NHS Bristol NHS Foundation Trust Bristol | Weston

COUNCIL OF GOVERNORS
Meeting to be held on Tuesday, 07 July 2026 at 10.00 – 12.30 in Clifton and Hotwells Meeting Rooms, St James Court
AGENDA

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS	PAGE NO.
Preliminary Business					
1.	Welcome and Apologies	Information	Chair	10.00 (10 mins)	
2.	Declarations of Interest	Information	Chair		
3.	Foundation Trust Members' Questions	Information	Chair		
4.	Minutes of Previous Meetings: • 23 April 2026 • 4 June 2026 (Private)	Approval	Chair		
5.	Matters Arising and Action Log • COG Decisions made on 4 June	Approval Information	Chair Director of Corporate Governance		
Strategic Outlook					
6.	Chief Executive's Report	Information	Hospital Managing Director	10.10 (20 mins)	Verbal
7.	Chair's Report	Information	Chair	10.30 (20 mins)	Verbal
8.	Outline of Future Ways of Working/ Review and Refresh	Information	Director of Corporate Governance	10.50 (20 mins)	
BREAK 11.10 – 11.20 (10 MINS)					
9.	**Theme for this month:** Merger outcome, with focus on: • Record of the CoG Decision • Communications plan	Information	Director of Corporate Governance and Chief Communications & Engagement Officer	11.20 (25 mins)	Verbal
Governor Decisions and Updates					
10.	Governor Activity • The Big Picnic, Redcatch Park	Information	Governors	11.45 (5 mins)	Verbal
11.	Council of Governors Registers of Interest	Information	Director of Corporate Governance	11.50 (5 mins)	Verbal
12.	Annual Members Meeting Agenda	Information	Corporate Governance Manager	11.55 (5 mins)	
13.	NED Recruitment Update	Information	Corporate Governance Manager	12.00 (10 mins)	
14.	Governors Log of Communications	Information	Chair	12.10 (5 mins)	
Concluding Business					
15.	Any Other Urgent Business	Information	Chair	12.15	verbal

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMINGS	PAGE NO.
	Date and time of next meeting: • **Annual Members Meeting – Thursday 24 September 2026, 16.30-19.30** • **Council of Governors – Tuesday, 17 November 2026, 10.00 – 12.30**	Information	Chair		

Minutes of the Council of Governors Meeting on Thursday, 23 April 2026, held in Education and Development Training Room, St James Court, Cannon Street, Bristol, BS1 3LH and on Microsoft Teams

Present

Name	Job Title/Position
Ingrid Barker	Group Chair of UHBW and NBT
Ben Argo	Public Governor
John Chablo	Public Governor
Paul Cousins	Public Governor
Robert Edwards	Public Governor
Lisa Gardiner	Staff Governor, Non-clinical Staff
Sarah George	Appointed Governor, UOB
Suzanne Harford	Public Governor
Robert Knowles-Leak	Public Governor
James Lee	Appointed Governor, UWE
Jay-Jay Martin	Public Governor
Jude Opogah	Staff Governor, Non-clinical Staff
Annabel Plaister	Public Governor
Janis Purdy	Public Governor
John Rose	Public Governor
John Sibley	Public Governor
Phil Smith	Public Governor
Chloe Somers	Public Governor
Phoebe Turner	Appointed Governor, YIG
Paul Wheeler	Public Governor
David Wilcox	Appointed Governor, Bristol City Council
Others in attendance:	
Rachel Hartles	Membership and Governance Officer (Minutes)
Emily Judd	Corporate Governance Manager
Lavinia Rowsell	Group Director of Corporate Governance
Paula Clarke	Group Formation Officer
Martin Sykes	Vice-Chair (UHBW)
Sarah Purdy	Vice-Chair (NBT)
Maria Kane	Group Chief Executive Officer
Sue Balcombe	Non-executive Director, UHBW
Poku Osei	Group Non-executive Director
Roy Shubhabrata	Group Non-executive Director

Ingrid Barker, Group Chair, opened the meeting at 10.00.

Minute Ref:	Item	Actions
COG: 01/04/26	**Chair's Introduction and Apologies**	
	The Group Chair, Ingrid Barker, welcomed everyone to the Council of Governors meeting. Apologies of absence had been received from Grace Burn, Megan Croft, Carolyne Crowe, and Martin Rose.	

	Ingrid welcomed Chris Watts, Appointed Governor (JUC) to the Council of Governors who had taken over from Stuart Robinson who had stood down during April.	
COG: 02/04/26	**Declarations of Interest**	
	Sarah Purdy, Group Vice Chair, declared an interest in relation to the item on reappointments and it was agreed for Sarah to step out at the appropriate agenda item.	
COG: 03/04/26	**Foundation Trust Member Questions**	
	There were no questions received from Foundation Trust members prior to the meeting.	
COG: 04/04/26	**Minutes from Previous Meeting**	
	Governors considered the minutes of the meeting of the Council of Governors held on 22 January 2026. There were no amendments advised. It was requested that any amendments to the private minutes provided to the Council of Governors were emailed to the Corporate Governance Team. **Members RESOLVED to approve the minutes of the Council of Governors meeting held in public on 22 January 2026 and in private on 4 March 2026 as a true and accurate record of the proceedings.**	
COG: 05/04/26	**Matters Arising and Action Log**	
	The completed actions were noted, and outstanding actions were reviewed as follows: *COG:05/01/26: Briefing note on the status of PFI in North Bristol NHS Trust (NBT) to be provided to Governors.* The briefing note was circulated to Governors by email. **Action Closed.** *COG:08/07/25: Ingrid to confirm to Governors once the Group Board had completed the anti-racism training through Black Mothers Matter.* Lavinia Rowsell, Group Director of Corporate Governance, advised the Council of the programme and the time commitment required. It was agreed to ensure the Council had an item on the workplan for April 2027 to hear from the Board on reflections of the programme once the Board was expected to complete the programme. **Action Closed.** **Members RESOLVED to approve the action log.**	
COG:06/04/26	**Update on Merger Planning**	
	Paula Clarke, Group Formation Officer, presented a comprehensive update on the merger programme. She reiterated the strategic rationale for the merger and the importance of maintaining focus on patient benefit, people experience, population health and value for the public purse. The paper provided a comprehensive overview of merger status, including Day 1 readiness, Year 1 planning and the Communications and engagement approach.	

	Paula confirmed that NHS England (NHSE) were around 85-90% of the way through their assurance processes, and no issues of significant concern had been identified to date. A formal "challenge meeting" was scheduled for late May 2026 and would inform the final decision-making for NHSE. An Independent internal audit had been conducted which viewed "gateway" stages to the process. It was noted that Gateway 3 was completed with no significant issues found, and Gateway 4 was imminent. Paula concluded her update by explaining how engagement was ongoing with staff, including TUPE-related communication, and Governors had been provided with the information materials that had been widely distributed to both Trusts (including simplified formats). Robert Knowles-Leak, Public Governor, asked about the timescales for the assurances of NHSE processes and whether this will allow Governors time to gain any additional assurances they may need. Paula advised that while detailed reports follow shortly before decision points, governors would receive a verbal position and written summary straight after the challenge meeting. Further to a question asked in relation to the digital risks that were identified, it was confirmed that there were four systems that had been identified as critical and required additional investments. It was agreed that an update on which systems were strengthened in time for the launch would be provided to Governors. **ACTION: Provide details on which critical digital systems were identified and provide assurance on the changes required.** Positive feedback was provided by a number of Governors on effective engagement with staff and increased awareness around the Trusts. Chloë Somers, Public Governor, asked about the risk rating mentioned and whether a future session could be provided to Governors on culture plans. Paula advised that the amber risk rating was noted to Governors in September 2025 and an updated risk assurance rating was due at the very beginning of June, prior to the decision-making meetings. Further to this, it was agreed to bring the culture plan and organisational design to a future Governor session. **ACTION: Schedule a future Governor session on the culture plan and organisational design.** James Lee, Appointed Governor for UWE, asked for assurance on capacity to manage the potential merger alongside other programmes. Paula advised that all programmes were aligned and prioritised, with additional resources in place where required. It was confirmed that there would be minimal disruption to front line services. A discussion ensued on the assurances Governors had been provided. It was advised that a further assurance meeting was planned with Governors and they were encouraged to specify any additional information required.	Merger Team People Team

