

Annual Members' Meeting/AGM

Thursday 13 September 2018, 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, governors and charitable partners, browse poster displays from staff showcasing their quality improvement activities, and see our shared memories of the NHS in its 70th year.

5:00pm Annual Members Meeting

Agenda		
5:00pm	1.	Welcome and introductions – Jeff Farrar, Chair
	2.	Minutes of the previous Annual Members Meeting – Jeff Farrar, Chair
5:10pm	3.	Independent Auditors' Report – Craig Sullivan, Director, PricewaterhouseCoopers LLP
5:15pm	4.	Presentation of Annual Report & Accounts for 2017/18 – Robert Woolley, Chief Executive and Paul Mapson, Director of Finance Quality Report 2017/18 – Carolyn Mills, Chief Nurse
5:50pm	5.	Governor Report – Mo Phillips and Carole Dacombe, Public Governors
6:00pm	6.	UH Bristol as a 'Global Digital Exemplar' – how we are using technology to benefit our patients and improve our working practices, Adam Dangoor, Clinical Chief Information Officer. Presentation followed by Q&A
6:40pm	7.	Ask the Board – Q&A with the Trust Board – Jeff Farrar, Chair Opportunity to ask your questions to members of the Board and Council of Governors. Questions may be submitted in advance to FoundationTrust@UH Bristol.nhs.uk

The Trust's Annual Report and Accounts for 2017/18 are available on the Trust's website at www.uhbristol.nhs.uk/about-us/key-publications/

Minutes of the Annual Members' Meeting held on 21 September 2017 at 5pm at the Education and Research Centre, Upper Maudlin Street, Bristol, BS2 8AE

Present

Members of the Trust Board of Directors

John Savage – Chairman
Robert Woolley – Chief Executive
Paul Mapson – Director of Finance and Information
Mark Smith – Chief Operating Officer and Deputy Chief Executive
Paula Clarke – Director of Strategy and Transformation
Matt Joint – Director of People
Alex Nestor – Acting Director of Workforce and Organisational Development
Carolyn Mills – Chief Nurse
Mark Callaway – Acting Medical Director
Martin Sykes – Non-executive Director
Emma Woollett – Non-executive Director

Members of the Council of Governors

Malcolm Watson – Public Governor and Lead Governor
John Rose – Public Governor
Mary Whittington – Public Governor
Tom Frewin – Public Governor
Penny Parsons – Public Governor
Ray Phipps – Patient Governor
Derek Wholey – Patient Governor
John Chablo – Patient/Carer Governor
Florene Jordan – Staff Governor
Neil Morris – Staff Governor
Jane Westhead – Staff Governor
Sophie Jenkins – Appointed Governor
Astrid Linthorst – Appointed Governor

In Attendance

Pam Wenger – Trust Secretary
Kate Hanlon – Membership Engagement Manager
Craig Sullivan, Director, PwC – *External Auditor*
Dr Helen Wheeler, Consultant and Paddy Horner, Consultant – Unity Sexual Health – *Guest Speakers*
Approximately 30 public, patient and staff members of University Hospitals Bristol NHS Foundation Trust and members of the public.

Minutes

Sarah Murch – Membership and Governance Administrator

The Chairman opened the meeting at 5.05pm

1. Chairman's Introduction and Apologies

The Chairman, John Savage, welcomed everyone to the meeting. He noted apologies from:

Trust Board of Directors: Lisa Gardner, Guy Orpen, Steve West, Jill Youds

Governors: Hussein Amiri, Kathy Baxter, Andy Coles-Driver, Carole Dacombe, Jenny James, Rashid Joomun, Sally Moyle, Mo Phillips, John Sibley, Tony Tanner and Garry Williams.

2. Minutes of the previous Annual Members Meeting

The minutes of the Annual Members' Meeting on 15 September 2016 were approved as an accurate record of proceedings.

3. Independent Auditors' Report

Members received the External Auditors' Report from Craig Sullivan, Director of PwC.

