

# **University Hospitals Bristol NHS Foundation Trust**

## **Annual Report and Accounts 2014-2015**



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## 1. Chairman's Statement

Welcome to the Annual Report and Accounts, including the Quality Report, for University Hospitals Bristol NHS Foundation Trust for the year from 1 April 2014 to 31 March 2015. It has once again been a momentous year for the whole of the NHS with challenges to work through in a variety of areas. During last winter we saw national headlines as the health service and social services struggled to cope with the level of demand for NHS and care services across the country.

UH Bristol is not immune from these pressures, but we have a transformational way of working through our Transforming Care programme, led by Robert Woolley, Chief Executive, that has been in place for several years and is yielding positive results. There is no doubt that we need to achieve much more, but our dedicated staff have done wonderful work and I pay tribute to them here.

Our mission is to improve the health of the people we serve by delivering exceptional care, teaching and research every day, and our vision is for Bristol, and our hospitals, to be among the best and safest places in the country to receive care. The quality of care that we provide is our overriding priority and the common purpose that brings all of our staff together, no matter what roles they do and where they work, and this is rightly central to both our mission and vision as an organisation.

In September 2014 we were inspected by the Care Quality Commission (CQC). A large team of assessors spent several days in the Trust talking to staff, patients, relatives and governors. This was a unique opportunity for staff to showcase the things they are proud of and I was particularly proud that the inspectors found every service at UH Bristol to be caring, with staff providing kind and compassionate care and treatment, involving patients in their care and treating them with dignity and respect. This, our first inspection in the new regime, was a chance to hear from the CQC about the areas in which we are doing well and where we need to improve. The flow of patients through our hospitals and beyond is something that the CQC rightly highlighted as needing improvement and this is something to which we have devoted considerable energy and effort over the past year.

There is no shying away from the fact that nationally the NHS must increasingly do more with modest increases in funding. These do not account for increases in health costs caused by issues such as the advances in treatments and drug costs and the growing demand from a burgeoning elderly population.

It is vital that we have a strategy that sets out how we will achieve our mission and vision in these circumstances. In 2014/15 we worked hard to develop this through engaging a broad range of our stakeholders in the process, and in particular sought significant input from our teams of clinicians and our partners in the Bristol health community. Having sought a range of views, we developed our strategy as a way to address the challenges that we and others within the health sector face.

Our key challenge is to maintain and develop the quality of our services, whilst managing with fewer resources. We want to provide excellent local, regional and tertiary services, and maximise the benefit to patients that comes from providing this range of services.

We want to develop and expand in those areas where we have the potential to deliver exceptional, affordable healthcare. As a university teaching hospital, delivering the benefits that flow from combining teaching, research and care delivery remains our key advantage.

In the context of our vision for our health community, for Bristol, and our hospitals, to be among the best and safest places in the country to receive care, we want to be characterised by providing high quality individual care, delivered with compassion, in a safe, friendly and modern environment. We do this by employing the best and helping all our staff fulfil their potential and deliver pioneering and efficient practice, putting ourselves at the leading edge of research,

innovation and transformation. We will also endeavour to maintain our commitment to partnership and the provision of leadership to the networks we are part of, for the benefit of the region and people we serve.

At UH Bristol we also share a common set of values and embrace the Nolan principles and public service values. Our Trust values are: respecting everyone, embracing change, recognising success and working together. Good governance is the platform for success in every organisation and at UH Bristol we are no different. As part of its regulatory framework Monitor requires all foundation trusts to carry out an external review of their governance every three years, looking at how the Trust governs itself from "Board to Ward", and we began this process early in 2015.

To assess how well the Board is functioning, our external review is looking at four different domains - strategy and planning, capability and culture, process and structures and measurement. The review is very important to us as it will provide us with important insights into how robust and effective our governance and leadership is and identify areas for improvement.

Each year, the Trust receives substantial funds from Above and Beyond through the Golden Gift Appeal charity, which enable us to greatly improve the environment for patients and their families, ensuring that their experience is as comfortable and least stressful as possible. These funds have also significantly contributed to strategic development schemes including funding the latest intensive care monitoring technology, radical re-design and refurbishment to create a modern, caring environment, an integrated arts programme, and provision of overnight accommodation for parents of sick children.

Governors continue to play an important role in the strength of our governance, helping to guide the development of services, holding the directors to account, and representing the views of the members and the public as a whole while acting as guardians for the Trust's values and standards. Following the election of a number of new governors in 2014/15, we look forward to working with existing and newly appointed colleagues in delivering our shared mission to improve the health of the people we serve by delivering exceptional care, teaching and research every day.

One shining example of the contribution made by individual members of the Council of Governors is the personal commitment to providing a high quality NHS service. It is with deep sadness that I reflect on the passing away of Anne Ford in August. Anne served as North Somerset Public Governor and as a former nurse she was praised by her colleagues and peers for her outstanding contribution to the Trust and Anne will be remembered for her quiet determination, kindness and grit.

Finally, I would like to end by thanking the staff, volunteers, members, governors, charities, and our partners who have worked with us to deliver improvements in care, new facilities and transformed services in 2014/15. As I said at the start, it has been another momentous year in the life of our Trust and I look forward to working with you again in 2015/16 to achieve our joint vision and goals.



John Savage CBE  
Chairman,  
27 May 2015

## 2. Chief Executive's Foreword

It is with great pride that I look back over the last 12 months and reflect on a hugely transformative year for UH Bristol, in which we have substantially reviewed the hospitals estate and created first class facilities for both adults and children in our care. Delivering best care, ensuring that our patients receive excellent quality treatment at the appropriate time and setting and are appropriately discharged from hospital is one of our key objectives and is underpinned by the Trust's Transforming Care Programme. This consists of both a set of projects and a structural approach to support our services to make change happen and to enable all our staff to improve the services which our patients receive. The programme encompasses six pillars of improvement activity, which I use to describe the work we have delivered in 2014/15.

Every year we set quality objectives and demonstrate through our Quality Report that the services we provide are safe, clinically effective and that we are providing treatment in a caring and compassionate way. This year we hosted an event where we asked members of the public about the elements of hospital care that matter most to them. Taking the growing pressure on our hospitals with an increasing proportion of our patients older than 85 years, we then chose a set of objectives which focussed on patient "flow" through our hospitals and these are detailed in our Quality Report in Appendix C which sets out in detail how we performed against our objectives from last year.

### ***Pillar 1: Delivering Best Care***

Of course, the quality of care we deliver needs to be judged not only against our internal quality measures, but also by how our patients experience the care they receive. It was therefore very pleasing to see that patients consistently reported that the care they received from us was good, very good or excellent. Over 26,500 patients gave us feedback via the Friends and Family Trust survey during 2014/15, with 94% saying that they would be likely to recommend the care at UH Bristol based on their experience. Similarly, in our postal survey programme, 97% of inpatients and parents of 0-11 year olds rated the care they received here as excellent, very good, or good.

As the Chairman has already highlighted, the Trust was inspected by the Care Quality Commission (CQC) for the first time under the new inspection regime. The CQC examined all areas of UH Bristol, looking at eight service areas across the five quality domains (safe, effective, caring, responsive and well-led). Of the 56 ratings, UH Bristol scored 'good' or 'outstanding' in 44 areas and no service or domain was rated as being inadequate. Twelve of the ratings were judged as 'requiring improvement', leaving UH Bristol overall with a 'requires improvement' rating.

As well as inspecting the main city centre campus, the CQC visited South Bristol Community Hospital and the Central Health Clinic and judged these services to be delivering good care in every domain. I am delighted to say that UH Bristol was judged to be caring in all areas of service, and children's services, maternity services and end of life care were rated as good or outstanding in every domain. We welcome the CQC's report and are delighted to see such recognition of our staff and their efforts to provide the very best care for our patients. I am particularly proud that each and every area inspected by the CQC was rated as 'good' in the domain for caring which is testament to the focus the Trust has placed on supporting staff to deliver compassionate, individual care to all our patients, every day.

### ***Pillar 2: Improving Patient Flow***

The flow of patients through our hospitals is integral to ensuring that they receive excellent care. We worked hard to improve patient flow in 2014/15 and the CQC very rightly highlighted this as an area for improvement when they inspected our services.



We began the year with an important initiative in partnership with social and community services. During our Breaking the Cycle Together week we reaffirmed our commitment to excellent standards of care and staff from across the Trust, and from partner agencies volunteered to help on wards to fix the problems that get in the way of patient flow and providing excellent care. These initiatives had a significant effect, with patient flow through our hospitals improving dramatically, ensuring that patients received appropriate care in a timely way and were also discharged appropriately. We repeated the initiative with equally good results separately in adult and children's services and are now doing so again at the start of 2015/16. Our focus is now to see how we can sustain the ways of working during Breaking the Cycle Together through the rest of the year.

Moving towards the winter, we reviewed the way in which we manage capacity in response to increasing and competing demands on our services. We also launched a key initiative to ensure that pathways are clear for patients receiving both elective and emergency inpatient care in our hospitals. Our "managed beds" policy means that beds on some wards in the Bristol Royal Infirmary, the Bristol Haematology and Oncology Centre and the Bristol Heart Institute are prioritised for planned care, under normal conditions.

This new way of working saw early results and, in the first month, there was only one cancellation in the BRI for lack of an available bed. Utilisation of operating theatres improved from 88% in September to 92% in October, the number of surgical cases through the main BRI operating theatres increased by over 10%, and the number of times when there were a large number of outliers in surgical areas was reduced.

### ***Pillar 3: Delivering Best Value***

I am pleased to report that the Trust maintained a healthy financial position for the financial year ended 31 March 2015. We were particularly pleased to achieve an income and expenditure surplus of £6.340m before technical items, efficiency savings of £16.488m, a healthy cash position of £63.525m and a strong balance sheet resulting in a Continuity of Services risk rating of 4. The surplus we have made allowed us to continue our significant investment in the future of health care in Bristol with expenditure on capital schemes in 2014/15 totalling £44.290m

Good financial management and strong governance provide the foundation for the delivery of high quality health services and the contribution of staff in these areas should be celebrated. I am delighted that our finance department received the Finance Team of the Year Award from the South West Branch of the Healthcare Financial Management Association (HFMA). At the same awards, the Personal Talent Student Award was won by Madeline Price in recognition of her success in obtaining the highest mark in the enterprise strategy examination and for obtaining the fifth highest aggregate score worldwide for the strategic level examinations of the Chartered Institute of Management Accountants (CIMA).

### ***Pillar 4: Renewing our Hospitals***

We have worked for many years to provide facilities that match the high quality of care patients receive and 2014/15 saw a number of significant milestones as our services moved into state-of-the-art facilities and they opened to patients.

In May 2014 years of planning came to fruition when specialist children's services at Frenchay Hospital moved to the extended Bristol Royal Hospital for Children in the centre of Bristol. The new helideck, on the roof of the BRI, also became operational to ensure seriously ill and injured patients could be transferred to both the children's hospital and the BRI as quickly as possible. The move to centralise inpatient and specialist children's services at the children's hospital was first

recommended by Sir Ian Kennedy in 2001 and together, the health services in Bristol and the surrounding areas have been planning this significant move for over a decade.

November 2014 marked a significant milestone when the final inpatient wards moved out of the BRI Old Building, built in 1735, as a result of our £143 million redevelopment programme, into the hospital's Queen's Building and newly constructed ward block. Two brand new, state-of-the-art medical assessment units including, an Older Persons Assessment Unit, and a new Intensive Care Unit within the new ward block are just some of the facilities that are helping us to transform the care we deliver to our patients.

In January 2015 we launched a new generation linear accelerator (linac) machine at the Bristol Haematology and Oncology Centre. The first in the region, this linac can be used on a wide range of tumours, including more complex cases where highly accurate targeting is needed. The machine can complete many treatments in a much shorter time, meaning less discomfort for patients, and has the added benefit of using 30 percent less energy than previous models.

With all the changes taking place to our city centre precinct, we understood that our hospitals were becoming increasingly difficult to navigate. During the year, we implemented a new signage and wayfinding scheme in the main city centre precinct. This has not been without its challenges but we are working hard to ease our patients' journey through our buildings.

### ***Pillar 5: Building Capability***

Our staff are our greatest asset and it is essential that we attract and nurture a strong workforce, support their development, create a culture of motivation and recognise them for their good work and retain their expertise within our services.

In order to gain a full understanding about how our workforce feel, for the first time in 2014/15 we opened the NHS Staff Survey to all our staff and almost 4,000 staff took part. It was positive to see 70 percent of those who responded say they would recommend the Trust to a friend or family member as a place to receive treatment. The survey also revealed that 90 percent of respondents felt their role makes a difference to patients, 82 percent had received job-related training, learning or development in the past 12 months, and 87 percent felt that the Trust provided equal opportunities for career progression or promotion. However, we have acknowledged that other results in the survey were disappointing and showed us that we have more work to do in a number of key areas, including reducing the pressures felt by staff at work, levels of motivation, and how we engage and communicate with our workforce at all levels in the organisation.

In an effort to support the wellbeing of staff we began a new programme of sessions called 'Schwartz Rounds', which enable staff from across the Trust to come together to talk to each other, completely confidentially, about the emotional and social issues in their work. A number have now been held and feedback in terms of the value of these sessions has been very positive.

It is important that we celebrate our successes and we did so once again with our annual Recognising Success Awards in November 2014. The excellent work of our staff was also acknowledged on the national stage:

- the emergency department won funding from SHINE 2014 (from the Health Foundation) for a research project into safety in emergency health care systems;
- Deborah Lee (Deputy Chief Executive, Director of Strategic Development and Interim Divisional Director for Surgery, Head and Neck) was named by the Health Service Journal (HSJ) on its list of the top 50 inspirational women in all areas of healthcare;

- Ophthalmology training delivered by staff in the Eye Hospital was ranked first in the UK in the recent General Medical Council (GMC) trainees' survey;
- Dr Emma Redfern, Consultant in Emergency Medicine, was appointed as one of two Associate Directors on the West of England Academic Health Science Network's Patient Safety Collaborative. Patient safety requires unrelenting focus from all of us and it is good to see UH Bristol personnel playing a regional leadership role;
- Dr Robin Holmes (NIHR/HEE Post-Doctoral Research Fellow in the Medical Physics and Bioengineering Department) was recognised by the Health Services Journal as one of the 50 top innovators. Dr Holmes and his team are using 3D printers to produce realistic brain phantoms at low cost.

### ***Pillar 6: Leading in Partnership***

We continue to recognise the important role we have to play, as a major teaching, research and tertiary service provider, working in partnership with other institutions locally and further afield, to design and operate the most effective health system for greater Bristol.

This year saw some major changes in the shape of the health service in Bristol with specialist paediatric services moving to the Bristol Royal Hospital for Children and North Bristol NHS Trust consolidating services in the new hospital at Southmead and we have worked together to align these and other service reconfigurations.

We also continue to play a role in the life of Bristol working with our public sector partners. During the year we unveiled new solar panels on the roof of St Michael's Hospital, one of the largest installations of its kind in Bristol. This is one of the first solar panel installations that the Council is undertaking on behalf of public sector partners, and is testimony to the close working relationship we have with the Council, as well as our own Big Green commitment to renewable sources of energy.

As we move into 2015/16 and face the challenges that an aging and increasingly dependent population poses for the health service, ensuring that patients flow through our hospitals and can be appropriately discharged, it is clear that our joint work with partners in social and community care is vitally important.

I hereby confirm that the Annual Report and Accounts, including the Strategic Report and the Directors' Report were approved as a true and fair account of the Trust's business for the reporting period 1 April 2014 to 31 March 2015 at a meeting of the Trust Board of Directors on 27 May 2015.



Robert Woolley

Chief Executive,

27 May 2015

### 3. Strategic Report

The Trust's accounts at Appendix D – Annual Accounts 2014/15 – including the Annual Governance Statement have been prepared under a direction issue by Monitor under the National Health Service Act 2006. The further details provided in this Strategic Report are intended to provide accessible context for the Accounts.

#### 3.1 *Principal Activities of the Trust*

University Hospitals Bristol NHS Foundation Trust (UH Bristol) is a Public Benefit Corporation authorised by Monitor, the Independent Regulator of NHS Foundation Trusts on 1 June 2008. The Trust provides services in the three principal domains of clinical service provision, teaching and learning, and research and innovation. The most significant of these with respect to income and workforce is the clinical service portfolio consisting of general and specialised services.

For general provision, services are provided to the population of central and south Bristol and the north of North Somerset, a population of about 350,000 patients. A comprehensive range of services, including all typical diagnostic, medical and surgical specialties provided through outpatient, day care and inpatient models. These are largely delivered from the Trust's own city centre campus with the exception of a small number of services delivered in community settings such as South Bristol Community Hospital.

Specialist services are delivered to a wider population throughout the south west and beyond, serving populations typically between one and five million people. The main components of this portfolio are children's services, cardiac services and cancer services as well as a number of smaller, but highly specialised services, some of which are nationally commissioned.

As a University Teaching Trust, we also place great importance on teaching and research. The Trust has strong links with both of the city's universities and teaches students from medicine, nursing and other professions allied to health. Research is a core aspect of our activity and has an increasingly important role in the Trust's business. The Trust is a full member of Bristol Health Partners, and of the West of England Academic Health Science Network, and also hosts the recently established Collaboration for Leadership in Applied Health Research for the West of England.

University Hospitals Bristol NHS Foundation Trust is a dynamic and thriving group of hospitals in the heart of Bristol, a vibrant and culturally diverse city.

We have over 8,000 staff who deliver over 100 different clinical services across nine different sites. With services from the neonatal intensive care unit to care of the elderly, we provide care to the people of Bristol and the South West from the very beginning of life to its later stages. We're one of the country's largest acute NHS Trusts with an annual income of half a billion pounds.

Our mission as a Trust is to improve the health of the people we serve by delivering exceptional care, teaching and research every day. Our vision is for Bristol, and our hospitals, to be among the best and safest places in the country to receive care. We want to be characterised by:

- High quality individual care, delivered with compassion;
- A safe, friendly and modern environment;
- Employing the best and helping all our staff fulfil their potential;
- Pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation;
- Providing leadership to the networks we are part of, for the benefit of the region and people we serve.

Whilst we do not believe that diversity in the Boardroom is adequately represented solely by a consideration of gender, we are required to provide a breakdown of the numbers of female and male directors in this report.

Of the seven Executive Directors, four are male and three are female. Of the nine Non-executive Directors, four are female and five are male.

### **3.2 *Our Strategy***

As reported in our last Annual report, we reviewed our strategy in 2013/14, and our strategic intent remains to provide excellent local, regional and tertiary services, maximising the mutual benefit to our patients that comes from providing this range of services. Our focus for development remains our specialist portfolio and we aim to expand this portfolio where we have the potential to deliver exceptional, affordable healthcare.

As a University Teaching Trust, delivering the benefits that flow from combining teaching, research and care delivery will remain our key advantage. In order to retain this advantage, it is essential that we recruit, develop and retain exceptionally talented and engaged people.

We will do whatever it takes to deliver exceptional healthcare to the people we serve and this includes working in partnership where it supports delivery of our goals, divesting or out-sourcing services that others are better placed to provide and delivering new services where patients will be better served.

The Trust's role in community service provision will be focused upon supporting our partners to meet the needs of our patients in a timely way; however, where our patients' needs are not being met, the Trust will provide or directly commission such services.

Our patients; past, present and future, their families, and their representatives, are central to the way we design, deliver and evaluate our services. The success of our vision to provide "high quality individual care, delivered with compassion" will be judged by them.

### **3.3 *The NHS Five-Year Forward View***

We have considered the challenge set out in the NHS five-year forward view and are working with others across the local health economy to consider its implications for the Bristol health system of which we are an integral part. There are two key mechanisms via which this work is being taken forward.

The first is the Bristol, North Somerset and South Gloucestershire System Leadership Group. This group, set up by local providers and commissioners, now includes the full range of organisations connected to and concerned with the local health economy (including the major local community providers and Bristol City Council).

The second key piece of work bringing organisations together across the local health economy is Better Care Bristol (the local Better Care Fund). As with other initiatives across England, the desired outcomes of Better Care Bristol are:

- Improved services even though there is greater demand and less money;
- People cared for in their own homes and reduced lengths of stay in hospital;
- Help for people to better manage their health conditions; and
- Spending money on supporting people to live well in their communities, to prevent them needing costly health or social care services later.

### 3.4 *Our Business Plan*

Our key corporate objectives are derived from our vision, and can be summarised as:

- a) We will consistently deliver high quality individual care, with compassion, by:
  - Improving patients' experience by ensuring they have access to care when they need it and are discharged as soon as they are medically fit. We will achieve this by delivering changes to our operating model;
  - Ensuring patients receive evidence based care by achieving compliance with all key requirements of the service specifications for nationally defined specialist services or agreeing derogation with commissioners;
  - Addressing existing shortcomings in the quality of care and exceeding national standards in areas where the Trust is performing well;
  - Ensuring the Trust's reputation reflects the quality of the services it provides; and
  - Reducing avoidable harm by 50 percent and to reducing mortality by a further 10 percent by 2018.
- b) We will ensure a safe, friendly and modern environment for our patients and our staff, by:
  - Successful completion of the next phase of our campus redevelopment;
  - Ensuring emergency planning processes for the Trust are 'fit for purpose' and that recommendations from internal and external audit have been implemented; and
  - Setting out the future direction for the Trust's Estate in line with our Estates Strategy published in 2014.
- c) We will strive to employ the best workforce and help all our staff fulfil their individual potential, by:
  - Delivering a comprehensive approach to leadership and management training and development;
  - Improving two way communication, including a programme of listening events;
  - Developing a structured marketing approach which is tailored to targeting staff groups and improving the speed of recruitment from application to appointment;
  - Improving the quality and application of staff appraisal process;
  - Providing high quality training and development programmes to support a diverse, flexible workforce; and
  - Improving workforce planning capability, aligning our staffing levels with capacity and financial resource, using workforce models and benchmarks which ensure safe and effective staffing levels.
- d) We will deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation by:

- Continuing to deliver a programme in pursuit of the Trust's Clinical Systems Strategy to enable every member of staff to access the information they need, when they need it;
  - Maintaining our performance in initiating and delivering high quality clinical trials, demonstrated by remaining within the upper quartile of trusts within our league (as reported to Department of Health via the National Institute of Health Research (NIHR)), maintaining our performance in initiating research and remaining the top recruiting Trust within the West of England Clinical Research Network and within the top 10 percent of Trusts nationally; and
  - Maintaining NIHR grant applications at a level required to maintain Department of Health allocated research capability funding within the upper quartile nationally.
- e) We will provide leadership to the networks we are part of, for the benefit of the region and people we serve by:
- Ensuring organisational support for developments under the Better Care Fund;
  - Effectively hosting the operational delivery networks that we are responsible for;
  - Playing an active part in the research and innovation landscape through our contribution to Bristol Health Partners, West of England Academic Health Science Network and Collaborative for Leadership and Applied Research and Care (CLAHRC); and
  - Effectively hosting the networks we are responsible for, including the CLAHRC and Clinical Research Network.
- f) We will ensure we are financially sustainable to safeguard the quality of our services for the future and that our strategic direction supports this goal by:
- Delivering the agreed financial plan;
  - Developing a better understanding of service profitability using service line reporting and using these insights to reduce financial losses in key areas;
  - Delivering the minimum cash balance;
  - Delivering the annual cost improvement plan in line with the long term financial plan requirements;
  - Ensuring the 2015-16 operating plans address and mitigate risks to sustainability; and
  - Continuing to develop the private patient offer for the Trust.
- g) We will ensure we are soundly governed and are compliant with the requirements of our regulators by:
- Maintaining a Monitor Continuity of Services Risk Rating of 3 or above;
  - Establishing an effective Trust secretariat to ensure all principles of good governance are embedded in practice and policy;
  - Achieving regulatory compliance against CQC fundamental standards;
  - Agreeing clear recovery plans by specialty to deliver Referral to Treatment time performance for admitted, non-admitted and on-going pathways;

- Improving cancer performance to ensure delivery of all key cancer targets;
- Restoring compliance with the A&E 4 hour standard from Q1 2015;
- Continued compliance with statutory and regulatory requirements and best practice.

### 3.5 Business Review

#### *Our Performance in 2014/15 (an overview of regulatory risk ratings)*

In the 2014/15 Annual Plan, risks to compliance with the Accident and Emergency (A&E) 4-hour standard, the Referral to Treatment Time (RTT) non-admitted standard and the 62-day GP cancer standards were declared. Reported performance in the period was consistent with this, with the exception of a wider scale of failure against the RTT standards, and the additional failure of the 62-day referral to treatment cancer standard, for patients referred from the national screening programmes.

The Trust achieved a GREEN Governance Risk Rating in quarter 1 of 2014/15. Following further failures of the A&E 4-hour, RTT and 62-day GP cancer standards the Trust developed recovery plans and associated trajectories for restoring performance. At the time of this report Monitor is considering the next steps following receipt of these recovery plans and trajectories, and the monthly monitoring information being provided by the Trust, on progress made to date against these.

The table below sets out our Monitor risk ratings for finance and for governance (which equates to performance), for each quarter of 2014/15. Further details of performance against each of the targets and indicators in Monitor's Risk Assessment Framework can be found in the next section.

	Annual Plan 2014/15	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15
<b>Financial/Continuity of Service Risk Rating</b>	4	4	4	4	4
<b>Governance Risk Rating</b>	<b>Targets not expected to be met as shown below</b>	<b>GREEN</b>	<b>Narrative on performance issues and recovery plans</b>	<b>Narrative on performance issues and recovery plans</b>	<b>Monitor Confirmation Awaited</b>
<b>Standards declared as not met</b>	<i>A&amp;E 4-hours RTT non-admitted 62-day GP cancer</i>	<i>A&amp;E 4-hours RTT non-admitted 62-day GP cancer</i>	<i>A&amp;E 4-hours RTT non-admitted RTT admitted RTT incompletes 62-day GP cancer</i>	<i>A&amp;E 4-hours RTT non-admitted RTT admitted RTT incompletes 62-day GP cancer 62-day screening cancer</i>	<i>A&amp;E 4-hours RTT non-admitted RTT admitted RTT incompletes 62-day GP cancer 62-day screening cancer</i>

**Table 1**



### *Review of quarterly performance*

During 2014/15 the Trust reported an increase in the total number of cases of Clostridium difficile infections in 2014/15 (50 cases) compared with 2013/14 (38 cases). However, the commissioners' review of these cases confirmed that only eight of the 50 cases were considered avoidable by the Trust. The Trust was therefore confirmed as having far fewer cases than the centrally set annual limit of 40 cases, and also achieved the limit set for each quarter of 2014/15. Disappointingly, the target of zero MRSA (Meticillin Resistant Staphylococcus Aureus) bacteraemia was not achieved in 2014/15, with five cases being reported in 2014/15. Of these five cases, two were confirmed to be contaminated samples, although were still attributed to the Trust for reporting purposes. The three confirmed cases is an increase in the two cases reported in 2013/14.

Although the Trust achieved the admitted and incomplete pathways RTT standards for the first quarter of 2014/15, the number of patients waiting over 18 weeks for treatment increased, and became too high to sustain the required level of performance on an ongoing basis. This was primarily due to the Trust not being able to put in place the planned level of capacity to meet demand. Following a nationwide request from NHS England, we took the decision to participate in a planned failure of the RTT standards from July until the end of November, in order to treat as many long waiting patients as possible during the period.

Following detailed capacity and demand planning which we undertook in each speciality, supported by the NHS Interim Management & Support Agency, recovery trajectories were developed. The period of planned failure of the RTT standards was therefore extended. The level of activity required to support achievement of the three RTT standards in a sustainable way was agreed with commissioners for 2015/16. Delivery plans have been developed, with achievement of all three standards planned during 2015/16.

In quarter 4 of 2014/15, significant progress was made in reducing the number of patients waiting over 18 weeks for treatment. The number of patients waiting over 18 weeks for treatment on admitted pathways dropped from a peak of 1814 in December 2014, to 1519 at the end of March 2015 (16 percent reduction). Similarly, the number of patients waiting over 18 weeks for treatment on non-admitted pathways dropped from a peak of 2308 in December 2014, to 1826 at the end of March 2015 (21 percent reduction). At the end of March 2015, 95 percent of patients were waiting less than 23 weeks from Referral to Treatment, with 119 patients waiting over 40 weeks and 4 patients having a wait of over 52 weeks.

High levels of demand also brought challenges for achievement of the maximum 6 week wait for a diagnostic test. The failure consistently to meet the standard of 99 percent was mainly due to continuing growth in demand for specialist tests, such as cardiac stress echo and also the consequence of clearance of the 18-week RTT backlogs, the latter resulting in a particular spike in demand for audiology tests. Detailed capacity and demand modelling had been undertaken, with achievement of the 99 percent standard forecast for June 2015.

Performance against six of the eight key national cancer waiting time standards remained strong in 2014/15, with full achievement of these six standards in every quarter of the year. The 62-day wait from GP referral with a suspected cancer to treatment was not achieved in any quarter. This was mainly due to high volumes of the more 'unavoidable' causes of breaches of standard, such as late referrals from other providers, clinical complexity, and patient choice to delay diagnostics and treatments, but also some more avoidable causes of breaches, such as elective cancellations due to

critical care capacity, and delays in outpatients for certain specialties. Demand for thoracic (lung) cancer surgery continued to exceed routine capacity in the first two quarters of the year. However, following the transfer out of the vascular service in October, the number of scheduled operating sessions was increased, which reduced breaches of the 62-day standard for this reason. We also put in place additional capacity to enable more patients to be offered a first appointment within 7 days of referral by their GP with a suspected cancer, rather than the national standard of 14 days.

In contrast to 2013/14, the 62-day screening referral to treatment standard was failed in quarters 3 and 4, following the transfer out of the Avon Breast Screening service at the end of quarter 2. There are three screening services nationally which refer patients into trusts on a 62-day pathway. These are breast, bowel and cervical cancer. With the transfer out of the breast screening service, which the Trust previously hosted, bowel screening patients form the highest volume tumour site treated under the 62-day screening standard (with both internally managed and shared pathway across providers). Nationally, performance against the 62-day screening standard is consistently below the percent national standard for bowel screening patients, mainly due to high levels of patient choice. The Trust reported failure of the 90 percent standard in quarters 3 and 4, for reasons largely outside of its control (i.e. patient choice, medical deferral and capacity related delays at other providers).

Disappointingly, the Trust failed to meet the 95 percent national standard in 2014/15, for the percentage of patients discharged, admitted or transferred within four hours of arrival in one of the Trust's emergency departments. In contrast to previous years, when the number of ambulance arrivals and emergency admissions declined in spring and summer, the same seasonal pattern of Emergency Department activity was not seen in 2014/15, and 2013/14 winter levels were sustained into the first half of the year. Whilst the potential failure to achieve the 95 percent standard in quarter 4 of 2014/15 due to winter and system pressures had been forecast, the resulting early failure of 4-hour standard prompted a review of system-wide resilience, and what needed to be put in place to support emergency access in the coming quarters. Although the 95 percent national standard failed to be achieved in each quarter of 2014/15, the Trust achieved its recovery trajectory for quarter 4, and achieved 95 percent for the month of March 2015.

Trust level performance against the national 95 percent standard varied between 94.7 percent in quarter 1, and 89.6 percent in quarter 3. The level of emergency work transferring following the closure of Frenchay Emergency Department in quarter 1 of 2014/15 was in line with the predicted levels for both the Bristol Royal Infirmary and the Bristol Royal Hospital for Children. However, an earlier than normal peak in levels of paediatric respiratory illnesses across the community coincided with the refurbishment of the hospital's Emergency Department in readiness for the higher anticipated level of winter demand. This led to deterioration in performance against the 4-hour standard at the BRHC, and at a Trust level, during quarter 3.

During 2014/15, the Trust cancelled 1.08 percent of operations on the day of the procedure for non-clinical reasons, such as emergency patients needing to take priority and critical care and ward bed availability. Although this doesn't represent an improvement on reported levels of cancellations in 2013/14 when 1.02 percent of procedures were cancelled, there was a significant reduction in the number of cancellations due to a ward bed not being available. This was primarily due to the implementation of the managed beds protocol, which protects the core adult ward beds needed to admit patients for their elective operations. Disappointingly, the lack of a critical care bed continued to result in a high level of cancellations, similar to that experienced in the previous year. This was despite the opening of a twentieth critical care bed in February 2014, and the move into a new, single site adult general intensive therapy unit (ITU)/high dependency unit (HDU) in quarter 4 2014/15. Demand for critical care beds remained high throughout 2014/15, with peaks in patient

acuity from emergency admissions. The single site for general adult ITU and HDU affords greater flexibility in the acuity of cases which can be managed in the unit. However, changes will also be made to the nursing workforce for adult general critical care in 2015/16 to enable the maximum number of beds to be kept open within the unit, during peaks in patient acuity.

Performance against the primary Percutaneous Coronary Intervention (PCI) heart revascularisation 90-minute door to balloon standard, remained good in 2014/15, and above 90 percent standard for the year.

The table below sets out annual performance against key national standards in 2013/14 and 2014/15. Requirements are shown as per the Monitor Risk Assessment Framework, along with the NHS Constitution.

National Standard	Target	2013/14	2014/15
A&E maximum wait of 4 hours	95%	Not achieved	Not achieved
MRSA bloodstream cases against trajectory	Trajectory	Not achieved	Not achieved
Clostridium difficile infections against trajectory	Trajectory	Not achieved	Achieved
Cancer – 2-week wait (urgent GP referral)	93%	Achieved	Achieved
Cancer – 2-week wait (symptomatic breast cancer not initially suspected)	93%	Achieved	Achieved
Cancer – 31-day diagnosis to treatment (First treatment)	96%	Achieved	Achieved
Cancer – 31-day diagnosis to treatment (subsequent surgery)	94%	Achieved	Achieved
Cancer – 31-day diagnosis to treatment (subsequent drug therapy)	98%	Achieved	Achieved
Cancer – 31-day diagnosis to treatment (subsequent radiotherapy)	94%	Achieved	Achieved
Cancer – 62-day referral to treatment (urgent GP referral)	85%	Not achieved	Not achieved
Cancer – 62-day referral to treatment (screenings)	90%	Achieved	Not achieved
18 weeks referral to treatment - admitted pathways	90%	Achieved	Not achieved
18 weeks referral to treatment - non admitted pathways	95%	Not achieved	Not achieved
18 weeks referral to treatment – incomplete pathways	92%	Achieved	Not achieved
Number of last minute cancelled operations	0.80%	Not achieved	Not achieved
28 day readmissions	95%	Not achieved	Not achieved
Primary PCI – 90 minutes door to balloon time	90%	Achieved	Achieved
Diagnostic waits of 6 weeks	99%	Not achieved	Not achieved

**Table 2**

### *Contractual performance*

As part of the 2014/15 contracts with commissioners (including the co-ordinating commissioner, Bristol Clinical Commissioning Group, all Clinical Commissioning Groups in the South West, and NHS England), the Trust committed to the achievement of a number of ‘stretch targets’ under the Commissioning for Quality and Innovation scheme (CQUIN). Financial rewards were attached to achievement of CQUIN targets (potential rewards of just under £10 million if achieved in full), and there were a number of national penalties for non-achievement of key national standards such as clostridium difficile, 18-week RTT standards, Accident and Emergency 4-hour maximum wait and Cancer standards.

The CQUIN targets included quality improvement indicators, ranging from the national safety thermometer and dementia measures; to local goals on end of life care, reduction in incidence of sepsis, chronic heart failure and discharge summaries; and specialised goals including quality dashboards, cardiac surgery inpatient waits, improved access to breast milk in preterm infants, and increased clinical trial enrolment.

For 2014/15, the Trust expects to achieve 18 of the CQUIN standards in full and six in part, as follows, subject to commissioner confirmation. This level of achievement attracts an estimated financial value of £9.635 million (based on the contract plan), which reflects 88 percent of the funds available. Details of the CQUIN schemes are shown in the table overleaf:

Type	CQUIN detail	Threshold for achievement (and period on which payment is based)	Performance	Achieved
National	Friends and Family Test (FFT): Implementation of Staff FFT	Full implementation	Implementation achieved	Yes
	FFT: Early Implementation - Outpatients and Day Cases	Full implementation	Implementation achieved	Yes
	FFT: Increased or maintained response rate	≥15% - A&E services and ≥25% for inpatient services (Q1) ≥20% - A&E services and ≥30% for inpatient services (Q4)	A&E: 18.7%; Inpatient: 41.6% (Q1) A&E: %; Inpatient: % (Q4)	Yes
	FFT: Increased response rate in acute inpatient services	≥40% (March 2015)	59.3%	Yes
	NHS Safety Thermometer: Improvement Goal (Reduction in falls; Joint work with the community on pressure ulcers and infection control)	50% of CQUIN reward payable for achievement of part 1 as follows: 60 fewer falls = 100% of 50% of CQUIN reward 40 fewer falls = 75% of 50% of CQUIN reward 50% of CQUIN reward payable for achievement of part 2 as follows: <ul style="list-style-type: none"> <li>25% of 50% of CQUIN reward for provision of data by GP practice with regards to antibiotics prescribed to patients who then develop clostridium difficile but are not attributed to the Trust</li> <li>25% of 50% of CQUIN reward for standardisation of dressing treatments across all three community health providers and the two acute Trusts within Bristol</li> <li>25% of 50% of CQUIN reward for alignment of our pressure wound assessment, action and treatment review documentation within Bristol CCG and Bristol Community Health</li> <li>25% of 50% of CQUIN reward for delivery of two training sessions to GPs and nursing home managers on clostridium difficile management and norovirus and open our monthly pressure ulcer prevention training sessions to community providers / nursing homes subject to a modest charge and space constraints</li> </ul>	311 fewer falls Milestones achieved	Yes
	Dementia: Case finding (FAIR)	>90% all three measures quarterly	Not achieved	No
	Dementia: Clinical leadership	Named clinicians Delivery of training program	Reports submitted	Yes

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Type	CQUIN detail	Threshold for achievement (and period on which payment is based)	Performance	Achieved
			showing compliance	
	Dementia: Carers support	Monthly carer survey	Poor returns on carer questionnaire	Yes
Locally determined non-specialised CQUINs	End Of Life	Milestones	Milestones achieved	Yes
	Discharge Summaries	<ul style="list-style-type: none"> <li>Milestones</li> <li>Improvement in the number of admitted patient discharge summaries issued within 24 hours 3% improvement (83.1%)= 100% reward of this portion of the CQUIN 2% improvement (82.1%) = 50% reward of this portion of the CQUIN</li> </ul>	All milestones achieved 83.3%	Yes
	Deteriorating Patient	<ol style="list-style-type: none"> <li>≥90% (Q3) ≥95% (Q4)</li> <li>91</li> </ol>	<ol style="list-style-type: none"> <li>85.6% (Q3) 91.5% (Q4)</li> <li>51</li> </ol>	Partial
	Reduction in incidence of Sepsis	Milestones	Milestones achieved	Yes
	Nursing and midwifery staffing (Francis)	Milestones	Milestones achieved	Yes
	Cancer Treatment Summaries	≥25% across all specified specialities = 100% reward ≥25% achievement in total for patients across three phase 2 specialities (Melanoma, Hepatobiliary and Oesophagastric) and pilot specialities = 75% reward ≥25% across three pilot specialities (Lower Gastrointestinal, Head and Neck and Gynaecology) = 50% reward	49% 45% 40%	Yes
	7 day working	Establish baseline in Q2 = 25% reward ≥71% achieved = 50% of 75% reward ≥76% achieved = 75% of 75% reward ≥80% achieved = 100% of 75% reward	77.8%	tbc

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Type	CQUIN detail	Threshold for achievement (and period on which payment is based)	Performance	Achieved
	Weight Management Support In Maternity For Obese Ladies	1. $\geq 50\%$ 2. $\geq 25\%$ 3. $\geq 50\%$	tbc	Partial
	Chronic Heart Failure	50% of CQUIN reward payable for achievement of part 1 as follows: $\geq 587 = 100\%$ of 50% of CQUIN reward $\geq 512 = 75\%$ of 50% of CQUIN reward 50% of CQUIN reward payable for achievement of part 2 as follows: $\geq 95\%$ maintained in Q4 = 50% of 50% CQUIN reward Report on outcomes of the single point of access in Q4 = 50% of 50% CQUIN reward	710 95.7%	Yes
	Implementation of COPD discharge bundle	$\geq 85\%$ achieved = 100% reward $\geq 78\%$ achieved = 75% reward	89.6%	Yes
	Structured Diabetes Education Programme for qualified nursing staff	Development of education program = 25% reward $\geq 20\%$ trained nurses completed education program = 25% reward $\geq 75\%$ nurses who complete education program pass a ward based assessment = 25% reward $\geq 75\%$ of wards with named Nurse Champion = 25% reward	21.8% 88.7% 97%	Yes
	Older People's Rehabilitation	Shared assessment and referral paperwork developed = 30% reward $\geq 65\%$ achieved = 75% of 70% reward $\geq 85\%$ achieved = 100% of 70% reward	80%	Partial
Specialised	Quality Dashboards	Quarterly submission of databooks	Achieved	Yes
	Highly Specialised Services Clinical Outcomes Collaborative Audit Meeting	Milestones	Milestones achieved	Yes
	Increased Clinical Trial Enrolment	1. 41 patients (10.8% increase) 2. 141 patients (10.2% increase)	57 155	Yes
	NICU - Improved access to breast milk	58.61%	71.1%	Yes
	Cardiac Surgery - Inpatient waits within 7 days	Q2 2014/15 - External 55%; Internal 40% Q3 2014/15 - External 60%; Internal 55% Q4 2014/15 - External 65%; Internal 63%	Targets achieved	Yes
	Endocrinology Outpatient Coding	Milestones	Milestones achieved	Yes

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Type	CQUIN detail	Threshold for achievement (and period on which payment is based)	Performance	Achieved
	Medicines Management audit/re-attendance rates	Milestones	Milestones achieved	Yes
	Pelvic Floor Database	Milestones	Milestones achieved	Yes
	Perinatal Pathology reporting times	Milestones 70% within 42 days 90% within 56 days	42.9% 73.8%	Partial

**Table 3**



### 3.6 Financial performance

The key highlights for UH Bristol's financial performance during 2014/15 include:

- Delivery of an income and expenditure surplus of £6.340m before the technical adjustments of asset revaluation impairment (net loss of £30.215m) and donated income and depreciation of donated assets (net gain of £7.525m) to give a reported income and expenditure deficit of £16.350m for the year;
- A Continuity of Services risk rating of '4';
- An EBITDA (earnings before interest, tax and depreciation/impairments) of £35.820m (6.19%);
- Achievement of cash releasing efficiency savings of £16.488m;
- Expenditure on capital schemes of £44.290m;
- A healthy cash position of £63.525m and a strong balance sheet.

