University Hospitals Bristol
NHS Foundation Trust

Annual Members' Meeting/AGM

Thursday 21 September 2017, 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, governors and charitable partners, browse poster displays from staff showcasing their quality improvement activities, and see proposed designs for a new multi-storey car park.

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 –** Craig Sullivan, Director, PricewaterhouseCoopers LLP
5:15pm	**4.**	**Presentation of Annual Report & Accounts for 2016/17 –** Robert Woolley, Chief Executive and Paul Mapson, Director of Finance **Quality Report 2016/17 –** Carolyn Mills, Chief Nurse
5:55pm	**5.**	**Membership & Governors Review –** John Savage, Chairman; Malcolm Watson, Lead Governor
6:10pm	**6.**	**Clinical Services Presentation –** Sexual Health Services, Dr Helen Wheeler Presentation followed by Q&A
6:40pm	**7.**	**Ask the Board – Q&A with the Trust Board –** John Savage, Chairman Opportunity to ask your questions to members of the Board and Council of Governors.

The Trust's Annual Report and Accounts for 2016/17 are available on the Trust's website at www.uhbristol.nhs.uk/about-us/key-publications/

University Hospitals Bristol NHS
NHS Foundation Trust

Minutes of the Annual Members Meeting held on Thursday 15 September 2016 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
Paul Mapson –Director of Finance & Information
Sean O'Kelly – Medical Director
Carolyn Mills – Chief Nurse
Paula Clarke, Director of Strategy & Transformation
Owen Ainsley – Interim Chief Operating Officer
Alex Nestor – Acting Director of Workforce and Organisational Development
Emma Woollett – Non-executive Director
Alison Ryan – Non-executive Director
Guy Orpen – Non-executive Director
John Moore – Non-Executive Director

UH Bristol Governors

Mo Schiller – Joint Lead Governor
Angelo Micciche – Joint Lead Governor
Clive Hamilton – Public Governor
Graham Briscoe – Public Governor
Tom Frewin – Public Governor
Malcolm Watson – Public Governor
Jonathan Seymour-Williams – Public Governor
Rashid Joomun – Patient Governor
Anne Skinner – Patient Governor
Sue Milestone – Patient/Carer Governor
Lorna Watson – Patient/Carer Governor
Garry Williams – Patient/Carer Governor
Karen Stevens – Staff Governor
Florene Jordan – Staff Governor
Mily Yogananth – Staff Governor
Maria Wahab – Staff Governor
Tim Peters – Appointed Governor
Jeanette Jones – Appointed Governor
Beatrice Lander – Appointed Governor

Others:

Pam Wenger – Trust Secretary
Kate Hanlon – Interim Head of Membership and Governance
Sarah Murch – Membership and Governance Administrator (minutes)
Fiona Reid – Head of Communications
Kate Parraman - Deputy Director of Finance
Alison Grooms - Deputy Chief Operating Officer
Ruth Newbury-Ecob – Consultant (Clinical Genetics) - *guest speaker*
Ian Davies – Senior Manager, PricewaterhouseCoopers LLP - *external auditor*

Approximately 20 public, patient and staff members of University Hospitals Bristol NHS Foundation Trust were also in attendance.

Chairman's Introduction and Apologies
The Chairman, John Savage, welcomed everyone to the meeting. He launched proceedings with a short film - 'We are Proud to Care' - which was made this year to demonstrate the value of the work of the Trust and its staff, portraying a 24-hour period in the life of the hospitals.

Apologies had been received from:

Trust Board: David Armstrong – Non-executive Director, Jill Youds, Non-executive Director.
Governors: Hussein Amiri, Kathy Baxter, Pauline Beddoes, Bob Bennett, Edmund Brooks, Andy Coles-Driver, Carole Dacombe, Ian Davies, Marc Griffiths, Ray Phipps, Emma Roberts and Sue Silvey.

1. Minutes of the Previous Meeting
The minutes of the Annual Members Meeting on 15 September 2015 were accepted as an accurate record of proceedings.

2. Independent Auditor's Report
Members received the External Auditor's Report from Ian Davies, Senior Manager at PricewaterhouseCoopers**.**

Ian outlined the conclusions to the two formal reports that had been issued by the auditors: one on the financial statement, and one on the Quality Report, both of which were published in the Annual Report and Accounts.

