



Annual Report 2005-2006



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Chair's Foreword



Phil Gregory

Whilst it's not one of the key clinical national standards that we must meet year on year, our achievement in engaging with our local communities is, I believe, as much a marker of our success as the familiar national targets of healthcare.

This year, we've attempted to boost the role we play in the community, not simply as one of the city's largest employers, but as a key player in the 'life' of Bristol and the South West. Led by Anne Coutts, Director for Human Resources & Organisational Development, we are developing ways of becoming a more socially responsible organisation. Anne writes in more detail about this on page 14.

Engaging with our stakeholder groups such as the Patients' Forum, BREHP (Bristol Race Equality Health Partnership) and other diversity groups, continues to be a priority. Their views and experiences are as valuable in helping us improve our services as those of patients and carers.

This year, my last as chair of UBHT, I have been struck as ever by the extraordinary dedication of the many staff that I've had the privilege of meeting and working with. Their unflagging commitment to do their best for patients, combined with their willingness to exploit new technologies and fundamental redesign of services, stands UBHT in good stead to grasp the exciting challenges ahead.

I would like to take this final opportunity to pay tribute to all my colleagues, both in UBHT and those in our partner organisations. Together, they are treating people well and building a health service that we can be even more proud of.

Chief Executive's Introduction



Ron Kerr

This year has been one of major change for all in UBHT, though the effects won't yet be immediately apparent to our patients and service users. From July 2005, we officially moved from 13 directorates to five clinical divisions, supported by a sixth division, Trust Services. Many staff had been involved over several months in the preparation for this reorganisation – the first in UBHT's history. The aim of creating five large divisions, each spanning several sites, is to focus on patients' individual 'journeys' through their care and treatment. This is far more important than the physical boundaries separating departments or hospitals.

The move to divisions is still a steep learning curve, but I'm confident that UBHT is becoming a more flexible, dynamic organisation, making better decisions and developing our strategic objectives.

Our vision encompasses several aims: to be the major specialist service provider for the South West, focusing on specialist cardiothoracic, cancer, children's services, ophthalmology and dental services. To provide emergency services, and general children's inpatient services for the whole of Bristol, North Somerset and South Gloucestershire, to provide obstetric and neonatal services and to provide other services necessary to support these specialties. In addition, we will actively promote effective research and teaching programmes.

As part of the re-organisation, work has also focused on making UBHT 'fit for purpose'. We, like all NHS trusts, are working towards becoming a Foundation Trust and the path to achieve this is a long and challenging one. During 2005/06 a range of staff were involved in the first stages towards applying (see page 20).

Colleagues throughout the Trust have worked extremely hard this year to meet the ever more demanding national clinical standards and to ensure we finished at year-end with a financial surplus. However, the challenges to which staff have risen so well are set to intensify this year. Besides the rigorous Foundation Trust preparations for application, we have other major projects and plans. Subject to Department of Health approval, we will develop the regional adult cardiothoracic centre. We will transfer patients from Keynsham Hospital to Bristol General Hospital and other facilities in September 2006 and we are preparing for the move of the Woodlands children's unit at Southmead Hospital to Bristol Royal Hospital for Children in April 2007.

These and all our other developments and improvements must be achieved at the same time as remaining financially stable, which means saving millions of pounds. I make no bones about the fact that the coming year will be extremely challenging, but we have a strong base on which to build and the commitment to succeed.

Who we are

United Bristol Healthcare NHS Trust is one of the largest acute NHS trusts. It employs 7,000 staff, has nine hospitals and an annual budget of £350 million. The Trust is the major NHS teaching and research centre for the South West of England. It provides healthcare services to local people and also to people from across the South West, the UK and the world.

Our mission

To deliver patient services, education and research to the highest possible standards, in a sustainable manner and with a high level of governance. We will work in partnership with other organisations, invest in our staff and value diversity in everything we do.

Hospital and outpatient services are based at eight sites:



Bristol Royal Infirmary
Provides general and acute medicine and surgery, critical care, trauma and orthopaedic and emergency treatment.
It is the centre for cardiothoracic services for the northern part of the South West region.



Bristol Dental Hospital
Carries out dental treatment, research and undergraduate and postgraduate teaching.



Bristol Eye Hospital
Is the region's leading ophthalmology centre.



Homeopathic Hospital
One of the country's five dedicated NHS homeopathy clinics.



Bristol Royal Hospital for Children
Is the only dedicated children's hospital in the South West.
It is the regional centre for a wide range of specialist paediatric services including an internationally renowned Bone Marrow Transplant Unit.



Bristol Haematology & Oncology Centre
The regional specialist centre for cancer and blood disorders.



Bristol General Hospital
Provides inpatient rehabilitation and stroke services.



St Michael's Hospital
Provides obstetrics and gynaecology care and ear, nose & throat (ENT) surgery. The hospital is a regional referral unit for high-risk pregnancies and for fetal medicine.

During the year

Fewer patients waited for treatment despite a significant rise in the numbers having planned treatment and an increase of 7% in those needing emergency treatment. All new GP-referred outpatients are now offered a choice of date for their appointment.

We received the green light from the Strategic Health Authority for our plans to build a new regional adult cardiothoracic centre. We await formal Department of Health approval.

Despite significant financial pressures, the efforts of all staff enabled us to declare a surplus of almost £3.3 million at the end of the financial year.



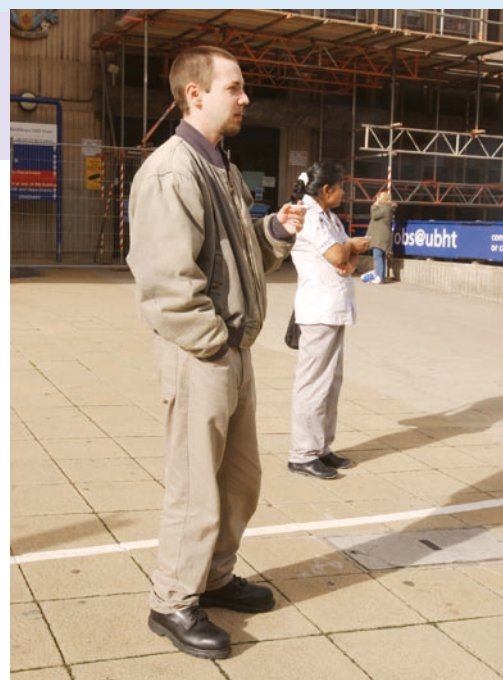
Artist's impression of the proposed Regional Adult Cardiothoracic Centre (courtesy of Coda Architects)

The Trust was ranked seventh in the UK among acute hospital trusts across the country for staff satisfaction. We scored especially highly in questions on work-life balance, staff job satisfaction and effective action from employers towards violence and harassment. The staff attitude survey was conducted by the Healthcare Commission.

We received approval for £13 million from the Department of Health (topped up in 2006 by £2.9m higher education funds) for a major expansion and refurbishment of the University of Bristol Dental Hospital. The expansion will enable us to train 50% more dental students a year, up from 50 to 75.

The Trust met all but two of 42 quality standards, as set out by the Healthcare Commission. The standards cover seven core areas relating to our services, including patient safety, accessible and responsive care and our environment and amenities.

We became a smoke-free Trust in October 2005. Patients, visitors and staff have welcomed the move.



Smoke-free demarcation

Divisional Reports

The new Divisions

In its first major change of its kind since UBHT was founded as an NHS Trust in 1991, the management structure moved to five clinical divisions, plus the Trust Services division. The reorganisation, from 13 directorates, aimed to streamline decision-making at all levels and ensure our services are patient-centred, flexible across boundaries and more efficient.

The Trust Services division comprises all the support functions for UBHT, such as finance, estates & facilities, occupational health, service improvement, IM&T (information management & technology) and legal services.

The reorganisation followed several months of consultation with staff.

The Clinical Divisions

Women's & Children's Division

Children's services

Obstetrics and gynaecology

Reproductive medicine

Paediatric anaesthesia

Paediatric intensive care

Neonatology

Key achievements

Planned the move (in April 2007) of the Woodlands Unit at Southmead Hospital to Ward 38.

Introduced day case tonsillectomy service.

Developed a massage nurse team for bone marrow transplant patients.

Extended the scope of practice of the emergency nurse practitioner.

Achieved level II CNST in maternity services (a rigorous national standard that demonstrates a high level of clinical care. The standard is an assessment by the Clinical National Scheme for Trusts).

Introduced a gynaecology 'one stop clinic' to reduce diagnostic waiting time and help reduce cancer waiting times.

Extended the role of maternity assistants to, for example, complete computer discharges, which frees midwives' time to spend with mothers and babies.

The audiology team redesigned its service to speed referrals from GPs and other health professionals – reducing the waits from over a year to just 13 weeks.

The school nurse service helped to pilot an enuresis (bedwetting) service, resulting in reduced waiting times for families referred for advice and support on enuresis.



