University Hospitals Bristol NHS
NHS Foundation Trust

Annual Members' Meeting

18 September 2014

5pm-7pm, doors open 4pm

UH Bristol Education & Research Centre

Upper Maudlin Street

Bristol BS2 8AE

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

University Hospitals Bristol NHS
NHS Foundation Trust

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5pm to 7pm, doors open at 4pm

EVENT PROGRAMME

16.00 Light refreshments and exhibition stands to showcase our activities and achievements for the year:

- Dementia Care
- Infection Control
- Strategic Development Schemes
- Research and Innovation
- Education and Training
- Above and Beyond Charity

17.00 Annual Members' Meeting

Agenda	
1.	**Welcome and introductions** John Savage, Chairman
2.	**Minutes of the previous Annual Members Meeting**: 19 September 2013 John Savage, Chairman
3.	**Independent Auditors' Report to the Governors** Ian Davies, PricewaterhouseCoopers
4.	**Presentation of Annual Report & Accounts for 2013/14** Robert Woolley, Chief Executive Paul Mapson, Director of Finance
5.	**Quality and Patient Safety Review** Carolyn Mills, Chief Nurse
6.	**Governors' Review** Sue Silvey, Lead Governor
7.	**Presentation: Overview of the Trust's Strategic Development Schemes and Associated Service Transformation** Deborah Lee, Director of Strategic Development and Deputy Chief Executive Divisional Representatives
8.	**Questions and answers** John Savage, Chairman
9.	**Closing remarks** Sue Silvey, Lead Governor

18.30 Opportunity for members of the Board of Directors and Council of Governors to meet informally with members of the Trust and public.

19.00 Close

Minutes of the Annual Members' Meeting held on Thursday 19 September 2013 at 17:00 in Lecture Theatre 1, Education Centre, Upper Maudlin Street, Bristol, BS2 8AE

Governors Present

- Sue Silvey – Lead Governor and Public Governor, Bristol
- Clive Hamilton – Public Governor, North Somerset
- Mo Schiller – Public Governor, Bristol
- Brenda Rowe – Public Governor, Bristol
- Tony Tanner – Public Governor, South Gloucestershire
- Pauline Beddoes – Public Governor, South Gloucestershire
- Philip Mackie – Patient Governor, Carer (Patients under 16 years)
- Wendy Gregory – Patient Governor, Carer (Patients 16 years and over)
- Peter Holt – Patient Governor, Local
- John Steeds – Patient Governor, Local
- Jan Dykes – Staff Governor, Non-clinical Healthcare Professionals
- Florene Jordan – Staff Governor, Nursing and Midwifery
- Ian Davies, Staff Governor, Medical and Dental
- Terrence Flawn, Staff Governor, Other Clinical Healthcare Professionals
- Helen Langton – Appointed Governor, University of the West of England
- Tim Peters, Appointed Governor, University of Bristol
- Jeanette Jones, Partnership Governor, Joint Union Committee

Board Members Present

- Emma Woollett – Vice Chair
- Robert Woolley – Chief Executive
- Deborah Lee – Director of Strategic Development and Deputy Chief Executive
- Claire Buchanan – Acting Director of Workforce & Organisational Development
- Paul Mapson – Director of Finance
- James Rimmer – Chief Operating Officer
- Sean O'Kelly – Medical Director
- Lisa Gardner – Non-executive Director
- Iain Fairbairn – Non-executive Director
- Kelvin Blake – Non-executive Director
- John Moore – Non-executive Director
- Guy Orpen – Non-executive Director

Others Present or In Attendance

- Charlie Helps – Trust Secretary
- Paul Tanner – Head of Finance
- Ian Davies, Senior Manager, PricewaterhouseCoopers
- Anne Frampton – Consultant in Emergency Medicine
- Andrew Hollowood – Consultant Surgeon
- Pauline Holt, MA to the Trust Secretary
- Sarah Murch – Membership Administrator/PA (minute taker)
- Around 20 members of staff, Foundation Trust members, and members of the public.

