University Hospitals Bristol and Weston NHS Foundation Trust

Virtual Annual Members' Meeting/Annual General Meeting

Thursday 16 September 2021, 5.30-7.30pm via Cisco Webex Meetings

Agenda		
5.30pm	**1.**	**Welcome and introductions** – Jayne Mee, Interim Chair of University Hospitals Bristol and Weston NHS Foundation Trust
	2.	**Minutes of the previous meeting** – Jayne Mee, Interim Chair
5:35pm	**3.**	**Independent Auditors' Report –** Samuel Relton, PricewaterhouseCoopers LLP
5:40pm	**4.**	**Presentation of Annual Report & Accounts for 2020/21** Robert Woolley, Chief Executive, and Neil Kemsley, Director of Finance Including highlights from the **Quality Account for 2020/21 –** Deirdre Fowler, Chief Nurse
6.15pm	**5.**	**Governor/Membership Report** Highlights from the Council of Governors from the past 12 months from Mo Phillips, Lead Governor, and Carole Dacombe, Public Governor
6.25pm	**6.**	**Guest Speaker Slot – Our COVID response** Matt Thomas, Intensive Care Unit Consultant, will talk about how Trust staff responded to the COVID-19 coronavirus pandemic and the experience of working in intensive care over the last year. Rajeka Lazarus, Infection and Microbiology Consultant, will discuss the part played by Bristol researchers in vital COVID-19 coronavirus vaccination research and vaccine trials.
7.00pm	**7.**	**Question and Answer Session –** Jayne Mee, Interim Chair Opportunity to ask your questions to our speakers and to members of the Board. Questions may be submitted in advance to FoundationTrust@uhbw.nhs.uk

The Trust's Annual Report and Accounts for 2020/21 is available at:
https://www.uhbw.nhs.uk/p/about-us/reports-and-publications

For joining details or for any further enquires please contact FoundationTrust@uhbw.nhs.uk.

Minutes of the Annual Members' Meeting of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) held on 15 September 2020 at 17:00-18:30

In line with the social distancing restrictions imposed by the UK government at the time of this meeting due to the COVID-19 Coronavirus pandemic, this meeting was held as an online event.

Present

Members of the Trust Board of Directors
Jeff Farrar - Chair
Robert Woolley – Chief Executive
Neil Kemsley – Director of Finance and Information
Carolyn Mills – Chief Nurse
William Oldfield – Medical Director
Matt Joint – Director of People
Bernard Galton – Non-Executive Director
Jayne Mee – Non-Executive Director
Martin Sykes – Non-Executive Director
Steve West – Non-Executive Director
Sue Balcombe – Non-Executive Director
Guy Orpen – Non-Executive Director

Members of the Council of Governors
Mo Phillips – Public Governor (Lead Governor)
Carole Dacombe – Public Governor
Sally Moyle – Appointed Governor (University of the West of England)
John Rose – Public Governor
Jane Sansom – Staff Governor
Hessam Amiri – Public Governor
Tom Frewin – Public Governor
Sue Milestone – Public Governor
Penny Parsons – Public Governor

In Attendance

Sarah Murch – Acting Membership Engagement Manager
Eric Sanders – Director of Corporate Governance
Mark Pender – Head of Corporate Governance
Emma Mooney – Director of Communications
Heather Ancient, Director, PricewaterhouseCoopers – *External Auditor*
Approximately 30 public, patient and staff members of University Hospitals Bristol and Weston NHS Foundation Trust and members of the public.

Minutes

Rachel Hartles – Membership and Governance Administrator

1. Chair's Introduction and Apologies

The Chair of the Trust, Jeff Farrar, welcomed everyone to the Trust's first online Annual Members Meeting. Jeff acknowledged that the past six months had been extremely challenging due to the Coronavirus Covid-19 pandemic that the world had been experiencing, and paid tribute to members of staff and members of the Trust who had sadly passed away during the past year.

Apologies were noted from Board members Paula Clarke, Mark Smith, Julian Dennis and David

Armstrong. Apologies were also noted from governors Ashley Blom, John Chablo, Chrissie Gardner, Sophie Jenkins, Graham Papworth, Ray Phipps and Hannah McNiven.

2. Minutes of the previous Annual Members Meeting/Annual General Meeting

As this was the Trust's first Annual Meeting since the merger between University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust, there were two sets of minutes to be considered.