The results for 2014/15 confirm we have delivered the seventh year of our financial strategy as a Foundation Trust.

In summary, this represents a positive result for 2014/15 whilst acknowledging a lot of work is still required for 2015/16, particularly on the delivery of managing service level agreement activity and the savings / service transformation programme to ensure the Trust's strategic objectives continue to be progressed.

#### *Statement of comprehensive income (formerly income and expenditure)*

UH Bristol reported a surplus before technical items, of £6.340m for the year. The out-turn position is £0.537m better than the Annual Plan surplus for the year.

Items	Plan for Year	Actual Year ended 31 March 2015	Variance Favourable / (Adverse)
	£ 'm	£ 'm	£ 'm
Operating Income	567.084	578.433	11.349
Operating Expenses	(529.358)	(542.613)	(13.255)
<b>EBITDA</b>	<b>37.726</b>	<b>35.820</b>	<b>(1.906)</b>
Depreciation	(19.224)	(18.256)	0.968
Profit (Loss) on Asset Disposals	-	(0.033)	(0.033)
PDC Dividend	(9.290)	(7.953)	1.337
Interest Receivable	0.100	0.251	0.151
Interest Payable - Loans	(3.163)	(3.141)	0.022
Interest Payable - Leases	(0.346)	(0.348)	(0.002)

Items	Plan for Year	Actual Year ended 31 March 2015	Variance Favourable / (Adverse)
<b>Net Surplus before technical adjustments</b>	<b>5.803</b>	<b>6.340</b>	<b>0.537</b>
Depreciation - Donated Assets	(1.219)	(1.264)	(0.045)
Donations	8.588	8.789	0.201
Impairments	(24.204)	(32.307)	(8.103)
Impairment Reversals	1.232	2.092	0.860
<b>Net Deficit for Year</b>	<b>(9.800)</b>	<b>(16.350)</b>	<b>(6.550)</b>

**Table 4*****Cash releasing efficiency saving (CRES) plans***

The Trust achieved cash releasing efficiency savings of £16.488m in 2014/15. Income generation schemes contributed £3.001m. Reductions in pay costs of £3.494m were achieved and a further £9.993m was saved on supplies and services.

***Statement of financial position (formerly balance sheet)***

The Trust has a healthy statement of financial position which shows net working capital of £21.626m. The increase over the year is primarily due to higher levels of cash balances.

***Cash flow***

The Trust ended the year with a cash balance of £63.525m. The cash flow statement in the Annual Accounts shows a £15.990m increase in cash over the year. This is due to the following factors:

	£ 'm
Net cash flow from operating activities	53.226
Net cash flows from investing and other financing activities	(0.641)
Capital expenditure	(48.639)
Loans received from the Foundation Trust Financing Facility	20.000
Public Dividend Capital dividend payment	(7.956)
<b>Increase in cash balance 2014/15</b>	<b>15.990</b>

**Table 5*****Better payment practice code***

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust's performance is set out in the table below.

Items	Year ended 31 March 2015	
	Number	Value £ 'm
Total non-NHS trade invoices paid in the period	160,116	212.905
Total non-NHS trade invoices paid within target	139,762	183.982
Percentage of non-NHS trade invoices paid within target	87.3%	86.4%
<b>Total NHS trade invoices paid in the period</b>		
Total NHS trade invoices paid in the period	4,151	53.595
Total NHS trade invoices paid within target	2,851	43.899
Percentage of NHS trade invoices paid within target	68.7%	81.9%

**Table 6**

The percentage of NHS trade invoices paid within 30 days reflects the complexity of invoicing which requires detailed checking, both in terms of activity and services provided. Clinical staff responsible for the authorisation of invoices before payment prioritised clinical care during periods of resource pressure. The Trust is implementing a new invoice authorisation system in 2015/16 which will improve the process and enable better management information to target areas of low performance.

The Trust is playing its part in supporting the local business community in the light of the economic downturn by paying invoices for small businesses within ten days where possible.

No payments were made from claims made under the Late Payment of Commercial Debts (Interest) Act 1998 in 2014/15 (2013/14: £nil). No other compensation was paid to cover debt recovery cost under this legislation.

### Capital

The Trust incurred capital expenditure of £44.290m. The table that follows shows a breakdown of funding and expenditure on major schemes.

	Year Ended 31 March 2015		
	Plan	Actual	Variance Favourable/ (Adverse)
	£ '000	£ '000	£ '000
<b>Sources of Funding</b>			
Public Dividend Capital	2,625	2,625	-
Donations	8,588	8,733	145
Retained Depreciation	19,224	18,256	(968)
Sale of Property	700	700	-
Prudential Borrowing	20,000	20,000	-
Cash balances	6,484	(6,024)	(12,508)
<b>Total Funding</b>	<b>57,621</b>	<b>44,290</b>	<b>(13,331)</b>

	Year Ended 31 March 2015		
	Plan	Actual	Variance Favourable/ (Adverse)
<b>Expenditure</b>			
Strategic Schemes	(35,943)	(25,148)	10,795
Medical Equipment	(6,767)	(3,915)	2,852
Information Technology	(6,810)	(7,018)	(208)
Estates Replacement	(2,566)	(2,558)	8
Operational / Other	(11,392)	(5,651)	5,741
Anticipated Slippage	5,857	-	(5,857)
<b>Total Expenditure</b>	<b>(57,621)</b>	<b>(44,290)</b>	<b>13,331</b>

Table 7

The Trust has drawn down the £20m loan in 2014/15 from the Independent Foundation Trust Financing Facility to support the Trust's Capital Programme in 2014/15.

The variance from plan of £13.331m is attributable to slippage on the capital programme into 2015/16 (£12.378m) and lower than planned spend in 2014/15 (£0.953m).

### Financial risk rating

Financial risk is assessed by Monitor's continuity of services risk rating. A rating of '4' reflects the lowest level of financial risk i.e. no evident concerns and a rating of '1' the greatest, i.e. a significant level of financial risk. The continuity of services risk rating incorporates two common measures of financial robustness:

- Capital Service Cover - the degree to which the Trust's generated income covers its financing obligations, and
- Liquidity - days of operating costs held in cash or cash-equivalent forms.

The Continuity of Services risk rating aims to identify whether the financial situation of a provider of Commissioner Requested Services could place these key NHS services at risk. The table below sets out UH Bristol's performance against the criteria. The overall rating of 4 represents a strong position and reflects the sound financial position of the organisation.

Financial Criteria	31 March 2015	
	Metric Performance	Rating
Capital Service Cover	2.86	4
Liquidity	5.61	4
<b>Overall rating</b>	<b>4</b>	<b>(actual weighted score = 4.0)</b>

Table 8

The above table shows the Trust's overall continuity of services risk rating is 4, and the weighted continuity of services risk score is 4.0.

UH Bristol's activities are incurred under legally binding contracts with commissioners which are financed from resources voted annually by Parliament. The Trust also has the potential to finance its capital expenditure from external sources such as the Independent Trust Financing Facility. The Trust is not exposed to any significant liquidity risks and financial instruments, such as they exist, do not have the ability to change the level of risk we face.

### *Financial outlook*

The financial outlook for 2015/16 is extremely challenging with the following factors contributing to a planned deficit for the year of £5m:

	£'m
Surplus per Medium Term Financial Plan	6.0
Savings not deliverable	(4.5)
Impact of specialised services marginal tariff loss	(3.5)
Increase in SLA fines for waiting times	(2.5)
Loss of SIFT funding for reduction in student weeks	(0.5)
	<hr/>
<b>Planned Deficit</b>	<b>(5.0)</b>
	<hr/>

The headlines for the 2015/16 financial plan are:

- A planned deficit of £5.0m before technical items;
- A planned deficit of £6.1m after technical items (such as impairments);
- A planned cash balance at year end of £43.7m;
- A savings programme of £24.4m;
- A capital programme of £34.5m (after action to restore liquidity); and
- A Continuity of Services Risk Rating (CoSRR) of 3 (3 on liquidity and 2 for CSC – average 2.5, rounded to 3).

To achieve the financial plan the following are required:

- Delivery of the planned savings for 2015/16 abated by the 1 percent support provided;
- Conversion of non-recurring savings from 2014/15, into recurring savings;
- Maintenance of strict cost control;
- Effective risk management of potential cost pressures;
- Delivery of planned activity as defined in divisional operating plans;
- Delivery of national performance targets and in particular minimising service level agreement fines especially from RTT breaches;
- Delivery of clinical performance within any agreed contract limiters to avoid non-payment for activity by commissioners;
- Proper recording and coding of activity leading to full income recovery;
- Achievement of significant clinical service improvement in a planned and effective manner as part of the Trust's Transformation Programme
- Delivery of CQUIN targets agreed with commissioners; and
- Close monitoring of the Trust's liquidity

### *Financing Implications of Significant Changes in Trust Objectives*

The Trust's long term financial plan includes the financial implications of the Trust's major strategic capital schemes, the full impact of these schemes will not be felt until the financial year 2015/16.

### *Statement of Going Concern*

After making enquiries, the Directors have a reasonable expectation that University Hospitals Bristol NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, we continue to adopt the going concern basis in preparing the Accounts.

### **3.7 Environmental impact and sustainability**

We understand that our health is very much influenced by the environment, and so we are working to reduce our impact on the environment, in particular our carbon footprint, and in turn reduce our contribution to climate change.

UH Bristol has a sustainable development plan and areas of action include the development of sustainable models of care, energy, water, travel, procurement and waste. Having an up to date sustainable development management plan is a good way to ensure that an NHS organisation fulfils its commitment to conducting all aspects of its activities with due consideration to sustainability, whilst providing high quality patient care. The NHS Carbon Reduction Strategy asks for the boards of all NHS organisations to approve such a plan.

James Rimmer, Chief Operating Officer, is the executive lead for sustainability and this ensures that sustainability issues have visibility and ownership at the highest level of the organisation. All our staff have responsibility for acknowledging sustainability issues, such as carbon reduction and these are included in all job descriptions.

Staff awareness campaigns have been shown to deliver cost savings and associated reductions in carbon emissions. Our Big Green Scheme awareness campaign is on-going and the efforts of our green champions continue to improve the Trust's sustainability through, for example, our green travel plan.

We recognise staff through the Green Impact awards scheme. Where teams of staff are working together to become more sustainable, they are recognised and awarded bronze, silver or gold through the Green Impact award scheme. This represents great inspiration for making real green changes on the ground and beyond the hospital walls, such as making greener travel choices, supporting community groups and buying Fairtrade products.

New to the Green Impact awards is the TLC award, specifically designed for the clinical areas. TLC focusses on Turning off unused equipment, switching off Lights and Closing doors. While saving energy, these principles can also enhance the patient experience by improving quality of sleep, increasing privacy and dignity, and maintaining a comfortable temperature for patients.

We have completed the Department of Health and Trust 'spend-to-save' investment projects to reduce our energy consumption across the estate focussing on improving the efficiency and control of ventilation, heating and cooling.

As well as implementing climate-change mitigation measures we continue to work with our partners in the Avon Health Executive Resilience Group to ensure our obligations with regards to emergency preparedness and adaptation under the Climate Change Act are being complied with.

Adaptation to climate change will pose a challenge to both service delivery and infrastructure in the future. It is therefore appropriate that we consider this when planning how we will best serve patients in the future. Through our business continuity planning we have started to identify the risks we need to consider in adapting the organisation's activities and its buildings to cope with the results of climate change. Sustainability issues are included in our analysis of risks facing our organisation.

In addition to our focus on carbon, we are also committed to reducing wider environmental and social impacts associated with the procurement of goods and services. This is set out within our policies on sustainable procurement.

The Trust has signed a memorandum of understanding to build on our existing green energy partnership with the City Council and University of Bristol. As a hospital trust, it's part of our role to help people improve their health. Developing a district energy network will have clear health benefits for those who are often hard-hit by fuel costs. This, along with the fact that the new energy centre will have a lower environmental impact than our current system, will help us fulfil our commitment to be a good neighbour to those living and working near our hospitals

### *Cost of energy*

The NHS ambition is to reduce its carbon footprint by 10 percent between 2009 and 2015. Reducing the amount of energy used in our organisation contributes to this goal. We reduced our gas consumption, and despite increasing electricity use our energy expenditure has decreased by 4 percent in 2014/15 from £4,888,194 to £4,698,461. Other Trust activities include:

- Saving 11million kWh of gas and 2070 tonnes of CO<sub>2</sub> per annum by capturing the energy from the boiler house chimney, which is enough to heat St Michael's Hospital all year round;
- St Michael's Hospital hosting one of Bristol city centre's largest solar panel installations; and
- Re-designing the new ward block at the Bristol Royal Infirmary means it will require less energy to run the building and less energy will be wasted.

### *Waste*

We recycled 315 tonnes of our waste, increasing from 211 tonnes the previous year; this is 24 percent of the total domestic waste we produce. We plan to continue increasing the amount we recycle during 2015/16.

### *Energy consumption*

Our total energy consumption had decreased by 3 percent during the year, from 88,618 MWh to 86,044MWh. Twenty percent of our electricity is generated by our on-site combined heat and power generation. One hundred percent of the electricity we purchase is generated from renewable sources.

### *Carbon emissions*

Greenhouse gas emissions from energy used have increased by 3856 tCO<sub>2</sub>e this year. The rise is principally due to increased size of our estate and higher imports of electricity.

### *Water consumption*

Our water consumption has increased from 224,385m<sup>3</sup> to 229,875 m<sup>3</sup> in the recent financial year.

### *Human rights, social and community issues/matters*

Our services affect people and the diverse community we serve in many different ways. We particularly value and actively seek contributions from our stakeholders made at the various engagement and involvement events which help us understand and improve the patient experience and specific services. Some examples during 2014/15 are:

- **STITCH - Services and Trusts Integrated to Transform Care in Self-Harm.** This is a user led experience based co-design project working with patients who self-harm presenting in the BRI Emergency Department. Quarterly steering group meetings provide an opportunity for patients and service users to deliver teaching to Emergency Department staff on self-harm. In addition, a new patient leaflet and personal support plans have been introduced.
- **SMART Recovery Group -** The group meets every Wednesday in the BRI. This is a mutual aid group for people who have problems with addictive behaviours such as drugs, alcohol, gambling etc. and promotes abstinence from these types of behaviours. The group is open to in-patients, outpatients, ex-patients and other members of the public. One of the facilitators is a service user.
- **End of Life care pathway -** As part of a service development initiative two focus groups were held to enable family members and friends to reflect on the end of life care their loved ones received with us.
- **Carer Liaison -** The logistical support provided by the Trust has enabled the carer liaison worker to concentrate on carers' issues and referrals over the past twelve months. This has included the introduction of carers "drop in" surgeries within the Bristol Haematology and Oncology Centre along with a referral pathway for carers who require additional support and advice. The carer liaison role has extended across directorates, with referrals being made directly from the carer, the ward staff, department staff, and from attending ward board rounds. To raise wider awareness, carer information displays are taking place within the public space in the hospital. The liaison worker is available to speak to carers, staff and members of the public about carers' rights and issues and the support available to them within the trust. Promotion of the Trust's carer information scheme which promotes early identification and clear communication with carers, whilst providing access to discounted parking and extended visiting. In addition, carer awareness training and information to staff on a one to one or group basis is provided. This work has contributed to an increase in referrals, with 85 new referrals being received between January and March 2015, a 57 percent increase on the previous quarter and a total of 258 referrals for the twelve month period.
- **Learning Disability -** All inpatients with a learning disability are risk assessed with 48 hours following admission, and reasonable adjustments are identified and made.
- **Congenital Heart Patients –** As part of a service improvement plan young adults with a diagnosis of congenital heart disease, who have learning disability were invited to share their feedback about the services they receive at the Bristol Heart Institute.
- **Patients with Dementia -** The Trust is striving to make our environments as appropriate as possible for patients with dementia, with their needs being considered for each project. The refurbishment projects involving the older people's wards will incorporate patient seating areas and activities for patients to engage in during their day. The volunteer scheme continues across the in-patient areas, supporting patients with meal times and befriending. New documentation



has been introduced which incorporates more person centred information including carer details and the role they have with that patient as carer engagement remains a priority for the Trust.

- Rheumatology Services – Patients and staff are involved in the plans to re-locate the new rheumatology department and sleep unit.
- Cancer Services – We have worked with the Patients Association to understand the experience of people using the cancer services at our hospitals and to use this information to identify what we can do better. Work undertaken by Healthwatch to engage with and capture the feedback of the community has informed this work.
- Paediatric Cardiac Surgery - We have worked with families of children who have had cardiac surgery to understand their experience of the care they received and how improvements can be made to the information they receive and the consent process.

In addition the Trust is working with neighbourhood forums, private and third sector partners across south Bristol to promote a broader health and well-being agenda in this part of the city and to facilitate a process whereby local people are actively engaged in conversations about the strategic direction of the Trust.

The Trust has a significant work experience and schools programme. Our future workforce depends upon attracting young people to the wide range of careers on offer in the NHS and increasing awareness about how many different roles there are. Work experience placements offer school students the chance to experience healthcare and to see how we work together to deliver excellent care to our patients.

The Trust's work experience programme here at the UH Bristol successfully continues with over 240 students from local schools and colleges being placed across the Trust over the last year. All students are interviewed in order to fully understand their personal aims for their placement and to ensure their time with us is curriculum based, structured, and offers a wide range of activities across the very many different healthcare settings we have.

Through this, close links have been maintained with local schools who fully appreciate the extensive programmes we offer. This is further supported through attendance at school career fairs and offering mock interviews, allowing students to practice in a safe environment their first taste of being interviewed and preparing them for their first step onto the employment ladder.

The Trust has provided visits to schools from our own team of anaesthetists, which has involved the delivery of science lessons to students. This aims to enthuse young people with this subject, by showing them that science based careers can be hugely interesting, challenging and rewarding. Equally it encourages pupils to aspire to a fulfilling career achieved by hard work and a commitment to succeed in examinations.

Furthermore, visits on an individual basis to the Trust's simulation centre take place, allowing students to have a better idea of how hospitals work and the role we play within them. These placements encourage students to re-enact real-life situations and show how the Trust develops and encourages multidisciplinary teamwork, communication, and decision making skills along with leadership.

The whole schools programme relies heavily on the good will of staff from right across the Trust, who open their doors and give their time to host students and widen their access into the world of healthcare and the NHS.

The Trust has established and respected relations with local faith communities. Dignity and respect includes respect for our patients spiritual and religious beliefs and values. Our chaplaincy department provides for patients, relatives and staff a 24 hour service for spiritual and pastoral support and serves those individuals of faith and none. In order to meet the challenges of a city centre group of hospitals within a multi faith and multi-cultural community, the chaplaincy has formed productive links with leaders of various faith communities within the city of Bristol. Our links with the Bristol Multi Faith Forum and other faith communities has enabled us to build a strong foundation that meets the spiritual needs of our patients no matter of their faith, position or cultural heritage. We have also worked with colleagues from various faith communities within the city to provide an integrated approach to the very sensitive area of baby and infant loss.

We also take the opportunity to share patient stories with the Board of Directors to ensure that the Board continues to have visibility of important issues such as faith to patients and relatives.

## 4. Directors' Report

This report is presented in accordance with the Monitor NHS Foundation Trust Annual Reporting Manual 2014/15 published in March 2015. For the purpose of the Accounts, the Directors are responsible for preparing the accounts on a true and fair basis and in particular to:

Observe the Accounts direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

Make judgements and estimates on a reasonable basis;

State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed and disclose and explain any material departures in the financial statements; and,

Prepare the financial statements on a going concern basis.

The Directors have prepared this Annual Report on the basis that it is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

### 4.1 Directors of the Trust

As a public benefit corporation, the Trust has a Board of Directors which exercises all of the powers of the corporation.

The Trust Board of Directors consists, at the time of drafting this report, of the Chairman, Chief Executive, eight Non-executive Directors and six Executive Directors (excluding the Chief Executive) as follows:

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

**Table 9**

Biographies of the members of the Board are provided at Appendix A – Biographies of Members of the Trust Board of Directors of this report.

### *Independence of the Non-executive Directors*

The Trust Board of Directors has formally assessed the independence of the Non-executive Directors and considers all of its current Non-executive Directors to be independent in that notwithstanding their known relationships with other organisations, there are no circumstances that are likely to affect their judgement that cannot be addressed through the provisions of the

Foundation Trust Code of Governance as evidenced through their declarations of interest, annual individual appraisal process and the ongoing scrutiny and monitoring by the Trust Secretary.

#### *Statement as to Disclosure to Auditors*

The Trust Board of Directors confirms that each individual who was a Director at the time that this report was approved has certified that:

- So far as the Director is aware, there is no relevant audit information of which the NHS foundation trust's Auditor is unaware, and;
- The Director has taken all the steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the NHS foundation trust's Auditor is aware of that information.

#### **4.2 An overview of quality**

The safety of our patients, the quality of their experience of care, and the success of their clinical outcomes are at the heart of everything we want to achieve as a provider of healthcare services. We want all our patients to receive harm-free care. We want them to be treated with kindness, understanding, dignity and respect, and for them to be fully involved in decisions affecting their treatment, care and support. We are also determined that each patient should receive the right care for them, according to scientific knowledge and evidence-based assessment.

In 2014/15, 96.6 percent (94.1 percent : 2013/14) of patients received harm-free care as measured by the NHS Safety Thermometer, and 98.4 percent (97.2 percent : 2013/14) of patients did not acquire any new 'harms', i.e. pressure ulcers, falls, urinary tract infections or venous thrombo-embolisms (VTEs), following admission to hospital. 98 percent of UH Bristol inpatients received a VTE risk assessment upon admission to hospital, which compares favourably with the national average of 96 percent.

We were pleased to achieve a total of 0.398 pressure ulcers (grade 2-4) per 1,000 bed days, against a target of 0.651. Our target for patient falls was to achieve fewer than the national benchmark of 5.6 per 1,000 bed days (National Patient Safety Agency); we achieved this in every month with an overall rate of 4.8 falls per 1,000 bed days.

Although the Trust reported an increase in the total number of cases of *Clostridium difficile* infections in 2014/15 compared to 2013/14 (50 compared to 38), our commissioners' review of these cases confirmed that only eight of the 50 cases were considered avoidable by the Trust. Disappointingly, our target of zero MRSA (Meticillin Resistant *Staphylococcus Aureus*) bacteraemias was not achieved in 2014/15, with six cases being reported.

We continue to promote proactive reporting of patient safety incidents and are encouraged that in 2014/15 we achieved a further annual reduction in the proportion of medication errors which result in moderate or greater harm to patients. Further detail on our performance in relation to this can be found in our Quality Report in Appendix C.

#### *Patient experience*

In 2014/15, we were pleased to achieve scores for both the inpatient and emergency department Friends and Family Test which were consistently better than the national average. In our own monthly inpatient survey, 97 percent of respondents (aged 12 and over) once again rated the care they received at the Trust as excellent, very good, or good.

Our performance in national patient surveys was mixed. We once again achieved excellent scores in the Accident & Emergency survey, and national average scores in the annual inpatient survey. However our performance in the national cancer patient experience survey was disappointing and we have been working closely with the Patients' Association to gain greater insights into how we can provide a better patient experience.

In 2014/15, 1,883 complaints were received by the Trust: an increase of 31 percent compared to 2013/14, due in part to the increased accessibility and visibility of our Patient Support & Complaints Team, now situated in the front entrance to the Bristol Royal Infirmary. During the year, the Trust invested significantly in the team and successfully addressed a longstanding backlog of patient enquiries.

### *Clinical effectiveness*

The Trust continues to have a low overall Summary Hospital-level Mortality Indicator score, which means we prevent deaths in hospital that would be considered likely based on the national statistical 'norm'. Provisional adult cardiac surgery data for 2014/15 shows the Trust's mortality rate to be better than the national average.

Although the Trust did not achieve the national CQUIN for dementia care, nonetheless our performance in finding, assessing, investigating and referring patients with dementia improved throughout 2014/15.

No UH Bristol consultant has been identified as an outlier within the clinical outcomes data published by the national Consultant Outcomes Programme during 2014/15. More detailed information regarding our clinical effectiveness can be found in our Quality Report in Appendix C.

### **4.3 Objectives for 2015/16**

The Trust's Quality Report (also known as the Quality Account) is one of the key ways that the Trust demonstrates that its services are safe, clinically effective and that we are providing treatment in a caring and compassionate environment. The report is available in full in Appendix C and describes the open and honest assessment of the last year, its successes and challenges.

The Trust's Corporate Quality Objectives for 2015/16 were discussed by the Quality & Outcomes Committee in March 2015 following collaboration with our clinical colleagues, partners and a public and membership consultation event to help shape our quality plans. This coincided with a time when the Trust had been experiencing unprecedented operational pressures on its services. We chose a set of objectives focused largely on patient 'flow' through our hospitals, particularly taking into consideration the Care Quality Commission inspection in 2014. We also included an objective to refresh and renew our approach to how we engage patients and the public to improve our services. Following the consultation process, we have agreed the following objectives:

- To reduce the number of cancelled operations;
- To minimise inappropriate patient moves between wards;
- To ensure patients are treated on the right ward for their clinical condition;
- To improve the patient discharge process;
- To improve how the Trust communicates with patients;
- To improve the quality of written complaints responses;
- To improve the management of sepsis;
- To improve the experience of cancer patients; and

- To reduce appointment delays in outpatients; and to keep patients better informed about any delays.

Some of these objectives have been continued from last year as part of Trust's continuous improvement journey. This year we felt that these recurring objectives should be seen as "business as usual" to have the potential to genuinely transform patient care. More information on our achievement of our quality objectives from last year can be found in the Trust's Quality Report in Appendix C.

### *Research and innovation*

Research remains an essential part of the services we deliver as part of the trust's tripartite mission to provide exceptional healthcare, research and teaching every day. Two key NIHR infrastructure awards in this region, both of which are hosted by UH Bristol, are gaining momentum as they enter their second year.

Over the last 12 months the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC West) has drawn together the NHS, social care, CCGs, councils and universities to develop and start to deliver research and other projects that will change the way services are delivered across the region. It now has in place a clear strategic framework to support decision-making around projects that are aligned with local health priorities; upwards of 35 projects are now actively supported through the CLAHRC, many of which have been developed through the Bristol Health Partners' Health Integration Team model (BHP HIT).

The Local Clinical Research Network (NIHR Clinical Research Network: West of England) has completed its first transition year, and there is a new core infrastructure in place in the Trust to support the delivery of high quality research across the network region and make research available to patients who access services in UH Bristol and more widely. Responding to the national changes to the research networks, we have put in place changes to the way research is delivered in our Division of Women and Children's Services by creating a new consolidated research delivery team made up of research nurses and administrators who will set up and recruit participants into research across all specialties in the division.

Our NIHR grant income has risen again over the previous year, reaching £6.15 million in 2014/15. The total value of our NIHR grant income continues to increase year on year, with a total value of NIHR grants held in 2014/15 of £34.6 million, comprising NIHR CLAHRC West, 2 NIHR BRUs, 19 NIHR project or programme grants and 3 NIHR Fellowships.

New grants awarded in 2014/15 were Dr Colin Steward's EME study involving children with Barth's Syndrome, Dr Amber Young's study on protection of skin grafts in children's burns, and Dr Shelley Potter's study on implant breast reconstruction surgery (total £0.93 million). The successes we have seen in drawing in grant income are underpinned by the ongoing collaborations we have with the University of Bristol's methodological expertise in their trials units and the NIHR Research Design service, also hosted in the trust. Their work includes ensuring appropriate patient and user involvement is included in the bids, so that our research is relevant for our patients.

Our performance in opening trials during the year has remained stable, maintaining us within the top rankings of the large research active acute trusts in England. Alongside this our performance in recruiting to commercial trials has improved steadily as we seek out ways of ensuring the feasibility work we do ahead of opening trials is robust and that the processes we use are efficient. Our researchers recruited over 9,000 patients into NIHR portfolio studies, representing 85 percent of our total recruitment into research of just over 11,000 patients.

Building on the success of last year, our research matron has continued to work with a group of her peers and the NIHR to bring to fruition the first nationally accredited training course for research nurses in the world. The NIHR LCRN has linked together with our research matron to bring train-the-trainer courses to the region, so that the course can be available to our staff in the region, as well as nationally.

We have maintained a significant level of income through collaborative and contract commercial trials, generating just over £2 million in 2014/15, for the first time. We have increased the number of active contract commercial trials from 72 studies in 2013/14 to 82 in 2014/15, and new specialties are becoming involved for the first time, for example ENT. Our reputation as an effective industry partner has been maintained, and in recognition of their performance, four of our commercial principal investigators were invited to a celebration of their achievements with Professor Dame Sally Davies, the Chief Medical Officer, and the NIHR. Taking a broader perspective, our commercial research manager continues his work as part of the national NIHR Industry Costing Group, which provides strategic vision and insights into the challenges of pricing contract commercial clinical research while shaping proposals to help overcome these and attract industry to the UK.

#### **4.4 Workforce Overview**

As a university hospitals trust and regional tertiary referral centre, we are an ambitious health care provider and are equally ambitious in recruiting and retaining the most talented, passionate and committed individuals to help in our continuous drive for health care excellence.

We recognise our workforce is our most valuable asset and through the delivery of our Workforce and Organisational Development Strategy we aim to be an employer of choice attracting, supporting and developing a workforce that is skilled, dedicated, compassionate, and engaged, so that it can continue to deliver exceptional care, teaching and research every day. The principles which underpin this are:

- A commitment to eliminating discrimination, promoting equality of opportunity and providing an environment which is inclusive for all, delivering healthcare, teaching and research which are sensitive to the needs of the individual and communities. The Trust is also committed to providing equality of access to employment opportunities and an excellent employment experience for all.
- An understanding of the importance of working with partners across the health community and social care so that there is a joined-up approach to workforce planning and development, for example by leading, in partnership, the workforce agenda of the Better Care Programme.
- Recognition of the future challenge of maintaining and developing the quality of our services, whilst managing with fewer resources. We will optimise the productivity and efficiency of our systems, processes and staff.

#### **Teaching and Learning**

Our commitment is to continue to improve the care we provide to our patients with a workforce that has the right skills, in the right place at the right time. As a teaching hospital, we support the teaching of all staff groups including undergraduates, postgraduates, clinical and non-clinical to aid their lifelong learning and development.

As one of the UK's leading teaching hospital trusts, closely linked to academic institutions locally, nationally and worldwide, we have an extremely successful history of developing clinical skills and

careers. The Trust supports a range of under-graduate programmes such as medical, dental, nursing and healthcare scientists, and positively encourages post graduate study and research for nursing, Allied Health Care Professionals, Health Care Scientists, medical and dental staff. This includes active continuous professional development programmes that include simulation training programmes, workshops, conferences, seminars and e-Learning to keep professionals up to date with the latest clinical developments and patient safety matters.

Through the Qualifications Credit Framework, and apprentice schemes, the Trust offers a wide range of training and learning opportunities for non-clinical members of staff, along with extensive continuous professional development to encourage internal succession for staff across all disciplines alongside our commitment to delivering a quality induction and essential training as the foundation for new starters joining the organisation.

Strong partnerships exist with Health Education Southwest including Postgraduate Medical Education, University of Bristol and University of West of England, City of Bristol College, North Bristol NHS Trust and other NHS organisations. Further education partnerships are being strengthened, including collaborative working with the clinical commissioning groups and with the newly formed Bristol Health Partners. We value these partnerships highly and will continue to develop them as part of our governance structure and partnership working arrangements and to consolidate our efforts to build on our aim of lifelong learning.

### *Engaging with our staff*

The Trust is transforming the care it delivers, building health care services which are driven by quality and excellence. This requires a set of common Trust values and behaviours which are transparent across the Trust.

Respecting everyone  
Embracing change  
Recognising success  
Working together  
**Our hospitals.**

The Trust values act as an invaluable guide about what is important and how we are expected to behave towards patients, relatives, carers, visitors and each other. The values are embedded at recruitment and induction stages and within subsequent leadership and management development programmes.

The design of the leadership and management development programmes builds on the foundation of the values training to ensure our transformational leadership agenda supports leaders to use the platform of the values to influence real cultural change within their areas for the benefit of their teams and the patients. The Trust recognises that staff engagement and involvement are fundamental to successfully working to a common set of values and behaviours.

Regular consultation with staff takes place through both informal and formal groups, including the Trust Consultative Committee, Policy Group, the Industrial Relations Group and the Local Negotiating Committee (for medical and dental staff). Staff and management representatives consult on change programmes, terms and conditions of employment, policy development, pay assurance and strategic issues, thereby ensuring that workforce issues are proactively addressed. The Trust also has a cohort of staff governors who work closely with the Board of Directors on



behalf of their staff constituents to ensure that the Board remains focussed on staff issues on the frontline.

### *NHS staff survey*

The Trust takes part in the Annual Staff Survey and subsequently develops action plans to improve staff experience and engagement. In 2014 questionnaires were sent on a census basis to all substantively employed staff across UH Bristol. 3,641 staff at UH Bristol took part in this survey. This is a response rate of 47 percent, which is above average for acute Trusts in England.

### *Summary of performance/key findings from staff survey*

The 2014 staff survey results are positive in some areas including respondents saying that they have received job relevant teaching and learning and staff recommendation of the Trust as a place to work, or receive treatment, which remains slightly better than average by comparison with other acute trusts.

However, overall trends relating to the staff survey show that staff perception of their experience of working for the Trust has deteriorated in a number of areas in the past 12 months. Therefore, the need for improvement has been acknowledged.

### *Top ranking scores for the Trust in 2014*

The Trust's top five ranking scores – the five key findings where UH Bristol compared most favourably with other acute Trusts in England was in the following areas:

<i>Top 5 Ranking Scores</i>	<b>2014</b>		<b>2013</b>		<b>Trust Improvement/ Deterioration since 2013</b>
	<i>Trust</i>	<i>National Average for Acute Trusts</i>	<i>Trust</i>	<i>National Average for Acute Trusts</i>	
% receiving job-relevant training, learning or development in last 12 months	82%	81%	82%	81%	Identical score
% experiencing physical violence from patients, relatives or the public in last 12 months.	14%	14%	13%	15%	Increase of 1%
Fairness and effectiveness of incident reporting procedures	3.56	3.54	3.52	3.51	Increase of .04
Staff recommendation of the trust as a place to work or receive treatment	3.68	3.67	3.76	3.68	Decrease of .08
Percentage of staff reporting errors, near misses or incidents, witnessed in the last month	91%	90%	90%	90%	Increase of 1%

*Table 10*

**Bottom ranking scores for the Trust in 2014**

The Trust's bottom five ranking scores - the five key findings where UH Bristol compared least favourably with other acute Trusts in England was in the following areas:

<b>Bottom 5 Ranking Scores</b>	<b>2014</b>		<b>2013</b>		<b>Trust Improvement/Deterioration since 2013</b>
	<b>Trust</b>	<b>National Average for Acute Trusts</b>	<b>Trust</b>	<b>National Average for Acute Trusts</b>	
Staff witnessing potentially harmful errors, near misses or incidents in the last month	39%	34%	39%	33%	Identical score
Percentage of staff receiving health and safety training in the last 12 months *	64%	77%	62%	76%	Increase of 2%
Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	74%	77%	74%	79%	Identical score
Work pressure felt by staff	3.18	3.07	3.09	3.06	Increase of .09
Percentage of staff having equality and diversity training in the last 12 months	47%	63%	48%	60%	Decrease of 1%

**Table 11:** \* It should be noted that this training is not annual. 98% of respondents stated that they had received health and safety training either within the last 12 months or more than 12 months ago.

These five scores, in addition to staff motivation at work and percentage suffering work-related stress in the past 12 months were in the worst 20 percent by comparison with acute trusts nationally.

**Key areas for improvement**

The Trust recognises that it needs to continuously engage and listen to its workforce and seek to respond to suggested areas for improvement. From the feedback it has received, the Trust is responding by implementing improvement plans both at a corporate and divisional level. The proposed key priority areas for improvement are:

**Approaches to improving staff experience and learning from staff feedback**

An extensive staff experience programme is already underway across the Trust. This work is being directed both corporately by the Senior Leadership Team and locally by divisional management teams. It includes a focus on improving two way communication; recognition events and team building; review of the Trusts appraisal process; training programmes for line managers; health and wellbeing initiatives, with a specific focus on stress related illness and a piloted employee assistance programme; targeted action to address harassment and bullying; a revision and re-launch of the 'Speaking Out' policy; and support for staff forums and reverse mentoring.

### *Improving Staff Engagement*

In February 2014 a paper outlining a revised approach to staff experience and engagement, based on the work of Professor Michael West, was presented to the Transformation Board. A cross-divisional, multi-disciplinary staff experience/engagement steering group has been established to oversee the full development and implementation of an action plan. Actions undertaken since that time include:

- a) Establishment of the HR Business Partner and Staff Engagement/Experience Group to ensure sharing of best practice and support the development and monitoring of divisional staff engagement plans and activities;
- b) Development of divisional engagement plans to ensure shared best practice;
- c) Divisional focus groups, listening events, newsletters and site visits by senior management teams;
- d) ‘Back to the floor’ and ‘floor to board’ rounds and establishment of staff champions;
- e) Full implementation of values-based recruitment;
- f) Establishment of nursing assistant focus groups to support retention, involvement and listening;
- g) An online survey to seek nursing staff views on shift patterns followed by focus groups. Findings will be presented to the Executive Board in April 2015;
- h) Continuation of ‘Living the values’ sessions and roll-out to 5,000+ staff members;
- i) Inclusion of staff values into induction process with bespoke sessions for specific areas;
- j) Proactive projects and development in the areas of staff retention and health and wellbeing;
- k) Full implementation of the Staff Family and Friends Test from June 2014; and
- l) Communication with the Chief Executive and utilisation of technology to encourage staff to film themselves asking questions of the Chief Executive.

### *Tackling Harassment and Bullying*

The Trust Board undertakes to ensure that harassment or bullying of any definition by any member of staff towards either patients or members of staff will not be tolerated. All members of staff have the right to work within an environment which is free from harassment or bullying and allegations will be investigated within the timescales outlined within the Trust’s policies and procedures.

November 2014 was designated “Respecting Everyone” month at UH Bristol. During this month, the work of the confidential harassment and bullying advisory service, as well as other sources of support, were widely publicised. All managers were invited to make pledges, stating their commitment to tackling harassment and bullying in their own areas. All pledges made were publicised via Connect, the Trust’s internal intranet. All staff were invited to nominate anti-bullying champions and an award was made in February 2015. Funding was successfully sought

for Tackling Harassment and Bullying cards, to be used to define both harassment and bullying and detailing sources of support.