A Sure Start maternity assistant works with a pregnant client

More support for pregnant women

Developing our successful partnership with children's charity Barnardo's means we've been able to offer more support for pregnant women in south Bristol. As part of the 'Sure Start' initiative, two maternity assistants (MAs) were recruited to work with the Sure Start midwife. The area they work in is a large council estate with high levels of deprivation - including high teenage pregnancy rate, high unemployment, poor nutrition and widespread drug use.

Few pregnant women in the area chose to attend parentcraft sessions. The Sure Start MAs set up a weekly information session alongside the busy antenatal clinic. Now, when pregnant women check in for their appointment they are directed to the MAs, who provide health education, including giving leaflets and other information according to the stage of pregnancy and the woman's individual needs.

External agencies and organisations, such as the Teenage Parents' Project, and a benefits advisor, are invited to attend the information sessions to inform the women of the services they offer. The MAs also run a contraception outreach project. All teenage parents, and some other vulnerable women, are contacted soon after their babies are born and offered a contraception appointment at the local clinic. This is helping to reduce the number of unplanned or unwanted teenage pregnancies in the area. The clinics are a tangible step in helping to reduce health inequalities, improve health promotion and make services more accessible to women living in an area of serious socio-economic deprivation.

Telemedicine unit provides remote diagnosis

A telemedicine suite opened in the Children's Hospital, allowing doctors to give a remote diagnosis of heart defects in unborn babies hundreds of miles away.

The suite uses ISDN phone line technology to allow doctors to view 'real time' images from other centres, meaning unborn babies or critically ill children born in one hospital can be diagnosed immediately by a specialist consultant in another. It is the first time in the region that telemedicine has been used for real time remote diagnosis of congenital heart disease and could diagnose more than 100 cases a year.

The suite was designed by Dr Andrew Tometzki, consultant paediatric and fetal cardiologist, and is used by all specialists at the Children's Hospital. It includes £30,000 of new equipment, including a plasma screen and video-conferencing equipment.



Dr Andrew Tometzki, consultant fetal and paediatric cardiologist, Judith Harrington and Eddie Large

Babies and children in Cornwall diagnosed by the Bristol doctors can then be transferred to the Children's Hospital by its regional paediatric intensive care retrieval service.

The new suite is named after Louisa Harrington who sadly died in 2003 aged nine following a heart transplant at Great Ormond Street Hospital. Louisa campaigned to raise awareness of the need for organ donation.

Future strategy

- Develop our role as a provider of maternity, general paediatrics and children's emergency services
- Work with PCTs to support care closer to home
- Develop transitional care for children moving to adult care
- Develop the newly-merged community and child and adolescent mental health service (CAMHS), in line with national guidance
- Participate with the Bristol Health Services Plan review of obstetric and neonatal services.

Surgery, Head & Neck Division

Breast surgery	Ophthalmology	Central sterile services
Urology	Dental	Integrated critical care service incorporating intensive care and outreach
Orthopaedics	Heygroves (including general and cardiac theatres)	Anaesthetics (excluding cardiac and paediatric anaesthesia)
Maxillo-facial surgery and adult ear, nose & throat (ENT)	Day surgery unit	
Thoracic surgery	St Michael's theatres	

Key achievements

Single management of theatres

Dental Hospital expansion (see page 3)

Refurbishment of intensive care unit (ITU), including installation of state-of-the-art electronic patient monitoring system and air conditioning system.

Pilot site for a national scheme to train anaesthetic practitioners. UBHT is the only centre to train science graduates, rather than those with a clinical background.

Mobile eye screening service for people with diabetes

People with diabetes in Bristol, North Somerset and South Gloucestershire are less likely to lose their sight, thanks to the launch late last year of a mobile eye screening service.

More than 26,000 patients a year are now screened. The screening aims to detect early signs of diabetes-related sight problems. Diabetic retinopathy is the leading cause of blindness in people of working age in the UK. Early detection of the disease has been shown to significantly improve outcomes and reduce blindness.

The service will take a sophisticated digital camera to GP practices where people with diabetes will be invited to attend. The camera will produce high quality photos of their eyes and the images then assessed by clinicians in the Eye Hospital.

The programme has been funded by the local Primary Care Trusts, and is led by Clare Bailey, consultant ophthalmologist.



Consultant ophthalmologist Clare Bailey screens a diabetic patient

Queen's Day Unit opens its doors

A newly refurbished day unit that brought three departments under one roof opened its doors at the Bristol Royal Infirmary.

The new purpose-built facilities have greatly improved the environment for patients, visitors and staff and mean more patients can be seen.

The Queen's Day Unit combines the former day surgery unit, the medical day unit and physiology. The day surgery element offers surgical procedures including hernias, varicose vein treatment and circumcisions. The medical day facility performs endoscopies (mainly diagnostic procedures looking at the bladder, bowel, lung, stomach and oesophagus). The physiology department undertakes a variety of diagnostic tests.

The new combined unit has 21 patient bays, four endoscopy rooms and two refurbished theatres, all open five days a week.

The project cost in the region of £2.7m, including a donation of £228,000 from the Charitable Trustees for the United Bristol Hospitals (the charity affiliated to the Trust) for new endoscopy equipment. Other new state-of-the-art equipment includes a £250,000 endoscope decontamination system. This enables staff to clean more scopes, see more patients and reduce waiting times. The teams, comprising around 60 staff, will be able to treat up to 90 patients a day: an increase of 35%.



Endoscopy nurse Pam Hazell and staff nurse Kate Lincoln (right) in the new Queen's Day Unit

Future strategy

- Develop as a tertiary (referring centre from general hospitals) surgical centre. We will offer expertise in benign and cancer surgery; developing as a national centre for dental and ophthalmology services and as a regional centre for adult surgical services.
- Transfer breast surgery to St Michael's Hospital
- Expand the Dental Hospital (see 'During the year' on page 3)
- Centralise emergency surgery within the BRI.

Division of Medicine

Adult A&E	Gastroenterology	Dermatology
Emergency Medicine	Endocrinology	Sexual Health
Respiratory Medicine	General Medicine	Neurology
Care of the Elderly and Rehabilitation	Rheumatology	

Key achievements

Achieved performance targets, including that 98% patients wait no more than four hours in the Emergency department of Bristol Royal Infirmary, despite a rise in numbers. The department's increase in those attending has risen noticeably since Southmead Hospital's Emergency department became a minor injuries unit.

Wide ranging public consultation on the proposed closure of Keynsham Hospital, resulting in UBHT and the Primary Care Trusts involved supporting the proposal. Plans for the re-provision of care for the Keynsham patients will proceed in 2006/07.

The Division has worked closely with Bristol South & West PCT to develop plans for the new South Bristol Community Hospital, which is due to open during the financial year 2008/09.

Planning for the move of the City Gate Walk-In Centre to the BRI Emergency Department for a pilot period of six months. The pilot is in line with national initiatives to co-locate walk-in centres with emergency departments. The walk-in centre opened in the BRI in May 2006.

We developed a 'stroke care pathway', to ensure stroke patients have the best care for their condition, in line with national standards.

Creating a specialist ward for gastroenterology patients, managed by consultants and their specialist nursing teams. Three new consultants have been appointed, two to replace retiring staff and an additional consultant.

Improving the DVT service

Setting up a 'one stop' clinic for patients referred by their GP with a suspected deep vein thrombosis (DVT) has resulted in a focused, streamlined service with assessment and treatment often taking less than an hour and frequently within one hour.

A team of three part-time specialist nurses (referring to consultants when needed) now manage the service. On referral the team diagnoses a DVT by, for example, taking blood samples and ordering an ultrasound leg scan. If the results are negative, the nurses discharge the patient with advice and organise information for their GP. If the results are positive, the team is able to immediately implement appropriate treatment, including prescribing drugs. The vast majority of patients do not need to be admitted, and the 'fast track' service means patients no longer wait many hours or overnight in hospital in order to have a scan. The new service includes an outpatient clinic for follow-up appointments. The team sees up to eight new patients a day.



Nurse specialist Pat Coggins (left) takes a blood test

Major refurb for Emergency Department

The Emergency Department (ED) in the BRI had a major refurbishment and expansion in December 2005. The £1/2 million refit doubled the size of the department's resuscitation facilities for the treatment of critically ill and injured patients. These patients who may, for example, have been involved in a serious road traffic accident or have suffered a heart attack, are taken to the resus room to be assessed, treated and stabilised. There are now six specialist bays in the unit where the facilities also include a range of high tech emergency equipment and monitors.

The new unit also has the region's first ceiling-mounted digital X-ray gantry system. This state-of-the-art technology provides staff with crystal clear and almost instantaneous images. The speed of the images reduces the time taken to diagnose life-threatening conditions and determine the correct course of treatment for each patient. The system also reduces the need to move very sick patients to and from the X-ray department. The new technology has cost £150,000. The refurbishment also includes the provision of a special room where bereaved families will be able to spend time with their loved one in private, quiet surroundings.



