

Annual Members' Meeting/Annual General Meeting

Thursday 19 September 2019, 5-7pm, doors open from 4pm

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

EVENT PROGRAMME

Doors will open at 4pm – with the opportunity to talk to staff about what the key elements of our new Five-Year Strategy mean for you.

4pm Light refreshments and Stalls
5pm Annual Members Meeting/AGM

| Agenda | | |
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| 5:00pm | 1. | Welcome and introductions – Jeff Farrar, Chair |
| | 2. | Minutes of the previous Annual Members Meeting – Jeff Farrar, Chair |
| 5:05pm | 3. | Independent Auditors' Report – Craig Sullivan, Director, PwC |
| 5:10pm | 4. | Presentation of Annual Report & Accounts for 2018/19 – Robert Woolley, Chief Executive and Neil Kemsley, Director of Finance Including highlights from the Quality Report 2018/19 – Carolyn Mills, Chief Nurse |
| 5.40pm | 5. | Highlights from the new Trust Strategy: 'Embracing Change, Proud to Care – our 2025 vision' – Paula Clarke, Director of Strategy and Transformation |
| 5:50pm | 6. | Governor Report – Highlights from the governors from the past 12 months – Mo Phillips and Carole Dacombe, Public Governors |
| 6:00pm | 7. | Transforming Outpatient Services – an overview of the progress made in improving our patients' outpatient experience: achievements so far and challenges ahead – Mark Smith, Deputy Chief Executive and Chief Operating Officer and Nina Stock, Outpatient Services Manager Presentation followed by Q&A |
| 6:40pm | 8. | 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 2018/19 are available on the Trust's website at www.uhbristol.nhs.uk/about-us/key-publications/

Minutes of the Annual Members' Meeting held on 13 September 2018 at 5.00pm at the Education and Research Centre, Upper Maudlin Street, Bristol, BS2 8AE

Present

Members of the Trust Board of Directors

Jeff Farrar - Chair
Robert Woolley – Chief Executive
Paul Mapson – Director of Finance and Information
Matt Joint – Director of People
Carolyn Mills – Chief Nurse
William Oldfield – Medical Director
Martin Sykes – Non-executive Director

Members of the Council of Governors

Malcolm Watson – Public Governor (Joint Lead Governor)
Mo Phillips – Public Governor (Joint Lead Governor)
Carole Dacombe – Public Governor
Tom Frewin – Public Governor
Jenny James – Public Governor
Penny Parsons – Public Governor
John Rose – Public Governor
Jonathan Seymour-Williams – Public Governor
Mary Whittington – Public Governor
Tony Tanner – Patient Governor
Kathy Baxter – Patient Governor
Ray Phipps – Patient Governor
John Chablo – Patient/Carer Governor
Sue Milestone – Patient/Carer Governor
Garry Williams – Patient/Carer Governor
Florene Jordan – Staff Governor
Jane Westhead – Staff Governor
Astrid Linthorst – Appointed Governor

In Attendance

Kate Parraman – Deputy Director of Finance
Eric Sanders – Trust Secretary
Kate Hanlon – Membership Engagement Manager
Craig Sullivan, Director, PwC – *External Auditor*
Approximately 45 public, patient and staff members of University Hospitals Bristol NHS Foundation Trust and members of the public.

Minutes

Sarah Murch – Membership and Governance Administrator

1. Chairman's Introduction and Apologies

The Chairman, Jeff Farrar, welcomed everyone to the meeting, his first as Chair of UH Bristol. He had come to the Trust after 35 years in the police force, most recently as Chief Constable for a police force in Wales. He commented that in the nine months that he had served as Chair he had been extremely impressed both with the quality of the Trust's services and the pride that staff took in their work.

He welcomed members and governors, noting with sadness the recent death of one of the

Trust's governors, Hussein Amiri, who would be remembered positively for his strong commitment to the role. He extended a particular welcome to Above and Beyond and the Grand Appeal, who, along with the Trust's other charitable partners, had provided valuable support over the year.

He noted apologies from:

Apologies from Board: Paula Clarke (Director of Strategy and Transformation), Mark Smith (Chief Operating Officer and Deputy Chief Executive), David Armstrong, Guy Orpen and Jill Youds.

Apologies from Governors: Pauline Beddoes, Siobhan Coles, Andy Coles-Driver, Barry Lane, Graham Papworth and Jane Sansom.

2. Minutes of the previous Annual Members Meeting

The minutes of the Annual Members' Meeting on 21 September 2017 were approved as an accurate record of proceedings.

