

## Annual Members' Meeting/AGM

**Tuesday 15 September 2015, 5-7pm, doors open from 4:30pm**

**University Hospitals Bristol Education & Research Centre, Upper Maudlin St, Bristol, BS2 8AE**

### EVENT PROGRAMME

#### **4:30pm Light refreshments and UH Bristol Marketplace**

Meet our staff and partners who will host range of stands and exhibitions:

- The Grand Appeal and Above & Beyond
- Governors & Membership
- UH Bristol Youth Council
- Art schemes at UH Bristol
- Infection control handwash demos
- Staff Health & Well Being
- Kidney Research UK

#### **5:00pm Annual Members Meeting**

<b>Agenda</b>		
<b>5:00pm</b>	<b>1.</b>	<b>Welcome and introductions</b> – John Savage, Chairman
	<b>2.</b>	<b>Minutes of the previous Annual Members Meeting</b> – John Savage, Chairman
<b>5:10pm</b>	<b>3.</b>	<b>Independent Auditors' Report to the Governors</b> – Lynn Pamment, Partner, PricewaterhouseCoopers LLP
<b>5:15pm</b>	<b>4.</b>	<b>Presentation of Annual Report &amp; Accounts for 2014/15</b> - Robert Woolley, Chief Executive and Paul Mapson, Director of Finance
<b>5:35pm</b>	<b>5.</b>	<b>Quality Report 2014/15</b> - Carolyn Mills, Chief Nurse
<b>5:50pm</b>	<b>6.</b>	<b>Membership &amp; Governors Review</b> – John Savage, Chairman and Sue Silvey, Public Governor
<b>6:05pm</b>	<b>7.</b>	<b>Paediatric Major Trauma Centre Update</b> – Giles Haythornthwaite, Consultant in Paediatric Emergency Medicine and Clinical Lead for Major Trauma, Caitlin Marnell, General Manager, Jenni Fryer and Aimee White, Nurse and Rehab Co-Ordinators
<b>6:45pm</b>	<b>8.</b>	<b>Ask the Board - Q&amp;A with the Trust Board</b> - John Savage, Chairman

**7.00pm Light refreshments and the opportunity to meet the Board of Directors and Council of Governors**

**Minutes of the Annual Members' Meeting held on Thursday 18 September 2014 at 17:00 in Lecture Theatre 1, Education Centre, Upper Maudlin Street, Bristol, BS2 8AE**

<b>Governors Present</b>	
<ul style="list-style-type: none"> <li>• Sue Silvey – Lead Governor and Public Governor</li> <li>• Pauline Beddoes – Public Governor,</li> <li>• Bob Bennett – Public Governor</li> <li>• Graham Briscoe – Public Governor</li> <li>• Glyn Davies – Public Governor</li> <li>• Clive Hamilton – Public Governor</li> <li>• Mo Schiller – Public Governor</li> <li>• Angelo Micciche – Patient Governor</li> <li>• John Steeds – Patient Governor</li> <li>• Anne Skinner – Patient Governor</li> </ul>	<ul style="list-style-type: none"> <li>• Pam Yabsley – Patient Governor,</li> <li>• Wendy Gregory – Patient Governor, Carer</li> <li>• Philip Mackie – Patient Governor, Carer</li> <li>• Florene Jordan – Staff Governor</li> <li>• Thomas Davies – Staff Governor</li> <li>• Karen Stevens – Staff Governor</li> <li>• Ben Trumper – Staff Governor</li> <li>• Jeanette Jones, Appointed Governor</li> <li>• Lukon Miah, Appointed Governor</li> <li>• Tim Peters, Appointed Governor</li> </ul>
<b>Board Members Present</b>	
<ul style="list-style-type: none"> <li>• John Savage – Chairman</li> <li>• Robert Woolley – Chief Executive</li> <li>• Deborah Lee – Director of Strategic Development and Deputy Chief Executive</li> <li>• Paul Mapson – Director of Finance</li> </ul>	<ul style="list-style-type: none"> <li>• Carolyn Mills – Chief Nurse</li> <li>• Sue Donaldson – Director of Workforce &amp; Organisational Development</li> <li>• Aidan Fowler – Fast-track Executive</li> <li>• Emma Woollett – Vice Chair</li> </ul>
<b>Others Present or In Attendance</b>	
<ul style="list-style-type: none"> <li>• Julie Dawes – Interim Trust Secretary</li> <li>• Ian Davies, Senior Manager, PricewaterhouseCoopers</li> <li>• Andrew Hollowood – Clinical Chair, Surgery Head and Neck Division</li> <li>• Alan Bryan – Clinical Chair, Specialised Services Division</li> <li>• Paul Tanner – Head of Finance</li> <li>• Fiona Reid – Head of Communications</li> </ul>	<ul style="list-style-type: none"> <li>• Lindsay Winterton- Joint Interim Head of Membership and Governance</li> <li>• Brian Courtney – Joint Interim Head of Membership and Governance</li> <li>• Sarah Murch – Membership Administrator/PA (minute taker)</li> <li>• Around 40 members of staff, Foundation Trust members, and members of the public.</li> </ul>
<i>Item</i>	<i>Actions</i>
<p><b>1. Introduction and Apologies</b></p> <p>The Chairman, John Savage, welcomed members of the Trust Board, Council of Governors, Foundation Trust Members and members of the public to the meeting.</p> <p>Apologies for absence were received from:</p> <p><b>Governors:</b> Abbas Akram, Edmund Brooks, Ian Davies, Sue Hall, Nick Marsh, Bill Payne, Jim Petter, Tony Rance, Brenda Rowe, Tony Tanner, Lorna Watson and Elliott Westhoff.</p> <p><b>Trust Board and others:</b> Sean O’Kelly (Medical Director), James Rimmer (Chief</p>	

