University Hospitals Bristol NHS
NHS Foundation Trust

Minutes of a Public Meeting of the Trust Board of Directors held on 27 March 2014 at 10:30 in The Conference Room, Trust Head Quarters, Marlborough Street, BS1 3NU

Board Members Present

- Emma Woollett – Chair
- Robert Woolley – Chief Executive
- Paul Mapson – Director of Finance & Information
- Sue Donaldson – Director of Workforce & Organisational Development
- Carolyn Mills – Chief Nurse
- Sean O'Kelly – Medical Director
- Deborah Lee – Director of Strategic Development and Deputy Chief Executive
- James Rimmer – Chief Operating Officer
- Lisa Gardner – Non-executive Director
- Guy Orpen – Non-executive Director
- Alison Ryan – Non-executive Director
- Julian Dennis – Non-executive Observer
- Jill Youds – Non-executive Observer
- David Armstrong – Non-executive Director
- John Moore – Non-executive Director

Others in Attendance

- Charlie Helps – Trust Secretary
- Florene Jordan – Staff governor
- Peter Holt – Patient governor
- Joan Bayliss – Partnership governor
- Sue Silvey – Public governor
- Ian Davies – Staff governor
- Mark Griffiths – Approved governor
- John Steeds – Patient governor
- Clive Hamilton – Public governor
- Angelo Micciche – Patient governor
- Benjamin Trumper – Staff governor
- Pauline Holt (Management Assistant to the Trust Secretary)

Item	*Action*
1. Chairman's Introduction and Apologies The Chairman called the meeting to order. A quorum of directors was present. Apologies were noted from John Savage and Iain Fairbairn.	
2. Declarations of Interest In accordance with Trust Standing Orders, all Board members (including observers) present were required to declare any conflicts of interest with items on the Meeting Agenda. *The Chief Executive restated his previous declaration that he was a Director of the Academic Health Science Network.*	
3. Minutes and Actions from Previous Meeting The Board considered the Minutes of the meeting of the Trust Board of Directors dated 27 February 2014 and **approved** them as an accurate record with no amendments.	

Actions:

221: The Chief Executive – Partnership Programme Board. Histopathology Services – the Senior Leadership Team had received in March and supported a proposed model for the future configuration of cellular pathology services in Bristol and agreed what the next steps should be. A detailed financial appraisal and the seeking of clarity regarding the balance between a centralised laboratory and satellite services, would follow with update to the Board in due course.

238: James Rimmer advised that management instruction had been issued to the division to enact a name change. Item Closed.

245: Access targets covered in the Performance Report. Item Closed.

247: The date of the extraordinary Board Meeting was to be 14 April 2014. Item Closed.

249: The Chief Executive confirmed that he had spoken to the lead officer of the Academic Health Science Network and conveyed the Board's reservations regarding the report. Item Closed.

248: The Chief Nurse advised that discussions had been had and a report had gone to Quality and Outcomes Committee. The Chair said this item was now within the remit of the Quality and Outcomes Committee and they would report to Board in due course. Item Closed.

250: The Trust Secretary advised that the Governor's Log of Communications was live on the website. Item Closed.

Matters Arising:

Guy Orpen asked when a report on Teaching and Learning incorporating the Trust's contractual service commitment to provide training facilities to external partners, would come to Board. (He reminded the meeting that he had a potential conflict of interest).

Sue Donaldson said that the first report would be available in June. The Chief Executive asked that a base-line description come to April Board with the full report in June. — Action 202

The Chief Executive updated the Board on the Care Quality Commission inspection surrounding dementia care and advised that the report found a non-compliance with Outcome 4 (Care and welfare of people who use services in relation to dementia care). This was judged to have a minor impact, and the Care Quality Commission was expecting submission of an action plan, which was to be shared with the Board in April. — Action 262

4. Chief Executive's Report

The Chief Executive wished to update the Board on the following matters:

1. In regard to the position of the NHS England commissioned independent review of children's congenital heart services in Bristol, led by Sir Ian Kennedy, the Chief Executive said that he understood that discussions were still ongoing between Sir Ian, NHS England and the families concerned, regarding the review's terms of reference. No further information regarding decisions for the scope, design or timescales of the review were available. A further update to the Board would follow.