	Members RESOLVED to receive the Merger Update Report for information.	
COG: 07/04/26	**Trust Constitution Amendments**	
	Lavinia Rowsell, Group Director of Corporate Governance, provided Governors with an update on proposed changes to the Trust Constitution in line with Day 1 readiness. She advised that a further in-depth review would be undertaken post-merger to ensure it remained fit for purpose. Further to a question about Governor roles within the Constitution, it was confirmed that the changes were limited to "day 1" essentials, such as the new Trust name and minor updates to language and consistency. No changes were made to statutory powers or core responsibilities. Ben Argo, Public Governor, asked how the public will be advised of the new Trust Constitution and proposed bringing this agenda item in June 2026 into a public session. Lavinia advised that as part of the merger process, this would be handled within formal governance cycle currently planned and updates would be made public at the next available meeting. **Members RESOLVED to approve the Trust Constitution Amendments.**	
COG: 08/04/26	**Group Chief Executive Officer's Report**	
	The Council received an update on the current strategic and operational context from Maria Kane, Group Chief Executive Officer, noting that the Trust continued to operate within a challenging external environment characterised by geopolitical uncertainty and sustained national NHS pressures. While there had been some delays to national policy development, the overall direction of reform remained consistent, with increasing clarity and alignment across executive and non-executive teams. The Trust continued to deliver strong operational performance despite high levels of demand and the impact of industrial action, with services over the Easter period remaining largely resilient. Progress on the merger programme was highlighted, including ongoing communications, engagement activity and advancing technical and strategic workstreams, alongside encouraging early benefits from enhanced clinical collaboration. Maria also noted continued development of the clinical strategy, with a focus shifting towards implementation and transformation. She finished her update by highlighting the strong organisational performance, including national rankings, and noted that there remained significant external interest in the Trust's work and merger journey. In response to a question raised by Paul Cousins, Public Governor, around the level of participation in the staff survey and the ways this could be increased, Maria highlighted that there were initiatives underway for future surveys, such as protected time and drop-in sessions for staff to complete surveys together but the teams were reaching out for other ways to engage staff in completing their surveys.	

	Jay-Jay Martin, Public Governor, highlighted recent antisemitism in the media and specifically in maternity services. He asked whether this had been seen in UHBW. Maria advised that both UHBW and NBT's maternity services were fully compliant with all maternity schemes and no concerns had been escalated to the Board. John Rose, Public Governor, asked about historic plans for a rehabilitation facility within South Gloucestershire. Maria advised that permission was declined for this due to the number of rehabilitation beds per population and so the land would be incorporated into the Estates Strategy being created. Sarah George, Appointed Governor for the University of Bristol, queried the involvement Universities were having in relation to bidding and future funding within the Joint Clinical Strategy. Maria advised that the Group Chief Medical and Innovation Officer was engaging with Universities in line with the innovation strategy to support bidding and funding opportunities. Paul Wheeler, Public Governor, raised the issue of reports that staff were being disciplined for accessing the Federated Data Platform and asked for the Trust's position on this. Maria confirmed that there was a public statement released by the Trust on the Federated Data Platform and it was agreed this would be circulated to Governors. **ACTION: Circulate the Trust's public statement on the Federated Data Platform to Governors.** **Members RESOLVED to receive the Group Chief Executive Officer's Report for information.**	Corporate Governance Team
COG: 09/04/26	**Group Chair's Report**	
	Ingrid Barker, Group Chair, presented her report and highlighted her recent activity across both Trusts, including internal engagement, site visits and extensive partnership work. Ingrid highlighted continued positive engagement with system partners, local representatives and national stakeholders, noting supportive feedback and recognition of the Trusts' performance and collaborative approach. Ingrid also reported involvement in national leadership development activity and sector groups, alongside visits to partner organisations and workforce development settings. Ingrid finished her update by advising the Governors of the briefings included in the report on the evolving national governance landscape, noting that further clarity was expected as legislative proposals progressed. John Rose, Public Governor, commended the work around improving collaboration and asked whether there were any highlights. Ingrid talked about discussions held on the new Temple Quarter and a visit from Cllr Bell in North Somerset which was significant due to the extremely high level of patients with No Criteria To Reside on that date. Lisa Gardiner, Staff Governor, asked about the collaboration with Sirona Care and Health and whether there had been any engagement with the provider around the potential merger. Ingrid advised that there had been extensive collaboration with Sirona due to the provider being the community provider for the region and that work was being done to increase the collaboration between the Trusts and Sirona.	

	Members RESOLVED to receive the Group Chair's Report for information.	
COG: 10/04/26	**Lead Governor Report**	
	Ben Argo, Public Governor, took his provided report as read and highlighted the positive impact of recent events, expressing appreciation to those involved in their organisation and delivery. Feedback from members and stakeholders had informed discussions on digital engagement, including opportunities to strengthen online presence and approaches. Ongoing collaboration with partners and networks was highlighted, alongside forthcoming initiatives such as a technology showcase and further partnership events, which would support engagement, innovation and shared learning. There were no comments from the Governors. **Members RESOLVED to note the Lead Governor Report.**	
COG: 11/04/26	**Nominations and Appointments Committee**	
	Sarah Purdy, Group Vice Chair for NBT, left the meeting. The Council considered a report from the Nominations and Appointments Committee seeking approval of recommendations relating to Non-executive Director (NED) appointments and recruitment. <u>Non-executive Director Reappointments</u> It was noted that the Committee had met and reviewed the proposals, taking into account independence, performance and organisational requirements. The Nominations and Appointments Committee recommended three approvals: the re-appointment of Linda Kennedy for a further three-year term, the reappointment of Sarah Purdy as Non-executive Director and Vice-Chair for a further one-year term of office, and a further reappointment of Richard Gaunt for a one-year term. No dissent was expressed, and all recommendations were agreed. <u>Non-executive Director Recruitment Framework</u> The Council then considered the proposed NED Recruitment Framework, which had been reviewed in detail by the Committee. It was noted that the framework set out the roles, responsibilities and governance processes for future appointments, ensuring alignment with statutory responsibilities and organisational requirements. Members welcomed the framework as clear and comprehensive, providing confidence in the robustness of recruitment processes. Minor drafting feedback was provided, including clarification regarding the role of external advisors in shortlisting, which would be taken forward. The Council voted in favour of the NED Recruitment Framework being used for future NED Recruitment, including the imminent commencement. **Members RESOLVED to:** • **Approve** the reappointment of **Linda Kennedy** for a three-year term of office from 01/06/2026-31/05/2029.	

	• **Approve** the reappointment of **Sarah Purdy** for a one-year term of office from 01/12/2026-30/11/2027. • **Approve** the reappointment of **Richard Gaunt** for a one-year term of office from 01/10/2026-30/09/2027. • **Approve** the updated NED Recruitment Framework 2026. *Sarah Purdy rejoined the meeting.*	
COG: 12/04/26	**Theme for this month: Finance and Estates Committee**	
	Martin Sykes, Vice-Chair (UHBW) and Chair of the Finance and Estates Committee, introduced the item and noted that the Committee provides assurance to the Board on financial and estates performance, key risks, cost improvement plans and forward planning, including recent scrutiny of the financial implications of the proposed merger. Neil Kemsley, Group Chief Finance and Estates Officer, explained that subject to external audit, UHBW was forecast to end 2025/26 with a surplus of just under £5 million, reflecting delivery of £53 million of Cost Improvement Programme (CIP) savings and capital investment of approximately £86 million. This marked the Trust's 23rd consecutive year of break-even or better performance. For 2026/27, the savings requirement had increased to around £65 million, with £55 million of schemes identified. Key risks related to delivery of the savings target, elective and urgent care pressures, and the affordability of the capital plan. Neil went through the financial case for merger including the benefits over five years against costs. Anticipated benefits included procurement efficiencies, corporate services transformation, productivity gains and income growth opportunities. Main costs related to programme staffing, digital integration, estate strategy work and redundancy contingency. Governors congratulated the team on the financial achievement, particularly the Trust's 23rd consecutive year of breakeven or better performance. Annabel Plaister, Public Governor, asked whether the results presented related to NBT as well as UHBW. Neil advised that this was only the results for UHBW. Annabel further asked whether the two organisations would continue to run separate accounts for the first quarter, and how reporting would work before and after merger. Neil advised that the organisations would continue to run separate accounts until the point of merger, at which point a part set of accounts would be created for NBT and UHBW would provide a breakdown within the 2026/2027 accounts while the Trusts merged their reporting arrangements. Jay-Jay Martin, Public Governor, asked whether the year end position for NBT was similar to UHBW. Neil confirmed that it was, although UHBW had a slightly higher CIP saving requirement. Robert Knowles-Leak, Public Governor, queried the direct financial costs for the potential merger and whether there were any acquiring costs. Neil advised that the transaction was not a purchase of one trust by another;	