<p>Operating Officer), and David Armstrong, Julian Dennis, Jill Youds and Alison Ryan (Non-executive Directors)</p> <p><i>Apologies for absence were noted.</i></p>	
<p><b>2. Minutes of the previous Annual Members Meeting: 19 September 2013</b></p> <p>Members <b>approved</b> the minutes of the previous Annual Members Meeting as an accurate record of items transacted.</p>	
<p><b>3. Independent Auditor's Report to the Governors</b></p> <p>Members received the Independent Auditor's Report from Ian Davies, Senior Manager, PricewaterhouseCoopers.</p> <p>Ian Davies had been invited to formally report on the Independent Auditor's Report, published in the Annual Report and Accounts. The report detailed what had been audited, what the audit involved, and it set out the opinions and conclusions of the auditors. The report was issued on 28 May and the audit was undertaken at the end of April and through most of May. Ian confirmed that the Auditor's opinion on the Trust's financial statements was an unqualified one that the financial statements were true and fair in every area.</p> <p><i>The Independent Auditor's Report was noted.</i></p>	
<p><b>4. Presentation of the Annual Report and Accounts for 2013/14</b></p> <p>Robert Woolley, Chief Executive, and Paul Mapson, Finance Director, jointly presented the 2013/14 Annual Report and Accounts for University Hospitals Bristol NHS Foundation Trust (UH Bristol).</p> <p><b>Review of 2013/14: Robert Woolley, Chief Executive</b></p> <p>All present had been provided with two documents: the 'Annual Review' – a summary of the highlights of the 2013/14 Annual Report, and 'Rising to the Challenge' – a summary of the Trust's strategic vision over the next 5-10 years.</p> <p>Robert Woolley summed up the year 2013/14 as characterised by:</p> <ul style="list-style-type: none"> <li>• An unrelenting focus on care quality and patient safety</li> <li>• Rising to an unprecedented financial challenge</li> <li>• Major changes to NHS architecture</li> <li>• The expanded role of Governors and Governor elections</li> <li>• The renewal of UH Bristol's shared Mission and Vision statements as part of the review of the Trust's 5-year strategy.</li> </ul> <p>Robert shared the Trust's revised Mission and Vision statements with those present:</p> <p><b>Mission:</b> to improve the health of the people we serve by delivering exceptional care, teaching and research every day.</p> <p><b>Vision:</b> for Bristol, and our hospitals, to be among the best and safest places in the country to receive care.</p> <p>The Trust's model for delivering the mission and vision was the Transforming Care programme, which had six components: delivering best care, improving patient flow, delivering best value, renewing our hospitals, building capability, and leading in partnership. Robert outlined the Trust's progress in each of these areas.</p> <p><b>Delivering Best Care:</b></p>	

- UH Bristol had participated in the South West Adult Patient Safety Programme for several years, and last year significant progress had lifted the Trust's score to 4.5 out of 5, alongside a reduction in falls, improvement in nutritional assessment, and a reduction in hospital-acquired infection rates.
- Mortality rates were significantly lower than expected.
- Intelligent Monitoring statistics from the Care Quality Commission had given the Trust a risk score of 3 out of 162.
- New facilities had included the midwifery-led birthing unit at St Michael's Hospital (which opened in June 2013 and had delivered 1000 babies in a year), and the Bristol Gamma Knife Centre which opened in October at the Bristol Haematology and Oncology Centre, and which provided a very precise means of targeting brain tumours.