2. The Care Quality Commission had published the second of their Intelligent

Monitoring reports on providers across the country and had confirmed for Bristol a continuation of a band 6 risk rating. Robert confirmed this as the lowest rating that could be assigned and that out of 180 indicators of safety and care quality, the Trust received a score of 2, showing improvement since the last report in November where whistleblowing and Methicillin-Resistant Staphylococcus Aureus (MRSA) were flagged. This latest report flagged Never Events (2) and 62-day cancer waits. He wished the Board to recognise that this was part of the Care Quality Commission's redesigned approach to assessing safety and quality of health services, and that the Trust was doing well on external statistical analysis.

3. The Chief Executive reported the news that Professor Andy Ness, Professor of Epidemiology and Oral and Dental Science at Bristol Dental School had been selected as a Senior Investigator by the National Institute for Health Research. This prestigious 5 year award, starting from April includes the most pre-eminent researchers in the country, and the most outstanding leaders of clinical and applied health and social care research. He wished to pass on the Board's congratulations to Professor Ness, and advised that additional National Research Capability Funding would be received by the Trust to support Professor Ness in his research work.

There being no further questions the Chief Executive concluded his report.

Delivering Best Care

5. Patient Experience Story

The Board received the Patient Experience Story for review.

Carolyn Mills described the Patient Experience story as a letter that had been received from a mother who had lost her daughter, and wished to proactively advise the Trust of the positive aspects of the care her daughter had received, and to share some of the wider issues that would have improved the care for herself and her daughter, in the last days of her life.

Carolyn said that there were some key issues to note, for example the management of the transition of care from children's services to adult services, not only for the patient but for the family, the communication and technical language used with families and the assumptions made about of the level of understanding that families had.

She concluded that there was learning to be gained surrounding proactively talking to families about end of life, and that this sad story had positive aspects as well as areas where care could have been improved.

Jill Youds described the report as insightful feedback from the mother. Compassion was frequently discussed, she said, but how often was empathy considered? For example, ward rounds where people were introduced and the patient/families asked if they were happy for the observers/students/others to be there. She described empathy as remembering the 'subtleties that make human interaction a bit friendlier'.

Lisa Gardner asked how easy the Trust made it for patients/families, to identify staff by rank and position. Carolyn advised that the Francis report asked a question on how Trusts supported people who accessed services, to differentiate between registered or unregistered nurses. The Trust dealt with this by using the same uniform with a change in epaulets to denote rank, she said concluding that further investigations into the best way to

communicate this would be undertaken, be it by website or posters. The results of this would come back to Board as part of the Francis Report update. John Moore expressed dissatisfaction that the patient in the story was "stood around and talked over". He sought assurance that, as part of core values, the training of staff addressed this situation and treated this as a trust-wide learning opportunity. Sean O'Kelly agreed and advised that as a teaching hospital, teaching occurs on ward rounds. He added that good teachers are able to carry out that teaching in an entirely sympathetic and empathetic way and part of the teaching in a clinical environment, was to make sure patients were entirely comfortable with what was happening. If this situation was not being addressed then that amounted to a deficiency in teaching ability, he said. Sue Donaldson replied that the Essential Training Programme was looking at how well Trust values are embedded and what type of customer care training was being provided on a regular basis. David Armstrong asked if organisational learning was viewed as an opportunity to learn rather than noting the learning that had been received. He suggested that an action log could be written to crystallize the things that were needed to secure that learning. Guy Orpen said that he felt proud that the Trust and the Board put patient experience stories at the top of the agenda but said there was the further need to think how it communicates with families when they have abrupt and painful experiences. Clive Hamilton, a governor who was in attendance, asked about staffing at night and the use of bank staff during the period discussed. Carolyn Mills replied that the levels of staff were adequate and the unit was a fully staffed unit that would meet the recommendations in terms of staffing levels required. Mark Griffiths, a governor who was also in attendance, asked how ward staff education and bedside teaching, in a compassionate way and by putting the patient at the centre, would be recorded and monitored. Sue Donaldson replied that individual training could be logged through an electronic system, but further thought was required into how that teaching was performed. The Chief Executive concluded that the Board were pinpointing the need for the Executive to consider the application of empathy in a systematic and more visible way, considering the specific features of the organisation and its staff, communicating with families who have serious concerns or who are bereaved or about to be bereaved. He said that the executive would report back to the Board in due course. *There being no further questions the Chair drew this item to a close.*	Action 263
6. Quality and Performance Report *The Board received the Quality and Performance Report for review.* **Performance Overview** Deborah Lee advised that the health of the organisation had remained relatively stable with an additional red indicator, pertaining to deterioration in the Monitor Governance Risk rating. She said that there continued to present a mixed picture with continued poor performance around many of the key access targets, but with some very positive improvements in quality of care, in particular falls, pressure ulcers, anti-biotic compliance	