3. Independent Auditors' Report

Members received the External Auditors' Report from Craig Sullivan, Director of PricewaterhouseCoopers, who outlined the three key responsibilities of PwC as the Trust's external auditor in relation to the Annual Report and reported their conclusions as follows:

1. **Financial statements:** PwC 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 Trust's accounts for the year.
2. **Value for money:** The external auditor 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:** There were three elements to the external auditor's examination of the Quality Report. Firstly, they had concluded that the content of the Quality Report was compliant with guidance issued by NHS Improvement. Secondly, they had concluded that the report was consistent with other information from the Trust and its stakeholders. Thirdly they had reviewed the Trust's indicators. There were two mandated indicators: one in relation to the four-hour Emergency Department target, which they had concluded was satisfactory, and one in relation to the referral-to-treatment time target. Due to several issues identified in their sample through testing, they had needed to modify their opinion in relation to the latter.

4. Presentation of Annual Report and Accounts for 2017/18 Presentation of Quality Report 2017/18

Robert Woolley, Chief Executive, and Paul Mapson, Director of Finance and Information jointly presented the Annual Report and Accounts for 2017/18.

Review of the Year 2017/18

Robert Woolley, Chief Executive, extended a particular welcome to the meeting to partners from Weston Area Health Trust, Bristol Community Health, and Sirona Care and Health. He outlined the Trust's achievements in the year: in the 70th year of the NHS and 10 years since UH Bristol had been authorised as an Foundation Trust, with highlights as follows:

Delivering Best Care

UH Bristol had maintained strong performance over the year in national patient surveys (inpatient, outpatient and maternity services). It had received national recognition for its Emergency Department safety checklist which had now been adopted nationally as best practice. The Trust was particularly proud of the growth of its Quality Improvement Academy and its work to improve quality of care. This year, there had also been a continued focus on

embedding a 'customer care' mindset among Trust staff, acknowledging that the experience of patients coming into a big and complex hospital was fundamentally affected not just by the technical experience of the clinical care but by the way that they were treated as individual human beings.

Improving patient flow

A number of steps had been taken to manage increasing demand effectively. This had involved a greater level of working in partnership with community and social care partners, and a more active focus on preparing patients for discharge. Technological solutions delivering real-time information were helping. Despite severe winter pressures the Trust had improved against some access targets, but Emergency Department waits had suffered and regrettably the experience of some of the Trust's patients had not been as good as would have been hoped in this regard.

Renewing our hospitals

Robert Woolley reminded members that becoming a Foundation Trust ten years ago had given the Trust financial freedoms to invest significantly in its hospital facilities. In the last year the Trust had been recognised as a Global Digital Exemplar for the digital developments that had taken place to support staff to deliver best care, including electronic patient observations in real time.

Building Capability

The Trust had made it a priority to improve staff engagement during the year. Recently, the Board had agreed that it needed to do more to tackle the underlying causes of bullying and harassment, and one route was a very determined focus on inclusion and diversity, and visible progress against race equality standards. Other developments had included the expansion of a new leadership development programme, the roll-out of the 'Happy App' which allowed staff to give feedback to their managers in real time, an increase in the provision of apprenticeships, and greater support for staff psychological health and wellbeing.

Leading in Partnership

The Trust was playing a leading role in 'Healthier Together' – a partnership with other health organisations to improve the health and care system for the population of Bristol, North Somerset and South Gloucestershire. The Trust had strengthened its partnership with Weston Area Health NHS Trust, with increased joint working in many services and working towards a formal merger of the two trusts by the end of 2019.

Future plans

Priorities for 2018/19 included maintaining a focus on staff wellbeing and personal development, continuing to improve patient care, to increase hospital capacity, and to reduce waste and delays by working smarter.

Annual Accounts 2017/18

Paul Mapson, Director of Finance and Information, gave an overview of the Trust's financial results for 2017/18. Headlines included:

- There had been a surplus of £19.9m before technical items (against a planned surplus of £12.957m). The Trust had reported earnings before interest, tax, depreciation and amortization (EBITDA) of around £53m.
- The Trust had achieved savings of £12m, slightly over plan.
- Capital expenditure was only £25.4m against a plan of £52.7m, due to plans taking longer than expected to deliver.
- The Trust had ended the year with a cash balance of £71m which would reduce as more money was spent on infrastructure and estate.
- Net current assets were £56m.
- The Trust had received a use of Resources Rating of 1, the highest rating.
- The accounts had received an unqualified audit opinion.