The first had concluded that the financial statements of the Trust were true and fair and that they had been properly prepared in accordance with the requirements of regulatory and accounting standards. The report provided detail on the key risk areas and their response to those risks in two particular areas: income and expenditure recognition and property valuation.

Their report on the Quality Report had not identified anything to indicate that the report excluded any of the required factors, and that the report was inconsistent with any of the documents that they had reviewed, or that any indicator tested was not prepared in accordance with the guidance. However, the External Auditors had drawn an adverse conclusion on one indicator that they had reviewed: the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.

There were no questions. The Chairman thanked Ian Davies for attending.

3. Presentation of the Annual Report and Accounts for 2015/16
Robert Woolley, Chief Executive, and Paul Mapson, Finance Director, jointly presented the 2015/16 Annual Report and Accounts.

Robert Woolley began with a review of the past year at UH Bristol. He reminded members of the mission of the Trust: to improve the health of the people we serve by delivering exceptional care, teaching and research every day, and the Trust's vision: for Bristol, and our hospitals, to be among the best and safest places in the country to receive care.

He introduced the Trust's 'transforming care' programme, which focused the Trust's attention on six key areas: delivering best care, improving patient flow, delivering best value, renewing our hospitals, building capability and leading in partnership. His presentation looked at the highlights of the year under these headings.

Delivering Best Care

- The Trust had committed to 'Sign up to Safety': a national patient safety campaign that aimed to reduce avoidable harm in the NHS in England.
- In September 2015 the Trust had launched a new transport service for critically ill children in the South West of England and Wales: WATCh (Wales & West Acute Transport for Children) which retrieved children who were critically ill or injured from district general hospitals without paediatric intensive care facilities.
- The Trust had been selected by NHS England to evaluate two innovative new treatments: stereotactic ablative body radiotherapy (SABR), and the MitraClip procedure for people with severe cardiac problems.
- UH Bristol had successfully led a collaborative bid on behalf of 17 organisations to establish a Genomic Medicine Centre in the West of England.
- Patients had consistently rated care as good, with inpatient and outpatient satisfaction at 98%
- UH Bristol had established an Involvement Network to involve members of the public more in the work of the Trust.
- The Care Quality Commission Maternity Survey in 2015 had rated St Michael's Hospital maternity services at equal first in England.

Improving Patient Flow

There had been challenges in this area, mainly due to increased demand for services. The Trust had therefore experienced difficulties in meeting targets in relation to A&E waits, referral to treatment times and cancer standards. There were some positive developments:

- The Trust had launched a planned care bed model, which had yielded positive results and which was shortlisted in the Health Service Journal's *Value in Healthcare* award
- The Trust had employed various approaches to solve patient flow problems, including an extension of the 'Breaking the Cycle Together' initiative introduced in 2014/15 – a week of action in which all members of staff focused on solving and unblocking the things that get in the way of good patient care.
- Careful preparation for winter 2015/16 had resulted in fewer discharge delays despite a 10% increase in A&E admissions.

Renewing our hospitals

- A new pre-operative assessment unit in the Bristol Royal Infirmary (BRI) brought together the surgical admissions suite and the pre-operative assessment clinic, providing a better environment for the patients and also a better flow of patients through the surgical suite.
- A Therapeutic Apheresis Unit had opened in Bristol Haematology and Oncology Centre
- Services were being transferred from the BRI Old Building.
- Work had started on the new façade of the BRI Queen's Building
- And finally, a new restaurant ('*DeliMarché*') had opened on level 9 of the BRI, providing a relaxed space for staff, patients and visitors with one of the best views of Bristol.

Building Capability

During the year, the Trust continued to focus on staff engagement and education, learning and development. Though there was still more to do in this area, the NHS Staff Survey and Staff Friends and Family Test had showed improved staff engagement scores. Recognition schemes for staff included local and corporate *Recognising Success* staff award schemes.

Leading in partnership
Robert reminded members that the Trust had a duty as a major teaching hospital to share best practice, lead networks and plan improvements to care in the region alongside community partners, GPs, Clinical Commissioning Groups, and local authorities. The Trust was also continuing to collaborate with universities on clinical research and professional education and training, and in particular:

- UH Bristol in partnership with the University of Bristol, had been awarded a biomedical research centre by the National Institute for Health Research which would bring in £21m over five years.
- UH Bristol had also just been identified as a national digital exemplar of hospital trusts (one of only 12 in the country), which were tasked with defining the ways in which use of data could support and improve care.