and fractured neck of femur management. Finance showed a positive continuing picture, despite the under achievement around cash reducing efficiency savings, and this was being managed in the totality of the resources available to the Trust and did not impact on other indicators which remained green. The summary indicated the high risk of the Trust not achieving five of the Monitor indicators. The 62-day standard performance had been discussed at Board but was at very high risk of failure. The 31-day standard would come as a surprise to the Board she said, and advised that as a team, reflection would be made on if risk could have been better anticipated. She concluded that this item would have further cover in the Extraordinary Board meeting to be held on 14 April 2014. **Quality and Outcomes Committee Chair's Report** Alison Ryan advised that the Quality and Outcomes Committee had met and had examined quality indicators to see if progress was being sustained in right direction. She said they had been anxious about access and waits, and the bottle necks in intensive care due to bed shortages. They had looked at winter pressures, and it was clear that the Trust was "working on a knife edge" with respect to balancing demand and throughput, with insufficient headroom to entertain any possible disruptions of access. The Committee had examined the access paper and applauded the excellent ideas and commitment shown to managing access and the commitment to external partners in helping resolve problems by their involvement in 'Breaking the Cycle', whilst still looking at internal processes to streamline the Trust's own performance. She said that Dementia was an area of concern and there had been discussion of the part to play that issues with data capture had, in failure of the dementia target. An action list had been sent back to be looked at carefully. Alison concluded that the Chairman had asked her to take over the Chair of the Quality and Outcomes Committee, and to look at how it operated to provide the Board the best assurance on issues that were their responsibility. As a part of that they would examine how to measure in different ways than the Trust have used previously. The Chair reminded the Board that they had the opportunity to attend either Finance Committee or Quality and Outcomes Committee in order to fulfil their duties. Guy Orpen asked that Quality and Outcomes Committee and Finance Committee papers be sent to all non-executives as a matter of course. *There being no further questions the Chair drew this item to a close.*	Action 264
7. Access Standards Recovery Plan *To receive the recommendation of the Chief Operating Officer to ratify.* James Rimmer noted that the Board were 'unable to be happy' about access to performance standards and in response had produced the Access Standards recovery Plan, concentrating on the 4-hour standard, referral to treatment and the cancer standards. He said the Plan featured 7 key projects, starting with 'Breaking the Cycle'. James advised that the 4-hour standard had been broken down into the Bristol Royal Infirmary, the Emergency Department, minors and children's. He noted that a step change	

needed to be made to the way of working.

The well- known issues surrounding non-admitted referral to treatment would take longer to resolve and work was in train to put clear trajectories, with clearance targets, in the three phase recovery plan of long term sustainability, week by week activity plans, and a wider training programme looking more broadly at issues.

Cancer targets proved more challenging with 62-day waits giving challenges through the portfolio and pathways. He described this as a reflection of how the Trust worked with partners and advised the Board that if UH Bristol cleared all its attributable breaches for quarter 4 they would still have failed the standard, due to late referrals.

He described the failure of the 31-day cancer standard as having taken the Trust by surprise, having last been failed in 2010. He said that 31% of breaches were intensive care breaches due to acuity of patients, and in the quarter the critical care network needed to share issues across the network. More details would be given in the Extraordinary Board Meeting on 14 April.

Jill Youds said she was encouraged by a well-put-together report, but noted that with the Transforming Care Programme and now the Access Standards Recovery projects there was a big agenda for change. She asked the Board to consider how to get momentum, engagement and sufficient priority to drive the plan forward, in what may be a change-weary organisation. James Rimmer replied that Breaking the Cycle was designed to show the whole organisation commitment to addressing issues and advised that the Clinical Chairs had been keen to see involvement and change.

Clive Hamilton welcomed the report and asked if the achievement of the 62-day cancer target was specifically in the hands of others. James Rimmer replied that there were improvements that the Trust themselves could make and improvements that partners could make. It was all about working together.