The newly expanded resuscitation unit in use

Future strategy

- The smooth transition of care for Keynsham patients to other hospitals or care settings after the closure of the site (scheduled for September 2006).
- Changing wards to improve the environment for patients.
- Continuing to develop how care is provided for (mainly) elderly patients with long term or rehabilitation needs at the Bristol General Hospital and BRI, in line with plans for the future South Bristol Community Hospital.
- Developing a rapid diagnostic service for patients with chest pain, admitted as emergencies.
- Continuing to improve the way patients coming to the Walk-In Centre and the Emergency department in the BRI are managed.
- Piloting changes to sexual health services so that patients wait less time for appointments.

Division of Specialised Services

Cardiac surgery

Cardiac intensive care

Clinical haematology

Cardiology

Oncology

Homeopathy

Cardiac anaesthesia

Key Achievements

Successful British Cardiovascular Intervention Society international meeting held in Bristol, hosted by UBHT consultants.

Establishment of national training programme on angioplasty.

Transfer of cardiology to a refurbished ward that features innovative use of colour.

The results of a six-year study at Bristol Homeopathic Hospital showed that more than 70% of patients with chronic disease reported positive health changes after homeopathic treatment. More than 6,500 patients were surveyed.

Heart surgery team scoops top award

BRI's cardiac surgery team, in conjunction with colleagues at the Bristol Heart Institute, were declared 'Surgical Team of the Year' in the prestigious Hospital Doctor Awards 2006. Professor Gianni Angelini and eight other staff, representing all the professional groups that make up the team, beat strong competition from 42 centres across the UK.

Not content with winning this category, they were also short-listed for the Cardiovascular Team of the Year. This is the first time in the history of the fiercely fought awards that the same team has been short-listed in two categories.

The team's latest annual audit report (April 2004-March 2005) showed that, of almost 1500 surgical procedures performed, only 50 patients didn't survive. This represents a death rate of 3.4% - beating the national average of 3.5%.



*Professor Gianni Angelini and his winning adult cardiac surgical team
(Photo courtesy of Jim Varney)*

Faster radiotherapy treatment

Waiting times for radiotherapy treatment more than halved from last summer to the end of March 2006 - thanks to the flexibility and commitment of all staff groups at Bristol Haematology and Oncology Centre (BHOC) and in particular the 58 therapy radiographers. Each agreed to work a longer day, so that the Centre's five radiotherapy machines could operate increased hours - 8.30am to 7pm during the week. The longer sessions made it possible to treat a backlog of patients waiting for radical radiotherapy for cancer. The backlog had been caused by a continuing national shortage of qualified therapy radiographers.

The average time dropped dramatically from 55 days in July 2005 to less than 20 days by the end of March 2006, whilst the average time for patients for palliative treatment (radiotherapy that seeks to alleviate symptoms), dropped from 20 days in June 2005 to 11 days by the end of the financial year.

The Division hopes to maintain the reduced waiting times with the recruitment of four more trainee radiotherapy assistants. The assistants will be fully trained by March 2007. In addition, plans are in place for eight newly qualified radiographers to boost the department in summer 2006. BHOC's commitment to provide clinical placements to 27 undergraduates will help to overcome the national shortage in the longer term.



A patient undergoes radiotherapy

Future strategy

- The Division plans to develop the primary angioplasty service (in which a balloon is inserted into the artery to relieve a blockage) for patients who suffer acute heart attacks into an out-of-hours service and to extend it to the rest of the region
- Transfer the care of cancer patients from Somerset to the new Oncology Centre in Taunton, planned to open in April 2008
- Review the use of space within the BHOC to make significant improvements to patient and staff areas
- Develop partnerships with private providers and PCTs to offer cancer patients more of their care closer to home.

Diagnostic and Therapy Division

Audiology	Occupational Therapy	Radiology
Medical Physics / MEMO	Orthotics	Speech & Language Therapy
Nutrition & Dietetics	Pathology	
Pharmacy	Physiotherapy	

Key Achievements

Achieved performance target of 18 weeks from GP referral to treatment.

In radiology patients wait less than 16 weeks for all scans and we made good progress towards the target that patients wait less than 13 weeks (to be achieved by April 2007).

We implemented a new electronic blood test results system, (virtual pathology laboratory system, known as VPLS) the first stage of a significant investment in IM&T (information management & technology) systems across the Division.

Two new Department of Health-funded MRI (magnetic resonance imaging) scanners were commissioned in February this year. One machine for diagnostic work is in the radiology department, while the other is an additional one for the Bristol Haematology and Oncology Centre. It is used for planning cancer treatment and its 'open' design is particularly useful for claustrophobic patients.

Pharmacy boost

A new pharmacy production unit in the BRI opened in September 2005. The nine-month upgrade cost more than £800,000. Facilities include 'cleanrooms', an air handling plant and air filtration system. This is crucial for the manufacture of, for example, injections for patients with low resistance to infection, including those who have undergone a bone marrow transplant.

The unit makes a variety of specialist pharmaceutical products that aren't available from pharmaceutical suppliers. These include mixtures of medicines for children and babies who cannot swallow tablets. Staff also make intravenous nutrition for patients who cannot absorb food through their stomachs and creams and ointments for a number of skin conditions. Most products are used by UBHT patients, though some are supplied to other hospitals and community pharmacies in the area.

The upgrade will ensure that the best treatments are developed in the future, since the unit also manufactures products for clinical research trials.

Two other improvements comprised the relocation of the radiopharmacy unit to the BRI in March this year and planning for a new parenteral services unit (PSU) in the Bristol Haematology and Oncology Centre. The PSU, which opened in April 2006, is the base for the preparation of injections, for example, for chemotherapy doses and nutrition for new-borns.



Pharmacy technicians at work in the upgraded pharmacy production unit

Robot speeds service

Earlier this year a state of the art robot was installed in pharmacy to help dispense drugs. The machine was one of the first pharmacy robots in the South West, along with two installed at North Bristol Trust at the same time.

Jane Thornton, Pharmacy Operational Manager for UBHT, said: 'The robot is a significant initiative for us. The robot gives us many benefits and means a much faster service and significantly reduced waiting times for prescriptions and medications.'

Installing the robot required major construction work, including the removal of walls and reinforcement of floors.



The pharmacy robot

Future Strategy

- We are planning to improve laboratory services by combining separate areas to create a single blood sciences area, using state of the art equipment, including robotics and pre / post analytical automation
- We are developing business plans for a research 3T MRI scanner and a state of the art CT (computerized tomography) scanner for improved cardiac and oncology imaging
- We will work with our primary care partners to set up more outreach therapy services in the community. Central to this will be the Division's continued involvement in planning facilities such as the South Bristol Community Hospital
- We will work with those who purchase services to make patients' treatment more streamlined and flexible, in order to prepare for the challenging national target of a maximum two-week wait for diagnostic services
- We aim to develop services in partnership with other providers, including, if appropriate, the independent sector
- In radiology, we will expand and improve the ultrasound department waiting area to improve the ways in which patients are seen and treated. We will also improve the environment where patients have investigations.

UBHT in the community

As a large organisation in the centre of Bristol, UBHT is uniquely placed to have an important positive effect on our neighbours and our city. Many staff contribute to and work with communities - locally, nationally and internationally - in a variety of ways, using their skills, knowledge, and their time in addition to their 'day' job. Earlier this year we looked at all the work undertaken within the Trust, both by individuals and by departments, and discussed a range of areas where we could develop new initiatives. We decided to develop a corporate social responsibility programme of work under the banner of UBHT in the community.



Clinical education facilitator Amanda Wilford introduces students at Bedminster Down School to the concept of blood pressure

Among the projects with which we are involved include:

Tackling domestic abuse

UBHT is a member of the Bristol Domestic Abuse Forum, working closely with Bristol Social Services and Avon and Somerset Constabulary. The forum has developed a common approach to dealing with domestic abuse. Our staff have developed a clinical policy and managers' guidance for dealing with this acutely sensitive issue.

Recognising tomorrow's talent today

Staff recognise the importance of encouraging and nurturing the next generation's talents. We've held a series of events for students and science teachers from local schools and colleges to promote a variety of health professions. Curriculum-linked work experience at Bristol General Hospital for health and social care students in year 11 at Brislington Enterprise College helped to improve one group of students' grades from 0% A* - C in 2004 to 60% A* - C in 2005. All seven students who came to the Hospital achieved two grades above that which they were predicted.

Research & development

Research is integral to our core business: a strong research portfolio is important in positioning the Trust for the future. Excellence in research:

- Makes leading-edge treatments and services available to our patients
- Encourages the recruitment and retention of high calibre staff
- Enhances the Trust's reputation with commissioners, referring clinicians, patients and the public, thus helping us to remain a successful healthcare organisation
- Allows our staff and patients the opportunity to take part in, and contribute to, clinical research.