Item	*Actions*
1. Introduction and Apologies Emma Woollett, Vice Chair, welcomed members of the Trust Board, Council of Governors, Foundation Trust Members and members of the public to the meeting. Apologies for absence were received from: **Governors:** Joan Bayliss, Ken Booth, Glyn Davies, Anne Ford, Sue Milestone, Tony Rance, Anne Skinner, Sylvia Townsend, Ben Trumper, Lorna Watson, Elliott Westhoff, Pam	

Yabsley and Mani Chauhan.

Trust Board and others: John Savage (Chairman), Helen Morgan (Acting Chief Nurse) and Maria Fox (Membership Manager).

Apologies for absence were ***noted.***

2. Foundation Trust Constitution

Members received a briefing on the changes to the Foundation Trust Constitution to **note**.

The Trust Secretary, Charlie Helps, explained that the Constitution had been reviewed to comply with the provisions derived from the Health and Social Care Act 2012. One of the main changes was that the Council of Governors would have increased responsibilities, for example, to approve significant transactions and to hold the Non-executive directors to account for the performance of the Board. There had also been a change in the total membership of the Council of Governors, which, as a result of the disbanding of the Primary Care Trusts, had changed from 38 to 35.

A paper had been circulated detailing the amendments. These had already been approved by the Trust Board of Directors and noted by the Council of Governors. The Trust Secretary explained that they were being presented to members today for information, but that in the future, any changes that the Trust made to its constitution would be first subject to a vote by the Trust Board and the Council of Governors, and would then need to be approved by the membership. This would mean that in future, members themselves would take a vote at the Annual Members' Meeting on whether they accepted the revised FT constitution.

He added that the governors and directors were scheduled to discuss more proposed revisions to the constitution in October 2013. The revised constitution would therefore be presented to members at the Annual Members' Meeting in 2014 for final approval.

Questions

1. Foundation Trust Member Garry Williams suggested that the Trust consider putting an exact figure on the current threshold of significant transactions, because the percentage quoted of 25% would mean very little to the membership. The Trust Secretary responded that the threshold of 25% was derived from Monitor's Risk Evaluation for Investment Decisions by NHS Foundation Trusts (REID) guidelines, and that perhaps more time should be spent considering a more meaningful figure.
2. Garry Williams referred to recent suggestions in the media that successful Trusts might be invited to supply officers to less robust Trusts. He enquired as to the extent that this could affect the constitution and UH Bristol's executive team. The Trust Secretary responded that this was a new suggestion, which had not yet been defined in terms of process, but that he looked forward to seeing how it worked in practice.

There being no further questions or discussion, the changes to the Foundation Trust Constitution were ***noted.***

3. Membership and Elections

Members received a briefing on membership and elections by the Trust Secretary to **note**.

The Trust Secretary reported that as of 31 March 2013, there were 5,857 Public Members and 5,882 Patient Members, compared with 5,884 Public and 6,065 Patient Members on 1 April 2012. Staff membership had remained at more than 99% of eligible staff. The total membership was 21,017 this year and 20,607 last year.

There had been 15 elected staff, public and patient governor seats up for election in 2013, and all seats were filled. There were 9 new governors, and 6 re-elected governors, some of whom were standing for a third term of office. Voting turnout ranged from 15% to 27%

across the constituencies, with an average turnout of 20%.

The Trust Secretary outlined the priorities for membership and elections in 2013/14, which included:

- to hold staff, patient and public governor elections
- to refresh or renew appointed governors
- to review the Foundation Trust Constitution
- to review the membership engagement strategy, in particular opening events to public
- to further implement the revised procedures for governor induction, training and development, and Focus Groups
- to maintain the patient and public membership at current levels, and to maintain staff membership at not less than 95%.

There being no questions or discussion, the briefing on Membership and Elections was ***noted.***

4. Governors' Report

Sue Silvey, Lead Governor, gave a report of governors' activity in 2012/13 to **note**.