Craig outlined the three key responsibilities of the external auditors in relation to the Annual Report and reported their conclusions as follows:

1. **Financial statements:** The external auditors had issued an unqualified audit opinion on the Trust's financial statements, concluding that the financial statements were a true and fair representation of the financial records of the Trust.
2. **Value for money:** They had issued an unqualified opinion in relation to value for money, concluding that Trust had used its resources effectively, efficiently and economically.
3. **Quality Report:** The external auditors had concluded that the content of the Quality Report complied with guidance issued by NHS Improvement, and was consistent with other information from the Trust and its stakeholders. There had been no problems in relation to two out of the three indicators that they had tested. However, they had needed to modify their opinion because they found some issues in relation to one of the indicators through testing.

4. Presentation of Annual Report and Accounts for 2016/17 Presentation of Quality Report 2016/17

Robert Woolley, Chief Executive, and Paul Mapson, Finance Director jointly presented the Annual Report and Accounts for 2016/17.

Review of the Year 2016/17

Robert Woolley, Chief Executive, presented a summary of the Trust's achievements in 2016/17. Among the overall highlights was the 'Outstanding' rating which the Trust had received from the Care Quality Commission (CQC) in March 2017 for its performance and delivery of services to patients. It was one of only six acute hospital trusts in the country to have received the top rating, which in Robert's view was a testament to the staff who worked tirelessly under significant pressure to provide care to patients. During the year, the Trust and its partners had also received a grant of £21 million from the National Institute for Health Research to establish a Biomedical Research Centre for translational research, and it had also been one of 16 acute trusts designated as 'global digital exemplars' for its plans to increase the use of IT in clinical care.

Robert summarised the Trust's other highlights of the year as follows:

Delivering Best Care: UH Bristol had emerged as one of the top ten trusts for patient experience in the CQC's 2016 national survey of adult inpatients. Developments during the year had included the Trust's appointment to manage sexual health services across Bristol and the surrounding region, and the opening of a new unit for expectant mothers who suffer extreme vomiting during their pregnancy. The West of England Genomic Medicine Centre, which was hosted by UH Bristol, had enrolled its first patients.

Improving patient flow: There was a renewed focus on ensuring that the Trust's hospitals worked efficiently and that patients could access services. The Trust however still continued to struggle against national access standards.

Renewing our hospitals: Work in 2016/17 had included the completion of the Bristol Royal Infirmary façade; and the Trust had moved out of and paid tribute to the Old BRI Building.

Building Capability: There was a continued focus on improving staff experience. The NHS staff survey and the Staff Friends and Family Test had revealed that while staff were now more engaged, there was still more work to do. Developments in 2016/17 had included implementing e-appraisals, continuing the roll-out of the award-winning 'happy app'; setting up a Quality Improvement Academy to foster innovation; and providing extra support for staff to stay well.

Leading in Partnership: The Trust was working more closely than ever with other NHS providers, commissioners, social services, universities and training providers. Initiatives were underway to improve health and to design cost-effective resilient services for the future. Formal partnerships had been agreed with North Bristol Trust and Weston Area Health Trust. The Trust was also developing research partnerships with academic and research-focussed institutions.

Future plans: Priorities for the coming year included continuing to engage staff and partnering with patients with the aim of improving care. Collaboration would continue with the universities on clinical research and professional education & training. The Trust would also be working with its partners to develop the Sustainability and Transformation Partnership – a 5-year plan for care in Bristol, North Somerset and South Gloucestershire with an emphasis on moving healthcare away from curing people once they were ill and towards preventing people from becoming ill in the first place.