	instead, it was essentially an amalgamation of the two organisations' balance sheets and therefore there was no cost attached to "buying" NBT. James Lee, Appointed Governor for the University of the West of England, asked about the impact of moving from two bills to one and how this had been included in the business case. Neil advised that there was some possible income risk where two episodes become one, but this was included as a risk and not expected to crystallise fully because of commissioner discussions. Pay alignment was also a possible issue, but likely only a small cost (hundreds of thousands rather than millions). James further asked if there had been a significant shift in the cost-benefit assumptions since the earlier business case. Neil confirmed that the current case related to merger rather than the earlier group case, covered five years instead of three, and reflected greater learning and more developed opportunities. Finally, James asked how certain the benefits were. Neil explained that they were based on benchmarking and internal assessment. The savings challenge existed regardless, so alternatives would need to be found if these opportunities were not pursued. **Members RESOLVED to receive the Theme of the Month for information.**	
COG: 13/04/26	**Governor's Log of Communications**	
	Ingrid Barker, Group Chair, noted the updates in the Governor's Log of Communications and asked for comments. There were no comments from Governors. **Members RESOLVED to receive the Governors Log of Communications for information.**	
COG: 14/04/26	**Any Other Business**	
	Ingrid Barker, Group Chair, asked whether Governors had any other business they wished to discuss. Ingrid thanked John Rose for his diligent challenge and John Chablo for his considered thoughts over the previous nine years in their roles of Public Governors. She thanked them on behalf of the Board and the Council of Governors for their input and support in the Trust and wished them both well in the future. Governors were reminded of the Extraordinary Council of Governors meeting in Private to be held on Thursday 4th June and asked for all Governors to confirm their attendance or apologies by emailing the team.	
COG: 15/04/26	**Meeting close and date of next meeting**	
	The Chair declared the meeting closed at 12.30. The date of the next meeting would be **Tuesday 7th July 2026, with an extraordinary private meeting held on Thursday 4th June 2026.**	

University Hospitals Bristol and Weston NHS Foundation Trust

Council of Governors meeting – Tuesday, 07 July 2026
Action Log

Actions following Council of Governors meeting held on 22 January 2026					
No.	**Minute reference**	**Detail of action required**	**Responsible Officer**	**Completion date**	**Additional comments**
1.	COG:06/04/26	Provide details on which critical digital systems were identified and provide assurance on the changes required.	Merger Team	June 2026	**Suggest Action Closed** Details on systems were provided to Governors in June 2026.
2.	COG:06/04/26	Schedule a future Governor session on the culture plan and organisational design.	Corporate Governance Team	July 2026	**Action Ongoing** A date for this was being sought and an update will be provided to Governors as soon as it is available.
3.	COG: 08/04/26	Circulate the Trust's public statement on the Federated Data Platform to Governors.	Corporate Governance Team	July 2026	**Suggest Action Closed** The link was circulated to Governors in June 2026.

Report To:	Council of Governors in Public		
Date of Meeting:	Tuesday 7 July 2026		
Report Title:	Group Chair's Report		
Report Author:	Bejide Kafele, EA to Group Chair of Bristol NHS Group		
Report Sponsor:	Ingrid Barker, Group Chair of Bristol NHS Group		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			✓
	The report was provided to the Group Public Board meeting on Tuesday 12 May and provided an update on the Chair's activity.		

Key Points to Note *(Including any previous decisions taken)*

The Group Chair reports to every public Board meeting with updates relevant to the period in question. This report covers the period Tuesday 11 March to Monday 10 May 2026.

This report is presented to the Council of Governors in public. The Chair will provide a verbal update at the meeting on activity undertaken since the reporting period covered by this paper.

Strategic and Group Model Alignment

The Chair's report identifies activities throughout the preceding months and those of the Vice Chairs, providing an opportunity for discussion and triangulation. Where relevant, the report also covers key developments at the Trust and further afield, including those of a strategic nature.

Risks and Opportunities

Not applicable.

Recommendation

This report is for discussion and information.

The Council of Governors is asked to note the activities and key developments detailed by the Chair.

History of the paper (details of where paper has <u>previously</u> been received)

Group Board in Public	Tuesday 12 May 2026

Appendices:	None

1. Purpose

1.1 The report sets out information on key items of interest to the Trust Board, including the Group Chair's attendance at events and visits as well as details of the Group Chair's engagement with Trust colleagues, system partners, national partners, and others during the reporting period.

2. Background

2.1 The Trust Board receives a report from the Group Chair to each meeting of the Board, detailing relevant engagements she and the Vice-Chairs have undertaken.

3. Activities across both Trusts (UHBW and NBT)

3.1 The Group Chair has undertaken several meetings and activities since the last report to the Group Board on 10 March:

- Attended check-in meetings with the Lead Governor.
- Attended a Strategy and Partnerships meeting to gain insight into how the Trust is continuing to deliver our partnership agenda.
- Chaired a Council of Governors meeting which included a merger update, Trust constitution amendments, and an update from the Finance and Estates committee on year end and the financial costs and benefits of merger.
- Attended a Governor development seminar to further consider assurances on merger and the proposed name of the merged Trust.
- Attended several governor and Board committee meetings including an Extraordinary Nominations and Remuneration and Nominations committee.
- Attended a Board development session, with a focus on national priorities and leadership.
- Led monthly Vice Chair touchpoints and NED check-in meetings.
- Participated in a panel discussion at an International Women's Day event organised by our Women's Network.
- Attended a UHBW Fire safety briefing for NEDs led by UHBW's Director of Facilities and Estates.
- Held the annual appraisal review for our CEO, where we undertook a review of the previous year's performance, and agreed objectives and priority areas for 2026/27.
- Visited two recently formed Single Managed Services under the Joint Clinical Strategy at UHBW - Trauma and Orthopaedics, and Pain - to learn about the opportunities and successes of the newly joint services. A visit to the NBT part of these services is scheduled for May.
- Attended a service of thanksgiving for our midwives and nurses, to recognise and give thanks for the outstanding contribution of nurses and midwives across Bristol and the wider region.
- The Chair also completed her Q1 Board Insight Visit (BIV) at South Bristol Community hospital. At least one BIV must be completed each quarter to encourage NED's to

engage with colleagues to better understand what is happening on the ground, provide visible leadership, and provide additional triangulation opportunities.

4. Connecting with our Partners

4.1 The Group Chair has undertaken several visits and meetings with our partners:

- Alongside Maria Kane, met with the Chair and CEO of Avon AWP where we provided an update on the future of the Bristol NHS Group and the proposed merger, and discussed ongoing partnership opportunities between our two Trusts.
- Met with the Chair of Sirona to give an update on the future of the Bristol NHS Group.
- Attended a Roundtable meeting with Locality Partnership Chairs across BNSSG alongside Sarah Purdy (Vice Chair), and Paula Clarke (Group Formation Officer) where we provided an update on the future of the Bristol NHS Group, and our joint clinical strategy.
- Visited the Southville centre, with South Bristol Locality Partnership Co-Chairs Simon Hankins and Lisa Galvani (Divisional director UHBW) where we discussed potential areas for further partnership and collaboration and the Locality Partnership's own priorities for its population.
- Alongside CEO Maria Kane, I met with Helen Godwin, and Stephen Peacock, the Chair and CEO of the West of England Combined Authority where we briefed them on the future of the Group and potential merger and potential areas for closer working in the future.
- Hosted the Community Participation Group (CPG) with a focus on the Liaison Psychiatry service.
- Met with the North Somerset Council leader, Mike Bell, at Weston General Hospital, to brief him on Bristol Group developments and the progress towards merger.
- Alongside Maria Kane, met with Kerry McCarthy MP to brief her on Bristol Group developments and the progress towards merger.
- Alongside CEO Maria Kane, Prof Tim Whittlestone and Glyn Howells, met with Darren Jones MP following his visit to the Princess Royal elective Centre to discuss the Group's progress and potential future developments
- Hosted Sadik Al-Hassan, MP for North Somerset, to brief him on Bristol Group developments and the progress towards merger. Sadik, a former pharmacist, also met with Jon Standing and Matt Kaye, Directors of Pharmacy for UHBW and NBT respectively, where he undertook a visit of the UHBW Pharmacy and met with colleagues across the division. Sadik has since requested to visit our Pharmacy colleagues at NBT.