UBHT has research partnerships with many higher education institutions (HEIs), the most significant of which are the two local universities; Bristol and the West of England, as well as numerous universities across the UK and internationally. We also have extensive partnerships and collaborations with other healthcare organisations.

In 2005/06 the Trust received £7 million in NHS R&D support funding. This supported clinical research, attracting approximately £16 million in external grant funding in the following clinical areas:

- Adult cancer
- Cardiac disease
- Childhood illness
- Dental
- Endocrinology/neuroscience
- Environmental effects on child health
- Eye disease
- Limb reconstruction
- Musculoskeletal
- Peripheral vascular disease
- Reproduction, early development and birth
- Sexual health



321 projects were supported last year and 424 papers were published. Thirty-five staff gained post-graduate research degrees. Much of the research done at UBHT has changed the clinical care of patients worldwide, particularly in cancer, cardiac surgery and child health. UBHT researchers lead in research into patient satisfaction and patient-based measures of quality of life. The results of our research have been used in the preparation of 10 NICE (National Institute of Clinical Excellence) guidelines and our researchers have contributed to a number of guidelines for clinical care prepared by Royal Colleges and government bodies.

UBHT, in collaboration with the University of Bristol, provides training in good clinical research practice to healthcare researchers across Bristol and Weston. We have been at the forefront of developing systems to ensure the safe conduct of all research activity involving our staff or patients.

The Department of Health's national NHS R&D strategy 'Best Research for Best Health' will have a major impact over the next three years. One consequence is that the NHS R&D support funding will be withdrawn and used to fund alternative streams of R&D support funding allocated against competitive bids. In order to bid competitively for these funds the Trust will need to focus on research that:

- Addresses NHS priorities
- Is people-based
- Is of national or international quality
- Is cost-effective
- Demonstrates strong collaborations
- Will produce outcomes that will improve patient care and the health of the population.

A more detailed review of our research is available from the R&D Office (Tel: 0117 9283473) or by logging onto our website <http://www.ubht.nhs.uk/R%26D/>

Listening, learning and improving

During the year we have continued to develop our methods for listening to and involving patients and the public. Although we have a good track record for involvement, we acknowledged that the work had not previously been brought together in one strategy. So we developed a patient and public involvement strategy that was ratified in September 2005. The main focus of activity has been to strengthen the public and community involvement work, particularly with the 'seldom heard' minority groups.

Our efforts to listen to and support patients have gone from strength to strength. The Patient Advice & Liaison Service (PALS) has continued to support a large number of patients, their families and carers. During the year PALS dealt with 1,982 enquiries, ranging from requests for information and advice, to the resolution of concerns and difficulties and finding support for people with complex needs. The service also provides an opportunity for people to provide positive feedback and compliments about their treatment.

We have continued to support patients, carers and users of our services when they have raised formal complaints about our services. We received 533 formal complaints during the year, which we are pleased to report is a reduction of 6% on the previous year. The decrease reflects the success of the PALS service and local resolution attempts by our staff as complaints arise. Of the complaints received, 81.4% were responded to within the 20 working days timescales. Whilst there is room for improvement this is an acceptable level of performance in the context that a number of complex complaints required longer than 20 days in which to respond, if a full and honest response is to be provided.

There were 7,220 formal compliments during the year, a ratio of 13.5 to every one formal complaint.

Both the complaints team and PALS services have contributed to developments and improvements in services and received positive feedback from the users of the services. Some examples are outlined below:

Patient Advice & Liaison Service (PALS)

Service Improvements:

- Planned improvements to hospital signage and way-finding information
- Improved lost property procedures
- Improving the environment around the BRI main entrance precinct
- Training programmes at both department and corporate level
- Better support for patients with learning difficulties and carers

Comments received:

"An invaluable service, saving time for the nursing staff to attend to nursing"

"I think this is a very helpful and important service"

"You saved me from not only a useless journey, but more importantly from another week's worry. Thank you for the very pleasant way you dealt with my problem"

"You did everything you said you would. All is in order thanks to you".

Complaints and compliments

Service Improvements:

- New tests in the Milne Centre to improve access
- A protocol developed to resolve conflicts in discharge planning
- Security locks on windows in some areas
- Skin care guidance produced for use with patients with leg ulcers
- A process for referrals by GPs to the fracture clinic

Comments received:

"Our son's stay on ward 31 was made so much easier by the fantastic nursing care"

"Please convey our thanks to all in Radiology for the fantastic care"

"I wish to place on record my heartfelt thanks and gratitude to all at Bristol Haematology & Oncology Centre"

"A huge thank-you to ward 74 for the kindness you showed before and after the birth of X"

"I offer my heartfelt thanks to all who helped me in my recovery at the BRI".

Our public involvement work has continued, in particular for the Bristol Health Services Plan and the developments planned for the Trust. For example, the transfer of general paediatrics to the Trust from North Bristol NHS Trust and the development of the Cardiac Centre. The Trust has continued to work positively with the Patient and Public Involvement Forum, who have commented themselves on the year:

“The Forum’s major contribution this year has been the production of a Stroke Report. This looked at the patients’ pathway from diagnosis to care at home, following discharge from hospital. UBHT has responded to this with an action plan dealing with issues in relation to inpatient care.

“We also carried out a series of unannounced cleanliness inspections following adverse publicity in the media and this too resulted in a detailed action plan. We have also formed part of the PEAT inspection teams.

“The Forum has continued to monitor UBHT’s Sexual Health Services, the Trust’s redevelopment projects (including Keynsham Hospital and The Woodlands Unit transfer) and the question of the transfer of the Walk- In Centre to A&E.

“We have maintained contact with PALS, the Involving People Committee and we are welcomed at Trust Board meetings. We very much appreciate the continuing attendance of Board members at our meetings and their positive response to concerns that we raise.”



PALS manager Karen Hurley (left) talks to a relative

Staff involvement

Action was taken to maintain or develop the provision of information to, and consultation with, employees. The Trust is committed to partnership working and has had a number of staff and employee relations groups in place for several years. The Trust uses a number of methods to consult with and provide information to staff.

The Trust's Consultative Council is a strategic employee relations group, attended by the Chief Executive and chaired by the Director of Workforce and Organisational Development. It meets quarterly. The Local Negotiating Committee is a joint medical staff and management committee, meeting bi-monthly and chaired by the Trust's BMA (British Medical Association) representative. The Trust's Industrial Relations Group meets monthly and is the forum for discussing operational issues and their impact on staff.



Staff and participants at UBHT's diversity day event

Staff side (union representatives) hold a monthly joint union committee where operational and policy issues are discussed. In addition to these forums, staff are consulted via a number of formal and informal methods.

Promoting equal opportunities

Our commitment to equality and diversity underpins all our activities - in our services, employment practices and our involvement with the wider community.

UBHT is committed to promoting a supportive and inclusive culture for all staff and stakeholders. Staff can expect to be treated fairly and without discrimination in an environment where inappropriate behaviour is not acceptable. Staff will be treated with respect and appreciation regardless of age, gender, sexual orientation, marital status, race, colour, nationality or ethnic origin, disability, religious belief, social class or grade.

There are five operational groups in the Trust, responsible for managing the cross-divisional equality and diversity programme. These groups report to a bi-monthly equality and diversity group. The groups cover age, disability, gender, sexuality and transsexuality, race, religion and beliefs and social exclusion.

The Trust held a 'diversity day' last November to mark International Day of Tolerance, and to raise awareness of the Trust's work on diversity. One of the learning points from the event was the need to improve the provision of translating and interpreting services for deaf people and British Sign Language users. We also need to consider how to make the complaints service more accessible. The Trust is working with Bristol City Council to take this work forward.

Policy in relation to disabled employees

The disability group has made significant progress this year, including:

- Developing a disability toolkit and mobile display to raise staff awareness of issues
- Making recommendations on the size and type of font to be used in Trust documents, and methods of saving and accessing electronic files for people with visual impairments. Taped information and letters have been used if patients cannot access hard copy
- Undertaking an audit to identify the needs of wards and departments for basic equipment to support patients with physical and sensory impairment. The need for hearing loops in public areas has been highlighted and more areas have installed them, including the new day surgery unit in the BRI
- Working with Avon Ambulance Trust to identify issues around equipment transfer when patients are admitted to UBHT
- Holding a disability workshop in January 2006 for members of the public, service users and staff.

Performance

The Trust continues to perform well against the Government's targets, despite some significant challenges during the year.

The total number of patients waiting for treatment reduced from 7105 to 6804 despite a significant increase in elective (planned) treatment (up by 4%) and emergency admissions (up by 7%). A&E attendances also rose by just under 7%, compared with 2004/2005.