This was the Trust's tenth year of its financial strategy as a foundation trust and the fifteenth year of breakeven or better before technical items. While the year had started poorly with clinical divisions having overspent by £5.1m by month 5, the position had been restored through efficiencies, controls, and delivery of income. Of the £19.9m surplus, £19.0m was from Sustainability & Transformation Funding (STF): national funding which was only given to Trusts if they delivered their core position, so without this funding the Trust would have had a small £0.9m core surplus.

Paul provided a breakdown of income, expenditure and the Trust's capital and savings programmes. He outlined the progress of the Trust's financial strategy over the past ten years, and a look forward to the next five years. He highlighted the importance of investing in capital and infrastructure to maintain the Trust's position at the top end of the NHS on finance, quality, IT and patient feedback, and the need to deliver surpluses in order to do this.

On a personal note, Paul informed the meeting that this would be his last Annual Members' Meeting as he was retiring as Finance Director in June 2019 after 16 years in the role. He added that it had been a pleasure and privilege to work for the Trust. The Chair expressed gratitude on behalf of the Trust to Paul for his key role in helping the Trust maintain 15 years of breakeven or better in the current NHS climate while still achieving an Outstanding Care Quality Commission rating.

- There was a question from the floor about the borrowing rate of the Trust's loans, given the problems caused in many hospital trusts in this regard by Private Finance Initiative (PFI) schemes. Paul Mapson responded that the Trust had realised that PFI would be too expensive and had been able to adapt its development schemes so that PFI was not required. The schemes had instead been part-financed by the Trust through its services, partly funded through fixed-rate loans and topped up with from money from charities.

Presentation of Quality Report 2017/18

Carolyn Mills, Chief Nurse, introduced the annual Quality Report 2017/18. This included 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. It was part of the Annual Report and was publicly available on the UH Bristol website.

Every year the Trust set objectives to improve the quality of the care provided. 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 the year ahead. These included two objectives carried forward building on work from the previous year:

- To develop a consistent customer service mind set in all our interactions with patients and their families
- To continue to improve staff engagement and satisfaction to reach our ambition that, by 2020, we will be recognised as one of the top 20 NHS trusts to work for.

There were also six new objectives:

- Earlier recognition of patients at the end their life to ensure they do not receive unnecessary interventions
- To improve patients' experience of our maternity services and return to being one of the best rated maternity units in the country.
- Improve compliance with the 62-day GP referral to first definitive cancer treatment standard
- Develop more ways of sharing learning in the Trust from Serious Incidents that occur in the Trust and in other Trusts
- To further improve the safety of insulin prescribing and administration of insulin
- Introduce a mystery shopping programme to find out if standards were being met.

5. Governor Report

Mo Phillips, Public Governor and Joint Lead Governor and Carole Dacombe, Public Governor, introduced the report of governor and membership activity over 2017/18.

Carole Dacombe, talked briefly about the role of a governor and the various meetings which enabled them to carry out their duties, share information, and voice their concerns on behalf of the people they represent. Governor activity over the past year had also included regular monthly Meet and Greet stalls in the hospital areas, monthly Health Matters events, regular newsletters to members, and occasional visits to clinical areas and involvement in gathering patient feedback.

The Trust's membership numbers at 31 March 2018 were 19,312, comprising 8,947 public and patient members and 10,365 staff members. Public membership was broadly representative of the population at large, although there was an ongoing slight decline in public/patient membership numbers. Governor elections had been held in 2017, with 14 new elected governors taking up office on 1 June 2017.

Mo Phillips, Joint Lead Governor, who was one of these new governors, explained that she had become involved because of an interest in the NHS and the way it worked. She found it a very enjoyable role and had been particularly impressed with the range of abilities, experience and background on the Council of Governors. The next elections were in May 2019, and she urged members present to think seriously about becoming a governor, as while it required a level of commitment, sufficient support and training was provided.

The Chair expressed his thanks to the Council of Governors for the level of challenge, accountability and support that they provided at the Trust.

Questions Submitted in Advance

There had been five questions submitted to the meeting in writing in advance:

1. Does UH Bristol uses the Biobank for any of its research? (*Michael Pratt, Foundation Trust Member*)

Jeff Farrar responded that a number of the Trust's studies either used the UK BioBank now or would shortly be doing so.