Annual Accounts 2016/17

Paul Mapson, Director of Finance and Information, gave an overview of the Trust's financial results for 2016/17, during which the Trust had delivered the ninth year of its financial strategy as a foundation trust and the fourteenth year of breakeven or better before technical items. UH Bristol had in fact been one of only 15 acute trusts in surplus in England in 2016/17. Headlines included:

- There had been a surplus of £16.606m before technical items (against a planned surplus of £15.897m)
- The Trust had received £13.670m Sustainability & Transformation Funding (STF), hence without STF funding the surplus was £2.936m
- Technical items (primarily impairments) were a net charge of £9.124m
- The Trust had received a use of Resources Rating of 1, the highest rating

- The Trust reported EBITDA of £48.692m (7.6%), achieved savings of £13.189m, and capital expenditure of £29.894m
- Year-end cash was £65.441m and net current assets £36.992m

The accounts had received an unqualified audit opinion. Paul provided a breakdown of income and expenditure and more details about the Trust's capital programme and savings programme.

He discussed the Trust's progress against its financial strategy. In particular, most projects outlined in the Trust's eight-year capital development strategy had now been completed:

- BRI Redevelopment new ward block in February 2015
- Centralisation of Specialist Paediatrics in May 2014
- BHOC development in March 2014
- Welcome Centre in December 2013
- South Bristol Community Hospital in March 2012
- Conversion of the King Edward Building and decommissioning of the BRI Old Building in November 2016
- Marlborough Hill multi-storey car park - due to be completed in late 2018

Paul concluded by commenting that while the Trust was clearly operating at the top end of the NHS on several indicators (finance, quality, IT, patient feedback), continuing to deliver this would be very challenging in a climate in which many acute providers were in deficit due to multiple pressures on services. He warned that in 2017 the Trust was already £5m off plan due to pay spending pressures which would eliminate its surplus due to the potential consequential loss of funding (£13m). This would be a challenge as the Trust needed to continue to deliver surpluses in order to be able to invest in its future.

Presentation of Quality Report 2016/17

Carolyn Mills, Chief Nurse, introduced the annual Quality Report 2016/17. The Quality Report, part of the Annual Report, was an assessment of the quality of the Trust's services in relation to patient safety, patient experience, clinical effectiveness and performance against national quality indicators.

Every year the Trust set Quality Objectives focusing on areas that required improvement. Carolyn outlined the Trust's progress against last year's objectives, and informed members of the eight quality objectives that the Trust had set for 2017/18. These included five objectives carried forward from the previous year:

- reducing last minute cancelled operations
- reducing cancellations and delays in outpatients
- improving the management of sepsis
- implementing a new patient feedback system
- improving staff-reported ratings for engagement and satisfaction.

There were also three new objectives relating to initiatives in the Trust's new four-year Quality Strategy that had been agreed in the year:

- creating a new Quality Improvement Academy
- establishing a new mortality review programme
- developing a consistent customer service mindset in all our interactions with patients and their families.

John Savage, Chairman, thanked Carolyn, Paul and Robert, and commended the Trust Board and the entire staff on the dedication and hard work that lay behind the Outstanding CQC rating. The view of the Board was that the Trust was delighted to have received the rating, but that it still required improvement and should not become complacent. He added that working in partnership with other organisations would be the key to the future, including more work in the community to prevent illness.

5. Membership and Governors' Review

John Savage introduced this item by voicing his support for the Foundation Trust model, which through its membership enabled the Trust to be more accountable to the people it served. He introduced Malcolm Watson, Lead Governor, who gave a report on the Trust's membership and governor activity in 2016/17.

Membership at 31 March 2017 stood at 19,666, with 5,518 public members, 3,879 patient and carer members, and 10,269 staff members. Public membership was broadly representative of the population at large, although there had been a further slight decline in public and patient membership numbers. Governor elections had been held in March-May 2016, with 15 governors taking up office in June 2016. Preparation had also taken place during the year for the governor elections in March-May 2017, in which there had been 14 seats up for election.

Malcolm informed members that Council of Governors delegated its main work to three groups: Constitution Focus Group, Governors' Strategy Group and Quality Focus Group, and also to one statutory committee, the Nominations and Appointments Committee.