The Trust has a confidential harassment and bullying advisory service which is available to any member of staff who believes they have been subjected to harassment or bullying in the workplace. Advisers can also provide support and advice to anybody who has witnessed another person being subjected to harassment or bullying or who has been accused of harassment and/or bullying themselves. Advisors have been trained to support staff and are available to listen to issues, talk through problems, and explain the options available and the Trust's policy and procedure on tackling harassment and bullying and direct employees to other areas of support that may be appropriate.

Medical trainees have access to a mentor who can give advice and offer support on any issues, including harassment and bullying, which may adversely affect the medical trainees' ability to undertake their work.

### *Raising Concerns/Speaking Out*

A major revision to the Speaking Out Policy has taken place. The revised policy and process supported by frequently asked questions and extensive management and staff guidance has been prepared, in partnership with key stakeholders, including staff side. Following full consultation, the policy will be subject to trust wide publication and awareness programme, offering assurance to staff that the Trust will protect all those who raise genuine concerns.

### *Improving Team Working*

The Trust has contracted with Aston Organisational Development to pilot the development of team coaches in the organisation who will work with team leaders to develop team effectiveness. Team leaders will be empowered to lead their teams through a ten stage structured programme of detailed work-based activities, invite team members to provide feedback and use the reports that are generated to support team discussions at every stage. This will use evidence, examples, discussions, checklists, templates and tools to develop action plans specifically tailored to their area and teams. Two cohorts of trainee coaches have been identified and training has commenced in March 2015.

### *Development and Leadership*

In addition to the wide range of training, development courses and opportunities offered by the Trust, two major initiatives are underway. A series of connected but standalone leadership sessions, based around the leadership healthcare model were launched in February 2015. The theme of the launch was collective leadership and the benefits of this to an organisation. Approximately 70 managers and leaders attended the first event in February 2015 which focused on leading with care. The session examined how, as managers and leaders, the delegates work with their staff and teams. Participants were asked to self-assess themselves against the leading for care dimension within the framework, on where they currently fit and to which level they would progress. This work will continue throughout 2015/16.

### *Acknowledging excellence and recognising success*

The Trust has a variety of schemes to reward excellence and to recognise and celebrate service and success by individuals and teams. These include:

- a) Recognising Success Awards – an annual celebration of UH Bristol staff excellence that recognises the enormous contribution staff make, and celebrates exceptional performance and achievements of staff in support of the Trust’s vision, values and goals;
- b) Divisional schemes – A number of divisions have implemented their own awards for excellence. These encourage nominations and give awards to teams or individual members of staff in recognition and appreciation of teamwork and commitment which improve services for patients and staff;
- c) Recognition Award for Excellence scheme – The Facilities and Estates division encourage nominations for members of staff who have achieved excellence in service delivery for patients, staff and visitors or who have overcome adversity or pressures and demands within the division;
- d) BAME awards – The Trust’s Black, Asian and Minority Ethnic Workers Forum presents awards at Black History Month celebrations and other events;
- e) Celebration of service awards – The Trust celebrates the service of staff who have reached 30 years’ service with the Trust;
- f) International Nurses Day – An event to recognise and acknowledge the commitment and exceptional contribution of nursing staff to patient care. The ceremony also awards the Davison Nursing and Midwifery Scholarships, set up to encourage and support nurses at all levels who have developed an innovative idea for practice and a passion for improving patient experience;
- g) Respecting Everyone Award – Recognition of a team or individual who demonstrates exceptional commitment to tackling Harassment and Bullying in the Trust; and
- h) Teaching and Learning Celebration – Hosted by the Teaching and Learning Department and attended by a Non-executive Director to present certificates to all nursing assistants and administrative assistants who have achieved a QCF (similar to an NVQ ) in the last six months. This year a new award has been named in memory of Aggie Dyba – for a nursing assistant who overcomes personal odds to achieve the qualification.

Despite the extensive work underway, it is clear that there is more to do to improve the experience of staff working at the Trust and the Senior Leadership Team is currently re-examining the overall approach to staff experience, with a particular emphasis on securing more direct involvement and greater collaboration between local managers and their teams in designing solutions and action plans to address the concerns raised. The Board of Directors has also commenced work to look at how the Board can influence and shape organisational culture and behaviour and is committed to supporting the workforce agenda going forward.

### *Communication with staff*

The Chief Executive holds quarterly open staff briefings which all staff are encouraged to attend. These provide an opportunity for staff to hear about issues affecting the Trust and a chance to contribute their views. A ten minute quarterly video briefing from the Chief Executive has been

introduced for those staff who are not able to attend the open staff briefings. Staff can contribute to the video briefing by sending questions to be answered in the briefing.

The Trust has a leadership forum, a place for senior managers to come together to hear from the Directors and leaders of the Trust in a more informal setting and to engage with their own staff groups. In addition, the weekly Trust email bulletin 'Newsbeat' provides a mix of staff and Trust news and information, including an update on performance and messages from the Chief Executive. Electronic notice boards have also been trialled as a method of staff exchanging views on a particular project or topic.

### *Key trust meetings*

Agendas, minutes and supporting papers from key Trust meetings are available on the Trust's intranet. Managers are expected to make key information available to staff through team briefing sessions. Hard copies of documents are available to staff who do not have access to a computer.

### *Staff magazine*

The bi-monthly staff magazine 'Voices' recognises success amongst staff and is a well-recognised and well-received publication, featuring team and individual updates as well as updates about Trust developments, news from our charities, presented in an informal and interesting way.

## **4.5 Statement of approach to equality and diversity**

The Trust is committed to eliminating discrimination, promoting equality of opportunity, and providing an environment which is inclusive for patients, carers, visitors and staff. We aim to provide equality of access to services and to deliver healthcare, teaching, and research which are sensitive to the needs of the individual and communities, and we are committed to providing equal access to employment opportunities and an excellent employment experience for all.

The Trust Board of Directors is responsible for ensuring that the Trust's commitment to equality and diversity is implemented at all levels of the organisation and that all business is carried out in accordance with the values of the organisation. The Board monitors the implementation of its equality and diversity work as part of its annual cycle of Board reporting and the Board Assurance Framework.

The Director of Workforce and Organisational Development is the nominated executive lead for equality and diversity on the Trust Board and the Deputy Director of Workforce and Organisational Development is the nominated chair of the Trust's Equality and Diversity, and Health and Wellbeing Group.

The Trust works in partnership with its staff side representatives. Equality and diversity issues can be raised at any point but notably the Industrial Relations Group regularly reviews equality data and all Trust employment policies are agreed in partnership and are equality impact-assessed.

### *Equality objectives and statement of compliance with publication duties*

The Equality Act requires the Trust to publish its equality objectives. One of the organisational objectives relating to equality is to become an acknowledged regional leader in equality and diversity outcomes both for our patients and staff. This includes specific commitments to staff training, patient satisfaction levels and mitigating differential experiences reported in healthcare, and to become a national exemplar for the NHS Equality Delivery System.

### *The NHS Equality Delivery System*

Evidence of the Trust's performance across the outcomes of the NHS Equality Delivery System (EDS2) is being collected from a range of sources. Evidence collated to support the Trust's declarations of compliance with the Care Quality Commission's outcomes is useful in demonstrating compliance with elements of the Equality Delivery System 2, as is the Trust's Quality Report. Commitments made by the Trust to the principles of the NHS Constitution are also relevant and have been cited where appropriate.

The Trust continues its equality and diversity engagement by working with other local NHS trusts and the Commissioning Support Unit to ensure a co-ordinated and effective use of time and support from a range of individuals and stakeholders. This includes Healthwatch, the overview and scrutiny committees of local authorities covering the Trust's membership areas, and voluntary sector organisations representing people from protected groups. The Trust has also supported the recruitment of members of the public to assist with the implementation of EDS2 across the healthcare community.

Patient and public involvement activities during 2014/2015 reflect the Trust's commitment to improving patient access and experience. Engagement events have included patient forums, monthly discussion groups, patient experience cards, and events for people with dementia and their carers.

### *Training and the Equality Act*

Information about the Equality Act and wider principles of equality and diversity is included in the Trust Living the Values training, delivered as part of Trust induction and as bespoke sessions.

### *Equality and diversity in the workplace*

The Trust understands its obligations to ensure that people with disabilities are given equal opportunity to enter into employment and progress wherever possible. Recruitment procedures have been aligned with the Equality Act's requirements for good practice.

The Trust is part of the "Positive about Disabled People" scheme. This scheme commits the Trust to interview all applicants with a disability who meet the minimum criteria for a job vacancy and consider them on their skills, experience and knowledge.

The Trust takes steps through its redeployment policy to enable employees to remain in employment wherever possible. This includes working closely with the Occupational Health Department, Human Resources and external agencies such as Access to Work.

The Trust has a well-established Black & Minority Ethnic Staff Forum, and a Living and Working with a Disability, Illness or Injury Staff Forum.

### *Analysis of staff diversity profile*

The Trust's Equality and Diversity Report profiling of our staff has been updated to reflect information as at January 2015. Some of the key findings from the Trust's Workforce Monitoring information as at January 2015 is given below. Further information is included in the Public Sector Equality Duties report.

The Trust completes its annual statutory monitoring of equality and diversity in January each year. The outcome of which is published on the Trust's website. For consistency of reporting, this analysis has been summarised in the tables below:

<b>Gender</b>	<b>January 2015</b>	
	<b>Total</b>	<b>%</b>
Male	1,923	22.44%
Female	6,646	77.56%
TOTAL	8,569	100.00%

**Table 12**

<b>Ethnicity</b>	<b>January 2015</b>	
	<b>Total</b>	<b>%</b>
A - White - British	6,624	77.30%
B - White - Irish	115	1.34%
C - White - Any other White background	530	6.19%
D - Mixed - White & Black Caribbean	34	0.40%
E - Mixed - White & Black African	19	0.22%
F - Mixed - White & Asian	28	0.33%
G - Mixed - Any other mixed background	48	0.56%
H - Asian or Asian British - Indian	352	4.11%
J - Asian or Asian British - Pakistani	38	0.44%
K - Asian or Asian British - Bangladeshi	5	0.06%
L - Asian or Asian British - Any other Asian background	38	0.44%
M - Black or Black British - Caribbean	149	1.74%
N - Black or Black British - African	218	2.54%
P - Black or Black British - Any other Black background	62	0.72%
R – Chinese	38	0.44%
S - Any Other Ethnic Group	184	2.15%
Z - Not Stated	38	0.44%
TOTAL	8,569	100.00%

**Table 13**

<b>Disability</b>	<b>January 2015</b>	
	<b>Total</b>	<b>%</b>
No	8,036	93.78%
Not Declared	281	3.28%
Undefined	0	0.00%
Yes	252	2.94%
Total	8,569	100.00%

**Table 14**



Age Profile	January 2015	
	Total	%
16 – 20	65	0.76%
21 – 25	786	9.17%
26 – 30	1,237	14.44%
31 – 35	1,260	14.70%
36 – 40	1,110	12.95%
41 - 45	997	11.63%
46 – 50	1,036	12.09%
51 – 55	987	11.52%
56 – 60	718	8.38%
61 – 65	291	3.40%
66 – 70	67	0.78%
71 - 76	15	0.18%
Total	8,569	100.00%

**Table 15**

Religious Belief	January 2015	
	Total	%
Atheism	939	10.96%
Buddhism	49	0.57%
Christianity	3,493	40.76%
Hinduism	84	0.98%
Islam	143	1.67%
Jainism	2	0.02%
Judaism	10	0.12%
Sikhism	18	0.21%
Other	499	5.82%
I do not wish to disclose my religion/belief	3,332	38.88%
Total	8,569	100.00%

**Table 16**

Sexual Orientation	January 2015	
	Total	%
Bisexual	30	0.35%
Gay	47	0.55%
Heterosexual	5,567	64.97%
I do not wish to disclose my sexual orientation	2,891	33.74%
Lesbian	34	0.40%
TOTAL	8,569	100.00%

Table 17

### *Occupational health service*

The Trust hosts Avon Partnership NHS Occupational Health Service which provides an integrated occupational health service with the objective of making a positive impact on sickness absence through both healthy working environments and healthy management styles. The service works proactively, through consensus and evidence based practice, to enable staff to achieve and maintain their full employment potential within a safe working environment, thus enhancing the quality of their working lives. These services include: new employee surveillance; immunisations; Health at Work Advice and referrals; ill health referrals; and health and wellbeing support.

Of particular note is the introduction of an emotional resilience building programme for staff during 2014. An evaluation of the pilot programme showed that it supported significant reductions in anxiety, stress and depression in participants. Staff also have access to in-house counselling which supports them with emotional issues while in work. Likewise a direct support line for minor musculoskeletal disorders provides rapid access to support staff. The APOHS website continues to be developed to support Trust staff, managers and the wider community with advice and support about health and work.

### *Retirements due to ill health*

During the year ended 31 March 2015 there were 14 (2014: 12) early retirements from the Trust on the grounds of ill health. The estimated additional pension liabilities of these ill-health retirements will be £0.536m (2014: £0.904m). The cost of these ill health retirements will be borne by the NHS Business Services Authority – Pensions Division.

### *A safe working environment*

The overall strategy for health and safety in the Trust complies with the reviewed Health and Safety (Guidance) Document number 65: Managing for Health and Safety and the Occupational Health and Safety Standards (OHSS), which are implemented in full as the healthcare models for safety management systems.

Health and safety risk assessments, safe systems of work, practices and processes are managed at ward and department level to ensure that all key risks to compliance with the legislation have been identified and addressed. Health and safety is integral to the Trust's Risk Management Strategy, from which the five year Health and Safety Action Plan 2013 - 2018 has been developed. Progress against this is subject to annual review via an independent auditor – British Safety Council and monitored at Trust Health and Safety/Fire Safety Committee with summary reports to the Risk

Management Group. This year we achieved a 4 star (very good) rating out of a possible 5 stars. This is our benchmarking year with this auditor. In addition there is the annually reviewed risk management training matrix which identifies needs beyond the essential health and safety training requirements for all staff. It is based on the employee's role for example health and safety for executives/ senior managers or mandatory departmental needs for example manual handling risk assessors.

The annually reviewed risk management training prospectus and training delivery plan include all risk management training programmes. This is monitored by the Trust Health and Safety/ Fire Safety Committee for compliance each quarter.

***Sickness absence***

The table below shows sickness for the calendar year ending March 2015. The Trust-wide average sickness absence rate was 4.1 percent and there was an average of 9.2 days lost to absence per full time equivalent member of staff (FTE).

Statistics Produced from ESR (Electronic Staff Record)		Figures Converted in line with DH parameters, to Best Estimates of Required Data Items		
Average of 12 Months	Average FTE 2014/15	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
4.1%	7249	1,631,116	66,835	9.2

***Table 18***

### *Policies on counter-fraud and corruption*

The Trust Board of Directors takes the prevention and reduction of fraud very seriously and has policies in place to minimise the risk of fraud and corruption and procedures for reporting suspected wrongdoing.

The Trust encourages members of staff to report reasonable suspicions of irregularity as set out in its Speaking Out Policy (commonly known as a ‘whistle-blowing’ policy) and in the Standing Financial Instructions, and has declared that there will be no adverse consequences for an individual member of staff who genuinely does so. Following the outcome of the Francis Report and the Freedom to Speak Up review, the Trust has worked on revising the Speaking Out Policy to ensure this is enhanced to make it easier for members of staff and managers to use and implement to improve its effectiveness.

Counter-fraud awareness is regularly raised via the Trust’s communication systems which include posters in workplaces and the dissemination of counter-fraud newsletters.

Guidance for staff, which includes details of the counter-fraud strategy and policy, is also available on the Trust’s intranet, along with contact details for the Local Counter-Fraud Specialist and the NHS Fraud and Corruption reporting line.

The Trust works closely with local counter-fraud specialists to implement the NHS Counter Fraud and Security Management Service’s national strategy on countering fraud in the NHS and to ensure the Trust is working with the local counter fraud specialist in fully complying with NHS Protect and commissioner requirements.

Work is carried out across the four key areas of counter fraud activity:

- Strategic governance;
- Inform and involve;
- Prevent and deter; and,
- Hold to account.

### *External audit*

University Hospitals Bristol NHS Foundation Trust’s External Auditors are PricewaterhouseCoopers (PwC). The audit fee in relation to the statutory audit of the Trust for the year ended 31 March 2015 was £50,050 (excluding VAT). The audit fee in relation to the quality accounts was £9,100k (excluding VAT).

## 5. Remuneration Report

Details of the remuneration, salaries, allowances and pensions for senior managers of the Trust are set out in full in the Annual Accounts 2014/15 attached at Appendix D. For the purposes of the annual report, the definition of very senior manager is the Executive Directors of the Board. Accounting policies for pensions and other retirement benefits (which apply to all employees) are also contained in the Annual Accounts in Appendix D.

### *Remuneration of Executive Directors*

The remuneration and allowances, and the other terms and conditions of office of the Executive Directors are determined by the Remuneration and Nomination Committee which is established by the Board in accordance with Schedule 7 of the NHS Act 2006 (paragraph 18(2)), paragraph 30.3 of the University Hospitals Bristol NHS Foundation Trust Constitution, and the Monitor NHS Foundation Trust Code of Governance Provision D.1.

The Committee is attended by the Chief Executive and Director of Workforce and Organisational Development in an advisory capacity when appropriate, and is supported by the Trust Secretary to ensure it undertakes its duties in accordance with applicable regulation, policy and guidance.

In reviewing the suitability of pay and conditions of employment for very senior managers, the Committee takes account of the principles and provisions of the Foundation Trust Code of Governance, national pay awards, comparable employers, national economic factors and the remuneration of other members of the Trust's staff and the Trust's remuneration policy was revised in November 2014 to take into account this responsibility. Levels of remuneration are set to be sufficient to attract, retain and motivate directors of the quality and with the skills and experience required to lead the NHS foundation trust successfully, but the Trust also avoids paying more than is necessary for this purpose.

The Committee takes into account the ratio relationship between the remuneration of the highest-paid director in the organisation and the median remuneration of the organisation's workforce. This ratio is disclosed in the 'Hutton Review of Fair Pay' set out at note 6.7 of the Annual Accounts attached at Appendix D – Annual Accounts 2014/15.

In line with the Trust's remuneration policy, a very senior manager will be appointed as a Director and member of the Trust Board of Directors by the Remuneration and Nominations Committee of the Board. The Remuneration and Nomination Committee consists of all Non-executive Directors and the Chairman of the Trust Board of Directors. The Committee is chaired by the Vice Chair of the Trust. Details of membership and attendance are included on page 64.

### *Remuneration of Non-executive Directors*

The remuneration of the Chairman and Non-executive Directors is determined by the Governors' Nominations and Appointments Committee. The Committee is a formal Committee of the Council of Governors established in accordance with the NHS Act 2006, the University Hospitals Bristol NHS Foundation Trust Constitution, and the Monitor Foundation Trust Code of Governance and has responsibility to review the appointment, re-appointment removal, remuneration and other terms of service of the Chairman and Non-executive Directors.

Members of the Committee are appointed by the Council of Governors as set out in paragraph 9 of Annex 6 of the Trust's Constitution (Standing Orders of the Council of Governors). The membership includes eight elected public, patient or carer governors, two appointed governors, and two elected staff governors.

The Committee is chaired by the Chairman of the Trust in line with the Foundation Trust Code of Governance, and in his absence, or when the Committee is to consider matters in relation to the appraisal, appointment, re-appointment, suspension or removal of the Chairman, the Senior Independent Director.

The purpose of the Committee with regard to remuneration is to consider and make recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Chairman and other Non-executive Directors, and on a regular basis, monitor the performance of the Chairman and other Non-executive Directors. The Chairman and Non-executive Directors declined any increase in their remuneration in 2014/15.

### *Assessment of performance*

All Executive and Non-executive Directors are subject to individual performance review. This involves the setting and agreeing of objectives for a 12 month period running from 1 April to 31 March each year. During the year, regular reviews take place to discuss progress, and there is an end-of-year review to assess achievements and performance.

Executive Directors are assessed by the Chief Executive. The Chairman undertakes the performance review of the Chief Executive and Non-executive Directors. The Chairman is appraised by Senior Independent Director and rigorous review of this process is undertaken by the Governors' Nominations and Appointments Committee chaired for this purpose by the Senior Independent Director and advised by the Trust Secretary. No element of the Executive and Non-executive Directors' remuneration was performance-related in this accounting period.

### *Expenses*

Members of the Council of Governors and the Trust Board of Directors are entitled to expenses at rates determined by the Trust. Further details relating to the expenses for members of the Council of Governors and the Trust Board of Directors may be obtained on request to the Trust Secretary.

### *Duration of contracts*

All Executive Directors have standard substantive contracts of employment with a six-month notice provision in respect of termination. This does not affect the right of the Trust to terminate the contract without notice by reason of the conduct of the Executive Director.

### *Early termination liability*

Depending on the circumstances of the early termination, the Trust would, if the termination were due to redundancy, apply the terms under Section 16 of the Agenda for Change Terms and Conditions of Service; there are no established special provisions. All other Trust employees (other than Non-executive Directors) are subject to national terms and conditions of employment and pay.

### *Review of tax arrangements of public sector appointees*

The Trust's policy is that all individuals should be paid via the payroll system. Individuals can only be paid via invoice provided the Trust's 'paying contractors' procedure has been followed. This ensures that the appropriate employment checks have been made, an agreement detailing the terms of engagement has been issued and the individual has met HMRC's criteria for being self-employed. As part of this process, the duration of the contract and the daily rate is required to allow the monitoring of off-payroll engagements for more than £220 per day and that last for more than

six months. The agreement issued by resourcing always includes contractual clauses allowing the Trust to seek assurance as to the individual's tax obligations.

The decision to appoint board members or senior officials with significant financial responsibility through an off-payroll arrangement is made at a very senior level for exceptional operational reasons. Officers with significant financial responsibility are defined by the Trust as divisional board members or trust services directors.

The Trust's robust process for managing off-payroll arrangements allows the reporting of the highly paid off-payroll disclosure requirement below.

### *Off payroll engagements*

This section lists any off-payroll engagements entered into at a cost of more than £220 per day that last for longer than six months, and any off-payroll engagements of board members and/or senior officials with significant financial responsibility, during 2014/15.

**Table 19: All off-payroll engagements as of 31 March 2015, for more than £220 per day and that last for longer than six months**

No. of existing engagements as of 31 March 2015	1
Of which...	
No. that have existed for less than one year at time of reporting.	1
No. that have existed for between one and two years at time of reporting.	-
No. that have existed for between two and three years at time of reporting.	-
No. that have existed for between three and four years at time of reporting.	-
No. that have existed for four or more years at time of reporting.	-

The existing off-payroll engagement, outlined above, has been subject to the Trust's standard process including a HRMC self-employment check, letter of engagement and contract seeking assurance as to the individual's income tax and national insurance obligations.

**Table 20: All new off-payroll engagements, or those that reached six months in duration, between 1st April 2014 and 31 March 2015, for more than £220 per day and that last for longer than six months**

No. of new engagements, or those that have reached six months in duration, between 1 April 2014 and 31 March 2015.	-
No. of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations.	-
No of whom assurance has been requested	-
Of which...	
No. of whom assurance has been received	-
No. of whom assurance has not been received	-
No. that have been terminated as a result of assurance not being received.	-

**Table 21: Any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1st April 2014 and 31 March 2015**

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	-
No. of individuals that have been deemed “board members, and/or, senior officials with significant financial responsibility” during the financial year. The figure includes both off-payroll and on-payroll engagements.	18

***Statement that the Trust has complied with the cost allocation and charging guidance issued by HM Treasury***

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

***Significant judgements***

The Trust makes a number of accounting judgements when producing its statutory accounts. Those that are considered significant in terms of the level of estimation are set out below. They form part of the Trust’s accounting policies, which have been approved by the Audit Committee.

***Valuation of assets***

The District Valuer re-values the Trust’s land and buildings every five years on a depreciated replacement cost, Modern Equivalent Asset (MEA) valuation basis using professional standards issued by the Royal Institute of Chartered Surveyors and their own professional judgement. A full revaluation took place at 31st March 2014 by the District Valuer which was used in the 2013/14 annual accounts. In the intervening years, in line with HM Treasury’s Financial Reporting Manual, the District Valuer undertakes a desk-top review. The 2014/15 accounts values the land and buildings on this basis. The District Valuer continues to assess the value of significant new schemes when they come into use (see impairments below).

Plant and machinery is valued using depreciated historical cost as a proxy for fair value. The Trust considers that this is not materially different from the fair value of these assets.

The Audit Committee noted this judgment applied in the 2014/15 annual accounts and considered the methodology used to be appropriate.

***Impairment of assets***

When new or enhanced assets are brought into use the District Valuer’s formal valuation is compared with the total capitalised scheme cost and the difference is charged as an impairment to the Statement of Comprehensive Income.

Plant and equipment impairments are identified following a Trust assessment of whether there is any indication that an asset may be impaired e.g. obsolescence, physical damage or asset is idle. This is achieved through the rolling asset verification programme and the annual review of asset lives.

The Audit Committee noted this judgment applied in the 2014/15 annual accounts and considered the methodology used to be appropriate.



*Depreciation*

Depreciation is calculated from an estimate of the assets' lives. The District Valuer advises on the life of a new or enhanced property when it is brought into use and reassesses all property lives as part of their annual desk top exercise. Asset lives of new plant and equipment are advised by the Trust manager responsible for them, and are reviewed annually and adjusted as required.

The Audit Committee noted this judgment applied in the 2014/15 annual accounts and considered the methodology used to be appropriate.

## 6. NHS Foundation Trust Code of Governance

University Hospitals Bristol NHS Foundation Trust is a public benefit corporation and is required either to ‘comply’ with the practices set out in the NHS Foundation Trust Code of Governance or to ‘explain’ what suitable alternative arrangements it has in place for the governance of the Trust.

The NHS Foundation Trust Code of Governance (the Code), maintained by Monitor sets out an overarching framework for the governance of Foundation Trusts which aims to bring together best practice from a number of recognised references, including the UK Corporate Governance Code that sets out standards of good practice in relation to board leadership and effectiveness, remuneration, accountability and relations with shareholders for the private sector.

The Board is committed to the highest standards of good corporate governance and follows an approach that complies with the main and supporting principles of the Code. The Board of Directors ensures compliance with this Code through the arrangements that it puts in place for our governance structures, policies and processes and how it will keep them under review. These arrangements are set out in documents that include:

- The Constitution of the Trust;
- Standing orders;
- Standing financial instructions;
- Schemes of delegation and decisions reserved to the board;
- Terms of reference for the board of directors and council of governors and their committees;
- Role descriptions;
- Codes of conduct for staff, directors and governors;
- Annual declarations of interest; and
- Annual Governance Statement.

### *Compliance with the Code*

The revised Code applies from 1 January 2014 and is based on the principle of ‘comply’ or ‘explain’. Whilst none of the provisions are mandatory, Monitor recognises that departure from the provisions of the Code may be appropriate where an alternative approach better suits the particular circumstances of the Trust.

The Board has considered the extent to which the Trust satisfied the provisions of the Code and for the year ending 31 March 2015 the Board considers that it was fully compliant with the provisions of the Code, with the exception of paragraph A.5.12. Governors of UH Bristol are not provided with copies of the minutes of private Board meetings due to the confidential nature of business, however, are provided with a summary of discussion of business at Board meetings held in public and meetings of the Council of Governors, where appropriate.

### **6.1 Trust Board of Directors**

The Board of Directors is responsible for exercising all of the powers of the Trust; however, it has the option to delegate these powers to senior management and other committees. The Board sets the strategic direction within the context of NHS priorities, allocates resources, monitors performance against organisational objectives, ensures that clinical services are safe, of a high quality, patient-focused and effective, ensures high standards of clinical and corporate governance and, along with the Council of Governors, engages members and stakeholders to ensure effective dialogue with the communities it serves.

The Board is comprised of seven voting Executive Directors, including the Chief Executive and nine voting Non-executive Directors including a Non-executive Chairman. The Chairman and Non-Executive Directors are appointed by the Council of Governors via the Nomination and Appointments Committee for terms of office of up to three years and may seek reappointment in line with the provisions set out in the Code.

All of the Non-executive Directors are considered to be independent in character and in judgement. The Executive Directors are appointed on a substantive basis and all Directors undertake an annual appraisal process to ensure that the board remains focussed on the patient and delivering safe, high quality, patient centred care. Additional assurance of independence and commitment for those Non-executive Directors serving longer than six years is achieved via a rigorous annual appraisal and review process in line with the recommendations outlined in the Code. A report of the Governors' Nomination and Appointments Committee is detailed further in the report. The composition of the Board over the year is set out in tables 22 and 23.

The Board is accountable to stakeholders for the achievement of sustainable performance and the creation of stakeholder value through development and delivery of the Trust's long term vision, mission and strategy. The Board ensures that adequate systems and processes are maintained to deliver the Trust's annual plan, deliver safe, high quality healthcare, measure and monitor the Trust's effectiveness and efficiency as well as seeking continuous improvement and innovation. The Board delegates some of its powers to a committee of Directors or to an Executive Director and these matters are set out in the trust's scheme of delegation. Decision making for the operational running of the Trust is delegated to the executive management team.

There are specific responsibilities reserved by the entire Board, which includes approval of the Trust's long-term objectives and financial strategy; annual operating and capital budgets; changes to the Trust's senior management structure; the Board's overall 'risk appetite'; the Trust's financial results and any significant changes to accounting practices or policies; changes to the Trust's capital and estate structure; and conducting an annual review of the effectiveness of internal control arrangements.

### *Board Performance*

Boards of NHS Foundation Trusts are facing significant financial and operational challenges and we need to ensure that our oversight of care quality, operations and finance is robust in the face of uncertain future income, potential new models of care and resource constraints. Good governance is essential if we are to continue providing safe, sustainable and high quality care for patients.

The Francis Report led to major changes in the Care Quality Commission's regulatory regime, and to Monitor's and the NHS Trust Development Authority's routine oversight of NHS providers. The publication of Monitor's Well Led-Governance Review provided a framework for NHS foundation trusts to gain assurance that they are well led. This means that the leadership, management and governance of the organisation assures the delivery of high quality care for patients, supports learning and innovation and promotes an open and fair culture.

This will help us to continue to meet patients' needs and expectations in a sustainable manner under challenging circumstances. The framework is comprised of a self-assessment against 4 domains, 10 high level questions and a body of 'good practice' outcomes and evidence that can be used to assess governance. The self-assessment is used to establish if Trust processes and overall organisational culture are fit for purpose. As Monitor requires all Foundation Trusts to undertake an independent

review of governance every three years, we took an opportunity to commission Deloitte to review our self-assessment against the framework with a view to identifying areas of improvement to ensure we continue to have a strong platform on which to set strategy, lead the organisation and be truly accountable to stakeholders in the future. The outcome of the independent assessment of Well-Led Governance Review will be available later in 2015.

The Board has undertaken a significant amount of work over the past year to improve its approach to quality governance which is the combination of structures and processes to ensure the delivery of high quality care. This involved looking at how we report and triangulate performance outcomes across the organisation, taking action on sub-standard performance and driving continuous improvement, ensuring delivery of best-practice, and identifying and managing risks to quality of care.

### *Members of the Board of Directors*

Our Board is satisfied that it has the appropriate balance of knowledge, skills and experience to enable it to carry out its duties effectively. This is supported by the Council of Governors which takes into consideration the collective performance of the board via the Nomination and Appointments Committee. Throughout the year the Trust has seen the resignation of Iain Fairbairn and Kelvin Blake, Non-executive Directors, but has made two additional appointments to ensure the balance of the Board is maintained. Further details are provided within the Governors' Nomination and Appointments Committee report detailed further in the report.

Details of company directorships and other significant interests held by Directors or Governors which may conflict with their management responsibilities are registered and reviewed on an annual basis. The Chairman had no other significant commitments to disclose. Registers are available from the Trust Secretary, Trust Secretariat, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU.

All members of the Board are required to declare their interests on an on-going basis to ensure registered interests are up to date. The directors declare any interests before each Board and committee meeting which may conflict with the business of the trust and excuse themselves from any discussion where such conflict may arise. The Trust is satisfied with the independence of the Board for the entire year.

The table below sets out the names, appointment dates and tenure of the Chairman, Vice Chair, Senior Independent Director and Non-executive Directors of the University Hospitals NHS Foundation Trust Board of Directors.

<b>Non-executive Directors</b>	<b>Appointment</b>	<b>End of 1<sup>st</sup> Term of Office</b>	<b>End of 2<sup>nd</sup> Term of Office</b>	<b>End of 3<sup>rd</sup> Term of Office</b>
John Savage, CBE – Chairman	01 June 2008	31 May 2011	31 May 2014	31 May 2017 (subject to annual review)
Emma Woollett – Vice Chair/Senior Independent Director	01 June 2008	31 May 2011	31 May 2014	31 May 2017 (subject to annual review)
Iain Fairbairn – Senior Independent Director	01 June 2008 <sup>12</sup>	31 May 2011	31 May 2014 (resigned)	N/A
Lisa Gardner – Non-executive Director	01 June 2008 <sup>12</sup>	31 May 2011	31 May 2014	31 May 2017 (subject to annual review)

<b>Non-executive Directors</b>	<b>Appointment</b>	<b>End of 1<sup>st</sup> Term of Office</b>	<b>End of 2<sup>nd</sup> Term of Office</b>	<b>End of 3<sup>rd</sup> Term of Office</b>
Anthony (Guy) Orpen – Non-executive Director	02 May 2012	01 May 2015	N/A	N/A
Kelvin Blake – Non-executive Director	01 November 2008	31 October 2011	31 October 2014 (resigned)	N/A
John Moore – Non-executive Director	01 January 2011	31 December 2013	31 December 2016	N/A
Alison Ryan - Non-executive Director	28 November 2013	27 November 2016	N/A	N/A
David Armstrong – Non-executive Director	28 November 2013	27 November 2016	N/A	N/A
*Jill Youds – Non-executive Observer <sup>16</sup>	28 November 2013	27 November 2016	N/A	N/A
Jill Youds – Non-executive Director	1 <sup>st</sup> November 2014	31 <sup>st</sup> October 2017	N/A	N/A
*Julian Dennis – Non-executive Observer <sup>16</sup>	28 November 2013	27 November 2016	N/A	N/A
Julian Dennis – Non-executive Director	1 <sup>st</sup> June 2014	31 <sup>st</sup> May 2017	N/A	N/A

**Table 22:** \* These Non-executive Directors were appointed during 2014/15. Jill Youds and Julian Dennis were formally appointed as Non-executive Directors following a period as Non-Executive Observer during 2013/14. All Non-executive appointments and re-appointments during the year were approved by the Council of Governors.

The table below sets out the names, offices, appointment dates and tenure of the Executive Directors of the University Hospitals NHS Foundation Trust Board of Directors:

<b>Executive Directors</b>	<b>Appointment</b>	<b>End of Term of Office</b>	<b>Notice Period</b>
Robert Woolley, Chief Executive	08 September 2010	Not applicable	6 months
Paul Mapson, Director of Finance and Information	01 June 2008	Not applicable	6 months
Deborah Lee, Director of Strategic Development	4 February 2011	Not applicable	6 months
Sean O’Kelly, Medical Director	18 April 2011	Not applicable	6 months
James Rimmer, Chief Operating Officer	04 July 2011	Not applicable	6 months
Sue Donaldson, Director of Workforce and Organisational Development	04 November 2013	Not applicable	6 months
Carolyn Mills, Chief Nurse	06 January 2014	Not applicable	6 months

**Table 23**

In line with the recommendation by the Local Counter Fraud Service (Counter Fraud) the names of all Trust Directors (Executive and Non-executive) are cross-referenced with the Disqualified Directors Register on the Companies House website on an annual basis. It can be confirmed that as

at the date of this report, none of the above mentioned Directors appeared on the Disqualified Directors' Register.

### *Directors' interests*

Members of the Board of Directors are required to disclose details of company directorships or other material interests in companies held which may conflict with their role and management responsibilities at the Trust. The register also contains any significant commitments of the Chairman and any changes to these during the year. The Trust Secretary maintains a register of interests, which is available to members of the public by contacting the Trust Secretariat, contact details are shown in Appendix B.

### *Meetings of the Board*

The Board met on 13 occasions both in public and in private to discharge its duties and to consider a comprehensive annual cycle of reports and business to be transacted. Membership and attendance at Board and Committee meetings is set out in table 24 at of this report.

## **6.2 Committees of the Trust Board of Directors**

The Board has established the three statutory committees required by the NHS Act 2006 and the Foundation Trust Constitution. The Directors Nominations and Appointments Committee, the Remuneration Committee and the Audit Committee each discharge the duties set out in the Foundation Trust Constitution and their Terms of Reference as set out below. It should be noted that the Board of Directors approved the amalgamation of the Remuneration Committee and Directors' Nominations and Appointments Committee in November 2014. Further information is contained in the Remuneration and Nominations Committee and Nomination and Appointments Committee reports.

The Board has chosen to deploy two additional designated committees to augment its monitoring, scrutiny, and oversight functions, particularly with respect to quality and outcomes and financial management. These are the Quality and Outcomes Committee and the Finance Committee. The role, functions and summary activities of the Board's committees are described below. Membership and attendance at Board and Committee meetings is set out in table 24 of this report.

### **(a) Directors Nominations and Appointments Committee**

The purpose of the Directors' Nominations and Appointments Committee is to conduct the formal appointment to, and removal from office, of Executive Directors of the Trust, other than the Chief Executive (who is appointed or removed by the Non-executive Directors subject to approval by the Council of Governors). The committee also gives consideration to succession planning for Executive Directors, taking into account the challenges and opportunities facing the Trust, and the skills and expertise that will be needed on the Board of Directors in the future.

### **(b) Remuneration Committee and Directors' Nomination and Appointments Committee**

The purpose of the Remuneration Committee is to decide the remuneration and allowances, and the other terms and conditions of office, of the Executive Directors, and to review the suitability of structures of remuneration for senior management. The Committee is chaired by the Vice-Chair and Senior Independent Director and is attended by all Non-executive Directors. The Committee is attended by the Chief Executive and Director of Workforce and Organisational Development in an

advisory capacity when appropriate, and is supported by the Trust Secretary to ensure it undertakes its duties in accordance with applicable regulation, policy and guidance.

The committee met on two occasions in the reporting period to consider the annual review of Executive Director's performance, objectives for 2014/15 and current remuneration levels and the role of both of the Remuneration and Nomination and Appointments Committee in the future.

The Remuneration Committee carried out an annual review of Executive Director remuneration which took into account national guidance and market benchmarking analysis as well as size of portfolios and performance and considered whether any adjustments need to be made to the current remuneration arrangements. The Committee agreed that given the current climate, the 1 percent pay increase for Executive members of the Board would not be supported at the current time.

The Committee also took an opportunity to review the Executive Director portfolios supported by a comprehensive assessment of individual performance review of individual members of the executive Team. The Chairman provided a review of the performance of the Chief Executive as part of this process. On review of Executive Director portfolios, it was acknowledged that a view of the Executive team as a corporate function would provide valuable insight into the composition and strength of the Board and the appraisal documentation for Executive Directors has been updated to reflect this as well as strengthening the opportunity to provide more reflective feedback as part of the performance review.

Finally, the Committee reviewed the Trust's remuneration policy and noted significant clarity in terms of alignment to the requirements of the Code. As part of the review of this policy, the significant overlap of responsibilities and duties of both the Remuneration Committee and Directors' Nomination and Appointments Committee was acknowledged. A recommendation was therefore made to the Board, and subsequently approved, that the Committee's be amalgamated to ensure an effective approach to Board remuneration, composition, effectiveness and development could be maintained going forward. The benefits of this new approach has been manifested already with regard to increased attendance and involvement from all Non-executive Directors, reviews of Executive Director portfolios and the implementation of an improved appraisal process for Executive Directors.

### **(c) Audit Committee**

The primary purpose of the Audit Committee is to provide oversight and scrutiny of the Trust's governance, risk management, internal financial control and all other control processes, including those related to quality and performance. These controls underpin the Trust's Assurance Framework so as to ensure its overall adequacy, robustness and effectiveness. This addresses risks and controls that affect all aspects of the Trust's day to day activity and reporting.

Additional oversight and scrutiny, in particular relating to quality and patient care performance is also provided through the Quality and Outcomes Committee and Finance Committee and information is triangulated from all three forums to ensure appropriate oversight and assurance can be provided to the Board in line with the Committee's delegated authority. The day to day performance management of the Trust's activity, risks and controls is however the responsibility of the Trust's Executive.