During 2005/2006, we achieved both the 13-week and the 6-month maximum waiting times targets. We were also successful in achieving the target of all new GP referred outpatients being offered a choice of the date of their appointment. The Trust also improved on the percentage of patients being offered an appointment at a rapid access chest pain clinic within two weeks of urgent GP referral.

All patients referred for urgent suspected cancers during 2005/2006 were seen within two weeks of referral. During the fourth quarter of 2005/2006, we exceeded the operational standard for treating cancer patients within 31 days of the decision to treat, with 99% of patients being treated within the standard. Over 87% of cancer patients were treated within 62 days of an urgent GP referral during the fourth quarter. This was below the required standard. However, our performance significantly improved in March, with 96% of patients being treated within 62 days.

Patients seen ¹	04/05	05/06
Total inpatients/daycase admissions	113801	118379
Inpatient admissions	57029	59440
Daycase admissions	52288	54290
Births	4484	4649
Emergency admissions ¹	29144	31093
Total outpatients	324031	381707
First appointment	101598	112864
Follow-up	222433	268843
Total A&E attendances	98840	105454
New attendances	91712	98689
Follow-up attendances	7128	6765
Waiting lists²		
Total waiting list size - inpatients + day-cases	7105	6804
Total waiting list size – outpatients	10332	8703

Achievement against key targets	
Patients waiting less than 4 hours in A&E	98.4%
Patients seen in two weeks of urgent GP referral for suspected cancer	100.0%
Patients with cancer treated within one month from decision to treat ²	99.0%
Patients with cancer treated within two months of GP referral ²	87.2%
Patients awaiting revascularisation admitted within three months	99.8%
Admissions pre-booked	99.9%
New appointments pre-booked (GP/GDP referrals) ²	99.6%
Patients seen within 13 weeks of GP referral ³	100.0%
Patients waiting less than six months ⁴	100.0%
Non emergency admissions subject to last-minute cancellation of operation	0.94%
Patients re-admitted within 28 days of last-minute cancellation	92.7%
Patients with chest pain seen within two weeks of GP referral	99.5%

¹Source:

The Inpatient and Day Case totals are obtained from all the Non-Birth episodes (CDS type 120 and 130)

The Inpatient total counts Patient Classification 1,4 & 5 (Inpatient, Regular Night and Mother & Baby Unit)

The Day Case total counts Patient Classification 2 & 3 (Day Case and Regular Day)

The Birth total counts all Birth episodes (CDS Type 140) Inpatient, Day Cases and Births include all Methods of Admission: Elective, Emergency and Other Non Elective.

The Emergency total only counts Emergency episodes (Method of Admission 20-29)

Emergency admissions are a subset of the inpatient total

The Outpatient totals are from DoH return QMOP, the A&E totals are from DoH return QMAE

²Q4 2005/2006

³Actual figure = 99.97%

⁴Actual figure = 99.96%

Moving towards Foundation Trust status

NHS Foundation Trusts are a new type of NHS organisation, established as independent, not-for-profit public benefit corporations with accountability to their local communities rather than central Government. NHS Foundation Trusts give more power and a greater voice to their local communities and frontline staff.

To assess UBHT's readiness to apply for Foundation Trust status, the Trust underwent a 10-week assessment process known as the 'whole health community diagnostic programme'. The programme is a combination of self-assessment and external audit. The results have been used to develop an action plan addressing issues including the challenge of meeting the national 18-week referral to treatment target in 2007/08 and our ability to achieve 3% savings across the board year on year.

UBHT will not be invited to apply for Foundation Trust status until it has achieved an adequate performance rating. The next rating is due to be published in October 2006 and if this is favourable, we hope to start preparations for Foundation Trust status in earnest.

Foundation Trusts are accountable to local people who can become members or governors of the Trust, so during the next phase we will be looking at ways we can communicate with the people of Bristol. In fact, it is a legal requirement that we consult with local communities and stakeholders about our NHS Foundation Trust application.

A Consumer Advisory Group and a Business Advisory Group were formed last year to strengthen links with local companies and organisations. A programme of visits to UBHT by local business leaders is underway.

In addition, UBHT has close links with the University of Bristol and the University of the West of England. We have regular joint meetings to discuss issues of mutual concern and benefit. These meetings have been well received and have been an opportunity to explain the benefits of being a Foundation Trust to UBHT's local partners.

UBHT Board members



Front row (from left): Gareth Williams, Emma Woollett, Phil Gregory, Anne Coutts, Patsy Hudson
Back row (from left): Robert Woolley, John Teller, Lindsey Scott, Paul Mapson, Ron Kerr, John Savage



Dr Jonathan Sheffield



Dr Graham Rich



Rev Richard Daly

Directors' interests

Chair

Phil Gregory

Relevant business interests: Member of employment tribunal, company secretary and Non-Executive member, Lockleaze Neighbourhood Trust

Other interests: None

Non-Executive Director:

Gwen Clark FCIPD (to end of November 2005)

Relevant business interests: Right Coufts

Other interests: Salvation Army

Non-Executive Director

John Teller

Relevant business interests: Director, Ashley Vale Allotments Association; Director, Community Mentors Ltd; Board member, Avon & Somerset Probation Area.

Other interests: none

Non-Executive Director

Patsy Hudson

Relevant business interests: Board member, Avon & Somerset Probation Area; Chair, Victim Support, Avonvale.

Non-Executive Director

Emma Woollett (from January 2006)

Relevant business interests: Freelance management consultant.

Other interests: none

Non-Executive Director

Richard Daly

Relevant business interests: none

Other interests: none

Non-Executive Director

Professor Gareth Williams

Relevant business interests: none

Other interests: none

Non-Executive Director

Mr Peter Lamont

Relevant business interests: Board member, Litfield House Medical Centre

Other interests: Chairman, Advisory Board, David Telling Charitable Trust; Trustee, British Vascular Foundation/ Circulation Foundation.

Independent member

Jon Savage

Relevant business interests: Regional Chairman, Learning & Skills Council

Other interests: Executive Chairman, Business West;

Director, Connexions; Chairman, Broadmead Board Ltd; Chairman, Destination Bristol; Director, Business Link West; Member, South West Regional Assembly; Member, West of England Partnership; Director, Bristol Cultural Development Partnership; Chairman, Churches Council for Industrial & Social Responsibility; Treasurer, Enuresis Resource & Information Centre.

Chief Executive

Ron Kerr

Relevant business interests: none

Other interests: none

Director of Strategic Investment

Graham Nix (to November 2005)

Relevant business interests: none

Other interests: Member, Executive Committee, South West Branch of Healthcare Financial Management Association; Trustee, Allan Brooking Fellowship.

Director of Finance

Paul Mapson

Relevant business interests: none

Other interests: none

Director of Human Resources & Organisational Development

Anne Coutts

Relevant business interests: Board member, Skills for Health.

Other interests: none

Director of Nursing

Lindsey Scott

Relevant business interests: Trustee, Abbeyfield Weston Super Mare Sheltered Housing & Residential Home.

Other interests: Chair, Mary Elton Primary School, Clevedon Home School Association.

Medical Director

Dr Jonathan Sheffield

Relevant business interests: none

Other interests: none

Chief Operating Officer

Dr Graham Rich

Relevant business interests: none

Other interests: none

Director for Corporate Development

Robert Woolley

Relevant business interests: none

Other interests: none

Openness & accountability

Freedom of Information

UBHT supports the principle of sharing all information within the framework of the Freedom of Information Act. We have a designated FOI officer who provides written responses to all requests.

Board Meetings

The Trust Board meets every quarter in public. Although attendees are not able to ask questions of Board members during the meeting, they are invited to pose written questions with a guarantee of a response. The agenda, minutes and papers of the meetings are available on our website: www.ubht.nhs.uk

Annual public meeting

Invitations to attend our annual public meeting (held in late September) are sent out widely to our stakeholders and the local community. The APM is advertised in the local press. At the meeting, anyone can raise issues and question Board members and meet them informally afterwards.

Tell us what you think

We welcome comments, views questions and praise about our services. A feedback form can be found in the patient information section of our website (www.ubht.nhs.uk) by clicking on 'Something to say? Something to ask?' Work is underway to redevelop the Trust's website to make it more user-friendly and informative.

Alternatively, write to the Chief Executive, Ron Kerr at UBHT Headquarters, Marlborough Street, Bristol BS1 3NU. Tel 0117 928 3602 or email : Ron.Kerr@ubht.nhs.uk

Operating Financial Review 2005/06

Introduction

This section briefly describes the environment in which the Trust operates. It provides a review of financial and other performance during the year.

Operating Environment

Identified key markets

The Trust provides services to three key markets, namely:

- Acute and emergency services to a local population of around 300,000.
- Specialist services to a wider network, comprising Bristol North & South, South Gloucestershire, North East Somerset, Wiltshire and Somerset. This has a combined population of 2.4 million.
- Specialist regional and supra-regional services within the South West region and beyond, covering a population of more than five million.