Robert concluded his part of the presentation by expressing concern about national policy in relation to NHS funding, and the resulting impact on waiting times, care, and the financial position of providers. He suggested that an honest national debate was needed to decide how the NHS should be funded and the priority that it should take in the national agenda. He assured members that the Trust would continue to look after its staff as a priority, and that the Trust was also now determined to partner with patients, to ensure that they were partners in care rather than passive recipients.

He informed members that in order to deal with the financial challenges on a local level, the Trust was leading a five-year strategic plan with other health partners: a 'Sustainability and Transformation Plan' for Bristol, North Somerset and South Gloucestershire. More information about this plan would be made public in the coming months.

Delivering Best Value
Robert then handed over to Paul Mapson, Director of Finance and Information, who gave the financial report for the year.

Paul began by reminding the meeting that in 2015/16 the NHS had faced its most difficult year yet financially. In a year in which the vast majority of acute trusts were in deficit, he was pleased to report that UH Bristol had managed to achieve a surplus (one of only 17 acute trusts in the country to do so).

In 2015/16, the Trust had delivered the eighth year of its financial strategy as a foundation trust and the thirteenth year of breakeven or better (before technical items). Paul's presentation included the following highlights:

- UH Bristol had delivered a net income and expenditure surplus of £3.460m, against a plan of break-even before technical items
- Technical items (impairments, profit on asset disposal, donations and depreciation on donated assets) net surplus of £8.713m led to a reported Trust overall surplus of £12.173m.
- The Trust had a Financial Sustainability Risk Rating of 4
- EBITDA (operating surplus) was healthy at £35.102m (5.86%)
- The Trust had achieved savings of £16.440m
- Capital expenditure was £23.786m. The Trust had planned to spend more on capital but some had slipped into 2016/17 due to deferment of some of the schemes
- There was a healthy cash position of £74.011m and strong working capital at £30.491m
- Total income was £599.5m (excluding technical items), and total expenditure was £596m (excluding technical items).

The accounts had received an unqualified audit opinion.

Paul explained that UH Bristol had managed to achieve a surplus when other Trusts were in deficit because it had been able to build up a strong position in years when NHS growth was strong, meaning that in leaner years it had been able to eke out its position. However, he cautioned that 2016/17 was likely to be the last year in which this flexibility could be used, and he echoed Robert's words that a debate about NHS funding was going to be necessary in the coming year.

He provided a breakdown of income and expenditure (noting that expenditure on drugs was increasing significantly year on year) and more details about the Trust's capital programme and savings programme (in which he noted that the Trust was struggling to meet savings in relation to pay).

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:

- The BRI Redevelopment new ward block in February 2015
- Centralisation of specialist paediatrics in May 2014
- Bristol Haematology and Oncology Centre development in March 2014
- BRI 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 (due to be completed in November 2016).

Still to come was the building of a multi-storey car park on Marlborough Hill, due to be completed in late 2018.

In his forward look to 2016/17, Paul explained that the Trust was originally projecting an Operating Plan surplus of £14.2m. This had been revised to a planned surplus of £15.9m (in line with guidance from NHS Improvement). However, these figures included £13.0m of Sustainability and Transformation Funding (STF), allocated by the government. The Trust had been asked to hold this money this year as a surplus to spend in future years, and its receipt was dependent on the delivery of certain performance and financial targets.

Paul voiced concern about the macro-economic outlook, which was still enormously challenging for the NHS. The NHS provider deficit in 2015/16 was £2.4bn compared with £0.8bn the year before, and the system was still under pressure, with public spending falling far below the investment required. There was also still uncertainty about the potential effects of the UK's recent vote to leave the European Union.

He concluded that the Trust would nevertheless continue its approach of applying sound financial management principles, governance and methodology and would not compromise on clinical quality and standards.