4.2 National and Regional Engagement

The Chair attended several meetings including:

- A National Chairs' Reference Group meeting chaired by the Chair of NHS England to review the role of NHS Chairs in the context of the Ten Year Plan.
- The NHS Providers Chairs and Chief Exec network.

- An NHS England South West Leaders Regional event, the first of a series of national road shows to consider regional successes and challenges alongside national priorities as presented by NHS Engand CEO and Chair.
- Quarterly meeting with the South West Regional Director for NHS England.
- Bi-monthly meeting with the Chair of the Integrated Care Board for Bristol, North Somerset and South Gloucestershire.

5. Vice-Chairs Report

This report details activities undertaken by the Vice-Chairs, in their capacity as Vice Chairs for the individual Trusts.

5.1 Vice Chair (UHBW):

The Vice Chair for UHBW undertook a variety of activities including:

- Conducted a Q1 BIV to UHBW's Finance department.
- Visited the Arts and Culture team at NBT to gain a better understanding of their priorities, challenges, and successes.
- Attended a Governors and NED engagement session.
- Attended the Council of Governors meeting.
- Attended a Board development session.
- Chaired the Finance and Estates committee.
- Attended a number of committee meetings including the People, and Audit committee.
- Touchpoint meetings with the Group Chair and the Vice Chair for UHBW.
- Attended a Merger quality governance review meeting with NHSE.
- Attended a UHBW Fire safety briefing.

5.2 Vice Chair (NBT):

The Vice Chair for NBT undertook a variety of activities including:

- Attended a Roundtable meeting with Locality Partnership Chairs across BNSSG alongside Ingrid Barker, and Lisa Galvani (Divisional Director, UHBW and Co-Chair of the South Bristol Locality Partnership).
- Interviewed for the University of Bath research study on the impact of public inquiries on NHS Boards.
- Met with the Faculty of Health and Life Sciences, University of Bristol.
- Attended an informal meeting with Jacky Hayden, Sirona NED.
- Shadowed A Consultant on an Emergency department shift.
- Attend a perinatal townhall.
- Attended a Merger quality governance review meeting with NHSE.

5.1 The NBT Vice Chair also attended the following meetings during this period:

- Council of Governors.
- Maternity and neonatal safety champions meeting.
- Perinatal safety champions meeting.
- Committee meetings including Finance and Estates committee, Renumeration, and Charity committee.
- UHBW Fire safety briefing.
- Planning meeting to agree the process for the Chairs annual appraisal.
- Chaired the Quality and Outcomes committee.
- Touchpoint meetings with the Group Chair, and the Vice Chair for UHBW.
- Board development session.
- BNSSG Primary care committee meeting.
- BNSSG Integrated Care Partnership Board.
- BNSSG Outcomes, Quality and Performance.
- Governors and NED engagement session.

6 Summary and Recommendations

The Council of Governors is asked to note the content of this report.

Report To:	Council of Governors in Public		
Date of Meeting:	Tuesday 7 July 2026		
Report Title:	Outline of Future Ways of Working/ Review and Refresh		
Report Author:	Mark Pender, Interim Governance Advisor		
Report Sponsor:	Lavinia Rowsell, Director of Corporate Governance		
Purpose of the report:	**Approval**	**Discussion**	**Information**
		X	
	This report provides an update on the current position in respect of the Health Bill 2027 and outlines the implications this has for key governance and governor activity over the next 6 months.		

Key Points to Note *(Including any previous decisions taken)*

This paper provides a high-level overview of the key governance issues and decisions requiring consideration by the Council of Governors over the next six months, following the merger and in the context of the proposed Health Bill. The Bill is expected to make significant changes to the statutory framework for Foundation Trusts, including the potential removal of the statutory requirement to have a Council of Governors and membership.

While the final provisions and timing of the Health Bill remain subject to Parliamentary approval, the Council of Governors continues to hold its current statutory powers and responsibilities. The paper therefore seeks to balance the need to maintain effective governance and Governor involvement with a proportionate approach to any significant investment in change before the future statutory position is clear.

The paper sets out proposed priorities across five workstreams: Governor elections, new ways of working, Council composition, membership and engagement, and constitutional updates. Governors are asked to consider the proposed approach, identify any further implications that should be considered, and agree the priorities for Governor activity over the next six months.

Strategic Alignment

This report and its recommendations align with the Trust's strategic direction arising from the merger and responds to the projected content of the Health Bill.

Risks and Opportunities

The Trust may expend additional/ unnecessary resources if it tries to pre-empt the final content of the Health Bill.

If elections are deferred beyond November, key constituencies of the membership of the Trust will not be represented on the Council of Governors.

Recommendation

This report is for **Discussion.**

The Council of Governors is asked to consider each workstream and recommendation and agree the proposed approach for the Council of Governors for the next six months.

History of the paper (details of where paper has <u>previously</u> been received)

None

Appendices:	None

1. Purpose

1.1 This report provides an update on the current position in respect of the Health Bill 2027 and outlines the implications this has for key governance and governor activity over the next six months.

1.2 The Trust recognises that this is a period of uncertainty for Governors. The purpose of this paper is to provide as much clarity as possible at this stage, to support Governors in continuing to fulfil their current statutory role, and to work with the Council in shaping a proportionate and constructive approach over the coming months.

2. Background

2.1 Governors will be aware of two significant recent developments affecting both the Trust and the wider national NHS context:

a) The Health Bill, published in 2026, sets out significant proposed changes to the operation and governance of NHS bodies which if enacted, removes the statutory requirement for Foundation Trusts to have a Council of Governors.

b) The Trust has recently completed its merger with North Bristol NHS Trust to become Bristol NHS Foundation Trust. This represents a significant step towards ensuring that Bristol, North Somerset and South Gloucestershire receive the best possible care through a more integrated approach to leadership and planning.

2.2 Governors were invited to undertake a self-assessment of their duties in June 2026. Initial analysis of the responses has been completed and has informed the development of this paper.

2.3 The Health Bill if enacted will remove the requirement for Foundation Trusts to have governors. However, as there is no certainty that any piece of legislation will pass, nor whether it will pass to the intended timescales, this creates a period of uncertainty for Councils, Governor activity and associated decision-making are likely to be significantly affected. This paper sets out the Corporate Governance Team's proposed approach to prioritising the key decisions required and the actions to be taken given this uncertainty.

2.4 Governors are asked to:

a) consider whether there are any further implications that should be taken into account over the next six months; and

b) consider whether the priorities identified below represent the most pressing and actionable areas for focus.

3. Health Bill, information to date

3.1 The Health Bill as proposed sets out:

- Significant restructuring in the NHS, including the abolition of NHS England and the transfer of functions to the Department of Health and Social Care.
- Strengthened oversight and new functions for Integrated Care Boards.
- NHS Trust/NHS Foundation Trust structural reforms including new freedoms, including the removal of the requirement for Foundation Trusts to have a Council of Governors and a membership.

3.2 The timeline for approval of the Health Bill is currently as follows. Whilst ambitious, it is considered achievable.

- **May 2026** - King's Speech and draft Bill published.

- **June 2026** - 2nd reading & start of committee stage.
- **June to Autumn 2026** - Bill progresses through Parliament.
- **Early 2027** - Earliest implementation of the Bill - NHSE to be abolished by 1 April 2027

3.3 In practice, this means that if the Bill is passed, on 1 April 2027 the statutory powers of governors will cease and the powers and functions of councils of governors will either be transferred elsewhere or removed. This raises key issues relating to governance and governor activity over the intervening period.