John Moore welcomed the report and noted that it was showing how transformation was being added to the title of every team member. He said the report showed the point where a project was no longer a project, but inbuilt into the thinking and responsibility of everyone.

Alison Ryan asked how the plan fed into the objectives of individuals and identified the changes in behaviours that would be needed to make change happen. Sue Donaldson replied that a recent paper taken to Transformation Board had detailed the linking of the appraisal process directly to the business objectives and saw no reason why this shouldn't happen.

In response to a question from Alison, James Rimmer replied that the outcomes would feed into routine performance reports. She said there was a need to keep the Board focussed on the identification of where energy and effort should be made rather than prioritising everything and putting undue pressure on the system. The Chair agreed that prioritisation should be given as to how to report back on actions, and not allow pressure to build for some things that were of a lower priority.

There being no further questions the Chair drew this item to a close.

8. Trust Operational Plan 2014-16

Deborah Lee advised that the widely considered documents reflected all comments made, and formed the first of two submissions to Monitor, to support the 2 year operational

activities of the Trust in preparation for more challenging times ahead. Contained in the Plan was the Annual Declaration of Compliance against Monitor's risk assessment framework for which the Trust would be disappointingly, declaring three of Monitor's standards, to be a risk in the coming year for one quarter or more. These being, the Accident and Emergency standard, the referral to treatment non- admitted pathways, and the 62-day GP cancer standard.

Deborah advised that wider consultation with the health community and colleagues in the Clinical Commissioning Groups, local authorities and the local team had not received significant engagement and that the Trust would seek, for the Strategic Plan submission to strengthen the way it engaged with the community. She presented the Plan to the Board for approval.

Guy Orpen, noting that the audience for the Plan was Monitor, said that it did not say a great deal about the Trust's teaching and research mission and how they added value to their clinical strategy. He felt it important that with the Trust having a tri-part mission, at every point they should reflect on how to mutually reinforce this. He added that he was not seeking a change to the document. Deborah thanked Guy for his insight and replied that this would be contained in the Strategic Plan.

Clive Hamilton, noted that the Royal Devon and Exeter hospital had a short stay rehabilitation ward. He asked if the Trust had plans for similar in the future. Deborah replied that the model was already in place with 160 community beds available to the Trust with the operational model to develop more. To further support early patient discharge into their own homes was depicted in the Plan, and was already working very successfully for stroke victims.

There being no further questions the Chair drew this item to a close.

Delivering Best Value

9. Finance Report

The Board received the Finance Report from the Director of Finance and Information, to review.

Paul Mapson, regarding the year end 2013/14 said that the Trust was heading to achieve the year end plan. Issues that would determine the end of year related to the level of provisions that had to be made and the risk of payment by commissioners for low performance. There had been challenges by commissioners and it had only recently become clear what their positions were. He said that discussions were ongoing and that he didn't anticipate those conversations would compromise the year end position.

The Trust had not managed to bring the run rate down to a level that would put it in good standing for the next year; of particular concern were the Divisions of Medicine and Surgery.

The Chair added that the run rate was of grave concern and although the Trust was meeting their end year financial target, it was largely through the use of reserves.

John Moore noted that £7m of reserves had been drawn down and noted that without the drawdown and without the success of previous years the loss would be £2m. The £5m

surplus had been made by the use of £7m of reserves, giving a negative run rate. He said that divisions needed to understand that there was a 'central pot' that was bailing them out.

Deborah Lee said there was very little future flexibility and delivery of plans and the avoidance of unforeseen circumstances was critical to success. Framing the technical point in the context of loss of flexibility and inability to manage unforeseen circumstances was a message that divisions might understand more easily and might shape the right actions at divisional level. There was no flexibility for the divisions to not deliver their plans despite the history of them not delivering their plans.

Paul Mapson described this as a behavioural issue, saying that there had been a level of non-recurrent flexibility for the past few years which had been entirely deliberate, waiting for the major development costs coming through. Therefore that loss of non-recurrent flexibility would be a factor and the importance of delivering the operating plan was so much higher than had been the case in the past.