*The Board, Governors and Members formally **received** the Annual Report and Accounts for the period 2015/16 including the Quality Report and the Independent Auditor's Report.*

4. Quality Report 2015/16

Members received a presentation on the Trust's Quality Report from Dr Sean O'Kelly, Medical Director. Sean explained that the Quality Report formed part of the Annual Report and 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.

He presented graphs showing reductions in 2015/16 in patient falls, hospital-acquired pressure ulcers, number of reported cases of Clostridium difficile, and a general reduction in the past few years in the percentage of medication incidents causing moderate or greater harm.

In relation to 'Friends and Family' test scores (the number of patients who would recommend the service to their friends and families - a key measure of patient satisfaction), results showed that the Trust was generally in line with or above the national average. In the BRI's Emergency Department, scores were lower in the later period, though this was possibly because the Trust had installed new electronic devices to make it easier for people to respond to the test while waiting for treatment.

According to the Hospital Level Mortality indicator, a standard measure to measure the effectiveness of clinical care, UH Bristol was still performing consistently better than average.

The Quality Report outlined the Trust's progress against last year's quality objectives, which were to:

- Reduce the number of cancelled operations
- Minimise inappropriate patient moves between wards, including out of hours
- Ensure patients are treated on the right ward for their clinical condition
- Improve patient discharge
- Improve the quality of patient appointment letters
- Improve the quality of written complaints responses
- Improve the management of sepsis
- Improve the experience of cancer patients
- Reduce appointment delays in outpatients, and to keep patients better informed about any delays.

The report also included objectives for the coming year (some of which had been carried forward as they required further improvement):

- Reduce cancelled operations
- Ensure patients are treated on the right ward for their clinical condition
- Improve the timeliness of patient discharge
- Reduce appointment (in-clinic) delays in outpatients, and keeping patients better informed about any delays
- Improve the management of sepsis
- Ensure public-facing information displayed in our hospitals is relevant, up-to-date, standardised and accessible
- Reduce the number of complaints received where poor communication is identified as a root cause
- Ensure inpatients are kept informed about what the next stage in their treatment and care will be, and when they can expect this to happen
- Fully implement the Accessible Information Standard, ensuring that the individual needs of patients with disabilities are identified so that the care they receive is appropriately adjusted
- Increase the proportion of patients who tell us that, whilst they were in hospital, we asked them about the quality of care they were receiving
- To reduce avoidable harm to patients
- To improve staff-reported ratings for engagement and satisfaction.

*The Board, Governors and Members formally **received** the Quality Report for the period 2015/16.*

5. Membership and Governors' Review

John Savage, Chairman, introduced Mo Schiller and Angelo Micciche, Joint Lead Governors for 2016/17, who gave a presentation on the key achievements from the past year and key objectives for the next.

Mo Schiller, Joint Lead Governor, outlined some of the ways in which governors had discharged their responsibilities over 2015/16. They had contributed to the Trust's Annual Planning process, and overseen the creation of the corporate quality objectives, informing and contributing to the Trust's Quality Account. They had engaged in the Non-executive Director appraisal process and succession planning, and approved the extension of the appointment of the external auditors in 2015 for 12 months.

In relation to their role in representing and communicating with their membership, governors had contributed to the Trust's 'Voices' magazine and participated in patient/staff activity: e.g. Patient-Led Assessments of the Care Environment visits, 15 steps assessments (first impressions of ward or department). They had supported three well-attended Health Matters events (talks and workshop sessions open to members and the public, and Doors Open Day tours of the new ward block in September 2015. A small working group had revised election materials in preparation for 2016 elections, and governors had also helped to develop more consistent branding for membership materials.

Governors' objectives for 2016/17 included rolling out membership branding across all marketing materials to ensure consistency, targeted membership recruitment and engagement focused on underrepresented groups, improving their working relationship with young governors, building on strong relationships with the Board, strengthening governance arrangements to enable governors to better hold Non-executive Directors to account, reviewing the Membership Engagement & Governor Development strategy, and agreeing the appointment process for the Chairman and also for the External Auditors in 2017.