3.4 Until that time, Councils of Governors retain their legal functions and powers and routine business should continue. However, as Councils may not exist in their current form from 1 April 2027, the Trust should take a proportionate approach to any investment in significant changes to Council composition, strategy or ways of working until there is greater clarity on the final outcome of the Health Bill.

4. Workstream 1 – Elections

4.1 Governor elections were originally due to take place in June 2026 but were deferred to November 2026 due to the merger. There is no provision to further extend existing terms of office and as such several terms (7) are due to end by 31 October. Following which the Council of Governors would reduce in size to 18 Governors, comprising 10 public Governors, four staff Governors and four appointed Governors (constitution currently allows for 29 Governors).

4.2 A Council of 18 Governors would remain sufficient to meet the Constitution's quoracy requirements. However, there would be no representation from North Somerset or from non-clinical staff on the Council of Governors.

4.3 The options currently being considered are:

a) **Targeted approach:** elect only those seats required to maintain compliance or appropriate representation.

b) **Proceed as planned:** hold all elections as vacancies arise

c) **Smallest possible Council of Governors:** reduce the Council to nine Governors, subject to amendment of the Constitution.

d) **Transition model:** retain an appropriate number of Governors to support transition following enactment of the Health Bill.

4.4 The cost of running elections, estimated at £5,000 to £6,000, should be considered, particularly if elected Governors may only remain in post for approximately six months. The lead time required to run Governor elections is approximately three months.

4.5 It is proposed that an options appraisal is prepared for consideration by Governors. This will enable the matter to be considered in detail before a decision is required. Depending on the outcome of those discussions, an extraordinary meeting of the Council of Governors may be required.

5. Workstream 2 - New Ways of Working

5.1 The Trust Chair has committed to reviewing how the Council of Governors operates, with the aim of strengthening the strategic focus of Governors and supporting a "do less, but better" approach. The current programme of work is demanding for Governors, staff and, Non-Executive Directors. The review will therefore consider how activity can be streamlined while ensuring that the most valuable touchpoints with Governors are

retained, strategic focus is enhanced, and Governors remain able to fulfil their statutory responsibilities.

5.2 The review will consider the following areas:

- analysis of the recent Governor self-assessment survey;
- suggested priorities for the Council of Governors, taking into account the content of this paper and feedback from the survey
- the frequency and value of existing meetings;
- attendance at meetings; and
- any additional training and development needs for Governors and Non-Executive Directors to enhance ways of working.

5.3 It is not considered necessary to delay this review pending the outcome of the Health Bill.

5.4 It is proposed that the results of the Governor self-assessment survey are presented to a future meeting of the Governor Strategy Group, to enable the key themes to be reviewed and commented upon. Proposals for revised ways of working could then be considered at Governor meetings.

6. Workstream 3 - Composition of Council of Governors

6.1 It was agreed that a full review of the composition of the Council of Governors would take place following the merger taking into account the progression of the Bill. The purpose of this review is to ensure that the composition of the Council remains appropriate for the merged organisation, reflects the communities and staff groups served by the Trust, and supports effective Governor engagement and representation. The review would consider the following:

a) **Appointed Governors:** consider whether representation is required from South Gloucestershire Council and North Somerset Council, to reflect the existing representation from Bristol City Council.

b) **Public Governors:** review whether the current allocation of public Governor seats across Bristol, South Gloucestershire and North Somerset remains appropriate, noting that the current split is not proportionate to the respective population sizes of each area.

c) **Staff Governors:** consider whether the current staff constituencies remain appropriate for the merged organisation.

6.2 The Corporate Governance Team has undertaken initial consideration of these issues. However, implementing any changes would require further detailed work, amendments to the Constitution and approval by the Council of Governors.

6.3 Given the current uncertainty created by the Health Bill, it is proposed that detailed work to implement changes to Council composition is paused until the future position of Governors becomes clearer. The underlying issues identified through the post-merger review should, however, continue to be captured so they can inform future arrangements when there is greater clarity.

7. Workstream 4 - Membership and Engagement

7.1 The NHS 10 Year Plan places a strong emphasis on shifting care closer to home, prevention and more integrated neighbourhood-based services, all of which will require meaningful and effective engagement with local communities. In that context, community

and public engagement remain important areas for the Trust, regardless of the final form of the Health Bill. If the Bill is enacted in its current form, the statutory role of Governors and the requirement for Foundation Trust membership may be removed; however, there remains an opportunity to draw on Governors' experience and insight to help inform how the Trust engages with its communities in future.

7.2 The current Membership Strategy runs until 2027. Subject to any comments from Governors, it is therefore proposed that membership and engagement activity continues in line with the existing strategy and at the current level of activity. Work will continue to promote the work of the governors to the membership (especially new staff members who have joined the Trust) and the current means of engagement (including membership newsletter and Health Matters events) will continue.

8. Workstream 5 - Constitution updates

8.1 When amendments were made to the Constitution in June 2026, a commitment was made to undertake a further post-merger review. This review will also need to take account of any changes arising from the Health Bill, including the implications for the composition of the Council of Governors.

8.2 It is proposed that the review takes place later in the year, once the final contents of the Health Bill are known, to ensure that any required constitutional amendments can be considered together.

9. Summary and Recommendations

9.1 This report updates Governors on the Health Bill 2027 and its potential implications for the Council of Governors, membership, elections, ways of working and constitutional arrangements.

9.2 Given the ongoing uncertainty, the report proposes that urgent decisions are prioritised over the next six months. This includes the team working on an options appraisal for Governor elections and considering the proposed approach to each of the identified workstreams.

9.3 The report is presented for discussion. The Council of Governors is asked to review the workstreams and recommendations, comment on the proposed approach, and agree the priorities for Governor activity over the next six months.

Summary recommendations

Workstream	Key recommendations
Workstream 1 – Elections	Proceed with an options appraisal for consideration by Governors. This will enable the matter to be considered in detail before a decision is required. Depending on the outcome of those discussions, an extraordinary meeting of the Council of Governors may be required.
Workstream 2 – New Ways of Working	Proceed with the review of Governor ways of working without waiting for the Health Bill. Present the Governor self-assessment survey results, with proposals for new ways of working to be considered at future Governor meetings.
Workstream 3 – Composition of	Pause further work on reviewing the composition of the Council of Governors until the future position of Governors is clearer under the

Workstream	Key recommendations
Council of Governors	Health Bill, as changes would require further work, constitutional amendments and Council of Governors approval.
Workstream 4 – Membership and Engagement	Continue membership and engagement activity in line with the current Membership Strategy to 2027, while asking Governors to consider what further support or training may be needed to improve engagement with members and clarify links with the Community Participation Group.
Workstream 5 – Constitution Updates	Defer further constitutional review until later in the year, once the final contents of the Health Bill are known, so that any post-merger and Health Bill-related amendments can be considered together.

Report To:	Council of Governors		
Date of Meeting:	Tuesday 7 July 2026		
Report Title:	Merger Update Briefing		
Report Author:	Rob Gittins, Group PMO and Merger Programme Director		
Report Sponsor:	Paula Clarke, Group Formation Officer		
Purpose of the report:	Approval	Discussion	Information
			X
	To provide the Council of Governors with an update on the successful launch of Bristol NHS Foundation Trust and the initial observations from Day 1 implementation, including staff engagement, operational stability and key messages arising from early stakeholder feedback.		

Key Points to Note

- Bristol NHS Foundation Trust launched successfully, with services operating as planned and no material merger-related issues identified during Day 1.
- Staff engagement during launch activities and leadership walkabouts was positive, with colleagues demonstrating professionalism, commitment and a continued focus on patient care.
- Critical organisational, digital and reporting changes were implemented safely, with no disruption to patient services or core operational processes.
- Feedback gathered from staff will help inform the next phase of Trust integration and organisational development.

Strategic and Group Model Alignment

This paper supports the strategic intent of the Bristol NHS Group to become a single organisation as a means to accelerate delivery of strategic benefits for our four P's – our patients, our people, the populations we serve and the public purse.

Risks and Opportunities

Risks

- Continued public and media interest in potential future service changes may create uncertainty if not accompanied by clear and consistent communications.
- Delivering the anticipated benefits of the merger will require sustained engagement with staff, patients, partners and local communities throughout the integration period.