Guy Orpen said that he was hearing that the Trust had new facilities that it was about to exploit, giving a different platform for new operational methods that were more cost effective, and that financial sustainability was bound up with clinical sustainability. He reminded the Board that the Trust could not be clinically sustainable if they were not financially sustainable. Clinical sustainability would motivate clinicians to buy into financial sustainability, he said.

Paul Mapson replied that once the year end 2013/14 was completed then there was another debate to be had about the approach and delivering the 2014/5 plan.

There being no further questions the Chair drew this item to a close.

10. Finance Committee Chair's Report

The Board received the verbal report by the Chair of the Finance Committee for review.

Lisa Gardner, Chair of the Finance Committee advised the Board that focus was being placed on next year and the year after. The resources book would be placed as an item on the agenda and a 'fresh pair of eyes' had been engaged to look at cost improving and savings plans. The savings programme for next year showed a £5.2m shortfall on where the Trust would want to be.

She advised that the Committee recommended the Resources Book and the Treasury Management Policy to the Board for approval.

There being no questions the Chair drew this item to a close.

11. 2014/15 Financial Resources

The Board received this report by the Director of Finance and Information for approval.

Paul Mapson introduced the budget for the new year. He said it was in line with the long term financial plan but contained a number of estimates, for example the level of income (which was still in negotiation with Commissioners). He felt the estimate to be broadly correct and was the satisfactory settlement that the Trust might make.

He described 2014/15 as a 'red letter' year for the Trust where major developments would

come on stream, some having been 20 years in the making. He said that the effect of those had been built into the budget, but it would be a challenging year and there was the need to manage the plan more tightly than in the past.

The pay award announced had a possible cost to the Trust of £1.2m (depending on the interpretation of incremental earnings). An allowance had been made in the budget of £800,000 on the assumption of a low pay award and would partly fund the pay award. Another recent change was the unexpected announcement by Her Majesty's Revenue and Customs that there would be a major change in the Value Added Tax rules for the NHS. He said the implication of this could be £0.5m per annum on revenue, and all current fees for capital schemes would become non- reclaimable with a possible effect to the Trust of £2m. He concluded that this did not compromise the budget, but did make the budget tighter than expected. The cash balance was healthy to enable to Trust to ride out difficulties until 2015/16.

The Chair advised that the Finance Committee had discussed the subject in detail and recommended the resources Book to the Board for approval.

In response to a question from John Moore, Paul advised that the tariff was set by Monitor and was fixed. Only 60% of Trust income was earned from payment by results tariffs.

Guy Orpen mentioned the new facilities coming on stream. He asked how much risk mitigation the Trust had in place. Paul Mapson had budgeted for transitional costs but in terms of unplanned events these had not been budgeted for specifically. The Trust contingency had not been reduced, to allow some flexibility.

Alison Ryan asked if the Trust had the capacity to put resources into investments currently 'not thought of'. Paul replied that if that investment were community beds that would lead to shutting a ward, then that made sense. If it related to finding funds off the bottom line then this would not be possible. He concluded that this was what the Better Care Fund is all about. He said it was not a question of taking tariffs that were funded for acute services and spending them in the community, unless it gave a benefit which meant that costs could be taken out of the hospital, which were usually much higher.

Julian Dennis asked if Monitor allowed for, within the capital costs, revenue charges as part of the capital programme. Paul advised that the impact in the capital programme, including revenue charges, had been built in and the impact in the ten year plan had been allowed for as a cash commitment on capital and an income/expenditure commitment to pay the interest and depreciation required.

The Chief Executive drew the Board's attention to the high level of risk in the plan. He said that it was inevitable that there was far less flexibility going into the year than in previous years, and it was incumbent on the executive to manage teams to deliver on plans. Four divisions had deficit plans going forward and therefore the year would be started with difficulty, plus there was risk around the moves into new facilities, and those business cases were predicated on a significant efficiency improvement that needed to be delivered immediately. He concluded that there was challenge in in the plan but it was deliverable and reflected the pressure bearing down on the health service and acute services as a whole, on diminishing resources for an increasing profile of demand and acuity from the population.

The Chair thanked Paul Mapson for delivering the year and noted that it was a significant achievement and one that not many trusts had managed to achieve.