- The minutes of the University Hospitals Bristol NHS Foundation Trust Annual Members' Meeting on 19 September 2019 were approved as an accurate record of proceedings.

- The minutes of the Weston Area Health NHS Trust Annual General Meeting on 17 September 2019 were approved as an accurate record of proceedings.

3. Independent Auditors' Report

Members received the External Auditors' Report from Heather Ancient, Partner of PricewaterhouseCoopers (PwC). She outlined PwC's three key responsibilities as the Trust's external auditors in relation to the Annual Reports for 2019/20 for University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust. She reported their conclusions as follows:

1. **Financial statements**:
   The audit for University Hospitals Bristol NHS Foundation Trust was concluded remotely, however there was a thorough process using video conferencing and technology. PwC had issued an unqualified and unmodified opinion for the final accounts for the year 2019/2020.

   The audit for Weston Area Health NHS Trust was the final audit for the Trust as they merged with University Hospitals Bristol NHS Foundation Trust from 1 April 2020. PwC issued an unqualified and unmodified opinion for the final accounts for the year 2019/2020.

2. **Value for money**:
   PricewaterhouseCoopers issued an unqualified opinion on University Hospitals Bristol NHS Foundation Trust's Value for Money which confirmed the Trust had used its resources effectively, efficiently and economically.

   PricewaterhouseCoopers issued an adverse opinion in relation to Weston Area Health NHS Trust's value for money due to an underlying deficit and missed control total. The Care Quality Commission's (CQC) overall rating from June 2019 of 'requires improvement', along with a Section 29A warning notice in place throughout the audit impacted PricewaterhouseCoopers' opinion on value for money.

3. **Quality Report**: Due to the Covid-19 pandemic, the regulator had not required an opinion on the Quality Report for either University Hospitals Bristol NHS Foundation Trust or Weston Area Health NHS Trust this year.

The Chair thanked Heather Ancient for attending and providing an update.

4. Presentation of Annual Report and Accounts and Quality Report for 2018/19

Robert Woolley, Chief Executive, and Neil Kemsley, Director of Finance and Information jointly presented the Annual Report and Accounts for 2019/20, with Carolyn Mills, Chief Nurse,

presenting an update on the quality achievements for the year.

Review of the Year 2019/20

Robert Woolley, Chief Executive, gave an overview of both University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust. Highlights included:

- University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust successfully merged on 1 April 2020 and became University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). The merger was expected to deliver improvements throughout the whole of the new Trust.
- To support patient flow through the Trust's hospitals, the Trust had worked with its partners in the wider health community to enhance discharge capacity. Also a new mobile real-time communication tool for clinical staff known as 'Careflow' had been launched within the Trust.
- The Trust had invested in its physical environments including refurbishing the Linear Accelerator F and Brachytherapy Suite within the Bristol Haematology and Oncology Centre (BHOC) and the Discharge Lounge and Medical Day Case Unit in Weston General Hospital.
- A new Arts and Culture Strategy had been approved by the Board in June 2019.
- For staff, a new Education Strategy and a new Diversity and Inclusion Plan had been launched.
- The Trust continued to play a lead role regionally within the Bristol, North Somerset and South Gloucestershire Healthier Together partnership.

Looking forward, the Trust's aims for 2020/2021 were:

- To manage the Covid-19 pandemic as effectively as possible
- To support staff to give the best possible care
- To restore normal services as far as possible
- To retain new and beneficial ways of working where possible
- To learn lessons to inform future pandemic preparedness.

Robert Woolley confirmed some of the steps taken by the Trust in relation to the Covid-19 Pandemic, which included decreasing the number of available beds in order to maintain social distancing, increasing the number of appointments being held with patients through an online platform and providing wellbeing support to staff so that they could give the best possible care.

Annual Accounts 2018/19

Neil Kemsley, Director of Finance and Information, presented the financial results for 2019/20 separately for University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust.

Headlines for University Hospitals Bristol NHS Foundation Trust included:

- The Trust reported a turnover of £749m, and delivered a core surplus of £3m.
- The Trust received Provider Sustainability Income at £11m, although this may not be offered to the Trust next year due to the changes in the regime.
- The Trust delivered savings of £14m which equated to approximately 2% of the Trust's turnover.

Headlines for Weston Area Health NHS Trust included:

- The Trust had a turnover of £113.8m, and delivered a core deficit of £16.7m.
- The Trust had received an organisational loan of £15.2m.
- The Trust had ended the year with £4.4m cash in the bank against an expected level of only £1.2m.