Mo then handed over to Angelo Micciche, Joint Lead Governor, to review the Trust's membership over the year. Angelo reported that membership numbers at 31 March 2016 were 21,889 including: 6,386 public members, 4,635 patient and carer members and 10,868 staff members. This was a broadly representative membership, although the slight decline in membership numbers (public and patient/carer) continued. There would be a focus in 2016/17 on targeting underrepresented areas. In the year 1 April 2015 to 31 March 2016 there were no governor elections at UH Bristol, however, planning was undertaken in the latter half of the year to support governor elections in Spring 2016, which included the use of e-voting for the first time. Following these elections, 11 newly-elected governors had joined the Council of Governors in June 2016. He added that for members who were interested in finding out more about governor elections, there would be another opportunity to stand for public, patient, carer and staff governor roles in early 2017.

The Chairman thanked all governors, present and past, for their contribution to the work of the Trust.

*The Board, Governors and Members formally **received** the Membership and Governors' Report for the period 2015/16.*

6. Clinical Presentation - West of England Genomic Medicine Centre

Sean O'Kelly, Medical Director, introduced Dr Ruth Newbury-Ecob, professor of genetics at the University of Bristol and Consultant Geneticist at UH Bristol, who was in attendance to give a presentation on clinical genetics and the100,000 genome project.

Ruth talked enthusiastically about the West of England Genomic Medicine Centre (WEGMC), which was set up at the end of 2015 to provide a Genomic Medicine Centre (GMC) service to the population in Bristol and parts of Gloucestershire, Somerset and Wiltshire. The centre was formed via a collaboration of 20 different organisations, including UH Bristol.

It was part of the Government's 100,000 Genomes Project, which aimed to sequence 100,000 genomes from around 70,000 people. Participants were NHS patients with a rare disease, plus their families, and patients with cancer. It was expected to result in better, more precise diagnosis, and more personalised treatment. In her presentation, Ruth explained the aims and structure of the project, and the benefits that it could bring.

Questions:

a) John Steeds, Foundation Trust Member, enquired whether there was a local strategy to directly recruit people with specific conditions, and also enquired whether the project was only running until 2017. Ruth clarified that the project was only funded until 2017, though negotiations were underway to extend it to 2018. There were various ways in which they publicised the scheme to people with particular conditions, primarily through discussions between doctors and their patients, but also through wider advertising which was now resulting in a number of enquiries.

b) Keith Hall, Foundation Trust Member, enquired whether there was a particular reason why cancer was chosen, as opposed to mental health, for example. Ruth responded that it would currently be difficult to use genome sequencing for conditions that were likely to be made up of many genes with environmental interaction. It was intended to look at this at some stage in the future.

c) Alison Ryan, Non-executive Director, enquired whether the project intended to develop capability in genetic engineering. Ruth replied that this was not the intention. The work centred around identifying genetic mutations that could provide useful information, and there was no direct link to genetic modification. However, she acknowledged that all the information available would be ultimately shared in the public domain.

d) Malcolm Watson, Public Governor, noted that while the presentation had concentrated on the genome in the causative and the pre-dispositional sense, it had not discussed genomics in the process sense: with all cancer for example being a genetic disease. Ruth acknowledged this and explained that this was why two samples were taken from cancer patients – one from the person's blood DNA, and one from their tumour DNA – to attempt to show where mutations were occurring.

e) Tom Frewin, Public Governor, enquired how far the research was at the moment knowledge for knowledge's sake. Ruth responded that it was difficult to judge at present, but the objectives were very clear: the data was not primarily collected for research, but instead to use genomic sequencing to get answers for patients. Wendy Gregory, Foundation Trust member, added that as the mother of a daughter with a

genetic condition, she wholeheartedly welcomed the project as she could see significant advantages to patients and their families, particularly in terms of early diagnosis.

The Chairman thanked Ruth Newbury-Ecob on behalf of all present.

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

a) John Steeds, Foundation Trust Member, referred to the financial section of the presentation on the Annual Report and Accounts. He asked for clarification regarding 'other NHS medical services' on the expenditure chart. Paul Mapson, Director of Finance and Information, responded that this referred to non-staff expenditure, for example medical and surgical services, blood services, genetic testing, pathology, diagnostics, and cardiac and other devices. He offered to provide more detail if required.

b) Garry Williams, Patient-Carer Governor, referred to the forthcoming retirement of John Savage as Chairman in May 2017 and, on behalf of the governors, expressed warm appreciation of John's support for the governors over the years.