Opportunities

- The merger provides opportunities to improve patient pathways, service quality, workforce development and organisational resilience.

• Early staff engagement has been positive and provides a strong foundation for future integration activity and cultural integration across the new Trust. • The successful Day 1 implementation demonstrates the organisation's ability to deliver complex change while maintaining safe and effective services.
Recommendation
This report is for noting. • The Council of Governors is **asked to receive and note** the update on the successful launch of Bristol NHS Foundation Trust and the initial reflections from Day 1 implementation.
History of the paper (details of where paper has <u>previously</u> been received)
N/A

Appendices:	None

Council of Governors – 7th July 2026

1. **Purpose**

To update Governors on the successful establishment of Bristol NHS Foundation Trust, and to provide assurance on early post-merger delivery, governance and future priorities.

2. **Merger Approval and Go-Live Assurance**

Following approvals by the Boards of North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust, the UHBW Council of Governors and NHS England, the Secretary of State for Health approved a grant of acquisition and the merger completed safely and lawfully on 1 July 2026. There has been no disruption to patient care, and the organisation has transitioned as planned into a single Trust.

3. **Communications and Engagement (Including Day 1 Launch)**

A large-scale communications and engagement programme supported approximately 28,000 staff through transition. Staff had access to clear information in the run up to merger, including Day 1 Guides for all staff and a version for line managers, merger leaflets and explainers, regular intranet and newsletter updates, as well as engagement activity in person and online. On the day, staff received a welcome video and email message from chief executive Maria Kane and chair Ingrid Barker, as well as intranet updates and guidance on things like new branding guidelines, templates and policies. All resources created to support colleagues are housed on the Merger Information Hub, establishing a one-stop shop for all merger news, resources and support.

This was complemented by on-site engagement activity across 13 hospital sites, with senior executive walkarounds to check in on staff, answer questions and hear their experiences. The ongoing focus is on maintaining engagement and supporting staff through integration.

Media relations activity amplified messages publicly, with extensive coverage achieved on BBC television radio and online, including a largely positive and informative lead piece on Points West that included a case study on how merging will benefit mental health patients. In response to some coverage referring to merging the Emergency Departments operating within Bristol NHS Foundation Trust, the Trust has provided reassurance that there are no current plans, nor any plans for the foreseeable future, to do this. While the merger creates opportunities to improve services, patient outcomes and value for money, any future service changes would be clinically led and subject to the appropriate statutory, regulatory and governance processes.

Organic social media posts from newly branded Bristol NHS Foundation Trust accounts shared a launch animation and images from on-site launch activity. A month-long paid social media campaign across LinkedIn, Meta (Instagram and Facebook) will continue to share key messages and socialise the new Trust name and brand.

4. **1st July Merger Delivery – Initial Reflections**

The launch of Bristol NHS Foundation Trust has progressed smoothly, with strong engagement from colleagues across clinical and non-clinical services. Feedback gathered during leadership walkabouts highlighted a positive response to the new organisation, with many staff expressing pride in being part of the merged Trust – one of the largest across the NHS. Patient care remained the clear priority throughout the day, supported by strong teamwork across wards, departments and services.

Colleagues actively engaged with launch activities, including opportunities to learn more about the new Trust, ask questions and share feedback. Discussions were constructive and focused on practical aspects of the merger, such as branding, systems and future integration plans. Wellbeing Champions and People Partners were visible across sites, helping to ensure colleagues felt supported and informed during the transition.

The Trust remained operationally stable throughout Day 1, with no material merger-related issues identified. Critical organisational, digital and reporting changes were implemented successfully, with no disruption to patient services or core operational processes.

Overall, the first day of operation as Bristol NHS Foundation Trust was successful, with services continuing to operate as planned and colleagues demonstrating professionalism, commitment and a continued focus on delivering high-quality care for patients and communities.

5. Post-Merger Planning and Benefits

The Trust has now moved into delivery of the Post-Transaction Integration Plan (PTIP), with a focus on:

- Maintaining stability across services
- Delivering key Year 1 integration priorities
- Realising the benefits of merger

The merger supports improved sustainability and outcomes by enabling delivery of transformation at greater scale. Benefits have been specified and represent impact across our 4 Ps with merger creating a stronger, more integrated organisation that can improve outcomes for **patients;** support our **people** to thrive and have richer career opportunities; strengthen our contribution to the health and wellbeing of our **populations**; and deliver better value for the **public purse**.

6. Key Risks and Issues

In line with the move into the integration phase, key areas of focus include:

- Managing integration across a large and complex organisation
- Supporting staff experience and engagement and developing new values across the new Trust.
- Delivering planned benefits in full

These will be monitored through the Integration Programme and routine governance. Specifically, the PMO and integration leads will own specific risks and their mitigation plans, with monthly updating and reporting.

7. Post-Merger Governance

Oversight has transitioned into a time-limited Integration Programme, which provides:

- Continued oversight of delivery, risk and benefits
- Structured reporting into Board and Committees
- Assurance that integration is progressing as planned to support benefits delivery.

8. Charities Merger

The creation of Bristol and Weston Hospitals Charity aligns charitable governance and support with the new organisation. Joint workshops have been held by both teams, bringing together charities staff, and BWHC branding will be gradually rolled out across all sites. BWHC has also supported the new Trust lanyards for staff in all adult services.

9. Conclusion

Following a successful launch week, early indications are positive and assuring. Bristol NHS Foundation Trust is now focused on delivering the benefits of merger at scale, supported by strong governance, continued engagement and a structured integration programme.

Report To:	Council of Governors in Public		
Date of Meeting:	Tuesday 7 July 2026		
Report Title:	Annual Members' Meeting Update		
Report Author:	Rachel Hartles, Membership and Governance Officer		
Report Sponsor:	Lavinia Rowsell, Director of Corporate Governance		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	This report highlights the plans for the Annual Members' Meeting to be held on 24 September 2026.		

Key Points to Note *(Including any previous decisions taken)*

The next Annual Members' Meeting will be held on Thursday 24 September 2026.

As with last year, there will be a Health Fair preceding the meeting from 16.30-17.45. This year, Governors will be encouraged to hold a stall to speak with their members and other public attendees and engage with communities around the work you do.

The meeting this year will be held in The Memorial Stadium, home of Bristol Rovers and will showcase the Bristol Rovers Community Trust and links with Bristol NHS Foundation Trust.

The agenda is attached for information at appendix 1.

Strategic Alignment

This report and its recommendations align with the Trust's strategic direction of Well Led.

Risks and Opportunities

It is a constitutional requirement to hold an Annual Members' Meeting by 30 September every year.

Recommendation

This report is for **Information**

The Council of Governors is asked to note the agenda and encouraged to attend the meeting and health fair.

History of the paper (details of where paper has <u>previously</u> been received)

None

Appendices:	Appendix 1 - Annual Meeting and Health Fair Agenda 24 September 2026

NHS
Bristol
NHS Foundation Trust
Bristol | Weston

Bristol NHS Foundation Trust Annual Members' Meeting

Thursday, 24 September 2026 from 4.30-7.15pm

Memorial Stadium, Filton Avenue, Bristol BS7 0BF

NO.	AGENDA ITEM	PRESENTER	TIMINGS
Health Fair			
	Health fair and light refreshments		4.30-5.45pm
Formal Annual Meeting			
1.	Welcome and Introductions and minutes of the previous meeting	Ingrid Barker, Group Chair	6.00pm
2.	Independent Auditors' Report for UHBW	KPMG, External Auditor	6.05pm
3.	Review of the year and presentation of Annual Report Presentation of Annual Accounts	Maria Kane (Group CEO) Neil Kemsley (Group CFEO)	6.10pm
4.	Spotlight Presentation – Bristol Rovers Community Trust	Adam Tutton, CEO Bristol Rovers Community Trust	6.30pm
5.	Governor and Membership Highlights	Representatives from the Council of Governors	6.40pm
6.	Spotlight Presentation – Robotics	Miss Jessica Preshaw, Consultant Gynaecologist	6.50pm
7.	Q&A Session with the Trust Board	Group CEO, Group Chair and Executive Directors	7.00pm
Concluding Business			
8.	Closing Remarks	Ingrid Barker, Group Chair	7.10pm

The Annual Report and Accounts for 2025/26 are available on our website:

For joining details or any further enquiries please contact

Report To:	Council of Governors Meeting in Public		
Date of Meeting:	Tuesday 7 July 2026		
Report Title:	Recruitment for Non-Executive Directors 2026		
Report Author:	Emily Judd, Corporate Governance Manager		
Report Sponsor:	Lavinia Rowsell, Group Director of Corporate Governance		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	To present an update on the recruitment of two external Group Non-Executive Directors in 2026 to the CoG for information.		