The Audit Committee is comprised of not less than four Non-executive Directors and is chaired by a Non-executive Director who is considered to have recent and relevant financial experience. The committee met on five occasions during the year with the Chief Executive, Director of Strategic Development, other trust officers and the Internal and External Auditors in attendance. Meeting

attendance is detailed in table 24. The Chair of the committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

The Committee reviews the effectiveness of systems of governance, risk management and internal control across the whole of the Trust's activities, and is responsible for providing the Board with assurance on how these activities are implemented, the adequacy of Audit plans and performance against these and the committee's review of accounting policies and the annual accounts.

Three Non-Executive Directors also serve on the Quality and Outcomes Committee or Finance Committee as well as the Audit Committee to allow for triangulation of related intelligence when considering processes and outcomes. Terms of Reference of all Board committees are published in the public domain.

During 2014/15, the Audit Committee reviewed the Annual Report and Accounts including the Annual Governance Statement together with the Head of Internal Audit statement and External Audit opinion.

The Trust appointed PriceWaterhouseCooper as External Auditors in July 2012. In order to ensure that the independence and objectivity of the External Auditor is not compromised, the Trust has in place a policy that requires the Committee to approve the arrangements for all proposals to engage the External Auditors on non-audit work. The External Auditors did not undertake any non-audit work during the period. PwC has also provided a statement of the perceived threats to independence and a description of the safeguards in place.

Both at the date of presenting the audit plan and at the conclusion of their audit, PwC confirmed that in its professional judgement, they are independent accountants with respect to the Trust, within the meaning of UK regulatory and professional requirements and that the objectivity of the audit team is not impaired. Together with the safeguards provided by PwC, the Audit Committee accepts these as reasonable assurances of continued independence and objectivity in the audit services provided by PwC within the meaning of the UK regulatory and professional requirements.

The duty to appoint the External Auditors lies with the Council of Governors. It is acknowledged that the existing contract will expire on 30<sup>th</sup> June 2015 and a review the performance of the External Auditors was undertaken by the Committee in March 2014. The Audit Committee discussed the work undertaken by the External Auditors and agreed an overall positive view regarding their performance. Therefore, a recommendation will be submitted to the Council of Governors in April 2015 to extend the contract for External Audit services by a further period of 12 months.

The trust's Internal Audit and Counter Fraud function is provided by Audit South West through a consortia arrangement. The Audit Committee agreed the Strategic Audit Plan and received regular reports throughout the year to assist in evaluating and continually improving the effectiveness of risk management and internal control processes in the trust.

The committee sought reports and assurances from Directors and managers as appropriate, concentrating on the over-arching systems of governance, risk management and internal control, together with indicators of their effectiveness. Notably, the committee received assurance with regard to risk management and Trust wide systems and processes relating to the procurement service.

Additionally during the year, the Audit Committee continued to review the Clinical Audit function and its increased focus on improved patient outcomes and research.



### *Audit Committee Chair's opinion and report*

In support of the Chief Executive's responsibilities as Accountable Officer for the Trust, the Audit Committee has examined the adequacy of systems of governance, risk management and internal control within the Trust. From information supplied, the Committee has formed the opinion that there is a generally adequate framework of control in place to provide reasonable assurance of the achievement of objectives and management of risk.

Assurances received are sufficiently accurate, reliable and comprehensive to meet the Accountable Officer's needs. Provision of reasonable assurance and governance, risk management and internal control arrangements within the Trust includes aspects of excellence and there is on-going attention to control improvement where these are considered suitable. Further detail on the Trust's systems of internal control is provided in the Annual Governance Statement.

Financial controls are adequate to provide reasonable assurance against material misstatement or loss, and the quality of both Internal Audit and External Audit over the past year has been satisfactory.

The Committee received assurance that the Internal Audit function remained adequate by reviewing and approving the Internal Audit and Counter Fraud strategy and ensuring that it remained consistent with the audit needs of the Trust and also took into consideration the content of the Board Assurance Framework. The Committee also received the Internal Audit and Counter Fraud Annual Report which provided assurance of the service delivered throughout the year. Both the Internal Audit Team and External Auditors have unrestricted access to the Chair of the Audit committee.

The Committee received regular Internal Audit progress reports which highlighted progress against Internal Audit recommendations from all reports carried out during the period and the Committee received periodic updates from the Chief Executive on areas where slippage against target dates had occurred.

With regard to specific areas of concern and high risk, the Committee has taken an opportunity during the past year to establish stronger controls to ensure that high risks are managed and addressed appropriately throughout the organisation. Regular reports are delivered to the Trust's Senior Leadership Team, chaired by the Chief Executive, to highlight slippages of recommendations from Internal Audit reports. This has strengthened the ability to hold individuals to account and allow the Audit Committee increased sightedness on issues at divisional and operational level. The Committee has received high level assurance on the following key areas throughout 2014/15:

- Business Continuity Action Planning
- Processes and controls for ensuring appropriate management of invoices
- Controls assurance within Accounting Services and training of budget holders
- Controls assurance relating to Single Tender Actions and associated reporting processes
- Information Governance Training
- Controls assurance for governance arrangements for policy and document management
- Assurance with regard to Non-Purchase Order purchases and procurement policies to ensure that the Trust obtains the best value for money

In summary, the Audit Committee has acknowledged the work of the executive particularly in a year of operational and financial challenge and the Committee has been encouraged to witness the drive and ambition to provide high quality care. The Committee will continue to support the Trust to ensure that systems of internal control and risk management both support and encourage this ambition through collaborative working with Internal and External Audit colleagues.

#### **(d) Quality and Outcomes Committee**

The Quality and Outcomes Committee was established by the Trust Board of Directors to support the Board in discharging its responsibilities for monitoring the quality and performance of the Trust's clinical services and patient experience. This includes the fundamental standards of care (as determined by Care Quality Commission), national targets and indicators (as determined by the Monitor Risk Assessment Framework) and patient reported experience and serious incidents. The Committee is attended by three Non-executive Directors of the Board, one of whom is the Chair, and is regularly attended by the Chief Nurse, Medical Director, Chief Operating Officer and Director of Workforce and Organisational Development. The Committee is also supported by the Trust Secretary in an advisory role.

The committee reviews the outcomes associated with clinical services and patient experience and the suitability and implementation of performance improvement and risk mitigation plans with particular regard to their potential impact on patient outcomes. The committee is also required, as directed by the Board from time to time, to consider issues relating to performance where the Board requires this additional level of scrutiny. One example of this role in the year is the committee's monitoring the progress of the actions set out in the Care Quality Commission Action Plan and recommendations which followed their inspection in September 2014.

During the course of the year, the committee met on 11 occasions and considered a set of standard reports as follows:

- The Risk Assessment framework monitoring and declaration report;
- The quality and performance report;
- The corporate risk register;
- The Care Quality Commission action plan progress report;
- The clinical quality group meeting report (including clinical audit);
- Complaints and patient experience reports; and
- Serious Incident Reports and Never Events.

Ad hoc reports were also requested and received on particular areas of concern to the Committee. During 2014/15, the Chair of the Committee has worked closely with Executive members of the Board to improve significantly the quality of serious incident reporting including never events, and how the Trust can demonstrate Trust wide learning from such incidents. The Quality and Outcomes Committee is currently in the process of reviewing the quality and performance reporting and terms of reference to ensure that the Committee remain sighted on the appropriate and relevant information and indicators. This outcome of this review will lead to improved reporting mechanisms and assurance and oversight provided to the Board and increased sightedness on divisional quality governance.

#### **(e) Finance Committee**

The Finance Committee has delegated authority from the Trust Board of Directors, subject to any limitations imposed by the Schedule of Matters Reserved to the Board, to review and make such arrangements as it considers appropriate on matters relating to:

- Control and management of the finances of the Trust;
- Target level of cash releasing efficiency savings and actions to ensure these are achieved;
- Budget setting principles;
- Year-end forecasting;
- Commissioning; and
- Capital planning.

The Finance Committee met on 12 occasions in the course of this reporting period. The Chair of the committee submitted a verbal report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

#### *Membership and attendance at Board and Committee meetings*

The Trust Board of Directors discharged its duties during 2014/15 in 12 private and public meetings, and through the work of its committees. The table below shows the membership and attendance of Directors at meetings of the Trust Board of Directors and Board committees. A figure of zero (0) indicates that the individual was not a member and 'C' denotes the Chair of the Board or committee.

	Trust Board of Directors	Remuneration & Nomination Committee	Audit Committee	Quality & Outcomes Committee	Finance Committee
<b>Number of meetings</b>	13	4	5	12	12
<b>Chairman</b>					
John Savage	C12	4	0	10	10
<b>Chief Executive</b>					
Robert Woolley	13	3	4	0	8
<b>Non-executive Directors</b>					
Emma Woollett	12(C1)	C4	4	8	5 (C1)
Iain Fairbairn	2	0	1	0	0
Lisa Gardner	9	2	3	1	C11
Kelvin Blake	2	0	0	0	4
John Moore	10	1	C5	3	0
Anthony (Guy) Orpen	12	0	0	0	0
Alison Ryan	12	2	4	C11	0
David Armstrong	10	3	0	4	7

Jill Youds	12	4	1	8	11
Julian Dennis	11	4	2	10	1
<b>Executive Directors</b>					
Paul Mapson	13	0	5	0	12
Deborah Lee	9	0	1	3	2
Sean O'Kelly	12	0	2	9	0
James Rimmer	12	0	0	9	10
Carolyn Mills	10	0	1	8	1
Sue Donaldson	11	0	0	12	1

**Table 24*****Qualification, appointment and removal of Non-executive Directors***

Non-executive Directors and the Chair of the Trust are appointed by the Governors at a general meeting of the Council of Governors. The recruitment, selection and interviewing of candidates is overseen by the Governors' Nominations and Appointments Committee which also makes recommendation to the Council of Governors for the appointment of successful candidates. The Foundation Trust Constitution requires that Non-executive Directors are members of the public or patient constituencies.

Removal of the Chair or any other Non-executive Director is subject to the approval of three-quarters of the members of the Council of Governors.

***Business interests***

Governors are required to disclose details of company directorships or other material interests which may conflict with their role as Governors. The Trust Secretary maintains a register of interests, which is available to members of the public by contacting the Trust Secretary at the address given in Appendix B of this report.

***Performance of the Board and Board Committees***

The Trust Board of Directors undertakes regular assessments of its performance to establish whether it has adequately and effectively discharged its role, functions and duties during the preceding period.

Throughout the year, the Board adhered to a comprehensive cycle of reporting, maintained the review of the Board Assurance Framework and Corporate Risk Register, and undertook the development programme established during the previous performance assessment, consisting of a series of Board Development Workshops.

The findings of Internal Audit combined with the Head of Internal Audit Opinion set out in the Annual Governance Statement support the Board's conclusions as to the efficacy of their performance.

The 'Well-led framework for governance reviews' was published in May 2014, as a result of collaboration between Monitor, the Care Quality Commission and the NHS Trust Development Authority. The Board completed the comprehensive self-assessment during December 2014. The review will enable the Trust to build on any learning from the CQC comprehensive inspection

associated with the 'Well-led' key line of enquiry and presents significant further opportunities to test the extent to which good governance is embedded within the organisation.

As Monitor requires all Foundation Trusts to undertake an independent review of governance every three years, the Board took an opportunity to commission Deloitte to review the self-assessment against the framework with a view to identifying areas of improvement to ensure we continue to have a strong platform on which to set strategy, lead the organisation and be truly accountable to stakeholders in the future. The outcome of the independent assessment of well-led governance review will be available in June 2015.

### **6.3 Council of Governors**

NHS Foundation Trusts are 'public benefit corporations' and are required by the National Health Service Act 2006 to have a Council of Governors (the Council), the general duties of which are to:

- Hold the Non-executive Directors individually and collectively to account for the performance of the board of directors; and
- Represent the interests of the members of the corporation as a whole and the interests of the public

The Council is responsible for regularly feeding back information about the Trust's vision, strategy and performance to their constituencies and the stakeholder organisations that either elected or appointed them. The Council discharges a further set of statutory duties which include appointing, re-appointing and removing the Chairman and Non-executive Directors, and approving the appointment and removal of the Trust's External Auditor.

The Council and Board of Directors communicate principally through the Chairman who is the formal conduit between the two corporate entities. Clear communication between the Board and the Council is further supported by governors regularly attending meetings of the Board, and Executive and Non-executive Directors regularly attending meetings of the Council.

The Board of Directors may request the Chair to seek the views of the Council of Governors on any matters it may determine. Communications and consultations between the Council of Governors and the Board include: the Trust's Annual Plan; strategic proposals; clinical and service priorities; proposals for new capital developments; engagement of the Trust's membership; performance monitoring; and reviews of the quality of the Trust's services.

The Board of Directors present the Annual Accounts, Annual Report and Auditor's Report to the Council of Governors at the Annual Members' Meeting.

The Council of Governors has developed a good working relationship with the Chairman and Directors, and through the forums of governors' project groups, development seminars and informal meetings, Governors are provided with information and resources to enable them to engage in a challenging and constructive dialogue with the Trust Board of Directors.

#### ***Meetings of the Council of Governors***

Meetings of the Council of Governors are scheduled to follow the Board meetings held in public, and good attendance by Governors at both has meant Governors are kept up to date on current matters of importance and have the opportunity to follow up on queries in more detail with all members of the Board.

There were four Council of Governors meetings in the year, and in addition to being attended by Governors and the Trust Board, they are also open to members and the general public, including the Annual Members' Meeting.

All governor and membership meetings and activities formally report into the Council of Governors meetings, with many of these updates led by governors. There is also a standing agenda item of an update from the Chief Executive, providing an opportunity to brief governors on the significant issues facing the Trust, provide updates on developments and report on performance. During the year the structure of the agenda for the meeting of the Council of Governors was amended to allow more time for governors' questions and discussion. This has proven to be valued by governors and Board members alike, and has helped to provide greater interaction between the two groups.

Membership and attendance at Council of Governors meetings is set out in table 25 of this report.

Further comment on the interaction of the Council of Governors and the Trust Board of Directors is provided in the Annual Governance Statement included in Appendix E of this report.

### **(a) Governors' Nominations and Appointments Committee**

The Governors' Nominations and Appointments Committee is a formal Committee of the Council of Governors established in accordance with the NHS Act 2006, the University Hospitals Bristol NHS Foundation Trust Constitution, and the Monitor Foundation Trust Code of Governance for the purpose of carrying out the duties of governors with respect to the appointment, re-appointment removal, remuneration and other terms of service of the Chairman and Non-executive Directors.

The Committee met on three occasions during the course of the year to consider the performance of the Chairman and those Non-executive Directors due for re-appointment in the period. The Committee was chaired by the Senior Independent Director for the purposes of performance evaluation and appraisal of the Chairman.

In February 2015 the Nominations and Appointments Committee took an opportunity to review the process for appraisal / annual review of performance for individual Non-Executive Directors and the Chairman. The process involved a self-assessment against the core competencies of an NHS Foundation Trust Non-Executive Director and 360 degree approach to seeking feedback from Non-Executive Director colleagues, Executive Directors and individual members of the Council of Governors. It was agreed by the Council of Governors that a more robust, comprehensive method of reviewing the performance annually of Non-Executive Directors and the Chairman would support their statutory duty to hold the Non-Executive Directors individually and collectively to account.

In addition to their statutory duty, Monitor's Code of Governance states that the Board of Directors should undertake a formal, rigorous annual evaluation of its own performance and of its committees and of its individual Directors. Due to the continuing growth and challenges faced by the organisation and the ambitious strategic direction of the Trust, a robust process for individual Board member performance and development should be embraced by the Board as a whole. The process has also helped to support a reflective approach to providing feedback on areas of strength, areas for improvement and opportunities for training and development.

The Trust acknowledged the dedication and commitment from Iain Fairbairn and Kelvin Blake during their terms as Non-Executive Directors and the position of Senior Independent Director also held by Iain Fairbairn, following the end of their term of office in 2014. Therefore, the Council of Governors, following a recommendation from the Nomination and Appointments Committee appointed Emma Woollett as Senior Independent Director of the Board. The Council of Governors

also confirmed the appointment of Jill Youds and Julian Dennis as Non-Executive Directors following a period as Non-Executive Director observers, a position put in place to support the succession planning for Non-Executive Directors.

A recommendation was also submission to the Council of Governors by the Committee, and was subsequently supported, to re-appoint Lisa Gardner for a further three-year term subject to annual rigorous review in line with the requirements outlined in the Code.

### *Membership and attendance at Council of Governors meetings*

A figure of zero (0) indicates that the individual was not a member or that their attendance was not mandatory. 'C' denotes the Chair of the Council of Governors or Committee.

	<b>Council of Governors</b>	<b>Governors Nominations and Appointments Committee</b>
<b>Number of meetings</b>	<b>4</b>	<b>3</b>
<b>Chairman</b>		
John Savage	<b>C4(4)</b>	<b>C3(3)</b>
<b>Governors</b>		
<b>Public South Gloucestershire</b>		
Pauline Beddoes	3(4)	0(0)
Tony Tanner	2(4)	0(0)
<b>Public North Somerset</b>		
Anne Ford (until 31/5/14)	1 (1)	0(0)
Graham Briscoe (from 1/6/14)	0(3)	0(0)
Clive Hamilton	4(4)	0(0)
<b>Public Bristol</b>		
Ken Booth (until 31/5/14)	1(1)	0(0)
Bob Bennett (from 1/6/14)	3(3)	0(0)
Glyn Davies (until 31/12/14)	2(3)	0(0)
Sylvia Townsend (from 9/3/15)	0(0)	0(0)
Brenda Rowe	4(4)	0(0)
Mo Schiller	3(4)	3(3)
Sue Silvey	4(4)	3(3)
<b>Public (Rest of England and Wales)</b>		
Mani Chauhan	1(4)	0(0)
Tony Rance	3(4)	0(0)
<b>Local Patient Governors who live in Bristol, North Somerset and South Gloucestershire</b>		
Edmund Brooks (from 1/6/14)	2(3)	0(0)

Peter Holt (until 31/5/14)	0(1)	0(0)
Angelo Micciche	3(4)	0(0)
Ray Phipps (from 9/3/15)	0(0)	0(0)
Anne Skinner	3(4)	2(3)
John Steeds	3(4)	3(3)
Elliott Westhoff (until 12/1/15)	2(3)	0(2)
Pam Yabsley	3(4)	2(3)
<b>Carers of patients 16 years and over</b>		
Wendy Gregory	4(4)	2(3)
Sue Milestone	2(4)	0(0)
<b>Carers of patients under 16 years</b>		
Philip Mackie	4(4)	3(3)
Lorna Watson	1(4)	0(0)
<b>Staff Non-clinical Healthcare Professional</b>		
Karen Stevens (from 1/6/14)	3(3)	0(0)
Nick Marsh (from 1/6/14)	2(3)	0(0)
<b>Staff Other Clinical Healthcare Professional</b>		
Terrence Flawn (until 31/05/14)	0(1)	0(0)
Thomas Davies (from 1/6/14)	3(3)	0(0)
<b>Staff Medical and Dental</b>		
Ian Davies	1(4)	0(3)
<b>Staff Nursing and Midwifery</b>		
Florene Jordan	3(4)	3(3)
Ben Trumper	3(4)	0(0)
<b>Appointed Governors</b>		
Marc Griffiths	4(4)	1(2)
Tim Peters	4(4)	0(0)
Sylvia Townsend (until 31/5/14)	1(1)	0(0)
Bill Payne (from 1/7/14)	2(3)	0(0)
Joan Bayliss (until 31/5/14)	1(1)	0(0)
Sue Hall (from 1/6/14)	2(3)	0(0)
Jim Petter	2(3)	0(0)
Jeanette Jones	4(4)	3(3)
Abbas Akram	2(4)	0(0)



Lukon Miah	2(4)	0(0)
<b>Non-Executive Directors</b>		
Emma Woollett	4(0)	0(0)
Lisa Gardner	0(0)	0(0)
John Moore	2(0)	0(0)
Guy Orpen	0(0)	0(0)
Iain Fairbairn (until 31/05/14)	1(0)	0(0)
Kelvin Blake (until 31/10/14)	1(0)	0(0)
Alison Ryan	4(0)	0(0)
David Armstrong	4(0)	0(0)
Julian Dennis	2(0)	0(0)
Jill Youds	4(0)	0(0)
<b>Executive Directors</b>		
Robert Woolley	4(0)	0(0)
Deborah Lee	2(0)	0(0)
James Rimmer	3(0)	0(0)
Sean O'Kelly	4(0)	0(0)
Paul Mapson	1(0)	0(0)
Sue Donaldson	4(0)	0(0)
Carolyn Mills	3(0)	0(0)

**Table 25*****Attendance at meetings of the Governor Project Focus Groups***

In 2014/15 the Governor Project Groups went further to deliver on their objectives of providing formal engagement for governors on matters of constitution (including membership), strategy and planning, and quality and performance monitoring. Each group has an Executive and Governor Lead, and reports back to the Council of Governor meetings.

Work will continue in the coming year to strengthen the programme for each group, to make sure it is informative and interactive, but also reflective of the trust vision and corporate strategy and objectives.

Attendance at the groups is not mandatory, however, is provided in the table below. 'C' denotes the Chair of the group:

	Strategy Group	Quality Project Focus Group	Constitution Project Focus Group
<b>Number of meetings</b>	<b>5</b>	<b>7</b>	<b>3</b>
<b>Focus Group Chair</b>			
<b>Carolyn Mills (joint chair)</b>	0(0)	<b>JC6(7)</b>	0(0)
<b>Sean O'Kelly (joint chair)</b>	0(0)	<b>JC6(7)</b>	0(0)
<b>David Relph</b>	<b>C5(5)</b>	0(0)	0(0)
<b>Julie Dawes/ Debbie Henderson</b>	0(0)	0(0)	<b>C3(3)</b>
<b>Governors</b>			
<b>Public South Gloucestershire</b>			
Pauline Beddoes	1(0)	1(0)	0(0)
Tony Tanner	0(0)	0(0)	0(0)
<b>Public North Somerset</b>			
Anne Ford (until 31/5/14)	2(0)	0(0)	0(0)
Graham Briscoe (from 1/6/14)	3(0)	3(0)	1(0)
Clive Hamilton	3(0)	7(0)	3(0)
<b>Public Bristol</b>			
Ken Booth (until 31/5/14)	0(0)	0(0)	0(0)
Bob Bennett (from 1/6/14)	4(0)	4(0)	1(0)
Glyn Davies (until 31/12/14)	0(0)	0(0)	0(0)
Sylvia Townsend (from 9/3/15)	0(0)	0(0)	0(0)
Brenda Rowe	2(0)	2(0)	0(0)
Mo Schiller	3(0)	5(0)	3(0)
Sue Silvey	4(0)	5(0)	3(0)
<b>Public (Rest of England and Wales)</b>			
Mani Chauhan	0(0)	0(0)	0(0)
Tony Rance	0(0)	0(0)	1(0)
<b>Local Patient Governors who live in Bristol, North Somerset and South Gloucestershire</b>			
Edmund Brooks (from 1/6/14)	0(0)	1(0)	0(0)
Peter Holt (until 31/5/14)	1(0)	1(0)	(0)
Angelo Micciche	4(0)	5(0)	3(0)
Ray Phipps (from 9/3/15)	0(0)	0(0)	0(0)
Anne Skinner	2(0)	3(0)	1(0)

John Steeds	4(0)	5(0)	3(0)
Elliott Westhoff (until 12/1/14)	0(0)	0(0)	0(0)
Pam Yabsley	3(0)	4(0)	1(0)
<b>Carers of patients 16 years and over</b>			
Wendy Gregory	5(0)	6(0)	3(0)
Sue Milestone	2(0)	5(0)	1(0)
<b>Carers of patients under 16 years</b>			
Philip Mackie	0(0)	0(0)	0(0)
Lorna Watson	0(0)	5(0)	0(0)
<b>Staff Non-clinical Healthcare Professional</b>			
Karen Stevens (from 1/6/14)	0(0)	3(0)	0(0)
Nick Marsh (from 1/6/14)	2(0)	2(0)	1(0)
<b>Staff Other Clinical Healthcare Professional</b>			
Terrence Flawn (until 31/5/14)	0(0)	0(0)	0(0)
Thomas Davies (from 1/6/14)	2(0)	1(0)	0(0)
<b>Staff Medical and Dental</b>			
Ian Davies	0(0)	1(0)	1(0)
<b>Staff Nursing and Midwifery</b>			
Florene Jordan	2(0)	6(0)	2(0)
Ben Trumper	1(0)	1(0)	1(0)
<b>Appointed Governors</b>			
Marc Griffiths	1(0)	3(0)	0(0)
Tim Peters	0(0)	0(0)	0(0)
Sylvia Townsend (until 31/5/14)	0(0)	0(0)	0(0)
Bill Payne (from 1/7/14)	0(0)	3(0)	1(0)
Joan Bayliss (until 31/5/14)	1(0)	0(0)	0(0)
Sue Hall (from 1/6/14)	0(0)	0(0)	0(0)
Jim Petter	0(0)	0(0)	0(0)
Jeanette Jones	1(0)	2(0)	1(0)
Abbas Akram	0(0)	0(0)	0(0)
Lukon Miah	0(0)	0(0)	0(0)

Table 26

### *Performance & Development of the Council of Governors*

During the year, much focus was placed on supporting the Council of Governors to have closer links and increased contact with the Trust Board Members, and to improve the content and structure of meetings held for governors.

The Governor Development Seminars continued to form an important part of the programme of development for governors, and this year to support new governors coming into post one seminar was dedicated to induction into the governor role. Other topics covered in seminars included:

- Overview of the new Care Quality Commission inspection framework;
- Update on the Trust's Communication and Public Relations strategy;
- Overview of the Trust's complaints policy and process;
- Interactive session on the Performance Effectiveness Evaluation of the Council of Governors;
- Update on the implementation of the Francis Action Plan at the Trust;
- Preparation planning for the Trust's Well-led Governance Review.

The programme for Governor Development Seminars for the year ahead is being developed with governors to ensure topics relate to key themes from the Trust's Strategy and Operational Plan and cover the selected Corporate Quality Objectives for 2015/16. The aim of delivering this agenda is to provide Governors with an overview and insight that will enable them to best undertake their role and support the Board in the year ahead.

In addition, planning for the year ahead takes into account the feedback provided by governors from their Performance Effectiveness Evaluation, such as a renewed focus on developing membership activities.

### *Trust's Constitution*

Governors and the Trust Board reviewed the Trust Constitution, and Governors undertook this work specifically through the Governors Constitution Project Focus Group. Following amendments, a revised Constitution was approved at Trust Board and Council of Governors meeting in January 2015. Revisions included amendments to ensure consistency and alignment with Monitor's Model Core Constitution for NHS Foundation Trusts, and new Model Election Rules which allow Foundation Trusts to offer electronic voting to members in governors elections for the first time.

### **6.4 Foundation Trust membership**

The Trust maintains a broadly representative membership of people from eligible constituencies in keeping with the NHS Foundation Trust governance model of local accountability through members and governors, although has seen a slight decline in membership numbers in the year. Work in the coming year will strive to increase member numbers, especially in groups where the Trust is under represented. Plans are in place to deliver increased membership engagement, working with partners both within and outside the organisation to deliver this.

### *Membership size and variations*

Membership numbers have seen a slight change in 2014/15. Our public and patient membership totalled 11,229 and staff membership at 9,861. The combined membership at 31 March 2015 stands at 21,090. It should be noted that the growth is in staff members reflecting the fact that the staff

constituency is managed on an opt-out basis. A total of 307 members were removed from the database during routine data maintenance. These will have included members who have moved out of the catchment area or who were deceased. The changes in membership size throughout 2014/15 and estimated growth for 2015/16 are shown in the table below:

	2014/15 (actual)	2015/16 (estimated)
<b>Public constituency</b>		
At year start (1 Apr 2013)	6,607	6,466
New members	52	200
Members leaving	193	193
At year end (31 March 2014)	6,466	6,473
<b>Patient constituency</b>		
At year start (1 Apr 2013)	4,933	4,763
New members	25	200
Members leaving	195	195
At year end (31 March 2014)	4,763	4,768
<b>Staff constituency</b>		
At year start (1 Apr 2013)	9,442	9861
New members	1,720	100
Members leaving	1,301	100
At year end (31 March 2014)	9,861	9,861

### *Analysis of current membership*

The profile of the Trust's membership at the end of March 2015 is shown in the table below:

Constituency	Number of members	Eligible membership
<b>Public constituency</b>		
<b>Age (years)</b>		
0-16	281	179,136
17-21	528	63,900
22+	5,426	677,018
Unknown		0
<b>Ethnicity</b>		
White	5,560	806,242
Mixed	79	21,138
Asian/Asian British	191	32,531
Black/Black British	143	28,584

Constituency	Number of members	Eligible membership
<b>Public constituency</b>		
Other	2	5,072
Unknown	498	22,621
<b>Socio-economic groupings</b>		
AB - upper middle class/middle class	1,868	72,696
C1 - lower middle class	1,901	91,716
C2 - skilled working class	1,282	56,721
DE - working class/lowest level of subsistence	1,378	63,324
Unknown		
<b>Gender</b>		
Male	2,787	456,833
Female	3,555	463,221
Unknown		
<b>Patient constituency</b>		
<b>Age (years)</b>		
0-16	288	N/A
17-21	264	N/A
22+	4,179	N/A
<b>Staff constituency</b>		
Members	9,5861	All members of staff

Table 28

### *Developing a representative and engaged membership*

The Governors regularly monitor membership engagement and recruitment activity and performance at the Constitution Project Focus Group. The changes to appoint two Youth Council Governors in the year were well received, and the appointments will remain with an election of two new candidates early in 2015/16.

A refreshed Membership Engagement and Governor Development Strategy has been produced, and this will be supported by the Membership & Governance Team. The Strategy will be held by the Constitution Project Focus Group, and report through the year with updates to the Council of Governors.

### *Engagement*

The Trust now has a well-developed range of activities that governors are involved with that not only support them in meeting their statutory responsibilities but also enable them to engage with members. For example, Governors now form a regular part of the hospital wide PLACE visits, and participate in many patient experience focus groups.

Members are offered to participate in a mix of now well established scheduled events, and where possible are invited to be involved in activities at the Trust or organised by one of our local health partners.

A key part of the membership offering continues to be the Health Matters Events. All members are invited to attend these events that run 4 times a year and cover wide ranging subjects from dermatology to rheumatology, and information about the configuration of services at the Trust such as information technology, in patient care, and the configuration of histopathology services. The events are well attended, with around 40-60 members participating at each occasion.

### *Elections*

Nominations for the 2014 University Hospitals Bristol Governor Elections closed on 8 April 2014. Ballot papers were distributed to qualifying members on 30 April 2014, and the closing date for them to be returned to the Electoral Reform Services was Friday 23 May 2014. There were 14 seats up for election and there were 25 candidates standing.

Details of the successful candidates are shown below:

#### **Public and Patient Governors – term of office 1 June 2014 - 31 May 2017**

Public - Bristol (3 to elect): Bob Bennett (newly appointed), Sue Silvey, and Mo Schiller

Public - North Somerset (2 to elect): Graham Briscoe (new) and Clive Hamilton

Patient - Local (3 to elect): Edmund Brooks (new), Angelo Micciche and Anne Skinner

Patient - Carer of Patients under 16 (2 to elect): Philip Mackie and Lorna Watson

#### **Staff Governors (Uncontested):**

Staff Constituency - Non-clinical Healthcare Professionals (2 to elect) - Nick Marsh (new) and Karen Stevens (new), term of office 1 June 2014 - 31 May 2017

Staff Constituency - Medical and Dental (1 to elect) - Ian Davies, term of office 1 June 2014 - 31 May 2017

Staff Constituency - Other Clinical Healthcare Professionals (1 to elect)- Thomas Davies (new - term of office to 31 May 2016)

In early 2015, two more governors joined the Council of Governors. Glyn Davies (Public – Bristol) and Elliott Westhoff (Patient – Local) stepped down, to be replaced with Sylvia Townsend and Ray Phipps respectively. They will both serve the remainder of Glyn's and Elliott's terms of office from 9 March 2015 -31 May 2016.

#### **Appointed Governors:**

Bill Payne was newly appointed by Bristol City Council from June 2014 to May 2017.

Sue Hall was newly appointed to represent Avon and Wiltshire Mental Health Partnership NHS Trust for a 3-year term from 1 June 2014 to 31 May 2017.

Tim Peters (University of Bristol), Jeanette Jones (Joint Union Committee), Marc Griffiths (University of the West of England), and Jim Petter (South Western Ambulance Service NHS Foundation Trust) were re-appointed by their respective organisations for a 3-year term from 1 June 2014 to 31 May 2017.

The Trust supported the appointment of two governors from the UH Bristol Youth Council, Abbas Akram and Lukon Miah, who held office for 1 year from April 2014-Mar 2015.

The Trust also said farewell to Governors who left in the year, and thanked them for their support in the role: Anne Ford, Ken Booth, Peter Holt, Terrence Flawn, Joan Bayliss, Glyn Davies and Elliott Westhoff.

### *Membership commentary and strategy*

The Trust has three membership constituencies as follows:

Public constituency comprised of the following classes:

- Bristol;
- North Somerset;
- South Gloucestershire; and
- Rest of England and Wales

Patient constituency comprised of the following classes:

- Local patients;
- Carers of patients 16 years and over; and
- Carers of patients under 16 years

Staff constituency comprised of the following classes:

- Medical and dental;
- Nursing and Midwifery;
- Other clinical healthcare professionals; and
- Non-clinical healthcare professionals

### *Public Constituencies*

Eligibility for public membership is open to those who live in Bristol, North Somerset or South Gloucestershire and who are not eligible to become a member of the Trust's staff constituency, are not members of any other constituency and are seven years of age and above. Public membership is by opting-in by application.

### *Patient constituency*

The patient constituency is open to all those who are recorded on the Trust's administration as having attended as a patient, or as the carer of a patient, within the preceding three years, and who are neither eligible to become a member of the staff constituency nor are less than seven years of age.

### *Staff constituency*

Staff are automatically registered as members on appointment and may opt out if they wish. Information on opting out of the scheme is included in induction packs and on the intranet.



*Governors communication with members*

The Trust supports governor communication with members by the distribution of newsletters three times a year that cover all aspects of the Trust but have a specific governor led feature. Governors also play an active role in the Health Matters Event, by ‘hosting’ and promoting the events within their constituencies.

In the coming year the Membership and Governance Team will further support Governors to undertake member facing events in their own constituency, be that within the hospital for a Staff Governor or at public venues in the community for Public Governors, via the development of a robust Membership Engagement and Governor Development Strategy.

*Governors by constituency – 1 April 2014 to 31 March 2015*

Constituency	Name	Tenure	Elected Appointed
<b>Public Governors</b>			
Public South Gloucestershire	Pauline Beddoes	June 2010 to May 2016	Elected
Public South Gloucestershire	Tony Tanner	June 2013 to May 2016	Elected
Public North Somerset	Clive Hamilton	June 2011 to May 2017	Elected
Public North Somerset	Anne Ford	June 2008 to May 2014	Elected
Public North Somerset	Graham Briscoe	June 2014 to May 2017	Elected
Public Bristol	Mo Schiller	June 2008 to May 2017	Elected
Public Bristol	Sue Silvey	June 2011 to May 2017	Elected
Public Bristol	Ken Booth	June 2011 to May 2014	Elected
Public Bristol	Bob Bennett	June 2014 to May 2017	Elected
Public Bristol	Brenda Rowe	June 2013 to May 2016	Elected
Public Bristol	Glyn Davies	June 2013 to Dec 2014	Elected
Public Bristol	Sylvia Townsend	Mar 2014 to May 2016	Elected
Public – Rest of England and Wales	Mani Chauhan	November 2012 to May 2016	Elected
Public - Rest of England and Wales	Tony Rance	June 2013 to May 2016	Elected
<b>Patient Governors</b>			
Local Patient Governors who live in Bristol, North Somerset and South Gloucestershire	John Steeds	June 2010 to May 2016	Elected
Local Patient Governors who live in Bristol, North Somerset and South Gloucestershire	Pam Yabsley	September 2012 to May 2016	Elected
Local Patient Governors who live in Bristol, North Somerset and South Gloucestershire	Angelo Micciche	October 2013 to May 2017	Elected

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Local Patient Governors who live in Bristol, North Somerset and South Gloucestershire	Anne Skinner	June 2008 to May 2017	Elected
Local Patient Governors who live in Bristol, North Somerset and South Gloucestershire	Peter Holt	June 2011 to May 2014	Elected
Local Patient Governors who live in Bristol, North Somerset and South Gloucestershire	Edmund Brooks	June 2014 to May 2017	Elected
Local Patient Governors who live in Bristol, North Somerset and South Gloucestershire	Elliott Westhoff	June 2013 to Jan 2015	Elected
Local Patient Governors who live in Bristol, North Somerset and South Gloucestershire	Ray Phipps	Mar 2015 to May 2016	Elected
Carers of patents 16 years and over	Wendy Gregory	June 2008 to May 2016	Elected
Carers of patents 16 years and over	Sue Milestone	June 2013 to May 2016	Elected
Carers of patients under 16 years	Philip Mackie	June 2008 to May 2017	Elected
Carers of patients under 16 years	Lorna Watson	June 2008 to May 2017	Elected
<b>Staff Governors</b>			
Medical and Dental	Ian Davies	June 2013 to May 2017	Elected
Nursing and Midwifery	Florene Jordan	June 2010 to May 2016	Elected
Nursing and Midwifery	Ben Trumper	June 2013 to May 2016	Elected
Non-clinical Healthcare Professional	Nick Marsh	June 2014 to May 2017	Elected
Non-clinical Healthcare Professional <sup>0</sup>	Karen Stevens	June 2014 to May 2017	Elected
Other Clinical Healthcare Professional	Terrence Flawn	June 2013 to May 2014	Elected
Other Clinical Healthcare Professional	Thomas Davies	June 2014 to May 2016	Elected
<b>Appointed Governors</b>			
University of Bristol	Tim Peters	March 2011 to May 2017	Appointed
University of the West of England	Marc Griffiths	October 2013 to May 2017	Appointed
Bristol City Council	Sylvia Townsend	June 2009 to May 2014	Appointed
Bristol City Council	Bill Payne	July 2014 to May 2017	Appointed
Avon and Wiltshire Mental Health Trust	Sue Hall	June 2014 to May 2017	Appointed

South Western Ambulance Service NHS Foundation Trust	Jim Petter	December 2013 to May 2017	Appointed
Joint Union Committee	Jeanette Jones	June 2008 to May 2017	Appointed
Community Groups	Joan Bayliss	January 2011 to May 2014	Appointed
<i>Voluntary/Community Groups</i>	<i>vacancy</i>	<i>June 2014 to May 2017</i>	<i>Appointed</i>
Youth Council	Abbas Akram	April 2014 to Mar 2015	Appointed
Youth Council	Lukon Miah	April 2014 to Mar 2015	Appointed

**Table 29**

## **Appendix A – Biographies of Members of the Trust Board of Directors**

### *John Savage – Chairman*

John Savage was appointed Chairman of University Hospitals Bristol NHS Foundation Trust on 1 June 2008. From 1989, he was full-time Chief Executive of the Bristol Initiative and, from February 1993, Chief Executive of the Bristol Chamber of Commerce and Initiative, after the merger of these two bodies.

He was awarded the CBE for service to Business and Regeneration in the 2006 New Year Honours List. He is Canon Treasurer of Bristol Cathedral, Chairman of the Bristol Chamber of Commerce and Initiative, Chairman of Learning Partnership West and Chairman of Destination Bristol. He is the Patron of the Bristol Refugee Rights.

He served for ten years as a board member of the Regional Development Agency and was Chairman of the South West Learning and Skills Council from inception until its closure. He has gained a broad range of business experience over a period of more than 40 years.

John is Chairman of the Trust Board of Directors, Chairman of the Council of Governors and Chairman of the Governors' Nomination and Appointments Committee.

### *Robert Woolley – Chief Executive*

Robert has been Chief Executive of University Hospitals Bristol NHS Foundation Trust since 2010. He joined the Trust Board in 2002 and held the Performance Management and then the Corporate Development portfolios, overseeing the expansion of the Bristol Dental Hospital, the construction of the Bristol Heart Institute and the creation of the 10 year plan which committed over £200 million of strategic capital investment. He was project director for the Trust's successful application for Foundation status in 2008.

Robert joined the NHS as a planner at the Royal London Trust in 1992. At Barts and the London NHS Trust, he was head of strategic planning and assistant director for the redevelopment of the Royal London Hospital before taking general management roles in children's services and clinical support services. Robert read English at Lincoln College, Oxford, and holds an MBA with distinction from Bath University.

