University Hospitals Bristol NHS
NHS Foundation Trust

Annual Members' Meeting/AGM

Thursday 15 September 2016, 5-7pm, doors open from 4:00pm

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

EVENT PROGRAMME

4:00pm Light refreshments and UH Bristol Marketplace

Meet our staff and charitable partners:

- Membership
- West of England Genomic Medicine Centre
- Organ/tissue donation
- Stoma care
- Above & Beyond
- The Grand Appeal

5:00pm Annual Members Meeting

Agenda		
5:00pm	**1.**	**Welcome and introductions** – John Savage, Chairman
	2.	**Minutes of the previous Annual Members Meeting** – John Savage, Chairman
5:10pm	**3.**	**Independent Auditors' Report to the Governors –** Ian Davies, Senior Manager, PricewaterhouseCoopers LLP
5:15pm	**4.**	**Presentation of Annual Report & Accounts for 2015/16 –** Robert Woolley, Chief Executive and Paul Mapson, Director of Finance
5:40pm	**5.**	**Quality Report 2015/16 –** Carolyn Mills, Chief Nurse and Dr Sean O'Kelly, Medical Director
5:55pm	**6.**	**Membership & Governors Review –** John Savage, Chairman; Mo Schiller and Angelo Micciche, Lead Governors
6:10pm	**7.**	**Clinical Services Presentation – West of England Genomic Medicine Centre** Presentation followed by Q&A
6:40pm	**8.**	**Ask the Board – Q&A with the Trust Board –** John Savage, Chairman

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

University Hospitals Bristol NHS
NHS Foundation Trust

Minutes of the Annual Members Meeting held on Tuesday 15 September 2015 at 17:00 in the Conference Room, Trust Headquarters, Marlborough Street, BS1 3NU

Present:

UH Bristol Board Members
John Savage – Chairman
Robert Woolley – Chief Executive
Deborah Lee – Chief Operating Officer and Deputy Chief Executive
Sean O'Kelly – Medical Director
Paul Mapson –Director of Finance & Information
Anita Randon –Interim Director of Strategy and Transformation
Carolyn Mills – Chief Nurse
Emma Woollett – Non-executive Director
David Armstrong – Non-executive Director
Alison Ryan – Non-executive Director
Guy Orpen – Non-executive Director
Lisa Gardner – Non-executive Director
John Moore – Non-executive Director
Jill Youds – Non-executive Director

UH Bristol Council of Governors
Sue Silvey – Public Governor
Bob Bennett – Public Governor
Wendy Gregory – Patient/Carer Governor
Clive Hamilton – Public Governor
Mo Schiller – Public Governor
Tony Rance – Public Governor
Tony Tanner – Public Governor
Sylvia Townsend – Public Governor
Edmund Brooks – Patient Governor
Angelo Micciche – Patient Governor
Anne Skinner – Patient Governor
John Steeds – Patient Governor
Pam Yabsley – Patient Governor
Florene Jordan – Staff Governor
Jeanette Jones – Appointed Governor
Isla Phillips – Appointed Governor (Youth Council)
Julia Lee – Appointed Governor (Youth Council)

UH Bristol Trust Representatives
Debbie Henderson – Trust Secretary
Amanda Saunders – Head of Membership and Governance
Sarah Murch – Membership and Governance Administrator (minutes)
Giles Haythornthwaite – Consultant in Paediatric Emergency Medicine/Clinical Lead for Major Trauma
Caitlin Marnell – General Manager, Bristol Royal Hospital for Children
Jenni Fryer – Nurse and Rehab Co-Ordinator
Aimee White – Nurse and Rehab Co-Ordinator
Lynn Pamment - Partner, PricewaterhouseCoopers LLP (External Auditor)

Fiona Reid – Head of Communications
Ian Barrington – Divisional Director for Women's and Children's Services
Tony Watkin – Patient Experience Lead (Engagement and Involvement)

Approximately 25 other members of staff, Foundation Trust members and members of the public were also in attendance.

1. Chairman's Introduction and Apologies

The Chairman, John Savage, welcomed everyone to the meeting.