- The Trust had agreed with NHS England and Improvement that all loans were written off and would not be repayable in the newly merged Trust.

Neil Kemsley provided a breakdown of the main areas of income and expenditure for both Trusts. He briefly discussed the changes to the financial regime in the current financial year due to Covid-19, which had been put in place in order to ensure all Trusts broke even and to enable cash-flow through the economy. There was some uncertainty about the position going forward; so the Trust's revised financial strategy would need to restore the underlying financial strength to afford investment in the core infrastructure as well as the key strategic priorities.

Presentation of Quality Achievements 2019/20

Carolyn Mills, Chief Nurse, presented the quality achievements the Trusts had seen during 2019/2020, though noted that the publication date of the Quality Report had been extended to November 2020.

Carolyn Mills emphasised that quality improvement and patient safety within the newly-merged Trusts was an important objective for the Board. Staff at Bristol and at Weston were commended on their focus on quality of care for patients during the very difficult months since the start of the Covid-19 pandemic.

Carolyn Mills highlighted the objectives that University Hospitals Bristol NHS Foundation Trust had achieved, which included:

- Improving the provision of information and support to meet the needs of young carers across the Trust.
- Driving positive staff engagement through expanded use of the 'Happy App.'
- Planning and overseeing implementation of the Medical Examiner system.
- Enabling improvements in patient safety through the use of digital technology.
- Reducing the risk of Never Events.
- Improving the availability of information about physical access to our hospitals to ensure patients and visitors know how to get to services in the easiest possible way, particularly patients with disabilities.
- Improving patient experience through roll out of the real time outpatients initiative.
- Developing and implementing a training programme for Trust lay representatives to support and develop their participation in Trust groups and committees.

She also highlighted the objectives that Weston Area Health NHS Trust had achieved, which included:

- Improving governance processes and learning from concerns.
- Promoting inclusion, involvement & engagement of patients & carers.
- Improving medicines safety.
- Developing and making the most of our workforce.
- Optimising safe discharge.

The objectives for the newly merged Trust were limited due to the Covid-19 pandemic and organisational merger. These were designed to be whole-Trust objectives and included:

- Improving compliance with VTE (Venous thromboembolism) assessment.
- Improving the availability of information about physical access to our hospitals to ensure patients and visitors know how to get to services in the easiest possible way, particularly patients with disabilities.
- Improving patient experience through roll out of the Trust's outpatients strategy and guiding principles.
- Supporting and developing the participation of lay representatives in Trust groups and

committees.

Jeff Farrar, Trust Chair, thanked the Chief Executive, the Director of Finance and Information and the Chief Nurse for their presentations and invited those watching that they were also able to observe the Board meetings in public, which were held every other month either online or in person, where important decisions were taken in relation to the Trust.

5. Governor and Membership Report

Mo Phillips, Lead Governor/Public Governor and Carole Dacombe, Public Governor, introduced a report of governor and membership activity over 2019/20 at University Hospitals Bristol NHS Foundation Trust.

Mo Phillips explained the role of the Governor within the Trust and advised the number of Governors currently holding a position were 29 in total, broken down as:

- 17 Public Governors,
- 6 Staff Governors,
- 6 Appointed Governors.

In terms of membership numbers, Carole Dacombe reported that there were currently 7,768 public members and 11,395 staff members. It was celebrated that a further 1,983 staff joined as staff members from Weston from the 1 April 2020. The Trust membership was reviewed regularly to be sure it was representative of the community it served, and the membership team had therefore focussed recruitment on younger people during the 2019/2020 year.

The Trust had held Governor elections in March through to May 2019 for 4 staff Governors and 13 public Governors. Those elected had joined the Council of Governors on 1 June 2019. Governor elections had been planned for March through to May 2020, but these had been postponed for 12 months due to the Covid-19 pandemic.

Carole Dacombe and Mo Phillips gave a brief overview of governor activity over the year. The Council of Governors had spent a large proportion of 2019/2020 discussing and understanding the risks, benefits and other aspects in relation to the proposed merger with Weston Area Health NHS Trust. The Governors also organised events on health-related topics for the public throughout the year, on topics including dementia, pain management, and stroke care. Governors had supported staff awards schemes, visited different hospital sites and participated in assessments of the hospital environment. They engaged with their members through newsletters with individual perspectives on their role and impact at the Trust.