Sue reported that it had been another busy year for governors particularly with the introduction of the Health and Social Care Act 2012 in April of this year, which had brought changes to the statutory powers and duties of governors.

John Steeds had finished his year as Governor Representative and Sue had been elected to take over at the beginning of June. Mo Schiller was Deputy Governor Representative last year and had continued in this role. Sue expressed her appreciation for John and Mo's hard work and enthusiasm. Governors had also recently agreed to change the title Governor Representative to Lead Governor in line with guidance from Monitor.

New responsibilities for governors: the Health and Social Care Act 2012 introduced the following amendments to the 2006 Act. The governors of a Foundation Trust Hospital would:

- hold the non-executive directors, individually and collectively, to account for the performance of the board of directors
- represent the interests of members of the Trust as a whole and the interests of the public
- approve 'significant transactions'
- approve an application by the Trust to enter into a merger, acquisition, separation or dissolution
- decide if the Trust's non-NHS work would significantly interfere with its principal purpose
- approve amendments to the Trust's constitution.

Sue explained that these new statutory powers meant that governors would have much greater responsibility.

Acute services review: Last year the governors had been involved in discussions relating to the possible integration between University Hospital Bristol and North Bristol Trust. Neil Auty had been chosen to represent governors at formal discussions between the two hospitals. It was decided that integration was not a viable course of action at this point but that an acute services review would be carried out to look at services across the city with the object of reducing duplication and giving patients a better service. Sue explained that Neil continued to attend the review panel despite having left as a governor and he reported to the governors after each meeting. The review aimed to reach its conclusions in October. She

expressed her appreciation to Neil for continuing.

Project focus groups: New focus groups for strategy, quality and constitution had been set up for governors. They were each chaired by an Executive director and had a lead governor who worked with the chair to put together the agenda for each meeting, plus two standing members. Other governors could attend all or any of them. Sue reported that these focus groups were still finding their feet, but naturally quality of patient care and strategic direction of the trust were of paramount importance to governors.

Chairman's term of office: In July the Nominations and Appointments Committee met and the re-appointment of John Savage as Chairman of the Trust had been an agenda item. This part of the meeting had been chaired by Iain Fairbairn as the trust's Senior Independent Director. In line with its statutory duties, the group recommended to the Council of Governors that the chairman should be appointed for another three years from 2014. The recommendation was accepted when the Council met at the end of July.

Briefing on the Francis Report: In August governors had an excellent briefing on the Francis Report and what it meant for them. An external speaker from DAC Beachcroft LLP had very clearly explained the governor role with emphasis on governors' responsibilities and relationship with the board as well as foundation trust members and the public.

New governors: Finally, the Council of Governors welcomed new governors at the beginning of June, elections having taken place in May. Sue was pleased to report that a number of governors had been re-elected and that there were also new public, patient, carer and staff governors. All new patient and public governors had a buddy from among 'old' governors to give advice and to help them ease their way in to the role. The first all-day induction specifically for new governors (a number of existing governors attended as well) was held in June. It was a great success and would form part of a rolling programme of development seminars to enable governors to carry out their duties effectively in the light of their new responsibilities. She concluded by saying that governors looked forward to continuing their good relationship with the Trust Board of Directors and would welcome any feedback that members might like to give on how they were doing.

*There being no questions or discussion, the Lead Governor's Report was **noted.***

5. Independent Auditor's Report

Members received the Independent Auditor's Report from Ian Davies, Senior Manager, PricewaterhouseCoopers, to **note**.

Ian Davies had been invited to formally report on the Independent Auditor's Report, which was published in the Annual Report and Accounts. He confirmed that the Auditor's opinion on the Trust's financial statements was an unqualified one that the financial statements were true and fair.

He explained that the Independent Auditors also reported on the Trust's Quality Report as to whether the information was consistent with their understanding and knowledge of the Trust, and specifically the results of testing on two of the indicators. He was pleased to report again that there were no matters that they needed to bring to the attention of the Trust arising from that work.