Apologies had been received from:
Trust Board: Sue Donaldson – Director of Workforce and Organisational Development, David Armstrong – Non-executive Director.
Governors: Pauline Beddoes, Graham Briscoe, Ian Davies, Thomas Davies, Marc Griffiths, Sue Hall, Philip Mackie, Nick Marsh, Sue Milestone, Bill Payne, Tim Peters, Jim Petter, Ray Phipps, Brenda Rowe, Karen Stevens, Ben Trumper and Lorna Watson.

2. Minutes of the Previous Meeting

The minutes of the Annual Members Meeting on 18 September 2014 were accepted as an accurate record of proceedings.

3. Independent Auditor's Report to the governors.

Lynn Pamment, Partner at PricewaterhouseCoopers (PwC), formally introduced the External Auditor's Report, which was published in the Annual Report and Accounts. The Auditors were required to give an opinion on the Trust's financial statements, the quality account and also whether the Trust was achieving value for money.

In relation to the financial statements, the auditors' work had focussed on particular risk areas, such as income and expenditure recognition, and appropriateness of spend on capital schemes. They had concluded that the financial statements were a true and fair view of the state of the Trust's affairs and confirmed the issue of an unqualified audit opinion.

Regarding the quality account, PwC had examined two specified indicators. They had expressed an adverse conclusion on one of the indicators which related to the 'percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period'. As a result, their certificate to this report was qualified in this respect.

In relation to delivering value for money, nothing had come to PwC's attention, and overall UH Bristol had been given a clean bill of health.

4. Presentation of the Annual Report and Accounts for 2014/15

Robert Woolley, Chief Executive, and Paul Mapson, Finance Director, jointly presented the 2014/15 Annual Report and Accounts for University Hospitals Bristol NHS Foundation Trust (UH Bristol).

Robert Woolley spoke first to give an overview of the Trust's main achievements, developments and challenges over 2014/15.

He reminded those present of the Trust's purpose. The Trust's **mission** was 'to improve the health of the people we serve by delivering exceptional care, teaching and research every day'. Its **vision** was 'for Bristol, and our hospitals, to be among the best and safest places in the country to receive care.' The Trust was continually striving to achieve the mission and vision in the context of the national pressures and challenges faced by the NHS nationally.

He highlighted the main developments in 2014/15 under the six strands of the Trust's Transforming Care programme.

Delivering Best Care: There had been a full Care Quality Commission (CQC) inspection on all Trust sites during September 2014. This had concluded an overall rating of 'requires improvement'. There had been positive findings about quality of care, with all services rated 'good' for caring. Overall, services were rated as 'good' or 'outstanding' in 44 areas, with 12 areas rated as requiring improvement, and no service or domain rated inadequate. South Bristol Community Hospital and the Central Health Clinic had been rated 'good' in every domain. Also children's services, maternity services and end of life care had been all rated as 'good' or 'outstanding'.

The Trust had received patient feedback from Friends and Family tests for more than 26,000 people, with 94% recommending the Trust's care to others. The Trust had also carried out postal surveys which revealed that 97% of inpatients and parents of 0-11 year olds rated the care they received as excellent, very good, or good. However, the National Cancer Patient Survey had revealed disappointing results, and as a result the Trust was now working with the Patients' Association to improve the experience of cancer patients.

Improving Patient Flow: The Trust had experienced challenges relating to patient flow in 2014/15, but recognised that improvements were fundamental to delivering best care. There had been challenges in relation to A&E waits, referral-to-treatment times and cancer standards. The Trust's 'Green' governance rating had been suspended by regulator Monitor after Q1, because of targets not being achieved in these areas, though the Green rating had been restored in Q4. The CQC had recognised the impact of patient flow difficulties, and in its inspection report had recognised that it was not an issue that the Trust could resolve on its own, highlighting the need for the Trust to work with others in the area.

The Trust was continuing to use the 'Breaking the Cycle Together' approach - a rapid improvement initiative which focussed everyone's attention on standards of care and patient flow in a particular hospital over one week. The model had been pioneered by UH Bristol and was now being adopted nationally as an innovative way of approaching the everyday problems that get in the way of patient flow and providing excellent care.