**Improving Patient Flow:**

- There had been during the year a major clinician-led project across the Trust to try to ensure that emergency patients could receive care when it was needed. As part of this, an Older Persons' Admissions Unit and a new Discharge Lounge had opened.
- The Trust had made significant inroads into joint working with colleagues in the Clinical Commissioning Group, Bristol Community Health and Social Services to secure additional nursing home places in Bristol.
- At the end of March the Trust had undertaken a rapid improvement event: 'Breaking the Cycle Together' – a week of learning in which all managers had focussed purely on standards of care and patient flow through the Bristol Royal Infirmary (BRI) and the Oncology Centre. There had been a positive effect on morale and standards of care, and the initiative would be repeated in Bristol Royal Hospital for Children and St Michael's Hospital at end of September.

**Delivering Best Value:** Robert reminded members that the Trust was operating in a very challenging financial environment. While the government had protected the NHS budget in real terms, it was not sufficient to keep pace with the level of inflation, and that meant that an unprecedented level of annual savings was required. The Trust had however achieved its plan last year nonetheless.

**Renewing our hospitals:** The year had seen remarkable progress in site development with the opening of the BRI Welcome Centre, the redevelopment of the Bristol Haematology and Oncology Centre, and significant progress on the construction of the BRI ward block. Bristol Royal Hospital for Children (BRHC) had been through a significant internal redesign and reconfiguration in preparation for the transfer of specialist paediatrics from Frenchay Hospital in May. As a result of the transfer, BRHC was now the trauma centre for children in the South West of England.

**Building Capability:** Robert spoke about the importance of developing leadership skills at every level of the organisation in order to ensure a patient-focussed culture. UH Bristol was taking a comprehensive approach to improving staff experience and engaging with staff; however, he recognised that there was still a lot of work to do in this regard as staff were challenged and under stress. He spoke about the 'Recognising Success' staff awards

ceremony and its role in recognising individuals and teams who had gone the extra mile in patient care.

**Leading in Partnership:** As a major teaching Trust in the South West, UH Bristol had a responsibility to engage with its partners to improve health services across the region. To this end, formal partnerships had been established with Bristol Community Health and North Bristol Trust. UH Bristol had also been the driving force behind the Bristol Acute Services Review last year.

- There had been significant progress in terms of the region's research delivery and development agenda, both through Bristol Health Partners and also in UH Bristol's achievement of hosting status for 2 networks: CRN (Clinical Research Network for the West of England and CLAHRC (Collaboration for Leadership in Applied Health Research and Care).
- Two UH Bristol clinicians were playing national roles – Jonathan Bengier (National Clinical Director for Urgent Care and Jackie Cornish (National Clinical Director for young people).
- The Trust also enjoyed fruitful partnerships with charities Above and Beyond and Grand Appeal, among others.

Robert concluded that 2013/14 had been a challenging yet successful year for the Trust. Looking forward, he expected in 2014/15 to see very high levels of demand for hospital services. UH Bristol, he said, would have to rise to the challenge of delivering best care and improving patient flow in the face of continuing financial constraints and uncertainty in the political landscape as the general election approached. There would be a particular focus on greater engagement with staff, and also on more extensive engagement with colleagues in the health and social care system to rise to the challenge of ensuring the success of the Bristol health community as a whole.

#### **Annual Accounts 2013/14: Paul Mapson, Director of Finance**

Paul Mapson reported that the results for 2013/14 had demonstrated that UH Bristol had delivered the 6<sup>th</sup> year of its financial strategy as a foundation trust and the 11<sup>th</sup> year of breakeven or better (before technical items).

UH Bristol had delivered an income and expenditure surplus of £6.188m, against the plan of £5.922m before exceptional items. The exceptional items charge of £12,063m had led to a reported shortfall of £5.875m.