*There being no further questions the Chair noted the **Board's approval** and drew this item to a close.*	
12. Treasury Management Policy *The Board received this report by the Director of Finance and Information for approval.* Paul Mapson advised that the report had been to Finance Committee and asked if the Board were happy to approve the report. *There being no questions the Chair noted the **Board's approval** and drew this item to a close.*	
13. Loan Facility Agreements – Conditions Precedent. *The Board received this report by the Director of Finance and Information for approval.* Paul Mapson asked the Board to authorise his taking up of the loan agreement. *There being no questions the Chair noted the **Board's approval** and drew this item to a close.*	
Corporate Governance	
14. Governor's Log of Communications Nil return with no additions since the previous report. The Chair advised the Board that the log was available in an accessible place on the website, and urged governors to use it. Sue Silvey, a governor who was also in attendance asked if all the questions were shown on the log or just the one question from the current year. The Trust Secretary advised that there was a page explaining the log and its purpose, with links to the records within the minutes of the Council of Governors meetings, plus a set of sample questions. All changes would be published. Clive Hamilton said there was a strong feeling that the questions should be published from the beginning of the last financial year. The Chief Executive felt that historical questions and responses were made without the concept that they would be published for external consumption. Whilst this did not necessarily change the way in which the questions were asked or the responses given, he said, it raised a risk and it was preferable to start from the place where both parties were aware that questions asked would be published openly. He reminded the meeting that governors may question whether they wished their historical questions to be published. The Chair also noted that a document published now, but presenting historical questions was not helpful. Clive reminded the Board that 2014 was an election year and he wished his constituents to know which questions had been asked and similarly allow the non-executive directors to see the questions.	

David Armstrong added that the culture had been changed and proposed a fresh start. Deborah Lee suggested the circulation of the questions to the Board. Clive expressed a wish for this to be done. Florene Jordan, a governor who was also in attendance, did not support the idea of historical questions being published in the log. The Chair summarised that the log was on the website but only one question had been asked in year and suggested the log be left for a 12 month period to see how worthwhile the exercise was, before further review. *There being no further questions the Chair drew this item to a close.*	Action 265
15. Register of Seals The Chief Executive advised that two documents had been sealed since the last report and asked the Board to note.	
16. Audit Committee Chair's Report John Moore, Chair of the Audit Committee advised that the Audit Committee met on March 10th and was fully represented by all relevant parties. The meeting studied reports from :- 1. External Auditors 2. Internal Auditors 3. Counter Fraud There were no exceptional items to report. He advised that the Committee had reviewed new guidance from the UK Corporate Governance Code, and decided that there was no need for the Trust to change their current polices. Also reviewed, were the Internal Audit Function and the 2014/15 Internal Audit Annual Plan, which was approved. There were 2 notable items to report; 1. The ongoing work on analysis of non- pay spending, including the controls affecting these processes. The Committee noted that significant work was being done throughout the Trust to ensure managers understood the procedures and their responsibilities. Additionally, the internal auditor would be reviewing controls across the Trust and would carry out transaction testing. Further work was being done on the review of non- purchase order procurement, and a full report would be brought to the September committee meeting. 2. Cloud computing and Information Security. Following a report from Internal Audit regarding the risk of data security across the mobile environment, the Committee received a report from the executive. They were pleased to learn that no cloud storage was used by the Trust with all data kept on internal servers. They learnt that there was ongoing work to remind staff of the importance of not using non-trust email systems for work purposes, with further updates to be given to the committee in due course.	(Audit Action 258)

There being no questions the Chair drew this item to a close	
17. Report Results of Q3 Compliance Framework Monitoring The Chief Executive presented the reply from Monitor confirming the declaration that the Trust had made in quarter 3. He confirmed that continuity of services had been given a risk rating of 4, governance a risk rating of green and advised that Monitor had decided not to open an investigation into the Trust's C difficile performance or Accident and Emergency performance, at quarter 3. He reminded the Board that they may consider action if performance deteriorated further. He drew the Board's attention to Monitor's that warning (in regard to the current year plan) that use of reserves to mitigate overspend, and cost improvement plan slippage, may put pressure on delivery of the plan. He concluded that this was exactly the case, but regardless the plan was being delivered. The Board were asked to note Monitor's assessment of the Trust's Quarter 3 position. *There being no questions the Chair drew this item to a close.*	
Information and Other	
18. Any Other Business *There being no further business the meeting closed at 12.45*	
19. Date of Next Meeting **Public Trust Board meeting,** 28 April 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol BS1 3NU.	