Renewing our hospitals: 2014/15 had been a seminal year for the hospital's building programme. The Trust had opened new, purpose- designed facilities in May 2014. Specialist children's services had moved from Frenchay to the extended children's hospital. The last inpatient beds in the Bristol Royal Infirmary's Old Building had been closed as a result of the BRI redevelopment. There was now a new helideck, to support Bristol Royal Hospital for Children as the Paediatric Major Trauma Centre for the South West. The redevelopment of the Bristol Royal Infirmary had included two brand new assessment units: an Older Persons Assessment Unit (OPAU) and an Acute Medical Unit (AMU) and also a new state-of-the-art Intensive Care Unit. At the Haematology & Oncology Centre, a new-generation linear accelerator opened in January 2015 – the first of its kind in the region.

There was also a new signage and wayfinding system operating in the Bristol Royal Infirmary (BRI), Bristol Heart Institute and the Bristol Haematology and Oncology Centre, though Robert acknowledged that there were still improvements to the made with regard to signage.

Building capability: There was currently a major focus on developing staff. This included improvements to teaching and learning opportunities, for example, more than 800 staff had attended internal leadership and management courses in the year. The contribution made by staff was recognised in the annual Recognising Success staff awards ceremony. A staff survey last year had revealed the

extent of pressures felt by staff at work, and a strong desire for improved communication and listening. At the end of last year, the Trust had introduced 'Schwartz Rounds' to support staff wellbeing: private sessions facilitated professionally to allow staff to talk about the emotional impact of their work, which had very positive feedback.

Leading in partnership: Robert emphasised the Trust's responsibility to engage with health and social care partners to improve the experience of the NHS as a whole across the region. The year had seen an active partnership with North Bristol NHS Trust, and the redevelopment of the Children's Hospital and the BRI had been timed to support the work around the closure of Frenchay Hospital and opening of Southmead last year. Also the Trust had teamed up with commissioners and primary, community and social care partners for work on discharge and patient flow. With the universities, the Trust was working to maintain excellence in clinical education and research including in its two biomedical research units. It had also worked with the City Council on the sustainability agenda (for example the solar panel installation at St Michael's Hospital – one of the largest in Bristol.)

Looking to the future, Robert summed up the Trust's immediate priorities as: engaging staff in transforming services and improving the quality of care; engaging with patients to help the Trust improve services; and engaging with partners, both to ensure that patients were discharged appropriately, and also to remodel health and social care services for current and future generations.

Annual Accounts and Financial Context

Paul Mapson, Director of Finance and Information, delivered a presentation on the Trust's annual accounts and financial context in 2014/15 and noted:

- Total income was £589.33m excluding technical items and total expenditure was £582.99m excluding technical items.
- UH Bristol had delivered a net income and expenditure surplus of £6.340m, against a plan for £5.803m before technical items.
- A technical items (impairments, donations and depreciation on donated assets) charge of £22.690m led to reported deficit of £16.350m.
- The Trust had a Continuity of Services Risk Rating of 4.
- EBITDA (Operating surplus) was £35.820m (6.19%).
- Savings had been achieved of £16.5m.
- Capital expenditure was £44.3m.
- There was a healthy cash position of £63.5m and strong working capital at £21.6m.

The Accounts had received an unqualified audit opinion. Results for 2014/15 demonstrated that the Trust had delivered the seventh year of its financial strategy as a foundation trust and the twelfth year of breakeven or better (before technical items). Paul provided a breakdown of the Trust's income and expenditure and more detail on the continuity of services risk rating and the historic and forecast position of income and expenditure surplus. He explained that a surplus of £6m (1%) was needed each year in order to meet the loan payments on the buildings.

He summarised the Trust's current financial priorities as continuing to provide fit for purpose clinical accommodation, with completion of the BRI Redevelopment ward block; centralisation of Specialist Paediatrics; BHOC development; Welcome Centre; and South Bristol Community Hospital. Other priorities for the Trust in 2015/16 were the planned decommissioning of the BRI Old Building in July 2016, as well as investment in technology to facilitate innovation and transformation, improving quality in face of severe economic challenges, facilitating the delivery of clinical activity to meet the needs of patients, understanding service efficiency, enhancing Research and Development in the Trust, providing high quality teaching for doctors and other staff, and continuing to manage the money so the Trust was in control of its own destiny.