Among the governors' key achievements for 2016/17 were the following:

- They had been involved in the appointment process for the Chairman and Non-executive Directors, which had culminated in the appointment of a new Chairman and three Non-executive Directors who would all take up office in 2017
- They had been involved in the appointment process for the External Auditor, and had approved the appointment of PwC as the Trust's external auditors for 2017-2020.
- Governors had contributed to the corporate quality objectives and Trust's Quality Report and also to the Trust's Annual Planning process.
- They had reviewed the Membership Engagement strategy and priorities, and had contributed to the members' page of the Trust's Voices magazine. They had worked with the Youth Involvement Group to design an event for young people. Governors had participated in patient/staff activity: for example, through walk-rounds, assessments and patient interviews, and through their role they had also liaised with external partners, e.g. Dhek Bhal, South West Citizens Assembly, and Healthwatch.

Objectives for 2017/18 included refocusing the membership strategy and members' events programme, building on governors' understanding of the Sustainability and Transformation Partnership, and further building on relationships with the Board and opportunities to hold Non-executive Directors to account.

6. Clinical Services Presentation

Improving Sexual Health Across Bristol, North Somerset and South Gloucestershire

Paul Mapson introduced Dr Helen Wheeler, Clinical Lead and Dr Paddy Horner, Research and Innovation Lead, both from Unity Sexual Health.

Helen and Paddy gave a presentation explaining how Bristol Sexual Health had developed into Unity Sexual Health. Around three years ago, UH Bristol had been informed that its sexual health service was going to be put out to tender by commissioners. They had decided that the Trust should bid as a contractor for the whole integrated service.

This was a challenging prospect. The service that they were bidding for was almost double the size of the sexual service that the Trust was currently delivering, but it would need to be delivered with a 20% reduction in budget over 5 years. However, they saw it as an exciting chance to make the service that they wanted. They faced competition from across the sector, but managed to win the bid due to having a very clear idea and strategy, the full support of the Trust Board, and a collaborative approach which saw them forming partnerships with seven other organisations. They had been awarded the contract in November 2016, and in April 2017 took on the main contract as Unity Sexual Health.

Members heard about Unity's achievements and plans for the future. Their aim was to reduce inefficiencies in the system with a larger emphasis on health promotion and a focus on those with greatest need. New developments included an interactive website with online information and videos to direct patients to the services they need, the introduction of an online self-testing kit service, and a single booking line for all sexual health services. New health promotion campaigns driven by local needs were ongoing, and they had opened a new specialist complex sexual health service in South Gloucestershire, a new Pregnancy Advisory service for North Somerset, a new Saturday Young Persons clinic at Weston General Hospital. Their overall mission was to empower local people to enjoy healthier relationships and sexual wellbeing.

Questions:

- a. Tom Frewin, Public Governor, enquired which organisations the team had been bidding against. Paul Mapson responded that they had never been told, but that there were likely to have been well-known commercial companies interested in the service.
- b. Ray Phipps, Patient Governor, commended the team on a refreshing approach to solve a major problem. He enquired about the team's involvement in child safeguarding. Helen Wheeler responded that members of the team were involved in a multi-agency meeting every quarter at which different organisations were able to share information. They attended paediatric meetings to discuss clinical patients, and there were regular safeguarding meetings across Unity and internally. There was also a new senior nurse providing specific support in this area.

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

- a) John Steeds, Foundation Trust Member, enquired whether there was any news on the future of South Bristol Community Hospital. Robert Woolley explained that although UH Bristol was the Lead Provider at South Bristol Community Hospital, it was owned by Bristol Clinical Commissioning Group. The Lead Provider contract deadline had been due to end in March 2017 but had been extended to March 2018. Discussions were currently ongoing in order to try to achieve a more strategic and longer-term contact in line with the aims of the Sustainability and Transformation

Partnership, i.e. more integrated, locally-focused services.