The Governors had continued to meet via online platforms throughout the Covid-19 pandemic and continued to ensure all issues raised continued to be addressed. Governors had received updates from the Chair on the situation within the hospitals and had opportunities to speak directly with the Board via online platforms and via telephone calls.

Mo Phillips and Carole Dacombe assured members that the Governors had a good working relationship with the Board and looked forward to continuing the work that had been done so far.

Jeff Farrar, Trust Chair, reminded the audience that the governor role was entirely voluntary and he thanked Mo Phillips, Carole Dacombe, and all the governors for their support, positivity and commitment to the role.

6. Q&A with the Trust Board

Jeff Farrar advised that a number of questions had been submitted to the Board in advance of the Annual Members Meeting, which would be responded to in writing. *Questions and responses have been included in full as an appendix to the minutes.*

Further questions were submitted to the Board via the Question and Answer function on the online meeting platform. These included the following:

- **The reduction in capacity in all areas of the Trust as a result of Covid is a genuine concern for staff and patients. How can the Board reassure us that there are credible plans to safely provide services for patients, whilst not putting staff under pressure?** (Jane Sansom, Staff Governor)

  Response: Robert Woolley, Chief Executive, acknowledged that this was the key issue facing the Trust at the present moment. Capital funding had been released by government for additional critical care beds and increased diagnostics capacity across the country, and confirmation was awaited as to how much the Trust would receive. At the same time, the Trust was trying to achieve as much as it could within its own resources. It had for example reconfigured urgent and emergency care pathways both in the BRI and in Weston and was making decisions on investments to create additional capacity and secure new staff. The Trust was also maximising its use of independent sector facilities and was working with its partners in the region to support patient care outside the hospital environment. There was still no guarantee that staff would not be asked to do more to help restore services in the interests of patients who had been waiting too long, but the Board would continue to work with local divisions to explore every opportunity to mitigate pressures and the effect on staff over the winter.

- **What is your ethnic representation of governors?** Eric Sanders, Director of Corporate Governance, confirmed that the Trust currently had 26 Governors, 3 of whom had declared that they were from a BAME (Black, Asian or Minority Ethnic) background.

- **What are we doing to protect volunteers and what does that look like going forward?** Carolyn Mills, Chief Nurse, responded that in relation to Covid-19, significant national guidance had been sent to all Trusts relating to hospital volunteers and as a result risk assessments for Trust volunteers were being conducted. The aim of the organisation must be to limit the number of people accessing the hospitals. The Trust was keen to retain its volunteers; however it was looking into how volunteers could support the Trust without being in the hospitals.

The Trust Chair, Jeff Farrar, thanked everyone for attending and closed the meeting at 18:35.

Appendix A

Questions for the UHBW Annual Members' Meeting – Tuesday 15 September 2020

1. In the light of the pandemic, will the Trust be updating and changing significantly the recently-published five year strategy – Embracing Change, Proud to Care, which outlines the Trust's vision for the future? Will the Trust be changing this strategy, and will the Trust be consulting with the public on any changes? (***Mike Frost, public Foundation Trust member - Bristol)***

Response from Sarah Nadin, Associate Director of Strategy and Business Planning: We have undertaken a thorough review of recently published Trust strategy to ensure we are agile to any changing requirements in relation to the Covid pandemic and the resulting changes to our operating environment. In order to do this we agreed with our Senior Leadership Team and through our Trust Board a set of 'New World Drivers' which characterised the factors we now need to consider that are new, or have become of greater priority because of the pandemic. We undertook a review of our main Trust Strategy, our enabling strategies (such as Digital and People), as well as each of the clinical division's strategies and as a result confirmed that our key Strategic Priorities still remain relevant. This was on the basis that they are high level by nature and were recently approved and were produced via a process of significant consultation. As part of the process, we also reviewed each of the strategic objectives, which are the more detailed list of the actions we are planning to take over the next 5 years to deliver our Strategic Priorities. We categorised these objectives into four categories, still relevant and to be delivered at the same rate, needing to be accelerated, to be re-prioritised or needing to be changed or added. Our annual corporate objectives and divisional annual objectives for 2020/21 have also been reviewed and refreshed to ensure we are planning to deliver the objectives which have been priorities for delivery this year. These changes are not significant to our strategic direction, but represent where a change of emphasis is needed to ensure we account for the change requirements associated with the last 6 months. For those objectives where it was identified that they needed to be added or amended, these were reviewed and approved by our Senior Leadership Team and an addendum to our Trust Strategy outlining these changes is due to be presented to Public Board at the end of the month.