Paul also reported on the progress of the financial strategy, actual and projected income, the progress of the medium-term capital programme 2008/9 to 2020/21 and the forward position. He explained that the Trust had originally declared a planned net deficit of £5.0m for 2015/16, which had been revised to a break-even position. However, he emphasised that fundamental to this plan was the delivery of the savings programme and planned activity volumes, avoiding performance fines and reducing agency expenditure. Effective recruitment and retention of staff and reduced absence was also a pre-requisite.

In conclusion, he explained that the macro-economic outlook was still very difficult in relation to public spending plans, with NHS growth significantly reduced compared with recent settlements. The Trust would however continue its approach of applying sound financial management principles, governance and methodology, and would not compromise on clinical quality and standards.

5. Quality Report 2014/15

Members formally received the Quality Report 2014/15 from Carolyn Mills, Chief Nurse. Carolyn explained that the Quality Report was an assessment of the quality of the Trust's services, focussing on patient safety, patient experience, clinical effectiveness and performance against national access targets. It documented progress in achieving annual quality objectives for the past year and set out priorities for the year ahead. This year, the report also included a summary of the Care Quality Commission inspection findings.

Carolyn presented graphs to show the Trust's performance in relation to several key measures of patient safety: falls per 1000 bed days, pressure ulcers, the percentage of patients receiving a VTE risk assessment, and incidences of Clostridium difficile infection. These metrics presented a generally positive picture, with improvements in some areas. Regarding Patient Experience, she showed results of Friends and Family tests in three different areas (in which the Trust was generally above the national average but with occasional dips) and also the results of the Trust's own inpatient survey. Carolyn also demonstrated that according to the Summary Hospital Level Mortality Indicator, UH Bristol was performing consistently well – a measure of its clinical effectiveness.

The Trust had set Quality Objectives for 2014/15 to:

- Reduce the number of cancelled operations.
- Minimise patient moves between wards, including out of hours.
- Ensure patients were treated on the right ward for their clinical condition.
- Ensure no patients were inappropriately discharged from our hospitals out of hours.
- Renew and refresh the Trust's approach to patient and public partnership – lot of work.

The Quality Report examined the Trust's progress on these objectives.

Carolyn outlined the objectives that had been set for 2015/16, three of which had been carried forward from 2014/15: reducing the number of cancelled operations; minimising patient moves between wards for non-clinical reasons; and ensuring patients are cared for on the right ward for their clinical condition. New objectives for 2015/16 were identified as: improving the management of infection (sepsis); improving the experience of cancer patients; improving how the Trust communicates with patients; improving the quality of our written complaints responses; reducing delays in outpatients (and keeping patients better informed about delays); and improving patient discharge, including the timeliness of drugs to take home.

6. Membership and Governors' Review

John Savage, Chairman of the Board and Chairman of the Council of Governors, and Sue Silvey, Public Governor, presented the membership and governors' review of the year.

John Savage spoke briefly to pay tribute to the staff and leadership at the Trust. In a momentous year for the whole of the NHS with significant challenges, senior staff had, in his view, managed to respond to enormous pressures and change while maintaining both quality of care and the Trust's finances – certainly not an easy task. He emphasised the urgent need in an uncertain future to maintain sight of the Trust's core purpose: to provide excellent care to our patients.

He reminded those present that as a Foundation Trust, UH Bristol had a governing body consisting of elected representatives of the public and stakeholders. Governors and the Trust Board were working well together to make the model function effectively.

Sue Silvey, Lead Governor 2013-14 and 2014-15, presented a governors' review of 2014/15. She reported that governors had worked hard and had benefited greatly from the advice received from Trust Secretary and the Head of Membership and Governance.

She summarised the key achievements of the governing body during the year. They had worked to revise the Trust's Constitution to make it more user-friendly, and had followed up matters raised by members to improve patient experience. The governors also had a Log of Communications on which they could pose questions to Directors, and the use of this had been improved. Governors had played their part in the CQC inspection and the Well-Led Governance Review. They had contributed to the development of a formal and rigorous annual appraisal process for Non-Executive Directors and had appointed the Senior Independent Director and two further substantive Non-Executive Director posts. They had supported the development of the Trust's Annual Planning process and had oversight of the corporate quality objectives to inform and contribute to the Trust's Quality Account. As part of their membership engagement work, they contributed to the Trust's 'Voices' magazine; and had participated in patient/staff activity: e.g. PLACE visits (Patient-Led Assessments of the Care Environment); patient interviews and staff surveys. Governors had also overseen the development of a revised Membership Engagement and Governor Development Strategy for 2015 – 2019.