2. Can the Trust comment on progress with improvements in the efficiency and effectiveness of our outpatient clinics and how this is being achieved? (*Paul Thomas, Foundation Trust member*)

Robert Woolley explained that the Trust had an extensive programme of planned improvements to outpatient clinics which would take several years to complete. Already it had moved to electronic referrals in June this year, which was a big step in improving communications with GPs and enabling patients to get faster outpatient appointments. The Trust was also seeking to centralise all outpatient bookings in a single appointment centre and was working to clarify roles and responsibilities of outpatient staff and improve training. Finally, it was intended that patients would eventually be able to hold their own records and view them on their own smartphones. Robert added that while the impact on patients was presently not yet as significant as hoped, these measures were designed to increase efficiency in the future.

3. What was the performance target for waiting times at the Boots-run pharmacy and the figures for actual performance in 2017-2018? (*Paul Thomas, Foundation Trust member*)

Jeff Farrar responded that the performance target for waiting time was for 98% of prescriptions for patients to collect their prescription from the Boots outpatient dispensary within 30 minutes. The performance for 2017 - 2018 was 98%, therefore on target, with an average waiting time of 20.1 minutes. 150,485 items were dispensed by the Boots outpatient dispensary during this period.

4. Can the Trust comment on the effectiveness of the Trust’s Impact Assessment Policy and Procedures arising out of changes being planned, especially with reference to the inclusion of patients and staff in the process. Also what impact assessments are currently being undertaken? (Paul Thomas, Foundation Trust member)

Carolyn Mills, Chief Nurse, responded that 44 quality impact assessments had been completed this year. According to these assessments, none of the schemes approved to go forward had identified an adverse impact on patients or staff.

5. It would appear, that with the lack of a clinical lead to chair it, the Carers Strategy Group has not met since last November 2017. The past frequency of this group was at least three times a year from memory and was mainly responsible for the formulation of The Carers’ Charter and the overall Carers’ Strategy for the Trust. I would like to raise everyone’s awareness of its fundamental importance for the engagement of staff, patients and their carers in the patient pathway and urge all relevant key decision-makers to make it a priority for re-instatement urgently. To not do so, or to let this matter simmer any longer would communicate the signal that Carers and their cared for were not a priority within the Trust, which I am sure is not the case (Wendy Gregory, Foundation Trust Member)

Carolyn Mills, Chief Nurse responded with a personal commitment that the Trust’s support for carers was still a priority. She explained that the Carers’ Strategy Group had been an engagement group chaired by the Head of Nursing, who had moved to North Bristol NHS Trust in April. It was now intended that the Trust’s Patient and Public Involvement Lead re-instate this group. She confirmed that other support for carers was still ongoing, for example representatives of the Carers’ Support Centre were working within the Trust on honorary contracts, and she offered to provide more detail outside the meeting if required.

6. Clinical Services Presentation - UH Bristol as a Global Digital Exemplar

Adam Dangoor, Consultant in Medical Oncology, and one of the Trust’s Chief Clinical Information Officers, gave an informative presentation on the Trust’s digital strategy.

The Trust’s digital vision from 2012 was one in which “every member of our staff will have the information they need, when they need it, without having to look for a piece of paper, wait to use a computer, or ask the patient yet again...”

The strategy in place to achieve this vision had now increased dramatically in scope and pace since the Trust’s selection in 2017 as one of NHS England’s flagship Global Digital Exemplar sites – 16 English acute trusts that had been chosen to help accelerate clinical systems development across the NHS.

Adam outlined several specific initiatives which would be implemented through Global Digital Exemplar funding including:

- Patient-identified mobile team messaging – a secure form of instant messaging that enabled team conversations whilst ‘on the go’ which were patient identified, instantly shared and could become part of the patient record
- Careflow - a task management tool, which had been used in May during the fire in

Bristol Haematology and Oncology Centre to allow everyone involved in patient's care to see where they were.

- E-handover lists – displaying patient status, medication and treatment plans to allow more effective handover between staff
- Personal Health Record – with the eventual aim of allowing patients and carers to view their own NHS care records, add information and communicate directly with care professionals.

He described the benefits to staff and patients in terms of improved communication, easier access to services, reducing delays and improving quality of care. He emphasised however that clinical engagement was essential to the programme's success, as it would take time to encourage busy staff to adopt new ways of working. He also stressed the importance of joined-up working with other organisations in the wider health system.