2. In March this year the entire NHS was re-orientated to focus on treating patients with Covid-19 and the treatment of patients with other conditions suffered. Does the Board consider that this Trust has reached the point where it is back to providing the standard and level of treatment to non Covid-19 patients that it did prior to March 2020? If it does not, when does the Board anticipate that all of the Trust's services will be back to their pre-Covid-19 state? ***(Paul Wheeler, public Foundation Trust member – Bristol)***

Response received from Philip Kiely, Deputy Chief Operating Officer (Planned Care): The elective (planned care) services offered by the Trust are still being significantly impacted by the Covid-19 outbreak.

If we compare the level of activity we are undertaking in August 2020 compared to August 2019, we are currently undertaking 81% of the inpatient activity, 62% of day case activity and 74% of outpatient activity.

The question of when our services will be back to normal is a difficult question to answer. Our services continue to be impacted in a number of ways by the Covid-19 outbreak, despite the relatively low number of inpatients at present.

Firstly, to prevent the risk of cross infection, we have needed to reconfigure how we care for patients on our wards to separate patients that have been diagnosed or suspected of having Covid-19 from patients awaiting elective procedures that have self-isolated and have been screened as part of the pre-operative process.

Secondly, in order to maintain social distancing, we have had to limit the number of patients that can be seen in an outpatient setting because of the difficulty of managing the requirement within the size and configuration of some of our waiting rooms. Following assessments by our Infection Prevention and Control team we have also had to reduce the number of inpatient beds and trolleys that we use to maintain the appropriate distance between bed spaces.

Thirdly, staffing is a major constraint. We have had to split on-call cover and our ward establishments between the wards caring for patients diagnosed or suspected of having Covid-19, and those that have been tested as negative for Covid-19. We have also had to allocate more of our staff to help support operating on cases where there is a heightened risk to our staff of contracting Covid-19, and hence they have to wear full PPE for extended periods. The additional staff are being used to relieve these staff, and to act as additional runners within the theatre environment.

The Trust is currently, in partnership with other organisations in our region, developing our plan for the remainder of the year. These plans include a number of investments both in terms of capital investments in our buildings, but also in additional staffing, to help the Trust to recover to as normal a level of operating, whilst still taking all of the appropriate precautions in the context of the continuation of the Covid-19 outbreak. The extent to which we will be able to recover our services, and by when, is still being determined.

3. We all appreciate the difficulties which COVID-19 has caused both in the UK and worldwide in 2020. It is appreciated that it was necessary to ensure that the NHS had sufficient capacity to deal with this, which was done probably by mid-April 2020, with cancellation of appointments and operations, the building of the Nightingale hospitals and potential utilisation of private hospitals. Fortunately the demand was not as great as feared. However, it appears that it is still extremely difficult if not impossible to obtain an appointment either for preliminary discussions and tests or for surgery. I need surgery for cataracts but was told on contacting the Bristol Eye Hospital for my preliminary appointment that I would be put on the waiting list and probably have the preliminary appointment in "early 2021". From that it follows that the actual surgery is unlikely to take place until 2022. When will our hospitals be opened up again for treatment and surgery for everything from life-threatening cancer and heart conditions to important surgery such as joint replacements and cataract surgery? Further when will GP surgeries be fully open again? (***Judith Gordon-Nichols, public Foundation Trust member – Bristol) Judith sends apologies for the meeting but would be grateful if we could email the response to her afterwards.***

Response received from Philip Kiely, Deputy Chief Operating Officer (Planned Care): On 17th March 2020, the NHS Chief Executive Officer and Chief Operating Officer released guidance to organisations as part of the NHS's Phase 1 response to the Covid-19 outbreak. This required

organisations to postpone all routine procedures to free up the maximum capacity – beds, staffing etc. – to manage the anticipated additional demand related to the outbreak.

This was followed on the 29th April 2020, by the Phase 2 guidance, which stated that all urgent services should be returned to normal operating, and where capacity is available, routine activities could also commence.