Key operating risks

We face a number of significant challenges to making progress in the coming months. Three key risks will affect our performance. Firstly, the imperative to save almost £14m in 2006/07 to remain financially stable. The scale of these savings will affect how we are able to develop our services. The Executive Directors will closely manage Divisions' progress on their savings plans. We will continuously review our strategy for developing services, balancing it against the need to meet the target on savings.

The second risk is that the national tariff system (known as 'payment by results', the new NHS financial regime that means hospitals are paid a set amount per procedure) is not complex enough to recognise the true costs of specialist services, making such services potentially unaffordable. As a regional centre for a range of specialist services, UBHT will continue to engage in the national debate about tariff-setting for specialist services.

Thirdly, the Trust has major challenges ahead to ensure we meet the national 18-week maximum waiting time target from GP referral to treatment, and also to maintain current targets, including maximum waits for cancer and for accident and emergency treatment. In order to help ensure we meet these targets, we will set up a new board to drive forward improvements to services.

Income and Expenditure

For the financial year ended the 31 March 2006, the Trust received income of £350.7m and generated a surplus of £3.285m on its Income and Expenditure Account. This represents 0.9% of turnover.

Of the £3.285m surplus, £1.273m was generated from UBHT operations and £2.012m was generated from Skills for Health, the health sector skills council for which UBHT has host responsibility.

After taking in account non-recurring or one-off income and costs the Trust achieved a £0.4m normalised surplus. This is the first time this has been achieved for five years.

Based on guidance from the Strategic Health Authority, from May 2004, the Trust assumed that we would not have to build recovery of deficits of £17.3m, accumulated before 31 March 2003 into our financial plans, since a longer term solution was being sought from the Department of Health. Therefore, whilst the Trust has achieved an income and expenditure surplus for the financial years 2003/04, 2004/05 and 2005/06, we have not achieved the cumulative target of our statutory breakeven duty, under Section 10 of the NHS & Community Care Act 1990, within the five year recovery period, ended 31 March 2006, agreed with the Strategic Health Authority. The value of the unrecovered accumulated deficit at 31 March 2006 was £13.9m. This has been referred to the Secretary of State for Health by the Trusts Auditors under Section 19 of the Audit Commission Act 1998.

The Strategic Health Authority has confirmed that the Department of Health is not seeking to recover deferred deficits in 2006/07. The repayment of deferred deficits has been taken up with the Department of Health by the Chief Executive of the Strategic Health Authority as there is a need to find a permanent solution within a framework that delivers financial stability, appropriate services to patients and meets targets for improvements. This is currently under consideration by the Department of Health.

Using interest-bearing loans from the Department of Health, the Trust has built a cash repayment schedule for the accumulated deficit of £17.3m into future financial plans.

Liquidity and Capital

The Trust has balanced its cash position and achieved its external financial limit (EFL) by a variety of measures. These include slippage on capital schemes (£11.589m) obtaining NHS brokerage (£10.700m) and using internal resources such as the income and expenditure account and deferred income (£4.666m).

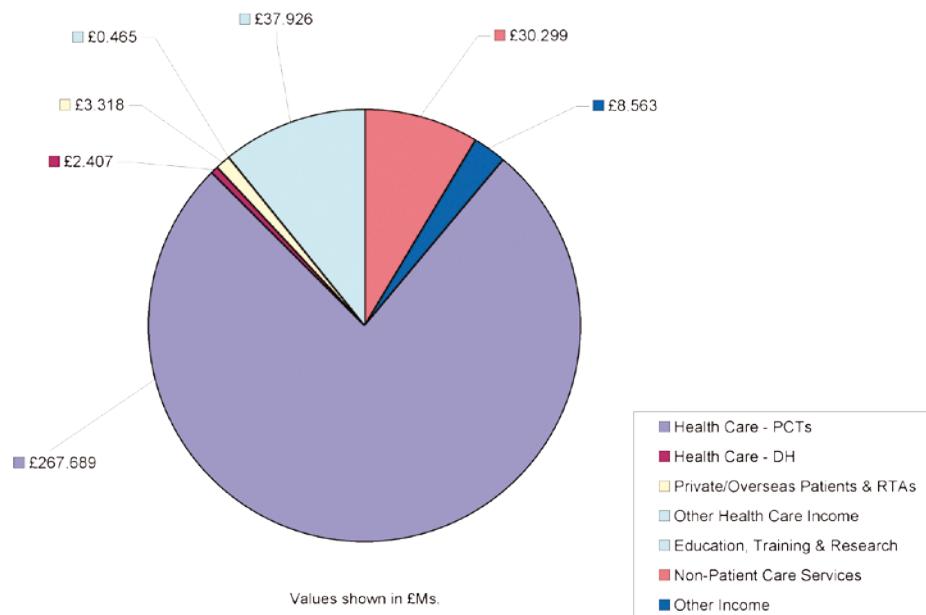
Total capital expenditure for year was £20.948m.

For 2006/07 onwards the Trust intends to take up an interest-bearing loan of £20.3m from the NHS Bank to cover our historic debt and other accumulated cash deficits. This will be repaid over four years through the generation of capital receipts (£11.0m), income and expenditure surpluses (£4.0m) and depreciation (£4.3m). At the end of this four year period (2009/10) the Trust will be free of debt and have a sustainable balance sheet without any need for external assistance.

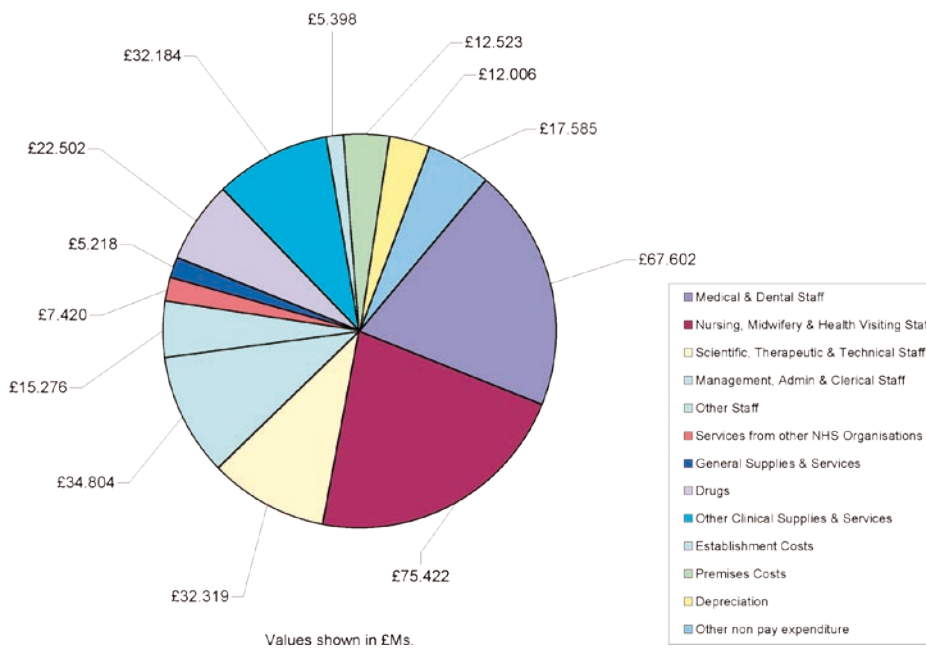
Summary Income and Expenditure Statement

	2005/2006	2004/2005
	£000	£000
Income	350,667	324,596
Expenses	(340,259)	(317,501)
Operating surplus	10,408	7,095
Cost of fundamental re-organisation/re-structuring	-	-
Profit/(loss) on disposal of fixed assets	392	244
Interest receivable	520	454
Interest payable	(555)	(580)
Other finance costs	(195)	(48)
Pdc dividend	(7,285)	(7,113)
Retained surplus/(deficit)	3,285	52
Note:		
Retained surplus/(deficit) for the year	3,285	52
Less financial support included in returned surplus/deficit for the year	-	-
Retained surplus/deficit for the year excluding financial support	3,285	52

Operating Income by Source



Operating Expenditure by Type



Breakeven Performance

	Surplus/(Deficit)	Prior Year Adjustment	Adjusted Surplus/(Deficit)
	£000	£000	£000
1997/98	200	903	1,103
1998/99	(554)	458	(96)
1999/00	(323)	66	(257)
2000/01	(1,150)	-	(1,150)
2001/02	(7,659)	-	(7,659)
2002/03	(9,281)	-	(9,281)
2003/04	80	-	80
2004/05	52	-	52
2005/06	3,285	-	3,285
Cumulative surplus/ (deficit)			(13,923)
As % of turnover			(3.97%)

Income Generation Schemes

UBHT operates a number of income generation schemes. There are no individual schemes of a level of materiality which warrant specific disclosure.