The Trust had reported a Continuity of Services Financial Risk Rating of 4, and EBITDA (operating surplus) of £35.2m (6.46%). It had achieved cash releasing savings of £16.9m, while capital expenditure was £65m, with a healthy cash position of £47.5m and a strong Balance Sheet. Total income had been £554.4m, and total expenditure was £548.2m. The accounts had received an unqualified audit opinion.

Paul provided more detail on the breakdown of income and expenditure, and also on the historic and forecast position, the risk rating, the savings programme, and the Trust's financial strategy and financial priorities. He invited anyone who wanted more information to contact him.

The 2014/15 forward position was for a planned surplus of £5.8m, and planned savings of £20.8m. Paul explained that the macro-economic outlook was still difficult in relation to public spending plans; however, the Trust would continue its approach of applying

<p>sound financial management principles and methodology while not compromising on clinical quality and standards. He identified two significant issues to be resolved in 2015/16: the Better Care Fund, and the level of efficiency requirement in 2015/16 tariffs. The Chairman thanked Paul for his role in the Trust's remarkable feat of achieving its plan in the face of significant financial pressures.</p> <p><i>The Governors formally <b>received</b> the Annual Report and Accounts for the period April 2013 to March 2014, including the Quality Report and the Independent Auditor's Report.</i></p>	
<p><b>5. Quality and Patient Safety Review</b></p> <p>Members received the Quality and Patient Safety Review from Carolyn Mills, Chief Nurse to <b>note</b>.</p> <p>Carolyn explained that the Trust's aim was that care should be safe, effective and caring. UH Bristol's commitments in these three areas was as follows:</p> <p><b>Safe:</b> Patients will be kept safe from avoidable harm</p> <p><b>Effective:</b> Patients will receive the right care (according to scientific knowledge and evidence-based assessment) at the right time in the right place, with the best achievable outcome.</p> <p><b>Caring:</b> Patients will be treated as individuals and have their individual needs addressed, be treated with compassion, respect and dignity, be kept fully informed in decision-making about their care, and have any concerns about their care addressed as early as possible.</p> <p>Carolyn emphasised that a culture of openness and learning was vital in ensuring quality of care.</p> <p>Carolyn reviewed the Trust's 16 priorities that had been identified for quality improvement last year, and the improvements that had been achieved. She then outlined the approach for 2014/15, which would focus on public consultation and five main objectives:</p> <ul style="list-style-type: none"> <li>• Making sure patients were cared for on the right ward for their clinical condition</li> <li>• Minimising patient moves between wards</li> <li>• Reducing the number of cancelled operations</li> <li>• Improving the efficiency and experience of patient discharge</li> <li>• Renewing the Trust's approach to patient and public partnership.</li> </ul> <p><i>The Quality and Patient Safety review was noted.</i></p>	
<p><b>6. Governors' Review</b></p> <p>Members received the Governors' Review from Sue Silvey, Lead Governor to <b>note</b>. Sue shared with members some of the highlights from 2013/14, which had been, as usual, a busy year for governors. Governor elections had been held in May 2014, and Sue welcomed the new governors that had been elected.</p> <p>Governors discharged their responsibilities through three Project Focus Groups focussing on different areas of their remit: Quality, the Annual Plan and strategic issues, and the Trust's Constitution and membership issues. Involvement in these groups had enabled governors to contribute to the Trust's Annual Plan and its Quality Report.</p> <p>Governors had also been involved in the appointment of Non-executive Directors and the Trust Secretary and the Chairman's Appraisal through their Nominations and Appointments Committee.</p>	

**Membership:** There had been 21,172 patient, public and staff Foundation Trust members at the end of March 2014, compared with 21,065 in 31 March 2013. As it had exceeded its public membership target, the Trust's focus was now to sustain and actively engage with its membership community. Membership engagement activities in 2013/14 had included the organisation of several Health Matters Events – talks for members on various aspects of the Trust's work. These were proving popular, with 120 people attending a session on Dementia care in November. This year the Trust had stopped producing its Membership Newsletter and governors were instead contributing to the Trust's regular magazine, Voices, which was now sent to all members three times a year. This had until now been a staff magazine but governors had felt that members would find its information on the work of the Trust interesting and informative.

Looking forward, the main focus for governors for 2014/15 was to review the Trust's constitution and the Membership Engagement Strategy, formalise the recruitment and appraisal process for the Trust Chair and Non-executive Directors, formalise the induction, training and development, and appraisal process for governors, review Council of Governors engagement with Board members and specifically holding the Non-executive Directors to account, and developing a process for reviewing the effectiveness of the work of the Council of Governors and its project focus groups.