Finally, on the 31st July 2020, the Phase 3 guidance was released which set certain expectations for organisations to restore their routine services, whilst acknowledging that a complete return to normal operations was unlikely given the continued challenge of manage admissions for patients suspected or diagnosed with Covid-19, and the need for NHS organisations to maintain a state of readiness in the event of a second wave of the outbreak.

I can confirm that we have maintained services for life-saving treatment throughout the Covid-19 response. The Trust has been following guidance from the Royal College of Surgeons in clinically prioritising cases by categorising them as either: priority 1a (procedures to be performed in <24 hours), 1b (to be performed in <72 hours), 2 (in <1 month), 3 (in <3 months), and 4 (>3 months).

With respect to cataract surgery, the vast majority of patients awaiting surgery have been categorised by the surgeons at the BEH as priority 4 cases. This is because it is considered to be a deliberating condition, but is reversible. The clinical team has been prioritising the available theatre capacity for urgent cases such as those that if untreated may cause irreversible sight loss.

Following the Phase 3 guidance noted above, I can confirm that our cataract surgery service recommenced on the 29th June. However, we are currently undertaking much lower levels of surgery in general at the BEH – a little under half the number of cases compared to pre-Covid levels.

This is because of a number of factors including our ability to manage patients' admission, recovery and discharge is a safe manner adhering to infection prevention and control guidance with respect to social distancing. The BEH, its outpatient and theatre facilities, dating from the 1980s, were not built with social distancing in mind. The BEH team have had to redesign the way that patients are cared for during their admission to ensure that we can maintain social distancing, and in so doing we have been following guidance issued by the Royal College of Ophthalmologists.

We currently have 828 patients on the cataract waiting list – 154 of these patients have already received a date for surgery at the BEH.

In order to expedite the surgery for other patients on this waiting list, we have offered 200 patients awaiting surgery, the option of being treated by an independent sector provider called New Medica. These patients were some of the longest waiting, and they have also been assessed as being clinically appropriate to transfer. We are in the process of offering a further 90 patients waiting for their first outpatient appointment, and a further 200 patients waiting for surgery, the option of transferring their care to New Medica.

I am not sure about the source of the information that your surgery would not be scheduled until 2022. This does not sound correct, and we will clarify with our teams the information that they are giving to patients.

The BEH management team have confirmed that the waiting time for cataract surgery is approximately 36 weeks from referral at present. This waiting time does not reflect the recent offer for transfer of patients to the care of the independent sector.

In addition, the BEH is in the process of organising additional outpatient and theatre sessions to reduce waiting times at the BEH, and there is a possibility that we can start to schedule cataract surgery at Weston General Hospital.

I am afraid that I cannot answer the query concerning to opening of the GP surgery. This query is best addressed to the GP surgery concerned.

4. Annual Report and Accounts - Page 24 includes Table 1 on the Trust's performance on National Standards. It would be beneficial to readers if comparable results from other Trusts across the country were included to give a picture of where UHBT performance fits with comparable Trusts. This could be included in the public facing document mentioned above. Previous year results would be good if current year results were not available at time of issue. ***(Tony Denham, public Foundation Trust member, Bristol)***

Response received from Philip Kiely, Deputy Chief Operating Officer (Planned Care): The Trust's Board papers include a monthly Integrated Performance Report. This report provides data for a range of performance indicators structured according to the CQC domains of Safe, Caring, Responsive, Effective, Well-Led and Use of Resources.

Please follow this link to the latest papers: https://www.uhbw.nhs.uk/p/about-us/trust-board-meetings

Where the comparative nationally published data exists for other providers, the Integrated Performance Report provides a histogram to indicate the Trust's performance against other NHS Trusts (Weston and Bristol performance is also currently differentiated).

Given the impact of Covid, the Integrated Performance Report arguably provides the best account of the Trust's current performance compared to the annual figures.

We can certainly include a performance benchmark comparison in the Annual Report for future years. Some thought will need to be given to whether we compare ourselves with all other trusts, or whether we benchmark against similar organisations i.e. teaching trusts providing secondary and tertiary services.