Summary Balance Sheet

	2005/2006	2004/2005
	£000	£000
Fixed assets:	276,120	263,257
Stocks:	4,847	4,466
Debtors:	19,913	22,205
Investments	295	-
Cash:	986	1,230
Current liabilities	(25,390)	(23,258)
Net current assets	1,734	4,399
Liabilities over one year	(6,657)	(6,657)
Provisions for liabilities and charges	(3,255)	(3,725)
Total assets employed	267,942	257,274
Financed by:		
Public dividend capital	141,393	139,485
Revaluation reserve	108,701	104,869
Donated asset reserve	13,912	14,323
Government grant reserve	225	-
Income and expenditure reserve	3,625	(1,489)
Other reserves	86	86
Total capital and reserves	267,942	257,274

Statement of total recognised gains and losses

	2005/2006	2004/2005
	£000	£000
Surplus for the year before dividends	10,570	7,165
Fixed asset impairment losses	-	-
Fixed asset revaluations/indexation	5,937	23,933
Increase in donation reserve	978	533
Reduction to other reserves	(1)	-
Total gains for the year	17,484	31,631
Prior period adjustment	-	-
Total gains recognised	17,484	31,631

Summary Cash Flow Statement

	2005/2006	2004/2005
	£000	£000
Cashflow from operations	25,649	21,341
Interest received	512	433
Interest paid	(575)	(575)
Dividends paid	(7,285)	(7,113)
Net capital investment	(20,660)	(9,956)
Net cash from pdc/donated capital receipts	2,412	(4,121)
Increase/(decrease) in cash equivalents	53	9

Performance Against External Financing Limit (EFL)

The Trust is set an External Financing Limit (EFL) by the Department of Health, primarily a cash target, which it is permitted to undershoot, but not overshoot. This was achieved with an undershoot of £0.053m.

	2005/2006	2004/2005
	£000	£000
External Financing Limit set by the Department of Health	1,908	(5,004)
Achieved by:		
Cashflow financing	2,359	(4,130)
Finance Leases taken out in year	-	-
Other capital receipts	(504)	(883)
External Financing Requirement	1,855	(5,013)
(Over) / undershoot against EFL	53	9

Performance Against Capital Resource Limit (CRL)

The Trust is set a Capital Resource Limit (CRL) by the Department of Health, which places a limit on capital spending. This was achieved with an underspend of £12.705m.

	2005/2006	2004/2005
	£000	£000
Capital Resource Limited set by the Department of Health	31,133	9,420
Gross capital expenditure	20,948	11,751
Less bank value of assets disposed of	(2,016)	(1,597)
Plus losses on disposal of donated assets	-	10
Less capital grants	-	-
Less donations	(504)	(533)
Charge against CRL	18,428	9,631
(Over) / underspend against CRL	12,705	(211)

The underspend of £12.705m against the CRL is due to the retention of cash from planned slippage in the Trust's capital programme as part of the cash management policy employed the NHS Bank and Avon, Gloucestershire and Wiltshire Strategic Health Authority to manage the cash shortfall in the national and local health economy.

Management Costs

	2005/2006	2004/2005
	£000	£000
Total Trust income*	350,667	324,596
Management costs	11,692	10,081
Percentage of income	3.3%	3.1%

* Excluding income to offset fixed asset impairments charges to operating expenses.

Capital Investment

£'000

Major X-ray, scientific and medical equipment	4,662
Refurbishments and replacements	1,312
Capital Schemes: -	
- BRI Cardiothoracic Centre	6,669
- BRI Woodlands Childrens Facility	1,319
- Medical Day Unit	1,776
- Dental student expansion	190
- Modernisation of pharmacy manufacturing	731
- Radio-pharmacy	416
- BRI A&E resuscitation room	581
- BRHC CAMHS (child & adolescent mental health service) and child health	317
Patient environment	355
Change in capital definition	199
Minor alterations and equipment replacement	1,364
Information management & technology (IM&T)	769
Total	20,660

Better Payments Practice Code - Measure of Compliance

The Department of Health requires that Trusts pay both Non-NHS and NHS trade invoices in accordance with the Better Payments Practice Code and Government accounting rules. The Trust's payment policy is consistent with the Better Payments Practice Code and Government accounting rules and its measurement of compliance is:

Non-NHS Trade Invoices

2005/2006	Number	Value £000
Total bills paid	141,157	112,608
Total bills paid within target*	102,180	82,288
Percentage of bills paid within target*	72%	73%
2004/2005	Number	Value £000
Total bills paid	135,660	92,402
Total bills paid within target*	112,058	75,400
Percentage of bills paid within target*	83%	82%

NHS Trade Invoices

2005/2006	Number	Value £000
Total bills paid	4,340	26,667
Total bills paid within target*	987	9,794
Percentage of bills paid within target*	23%	37%
2004/2005	Number	Value £000
Total bills paid	N/A	N/A
Total bills paid within target*	N/A	N/A
Percentage of bills paid within target*	N/A	N/A

* The target is to pay non-NHS trade creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

The target is to pay Non-NHS and NHS trade invoices within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

Measures are being taken to improve the level of compliance for the payment of NHS trade invoices. Similar delays occur in other NHS organisations regarding the payment of UBHT invoices. There needs to be an improvement in compliance across the board to avoid cash shortfalls.

Financial key performance indicators (KPIs)

Financial KPIs show that UBHT is a high performing organisation. They include:

- Income and Expenditure - three years' breakeven (surplus of £3.3m in 2005/06)
- Cost Efficiency - the National Reference Cost Index shows UBHT as 4% below the national average (2001/02 was 16% above average)
- Management costs as a percentage of turnover are 3.3%

Other key performance indicators

To measure progress over the year, the Executive Directors used the 42 core standards, known as 'Standards for Better Health', set out by the Department of Health (for more information about the standards visit: <http://www.dh.gov.uk/assetRoot/04/13/29/91/04132991.pdf>)

All NHS Trusts are required to formally declare compliance with these standards. At its Board meeting in April 2006, members discussed each standard. Members declared compliance with all but two of the standards. These were firstly the standards on "care, environment and amenities", which due to the age of some of our buildings, we could not comply with in full. Another issue, which cannot be addressed in the short term, is backlog maintenance. However, the Trust will reassess this robustly in 2006 in terms of the assessment process and capital programme.

The Board is clear that we meet standards on cleanliness.

The other exception was mandatory training. Although the Trust's action plan on training has been judged acceptable, Board members recognise that more work on its implementation is required.

Financial Outlook

At the end of 2005/06 the Trust was in recurring balance ie its monthly income matches its monthly expenditure. The Trust will ensure that this underlying position is maintained in future years.

As for the whole NHS, the Trust faces a number of major challenges in 2006/07, including the need to achieve £13.6m recurring savings plus £3.5m non-recurring savings whilst containing service pressures and new cost pressures, such as energy prices. This is within the context of achieving ever more stringent performance targets, as set out in the NHS Plan.

Over the longer term the Trust is creating a service and financial plan which will facilitate the delivery of its key service priorities and achieve performance targets whilst maintaining financial stability.

Avon Gloucestershire & Wiltshire (AGW) Health Economy (Un-Audited)

The overall reported financial position for AGW at the end of 2005/06 is still subject to audit at the time of publication. The reported position at 31 March 2006 is a deficit of £41.5m. The accumulated deficits, including £90m deficit from previous years deferred by the Department of Health, amount to £131.5m at 31 March 2006. Deficits arising in 2003/04, 2004/05 and 2005/06 have been or are due to be repaid. The Chief Executive of the Strategic Health Authority (SHA) has taken up the issue of repayment of the deferred deficit with the Department of Health. Regrettably a reply has not been received so the matter is still under consideration.

In 2005/06 AGW received funding from the NHS Bank totalling £20m. This was allocated to PCTs and NHS Trusts in Avon and Wiltshire to support the financial position in 2005/06.

Legal Advisors

We have a legal services team, headed by a solicitor, that advises the Board. The team takes advice from legal firms and barristers as and when appropriate.

External Auditors

The Trust's Auditors are the Audit Commission. Work undertaken by the Auditors during 2005/06, at a cost of £0.224m, related solely to 'Audit Services', that is, the statutory audit and services carried out in relation to the statutory audit.

Statement of Directors' responsibility in respect of Internal Control.

The statement of Directors' responsibility can be found in the Trust's statutory, audited accounts on the website: www.ubht.nhs.uk

Annex

Independent Auditor's Report to the Directors of the Board of the United Bristol Healthcare NHS Trust on the Summary Financial Statements.

I have examined the summary financial statements on pages 23 to 29 .

This report is made solely to the Board of the United Bristol Healthcare NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors Bodies, prepared by the Audit Commission.

Respective Responsibilities of Director and Auditors

The Directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statements within the Annual Report with the statutory financial statements. I also read the other information contained in the Annual Report and consider the implication for my report if I become aware of any mis-statements or material inconsistencies with the summary financial statements.