Elections to the Council of Governors had taken place in March-May 2014, with new governors taking up office in June. A report of the election results was available at the meeting. The next elections were due to take place in Spring 2016, and for the first time would include the option to vote electronically. Sue reminded members that if they wished to get more involved in the Trust's work, they had the opportunity to stand for election as governor.

The Trust had a total of 21,090 members (at 31 March 2015), including 6,466 Public members, 4,763 Patient & Carers members and 9,861 Staff members. This was a broadly representative membership, although there had been a slight decline in membership numbers since the previous year. Work in the coming year would focus on an active recruitment campaign to increase member numbers, particularly in groups where the Trust was under-represented. Plans were also in place to deliver increased membership engagement and activity.

7. Paediatric Major Trauma Centre Update

Giles Haythornthwaite, Consultant in Paediatric Emergency Medicine and Clinical Lead for Major Trauma, gave a presentation on the first year of the Paediatric Major Trauma Centre.

The Paediatric Major Trauma Centre had transferred from Frenchay in May 2014 and now ran from Bristol Royal Hospital for Children. As part of the move, the service had been redesigned in order to centralise paediatrics within the region under one roof. Giles discussed the planning and process of establishing the Centre, effecting the transfer, and making it work. One year on, he reflected on how the service was improving outcomes for children who had life-threatening injuries.

In particular, he emphasised the guiding principles that had been followed to ensure that the new service had resulted in improved care:

- Building teams across clinical boundaries
- Senior (consultant) timely decision making
- Access to rapid diagnostics
- Access to rapid treatment (blood/theatre/supportive care/intensive care)
- Rehabilitation (co-ordination)
- Creating a cycle of improving care
- Remembering we are all on the same side.

The Chairman thanked Giles for his presentation.

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

Three questions had been submitted in advance, one from Garry Williams (Patient-Carer Member) and one from Paul Thomas (Public Member – Rest of England & Wales)

From Garry Williams, Patient (Carer) Member:

a) **Can a card terminal for extending car parking times be located at the main entrance so as to relieve anxiety of those unavoidably detained in the building?** *Garry Williams had sent his apologies for the meeting but had submitted this question.*

Deborah Lee, Chief Operating Officer/Deputy Chief Executive acknowledged that this was a real issue, but explained that the current technology used in that car park was not configured in a way that would make this possible.

Several years ago consideration had been given to a solution enabling people to pay for their parking by phone, which could be then topped up anywhere at any time. However, it was found that this would be very costly to implement and consultation with patients at that time had not revealed an appetite for it. However, she could provide assurance that technological solutions would certainly be considered for the new proposed multi-storey carpark at Eugene Street.

From Paul Thomas (Public Member):

b) Following on from last year's AGM and my question regarding the effectiveness of the Impact Assessment carried out before the closure of the pharmacy at the Eye Hospital, I would like to hear about the improvements to the Impact Assessment process (when changes are being planned anywhere in the hospitals) and also what improvements have been made to the training programmes for staff charged with conducting the assessments?

c) What are the reported waiting times at the pharmacy for out- patients? As a consumer I still think that they are worse than when the eye hospital operated a pharmacy because now patients at the Eye Hospital, the Dental hospital and all the BRI departments make use of a single pharmacy that does not seem to be any bigger than that at the Eye Hospital.

Paul Thomas was present at the meeting and introduced his questions, emphasising that they were intended to be helpful rather than critical. He thanked Trust governors and staff for giving up their time over the year to look into his concerns, which he had first raised at last year's Annual Members' Meeting.

He explained the reasons behind his questions – in his view the impact assessment that had been carried out in relation to the closure of the Eye Hospital pharmacy had been ineffective as there had been no

walkthrough of the patient pathway by a patient. He was therefore waiting for a response as to how the impact assessment process had been improved.