5. Annual Report and Accounts - Page 144 Audit Report; this section starts by stating 'there is an incentive for management to manipulate the timing of recognition of both income and expenditure'. Then in the Revenue section it states that '…the payments are 'trued up' on a

quarterly basis…'. Please explain the term 'trued up' in relation to Revenue and the judgement exercised by Directors. How does this level of Director judgement compare with the materiality level quoted on page 146? ***(Tony Denham, public Foundation Trust member, Bristol)***

Response received from Neil Kemsley, Director of Finance: Page 144 of the audit report describes the potential risk that the Trust could manipulate the recognition of income or expenditure in the accounts to achieve the financial targets set by regulators. The audit testing is therefore designed to ensure this is an area of focus.
In terms of revenue, the audit report goes on to describe the process by which the Trust receives income each month from Commissioners based on the planned activity in the contracts, which is trued-up at the end of each quarter. The true-up refers to the Trust providing the actual activity delivered against the contracts with Commissioners at the end of each quarter. This is paid for after deducting the payments already made 'on account'. The judgement comes at year end when the accounts have to be submitted and audited before the actual activity for March has been verified and agreed. The estimate made for the value of the 'true-up' for March is always discussed and agreed with Commissioners. The Trust's accounting policies (note 1.21 to the accounts) provide the methodology for estimating the month 12 income. For 2019/20, due to Covid-19, the methodology of the year end settlement with Commissioners was changed as described in note 1.21 to the accounts. A fixed and final settlement was agreed for the income in respect of the activity for month 12 requiring no true-up.

To give a sense of materiality, in the previous year the true-up for March 2019 was circa. £2.5m (additional income received in 2019/20) compared to a materiality limit of £14.4m for 2018/19.

6. The 149-page Annual Report consists of the 94-page main report and 4 Appendices and several blank pages. It is accepted that the report fulfils several statutory requirements placed on the Trust; however, its length makes it impenetrable to the lay public. Could the Trust consider a much shorter [20pages] public facing document with increased graphics that identifies the main points of interest to the public? ***(Tony Denham, public Foundation Trust member, Bristol)***

Response from Emma Mooney, Director of Communications: Thank you for taking the time to provide your feedback. We will seek to produce a summary document going forward.

7. Reference: Council of Governors Item 2.3a "Operating Plan Refresh 2020 -21" Appendix 1 - The New World Drivers, Page 23.....Under Item 6 It was suggested that changes to the commissioning and planning environment involved "probable changes to Foundation Trust autonomy, financial regime and independent sector sub-contracts." Please could you advise what further detail you have on this statement especially the probable changes to Foundation Trust autonomy? ***(Clive Hamilton, Public Foundation Trust member – Bristol)***

Response from Sarah Nadin, Associate Director of Strategy and Business Planning: The national Planning Guidance released in response to the Covid pandemic changed the national funding and commissioning regime for the NHS, meaning we are on a block contract for the first part of 2020/21 and we are awaiting the further guidance, which will outline the national approach to NHS funding

and commissioning for the second half of the year, this is expected shortly. The comment in relation to Foundation Trust autonomy refers specifically to capital funding, where there is now a new approach to system allocations of capital, which now means we need to consider BNSSG system priorities along with our own when making decisions regarding the spending of capital. This is not likely to impact our decision making this year, but will become more relevant in future years to support the delivery of system changes for our patient population.

8. We now appear to be entering a second wave of the COVID-19 pandemic and as such, as a possible patient at the Trust hospitals, I would feel more assured of not being exposed to infection if I knew that all staff who come into contact with patients are tested and that this testing was carried out on a regular rota basis - say every 14 days. This would be in addition to any testing as a result of requests due to symptoms or contact exposure. I understand from a previous answer given that testing is available on a voluntary basis at the moment - should it be made compulsory***? (Clive Hamilton, public Foundation Trust member, North Somerset)***

Response from Dr Martin Williams, Director of Infection Prevention and Control: There are a number of issues with the suggestion of mandatory testing of all front line health care workers.

Firstly, a policy of mandatory testing would have significant repercussions on staffing levels. All individuals have the right to refuse to be tested. If a policy were introduced for mandatory staff testing then the those who refuse to be tested would have to be redeployed into a non-patient facing role, which would have an impact on staffing levels and patient safety. Similarly, if a staff member were unavailable (e.g. on holiday) and missed their allotted testing slot, then they would not be able to return to work until they had a negative test result. This again would have implications for staffing numbers, and on patient safety.