Basis of Opinion

I conducted my work in accordance with Bulletin 1999/6 'The Auditor's Statement on the Summary Financial Statements' issued by the Auditing Practices Board.

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2006.

Richard Lott
District Auditor

Audit Commission
Westward House
Lime Kiln Close
Stoke Gifford
Bradley Stoke
Bristol
BS34 8SR

Remuneration report

The Trust's Remuneration Committee comprises the Chair (Chair of Remuneration Committee) a committee chair and the Non-Executive Directors of the Trust.

The remuneration of senior managers is determined annually by the Remuneration Committee using guidance issued by the Department of Health. In 2005/06 the uplift applied was 3.225 % of salary.

In 2006/07, the Department of Health has issued clear guidance that there should be a staged award of 1% from April 2006 and a further 1.2% from November 2006 for Very Senior Managers. The Pay Framework for Very Senior Managers will be issued during 2006 but NHS Trust Remuneration Committees will be free to consider whether they wish to adopt the principles of the framework.

Remuneration has been based on this guidance, not on performance.

All contracts for very senior managers are permanent contracts, with a period of six months notice on either side. Termination payments would be in accordance with normal rules on notice and redundancy payments, with no special provisions.

During the last year, the following directors have been in post:

Chief Executive – Ron Kerr

Medical Director – Jonathan Sheffield

Director of Nursing – Lindsey Scott

Director of Finance – Paul Mapson

Director of HR and Organisational Development – Anne Coutts

Chief Operating Officer – Graham Rich

Director of Corporate Development – Robert Woolley

Director of Strategic Investment – Graham Nix – retired 30.11.2005.

All contracts are permanent and the only provision in case of early termination due to conduct or redundancy would be normal notice and redundancy provisions.

Salaries & Allowances

Name & Title	2005/2006			2004/2005		
	Salary (bands of £5000) £'000	Other remuneration (bands of £5000) £'000	Benefits in kind rounded to nearest £100	Salary (bands of £5000) £'000	Other remuneration (bands of £5000) £'000	Benefits in kind rounded to nearest £100
Chair						
Philip Gregory	20-24	NIL	NIL	20-24	NIL	NIL
Executive Directors						
Ron Kerr - Chief Executive	160-164.9	Nil	Nil	155-159	Nil	Nil
Jonathan Sheffield - Medical Director	155-159.9	Nil	Nil	90-94	Nil	Nil
Anne Coutts - Director of Human Resources	95-99.9	Nil	Nil	90-94	Nil	Nil
Lindsey Scott - Director of Nursing	95-99.9	Nil	Nil	90-94	Nil	Nil
Paul Mapson - Director of Finance	95-99.9	Nil	Nil	90-94	Nil	Nil
Non Executive Directors						
Gwen Clark (Left 30/11/2005)	0-4.9	Nil	Nil	5-9	Nil	Nil
Richard Daly	5-9.9	Nil	Nil	5-9	Nil	Nil
Patsy Hudson	5-9.9	Nil	Nil	5-9	Nil	Nil
John Teller	5-9.9	Nil	Nil	5-9	Nil	Nil
John Savage	0-4.9	Nil	Nil	Nil	Nil	Nil
Emma Woollett (01/01/2006)	0-4.9	Nil	Nil	Nil	Nil	Nil
Gareth Williams (01/03/2005)	5-9.9	Nil	Nil	Nil	Nil	Nil
Other Directors						
Graham Rich - Chief Operating Officer	115-119.9	Nil	Nil	65-69	Nil	Nil
Graham Nix Director of Strategic Investment (Left 30/11/2005)	65-69.9	Nil	Nil	100-104	Nil	Nil
Robert Woolley -Director of Performance Management	90-94.9	Nil	Nil	80-84	Nil	Nil

Pension Benefits

Name & Title	Real Increase in pension at age 60 (bands of £2,500)	Lump sum at age 60 related to real increase in pension (bands of £2500)	Total accrued pension at age 60 at 31 March 2006 (bands of £5,00)	Lump sum at age 60 related to accrued pension 31 March 2006 (bands of £5,00)	Cash equivalent transfer value at 31 March 2006	Cash equivalent transfer value at 31 March 2005	Real increase in cash equivalent transfer value
	£000	£'000	£'000	£'000	£000	£000	£000
Chair							
Philip Gregory	-	-	-	-	-	-	-
Executive Directors							
Ron Kerr – Chief Executive	2.5-4.9	12.5-14.9	65.0-67.5	200-204.9	1183	1004	178
Jonathan Sheffield – Medical Director	10.0-12.4	30.0-32.4	55-59	165-169	810	641	169
Anne Coutts – Director of Human Resources & Organisational Development	0-2.4	2.5-4.4	25-29.9	85-89.9	424	390	-931
Lindsey Scott – Director of Nursing	0-2.4	2.5-4.9	25-29.9	80-84.9	386	362	24
Paul Mapson – Director of Finance	2.5-4.9	7.5-9.9	30-34.9	95-99.9	509	455	54
Non Executive Directors							
Gwen Clark	-	-	-	-	-	-	-
Richard Daly	-	-	-	-	-	-	-
Patsy Hudson	-	-	-	-	-	-	-
Jon Savage	-	-	-	-	-	-	-
John Teller	-	-	-	-	-	-	-
Emma Woollett	-	-	-	-	-	-	-
Gareth Williams	-	-	-	-	-	-	-
Other Directors							
Graham Rich – Chief Operating Officer	2.5-4.9	7.5-9.9	25-29.9	80-84.9	350	299	50
Graham Nix – Director of Strategic Investment (Left: 30/11/2005)	0-2.4	0-2.4	40-44.9	120-124.9	617	600	17
Robert Woolley – Director of Corporate Development	2.5-4.9	7.5-9.9	15-19.9	45-49.9	228	177	51

Supporters, volunteers & friends

Our patients and staff benefit from the efforts of hundreds of people who offer their time and skills on a voluntary basis. They help to make patients' experiences of hospital more comfortable, more interesting or just less stressful. We are extremely appreciative of their huge contribution.

Many individuals provide services such as welcoming patients and visitors at our main entrances or supporting the play team in the Children's Hospital. Others belong to the organisations that enrich the Trust's services. These include:

League of Friends Bristol Royal Infirmary
Guild of Friends Bristol Royal Hospital for Children
Headstart
Radio Lollipop - Bristol Royal Hospital for Children
British Red Cross
Bristol Hospital Radio Service
Friends of Bristol Eye Hospital
Swain Fund
Bosom Buddies
Cardiac Support Group
Friends of Oncology
Friends of Bristol Oncology & Haematology Centre
Friends of Bristol General Hospital
League of Friends Keynsham Hospital
MS Multiple Sclerosis Society
Bristol & District Flower Club
Clifton Garden Society
Women's Royal Voluntary Services - UBHT
Grand Appeal
Bristol & Southwest Children's Heart Circle
National Ankylosing Spondylitis Society
Cub Scouts
Avon Ambulance voluntary car drivers
CLIC
Pat - Dog
BRI Rheumatology Patient Advice Group
Eye Hospital Outpatients - Visual Impaired Information Desk
Arthritis Care in South West England
The Care Forum
CF Trust
Children's Hospice SWCLIC
Contact a Family
Friends for Parents
Jessie May Trust
Off the Record
Rainbow Centre
Supportive Parents

The Charitable Trusts for the United Bristol Hospitals

The purpose of all projects funded by the Charitable Trusts for the United Bristol Hospitals is to make a real difference to patient care. This is achieved through funding projects that:

- improve the environment for patients and staff
- further medical knowledge through research
- support staff development and training
- fund equipment above and beyond that provided by the NHS.

During the year, the Charitable Trustees approved 53 major grants in excess of £10,000, totalling over £1.2million.

Projects funded include: £40,853 for the refurbishment of the joint clinical research unit; £228,000 towards state of the art equipment and facilities at the new Queen's Day Unit at the BRI; £23,000 for a 3D imaging scanner used for maxillofacial surgery; £16,995 to fund two fully equipped intensive care incubators and £38,779 for an alcohol advisory nurse, based in the BRI Emergency department.

The past year has seen significant changes at the charity. The Charity Trustees adopted a proactive fundraising policy and appointed their first fundraising manager in May 2005. One of the Trustees' key initiatives was the launch of the Above & Beyond Appeal. The purpose of the Appeal is to raise funds in support of specific projects throughout UBHT and to increase public awareness of the important contribution donations make to their work.



Nurses from Ward 78 help to launch the Above & Beyond Appeal

The charity continues to work alongside the many other charities, Leagues of Friends and other organisations to ensure that collectively we can help enhance the lives of patients and make our hospitals even better.

To find out more about the work of the Above & Beyond Appeal and how you can be involved please visit www.aboveandbeyond.org.uk or ring 0117 9277120.

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