### *Non-executive Directors*

#### *Emma Woollett – Vice-Chair*

Emma was appointed as a Non-executive Director on 01 June 2008, and is Vice-Chair and Senior Independent Director of the Trust. She has worked in both the private and public sectors and has held senior management positions in marketing and business development. She was marketing director for Kwik Save Stores, following its merger with retailer Somerfield plc.

Emma left Somerfield in 2001 to set up a freelance management consultancy practice, providing analytical advice to NHS organisations on capacity planning and waiting list management. Prior to joining Somerfield, Emma spent a number of years as a management consultant for PricewaterhouseCoopers, working worldwide on projects for utility companies looking to develop more commercial approaches within a public sector environment. She started her career in the oil industry and has degrees in physics and international relations from Cambridge University. Emma

is Chair of the Remuneration and Nominations Committee, and member of the Finance and Quality and Outcomes Committees.

***Lisa Gardner – Non-executive Director***

Lisa Gardner was appointed as a Non-executive Director on 1 June 2008. She has acquired a broad range of business experience over more than 20 years; the posts held during that time include finance director of both Aardman Animations Limited and Business West Bristol. She qualified as a chartered accountant in 1992 after gaining a BA Honours degree in accounting and finance at Kingston University. Her current role is as Interim Director of Finance at Above and Beyond, a local charity that raises funds for the Trust's hospitals. Lisa is Chair of the Finance Committee at the Trust and sits on the Audit Committee. She is also a board member at the Watershed's Trust and Trading Companies. She has served as a Parent Governor at Westbury Park Primary School, where she was also Chair of the Finance Committee, was the financial director at Aardman Animations Limited for 11 years and since then has worked in the finance director role at Business West and in the retail industry before returning to practice and freelance work.

***Iain Fairbairn – Senior Independent Director***

Iain Fairbairn was appointed as a Non-executive Director of University Hospitals Bristol NHS Foundation Trust on 1 June 2008. He carried out the role of Senior Independent Director and was a member of the Trust's Audit Committee until the end of his term on 31<sup>st</sup> May 2014.

Iain gained an honours degree in law at University College London before qualifying as a solicitor in 1979. He was a commercial solicitor in legal practices in both the City of London and Bristol for more than 20 years. His legal experience included the provision of property, commercial, planning and construction advice to the NHS, covering 'private finance initiative' projects, the establishment of NHS trusts and joint working between the NHS and other public and private bodies.

Iain was the founder and developer of a care village for the elderly in Cornwall, which included a nursing home; and a director of a not-for-profit social enterprise to support women and their families through the menopause. He is currently managing director of an engineering technology company.

***David Armstrong – Non-executive Director***

David was appointed as a Non-Executive Director on 28 November 2013. After graduating from Southampton University with First Class Honours in Mathematics and its Applications, David worked in the banking sector before taking up a position as a Systems Engineer with GEC-Marconi in 1983.

During his 30 years in the Aerospace and Defence Sector he worked in a number of Engineering and Project Manager Roles. In 1999 he was appointed as the Alenia Marconi Systems Ltd Business Improvement, ICT and Quality Director and since that time has held board level positions in a number of multi-national Defence Businesses, most recently working for Finmeccanica as UK Vice President of Quality.

He is a Fellow of the Institute of Engineering and Technology and of the Chartered Quality Institute and is a Chartered Engineer and Chartered Quality Professional.

David has also served on a number of policy making committees including Engineering UK's Business and Industry Panel and as a Trustee of the Chartered Quality Institute.

He has recently accepted an appointment to work as Head of Profession at the Chartered Quality Institute where he will be responsible for developing the Profession and raising its profile across academia and the public and private sectors.

*Alison Ryan – Non-executive Director*

Alison was appointed as a Non-Executive Director on 28 November 2013. Alison is an economist by training and a manager by profession. Since 1985 she has been Chief Executive of a number of voluntary organisations working in the fields of long term illness and disability including mental health. From 1999-2004 she was CEO of the Princess Royal Trust for Carers (now the Carers Trust) and since then she has been CEO of Weldmar Hospicecare Trust which provides specialist palliative care and end of life services for rural Dorset. Alison's Non-executive Director experience includes positions on the boards of Somerset Partnership NHS Trust, NHS Southwest and NHS South of England.

Alison is Chair of the Quality and Outcomes Committee of the Board.

*Guy Orpen – Non-executive Director*

Guy Orpen was appointed as a Non-executive Director on 2 May 2012. He is a graduate of the Universities of Cape Town and Cambridge. He is Deputy Vice-Chancellor at the University of Bristol, a role he has held since 2014. In that role, he is Chief Academic Officer of the University and is responsible for leading academic strategy and realising the academic ambition of the University. He serves on the Board of Bristol Health Partners (the city's academic health sciences collaboration) and is Chair of the Board of the GW4 research alliance with Bath, Exeter and Cardiff Universities. He has chaired the UK National Composites Centre and served on the Executive Board of the SetSquared Partnership (for enterprise, with the Universities of Bath, Bristol, Exeter, Southampton and Surry). He has served as Chair of the Board of Trustees of the Cambridge Crystallographic Data Centre and is a member of the Board of the 2015 Company delivering the European Green Capital for Bristol in 2015. He has previously served as Head of the School of Chemistry (2001-6) and Dean of the Faculty of Science (2006-9) and Pro-Vice Chancellor for Research and Enterprise (2009 – 2014) of the University of Bristol.

*Kelvin Blake – Non-executive Director*

Kelvin Blake was appointed as a Non-executive Director of University Hospitals Bristol NHS Foundation Trust on 1 November 2008 and was a member of the Trust Finance Committee and chairs of the Organ Donation Committee until the end of his term on 31<sup>st</sup> October 2014.

He is a senior manager working for BT and leads a number of high profile customer transformational programmes.

Kelvin is also a member of the BT South West Regional Board. The work of the board is to ensure BT is represented across the region in business and community activities. It is also responsible for delivering BT strategic goals including super-fast broadband and Digital Britain. Previously, he has worked for RTZ, Post Office Counters and Royal & Sun Alliance.

Kelvin is also a trustee of two charities. The Vassal Centre Trust is a local charity that manages barrier free workspace in Bristol primarily for the use of organisations that provide services to disabled people. Knowle West Media Centre, based in South Bristol supports individuals and communities to get the most out of digital technologies, music, media and the arts.

He is a former Bristol City Councillor who represented Filwood ward, in the south of the city, and during his time as a councillor he was Chair of Regeneration and a member of the cabinet.

***John Moore – Non-executive Director***

John Moore was appointed as a Non-executive Director of University Hospitals Bristol NHS Foundation Trust on 1 January 2011. He is an experienced managing director and Trustee, supporting strategic change throughout organisations. He has multi-sector industrial experience (aerospace, defence, automotive, utilities) together with the public and third sectors.

Following 12 years international corporate life, and having sold a medium sized business, John has taken a Non-executive Director role with University Hospitals Bristol NHS Foundation Trust, and is a Trustee of various charities, including Education Towards a Future.

John is passionate about creating a service and quality culture in the organisations he serves as a board member, whether in an executive or non-executive capacity. A chartered director and chartered engineer, John has a Master's degree in Engineering and a Master of Business Administration from the International Institute for Management Development. He is married with three children and lives near Bristol.

John is currently Chair of the Audit Committee of the Board.

***Jill Youds – Non-executive Director***

Jill was appointed as Non-Executive Director on 1<sup>st</sup> November 2014, following her role with the Trust as Non-Executive observer from November 2013.

Jill has a highly successful career in the commercial sector with blue chip organisations such as Virgin Media, where she was an Executive Director, and Lloyds Group. Jill brings her general business leadership experience to the Trust and her specialist interests include People and Workforce and organisation effectiveness. Jill is an experienced non-executive director in the public and not-for-profit sectors.

***Julian Dennis – Non-executive Director***

Julian was appointed as Non-Executive Director on 1<sup>st</sup> June 2014, following his role with the Trust as Non-Executive observer from 1 November 2013.

A company director and public health scientist, Julian worked for the Public Health Laboratory Service at Porton Down before joining Thames Water. He was appointed a Director of United Kingdom Water Industry Research Limited in 2003 before joining the board of Wessex Water as Director of Environment and Science in 2004. He is also Visiting Professor of Water Science and Engineering at the University of Bath.

***Executive Directors***

***Deborah Lee – Director of Strategic Development & Deputy Chief Executive***

Deborah Lee is an experienced senior NHS manager. She qualified originally as a registered nurse, before returning to university to read economics and subsequently gained an MBA, from Bristol Business School.

She started her NHS management career in 1990 and has worked in acute, primary and community sectors, holding board appointments in three different commissioning organisations before joining University Hospitals Bristol NHS Foundation Trust.

In 1996, she left the NHS and moved to industry and held positions in the areas of policy development and health economics before returning to her first board appointment in Wiltshire Health Authority with a renewed commitment to service in the NHS. From 2004 to 2005 Deborah was Joint Chief Executive of South Wiltshire Primary Care Trust prior to the creation of Wiltshire Primary Care Trust.

Deborah joined the Trust on secondment from NHS Bristol in May 2010 and was appointed to the substantive role of Director of Strategic Development in February 2011 and became Deputy Chief Executive in January 2013.

#### *Paul Mapson – Director of Finance and Information*

Paul Mapson joined the NHS as a national finance trainee in 1979. He became a fully qualified accountant in 1983 and has undertaken a wide variety of roles within the NHS in the acute sector.

Paul has eleven years of experience at Board level including significant experience in the management of capital projects, specialised commissioning, systems development, information technology and procurement. Prior to joining the Trust in 1991 as Deputy Finance Director, Paul held posts in Somerset, Southmead and Frenchay hospitals. He was appointed Director of Finance in February 2005. Paul serves on the Finance Committee of the Board.

#### *Sean O’Kelly – Medical Director*

Following degrees in Medicine and Psychology at Bristol University Dr O’Kelly undertook postgraduate training in paediatrics and anaesthetics at Southampton University Hospitals. He then worked at the University of Michigan, Ann Arbor for six years as Associate Clinical Professor and Director of Paediatric Cardiac Anaesthesia.

Returning to the UK in 1998, Dr O’Kelly worked initially as a Consultant Anaesthetist in Swindon, where he took on the role of College Tutor and Lead for Paediatric Anaesthesia. Dr O’Kelly then undertook the year-long National Clinical Governance Development Programme, after which he worked with the Modernisation Agency as National Clinical Lead for the Agency Associate Scheme.

In 2002 Dr O’Kelly was appointed Associate Medical Director for Clinical Governance in Swindon and in 2004 was seconded to the Department of Health as Associate Medical Director to the Deputy Chief Medical Officer. In 2006 he was seconded to North Devon Healthcare Trust as Interim Medical Director during a period of performance turnaround and in 2008 was appointed Associate Medical Director for Women’s and Children’s Services at the Great Western Hospital, Swindon. In 2009 Dr O’Kelly was appointed Medical Director at Salisbury NHS Foundation Trust and was appointed to University Hospitals Bristol NHS Foundation Trust as Medical Director in January 2011.

Between 2005 and 2009 Dr O’Kelly also completed a Master of Science degree in Strategic Management at the University of Bristol, chaired the Department of Health National Steering Group on Cosmetic Surgery Regulation and acted as Honorary Treasurer to the Quality in Healthcare section of the Royal Society of Medicine.



*Sue Donaldson – Director of Workforce and Organisational Development*

Sue has worked in the NHS since 2004 and has held a number of Director of Workforce roles, these include Cotswold and Vale PCT, Poole NHS Foundation Trust and, most recently, Oxford University Hospitals NHS Trust. Sue started at University Hospitals Bristol in November 2013. Prior to joining the NHS, Sue had an extensive Human Resources and operational career with The Post Office, most notably leading pay, contractual and organisational change programmes. Sue serves on the Quality and Outcomes Committee and Remuneration and Nomination Committee.

*Carolyn Mills – Chief Nurse*

Carolyn is an experienced nurse whose career in the NHS spans 30 years. Carolyn has worked in acute, community and academic sectors. She moved into senior nursing leadership roles in 1998. Between 1998 - 2005, Carolyn held two Assistant Director of Nursing positions, at Hillingdon Hospitals NHS Trust and University College London Hospitals NHS Foundation Trust. Previous to joining University Hospitals Bristol NHS Foundation Trust as Chief Nurse in January 2014, Carolyn was Director of Nursing at Northern Devon Healthcare Trust. Carolyn serves on the Quality and Outcomes Committee.

*James Rimmer – Chief Operating Officer*

James Rimmer is an experienced healthcare director and has worked in the NHS for over 15 years. James has a breadth of director level experience having been a Board member in both the provider and commissioner sectors. James' qualifications include a BSc Honours in Psychology from the University of Bristol and a Masters in Evidence Based Health Care from the University of Oxford. James has also completed the European Health Leadership Programme at INSEAD.

James' achievements include both operational and strategic developments such as leading a Trust from lower quartile to upper quartile in the delivery of the emergency care 4 hour standard, through to successfully leading an early wave Foundation Trust application. James has also led major capital and IM&T programmes.

James started his health career in research at the University of Bristol and later had an honorary contract at the University of the West of England leading a Department of Health funded study across three organisations. James' research focused on user involvement in service development and on moving research into practice.

## **Appendix B – Contact Details**

The Trust Secretariat can be contacted at the following address:

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University Hospitals Bristol NHS Foundation Trust  
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# Quality Report 2014/15

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## Part 1

### 1.1 Statement on quality from the chief executive

Welcome to this, our seventh annual report describing our quality achievements. Our mission is to provide exceptional healthcare, research and teaching every day. The Quality Report (also known as the Quality Account) is one of the key ways that the Trust demonstrates that its services are safe, clinically effective, and that we are providing treatment in a caring and compassionate manner. The report is an open and honest assessment of the last year, its successes and its challenges.

2014/15 has been a busy and challenging year for University Hospitals Bristol. We have planned for many years to renew our hospital buildings to match the high quality of care given by our staff, and last year saw those plans come successfully to fruition as services moved into state-of-the-art facilities and opened to patients. Specialist children's services at Frenchay Hospital transferred to the extended Bristol Royal Hospital for Children; the new helideck, on the roof of the Bristol Royal Infirmary (BRI), became operational to ensure seriously ill and injured patients could be transferred to either the children's hospital or the BRI and Bristol Heart Institute as quickly as possible; the last inpatient wards moved out of the BRI Old Building, built in 1735, as a result of our £143 million redevelopment programme, with patients now cared for in a newly constructed ward block; and two brand new, state-of-the-art medical assessment units, including an older persons assessment unit, and a new intensive care unit within the new ward block are just some of the facilities that are helping us to transform the care we deliver to our patients.

Overall, 97 per cent of patients consistently report that the care they receive from us is good, very good or excellent, and our monthly scores in the NHS inpatient and accident and emergency Friends and Family Test continue to be better than the national average. We were also pleased that our emergency departments once again received a positive set of results in the Care Quality Commission's (CQC) national patient survey, particularly when compared to other large city centre services. The Trust's mortality rates also continue to be better than the national average.

In 2014/15, we agreed a set of quality objectives focused largely on improving the 'flow' of patients into our hospitals – including through our emergency departments – and back out safely into the community. The CQC inspected our hospitals in September 2014 and highlighted the same core challenge. We are working closely with our local partners in health and social care to create the capacity in the system that will enable these objectives to be achieved. In 2014/15 our performance in the areas of reducing cancelled operations, minimising patient moves between wards, and ensuring that patients are treated on the most appropriate ward for their clinical condition was disappointing. We have therefore extended these goals into 2015/16.

Elsewhere, we were very encouraged by the CQC's findings: 44 of the 56 inspection ratings we received were good or better, and the inspection team singled out the quality of leadership in our maternity services and the effectiveness of care in services for children and young people for particular praise, and rated them as outstanding. You can read more about the CQC's findings in the pages of this report.

I am pleased to be able to tell you that UH Bristol has 'Signed up to Safety'<sup>1</sup>, developing a three year plan which aims to reduce avoidable harm to patients by 50% and to reduce patient mortality by

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<sup>1</sup> Sign up to Safety is an NHS England initiative where providers sign up to five key safety pledges: putting patients first, continually learning, being honest, collaborating and being supportive

10% by 2018. The programme includes a focus on improving the early recognition and management of sepsis, which is one of our nine key quality objectives for 2015/16.

I would like to thank everyone who has contributed to this year's report, including our staff, governors, commissioners, local councils, and HealthWatch. To the best of my knowledge, the information contained in this Quality Report is accurate.



Robert Woolley, chief executive

## 1.2 Introduction from the medical director and chief nurse

University Hospitals Bristol NHS Foundation Trust is a dynamic and thriving group of general and specialist hospitals, employing around 7,000 staff (whole time equivalent) and with a turnover of approximately £589m in 2014/15. We are also the major medical research centre in the South West of England. During 2014/15, the Trust provided treatment and care to around 75,000 inpatients<sup>2</sup>, 60,000 day cases and 120,000 attenders at our emergency departments<sup>3</sup>. We also provided approximately 610,000 outpatient appointments.

Our goal has been that each and every one of these patients should be safe in our care, have an excellent experience of being in our care, and enjoy the right clinical outcome: the hallmarks of a quality service. The Trust's quality strategy also underlines our commitment to mitigate any risks to quality that result from our challenging financial cost improvement plans; the quality of our clinical services will not be compromised. We continue to use four key questions to guide our approach to quality:

- do we understand quality and patient experience well enough in the Trust?
- how do we know that the services we provide are safe?
- what will it take to make all our services as good as they can be?
- how well do we involve our staff and patients in this agenda?

These questions, and our commitment to improvement, have informed the development of the Trust's quality objectives for 2015/16, which you can read more about later in this report. In the pages that follow, you will be able to read a detailed account of our performance in 2014/15.



Dr Sean O'Kelly  
Medical director



Carolyn Mills  
Chief nurse

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<sup>2</sup> Elective, emergency, maternity and births

<sup>3</sup> Bristol Royal Infirmary, Bristol Royal Hospital for Children, and Bristol Eye Hospital

## Part 2

### Priorities for improvement and statements of assurance from the Board

#### 2.1 Priorities for improvement

##### 2.1.1 Update on quality objectives for 2014/15

2014 was the first year that we held a public/membership consultation event to help shape our quality plans. This coincided with a time when the Trust had been experiencing unprecedented operational pressures on its services. We chose a set of objectives focused largely on patient 'flow' through our hospitals, but we also included an objective to refresh and renew our approach to how we engage patients and the public to improve our services.

##### 2.1.1.1 Reducing numbers of cancelled operations

Cancelled operations are a waste of time and resources, and the process of cancelling operations is distressing and inconvenient for patients. Our ongoing aim is to significantly reduce the number of last minute cancellations (that is, on the day of admission) for non-clinical reasons.

During 2014/15, the Trust cancelled 1.08 per cent of operations on the day of the procedure for non-clinical reasons, such as emergency patients needing to take priority, and critical care and ward bed availability. This compares with 2013/14 performance of 1.02 per cent and a 2014/15 target of 0.92 per cent. Although this result was disappointing, there was nonetheless a significant reduction in the number of cancellations due to a ward bed not being available; this was due primarily to the implementation of the Trust's managed beds protocol, which protects the core adult ward beds needed to admit patients for their elective operations. Overall, however, demand on critical care beds continued to result in a high level of cancellations. This was despite the opening of a twentieth critical care bed in February 2014, and the move into a new, single site adult general intensive therapy unit (ITU)/high dependency unit (HDU) in quarter 4 2014/15. Demand for critical care beds remained high throughout 2014/15, with peaks in patient acuity from emergency admissions. The single site for general adult ITU and HDU affords greater flexibility in the acuity of cases that can be managed in the unit. However, changes will also be made to the nursing workforce for adult general critical care in 2015/16 to enable the maximum number of beds to be kept open within the unit during peaks in patient acuity.

Table 1

Indicator	2013/14	2014/15 target	Target reduction over baseline	Q1	Q2	Q3	Q4
Percentage of operations cancelled at last minute for non-clinical reasons	1.02%	0.92%	10% reduction - applied to seasonal variation	Target 1.03%	Target 0.82%	Target 0.81%	Target 1.00%
Performance to date		1.08%		1.02%	1.16%	1.16%	0.97%

Source: UH Bristol patient administration system (Medway)

### 2.1.1.2 Minimising patient moves between wards, including out of hours

Risks of healthcare-associated infection are greatly increased by the extensive movement of patients. We also know from patient feedback that moves between wards for non-clinical reasons impact adversely on their experience of care. Our aim in 2014/15 has been to reduce unnecessary ward moves by 15 per cent. Baseline data was established in quarter 1; our target was to achieve an average of no more than 1.92 ward moves per patient, compared to 2.26 in 2013/14.

In quarter 3 of 2014/15, relevant services in our Surgery, Head and Neck Division moved into the new Bristol Royal Infirmary ward block. The ward areas are larger than they had been previously, and consequently, patient ward moves are being reduced. In October 2014, a new managed beds programme was implemented in the divisions of Surgery, Head and Neck and Specialised Services in order to support the delivery of the new model of care associated with the new ward layout following the Bristol Royal Infirmary redevelopment. In November, the Division of Medicine commenced the move into the new ward block. The first moves were the two assessment wards (medical assessment unit and older persons assessment unit), which moved into areas that provide an increased bed base and increased isolation facilities. The pathways for expected medical patients, which are aimed at reducing ward moves, have now been implemented.

Two medical wards used as extra capacity during winter 2014/15 will remain open as substantive capacity. This will increase overall capacity within the Division of Medicine and support a lower rate of bed occupancy; this should result in reduced ward moves, as patients will be placed in the right ward for their specialty. There is now a Ward Moves tracking report available to the Trust's clinical site managers (CSMs). This electronic report is updated every 30 minutes and tracks how many ward moves per patient by ward. This will support the risk assessments made by the CSMs when identifying patients to move to create specific capacity.

Table 2

Indicator	2013/14	2014/15 target	Target reduction over baseline	Q1	Q2	Q3	Q4
Average number of ward moves per patient	2.26	1.92	Target reduction increasing to 15% in quarter 4, applied to seasonal variation	Baseline 2.32	Target 2.20	Target 2.09	Target 1.97
Performance to date		2.32		2.32	2.38	2.31	2.25

Source: UH Bristol patient administration system (Medway)

Despite these improvement measures, the rate of reduction is currently behind plan, as we continue to work against significant pressures in the system. These pressures require extra capacity areas to be opened up, resulting in a number of unscheduled moves to create acute capacity and maintain patient flow. In 2014/15 (measured to the end of February 2015), we achieved an average of 2.32 moves per patient.

### 2.1.1.3 Ensuring patients are treated on the right ward for their clinical condition

We were disappointed not to achieve our target for 2014/15: a 15 per cent reduction in the total number of days spent by patients as 'outliers'; that is, on wards which did not specialise in



their particular clinical condition. However, we were encouraged that our performance improved significantly in the final quarter of the year, despite seasonal pressures. Positive steps taken by the Trust during 2014/15 to address the issue of outlying patients have included:

- the move of clinical services into the new Bristol Royal Infirmary ward block<sup>4</sup>
- the creation of new clinical pathways for elective and emergency patients
- an increase in the number of medical beds (from 214 beds to 249) with effect from quarter 4, in order to offset the anticipated rise in winter emergency admissions and reduce overall bed occupancy rate, thereby reducing outliers
- the agreement of a standard operating procedure, ratified by the Division of Medicine, identifying the appropriate lead clinical teams for any patients who are outlying in other divisions.

Table 3

Indicator	2013/14	2014/15 target	Target reduction over baseline	Q1	Q2	Q3	Q4
Number of outlier bed days	10622	9029	Overall 15% reduction – applied to seasonal variation with increasing improvements across the quarters	Target 2444	Target 1688	Target 2114	Target 2783
Performance to date		11216		2417	2316	3383	3100

Source: UH Bristol patient administration system (Medway)

#### 2.1.1.4 Ensuring no patients are inappropriately discharged from our hospitals out of hours

Our aim is to ensure that no patients are discharged out of hours, as defined in our hospital discharge policy<sup>5</sup>. Daily auditing of discharge times has demonstrated a reduction in the proportion of patients discharged out of hours during 2014/15. Matrons are now routinely provided with details of patients reportedly discharged out of hours, for them to follow up with ward staff. This has increased awareness of the policy parameters, improved accuracy in recording, and encouraged accountability among ward staff. Overall, the proportion of discharges out of hours during quarter 4 up to the end of February 2015 was 7.7 per cent (8.1 per cent YTD), compared to 9 per cent in 2013/14.

#### 2.1.1.5 Renewing and refreshing the Trust's approach to patient and public partnership

Ensuring that our patients – past, present and future – their families, and their representatives are central to the way we design, deliver and evaluate our services is an important aspiration for the Trust. The healthcare services we provide are for patients, and it is right that they are involved in the development of those services.

Historically, the Trust has a strong track record in patient and public involvement (PPI). However, we recognise that involvement is not always systematic and sufficiently mainstreamed within the organisation. In last year's Quality Report, the Trust made a commitment to refresh

<sup>4</sup> This move took place between November 2014 and February 2015

<sup>5</sup> Currently 10pm – 7am

its approach to PPI work; specifically, to undertake at least two significant pieces of work – one of which would focus on the experience of a ‘seldom heard’ patient group – and to use these as a basis for developing a new model of engagement for wider implementation. We did this by supporting a fresh approach to involvement in children’s cardiac surgery services at the Bristol Royal Hospital for Children, testing new ways of working together with families as partners in service improvement. This work has enabled families to raise the issues that are important to them in the delivery of care in this service, and to work together with professionals to devise new ways of doing things. In addition, we supported activity to involve adolescents who have learning disabilities and a diagnosis of congenital heart disease, with their families and carers, in conversations about their experiences of care. As part of our ongoing commitment to deliver patient and public involvement, we have delivered involvement activities with families and relatives whose loved ones have died whilst in our care and, with the support of the Patients Association, patients who have received a diagnosis of cancer.

As a result of bringing together learning from these and other activities, and in consultation with local and national leaders in the field of PPI, we have agreed a PPI model for implementation in 2015/16 based on three goals: in summary, to improve the quality, capacity and culture of PPI.

**We will implement new ways of working together with patients, carers, relatives, and communities of interest as partners for improvement.** Our goal is to develop a breadth of activity and consistency of approach which ensures that all Trust developments benefit from PPI, that our PPI work has wider reach into communities of interest, and that we are supportive of PPI initiatives that affect the wider health community. We will:

- establish a citizens’ assembly (or equivalent arrangement) to ensure that a broad range of patients and members of the public have opportunities to shape our services
- create a wider range of opportunities for involvement, including developing and supporting a co-design approach to improvement and change.

**We will train and support staff so they have the skills to deliver effective PPI.** Our goal is to position PPI as an accepted and expected part of the Trust’s business. We will:

- set up a learning community (possibly with People in Research) to inform and develop practice in PPI in the Trust
- improve the internal advice and support to divisions around PPI through improved web-based guidance, training, and coaching in involvement techniques.

**We will build a culture of PPI.** Our goal is to encourage and develop behaviours associated with PPI, demonstrating the value and impact of PPI, and ensuring that the correct systems are in place to support PPI. We will:

- implement reporting and monitoring for impact systems that are part of mainstream business
- develop a greater awareness of the value and impact of PPI in the Trust through improved communications.

The coming year will see the implementation of this plan, with a further quality objective linked to improving the way in which we engage seldom-heard and vulnerable groups in our PPI work.

### **2.1.2 Quality objectives for 2015/16**

As described in the medical director’s and chief nurse’s introduction to this report, the Trust is setting nine quality objectives for 2015/16. Three of these relate to goals we failed to achieve in 2014/15: reducing cancelled operations; minimising inappropriate patient moves between

wards; and ensuring patients are treated on the right ward for their clinical condition. We are also committed to continuing to improve patients' experience of discharge from hospital. In particular, patients and members of the Trust have identified timeliness of receipt of TTA ('to take away') medicines as a recurring theme associated with discharge delays.

In addition, we have identified five new objectives, which take account of feedback from patients, members, governors, staff, and our commissioners and regulators. Two of these objectives are about improving the quality of our written communications with patients. In most cases, we have used direct quotes from patients to help explain our choices. We have deliberately selected quotations which highlight a need for improvement. Unless otherwise stated, the quotations are taken from the Trust's monthly inpatient survey.

<b>Objective 1</b>	<b>To reduce the number of cancelled operations</b>
Rationale and past performance	We set this objective last year, but did not achieve our goal. Our target in 2014/15 was to reduce the percentage of operations cancelled at the last minute for non-clinical reasons. Performance in 2013/14 was 1.02 per cent; our target for 2014/15 was 0.92 per cent; we achieved 1.08 per cent.
What do our patients say?	<p>"The biggest problem is the cancellation of operations. I sat nervously all day in my op gown all ready to go to be informed by an anaesthetist that my op had been cancelled, and I was to await more information. It never came and a staff nurse had to go and find out for me. I had the op the following day. These sort of things do nothing for patients' mental and psychological well-being."</p> <p>"I had mentally prepared myself for the operation I had which was major surgery and there was the possibility of a number of complications during and after surgery. On two occasions my operation was cancelled whilst I was in the admissions ward - the first time after a seven hour wait and the second time after an 8 hour wait. On both occasions I had pre-op procedure and nil by mouth 9 hours before arriving at the hospital. This I found to be quite upsetting mentally, although a number of reasons for the cancellation were given."</p>
What will we do?	Review standard operation procedure; audit reasons for last minute cancellations and develop plan according to findings; link into Urgent Care work programme.
Measurable target/s for 2015/16	The indicator will be the number of operations cancelled on the day of operation/admission for non-clinical reasons. Our goal is to achieve last year's target – 0.92 per cent.
How progress will be monitored	Through divisional performance reporting.
Board sponsor	Chief operating officer
Implementation lead	Associate director of operations

<b>Objective 2</b>	<b>To minimise inappropriate patient moves between wards (time and place)</b>
Rationale and past performance	We set this objective last year, but did not achieve our goal. Our target in 2014/15 was to reduce the average number of ward moves per patient. Performance in 2013/14 was 2.26; our target for 2014/15 was 1.92; we achieved 2.32. An "inappropriate" patient move is one which happens for reasons which are not related to that patient's

	clinical circumstances.
What do our patients say?	<p>"I was woken in the middle of the night to be moved to another room, I wasn't happy about it, but did understand that my bed was needed by someone who needed constant supervision."</p> <p>"I moved wards more than once and more from South Bristol to BRI. Communication of these moves should have prepared me better - at times I had less than 1hr. My friends were not sure what hospital or ward I was on (don't have a mobile) and staff too busy to organise mobile phone."</p>
What will we do?	Agree inclusion and exclusion criteria and develop a standard operating procedure.
Measurable target/s for 2015/16	The indicator will be the average number of ward moves per patient, for patients staying a minimum of two nights. Our goal is to achieve last year's target – an average of no more than 1.92 moves per patient.
How progress will be monitored	Progress with this objective will be monitored through emergency access steering group.
Board sponsor	Chief operating officer
Implementation lead	Associate director of operations

<b>Objective 3</b>	<b>To ensure patients are treated on the right ward for their clinical condition</b>
Rationale and past performance	We set this objective last year, but did not achieve our goal. Our target in 2014/15 was to reduce the total number of outlier bed days. Performance in 2013/14 was 10,622; our target for 2014/15 was 9,029; we reported 11,216 outlier bed days for 2014/15 as a whole. There was a significant reduction in outlier bed days in February and March 2015 as expected.
What do our patients say?	"I was an inpatient for 3 weeks I was only on the ward I should have been on for one of those weeks. I would have been much happier if I could have been on the correct ward for the whole of my stay as I felt I was just being put anywhere. I was moved 3 times before I went to the right ward."
What will we do?	Link into pathway review work and urgent care programme
Measurable target/s for 2015/16	As in 2014/15, the indicator will be the total number of bed days patients spent outlying from their correct specialty ward. Our goal is to achieve last year's target – no more than 9,029 outlier bed days in total, with seasonally adjusted quarterly targets.
How progress will be monitored	Progress with this objective will be monitored through emergency access steering group.
Board sponsor	Chief operating officer
Implementation lead	Associate director of operations

<b>Objective 4</b>	<b>Improving patient discharge</b>
Rationale and past performance	Not achieving our SAFER <sup>6</sup> bundle standards or timely discharge planning.
What do our patients say?	"My overall experience of the stay in hospital was very good. Only thing that could have been better was the time it took in the discharge lounge to receive the medication."

<sup>6</sup> Senior review, Assessment, Flow, Early discharge and Review

	<p>"It would be helpful to know of your discharge the day before, with the understanding that the final decision is made by the doctor on the day."</p> <p>"Even though we were aware of discharge date and confirmation was given that morning we waited hours for a discharge letter."</p>
What will we do?	<p>We will ensure more patients are discharged in a timely manner. We will adhere to all aspects of our discharge 'bundles' – delivering our discharge standards every time.</p> <p>The recent Breaking The Cycle Together (BTCT) week had a significant focus on patient discharge; it is proposed that the detail of this objective will be finalised as part of the BTCT programme review process, and may become a transformation project for 2015/16.</p>
Measurable target/s for 2015/16	<ol style="list-style-type: none"> <li>1. At least 1,100 patients per month to be discharged between 7am and 12 noon (this will be a stretching target – the highest monthly total during 2014/15 was 992; performance in March 2015 was 887).</li> <li>2. Percentage of wards in scope that complete the Trust's ward processes implementation project (target 100%).</li> </ol>
How progress will be monitored	Via transformation board (to be confirmed).
Board sponsor	Chief operating officer
Implementation lead	Associate director of operations

<b>Objective 5</b>	<b>To improve how the Trust communicates with patients</b>
Rationale and past performance	A large proportion of complaints and informal feedback received by the Trust relate to the poor quality of written and telephone communications patients and carers have with the Trust. In response to this, the executive team has commissioned a Trust-wide improvement project to identify key areas of improvement required, and leads/project groups to deliver the required improvement in specific areas. The project will last for at least two years.
What do our patients say?	<p>"The automatic appointment system left me extremely anxious. NO indication as to which ward I should report to, level or who for my pre-op appointment which came out of the blue - a real shock. I finally had to telephone my referral doctors secretary to get the name of your surgeon to find out who to contact. The appointment line was having 2 days training session so had to wait until after the weekend - day before at 7.30am appointment to find out. I am sure with everything else so well run you would like to look into this system."</p> <p>"Letter referred to MDT. What is that? Plain language would help. Previous letters have been very tardy in being signed/posted or on one occasion, not received at all."</p> <p>"I had to phone for my follow up appointment, I am receiving that 2 weeks later than I was told. I would still be waiting if I had not contacted them. This is not the first time this has happened, I feel your clerical side needs looking into."</p>
What will we do?	<p>In 2015/16, we will focus on improving the quality of appointment letters sent to patients. We will:</p> <ul style="list-style-type: none"> <li>- define the scope of the project</li> <li>- establish a project steering group and specific project groups/individuals to lead workstreams</li> <li>- monitor delivery against the actions identified and, wherever</li> </ul>

	possible, undertake regular measurement to provide assurance of progress, completion and impact.
Measurable target/s for 2015/16	This is a developmental objective. Our goal is to improve the quality of, and standardise the format of, all appointment letters that are sent to patients (electronically and non-electronically generated). We will test this through proactive engagement with patients (for example via surveys or focus groups).
How progress will be monitored	Via steering group.
Board sponsor	Chief operating officer
Implementation lead	Associate director of operations

<b>Objective 6</b>	<b>To improve the quality of written complaints responses</b>
Rationale and past performance	Too many complainants tell us that they are dissatisfied with our complaints responses. Our response letters are consistently detailed and professional, but they often lack empathy and occasionally fail to address key issues. The choice of objective is supported by feedback from Bristol Clinical Commissioning Group (CCG) quarterly reviews and the findings of an independent review by the Patients Association. In 2013/14, 62 complainants contacted us because there were aspects of our complaints response that they were dissatisfied with; in 2014/15, this figure had increased to 84.
What do our patients say?	<p>“Language barrier and many people scared to complain because it’s very difficult if person can’t explain exactly the situation. I explained my situation, but when I get response I ignore letter because was too complicated and too many things I didn’t understand.”</p> <p>“The reply letter I received was quite defensive. It gave me the impression they were responding just because they had to rather than genuinely apologising for my upset.”</p> <p>“The letter in fact said in some cases ‘This is obviously unacceptable and we apologise’ but it didn’t say what action they would then take.”</p>
What will we do?	<p>We will:</p> <ul style="list-style-type: none"> <li>- roll out targeted training to all divisions</li> <li>- continue to deliver complaints training as part of the Leadership for Leaders course</li> <li>- introduce a good practice checklist to be completed for all complaints</li> <li>- update the Trust’s standard operating procedure for how to write a good response letter</li> <li>- identify where there are opportunities for complainants to be involved in developing the solution to the issues they have identified</li> <li>- implement changes to the Trust’s response letter template, incorporating advice from the Patients Association and identified good practice from peer Trusts.</li> </ul>
Measurable target/s for 2015/16	To be confirmed: the target will be to achieve a rate of less than 5 per cent of dissatisfied complainants in the second half of 2015/16, with an ‘amber’ target of less than 10 per cent. This will require a change to how we report our performance to the Board in future; measured in this way, our performance for 2014/15 was 11.1 per cent. Informal benchmarking with other NHS Trusts suggests that rates of dissatisfied complainants are typically in the range of 8 to 10 per cent.

How progress will be monitored	Implementation of the actions described here will be monitored via the patient experience group (reports due in June and October 2015, and February 2016). The impact of these changes will be monitored by the Board via numbers of dissatisfied complainants; randomly selected responses will also continue to be reviewed at joint quarterly review meetings with Bristol CCG.
Board sponsor	Chief nurse
Implementation lead	Head of quality (patient experience & clinical effectiveness) and patient support & complaints manager)

<b>Objective 7</b>	<b>To improve the management of sepsis</b>
Rationale and past performance	Sepsis is recognised as a significant cause of mortality and morbidity in the NHS, with around 37,000 deaths attributed to sepsis annually; of these, some estimates suggest 12,500 could have been prevented. Problems in achieving consistent recognition and rapid treatment of sepsis nationally are thought to contribute to the number of preventable deaths from sepsis. Locally, we have identified – through mortality reviews and incident investigations into deteriorating patients – that we can improve our management of patients with sepsis. Therefore, this is one of the sub workstreams of our patient safety improvement programme for 2015 to 2018. In 2014/15, we agreed a multifaceted sepsis CQUIN (Commissioning for Quality and Innovation) with our commissioners, with an overall aim to sustain mortality from sepsis at 16 per cent or below. We achieved a mortality rate of 15.2 per cent.
What will we do?	We are currently discussing with commissioners details of a sepsis CQUIN for 2015/16. This will inform our sepsis quality achievement and the initial sepsis improvement focus of our patient safety improvement programme.
Measurable target/s for 2015/16	Details of national CQUIN targets are being discussed with commissioners at the time of writing.
How progress will be monitored	To be agreed
Board sponsor	Medical director
Implementation lead	Adult services – Dr J Bewley, consultant in intensive care Children’s services – Dr W Christian, consultant in paediatric medicine

<b>Objective 8</b>	<b>To improve the experience of cancer patients</b>
Rationale and past performance	The Trust achieved disappointing results in the 2014 national cancer patient experience survey. These results were significantly at variance with those achieved by the Trust in other national patient surveys.
What do our patients say?	“It was very efficient, but, somewhat, I felt disjointed, as I started at Southmead Hospital then went to the oncology at Bristol. I'm not always sure now where to go if I have a medical problem i.e. GP, breast care nurse.” “The hospital needed someone who could hold my overall treatment who I could readily contact.” “The nurses and staff are very understanding and friendly. Always willing to listen to patients and are helpful when needed.”
What will we do?	The Trust will deliver an 18 month improvement programme, the core elements of which will be to:

	<ul style="list-style-type: none"> <li>- repeat an 'in-house' survey of recent UH Bristol cancer patients (completed January to March 2015)</li> <li>- working in collaboration with the Patients Association, carry out a series of patient engagement and involvement activities with cancer patients, to fully understand their experience of our services</li> <li>- work with high-performing acute NHS Trusts, local health and social care partners, patient advocate organisations, and our own staff to identify and implement improvements to our cancer services</li> <li>- monitor the actions identified, and wherever possible undertake regular measurement to provide assurance of progress, completion and impact.</li> </ul>
Measurable target/s for 2015/16	<p>The key measurement will be the Trust's scores in the next national cancer patient experience survey; however, this has been delayed until 2016. In the meantime, we will:</p> <ul style="list-style-type: none"> <li>- complete planned listening exercises and thematic analysis</li> <li>- track progress of the Trust's existing comprehensive action plan, in line with the agreed 18 month timescale</li> <li>- repeat the Trust's 'in-house' cancer patient experience survey in quarter 3 of 2015/16.</li> </ul>
How progress will be monitored	Quarterly reports to cancer steering group.
Board sponsor	Chief operating officer
Implementation lead	Cancer lead nurse

<b>Objective 9</b>	<b>To reduce appointment delays in outpatients, and to keep patients better informed about any delays</b>
Rationale and past performance	A large number of recommended improvement actions arising from the Trust's CQC inspection are about outpatient services. There is consensus amongst senior Trust staff that this should be reflected in our corporate objectives – and communication about waiting times is something that our patients consistently tell us that we can do better (also reflected in feedback from our online survey).
What do our patients say?	<p>"I had to wait for 1 and a half hours to be seen for approx. 7 minutes!! It seemed the consultant was totally overbooked."</p> <p>"Whilst this visit was very on time other visits have not been. Sometimes up to 1hr wait."</p>
What will we do?	An action plan will be developed via the Trust's outpatient steering group. This will include a multi-faceted approach to improving communication with patients about any delays they are likely to experience while waiting for a clinic appointment. We will establish baseline targets during quarter 1 of 2015/16.
Measurable target/s for 2015/16	<p>To be confirmed: the intention is to set achievable patient-reported targets based around four survey questions that appear in the National Outpatient Survey:</p> <ul style="list-style-type: none"> <li>- how long after the stated appointment time did the appointment start?</li> <li>- were you told how long you would have to wait?</li> <li>- were you told why you had to wait?</li> <li>- did you see a display board in the clinic with waiting time information on it?</li> </ul>



How progress will be monitored	Reports to outpatient steering group
Board sponsor	Chief operating officer
Implementation lead	Associate director of operations

### 2.1.2.1 How we selected these objectives

These objectives have been developed to take into account:

- the goals of our Quality Strategy
- our desire to maintain our focus on any quality objectives that were not achieved in 2014/15
- views expressed by our members at a specially convened meeting in January 2015
- feedback from our governors
- feedback from staff and members of the public via an online survey
- feedback from patients via ongoing surveys
- findings from the CQC's comprehensive inspection of the Trust in September 2014
- the views and quality priorities of the Trust Board.