Questions from the floor:

1. One member enquired how the Trust intended to deal with all the information in its paper patient files. Adam Dangoor responded that old patient records were scanned as and when they were needed, but now and in the future, information would be inputted straight in to the patient record.
2. Kathy Baxter, Patient Governor, enquired about the Trust's defences against hackers, why patient discharge information often took some time to get from hospital to GP, and whether patient records could be viewed by hospitals outside Bristol. Adam responded that while there was constant vigilance, data security was always a serious issue for any large organisation. He added that the new Connecting Care system which was being put in place across the region should allow GPs to access discharge summaries in an easier way. While there were attempts to standardise access to information across the region, there was as yet no national system that would allow patient records to be shared between hospitals in different regions.
3. Kathy Baxter further asked that the Trust ensure that new technological systems were fully accessible to all, for example, sign-in podiums that had recently been installed needed to 'speak' so that they could be used by those with visual impairments. This was noted.
4. In response to a question from John Steeds, Foundation Trust member, about whether the Trust's patient administration system was compatible with that of North Bristol NHS Trust. Adam acknowledged that they were still not compatible. Robert Woolley, Chief Executive, added that this was a key part of the considerations of the regional health system and already a bid had been submitted to ensure that Weston Area Health NHS Trust and UH Bristol were on the same system.
5. One member commented that with no shared patient administration system between hospitals, there was a risk of children at risk being taken to Emergency Departments in different counties to avoid detection. Adam noted that this was one of the areas that they were considering as a priority, to ensure that children at risk and others who might be vulnerable would be flagged.
6. Garry Williams, Patient Governor, asked if new technology could assist in improving the lifespan of those with acute learning disabilities. Adam responded that information-sharing would make this easier. He added that there were sometimes difficulties in gaining consent for sharing patient information, but that people needed to be confident that the NHS had a legitimate need to share data in order to improve healthcare.

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

1. Phillip Morris, Foundation Trust Member, referred to the Annual Accounts and enquired where income from retail outlets in the Bristol Royal Infirmary Welcome Centre was recorded. Paul Mapson, Director of Finance and Information, responded

that this was recorded as part of the trust's rental income. He added that the Trust had needed the rental from the retail outlets to pay for the renovations to its front entrance.

2. Phillip Morris referred to the Trust's plans to build a new car park and asked how this could be justified for a city centre hospital. Robert Woolley, Chief Executive, explained that one of the biggest sources of complaints received by the Trust concerned the accessibility of the Trust's hospitals. There was currently very limited car-parking space and he was aware that this made it difficult for some patients and carers who were infirm or vulnerable. The Trust also provided services not only for the city of Bristol but also for the whole of the South West. The plan included building a multi-storey carpark as part of a transport hub, and people who did not need to drive including staff would be strongly encouraged to use other means of transport.
3. One member enquired whether UH Bristol was short of nurses and how it encouraged people from different backgrounds to train to become nurses. Carolyn Mills, Chief Nurse, agreed that there was currently a supply and demand mismatch: there was a national shortage of nurses and the training bursary supporting nurses had been removed by the government two years ago. However, UH Bristol was in a relatively strong position, and a focussed piece of work had been launched by the Trust on recruitment and retention of staff from all backgrounds.
4. Jonathan Seymour-Williams, Public Governor, asked whether the Trust would make a simplified set of the annual accounts publicly available. Robert Woolley noted that the full Annual Report and Accounts were published every year on the Trust's website, but that there were at present no plans to create a simplified version, other than the summary Annual Review.
5. There were two questions relating to harassment and assaults on staff and the Trust's response to these. Robert Woolley confirmed that the Trust reviewed information on this issue internally on a regular basis, looking carefully at the nature of the assault, the impact on the individual, the support that the Trust could provide and measures that could be taken to reduce the risk of further assaults. The victim would have the option of reporting the matter to the police.
6. Tom Frewin, Public Governor, referred to recent news reports that people in some areas had been finding it difficult to obtain long-term contraception and that abortion rates had risen as a result, and asked whether Bristol's sexual health service had experienced similar problems. Paul Mapson explained that while such situations had been caused by a reduction in funding in some parts of the country, this was not happening in Bristol.
7. Tom Frewin further noted that there was a lack of consistency whether GP referrals were made to North Bristol NHS Trust or to UH Bristol. Robert Woolley noted this and added that more collaborative working across the system should improve these issues in time.
8. There was a further question about why there was no functioning hearing loop in the meeting room. It was acknowledged that this was a shortcoming in the facilities provided.

The Trust Chair, Jeff Farrar, thanked everyone for attending and closed the meeting at 19:00.

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