*There being no questions or discussion, the Independent Auditor's Report was **noted.***

6. Presentation of the Annual Report and Accounts 2012/13

Members received the Annual Report and Accounts, including the Quality Report to **note.**

Robert Woolley, Chief Executive, presented the Annual Report and Accounts 2012/13. He noted that this was the Trust's sixth such meeting since becoming a Foundation Trust, commenting that he viewed the Foundation Trust model as very successful and he voiced his

appreciation of the involvement of governors and members.

He reminded those present that available at the meeting as well as the Annual Report and Accounts, was the Annual Review, a slimmer publication which contained the highlights of the year.

Robert described 2012/13 as a defining year for the NHS. There had been a significant reorganisation of the NHS through the Health and Social Care Act 2012, there had been some high-profile service failures around the country, and a large focus on the quality of care being provided round the country. At the same time, an unprecedented scale of savings was expected.

The response, he said, was not to be downhearted but to consider how the Trust could be best placed to deal with those challenges. The Trust's long-term strategy could still be delivered but it was getting harder.

The Trust's model for dealing with these challenges was the Transforming Care programme, which had six different aspects: delivering best care, improving patient flow, delivering best value, renewing our hospitals, building capability, and leading in partnership.

Delivering Best Care: Robert emphasised that achievement of best care was a constant focus. The Trust had a consistently low overall mortality rate which meant that it was saving more lives than would be expected in a Trust this size. There had been a substantial reduction in *C. Difficile* infections last year. The Trust had missed last year's Methicillin-resistant Staphylococcus aureus (MRSA) target by 7 cases, but was doing better on MRSA this year.

The Emergency Department of the Bristol Royal Infirmary (BRI) had been rated in the top 5 for quality of care by patients. The Trust had addressed concerns raised by the Care Quality Commission about maternity and children's staffing and compliance had been restored. The Trust had made pioneering advances in research, increasing its research profile, had opened 2 biomedical research units, and had recruited 4,300 patients to clinical trials.

Improving Patient Flow: There had been more patients with long Accident and Emergency (A&E) waits than planned (giving rise to amber-red ratings by Monitor) but the Trust had developed plans to improve that position.

An enhanced surgical recovery programme was rolled out, and the Trust's thoracic surgical team was voted best in class at last year's national summit. Improvements had also been made around the outpatient appointments process, though there was still more work to do.

Delivering Best Value: The Trust had managed to maintain a healthy financial position, delivering an income and expenditure surplus of £5.8m (before exceptional items), and delivering £23m savings while maintaining care quality. A financial risk rating of 3 from Monitor (out of a maximum of 5) had allowed the Trust to invest £130m in renewing its estate.

Renewing our hospitals: Robert reported that UH Bristol was the lead provider for South Bristol Community Hospital which opened in April 2012. The new £80m BRI ward block had "topped out" in January 2013, and work had started on the BRI Welcome Centre which would open this year. Work was continuing on the extension to the Bristol Royal Hospital for Children, and a £16m expansion of Bristol Haematology & Oncology Centre had begun. The Trust had also invested £8m in a new patient administration and electronic patient record system which went live in 2012.

Building Capability: The Loud and Clear staff survey had identified various issues, and in particular the Board was seeking to address the constant challenge of improving communications from the Board and of how they could get feedback back from staff. The Trust had implemented a corporate reward scheme, the Recognising Success Awards (supported by Above & Beyond), and had been rolling out staff training in Living the

Values, and the Trust had also made changes to divisional leadership to enshrine the principle of partnership between clinicians and managers.