## 2.2 Statements of assurance from the Board

### 2.2.1 Review of services

During 2014/15, UH Bristol provided relevant health services in 70<sup>7</sup> specialties via five clinical divisions (Medicine; Surgery, Head and Neck; Women's and Children's Services; Diagnostics and Therapy; and Specialised Services).

During 2014/15, the Trust Board has reviewed selected high-level quality indicators covering the domains of patient safety, patient experience and clinical effectiveness as part of monthly performance reporting. Sufficient data was available to provide assurance over the services provided by the Trust. The Trust also receives information relating to the review of quality of services in all specialties via, for example, the Clinical Audit Annual Report. The income generated by UH Bristol services reviewed in 2014/15 therefore, in these terms, represents 100 per cent of the total income generated from the provision of relevant health services by the Trust for 2014/15.

### 2.2.2 Participation in clinical audits and national confidential enquiries

For the purposes of the Quality Report (Quality Account), the Department of Health publishes an annual list of national audits and confidential enquiries, participation in which is seen as a measure of the quality of a provider Trust's clinical audit programme. This list is not exhaustive, but rather aims to provide a baseline for Trusts in terms of percentage participation and case ascertainment<sup>8</sup>. The detail which follows relates to this list.

<sup>7</sup> Based upon information in the Trust's Statement of Purpose (which is in turn based upon the Mandatory Goods and Services Schedule of the Trust's Terms of Authorisation with Monitor)

<sup>8</sup> In other words, how many cases we submit compared to how many we are told we should submit, according to the requirements of the audit

During 2014/15, 37 national clinical audits and two national confidential enquiries covered relevant health services that University Hospitals Bristol NHS Foundation Trust provides.

During 2014/15, University Hospitals Bristol NHS Foundation Trust participated in 100 per cent (37/37) of national clinical audits, and 100 per cent (2/2) of national confidential enquiries it was eligible to participate in.

The national clinical audits and national confidential enquiries that University Hospitals Bristol NHS Foundation Trust has been eligible to participate in during 2014/15 are as follows:

Name of audit / Clinical Outcome Review Programme	Participated
<b>Acute</b>	
Case Mix Programme (CMP)	Yes
Adult Community Acquired Pneumonia	Yes
Major Trauma: The Trauma Audit & Research Network (TARN)	Yes
National confidential enquiry into patient outcome and death (NCEPOD)	Yes
National emergency laparotomy audit (NELA)	Yes
National Joint Registry (NJR)	Yes
Non-Invasive Ventilation	Yes
Pleural Procedures	Yes
Mental health (care in emergency departments)	Yes
Older people (care in emergency departments)	Yes
Fitting child (care in emergency departments)	Yes
<b>Blood and Transplant</b>	
National Comparative Audit of Blood Transfusion programme	Yes
<b>Cancer</b>	
Bowel cancer (NBOCAP)	Yes
Head and neck oncology (DAHNO)	Yes
Lung cancer (NLCA)	Yes
Oesophago-gastric cancer (NAOGC)	Yes
<b>Heart</b>	
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes
Cardiac Rhythm Management (CRM)	Yes
Congenital heart disease (Paediatric cardiac surgery) (CHD)	Yes
Coronary Angioplasty/National Audit of PCI	Yes
National Adult Cardiac Surgery Audit	Yes
National Cardiac Arrest Audit (NCAA)	Yes
National Heart Failure Audit	Yes
National Vascular Registry	Yes
<b>Long term conditions</b>	
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	Yes
Diabetes (Paediatric) (NPDA)	Yes
Inflammatory bowel disease (IBD)	Yes
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	Yes
Renal replacement therapy (Renal Registry)	Yes
Rheumatoid and early inflammatory arthritis	Yes
<b>Older People</b>	

Falls and Fragility Fractures Audit Programme (FFFAP)	Yes
Sentinel Stroke National Audit Programme (SSNAP)	Yes
<b>Other</b>	
Elective surgery (National PROMs Programme)	Yes
<b>Women's &amp; Children's Health</b>	
Epilepsy 12 audit (Childhood Epilepsy)	Yes
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Yes
Neonatal intensive and special care (NNAP)	Yes
Paediatric intensive care (PICANet)	Yes

The national clinical audits and national confidential enquiries that University Hospitals Bristol NHS Foundation Trust participated in – and for which data collection was completed during 2014/15 – are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (where known).

Name of audit / Clinical Outcome Review Programme	% Cases Submitted
<b>Acute</b>	
Case Mix Programme (CMP)	1202*
Major Trauma: The Trauma Audit & Research Network (TARN)	69% (323/471)
National confidential enquiry into patient outcome and death (NCEPOD)	80% (35/44)
National emergency laparotomy audit (NELA)	97% (160/165)
National Joint Registry (NJR)	100% (48/48)
Non-Invasive Ventilation	25*
Pleural Procedures	4*
Mental health (care in emergency departments)	94% (47/50)
Older people (care in emergency departments)	65% (65/100)
Fitting child (care in emergency departments)	100% (54/54)
<b>Blood and Transplant</b>	
National Comparative Audit of Blood Transfusion programme	38*
<b>Cancer</b>	
Bowel cancer (NBOCAP)	190*
Head and neck oncology (DAHNO)	166*
Lung cancer (NLCA)	87% (157/180)
Oesophago-gastric cancer (NOGCA)	142*
<b>Heart</b>	
Acute coronary syndrome or Acute myocardial infarction (MINAP)	889*
Cardiac Rhythm Management (CRM)	211*
Congenital heart disease (Paediatric cardiac surgery) (CHD)	100% (777/777)
Coronary Angioplasty/National Audit of PCI	100% (1473/1473)
National Adult Cardiac Surgery Audit	100% (1488/1488)
National Cardiac Arrest Audit (NCAA)	121*
National Heart Failure Audit	358*
National Vascular Registry	279*
<b>Long term conditions</b>	
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	479*

Diabetes (Paediatric) (NPDA)	484*
Inflammatory bowel disease (IBD)	86% (43/50)
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	84% (36/43)
Renal replacement therapy (Renal Registry)	54*
Rheumatoid and early inflammatory arthritis	7*
<b>Older People</b>	
Falls and Fragility Fractures Audit Programme (FFFAP)	100% (370/370)
Sentinel Stroke National Audit Programme (SSNAP)	>90% (495)
<b>Other</b>	
Elective surgery (National PROMs Programme)	65% (98/150)
<b>Women's &amp; Children's Health</b>	
Epilepsy 12 audit (Childhood Epilepsy)	33*
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	100% (6/6)
Neonatal intensive and special care (NNAP)	100% (2494/2494)
Paediatric intensive care (PICANet)	100% (662/662)

\*No case requirement outlined by national audit provider

The reports of 10 national clinical audits were reviewed by the provider in 2014/15. University Hospitals Bristol NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

#### **British Thoracic Society (BTS) Emergency Oxygen Audit**

- education sessions on oxygen prescription have been established for foundation year doctors
- oxygen prescription cards have been implemented in the medical admissions unit, and guidelines for the administration of oxygen have been updated
- a quality improvement project focusing on oxygen prescription is underway.

#### **College of Emergency Medicine audits**

- education and training around the management of patients with renal colic has been delivered to doctors and nurses within the emergency department at the BRI. This audit stressed the importance of pain control and the use of the urology referral form to capture required information. The department 'message of the week' was used to highlight learning from the audit
- fluid balance forms have been made available in the resuscitation area of the emergency department in the BRI to improve the management of patients with severe sepsis/septic shock.

#### **National Cancer Audits**

- data completeness has improved significantly (most key fields above national average) and full clinical checks for all audits in 2014
- the oesophago-gastric cancer audit was included in the centrally managed programme successfully for first time in 2014
- there has been an increase in proactive data collection; the majority of this work is now delegated to MDT coordinators and teams, supported by full guidance and data completeness trackers
- the Trust's cancer services manager continues to take lead role in advising the Cancer Register on configuration to support successful data collection, and is closely involved in national discussions regarding the future direction of the DAHNO (Data for Head and Neck Oncology) audit.

### **National Cardiac Arrest Audit (NCAA)**

- further emphasis is being placed on DNACPR (do not attempt resuscitation) and TEPP (treatment escalation personalised plans) during resuscitation teaching sessions, with continued education about recognising deteriorating patients
- the Trust is now submitting data on paediatric cardiac arrests as well as adult.

### **National Diabetes Audit – Pregnancy in Diabetes**

- a database or spreadsheet is to be created, which will allow capture of specific baseline data (for example folic acid prescribing) at the first clinic visit, and facilitate analysis of UH Bristol specific data
- liaison with primary care and education regarding pre-conception counselling regarding glycaemic control, folic acid use etc. is underway; discussions include a focus on the increasing proportion of women with Type 2 diabetes becoming pregnant, including high risk ethnic minority groups and obese women. The endocrine antenatal team will continue to run training days for community midwives
- the endocrine team is fully engaged with the established South West diabetes in pregnancy regional network to support regional service development, sharing of data and ideas, and agreeing consensus on best practice
- the capacity of the antenatal endocrine service is currently being reviewed, with a view to increasing the frequency of contact with patients to support improved glycaemic control.

### **National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme**

- the Trust's admission pro forma is being redesigned to help record the required patient data relating to their COPD exacerbation. This will include the ability to record the patient's DECAF (dyspnoea, eosinopenia, consolidation, acidaemia and fibrillation) score
- smoking cessation and referral to pulmonary rehabilitation is now a matter of course after introducing the formal discharge bundle of care
- the Trust is in the process of purchasing portable spirometers for its three respiratory wards and the medical assessment unit.

### **Falls and Fragility Fractures Audit Programme**

- a new theatre improvement project is underway, specifically focused on orthopaedic theatre utilisation and efficiency
- job plan changes have been agreed that will improve the spread of trauma time across the week, and enable an additional hip fracture case to be undertaken at the start of planned limb reconstruction theatre lists
- new guidelines are being introduced for anaesthetising patients undergoing hip fracture repair.

The reports of 244 local clinical audits were reviewed by University Hospital Bristol NHS Foundation Trust in 2014/15; summary outcomes and actions reports are reviewed on a bi-monthly basis by the clinical audit group. UH Bristol has taken appropriate action to improve the quality of healthcare provided – full details will be published in the Trust's Clinical Audit Annual Report for 2014/15<sup>9</sup>.

## **2.2.3 Participation in clinical research**

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<sup>9</sup> Available via the Trust's internet site from July 2015

We are proud of the research we lead and take part in, and of our contribution to the evidence that improves the care the NHS provides.

We are committed to offering patients the opportunity to take part in research when they are receiving relevant health services provided or sub-contracted by UH Bristol. The number of patients receiving relevant health services provided by University Hospitals Bristol NHS Foundation Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 11,000; this was an increase over the previous year of 17 per cent. Of these patients, 86 per cent were recruited into research on the National Institute for Health Research (NIHR) portfolio. As of 31 March 2015, we have 725 active research projects, 67 of which are our own sponsored studies. They include clinical trials of investigational medicinal products, and interventional trials such as surgical trials.

Number of active non-commercial (portfolio) projects – 431
Number of active non-commercial (non-portfolio) projects – 138
Commercial studies registered – 116 (89 portfolio studies)
Number of recruits in non-portfolio non-commercial trials – 1,120
Number of recruits in portfolio non-commercial trials – 9,896
Number of recruits in commercial trials – 368

Over the last year, we have focused on a number of areas, including: developing high quality grant applications so our clinicians can contribute directly to how patient care is delivered through the evidence they generate; giving access to research for patients by opening important trials; increasing our efficiency in setting up grants; opening and recruiting into trials to make best use of the funding we receive; and encouraging industry partners to bring research to the UK.

Our collaborative working is very important to us. As a University Hospital, teaching, research and clinical care are strengthened by our NHS clinicians working alongside clinical academics in our hospitals and across the city. We work closely with university colleagues to develop and deliver world class, pioneering research, with particular strength in surgical trials, through our two registered UK Clinical Research Collaboration Clinical Trials Units – the Royal College of Surgeons Bristol Centre for Surgical Research, and the Medical Research Council ConDuCT-II Methodology Research Hub.

Our key areas of NIHR grant activity in 2014/15 have been across a range of specialties, including: cardiovascular disease; diet, lifestyle and nutrition; ophthalmology; surgery; emergency medicine; rheumatology and infection.

One year into our relationship as host for the NIHR Clinical Research Network: West of England, our children's research staff have made a successful transition from the previous research network structures into a new divisional team within the Women's and Children's Division. This will broaden the opportunities for patients in those services to take part in research. Also a year old, NIHR CLAHRC West (Collaboration for Leadership in Applied Health Research & Care) is now established. It is working with clinicians and academics to change the way services are delivered across the region, focusing particularly on projects that improve the management of chronic diseases, public health interventions, and population health.

One of our most exciting achievements during the year was agreeing the first research CQUIN nationally. Designed to make research more widely available, we recruited our target number of patients with myeloma, tumours of the brain, coronary artery disease, and heart failure, broadening access to research for these patient groups in oncology and cardiology.

#### **2.2.4 CQUIN framework (Commissioning for Quality and Innovation)**

A proportion of University Hospitals Bristol NHS Foundation Trust's income in 2014/15 was conditional upon achieving quality improvement and innovation goals agreed between University Hospitals Bristol NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. The amount of potential income in 2014/15 for quality improvement and innovation goals was approximately £9.63m based on the sums agreed in the contracts.

The delivery of the CQUINs is overseen by the Trust's clinical quality group. Further details of the agreed goals for previous years are available electronically at <http://www.uhbristol.nhs.uk/about-us/how-we-are-doing/>.

The CQUIN goals were chosen to reflect both national and local priorities. 24 CQUIN targets were agreed, covering more than 45 measures. There were three nationally specified goals: Friends and Family Test (staff FFT, early implementation in outpatients and day case, increase or maintain FFT response rate on wards and emergency departments), NHS Safety Thermometer (reduce the incidence of falls, and joint work with the community on pressure ulcers and infection control) and dementia care (improve case finding and referral for emergency admission, provide clinical leadership and education, provide support to carers).

The Trust achieved 18 of the 24 CQUIN targets and six in part, as follows:

- Friends and Family Test
- NHS Safety Thermometer
- Dementia (partial)
- End of life
- Discharge summaries
- Deteriorating patient (partial)
- Reduction in incidence of sepsis
- Nursing and midwifery staffing
- Cancer treatment summaries
- Seven day working (partial)
- Weight management support in maternity for obese women (partial)
- Chronic heart failure
- Implementation of COPD discharge bundle
- Structured diabetes education programme for qualified nursing staff
- Older people's rehabilitation (partial)
- Quality dashboards
- Highly specialised services clinical outcomes collaborative audit meeting
- Increased clinical trial enrolment
- NICU – improved access to breast milk
- Cardiac surgery – inpatient waits within seven days
- Endocrinology outpatient coding
- Medicines management audit/re-attendance rates
- Pelvic Floor Database
- Perinatal pathology reporting times (partial).

#### **2.2.5 Care Quality Commission registration and reviews**

University Hospitals Bristol NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is 'registered without compliance conditions'. The Trust received one CQC inspection during 2014/15.

Between 10 and 12 September 2014, the CQC carried out a comprehensive inspection of services at the Trust's Main Site<sup>10</sup>, South Bristol Community Hospital and the Central Health Clinic. This was the first inspection the Trust had received under the CQC's new system of inspections; it included a review of compliance actions dating from previous CQC inspections of the Bristol Royal Hospital for Children in November 2013 and the Main Site in January 2014, as reported in last year's Quality Report.

Much of the CQC's report was positive; at our Main Site, emergency, maternity, end of life and critical care, and services for children and young people all received a good rating;; whilst medical, surgical and outpatient services were identified as requiring improvement. The leadership of maternity services and the effectiveness of services for children and young people were both highlighted by the CQC as outstanding. South Bristol Community Hospital and the Central Health Clinic<sup>11</sup> received ratings of good for all aspects of care.

Here are some examples for what our inspectors said:

"Safety was a priority for the Trust at every level"

"A shared sense of ambition for the Trust together with an energy and passion for improvement"

"Clear lines of responsibility and accountability from Board to ward"

"Well established frameworks and structures for risk management and quality measurement"

"Staff spoke consistently about the priority given to the quality and safety of patient care"

"Staff talked with real pride about their colleagues and the services that they provided"

In his report, Professor Sir Mike Richards, Chief Inspector of Hospitals, wrote:

"Every service at each location was found to be caring. We observed caring staff providing kind and compassionate care and treatment... There was evidence that staff regularly 'go the extra mile' in providing care."

In total, 44 out of 56 ratings were good or better, and no ratings were inadequate; however, the Trust's overall rating was requires improvement<sup>12</sup>. Areas identified by the CQC for improvement included staff training compliance, outpatient services, and the 'flow' of patients into hospitals and back out into the community. The Trust is working internally and with our partners in health and social care to reduce delays for ambulances arriving at the emergency department, and to ensure effective and timely discharge planning. The Trust's full CQC inspection report can be read at <http://www.cqc.org.uk/provider/RA7>.

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<sup>10</sup> The Main Site is a registration term used by UH Bristol to encompass the following hospitals on its city centre campus: Bristol Royal Infirmary (including the Bristol Heart Institute), Bristol Royal Hospital for Children, St Michael's Hospital, Bristol Eye Hospital, Bristol Dental Hospital and Bristol Haematology and Oncology Centre

<sup>11</sup> The Central Health Clinic provides sexual health services

<sup>12</sup> Approximately 80% of NHS Trusts inspected under the new system have received this rating



Table 4 – CQC ratings for UH Bristol Main Site

	Safe	Effective	Caring	Responsive	Well-led	Overall
Accident and emergency	Good	Not rated	Good	Requires improvement	Good	Good
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and family planning	Good	Good	Good	Good	Outstanding	Good
Services for children and young people	Good	Outstanding	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
<b>Overall</b>	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

**Notes**

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for outpatients and diagnostic imaging.

Table 5 – CQC ratings for South Bristol Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Good	Good	Good
<b>Overall</b>	Good	Good	Good	Good	Good	Good

Table 6 – CQC ratings for UH Bristol Central Health Clinic

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

The CQC has not taken enforcement action against the Trust in 2014/15 or issued any formal outlier alerts. UH Bristol’s most recent CQC Intelligent Monitoring report lists the Trust in Band 5<sup>13</sup>.

### 2.2.6 Data quality

UH Bristol submitted records during 2014/15 to the Secondary Uses service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data:

- which included the patient’s valid NHS number was: 99.4 per cent for admitted patient care; 99.7 per cent for outpatient care; and 96.0 per cent for accident and emergency care (these values are the same as in 2013/14)
- which included the patient’s valid general practice code was: 100 per cent for admitted patient care; 100 per cent for outpatient care; and 99.7 per cent for accident and emergency care. (These are an improvement on 2013/14 validity scores).

(Data source: NHS Information Centre, SUS Data Quality Dashboard, April 2014 - January 2015 as at Month 10 inclusion date)

UH Bristol’s information governance assessment report overall score for 2014/15 was 66 per cent and was graded Level 2.

UH Bristol has not been subject to a national Payment by Results Audit in 2014/15 as the accuracy of clinical coding is within accepted norms.

In 2014/15, the accredited auditor for the Trust’s clinical coding team undertook an audit of 100 Finished Consultant Episodes in cardiac surgery and cardiology. The following levels of accuracy were achieved:

- primary procedure accuracy: 98.9 per cent
- primary diagnosis accuracy: 90.0 per cent.

(Due to the sample size and limited nature of the audit, these results should not be extrapolated.)

The Trust has taken the following actions to improve data quality:

<sup>13</sup> CQC Intelligent Monitoring draft report

- the data quality programme involves a number of regular data quality checks and audits throughout the year, including checking against patient notes. This takes place across the Trust and all issues with data quality are reported back to the information risk management group for appropriate action
- internal audit has audited a sample of outpatient areas to check the accuracy of outpatient data on the Medway patient administration system this year. It recommended that there should be more checking of key patient data with the patient when presenting in clinic, particularly for GP practice details. It also recommended updating processes with systems to keep GP practice data updated. This has been completed, and the Trust has now achieved 100 per cent for valid GP practice code for admitted patients.

## Part 3

### Review of services in 2014/15

#### 3.1 Mandated quality indicators

In February 2012, the Department of Health and Monitor announced a new set of mandatory quality indicators for all Quality Accounts and Quality Reports. The Trust's performance in 2014/15 is summarised in the table below. Where relevant, reference is also made to pages of our Quality Report, where related information can be found. The Trust is confident that this data is accurately described in this Quality Report. A Data Quality Framework has been developed by the Trust, which encompasses the data sets that underpin each of these indicators and addresses the following dimension of data quality: accuracy, validity, reliability, timeliness, relevance and completeness. The Framework describes the process by which the data is gathered, reported and scrutinised by the Trust. Further details are available upon request. (Comparisons shown are against a benchmark group of all acute Trusts, with the exception of patient safety incidents, where the benchmark group is acute teaching hospitals only).

Table 7

Mandatory indicator	UH Bristol 2014/15	National average 2014/15	National best 2014/15	National worst 2014/15	UH Bristol 2013/14	Page ref.
Venous thromboembolism risk assessment	98.0% Apr-Dec14	96.0% Apr-Dec14	100% Apr-Dec14	87.7% Apr-Dec14	98.0%	30
<i>Clostridium difficile</i> rate per 100,000 bed days (patients aged 2 or over)	14.6 Apr14-Jan15	15.0 Apr14-Jan15	0 Apr14-Jan15	60.5 Apr14-Jan15	14.6	31
Rate of patient safety incidents reported per 1,000 bed days	54.80 Apr14-Sep14	35.38 Apr14-Sep14	94.84 <sup>14</sup> Apr14-Sep14	0.24 Apr14-Sep14	46.28	39
Percentage of patient safety incidents resulting in severe harm or death	0.44% Apr14-Sep14	0.49% Apr14-Sep14	0% Apr14-Sep14	4.2% Apr14-Sep14	0.36%	39
Responsiveness to inpatients' personal needs	Comparative data for 2013/14 (2012/13 in brackets): UH Bristol score 71.7 (72.4); England median 68.1 (67.4); low 54.4 (57.4); high 84.2 (84.4). Comparative data for 2014/15 will not be available from the Health & Social Care Information Centre until August 2015).					N/A
Percentage of staff who would recommend the provider	70.5% 2014 Staff Survey	67.5% 2014 Staff Survey	92.8% 2014 Staff Survey	38.2% 2014 Staff Survey	74.1% 2013 Staff Survey	54
Summary Hospital-level Mortality Indicator (SHMI) value and banding	95.8 (Band 2 "As Expected") Jul13-Jun14	100 Jul13-Jun14	54.1 Jul13-Jun14	119.8 Jul13-Jun14	96.1 (Band 2 "As Expected") Apr13-Mar14	60
Percentage of patient deaths with specialty code of 'Palliative medicine' or diagnosis code of 'Palliative care'	21.7% Jul13 – Jun14	24.8%	0%	49.0%	22.3% Apr13-Mar14	N/A
Patient Reported Outcome Measures	Comparative groin hernia data for 2013/14: 88.9% of UH Bristol patients reported an improved EQ-5D score (national average 50.6%); 33.3% of UH Bristol patients reported an improved EQ-VAS score (national average 37.3%). UH Bristol PROM data for varicose veins does not meet the publication threshold due to small sample size.					65

<sup>14</sup> High levels of reporting are indicative of a positive patient safety culture; the aim is to achieve high levels of reporting accompanied by low levels of incidents resulting in severe harm or death (the goal being zero)

Emergency readmissions within 28 days of discharge: age 0-15	Comparative data for 2011/12: UH Bristol score 7.8%; England average 10.0%; low 0%; high 47.6%. Comparative data is not currently available for 2012/13, 2013/14 or 2014/15 from the Health & Social Care Information Centre.*	68
Emergency readmissions within 28 days of discharge: age 16 or over	Comparative data for 2011/12: UH Bristol score 11.15%; England average 11.45%; low 0%; high 17.15%. Comparative data is not currently available for 2012/13, 2013/14 or 2014/15 from the Health & Social Care Information Centre.*	68

\*this is the same data we reported last year – at the time of writing, more recent data is not available from the Health & Social Care Information Centre.

Note: historical data published by the HSCIC has been adjusted during the last 12 months – this accounts for discrepancies between data listed in this table and corresponding figures published in last year’s Quality Report.

### 3.2 Patient safety

The safety of our patients is central to everything we want to achieve as a provider of healthcare. We are committed to continuously improving the safety of our services, and will focus on avoiding and preventing harm to patients from the care, treatment and support that is intended to help them. We will do this by successfully implementing proactive patient safety improvement programmes and by working to better understand and improve our safety culture. We will also continue to conduct thorough investigations and analyses when things go wrong, identifying and sharing learning, and making improvements to prevent or reduce the risk of a recurrence. We will be open and honest with patients and their families when they have been subject to a patient safety incident, and will strive to eliminate avoidable deaths as a consequence of care we have provided.

**What patients said in our monthly survey:**

*“The treatment and care I received was absolutely first class - excellent all round care. All the staff were highly professional and caring. I felt completely in safe hands.”*

#### 3.2.1 Patient falls

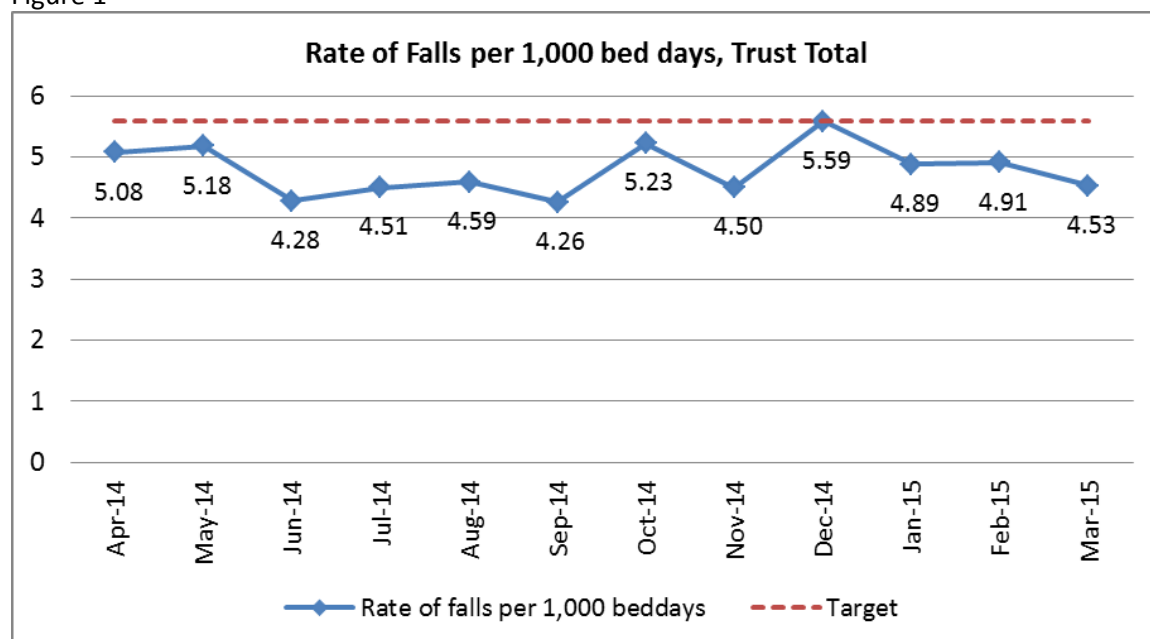
Falls and fractures are a common and serious problem affecting older adult inpatients. Over 250,000 falls are reported each year from hospitals in England alone, resulting in significant personal and financial consequences (Royal College of Physicians 2012).

In 2014/15, we continued to focus on reducing the numbers of inpatient falls and incidences of harm. Common themes identified during the year were that the majority of falls were unwitnessed and age related, with over half of falls occurring in people with a degree of cognitive impairment.

Actions to prevent falls recommended in the Royal College of Physicians Fallsafe report (an evidenced based, multi-professional approach to managing and preventing avoidable falls in hospital) continued to be embedded into clinical practice at UH Bristol in 2014/15, resulting in a reduction in falls over the course of the year. UH Bristol’s falls assistant was able to offer bespoke, face to face training in those areas reporting a higher numbers of falls.

Our target for the year was to achieve fewer falls than the national benchmark of 5.6 per 1,000 bed days (National Patient Safety Agency); we achieved this for every month during 2014/15 (see Figure 1) and an overall rate of 4.8 falls per 1,000 bed days. This reduction has been achieved through a combination of focused work by the falls steering group, the falls assistant, and the promotion of initiatives such as the “Eyes on Legs” campaign, which reminds all staff that they have a responsibility to help reduce falls. A revised falls care plan has been developed and implemented as part of a wider Trust initiative, and will be audited to ensure this is fully embedded in practice across the Trust. Each division reports their progress, incidents and actions to the falls steering group on a monthly basis to ensure learning and any changes in practice required take place.

Figure 1



Source: Falls Base data, UH Bristol

The deputy chief nurse and head of quality (patient safety) have undertaken a review of 16 root cause analysis (RCA) reports following incidents involving falls between April and November 2014. Recurring themes included:

- lack of Fallsafe training for some staff, especially those new to the Trust
- lack of awareness of the post falls protocol noted for doctors and nurses in two cases
- 1:1 requests for staff to support three patients could not be filled
- poor or incomplete documentation noted for both nursing and medical notes, ranging from initial risk assessment, care plan, bathroom and toilet assessment to re-assessment as clinical condition changed
- lack of awareness and or training to use the scoop (a piece of equipment which assists staff in picking up patients who have had a fall)
- handover information when transferring patients was incomplete in two cases
- six of the patients had two or more ward moves; one patient was moved overnight.

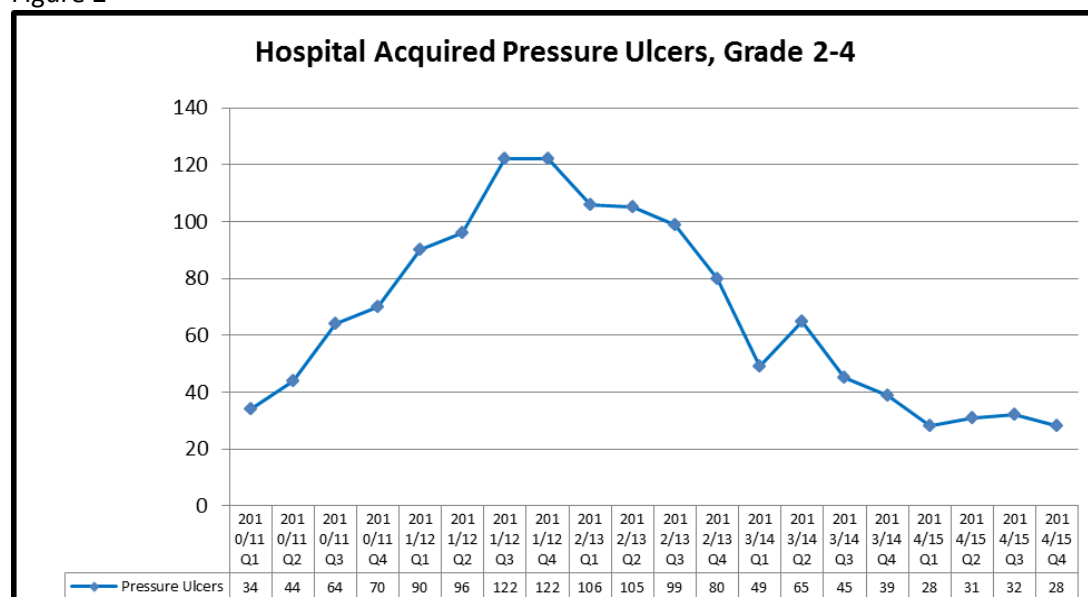
Work to address some of these areas has been undertaken throughout 2014/15. The work of the Trust falls group in 2015/16 will focus on reducing the level of harm to patients as a result of a fall. Additional planned actions include: participation in the national falls audit; further development of the role of Trust falls champions; and a review and update of falls training to include the management of challenging cognitive behaviour, with the aim of further reducing avoidable falls and harm to our patients.

### 3.2.2 Pressure ulcers

Pressure ulcers are defined as localised skin or tissue damage as a direct result of pressure. They can range from small superficial skin damage to deep tissue injury that can lead to life-threatening complications.

In 2014/15, the Trust's target was to achieve fewer than 0.651 category 2 to 4 pressure ulcers per 1,000 bed days. The Trust achieved 0.398 per 1,000 bed days compared to a target of 0.651; this compares with a rate of 0.656 in 2013/2014 (fractionally short of our target for that year), and 1.264 in 2012/13, demonstrating the Trust's continued commitment to pressure ulcer prevention (see Figure 2).

Figure 2



Source: Ulysses Safeguard system

Achieving and sustaining pressure ulcer prevention requires a multifaceted approach. This incorporates: good communication; documentation and clinical rationale, underpinned by national guidance and current best practice. It also requires access to specialist clinicians, equipment, products and dressings in a timely manner.

Achievements during 2014/2015 included:

- weekly reports published on all category 2 to 4 pressure ulcers using national SSKIN tool sent to senior nursing staff and Trust executives, and cascaded to staff demonstrating good practice and areas for improvement
- bi-monthly review of pressure ulcers and feedback to each division through steering group
- development of key performance indicators for the tissue viability service
- implementation of standardised wound assessment documentation (to meet requirement of NICE clinical guideline 29), in alignment with community partners to aid continuity of care and joint working partnerships
- commencement of a three year project to standardise all dressings across acute and community healthcare services in the Bristol, North Somerset, South Gloucestershire area (BNNSSG)
- introduction of a process to provide instant access to dressings and specialist equipment in all clinical areas, including negative pressure wound therapy (NPWT)

- extension of the current monthly pressure ulcer prevention training for all Trust staff to healthcare professionals in partner Trusts and organisations
- development of e-learning for staff on pressure ulcer prevention
- review of all Trust pressure ulcer care plans and risk tools
- implementation of a rolling quality audit programme on wound documentation.

Planned actions for 2015/2016 include:

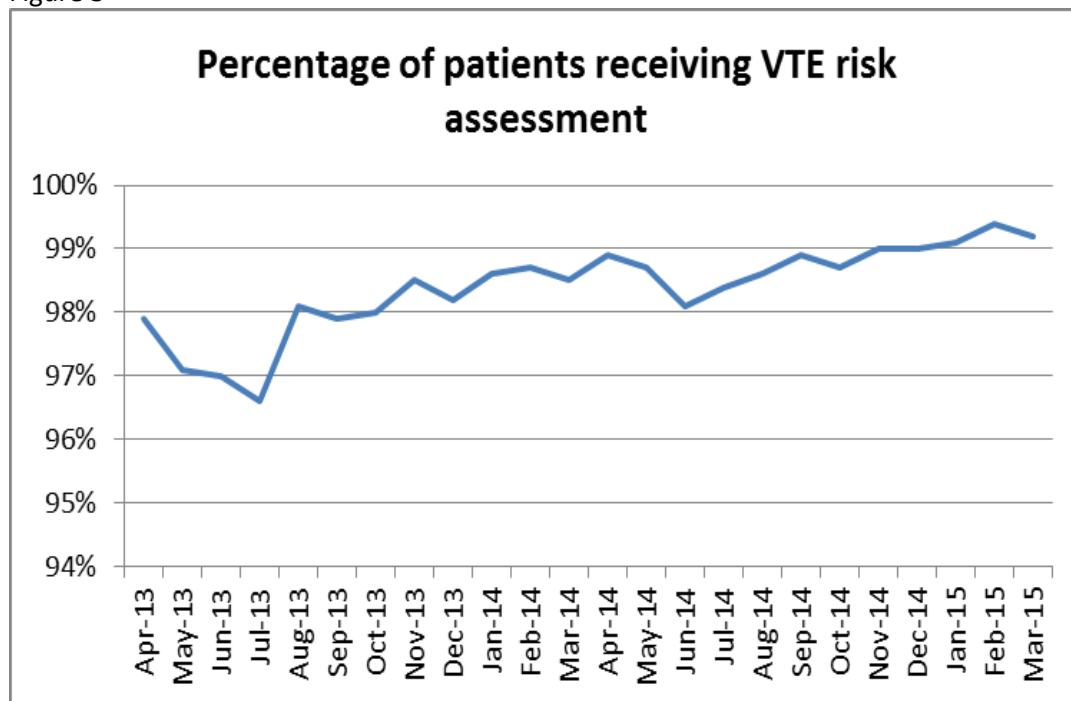
- implementation of new patient-centric pressure ulcer care plans following a review and audit of the current care plan
- working with community partners to develop and implement new patient information leaflets, increasing patient awareness and encouraging greater engagement in self-care, with a consistent message across acute and community environments
- developing second generation e-learning – interactive learning, tailored for different specialities and clinical environments
- implementation of the new dressings formulary within the Trust.

### 3.2.3 Venous thromboembolism (VTE)

*(Mandatory indicator)*

In 2014/15, we have consolidated on our strong performance in 2013/14 and have consistently achieved the required target of greater than 95 per cent of adult inpatients being risk assessed for risk of venous thromboembolism (VTE). For the year as a whole, we achieved 98.8 per cent<sup>15</sup>; this compares with 98.0 per cent in 2013/14. Since November 2014, we have consistently achieved 99 per cent or above.