- b) Paul Thomas, Foundation Trust Member, commented that after asking questions on the same issue at this meeting several years running, he finally felt hopeful that the Trust was reviewing the way that it considered how its service changes impacted on patients. Robert Woolley apologised that it had taken so long to give Paul assurance in relation to this issue, but assured him that the Trust had put a lot of work into how it assessed the impact of change on patients.
- c) Paul Thomas further wished to make the Board aware that out of the three clinics that he attended at the Trust's hospitals, two were consistently very good, but in the third there was always either a long wait or his appointment was postponed or cancelled. He enquired whether there was a way that excellent clinics could support staff in other clinics. Robert Woolley responded that one of the aims of the Trust's new Outpatient Improvement Programme was to use best practice from successful areas in order to improve services that were performing less well, and he asked Paul to advise him of the particular clinic after the meeting.
- d) Janis Purdy, Foundation Trust member, enquired whether cancelled operations were due to a lack of beds. Robert Woolley explained that rather than a lack of beds, the pressures of emergency demand meant that beds were being used by patients who should actually be in other parts of the hospital, which was why it was a particular problem during the peak of demand in the winter.
- e) Philip Morris, Foundation Trust member and a regular patient, commented that in his experience, the hospital treatment and staff were very good, but that some aspects of the hospital's breakfast service required improvement. Robert thanked him for his feedback which illustrated that the hospital experience was wider than just the treatment that was provided. He added that the Trust was signing a new catering contract and would continue to listen to patients to try to better meet their needs.
- f) Anne Skinner, Foundation Trust member, voiced concern about the reportedly low numbers of staff in Weston Hospital's maternity service. Carolyn Mills responded that while the service was not run by UH Bristol, she understood that it had been facing significant recruitment challenges. Robert briefly clarified the current position regarding UH Bristol's relationship with Weston: the two trusts had signed a formal partnership agreement and were looking at working even closer together, and the Boards were working collaboratively to identify those services that required support.
- g) Tom Frewin, Public Governor, enquired why, if winter pressures were predictable, bed pressures and cancelled operations caused such problems every winter, and whether the Trust be doing more? Robert explained that the Trust planned beds to vary capacity through the year in order to have escalation capacity in the winter. However, there was a point where the inexorable increases in demand on hospital services became unsustainable and the system could no longer flex for the winter period in the way that it used to. He added that this was driving the move towards the focus on prevention and reducing emergency reliance on hospital services.
- h) A member of the public enquired why there had yet been no mention in the meeting of the part that hospital charity Above and Beyond had played in funding improvements to the Trust's hospitals. Robert apologised and acknowledged that this was an omission, as the Trust relied heavily on support from Above and Beyond and its other charity partners. In particular, the Above and Beyond Golden Gift Appeal had been successful in raising £8m for much-needed developments to the Bristol Haematology and Oncology Centre and the BRI.

- i) Finally, the Chairman, John Savage read out a submitted question from Susan Mehdevy, a Foundation Trust member who had not been able to attend the meeting in person. She had asked how UH Bristol was combatting privatisation of the NHS, and what members of the public could do about it. In responding to the question, John noted that NHS bodies had for many years needed to work with the increasing prevalence of privatisation in the health service. One way to deal with it was to be more competitive: the presentation given by Unity had shown that it was possible for NHS organisations to win contracts against private companies. However, he added that in today's political climate, it was increasingly important to hold on to the NHS as a concept. Members of the public could help by challenging the government to give an honest assessment of the cost of meeting the current NHS funding gap, as it was only once this was known that the population as a whole could decide whether and how they would be prepared to pay for it.

Robert Woolley asked members to note that this was John Savage's last Annual Members' Meeting as he was standing down in November. He thanked John for his selfless commitment in chairing both the Board and the Council of Governors over the last 12 years and commended his wisdom, his business acumen, and, above all, his highly principled and unwavering commitment to the social value of the work of the Trust and the NHS in the care of its patients.

John Savage thanked everyone for attending and closed the meeting at 6.45pm.

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