c) There were several questions about the retail and café provision in the Bristol Royal Infirmary. Garry Williams invited the Board to comment on the shops and café in the new BRI Welcome Centre. Robert Woolley expressed the view that the entrance of the hospital had been much improved by the addition of the Welcome Centre, and by inviting commercial retail opportunities, commercial partners had, in effect, paid for the scheme. It provided amenities for patients, public and staff, and the footfall proved they were popular. Keith Hall, Foundation Trust member, commented that the prices in the Costa café were too high for some people. He was, however, pleased to hear that there was a shared patient/staff facility in the DeliMarche café on Level 9 of the BRI, as he was not previously aware of it. Tom Frewin, Public Governor, expressed the view that the food choices in the DeliMarche café were more restrictive than the old Bistro had been. Robert acknowledged this but added that the Trust had thoroughly researched the demand, and had needed to negotiate a commercial arrangement.

d) Malcolm Watson, Public Governor, noted that over the last few months, there had been at least three local organisations – a provider and two commissioners – that had gone into special measures. Were there any short or long-term implications of this on the finances of UH Bristol? Robert Woolley responded that if the deterioration continued, it would affect the totality of the money available for the population's healthcare in Bristol, North Somerset and South Gloucestershire (BNSSG). The 5-year strategic plan which UH Bristol was leading on behalf of BNSSG was focussed on this and he acknowledged that the problem was difficult and urgent. Paul Mapson confirmed that UH Bristol would still be able to fulfil its own financial plan, but there would be a cost issue to be addressed. While the Trust would not lose income in such a scenario, there might need to be some adjustments to the level of services provided.

e) Wendy Gregory, Foundation Trust Member, referred to the planned junior doctors' industrial action (four five-day walkouts between now and mid-December) and asked whether the Trust was confident that it had strategies in place that would reassure the public, and enquired about the implications for elective operations. Robert Woolley commented that if the industrial action were to go ahead, it would be extremely challenging for the Trust. He confirmed that contingency planning was underway and

that patient safety would be the Trust's top priority. There would of course be a need to cancel operations, and the waiting list position would take a long time to recover. Sean O'Kelly, Medical Director, added that plans were in place to ensure that all areas would be covered and that there was a strong sense of awareness among all medical staff that this was a challenge. Alison Grooms, Deputy Chief Operating Officer, gave greater detail about the plans and how they would be put into action.

f) Clive Hamilton, Public Governor, referred to patient flow problems and their effect on waiting times targets, and asked whether there were any specific initiatives that could help. Robert responded that the Trust's partnership with Orla Healthcare to run a virtual ward scheme (whereby patients who need a bed could be provided with hospital care in their own home) was now active and building up in terms of its impact. The Trust was also working with its partners to make sure that all the usual procedures were sufficiently tight as winter approached. However, to manage emergency demand in the long-term would require ensuring sufficient capacity in primary and community care, and sufficient education, advice, support and home care, so that patients would not always need to come to hospital when they had an urgent condition.

   Owen Ainsley, Interim Chief Operating Officer, confirmed that there were at present 15 patients in the Orla Healthcare virtual ward scheme, with the aim of increasing this to 35 patients by the new year. Patients were identified at the point of admission to the hospital, and it should represent a significant change to capacity going into the winter period. There was also work ongoing in relation to capacity planning, and regular contact with all partners in the system including Bristol City Council's Health and Social Care.

g) Tom Frewin, Public Governor, asked the Board to comment as to whether bed numbers had been reduced so far nationally that there was now no slack in the system. Robert Woolley agreed with this view, and he also added that there was now also an unsupportable level of pressure on primary care. There was therefore an enormous level of change required in terms of configuration and resourcing of care, and also in terms of public expectations. Paul Mapson added that the Trust would have neither the staff nor the capital to support additional beds.

There were no further questions.

It was John Savage's final Annual Members Meeting in the role of Chairman. He concluded the meeting with warm words about the value of the NHS in today's society, and the importance of defending it. He thanked everyone for attending and closed the meeting.

The next Annual Members' Meeting/Annual General Meeting will be held at 17:00 on Thursday 14 September 2017 in Lecture Theatre 1, Education Centre, Upper Maudlin Street, Bristol, BS2 8AE. *[POST-MEETING MINUTE – the date was subsequently changed to Thursday 21 September 2017.]*