Secondly, Severn Infection Sciences (who deliver the testing services for UHBW), have significant testing capacity, but prioritise the availability of testing for Pillar 1 activity. This includes testing of symptomatic patients in secondary care, and supporting public health activities in the community related to outbreaks in care homes, schools, and prisons. Their activity also includes the investigation of any ward based transmission of SARS-CoV-2. In addition, the laboratory supports Pillar 1 activity across the South West, and other areas across the country e.g. Cambridge, London, Manchester, and has recently been called upon to support the Pillar 2 testing services. Testing for UHBW is currently funded centrally, but this is likely to change and each test costs in the order of £30+ pounds bringing with it a significant resource implication. If this were to be done through the laboratory at Severn Infection Sciences the significant increase in the demand for testing (as they provide laboratory services for NBT, UHBW and the RUH) could impact significantly on the turn-around times for delivery of test results of symptomatic in-patients, with the associated risks.

Testing of asymptomatic staff members does not strictly fall within Pillar 1 activity, so any wholescale testing of staff members should be done through Pillar 2. Staff members would have to be released from their duties to attend one of the community testing facilities. The results of Pillar 2 testing are not delivered in a timely or responsive way, and are not available to the Trust. As such, there would be no way of policing test results.

The next important thing to consider is that the situation now is very different compared to the beginning of the pandemic. All staff are now required to wear a type IIR fluid repellent surgical mask, in non-COVID secure non-clinical areas, and additional PPE when they are in clinical areas. This reduces the risk of staff-to-staff, staff-to-patient, and patient-to-staff transmission. In addition, all

hospital in-patients are tested on a weekly basis for the duration of their hospital stay. This goes above-and beyond the recommendations set out by NHS-E/I but allows early detection of any ward-based problems. Any probable or definite health-care acquired case would be thoroughly investigated, which includes additional patient testing and staff testing.

Finally, if staff systematic screening were to be undertaken then once every 14 days would be insufficient, and falsely reassuring. As the incubation period for COVID-19 is 4-14 days (with most patients becoming symptomatic at day 6-7, and rarely after day 10) testing once a fortnight would miss a significant number of asymptomatic and pre-symptomatic individuals. Realistically, staff would need to be tested daily, although this would be impractical.

9. How effective are communications between medical staff, patients and families and how does the Board and Council of Governors know ? In our experience it is poor, it's not effective, it's inconsistent and only letters of complaint to senior managers ensure an appropriate response. How will the Board and Council of Governors ensure this situation is improved? ***(Denise Hunt, public Foundation Trust member, North Somerset)***

Response from William Oldfield, Medical Director*:* The importance of effective communication between any member of the Trust's staff (and most importantly, patient or public-facing staff) and the community the Trust serves is well understood by the Trust, but the quality of the communication is very difficult to measure and is reliant on individual feedback, both positive and negative. This occurs in a number of formats including patient compliments and complaints and 360 degree feedback from both patients and staff members - these data are used to inform the Annual Appraisal which each member of the medical staff participates in and guides any reflection or subsequent training needs that are subsequently identified. The Trust regularly reviews complaints that the Trust receives and underlying themes are reported to both the Senior Leadership Team and the Non-Executive Directors to ensure that issues are known about and acted upon.

Effective, and new ways of, communication have become increasing important over the past few months as a result of the CoVID-19 Pandemic. Due to the requirement for Personal Protective Equipment (PPE), especially face-masks, many non-verbal clues are now missing (one of the most important being lip-reading - although this can be mitigated by the use of transparent face-masks). Additionally, many consultations are no longer face-to-face, but conducted either via video- or tele-conferencing. Members of staff are increasingly aware of the potential limitations of these approaches and are factoring in the need to ensure that patients (and their associated carers) are kept fully informed and thus able to participate in their medical care.

Additional response from Sarah Murch, Acting Membership Manager re the role of the Council of Governors: The Council of Governors frequently challenges the Board of Directors on matters relating to patient experience. Governors are elected by Foundation Trust members to represent your interests, and so as a Foundation Trust member you are welcome to contact them at any time if you have any general concerns that you would like them to raise with the Board.

10. I am a patient at the eye hospital. On account of Covid 19 I have not been able to physically attend the hospital for the last six or seven months (I've had my consultations over the phone.)I wondered what, if any, progress has been made with reference to the plans for refurbishment of the ground floor of the Eye Hospital. ***(Paul Thomas, public Foundation Trust member)***

***Response from Andy Headdon, Director of Estates and Facilities**:* The whole strategic capital programme, which includes the Eye Hospital ground floor scheme is now subject to a review process to reprioritise the Trusts investment plan. This review will not conclude until April 21, so there won't be any further update on schemes until then.