Key Points to Note (Including any previous decisions taken)

The Council of Governors previously approved the revised Non-Executive Director recruitment framework in April 2026, and the Nominations and Appointments Committee agreed the recuirtment plan in line with that framework at its last meeting in May 2026. The timeframe agreed by Governors is included in appendix 1.

The Trust is now undertaking a recruitment process to appoint two Non-Executive Directors to support the effective operation of the Board following organisational changes. The focus of the recruitment is to ensure an appropriate balance of skills, knowledge and experience at Board level and specifically is seeking to appoint a Non-Executive with Finance and Estates experience (who will Chair the Finance and Estates Committee); and a Non-Executive Director with Population Health experience.

An external recruitment agency, has been appointed to support the campaign. This will help ensure a broad and diverse candidate pool and provide specialist expertise to support the process.

Recruitment activity includes both interviews and focus groups. These interview panels and focus groups will involve Governors, Board members and wider stakeholders from regional NHS England to support a robust and inclusive selection process.

Recruitment training has been delivered to members of the interview panel to support consistency, fairness and best practice throughout the selection process.

Governors will continue to be involved at key stages of the recruitment. Volunteers are still being sought to participate in the focus group panels, and Governors are encouraged to express their interest in supporting this important aspect of the process.

Strategic and Group Model Alignment

The proposal supports the effective functioning of the Group Board by ensuring clear decision-making, an optimal Board size, and the retention and development of the necessary skills and experience. It also ensures that the Board has sufficient capacity to govern a large and complex group.

Risks and Opportunities

The plan represents a significant opportunity to refresh how the Boards currently work, resetting to focus on the key strategic tasks of the Board and to identify and consider opportunities which will improve the outcomes for the population.

Recommendation	
This report is for **Information**.	
History of the paper (details of where paper has <u>previously</u> been received)-N/A	
Appendices:	Appendix 1 – Key Actions and Timeline

Appendix 1 – Key Actions and Timeline

Task	When
Identify ERA and finalise advert, applicant information pack and application form.	w/c 18 May
Advertisement go live	29 May
Closing date for receipt of applications	29 June
Shortlisting: Interview Panel to convene (virtually) to shortlist candidates and agree invitations to interview. Interview planning will also be covered at this meeting.	6 July
Preparation of interview paperwork (questions, focus groups)	By 9 July
Interviews and focus groups	16 July
Prepare draft paper for NOMCO summarising detail of process followed, results of initial employment checks, and the recommendation of appointment	17 July
Extraordinary Nominations and Appointments Committee to discuss recommendation	23 July
Paper to be circulated to Council of Governors	24 July
FPPT Board checks to be commenced by CG Team	w/c 27 July
Recommendation presented to Council of Governors for approval (extraordinary meeting)	30 July
Appointment to commence	1 September 2026

Report To:	Council of Governors		
Date of Meeting:	Tuesday 7 July 2026		
Report Title:	Governors Log of Communications		
Report Author:	Rachel Hartles, Membership and Governance Officer		
Report Sponsor:	Emily Judd, Corporate Governance Manager		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	To update the Council of Governors on the communications with Governors since the last meeting of the Council of Governors.		

Key Points to Note *(Including any previous decisions taken)*

Since the previous Council of Governors meeting held in public on 23 April 2026:

- There have been five questions added to the log.
- There have been three questions closed on the log.
- There are no questions awaiting a response from the Group Executive which are overdue.
- There are two questions with Governors waiting on their response.
- There are two questions with Group Executives which are not yet due to be responded to.

The Corporate Governance Team would like to ask the Council of Governors to ensure they confirm the closure of questions on the Governors Log and remember that questions can be re-opened or followed up at any time.

Strategic and Group Model Alignment

N/A

Risks and Opportunities

N/A

Recommendation

This report is for **Information**
The Council of Governors is asked to note the updates to the log

History of the paper (details of where paper has <u>previously</u> been received)

N/A

Appendices:	13 01 Formal Governors Log

Progress between **15/04/2026 – 29/06/2026**		
Process Point	**Quantity**	**Reference Number**
Assigned to Executive Lead	2	334, 336
Assigned to Executive Lead (and OVERDUE)	0	
Awaiting Governor Response	2	328, 333
Closed	6	324, 327, 330, 331, 332, 335
Added to the Log	5	332, 333, 334, 335, 336

Governors Log as of 29 June 2026

Governors' questions reference number	Date Question asked	Governor Name	Description	Group Executive Lead	Date Response Due	Response	Status
336	09/06/2026	Paul Wheeler	In view of the current winding down of the ICB's triaging of referrals from GPs to hospital specialties, would the Trust confirm that by 1 October 2026 it will have in place Single Points of Access for all specialties to process referrals from GPs in the BNSSG area?	Hospital Managing Director	07/07/2026		Assigned to Executive Lead
335	05/06/2026	Paul Wheeler	Will the Board give a commitment that UHBW and the upcoming merged Trust (Bristol NHS Foundation Trust) will not follow Royal University Hospital Bath, Salisbury Hospital Trust and Great Western Hospital Swindon by outsourcing its bank staff to another employer?	Group Chief People and Culture Officer	03/07/2026	Bristol NHS Group places a high value on its bank staff, who are an essential part of the workforce. Both the Group Chief People and Culture Officer and Group Chief Nursing Officer have recently met with bank staff to listen to their experiences and have committed to continuing this	Closed (29/06/2026)

						engagement on a regular basis to maintain a strong and positive relationship. There are currently no plans to outsource bank staffing arrangements, and the organisation remains committed to supporting and strengthening its in-house bank.	
334	14/05/2026	Ben Argo	It was reported recently that a petition has been filed to wind up Bristol Ambulance EMS. Please can we be assured that there is adequate provision in place to ensure our patients will continue to be able to access our hospitals' services if patient transport services provided by Bristol Ambulance EMS are disrupted? Further to the recent issues around Bristol Ambulance EMS, please may you confirm that there is adequate provision in place to ensure our patients will continue to be able to access our hospitals' services if patient transport services provided by any	Hospital Managing Director	19/05/2026 (extended to 10 July 2026)	Bristol Ambulance (BAEMS Ltd) was sold to EMED Group on 22 May 2026. EMED Group has bought the business including assets (e.g. vehicles). Staff have transferred over to their new employer. EMED is working to deliver all existing contracts held with UHBW, NBT and the ICB. We have not, and do not, anticipate any disruption to these services.	Assigned to Executive Lead

			external suppliers are disrupted, and an outline of what those plans are?				
333	30/04/2026	Paul Wheeler, Ben Argo, John Rose and Rob Knowles-Leak	1. Why did the Trust enter into the previous insourcing arrangement with Glanso without following a robust and compliant tendering and selection process? 2. Will the Trust commit to developing an in-house arrangement to maximise the utilisation of theatre capacity to replace the current insourcing arrangement?	Hospital Managing Director	28/05/2026	Due to the commercial sensitivity and complexity involved in this arrangement, we have asked Philip to attend the next available QFG slot to update all Governors in person.	On Hold (sent 11/06/26)
332	20/04/2026	Suzanne Harford	Please may we have an update on the proposed development of the Maggie's Centre?	Hospital Managing Director	18/05/2026	Dear Suzanne, Thank you for your interest in our progress to establish a new Maggie's centre in Bristol city centre. We remain absolutely committed to providing a Maggie's centre which can offer the best care to people who are living with a cancer diagnosis or who are undergoing treatment with us. Alfred Hill car park was chosen as the proposed location due to	Closed (02/06/2026)

