP), all teams have sufficient numbers to be able to maintain a sufficiently high level of expertise and the numbers to support double-reporting. For PPP, there is support from system-specific teams reporting adult pathology and from PP pathologists in other centres to maintain a safe service. A second pathologist in this field will come in to post in August 2018.

**Status:** Awaiting Governor Response

**ID**      **Governor Name**  
201      Pauline Beddoes

**Theme**   Clinic letters

**Source:**   Governor Direct

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**Query**      **08/05/2018**

Patients who have hospital clinic appointments are often advised to have further tests, e.g. blood tests, or are prescribed new medication or changed dosages of existing drugs. The letters are then typed by the secretaries, but unfortunately these take days or even weeks to be sent to the patient's GP.

I understand that other Trusts are providing official forms outlining medication changes at the time of the appointment which patients can then bring into the surgery and the GP can action the changes. The official letter can then be sent later, as it usually is. Are there any plans to implement a similar process at UH Bristol?

**Division:**   Trust-wide

**Executive Lead:**   *Chief Operating Officer*

**Response requested:**   22/05/2018

**Response**      **09/05/2018**

There are national standards for letter turnaround currently being implemented that will reduce the turnaround time to 7 days. There are no plans to make any other changes at present. If it is an urgent prescription change the consultant should give the patient an outpatient prescription before they leave the appointment.

Updated 02/07/18: If consultants make any changes to an outpatient's medication then the UH Bristol medicines code for prescribing states three options:

1. Immediate treatment appropriate. The patient is provided with 28 days' supply unless the course is shorter. The patient's GP is informed by letter.
2. Preparations for which prescribing remains with the Trust – ongoing supply. This means that the hospital provides the medication and repeat prescription for the patient. This usually means the patient will leave with a long enough course of medication to last until their next hospital outpatient appointment. The patient's GP is informed by letter.
3. No change to treatment or follow up needed – no supply. The patient's GP is informed by letter.

UH Bristol does not provide details for any prescription changes for patients to take away following an appointment as there is the possibility the details could be lost or not taken back to the GP. The best way to guarantee this information reaching the GP is via letter, which is uploaded to our Clinical Document Service.

Any requests for blood tests should be managed via ICE (our online Integrated Clinical Environment) by the hospital consultant. GPs and phlebotomists have access to ICE and so can look up patient bloods and results.

**Status:**   *Closed*

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**ID**      **Governor Name**

200      John Rose

**Theme** Management consultants

**Source:** From Constituency/ Members

**Query**      **03/05/2018**

Bristol University, in collaboration with others, has been evaluating the benefit of employing consultants in NHS organisations. The study, 'The impact of management consultants on public service efficiency', came to the conclusion that, overall, the employment of external consultants resulted in inefficiency rather than the expected improvements in efficiency. Is the Trust acting on the suggested policy actions and what conclusions has it come to in relation to its future use of external consultants?

**Division:** Trust-wide

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

**Response requested:** 14/05/2018

**Response**      **09/05/2018**

The Trust approach is first and foremost to seek to resource all activities internally. Consultancy is defined as the provision to management of objective advice and assistance relating to strategy, structure, management or operations of an organisation in pursuit of its purposes and objectives. In general we would only consider use of external consultancy where we do not have the appropriate capability or expertise; where we specifically need independent advice; or where the capacity required to complete a necessary piece of work within a defined timescale, is not feasible to achieve internally.

The study referred to was completed by Warwick University based on analysis of 'consulting services' expenditure from the Annual Reports of acute care hospital trusts in England for four years (2009/10 to 2012/13). Using pooled time series regression analysis, the study looked at the relationship between this spending and the efficiency of each hospital trust over time. The assessment was not of the efficiency or impact of the individual projects for which the consultancy had been secured. Nonetheless, we continue to scrutinize any proposal for expenditure with external consultants very closely and have maintained low levels of such spend. In 2016/17 our spend on external consultancy was £615, 000 (0.09% of total income) and in 2017/18 this was £373,000 (0.06% of total income).

**Status:** Closed

**ID**      **Governor Name**  
199      Garry Williams

**Theme** Food sales

**Source:** Governor Direct

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**Query**      **24/04/2018**

The Journal of the Royal Society for Public Health ('Perspectives in Public Health') January 2018 vol. 138 no. 1 p. 5 carries a brief article commenting on the decision of Public Health England to forbid the sale of 'super-size' chocolate bars and regulate the sale of snacks, pre-packaged meals and sandwiches and some drinks, sold in hospital shops, canteens and vending machines.

May governors please be told whether the cafes and shops in UH Bristol's hospitals/premises need to comply with NHS England's directives in relation to calories, saturated fat, added sugar and other. If outlets on UH Bristol premises are not subject to this oversight and regulation, should the fact be made clear to patients using on-site facilities; and does the Trust have a policy aimed at making it more likely that these outlets will accept the NHS England standards for hospital shops, canteens and vending machines?

**Division:** Trust-wide

**Executive Lead:** Chief Operating Officer

**Response requested:** 03/05/2018

**Response**      **22/05/2018**

All cafes and retail outlets across the Trust are subject to NHS England's directive in relation to calories, saturated fat, added sugar and other. Our Corporate Retail Partners (RVS, Medirest/Costa; WH Smith and M&S; Boots) have signed up directly with NHS England to confirm their commitment and plan to meet the 3-Year CQUIN Indicator 1b in relation to Healthy Eating. Boots' contract is currently under negotiation which includes a requirement for them to meet the CQUIN indicator. All current vending suppliers to the Trust have also signed up to and are meeting this commitment and our Trust-run café outlets and vending are 100% compliant with the current targets.

The Trust has been successful in achieving the Gold Standard of the Bristol Eating Better Award scheme both at the Bristol Heart Institute café and St Michael's Hospital café, a free award scheme publicising food businesses that are taking action to offer food that is healthier and more environmentally friendly. The Trust has also achieved the 'Sugar Smart' Award and is therefore able to use labelling and advertising in relation to this achievement where appropriate to inform patients, visitors and staff of the Trust's commitment. In addition, our Corporate Retail Partners have their own marketing materials in place in relation to informing staff patients and visitors of the changes offering.

Moving forward, all contracts in relation to vending and retail food outlets serving patients, visitors and staff will contain the requirement for suppliers to meet the National CQUIN requirements for Healthy Eating. The retail outlets currently run by RVS will be operated by the in house Facilities team from October 2018. The Trust is going out to tender imminently for a supplier to provide vending services to the Trust.

**Status:** Closed

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