Figure 3



Source: Ulysses Safeguard system

<sup>15</sup> This figure differs from the 98.0 per cent quoted in table 7, which is from the Health & Social Care Information Centre and covers the first three quarters of the year only

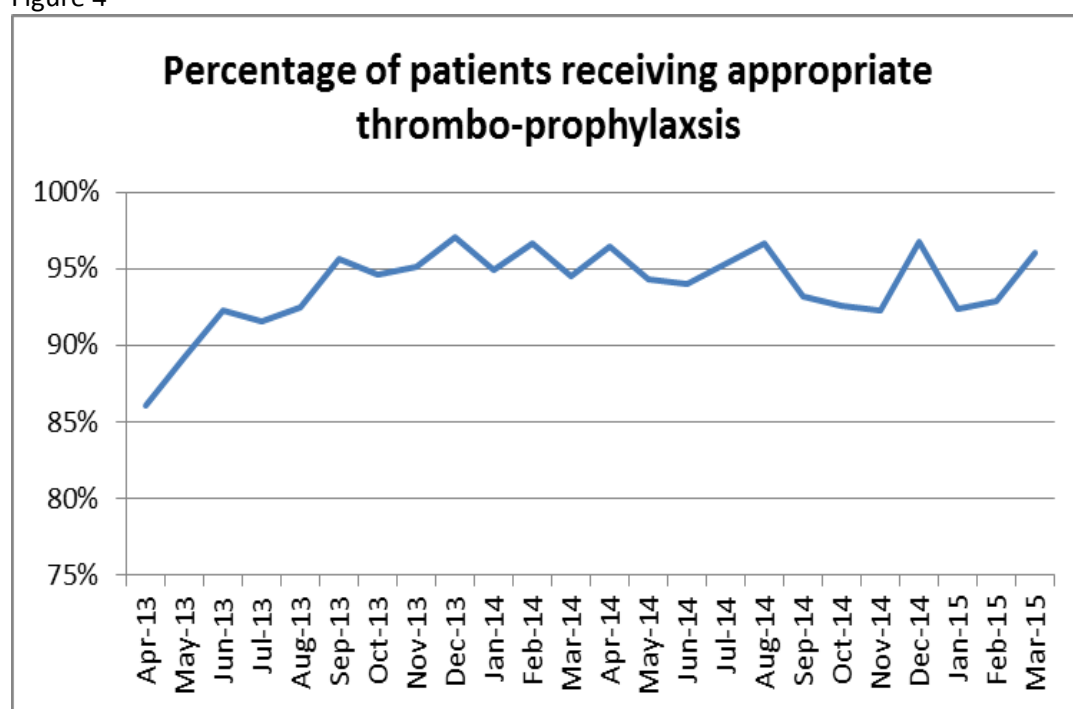


The Trust considers its VTE risk assessment data as described because of the data quality checks that are undertaken, as detailed in the Trust’s data quality framework.

The Trust has taken the following actions in 2014/15 to sustain 95 per cent+ compliance with VTE risk assessments: all hospital associated VTE are subject to a modified root cause analysis (RCA) investigation<sup>16</sup>, and should there be any learning regarding the timeliness or appropriateness of the VTE risk assessments and appropriate thromboprophylaxis, this is shared across the organisation. During the last year, there have been 66 cases of hospital acquired thrombosis (comparative data for 2013/14 is not available); at the time of writing, the Trust is fully up to date with the RCA process. In 2014/15, as a result of these investigations, we have implemented extended thromboprophylaxis for patients with lower limb fractures.

In 2014/15, 94.4 per cent of patients at risk of VTE received appropriate thromboprophylaxis, compared to 93.4 per cent in 2013/14 and 94.6 per cent in 2012/13. See Figure 4 below.

Figure 4



Source: Ulysses Safeguard system

### 3.2.4 Infection control

#### 3.2.4.1 *Clostridium difficile* (Mandatory indicator)

The Trust’s focus on preventing healthcare acquired infections (HCAIs) is constant and ongoing. In 2014/15, a new process was introduced by Public Health England for assessing patients with *Clostridium difficile* to determine whether acquisition was avoidable or non-avoidable.

Although the Trust reported an increase in the total number of cases of *Clostridium difficile* infections in 2014/15 compared with 2013/14 (50 in 2014/15 compared with 38 in 2013/14), our commissioners’ review of these cases confirmed that only eight of the 50 cases were considered

<sup>16</sup> This is a requirement of our commissioners

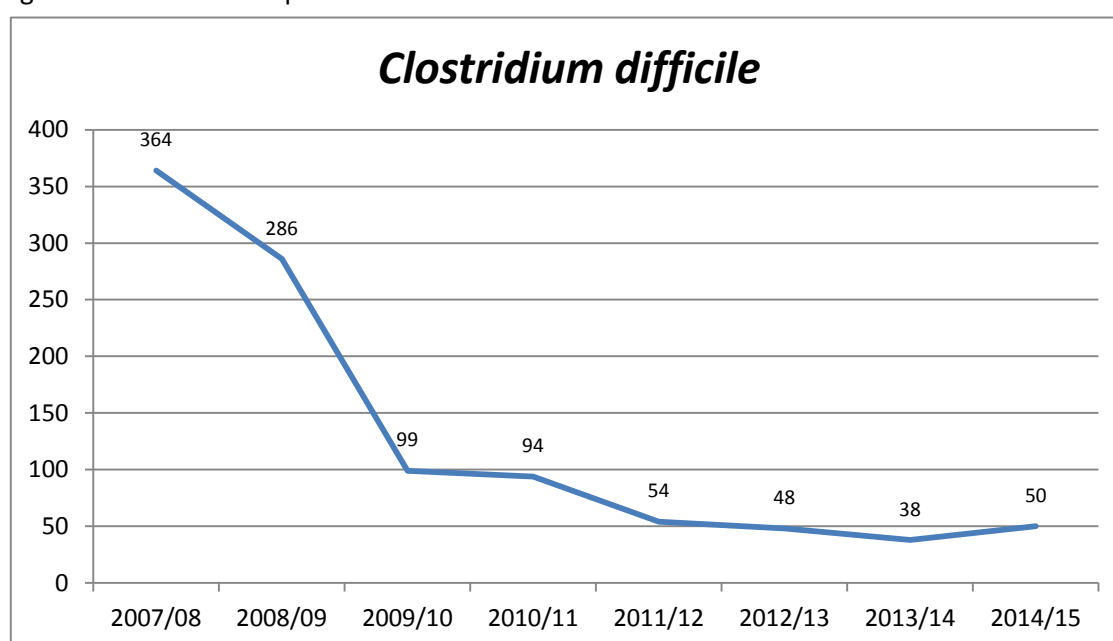
avoidable by the Trust. The Trust was therefore confirmed as having far fewer cases than the centrally set annual limit of 40 cases, and also achieved the limit set for each quarter of 2014/15.

Possible reasons for the increase in the total number of *Clostridium difficile* infections include:

- slowly increasing mean age of patients with significant co-morbidities and immobility
- increased bed occupancy which reduces time for bed-space cleaning
- increased exposure to antibiotics because of respiratory and urinary tract infections in the hospital and community populations.

The Trust considers its *Clostridium difficile* data to be accurate because of the data quality checks that are undertaken, as detailed in the Trust's data quality framework. This framework governs the collection and validation of the data and its submission to a national database.

Figure 5 – Number of reported cases of *Clostridium difficile*



Source: Public Health England Data Capture System

The Trust has taken the following actions in 2014/15 to manage *Clostridium difficile* infection and so improve patient safety:

- patients continue to be nursed in a separate cohort area and are not admitted back into the general patient population for their duration of stay in hospital
- patients are monitored on a daily basis by the infection control team, medical microbiologist and anti-infective pharmacist. When patients are discharged, patients' rooms are deep-cleaned. A hydrogen peroxide vapour is used for added assurance of cleaning
- antibiotic prescribing is monitored
- hand hygiene audits are undertaken each month. If the required standard is not reached, audits are repeated weekly until three consecutive weeks at the required standard are achieved
- patients with *Clostridium difficile* are managed by gastro-intestinal consultants and an infection control doctor.

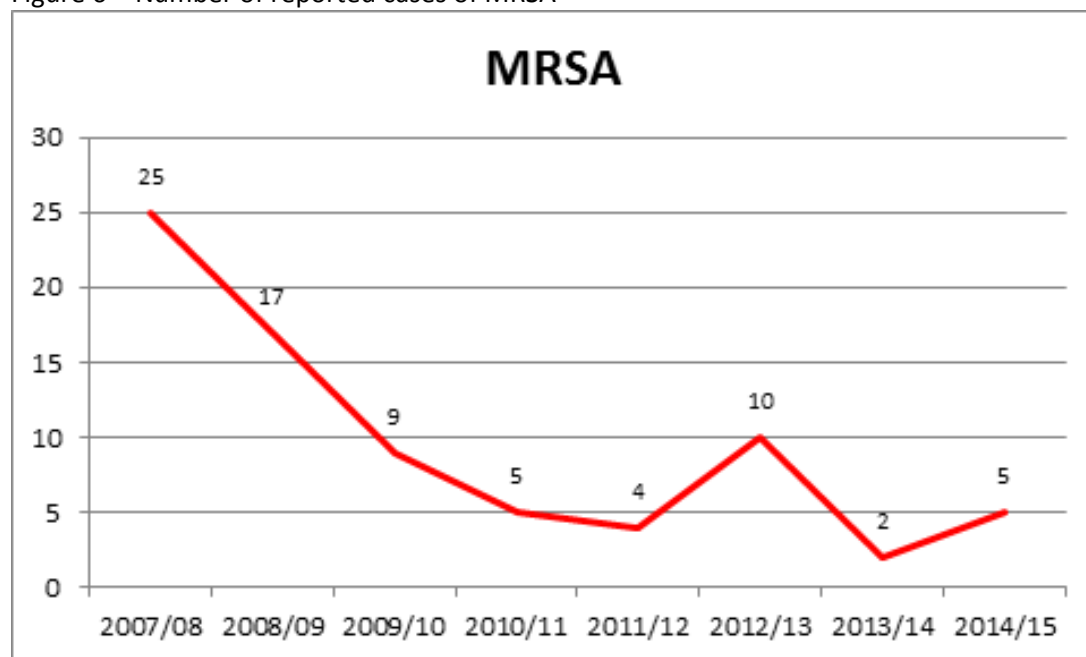
### 3.2.4.2 Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia

Disappointingly, the target of zero MRSA (Meticillin-resistant *Staphylococcus aureus*) bacteraemias was not achieved in 2014/15, with five cases being reported; an increase on the two cases reported in 2013/14. Of these five cases, three were patient infections. One case was confirmed to be a contaminated sample: this means that when the case was investigated, it was shown this was not an infection and did not adversely affect the patient, however it was still attributed to the Trust for reporting purposes. The remaining case was attributed to another NHS Trust however it is still counted against UH Bristol as it was first reported by us. Post infection reviews have been undertaken and have shown:

- results not being actioned in a timely manner
- MRSA screening not being performed as per Trust policy
- documentation not being completed appropriately in relation to cannulation
- removal of vascular access devices not undertaken as per Trust policy.

Action plans have been agreed to ensure these concerns are addressed.

Figure 6 – Number of reported cases of MRSA



Source: Public Health England Data Capture System

### 3.2.4.3 Peripheral and central line care

Poor standards of aseptic technique are a fundamental cause of healthcare acquired infections (Department of Health, 2003). The aseptic non-touch technique (ANTT) is the standard intravenous technique used for the accessing of all venous access devices<sup>17</sup> regardless of whether they are peripherally or centrally inserted; the main focus of ANTT is to minimise the introduction of micro-organisms, which may occur during preparation, administration and delivery of IV therapy. Developments in 2014/15 include the following:

<sup>17</sup> An indwelling catheter, cannula, or other instrument used to obtain venous or arterial access

- the Trust's infection control link practitioners have taken on the role of ANTT champions throughout the organisation
- ANTT is now part of essential staff training
- an ANTT audit has been carried out Trust-wide to assess practice
- ANTT workshops have been well attended by staff
- attendance at the South West Forum by the Trust's intravenous access coordinator allows benchmarking with neighbouring Trusts with regard to practice and standards
- a database has been developed and piloted in the Bristol children's hospital for surveillance and management of vascular access devices
- the introduction of bio patches in the Medical Division has seen a decrease in line infections. Specialised Services are looking to also introduce this device
- central venous catheter and peripheral line policies have been updated
- a Trust-wide central line complications guideline has been developed and is now in use
- a blood culture-taking standard operating procedure has been developed and is in use.

#### *3.2.4.4 Meticillin susceptible Staphylococcus aureus (MSSA) bacteraemia*

In 2014/15, the Trust recorded 32 cases of MSSA bacteraemia. This exceeded our target of 25. Actions to prevent MSSA are similar to those for MRSA although, at present, widespread screening for MSSA is not recommended nationally. The number of people who harmlessly carry MSSA (approximately one third) is far greater than MRSA.

15 out of the 32 cases were related to vascular access devices. Work continues on care pathways for vascular access devices and standardisation of care. Education and awareness has increased, and aseptic non-touch technique continues to be a focus for infection control link nurses throughout the Trust.

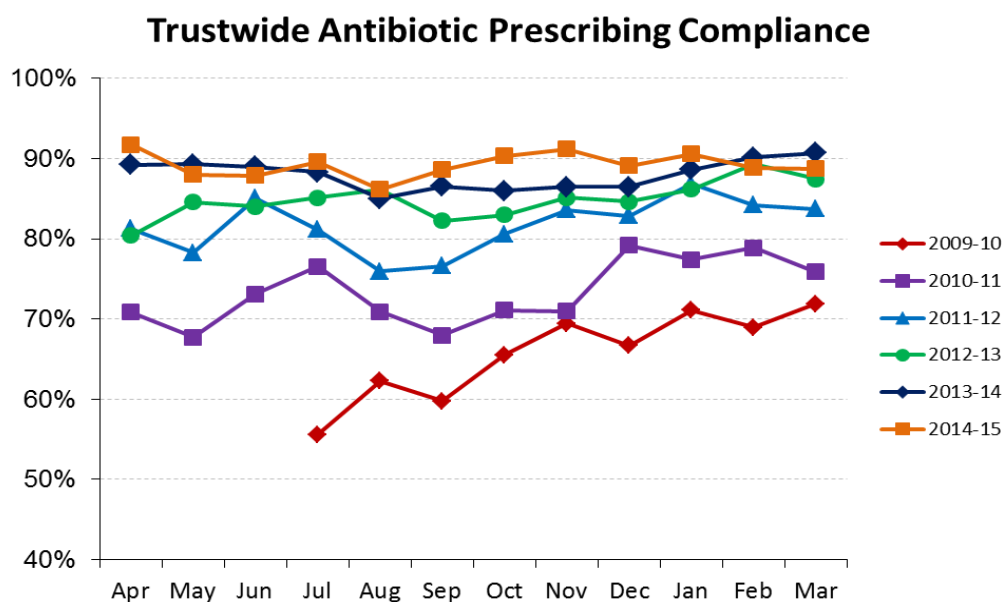
#### *3.2.4.5 Norovirus*

In 2014/15, the Trust has had six full ward closures and 16 bay closures as a result of norovirus; a total of 22 closures in all. This equates to 153 bed days lost. This is a significant improvement compared to 2013/14, when there were 47 closures. Norovirus is being managed much more effectively following the opening of the new Bristol Royal Infirmary ward block and the corresponding increase in side room capacity. We continue to follow national norovirus guidelines and report outbreaks through the Public Health England hospital norovirus outbreak reporting system.

#### *3.2.4.6 Hand hygiene and antibiotic compliance*

We continue to train all staff in infection prevention and control measures. Antibiotic compliance (checking the appropriateness of the antibiotic, whether start and stop dates are recorded, and whether the prescriber's name is legible) is monitored on a monthly basis. 2014/15 has continued a pattern of year-on-year improvement in compliance, as demonstrated by Figure 7 below.

Figure 7



Source: University Hospitals Bristol pharmacy department

Trust hand hygiene audits achieved scores of 97 per cent or more across all four quarters of 2014/15, against a target of 95 per cent.

**What patients said in our monthly survey:**  
*"I work for a private volunteer ambulance service and I watched the cleaner closely – he did an outstanding job on floor, fixtures and fittings and the whole bed frames and equipment in the room."*

### 3.2.5 Reducing medication errors

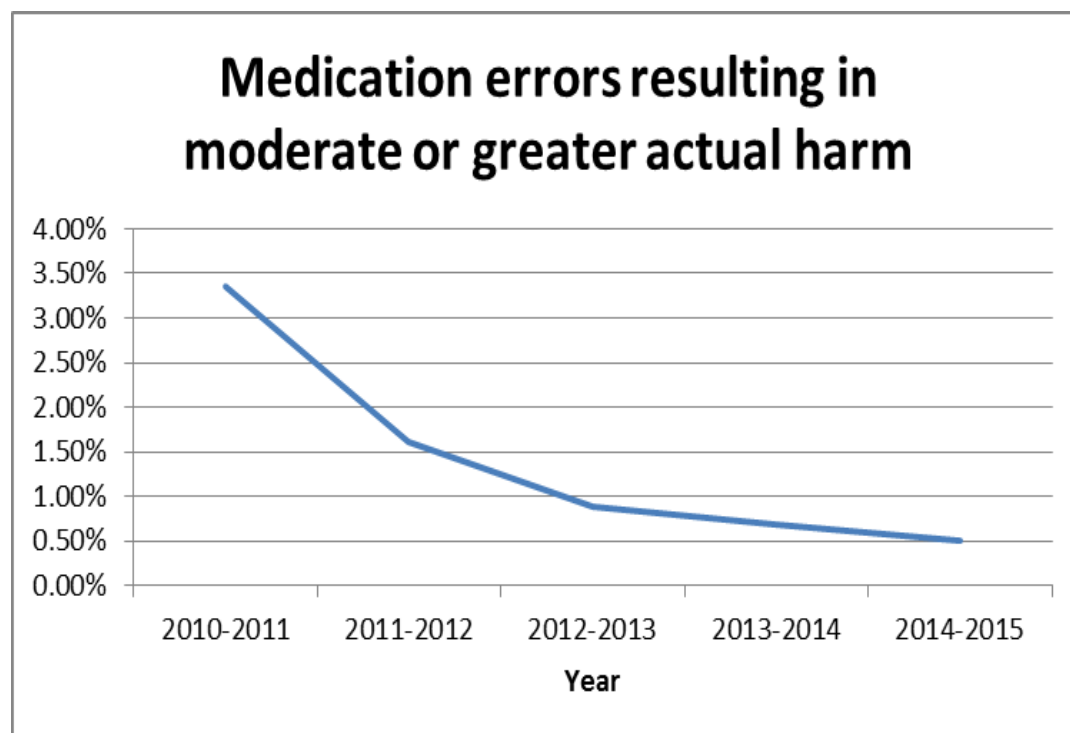
In 2014/15, our aim was to comply with the Patient Safety Alert NHS/PSA/D/2014/005 ('Improving medication error incident reporting and learning'), and ensure the level of moderate or greater harm resulting from medication errors was kept to a minimum.

Patient Safety Alert NHS/PSA/D/2014/005 focused upon effective reporting of medication error incidents, and ensuring that lessons are learned within the organisation. This alert was implemented in a timely manner, with a Trust medication safety officer assigned to co-ordinate the regular review of all medication safety incidents and to engage in a national medication safety network. This key post ensures there is multidisciplinary review of local incidents, focuses on organisational learning, and feeds back important lessons from reported incidents and national priorities.

Once again, more than 99 per cent of reported medication incidents at our Trust in 2014/15 did not result in major harm to patients (defined as no obvious harm or damage to the patient). Our target was to improve on our 2013/14 performance, when 0.68 per cent (13/1,910) of reported medication incidents involved moderate, major or catastrophic harm to patients; in 2014/15, 0.5 per cent (10/2007) of medication related incidents resulted in moderate (8/10), major (1/10) or catastrophic (1/10) harm. This compares to 10 moderate, two major and one catastrophic incident in 2013/14. Changes in 2014/2015 that have contributed to this improvement in our

performance include: further face to face sessions with all clinical staff at both induction and clinical updates on safer medicines management; review and learning from incidents as detailed in the above Patient Safety Alert; feedback to clinical staff through safety bulletins, 'grand rounds' and other opportunities; and ongoing improvement from work focusing on the reduction of omitted doses.

Figure 8 – Medication errors resulting in moderate or greater harm



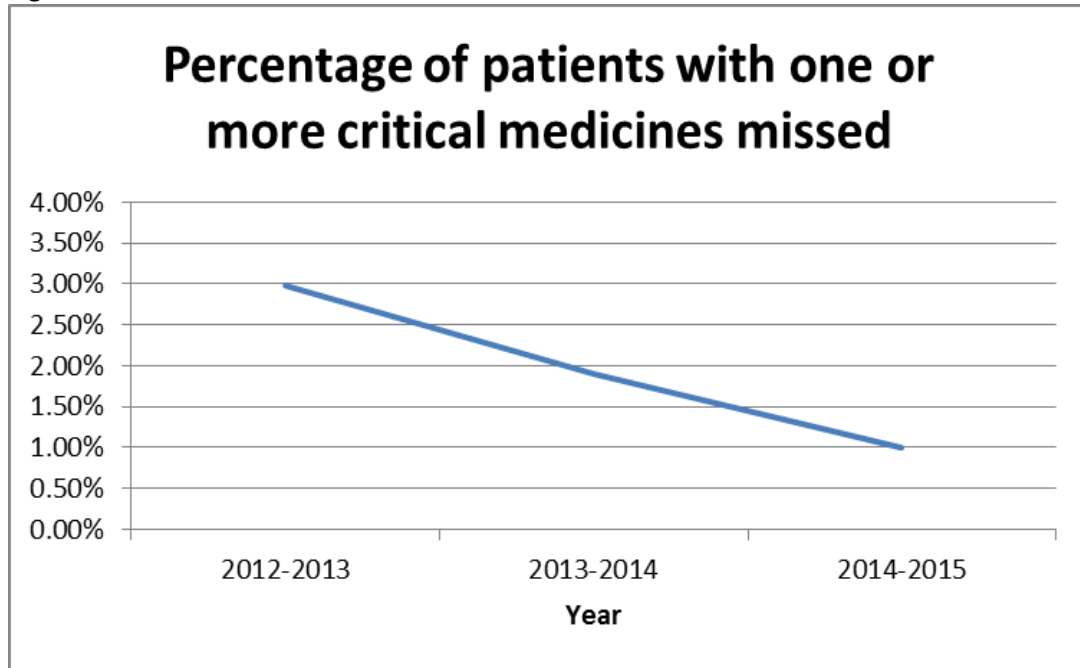
Source: Ulysses Safeguard system

As in 2013/14, we set ourselves the goal of reducing omitted doses of critical medicines. This is important to patient safety and quality of care, to ensure that the patient receives the maximum benefit from their medicines and avoids harm. From the improved baseline at the end of 2013/14 (1.91 per cent of patients having a non-purposeful omitted dose, measured by sampling methodology in approximately 1,000 patients each month, monitoring the previous three days of treatment), we continued to focus on this measure as a priority. We were successful in reducing the percentage of omitted doses of critical medicines to 1.01 per cent – a 47 per cent reduction, following an ongoing detailed ward level focus.

To enable further learning, we also undertook a detailed review of 182 patients by applying the NHS Medication Safety Thermometer, and an audit of 40 of these patients who were readmitted during the year. This work, linked to a CQUIN, assessed whether patient medication influenced the need for readmission, and has resulted in a range of local actions and improvements.

In 2015/16, our aim is to further improve the low level of omitted doses of critical medicines, and to continue the overall improvement in medication safety, ensuring the level of moderate or greater harm resulting from medication errors is kept to a minimum. We will also be focusing on the safe use of medicines at the transfer of care; specifically on avoiding harm from insulin as part of the Patient Safety Collaborative, which is being co-ordinated by the Academic Health Science Networks. Patient safety benefits are also being planned as part of the implementation of the electronic prescribing and medicines administration system, which is being piloted later in 2015, and work is also being planned to further reduce any delays in the prescribing of discharge medication.

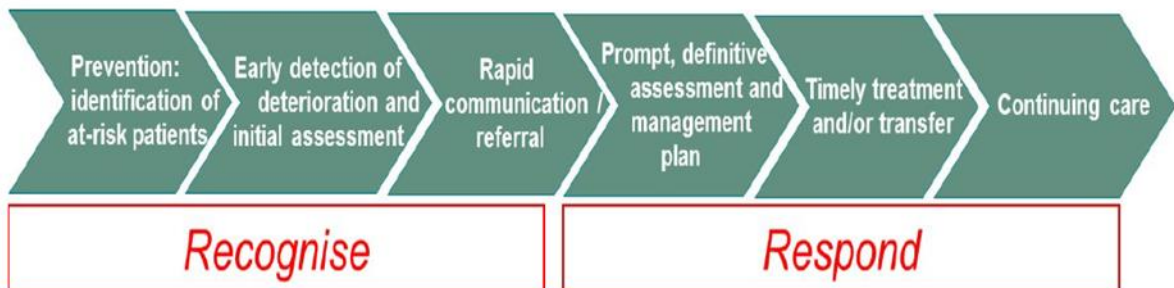
Figure 9



Source: Ulysses Safeguard system

### 3.2.6 Early identification and escalation of care of deteriorating patients

There are six key points in a deteriorating patient’s pathway that provide opportunities for action by healthcare professionals to improve the patient’s chances of a good outcome.



In last year’s Quality Report, we described how we had improved the monitoring of patients through greater accuracy of measuring and recording patient observations or vital signs. This is the first part of the “early detection” shown above. We also reported that in 2014/15 we would focus on improving responses to less sick patients who may be in earlier stages of deterioration – in other words, adult patients with an early warning score<sup>18</sup> of 2 or more – in particular, focusing on the response by healthcare professionals to observations outside of normal parameters – that is, the initial assessment and rapid communication referral shown above.

Therefore for 2014/15, we agreed a two-part local CQUIN with our commissioners:

<sup>18</sup> An early warning score is calculated from measuring the patients “observations” (vital signs) of respirations, pulse, blood pressure, temperature, oxygen saturations, neurological response and pain. Readings outside of certain parameters for each observation generate a score which, when totalled, may trigger the need for a response for review by a senior healthcare professional. There are different early warning scores and triggers for adults, children and maternity.

Part 1: Improving the response to an early warning score of 2 or more (adult patients) to 90 per cent in quarter 3 of 2014/15, rising to 95 per cent in quarter 4. This is a process measure that contributes to better outcomes for those patients whose deterioration, if identified early enough, may be reversible.

Part 2: Reducing the number of validated cardiac arrest calls from general ward areas. This is an outcome measure that we would expect to reduce through earlier recognition of deterioration and medical intervention, thereby preventing a cardiac arrest. We agreed a 5 per cent reduction from the baseline position (quarter 4 2013/14), which equated to a target of no more than 91 validated cardiac arrests from general ward areas in 2014/15.

To achieve improvement in these two measures, during 2014/15 we carried out a deteriorating patient project based on work previously undertaken in Salford NHS Foundation Trust, which had demonstrated a 41 per cent reduction in cardiac arrests from general ward areas (Turkington et al. 2014)<sup>19</sup>. The Salford work comprised five key changes, including the use of early warning scores and a structured communication tool to escalate deteriorating patients. As these two changes had been previously implemented within UH Bristol, we took the opportunity to use the project to further embed this, and we also made two further changes:

1. Re-introducing reliable manual observations once a day to refresh and maintain the nursing skills required to monitor deteriorating patients.
2. Implementing the use of treatment escalation plans (sometimes known as “ceilings of care”)<sup>20</sup>.

In relation to Part 1 of the 2014/15 deteriorating patient CQUIN, Figure 10 below shows the percentage of appropriate responses to an early warning score of 2 or more (adult patients) during 2014/15. We did not achieve our target of 90 per cent for quarter 3 as a whole (performance 85 per cent) nor 95 per cent for quarter four as a whole (performance 91 per cent).

Anecdotally, it is reported that some of the breaches reflect poor documentation rather than lack of response to a deteriorating patient. However, we are aware from incident reporting that there are occasions where we have failed to respond as expected to signs of deterioration.

For Part 2 of our 2014/15 deteriorating patient CQUIN, we have exceeded our 5 per cent reduction in validated cardiac arrests from adult general wards. Our limit was 91 arrests, and for the year as a whole there were 51 arrests, representing a 47 per cent reduction from the baseline of 96 arrests. Progress against the trajectory for the year is shown in Figure 11 below.

In 2015/16, we have more work to do to embed prompt identification of deterioration and escalation of these patients. We will maintain a deteriorating patient workstream in our new three year “Sign up to Safety” patient safety improvement programme 2015-2018. We will focus on a system-wide early warning score with our local health partners, incorporating some of the learning identified from incidents; for example, taking into account the patient’s need for the administration of oxygen. In addition, we will be focusing on improving the management of sepsis (a common cause of deterioration) and acute kidney injury.

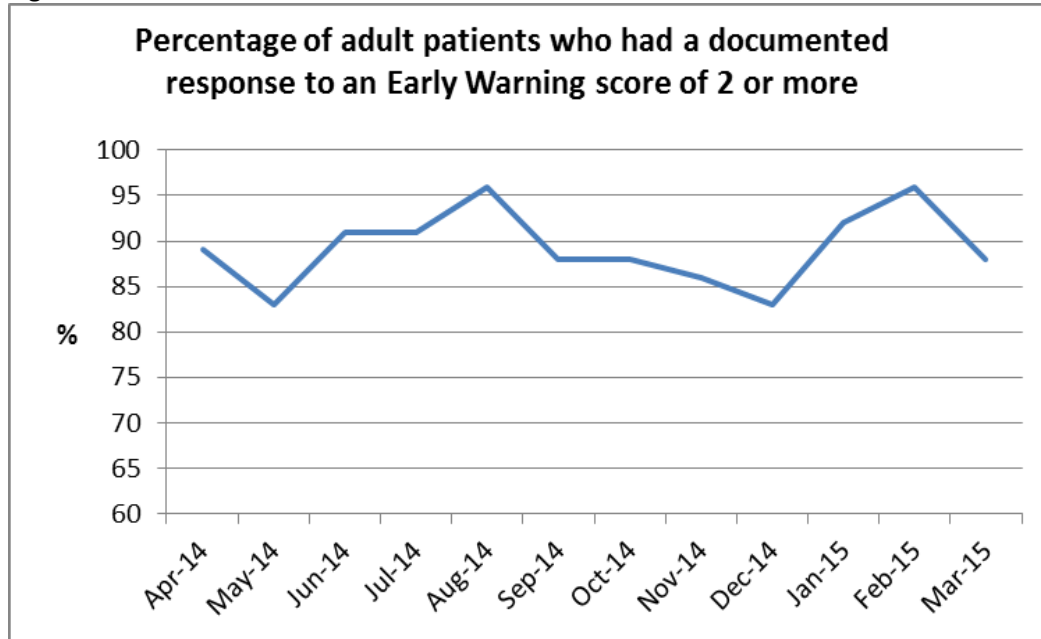
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<sup>19</sup> Turkington, P., Power, M., Hunt, C., Ward, C., Donaldson, E., Bellerby and Murphy, P. (2014) There is another way: empowering frontline staff caring for acutely unwell adults. *International Journal for Quality in Health Care* 26 (1): 71-78

<sup>20</sup> Treatment escalation plans recognise that disease processes towards the end of life can be complex with varying elements of reversibility, and that “do not attempt resuscitation” decisions can be too blunt an instrument in some circumstances.

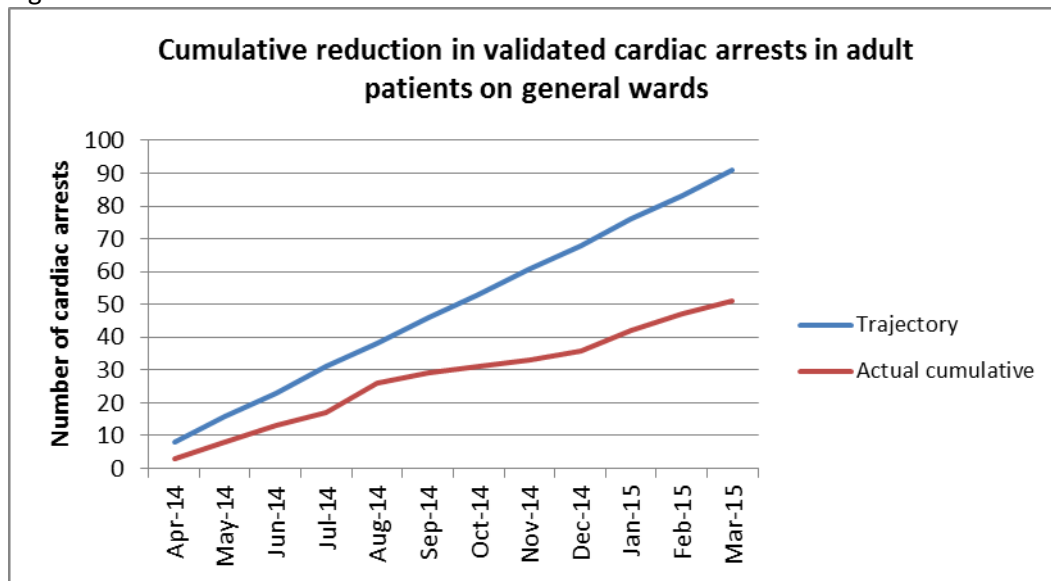


Figure 10



Source: monthly audit

Figure 11



Source: monthly cardiac arrest audit

### 3.2.7 Rate of patient safety incidents reported and proportion resulting in severe harm or death

*(Mandatory indicators)*

The data for 2014/15 presented in this section of the report are a combination of NHS England's National Reporting and Learning System (NRLS) data, released in April 2015 covering the period from April to September 2014, and provisional data submitted to the NRLS by UH Bristol for the period from October 2014 to March 2015; the final data for this period will be published by the NRLS in November 2015.

The data shows that the total number of incidents reported in April to September 2014 was 6,453, which gives a rate of 54.8 incidents per 1,000 bed days. In the second six months of 2014/15, the number of reported incidents to the NRLS was 6,661; a rate of 49.12 incidents per 1000 bed days. For 2014/15 as a whole, this gives a provisional total number of 13,114 incidents and a rate of 51.83 incidents per 1,000 bed days.

The percentage of reported incidents at UH Bristol resulting in severe harm during April to September 2014 was 0.32 per cent (21 incidents); this represents a reduction compared to the previous six months (0.50 per cent, 30 incidents), but an increase from the corresponding period in 2013 (0.20 per cent, 12 incidents). The percentage of reported incidents resulting in death remains at 0.11 per cent (seven deaths) for the period of April to September 2014. This represents an increase from the two previous six month periods, when one death was reported in each period, but it remains slightly below our NHS peer group average (7.3 deaths).

Provisional data sent to the NRLS by UH Bristol for the period October 2014 to March 2015 indicates that 0.33 per cent of reported incidents in that period resulted in severe harm or death (17 severe harm incidents and five potentially avoidable deaths).

The provisional percentage of reported incidents resulting in severe harm or death in 2014/15 as a whole was therefore 0.38 per cent (38 severe harm events and 12 deaths); this compares with 0.36 per cent in 2013/14 (42 severe harm events and two deaths).

The Trust considers its incident reporting data is as described because of the data quality checks that are undertaken, as detailed in the Trust's data quality framework. This framework governs the identification and review of incident data prior to submission to the National Reporting and Learning System (full details are available upon request).

In 2015/16, the Trust intends to take the following actions to continue to reduce harm from avoidable patient safety incidents:

- Launch our Sign up to Safety patient safety improvement programme 2015-2018 which builds on previous work safety improvement work and aligns with key priorities of the West of England Patient Safety Collaborative. Our priorities are:
  - early recognition and escalation of deteriorating patients, to include early recognition and management of sepsis and acute kidney injury (safety-specific and disease-specific improvement areas)
  - medicines safety, including at the point of transfer of care (safety-specific improvement area)
  - developing our safety culture to help us work towards, for example, zero tolerance of falls (cross cutting theme)
  - quality of use of the World Health Organisation surgical safety checklist (safety-specific improvement area).
- Continue to investigate incidents proportionally to their level of harm or risk, and improve how we share learning and take action across the organisation to reduce the likelihood or impact of the same kind of incident happening again.

### **3.2.8 Serious incidents**

The purpose of identifying and investigating serious incidents, as with all incidents, is to understand what happened, learn and share lessons, and take action to reduce the risk of a recurrence. The decision that an event should be categorised as a serious incident is usually made by an executive director. Throughout 2014/15, the Trust Board was informed of serious

incidents via its monthly quality and performance report. The total number of serious incidents reported for the year was 78, compared to 73 in 2013/14. Of the 78 serious incidents initially reported, six were subsequently downgraded, and one serious incident was downgraded from a never event. Nine investigations were still underway at the time of writing (April 2015). A breakdown of the categories of the 78 reported incidents is provided in Figure 12 below.

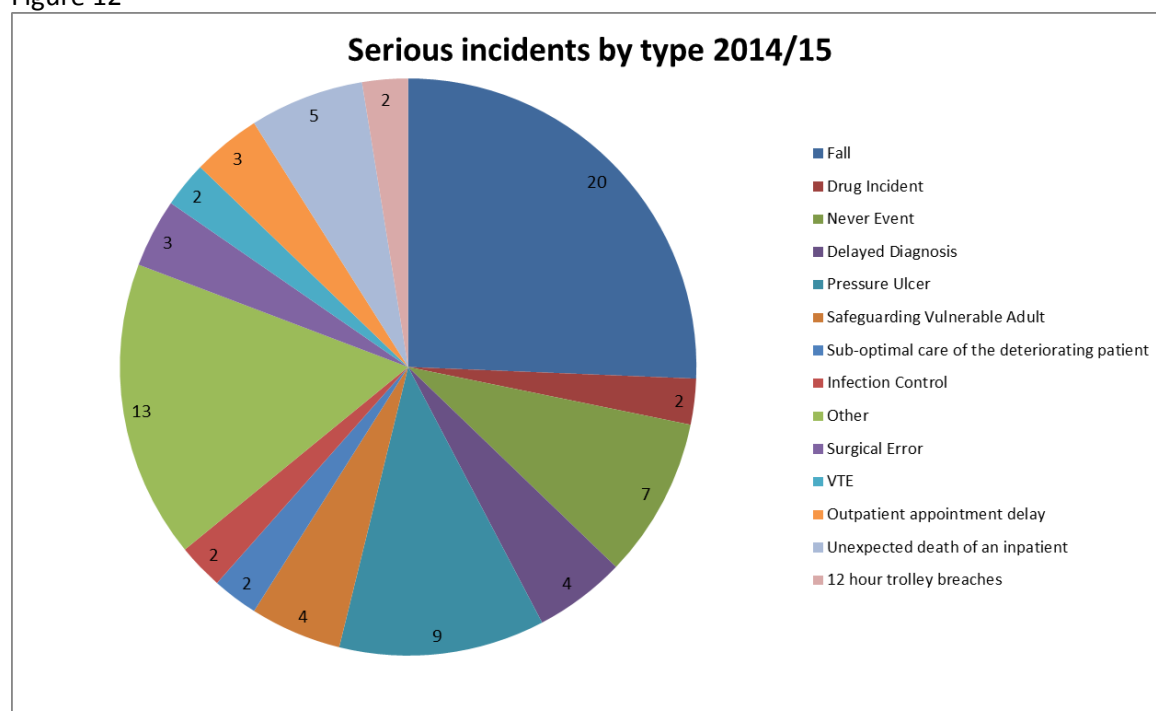
All serious incident investigations have robust action plans, which are implemented to reduce the risk of recurrence.

### 3.2.8.1 Learning from serious incidents

Learning and actions arising from serious incidents involving falls and pressure ulcers is provided in the falls and tissue viability sections of this report, and learning from never events is provided in the section below. Examples of learning themes from other serious incident investigations in 2014/15 include:

- the need for continued improvement in the recognition and response to deteriorating patients in 2015/16; this will happen as part of our ‘Sign up to Safety’ improvement programme, which will include changing from our local early warning scoring system to one based on the national early warning score, which has different triggers. This change, also to be adopted by North Bristol NHS Trust, would result in a consistent approach to use of early warning scores across the local health system

Figure 12



Source: UH Bristol Serious Incident Log

N.B.: The category “other” includes all categories where only one serious incident of its type was reported

- sepsis is a common cause of deterioration in patients and has been a factor in some of our reported serious incidents, so we will also build on existing work to further improve the recognition and management of sepsis. This is one of the Trust’s corporate quality objectives for 2015/16 – see section 2.1.2
- we have changed our administrative systems to prevent patients being lost to follow-up due being placed on an “on hold” list in the patient administration system in the absence of a

confirmed next step in their pathway, leading to delays in monitoring of their condition and timely action to reduce the risk of avoidable harm.

### 3.2.9 Never events

'Never events' are a particular type of serious incident that are wholly preventable, have the potential to cause serious patient harm. There is evidence that the type of never event has occurred in the past, and is easily recognised and clearly defined as such. (NHS England 2015)<sup>21</sup>

There were four confirmed never events reported by UH Bristol in 2014/15; two further never events remain under investigation at the time of writing.

#### 3.2.9.1 *Wrong site surgery, South Bristol Community Hospital*

One never event occurred in May 2014 in the category "Wrong site surgery", whereby the wrong procedure was performed on a day case patient. The patient was correctly identified and the correct hand operated upon. However, the surgeon performed a carpal tunnel release instead of a De Quervain's release. The patient was informed of the error as soon as it was identified and an apology was given. The patient elected to have the correct procedure the same day, which was performed uneventfully.