						being a short walking distance from the Bristol Haematology and Oncology Centre. The location will offer a quiet and contemplative welcoming environment for people to receive free practical, psychological and emotional expert care and support. Both the Trust and Maggie's have been working behind the scenes to understand the work and funding required to develop the area to make it suitable for a Maggie's centre. The Bristol Maggie's centre is a priority for both Maggie's and the Trust in 2026. We are regularly meeting with Maggie's who are working with the design team for the centre ahead of a planning submission later this year. We look forward to sharing more about progress and our vision for a Bristol Maggie's centre which will further improve support for our	

						patients, and their friends and families	
331	01/04/2026	Ben Argo	A progress update is requested on the Annual Accessible Information Standard (AIS) self-assessment that the Trust is required to submit to NHS England by the end of March 2026. Assurance is sought that the self-assessment was submitted in time, and that any shortcomings or gaps identified through the self-assessment process have a remedial plan in place, with clear ownership and timescales for resolution. Confirmation is also requested that the Board has sight of any such remedial plans and is assured of their adequacy.	Group Chief Nursing and Improvement Officer (changed from CDIO on 15/04/26)	29/04/2026	The Trust has reviewed the NHS England Annual Accessible Information Standard (AIS) requirements and can confirm that there is no nationally prescribed submission of end of March 2026. NHS England expects organisations to complete and publish an AIS self assessment on an annual basis, with local determination of timing. There has been no escalation, request for assurance, or follow up from NHS England in relation to the timing of submission. The UHBW AIS self assessment has been completed, alongside the aligned self assessment with North Bristol NHS Trust, to support consistency across the developing Bristol NHS Foundation Trust arrangements. The findings from this work are informing a comprehensive AIS Action Plan, which will clearly articulate identified gaps, remedial actions, named leads	Closed (28/05/2026)

						and delivery timescales to ensure full compliance with the Standard. The AIS Action Plan will be reviewed and overseen through the Joint AIS Steering Group, which includes Governor and community partner representation to ensure appropriate oversight and assurance from those representing populations who may face barriers to accessing services. The Action Plan will be formally considered at the Joint AIS meeting in June 2026 and will be submitted to the Health Equity Delivery Group (HEDG) in July 2026 for senior governance approval. Assurance to the Board will be provided through the established reporting route via HEDG, confirming that appropriate remedial actions are in place, are proportionate to the risks identified, and are being delivered within agreed timescales.	

330	13/03/2026	John Sibley	There has been a recent good news story about making disabled toilet 'stoma friendly' (see here). Is this something that can be considered and implemented at UHBW and NBT?	Group Chief Strategic Finance & Estates Officer	10/04/2026	In short - yes, this is something that can be considered by UHBW and it wouldn't take much to put some of this in place. One of our team has carried out a survey of disabled toilets across the UHBW Estate and assessed the facilities against the Colostomy UK Stoma Friendly Accessible Toilets. The next step would be to consult with relevant stakeholders and undertake the minor works and improvements where required. We will start this process as soon as possible.	Closed (15/04/2026)
328	09/02/2026	John Sibley	Please may you provide an outline of what happens to patient's valuables when they are admitted to hospital, and the process should a patient's property go missing?	UHBW Trust Managing Director	09/03/2026	The Trust has a Patient Property Policy. The policy states that - all patients should be advised not to bring large amounts of cash (i.e. more than would be required for newspapers, magazines or other essential items during their stay) or valuables onto Trust premises, or to keep large amounts of cash and valuables in their possession, and they should be	Awaiting Governor Response (sent 01/04/26)

						encouraged to arrange for it to be taken home. If the patient will be staying for a longer period this message should also be re-iterated to their family/visitors. Where there is no next of kin available to take home cash or valuables then the nurses should arrange, in accordance with Trust policy, for these to be taken to the cashier at the earliest opportunity. The policy also states that the Trust will not accept responsibility of liability for patient's property brought onto the Trust's premises: • Unless it is handed in for safekeeping and an official receipt obtained, or, • The property belongs to a patient who lacks the capacity to make a decision about the safekeeping of their property – The policy includes Appendix D – Flow chart for safe storage of	

						valuables. Appendix E – Flow chart for reporting Lost and found property . Appendix F – Cash and Valuables procedure.	
327	28/01/2026	John Rose	How are we ensuring that patients are followed up after their first appointments within the Trust in a timely fashion and is there data to show how many people are waiting on their follow up appointments?	UHBW Trust Managing Director	27/02/2026	**Waiting Lists** The Trust has different waiting lists for RTT and non-RTT pathways. These waiting list differ in size with RTT at 50k and non-RTT at 230k. These waiting lists are managed through different processes and reporting systems. **RTT Pathways** The RTT waiting list is for patients that have been referred to a consultant led service. They may be awaiting an outpatient appointment or have a decision to treat and are awaiting admission. The admin teams use the RTT PTL (patient tracking list) to ensure that patients receive their follow-up appointments in a timely manner. When a patient has been seen in an outpatient clinic, the	Closed (23/04/2026)

						clinician will capture an RTT code on the clinic outcome form. This will be inputted into Careflow. For instance, a patient may have an outcome code of '20' which means that they have had their first outpatient appointment, have a follow-up appointment booked and haven't yet had their definitive treatment. If a patient has received their first definitive treatment, the clock is stopped with an outcome code of '30'. They might be moved to active monitoring of their condition '32' or discharged '34'. **Non-RTT Pathways** Any patients not on an RTT clock (i.e. referred to a non-consultant led service like physio or obstetrics) or if their RTT clock has been stopped, are managed on the non-RTT waiting list. There are no national rules or targets associated with non-RTT pathways (unlike cancer, diagnostics, or RTT).	

						The follow-up care of patients on a non-RTT pathway is managed using two processes: **1. Partial Booking Waiting List** When a patient has been seen in outpatients, the clinician may request a future appointment date. They will record on the outcome form the intended follow-up appointment date. These patients are held on a waiting list called the partial booking waiting list on Careflow. We can report the number of patients on this waiting list and how many patients are overdue their intended follow-up appointment date. There are currently 167k patients that have a future booking or that are not overdue. There are 63k patients that are overdue their intended follow-up appointment date. There is a corporate risk on the trust risk register relating to overdue follow-ups (2244).	

						2. On Hold In addition to being held on the partial booking waiting list, patients may also be given an on-hold category. On hold patients are waiting for diagnostic results and for the outcome of clinical procedures following clinics. There are 64k patients waiting on the on-hold list. The on-hold category is associated with the last clinic event, and it is not possible to remove categories from Careflow. This is one of the limitations of Careflow. **New Functionality** The Outpatient management team is in progressing work to rebuild clinics to enable the upgraded Careflow functionality. This has been a significant commitment of time and resource. This will deliver a new waiting list feature called Outpatient Waiting List (OPWL). This feature will support the introduction of review dates for	

						the on-hold list ensuring that the intended date for review will be able to be tracked more accurately. In addition, Earliest Clinically Appropriate Date (ECAD) and Latest Clinically Appropriate Date (LCAD) will be introduced to the follow up lists. This will support risk stratification and further prioritisation of the follow up back log. Both features will improve the safety and ability to track patients in our waiting lists.	
324	03/12/2025	Rob Edwards, Phil Smith	What support is in place within the Trust for Veterans seeking medical support, and how is this advertised? If there is no mechanism, would the Trust consider bringing one into place? **13/03/26** - Please may you confirm what support is provided to veteran patients (specifically homeless veterans) in Bristol and North Bristol and if the Weston model (of a Veterans Lead) is being replicated in Bristol?	Group Chief Medical & Clinical Innovation Officer	31/12/2025 02/04/2026	I welcome the interest in this matter and congratulate our two trusts on achieving Silver and Gold Veterans status whereby we are judged to be providing good services for both existing service personnel and veterans in recruitment. The question does prompt us to review our current service specification. We do not advertise enhanced or special processes for veterans but there is a sincere will to do so and we will work with the VA	Closed (24/04/2026)

						to ensure that all sensible options can be achieved. **17/04/26:** We do not provide specific housing assistance to homeless veterans although we do experience patients in our hospitals that are homeless at the point of discharge and veterans, like others, would be visited by the appropriate services in hospital prior to the planned discharge date to explore options. We are always very sympathetic to homelessness and would try to explore all options before compounding our patients health and circumstances by discharging a patient to inadequate housing. Yes, we have a Veterans Lead post (in fact we had two but have now consolidated into one post across the Group).	