Leading in Partnership: Robert said that the Trust took its role as the largest teaching hospital in the South West very seriously in terms of its responsibility to influence the development of the health system in the local area and in the region. The Trust was one of the founder core members of Bristol Health Partners, which had been set up to develop research and innovation with the universities and other health partners in Bristol. There had been a high-profile launch at a conference called TEDMED Live Bristol, and the Trust had made a significant contribution to the Academic Health Science Network for the West of England, the Local Education and Training Board for the South West, and the Bristol Acute Services Review.

Robert outlined the Trust's plans for 2013/14: new high-dependency units would be established in the Children's Hospital, the helipad was now completed and would serve the Children's Hospital and the Bristol Heart Institute when it opened next spring, the BRI Welcome Centre would open in December, the extension to the Bristol Haematology and Oncology Centre (BHOC) would open at the end of January, and the infrastructure for clinical research would be improved. The Trust was also working with partners in Health and Social Care to develop alternatives to hospital care, which he hoped to be able to report back on in future meetings.

Annual Accounts

Paul Mapson, Director of Finance, presented the 2012/13 Annual Accounts.

He reported that 2012/13 had been a successful year financially. An income and expenditure surplus of £5.828m had been delivered (the plan had been £5.7m), before exceptional items of £1.144m. A Financial Risk Rating of 3 had been received from Monitor. The Trust's EBITDA (Operating surplus) was £34.5m (6.33%), it had achieved cash releasing savings of £22.6m, had capital expenditure of £57.9m, and had a healthy cash position of £35.1m and a strong Balance Sheet. The Accounts had received an unqualified audit opinion.

The results for 2012/13 demonstrated that the Trust had delivered the fifth year of its financial strategy as a foundation trust. The Trust's plan was therefore still on track, though Paul warned that it was getting harder to deliver.

Paul provided a breakdown of income and expenditure, with total income for the year standing at £528.4m, and total expenditure at £523.7m. He then outlined the Trust's financial priorities for the coming year:

- To provide fit for purpose clinical accommodation
- BRI Redevelopment scheme
- Welcome Centre
- Centralisation of Specialist Paediatrics,
- BHOC development.
- To invest in technology to facilitate innovation and transformation,
- To maintain/improve quality in face of severe economic challenges
- To understand service efficiency through Service Line Reporting and Reference Cost Indices,
- To enhance Research and Development in the Trust,
- To provide high quality teaching for doctors and other staff,
- To manage the money so the Trust was in control of its own destiny.

Looking ahead, Paul explained that the Trust faced very challenging savings targets and,

coupled with the fact that the public spending position was unlikely to improve, he expected 2013/14 to be the most difficult year yet. However, the Trust would 'step up to the challenge' and he outlined its strategy for coping with the challenges ahead.

Questions:

1. Foundation Trust Member Garry Williams asked Paul Mapson whether he could comment on whether the Trust's level of activity was commensurate with that which the commissioners were telling the Trust to expect, as he suspected that the actual level of activity was higher. Paul responded that it was only marginally higher as the Trust had negotiated contracts that were realistic. Garry congratulated the Board on this, and also for foreseeing pressures that were going to be imposed by the Emergency Department on hospital inpatients, and for increasing ward capacity, without which the Trust would be in a much worse position.
2. Garry Williams enquired about the ideal realistic population base for a hospital or group of hospitals. He also enquired whether the Trust's perceptions of quality reflected those of staff and patients, for example, whether the results of the Friends and Family tests were incorporated into the Trust's reports. Robert Woolley responded that the population base varied substantially according to speciality. He explained that while local general hospitals struggled to create the critical mass of activity that supported a medical rota, UH Bristol was in a strong position as a regional centre serving the South West and South Wales, so its population base was secure.