Carolyn Mills, Chief Nurse, responded to Paul's questions. She explained that the Trust carried out a Quality Impact Assessment (QIA) with each major change in order to establish the impact of the change on quality of care. Where relevant, a walkthrough was part of the QIA, carried out by a member of staff on behalf of patients. In her view, the process was robust and no change was necessary. In relation to the QIA for the Eye Hospital, she acknowledged that no-one had walked the patient pathway; however, the patient experience had been taken into account. She added that there had been a post-project review in relation to the Eye Hospital pharmacy closure, as a result of which issues had been identified and improvements made.

Clive Hamilton, Public Governor and chair of the Governors' Quality Group, explained that governors had taken up the issue on Paul's behalf, and confirmed that considerable improvements had been made as a result post-implementation – for example, notices had been improved, people were better informed, and improvements had been made to the pharmacy. Overall, governors had been satisfied that work had been carried out to improve the situation.

The comments made in Paul's second question were noted. A more comprehensive response would be provided to Paul after the meeting.

There were several other questions from the floor:

d) A member asked Giles Haythornthwaite why it would be unusual for a consultant for adult treatment to operate on a child. Giles explained that training was different for those operating on children below 16 due to anatomical differences and other considerations. However, in the Paediatric Major Trauma Centre, when specialist expertise had been required, they were able to bring in consultants from adult areas and use overlapping skills.

e) There was a further question about why Trust car parks did not have pay-on-exit technology. Robert Woolley responded that while some of the Trust car parks allowed this, others were physically arranged in a way that made this impossible and were therefore pay and display. He reiterated that the issue was understood and would be taken into account when the new car park was built.

f) John Steeds, Public Governor, referred to the good Care Quality Commission inspection report of South Bristol Community Hospital (SBCH) but questioned whether it was run as efficiently as the rest of the hospital at the moment. He asked when this would be reviewed. Robert explained that UH Bristol provided some of the services at SBCH alongside other organisations, and acknowledged that SBCH was not at full capacity. A strategic review would be undertaken as the end of contract approached to establish how best to work with commissioners and other health partners to ensure that the hospital met the needs of the people of South Bristol. Deborah Lee added that a significant amount of work had been undertaken last year as to how the Trust could better utilise the space, and for the first time there was now a full timetable in respect of outpatients and theatres, and a queue of services currently delivered at the BRI which had requested to be moved to SBCH.

g) Clive Hamilton, Public Governor, asked Paul Mapson to explain the reduction in teaching income mentioned in his presentation on the Annual Accounts. Paul explained that tariffs for teaching income had been reduced nationally, and there had also been reductions in numbers of students.

h) Wendy Gregory, Patient-Carer Governor, asked Paul Mapson for more information about his suggestion that there might be plans for further improvements to the Bristol Haematology and Oncology Centre. Paul responded that the Oncology Centre was one of several areas that it was recognised was in need of further development. As yet, there was no plan in place for this: priority areas would be identified for development and a decision would be taken on affordability and timescale.

i) Hugh Silvey, Public Member, enquired about the Trust's plans to implement government directives to introduce 7-day working. Robert Woolley responded that the Trust already provided 7-day services to some extent. While he accepted that the government's commitment was positive, it was clear that the objective could not be met by taking existing staffing and spreading it more thinly. There would therefore need to be a significant investment, which posed a challenge for the government, as much of the £8bn that they had promised to the NHS was already committed. Also, there were recruitment shortages in certain specialities. A government taskforce had been set up, led by the Medical Director of NHS England, and their first tranche of work was to carry out a baseline assessment, for which UH Bristol had submitted a report last week.

   Sean O'Kelly, Medical Director, added that the taskforce would take time to digest the information from these assessments and translate it into policy. UH Bristol would then need to evaluate the evidence to decide where it would get the most benefit from increased investment and would roll out services accordingly.

The Chairman thanked everyone for attending and closed the meeting.

The next Annual Members' Meeting/Annual General Meeting will be held at 17:00 on Thursday 15 September 2016 in Lecture Theatre 1, Education Centre, Upper Maudlin Street, Bristol, BS2 8AE.