*The Governors' Review was noted.*

#### **7. Presentation: Overview of the Trust's Strategic Development Schemes and Associated Service Transformation**

Members received a presentation from Deborah Lee, Director of Strategic Development and Deputy Chief Executive and divisional representatives to **note**.

Deborah explained that the building development programme was now nearing completion, marking the end of an 11-year strategy. She outlined the extent of the improvements and the £230m investment, broken down as follows:

- Bristol Heart Institute: £60m
- Welcome Centre: £6m
- Bristol Haematology and Oncology Centre: £16m
- Centralisation of Specialist Paediatrics: £32m
- Helideck: £3m
- BRI Redevelopment (Ward Block): £85m
- BRI Phase 4 – Queens and King Edward Building: £25m
- Queens façade: £3.5m

Deborah described how this investment had enabled the Trust to transform the way in which services were delivered to patients, and introduced two clinicians to explain the effect of the site improvements on their work. Andrew Hollowood, Consultant Surgeon, outlined the achievements in the Surgery Head and Neck Division, and Alan Bryan, Consultant Cardiac Surgeon discussed the developments in relation to Specialised Services such as Bristol Heart Institute.

The Chairman thanked the speakers for their presentation, and reminded members that they could come to the quarterly Council of Governors meetings to learn more about developments in the Trust.

## **8. Questions and Concluding Remarks**

Six questions had been submitted in advance. *These questions and their responses are attached to these minutes as Appendix A.*

There were three further questions from the floor.

### **Questions:**

1. Following on from one of the questions that had been submitted in advance, Foundation Trust member Paul Thomas enquired whether the Trust's impact assessment procedure required closer scrutiny following the closure of the Eye Hospital Pharmacy. His concern was that, as a result of the closure, patients who had poor vision following surgery were now required to walk across busy roads to the BRI Pharmacy.

Deborah Lee responded that an impact assessment had been carried out before any decisions had been taken. The effect on patients with poor vision had been recognised, and three alternative solutions had been provided by way of mitigation: patients could leave their prescription in a drop-box in the Eye Hospital and it would then be delivered to one of 20 pharmacies in the area, they could arrange for prescriptions to be posted to them, or they could arrange for them to be delivered to their house. She added that the consolidation of the pharmacies had enabled the Trust to save £100,000 in the first 5 months of this year.

2. A Foundation Trust member asked the Chief Executive to expand on the nature of UH Bristol's partnership with North Bristol Trust.

Robert Woolley responded that UH Bristol had signed a partnership agreement with North Bristol Trust (NBT) at the end of 2010, and had established a Programme Board which identified areas of co-operation and collaboration. Some of these were the fruition of plans already discussed, while others related to new opportunities, for example, the transfer of breast services and urology from the Bristol Royal Infirmary to NBT's new Southmead Hospital, and the transfer of Head and Neck and Ear, Nose and Throat surgery from NBT to UH Bristol.

The two Trusts also collaborated in their membership of Bristol Health Partners, they had appointed a joint director of Research and Innovation across the research departments of both Trusts, and they had also submitted a joint bid to be part of the development of genomics research locally.

The positive effects of this increased co-operation had been a greatly improved level of communication, and it had also meant that UH Bristol had been able to do work that would not otherwise have been possible.

3. A Foundation Trust member enquired about the future of the 18<sup>th</sup> century Old Building of the BRI.

Robert Woolley responded that UH Bristol was currently considering a number of options, but that it seemed unlikely that the building itself could be conserved due to its poor condition. Discussions were taking place with partners about collaborative efforts and opportunities, and had taken appropriate external advice, and public consultation would follow when there were clear proposals.

**Concluding Remarks:** Drawing the meeting to a close, the Chairman asked members to remember that the NHS had been a significant expression of social responsibility made 70 years ago when the country was bankrupt. It had been a definite intention to

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<p>understand that when sick people needed particular care, the nation as a whole would take responsibility and ensure that it was provided. He pointed out that access at the point of need was a remarkable achievement for a nation, and in his view, UH Bristol was making the best contribution that it could. While it was not perfect, and required constant effort, it was however making progress in an environment of constantly increasing expectations, and he felt privileged to play a part in its work.</p>	
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***The Chairman and Lead Governor thanked everyone for attending and closed the meeting.***

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