   Regarding the link between quality objectives and patients' perceptions, Robert responded that the Trust had been active for a substantial period in undertaking its own surveys. The Friends and Family test, which had been introduced nationally, was still bedding in, and there was some concern about how comparable results were across institutions and how useful they were, but the Trust already had a significant base of real-time patient feedback to work with, on which a lot of the patient experience plans were based.
3. A Foundation Trust Member referred to UH Bristol's position as the lead provider for South Bristol Community Hospital for a five-year period. He enquired whether at the end of 5 years, the Trust would lose that contract, whether the Trust would be in competition with other potential providers, and whether there were any other situations in which the Trust was lead provider for any other organisation. Robert Woolley responded that as it was a five-year lead provider contract, the Clinical Commissioning Group had the opportunity to extend it, but at some point they would tender it and then UH Bristol would be in competition with other providers. While that was the primary instance of the Trust being in a contracted host role, some of the hosting measures in research were only five-year contracts as well and would need to be renewed in due course. He explained that it was in the context of a greater emphasis throughout the NHS on testing value for money in terms of hospital provision by opening up services for competitive tender.

There being no further questions or discussion, the Governors formally ***received*** *the Annual Report and Accounts for the period April 2012 to March 2013, including the Quality Report and the Independent Auditor's Report.*

- **Clinical Services Presentation**

Members received a presentation on the Trust's Patient Flow project from Dr Anne Frampton, Clinical Director and Consultant in Emergency Medicine and Mr Andy Hollowood, Consultant Surgeon to **note.**

Andy Hollowood and Anne Frampton explained that the patient flow project had been devised as part of the Trust's effort to deal with the difficulty last winter in achieving the 4-

hour target (i.e. to admit or discharge patients within the national operating standard of four hours). In order to address the issues this raised, a programme had been developed to identify, design and implement solutions.

Project groups had been set up as part of this programme looking at ambulatory care, complex planning discharge, reverse triage, criteria-led discharge, real-time bed state, the Elderly Admission Unit, and the possibility of opening a new Discharge Lounge. The Discharge Lounge was one of the programme's early successes – it had opened on 16 September 2013 on Level 5 of the Bristol Royal Infirmary, and had a large seating area with reclining chairs, pressure relieving cushions, nursing staff, volunteers, television, a pharmacy, and access to food and drink.

They concluded by explaining that the majority of project groups would conclude their activities in September, and a series of workshops would then be planned to enable the Trust to meet its strategic goals in improving patient flow.

Questions:

1. A Foundation Trust Patient Member described a personal experience in the BRI in March 2013 in which there had been a lack of availability of surgical staff necessary to make a diagnosis. He asked whether this raised questions about the tension between delivering general hospital services, and UH Bristol's status as a regional specialist centre.

   Andy Hollowood responded that he took the issue on board, adding that it was an indication of the tension that sometimes existed between elective and emergency admissions. As the Trust moved towards new models of care, it was hoped to provide an emergency floor for surgery so that emergency cases would not be mixed up with elective patients.
2. John Steeds, a Patient Governor, enquired about ambulatory care, and Anne Frampton responded that this referred to patients who did not require a bed. She explained that the project was identifying certain conditions for which patients who would have previously been admitted to an inpatient bed now did not need to be.
3. Garry Williams referred to the triage system in the Emergency Department, which he regarded it as very time-consuming. Was there a way of pre-booking tests to make progression through the Emergency Department more rapid? Anne responded that from 8am to midnight the Trust ran a see-and-treat service for patients who presented with minor illnesses and injuries that didn't require triage. However, outside those hours people would be triaged. At other end of the spectrum, there were pre-alerts from the ambulance service to allow people to progress directly, for example, people having heart attacks could go straight to the Bristol Heart Institute. She explained that some element of triage was necessary to find out whether there was a need to move someone rapidly or whether they were well enough to wait.
4. Clive Hamilton, Governor Lead for Quality congratulated Anne and Andy for pursuing their ideas. He was particularly pleased that some of the projects were things that had been suggested by governors, for example the discharge lounge.

There being no further questions or discussion, Emma Woollett thanked the speakers for an inspirational presentation**.**

7. Questions and Concluding Remarks

The purpose of this item was to receive any questions from the members of the public present and conclude the Annual Members Meeting. There were no questions. The Deputy Chair, Emma Woollett, thanked everyone for attending.