The learning from this incident included: the need for all surgical team members to be present and engaged in all stages of the World Health Organisation (WHO) Surgical Safety Checklist; greater clarification of use of the WHO checklist when using local anaesthesia; and the need for updates to pre-operative assessment documentation at South Bristol Community Hospital.

#### 3.2.9.2 *Three wrong/unplanned teeth extractions*<sup>22</sup>

- In April 2014, during multiple dental extractions at the primary dental care department at Bristol Dental Hospital, an unplanned tooth at the back of the mouth was removed by a dental student instead of the adjacent one. The WHO Surgical Safety Checklist was completed prior to the treatment and the X rays were on display. The patient was informed of the error as soon as it was identified and an apology was given. Remedial treatment in the form of re-implanting the tooth was offered, but declined. The cause was identified as human error.
- In November 2014, during multiple dental extractions on a child, a wrong tooth was extracted in the general anaesthetic department in the Bristol Dental Hospital. The cause was identified as human error contributed to by inadequate visibility in the mouth due to bleeding, and also lack of communication between the surgeon and anaesthetist on the impact of a period of patient instability during the case. Learning from this incident included amending the standard operating procedure for the management of dental extraction to address the identified causes and amendments to the WHO Surgical Safety Checklist used at the Bristol Dental Hospital.
- In January 2015, an additional tooth was extracted during treatment in the oral surgery department in the Bristol Dental Hospital. The investigation identified that the WHO Surgical Safety Checklist was only partially adhered to; the counting of teeth and verbal agreement to confirm which teeth were to be extracted did not take place between the supervising clinician, the dental core trainee and the qualified dental nurse. In addition to the actions

<sup>21</sup> Revised Never Events Policy and Framework March 2015

<sup>22</sup> A further dental incident occurred in August 2014 (which was subsequently downgraded from a never event) but which prompted a visit to be organised to Central Manchester NHS Foundation Trust to learn from their experience in reducing wrong tooth never events.

already underway from previous incidents, this incident prompted the clinical team to come up with an innovative visual cue to chart the teeth to be extracted on the dental bib, as shown in the picture below:



A thematic review of these dental never events has been conducted by the deputy medical director, resulting in a report and a set of recommendations, which have been shared with our commissioners and with NHS England. These include: involvement of dentists in root cause analysis investigations and provision of training to enable them to do so; identification of a dentist as a patient safety clinical lead for dental services; and reviewing procedures for paediatric day case general anaesthesia extractions.

### *3.2.9.3 Wrong gas administered*

A patient with chronic lung disease, who was dependent on long term oxygen therapy at home, was admitted following a fall that occurred in her home and had resulted in a fracture. Due to her being a high anaesthetic risk, the fracture was being treated conservatively. During her admission to a trauma ward, her respiratory condition deteriorated, and she required non-invasive ventilation and transfer to a higher care area where staff are experienced in managing such patients. She was transferred to the medical admissions unit where, upon arrival, it was discovered that oxygen was not connected to the non-invasive ventilator that had been set up prior to her transfer. The patient was 'not for resuscitation' due to her end stage lung disease, and she died shortly afterwards. At the time of writing, the investigation is being finalised. From April 2015, 'wrong gas administered' incidents are no longer classed as never events by NHS England, as the guidance relating to the administration of gases does not represent a sufficiently strong systemic barrier to prevent inappropriate administration.

Immediate actions that have been put in place to reduce the risk of a recurrence of this type of incident at UH Bristol include a warning notice attached to all adult non-invasive ventilators used outside of intensive care areas, reminding staff that they should not use the equipment unless they have been trained and assessed as competent. A serious incident panel review has also been commissioned by the chief nurse to review the wider organisational issues that relate to this incident.

#### 3.2.9.4 Wrong site surgery, Bristol Eye Hospital

A biopsy of a lesion on the right lower eyelid was performed instead of a biopsy of a lesion on the right caruncle<sup>23</sup> of the eye. The full investigation of this incident is still underway at the time of writing (April 2015) however the initial review showed that an administrative error led to the wrong operation being listed, so that the surgeon consented the patient (who also had a lesion right lower eyelid) for the listed operation rather than the operation planned in the patient's notes. The surgeon carried out the operation the patient had consented for. The WHO Surgical Safety Checklist was correctly used; it incorporates a check for the correct operation, however the check is made against the consent form and so would not have prevented this incident.

#### 3.2.10 NHS England Patient Safety Alerts

At the end of 2014/15, there were no outstanding patient safety alerts relating to UH Bristol.

#### 3.2.11 Medical device management

Our governors have specifically requested that our Quality Report this year includes a report about our assurances regarding the safety of medical equipment. The term 'medical device' covers a wide range of healthcare products other than medicines used every day in all healthcare settings. A medical device<sup>[1]</sup> is any product used in:

- the diagnosis, prevention, monitoring and treatment of disease or disability
- the diagnosis, monitoring, treatment, alleviation of or compensation for an injury or handicap
- the investigation, replacement or modification of the anatomy, or of a physiological process
- the control of conception.

Medical devices are an important part of modern healthcare, and many diagnostic and treatment options would be impossible without them. There are large numbers of items of medical equipment used within the Trust. In 2014/15, new equipment was purchased for the Bristol Royal Hospital for Children as part of the centralisation of specialist paediatrics in Bristol, and for the Bristol Royal Infirmary's new ward block.

The Trust's MEMO<sup>24</sup> clinical engineering department maintains an asset register database of all powered medical devices. This is updated as new devices are bought in or subsequently disposed of. A bright yellow label is attached so that at any time a member of staff can find out its age, owner and service history. MEMO's database generates reminders of when equipment services are due; servicing is performed by either the in-house MEMO teams or outside contractors. The Trust keeps records of every service and can use this to see if a device is becoming unreliable and needs replacement. Planned preventative maintenance is arranged to ensure devices are kept fit for service. If a device breaks down or is damaged in use, it will be reported to MEMO or the outside contractor for repair. The Trust's target is to respond to 80 per cent of device breakdowns within eight hours, and we typically achieve a 90 per cent success rate<sup>25</sup>; the speed with which repairs can be made will depend on a number of factors,

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<sup>23</sup> The lacrimal caruncle is the red prominence at the inner corner of the eye

[1] Source – 'Devices in Practice' June 2014, Medicines and Healthcare Products Regulatory Agency

<sup>24</sup> Medical Equipment Management Organisation

<sup>25</sup> Source: AssetPlus database in MEMO Clinical Engineering

including access to the equipment and how quickly spare parts can be sourced. The Trust consistently achieves its target for 90 per cent of repair jobs to be completed within 20 working days of being notified; the exception to this in 2014/15 was a period when priority was necessarily given to the installation of new medical equipment in the Bristol Royal Infirmary and Bristol Royal Hospital for Children as described above.

When a new type of device is acquired by the Trust, we set up a staff training programme for the technical and clinical staff. Each ward and theatre area keeps a record of staff competencies for the devices they use, and this is audited by MEMO on a regular basis. We also review all reported clinical incidents involving medical devices. MEMO is currently reviewing device incident trends to proactively reduce their occurrence; the most common categories of reported medical device incidents involve surgical instruments and beds. The CQC reviewed our practice during their comprehensive inspection in September 2014, and were satisfied with the management of medical devices.

In 2015/16, we will be forming a new Trust medical devices management group with broad membership<sup>26</sup> including pathology, pharmacy and – we hope – patient representation. As part of the remit of this group, we will be developing new planning tools to enable departments and divisions to look ahead to their future equipment needs and group these together to achieve best value for money.

### **3.2.12 Safe staffing**

Nursing, midwifery and care staff, working as part of wider multidisciplinary teams, play a critical role in securing high quality care and excellent outcomes for our patients. There are established and evidenced links between patient outcomes and whether organisations have the right people, with the right skills, in the right place at the right time. Following the publication of the Francis Report in 2013, and the new nursing vision ‘Compassion in Practice’, there is a requirement that all NHS providers will submit a six monthly report to their public Board meetings describing staffing capacity and capability using an evidence-based tool. The report must:

- draw on expert professional opinion and insight into local clinical need and context
- make recommendations to the Board which are considered and discussed
- be presented to and discussed at the public Board meeting
- result in prompt agreement of actions which are recorded and followed up on
- be posted on the Trust’s public website along with all the other public Board papers.

In June 2014 and January 2015, the Board of Directors at UH Bristol received the first reports from the chief nurse in line with this guidance, detailing staffing levels for UH Bristol adult inpatient wards, including midwifery and the Bristol Royal Hospital for Children. The reports detailed:

- any significant changes in the previous six months for nursing staffing levels at UHBristol adult inpatient wards
- how the Trust knows the wards have been safe during that time
- information about the non ward-based nursing and midwifery workforce
- the principles of safe staffing (where in existence) that the Trust uses to set and review establishments and skill mix for these non-ward based areas.

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<sup>26</sup> As required by the Medicines and Healthcare Products Regulatory Agency

In 2014, the Board also received a report detailing the principles for setting safe staffing levels in other professional groups. In the last year, the chief nurse and divisional teams have also undertaken a comprehensive ward by ward review of staffing levels to ensure they are staffed safely. The board has received assurance that UH Bristol has safe staffing levels, however there is no element of complacency and there is an ongoing need to stabilise the workforce with an effective recruitment campaign and to ensure if the service model changes, that staffing is adjusted accordingly.

### 3.3 Patient experience

We want all our patients to have a positive experience of healthcare. All our patients and the people who care for them are entitled to be treated with dignity and respect, and should be fully involved in decisions affecting their treatment, care and support. Our staff should be afforded the same dignity and respect by patients and by their colleagues. Our commitment to 'respecting everyone' and 'working together' is enshrined in the Trust's values. Through our core patient surveys, we have a strong understanding of the things that matter most to our patients; these priorities continue to guide our choice of quality objectives. Our clinical divisions continue to focus on providing a first class patient experience.

#### 3.3.1 Overall patient experience

**What patients said in our monthly survey:**

*"I was treated impeccably during my two nights at the BRI. I was lucky enough to have a room to myself and the care I received from the nurses both of the ward and in A&E was faultless. I had someone come in and clean my room both mornings and it was a thorough clean. I was checked on every hour and the nurses were really friendly and respectful. Thank you for looking after me."*

##### 3.3.1.1 Local inpatient experience 'tracker' score

Our local patient experience tracker is a combined score from our monthly inpatient survey, based on the aspects of care that our patients have told us matter most to them:

- involvement in decisions about care and treatment
- being treated with respect and dignity
- doctors and nurses giving understandable answers to the patient's questions (in other words, communication)
- ward cleanliness

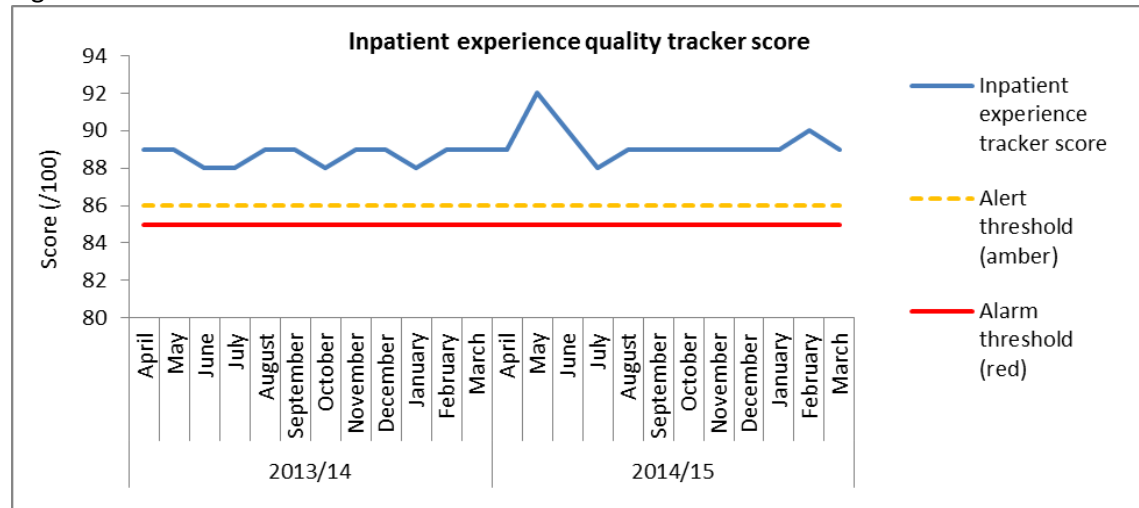
This is a key quality assurance indicator that is reported to our Trust Board each month. If our high standards were to begin to slip, this would be identified in the survey, and actions would be taken to remedy this. Throughout 2014/15, our tracker score has been consistently above our minimum target (see Figure 13). The Board will continue to monitor the monthly tracker score in 2015/16.



### 3.3.2.2 Friends and Family Test

The Friends and Family Test is a survey that all hospitals in England carry out at, or near to, a patient's discharge from hospital. The survey focuses on one main question: whether the patient would recommend the hospital ward to friends and family if they needed similar care or treatment. UH Bristol's scores have been consistently better than the national average for the inpatient, emergency department, and maternity surveys (Figures 14 to 16). From May 2015, the Trust will commence reporting new Friends and Family Test data for day case, outpatient and children's services.

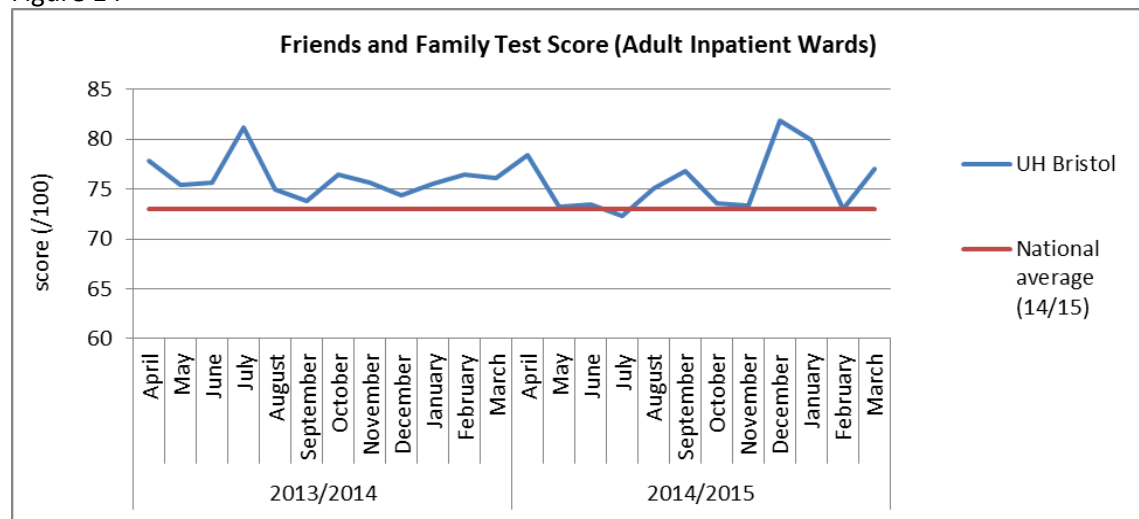
Figure 13



Source: UH Bristol monthly inpatient survey

Note: the alarm limit would represent a statistically significant deterioration in the Trust's patient-reported experience score, prompting us to take remedial action in response.

Figure 14

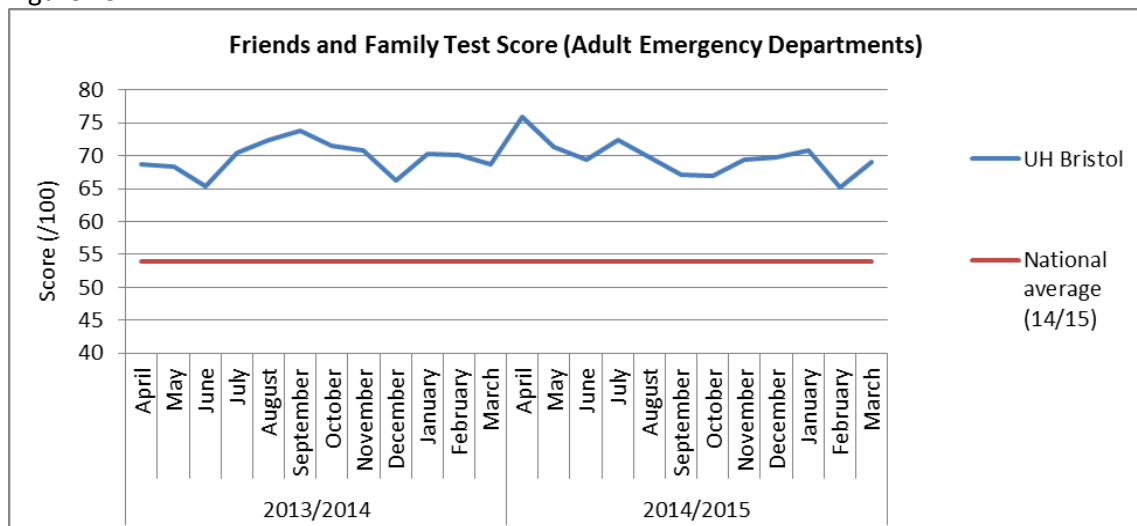


Source: UH Bristol Friends and Family Test survey

### 3.3.1.3 Overall care ratings

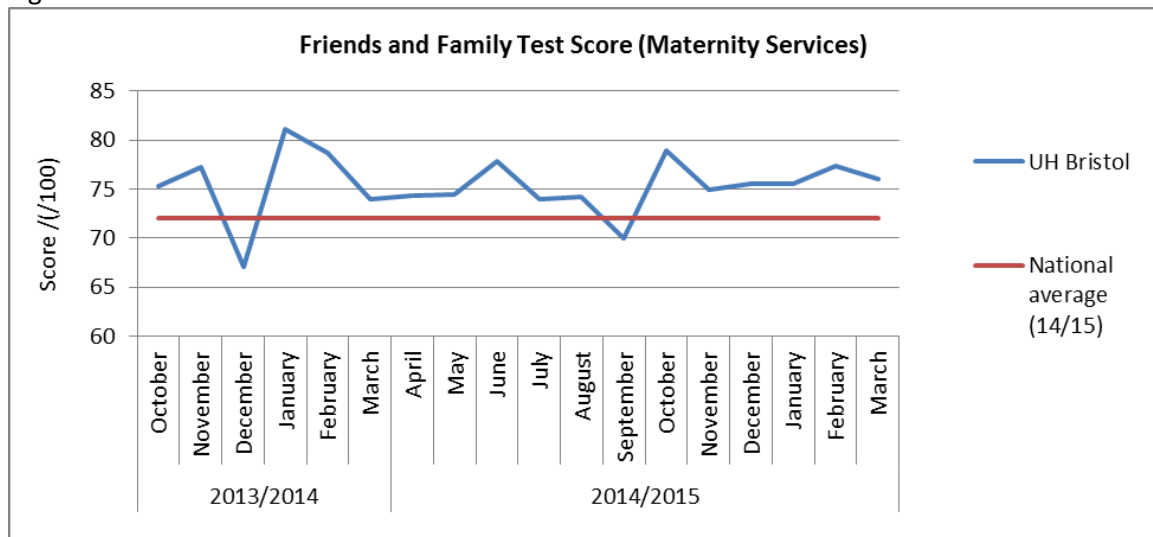
Another way of measuring overall experience of care is to pose that question to patients directly. In 2014/15 (to January 2015), 97 per cent of all survey respondents rated the care they received at the Trust as excellent, very good, or good (see Figure 17).

Figure 15



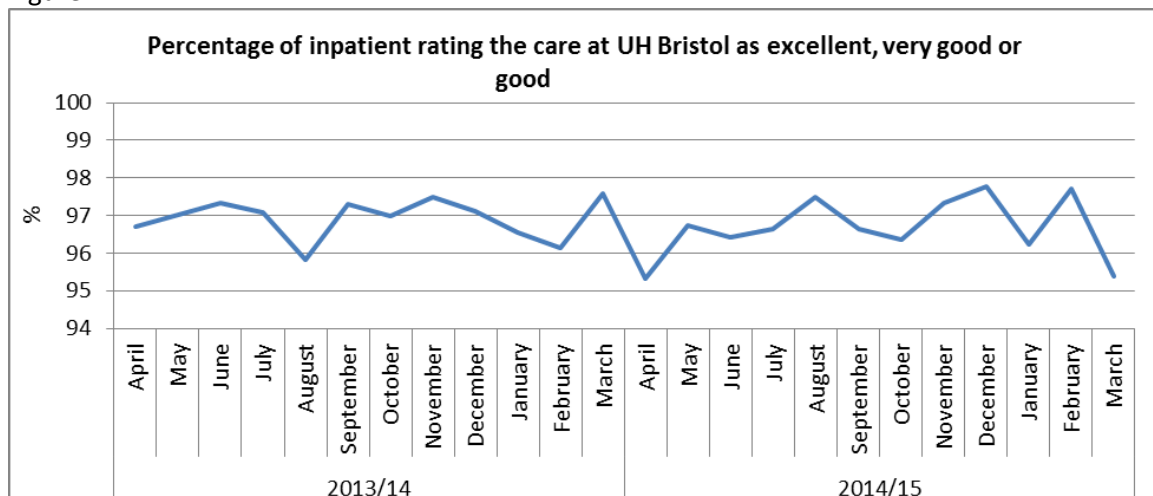
Source: UH Bristol Friends and Family Test survey (excludes Bristol Royal Hospital for Children)

Figure 16



Source: UH Bristol Friends and Family Test survey

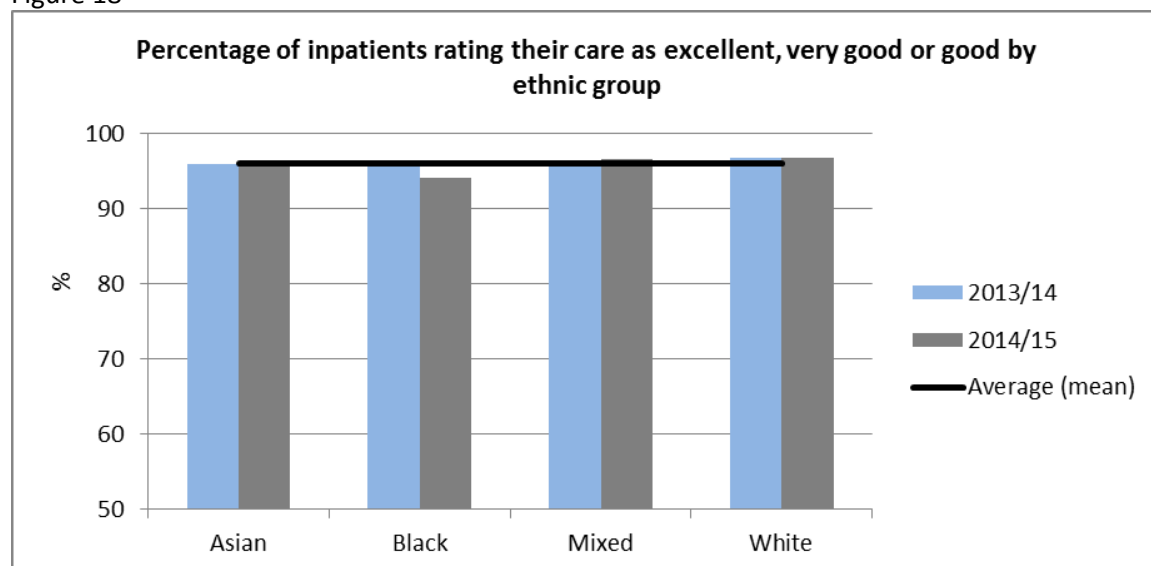
Figure 17



Source: UH Bristol monthly inpatient and parent survey

We continue to monitor patient-reported experience data to ensure that there is no evidence of statistically significant variation in reported experience according to the ethnicity of our patients. The differences shown in Figure 18 (between ethnic groups and between years) are not statistically significant, and are most likely caused by the margins of error that are present in the survey data.

Figure 18



Source: UH Bristol monthly inpatient survey

### 3.3.2 National patient surveys

Each year, the Trust participates in the national patient experience survey programme. These surveys allow the experience of patients at UH Bristol to be benchmarked against other NHS acute Trusts in England. In 2014/15 we received the results to three national surveys<sup>27</sup>:

- the national inpatient survey
- the national accident and emergency survey
- the national cancer survey.

Overall, UH Bristol tends to perform in line with or better than the national average in national patient surveys (see Figure 19 - and also the national Friends and Family Test survey described above). In the national inpatient survey, all but one score was in line with the national average, whilst the national accident and emergency survey again re-affirmed that UH Bristol's emergency departments are among the best nationally.

In contrast, the national cancer survey produced a disappointing set of results for UH Bristol. These results do not correlate with the other surveys we carry out, or the wider quality data that we collect. We have identified issues with the survey methodology that are likely to skew the results; however, we are also committed to acting upon patient feedback, and accept that there are opportunities to improve patients' experience of cancer services. In order to fully inform our improvement plans, we are currently carrying out a series of patient engagement activities. This includes a re-run of the cancer survey (but with a sample of UH Bristol patients only), and a series of patient focus groups to explore cancer care at UH Bristol and our partner Trusts. We have commissioned the Patients Association to run these in order to ensure that an

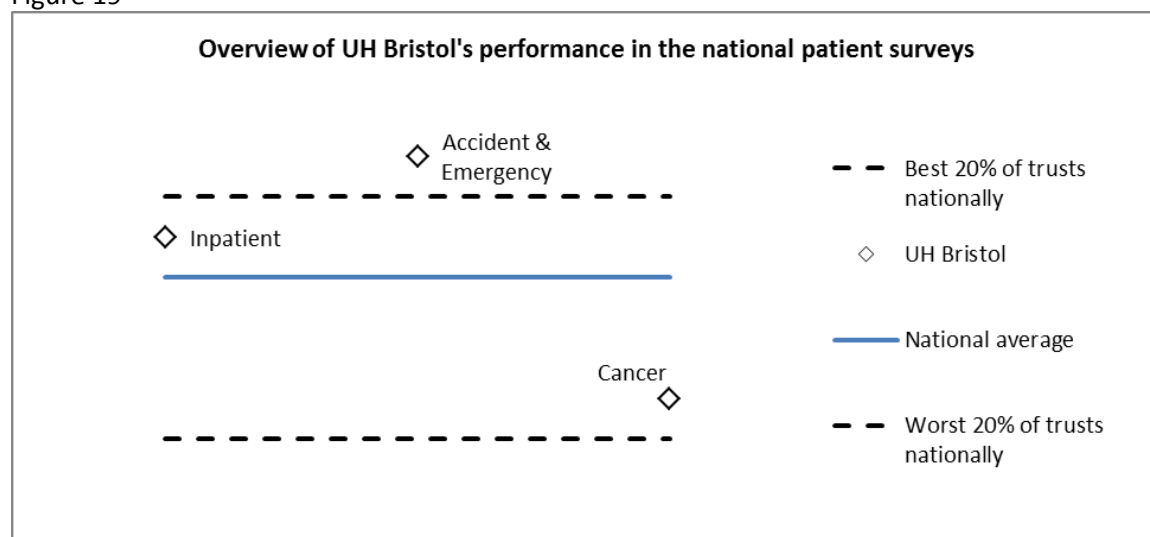
<sup>27</sup> Please note that these surveys were based on patients who attended in 2013/14. However, the results were published in 2014/15, making this the most current data available.

independent perspective on our services can be obtained. In addition, UH Bristol is participating in a scheme being run by NHS England, which will see us “buddied” with a Trust that has consistently performed well in the survey (South Tees NHS Foundation Trust), so that we can identify any learning for our own services. All of these activities will inform the development of a comprehensive cancer service patient experience improvement plan. In recognition of the importance of this work, it will also be one of the Trust’s corporate objectives for 2015/16.

Table 8: Results of national patient survey reports received by the Trust in 2014/15

	<i>Comparison to national average</i>		
	Above (better)	Same	Below
National inpatient survey (2013)	0	59	1
National A&E survey (2014)	2	33	0
National Cancer survey (2013)	2	30	28

Figure 19



Source: CQC national inpatient and accident and emergency surveys / NHS England national cancer survey (analysis of data by UH Bristol patient experience and involvement team)

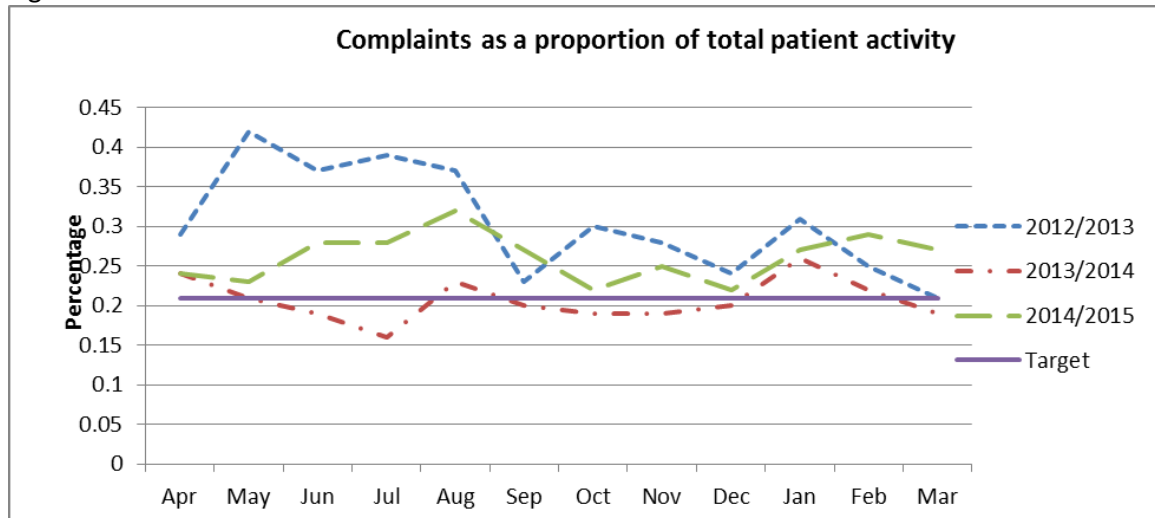
### 3.3.3 Complaints

In 2014/15, 1,883 complaints were reported to the Trust Board, compared with 1,442 in 2013/14<sup>28</sup>; this is an annual increase of 31 per cent. This volume of complaints equates to 0.26 per cent of all patient episodes, against a target of <0.21 per cent. Figure 20 shows the number of complaints received each month as a proportion of patient activity; complaints received in each month of 2014/15 were higher than in each corresponding month of the previous year. The Trust’s patient experience survey ratings are similar to, or better than, in 2013/14 (see section 3.3.1), so one possible explanation is that the increase in complaints reflects the increased accessibility of the Trust’s complaints service; since December 2013, the patient support and complaints team has been located in a prominent position in the front entrance Welcome Centre of the Bristol Royal Infirmary.

<sup>28</sup> Previously 1,651 in 2012/13, 1,465 in 2011/12 and 1,532 in 2010/11

Staff in our Trust work hard to ensure that complaints are investigated thoroughly and that our response letters are professional and comprehensive, but we also recognise that our responses could be more personal and empathetic; addressing this is one of the Trust’s corporate quality objectives for 2015/16. Our target for 2014/15 was that no more than 47 complainants would tell us that they were dissatisfied with the quality of our response. In the event, 84 complainants told us that they remained unhappy (compared to 62 in 2013/14 and only 20 in 2012/13). Improving this position is a corporate quality objective for the Trust for 2015/16 (see section 2.1.2 of this report).

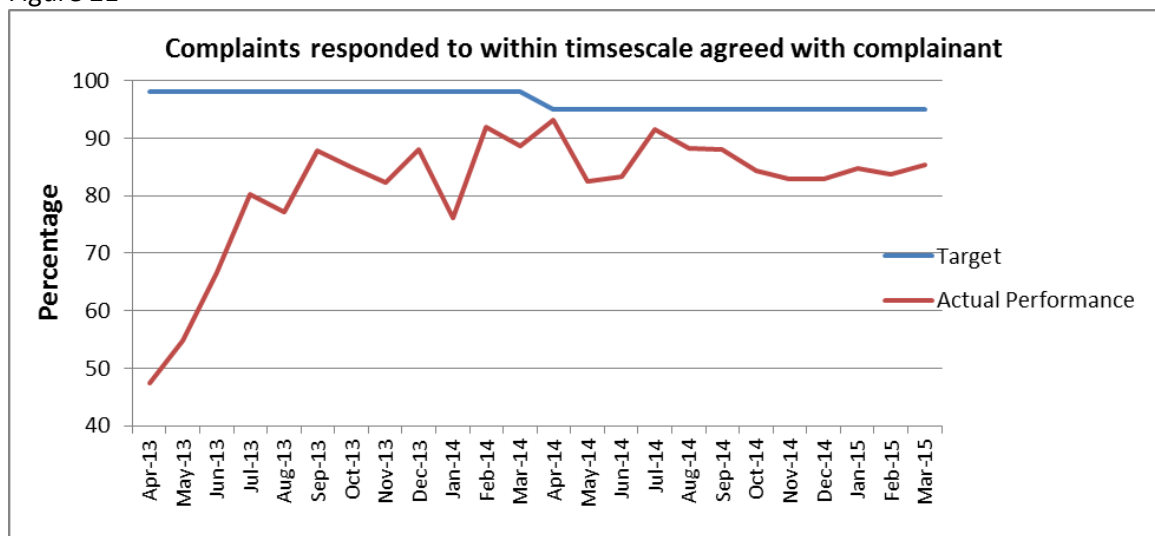
Figure 20



Source: UH Bristol Ulysses Safeguard system

In 2014/15, we carried out complaints investigations and replied to complainants within agreed timescales in 85.9 per cent of cases; this is a significant improvement on 2013/14, when we achieved 76.4 per cent. Figure 21 below shows our performance over the last two years. In 2014/15, the Trust’s internal target was adjusted from 98 per cent to 95 per cent after we benchmarked ourselves against peer Trusts, and because the metric is based on a relatively small data set (anything above one monthly breach would cause the monthly 98 per cent target to not be met).

Figure 21



Source: UH Bristol Ulysses Safeguard system

The Trust will be publishing a detailed annual complaints report, including themes and trends, later in 2015.

In addition to improving the quality of our written complaints responses – thereby hopefully reducing the proportion of complainants who are unhappy with our response – other key themes in our complaints work plan for 2015/16 include:

- embracing and consistently implementing national guidance, constitutional entitlements and regulatory requirements relating to complaints management
- ensuring the complaints service is accessible to all
- developing and improving Trust-wide sharing and reporting of complaints.

In 2014/15, the Trust invested in increased staffing for the patient support and complaints team, and successfully addressed a longstanding backlog of enquiries. During the year, in addition to receiving and handling complaints, the team dealt with 441 enquiries for help and information and received 279 compliments on behalf of the Trust<sup>29</sup>.

### 3.3.4 NHS Staff Survey 2014

As in previous years, in line with the recommendations of the Department of Health, we are including in our Quality Report a range of indicators from the annual NHS Staff Survey that have a bearing on quality of care. Relevant results from the 2014 survey are presented below.

Questionnaires were sent on a census basis to all substantively employed staff across UH Bristol; 3,641 staff responded. This represents a response rate of 47 per cent, which is above average for acute Trusts in England, and compares with a response rate of 52 per cent in this Trust in the 2013 survey.

A key priority for the Trust is to ensure that our patients not only receive excellent clinical treatment, but are treated respectfully and with dignity and compassion at every stage of their care. It is also vital for us to ensure that our staff are treated, and treat each other, in line with the Trust’s values, and with the same level of dignity and respect that we expect for our patients. These values (respecting everyone, embracing change, recognising success and working together) are a guide to our staff about how they are expected to behave towards patients, relatives, carers, visitors and each other, and how they can, themselves, expect to be treated. The values are embedded in values-based recruitment, in staff induction, through training, and are clearly and regularly communicated.

Table 9

‘Key finding’	UH Bristol score 2014	UH Bristol score 2013	UH Bristol score 2012	UH Bristol score 2011	National average score 2014	National best score 2014
Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	74% Lowest (worst) 20% <sup>30</sup>	74% Lowest (worst) 20%	79% (average)	74%	77%	88%

<sup>29</sup> That is, unsolicited compliments sent directly to the PSCT – this data has been included in the report at the request of our governors and does not take into account

<sup>30</sup> This score was in the lower quintile (worst 20%) of NHS acute Trusts

Percentage of staff agreeing that their role makes a difference to patients	90% Lower (worse than) average	91% (average)	92% Highest (best) 20% <sup>31</sup>	92%	91%	95%
Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month (to other staff or to patients)	39% Highest (worst) 20%	39% Highest (worst) 20%	39% Highest (worst) 20%	39%	34%	20%
Percentage of staff stating that they or a colleague had reported potentially harmful errors, near misses or incidents in the last month	91% (average)	90% (average)	91%	96%	90%	99%
Percentage of staff agreeing that feedback from patients / service users was used to make informed decisions within their directorate / department	54% (average)	New factor	New factor	New factor	56%	74%
Staff recommendation of the Trust as a place to work or receive treatment (mandatory indicator <sup>32</sup> )	3.68 (average)	3.76 Above (better than) average	3.66	3.65	3.67	4.20

Source: NHS Staff Survey 2014

The Trust's overall score in staff recommending the Trust as a place to work or receive treatment is arrived at by an aggregation of scores in the following areas:

- whether or not staff thought care of patients and service users was the Trust's top priority
- whether or not staff would recommend the Trust to others as a place to work

<sup>31</sup> This score was in the upper quintile (best 20%) of NHS acute Trusts

<sup>32</sup> In the NHS Staff Survey, Trusts receive a score out of a maximum of five points for each question. This score equals the average response given by their staff on a scale of 1-5, where 5 means that they 'strongly agreed' with the statement "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation". The mandatory indicator on p26 of this report, made available by the National NHS Staff Survey Co-ordination Centre, analyses the same data in a different way; in this instance, the indicator measures the percentage of staff who said that they either 'agreed' or 'strongly agreed' with the statement, "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation".

- whether or not staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.

Table 10

Question / statement	UH Bristol score 2014	National average (median) score for acute Trusts 2014	UH Bristol score 2013
"Care of patients / service users is my organisation's top priority"	70	70	69
"I would recommend my organisation as a place to work"	56	58	60
"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	70	65	74
Staff recommendation of the Trust as a place to work or receive treatment	3.68	3.67	3.76

Source: NHS Staff Survey

The Trust considers that this data is as described because of the data quality checks that are undertaken, as detailed in the Trust's data quality framework. The reported data is taken from a national survey<sup>33</sup>, which the Trust participates in through an approved contractor, adhering to guidance issued by the Department of Health.

Whilst the 2014 staff survey results are positive in some areas – including people saying that they have received teaching and learning relevant to their job, and a slightly above average recommendation of the Trust as a place to work or receive treatment – the results are, in many areas, disappointing, and we recognise that significant improvement is required. An extensive staff experience programme is already underway across the Trust. This work, which is being directed both centrally by the senior leadership team and locally by divisional management teams, includes a focus on: improving two way communication; recognition events; team building; review of our appraisal process; training programmes for managers and supervisors; a wide range of health and wellbeing initiatives – including specific work on stress-related illness – and a piloted employee assistance programme; targeted action to address harassment and bullying; a revision and re-launch of the 'Speaking Out' process; and support for staff forums and reverse mentoring.

### 3.3.5 Carers

It is several years since we included a report about our work with carers in our annual Quality Report; our governors have asked that we include an update this year.

A carer is someone who provides unpaid help and support to another person who could not cope without their help; this could be due to age, physical or mental illness, disability or addiction. A carer may be a partner, child, relative, friend or neighbour. Carers can also be of any age; for example, it might be a young carer who cares for a parent or sibling, or a parent carer of a disabled child. A carer is not necessarily the closest relative of a patient or their next

<sup>33</sup> Important note: the UH Bristol figures quoted for 2011 and 2012 are those which will be found in the 2011 and 2012 NHS Staff Attitude Survey reports. The 2011 figures may differ slightly from the 2011 figures quoted in the 2012 report and the 2012 figures may differ slightly from the 2012 figures quoted in the 2013 report. This is because the Picker Institute, which runs the surveys, re-calculates the data each year. The Picker Institute has advised that either version of the data is appropriate for publication: we have chosen to use the original data for purposes of consistency and transparency.



of kin. A carer often does not realise that they are a carer and can struggle to tell someone they are finding it difficult to cope.

Our vision is for the role and contribution of carers to be universally recognised across our organisation: we want carers to be true partners in care. Our Carers' Work Plan, which was developed with this vision and commitment in mind, has four intended outcomes:

1. All carers who want to be, are identified at UH Bristol.
2. Carers who are identified at UH Bristol receive information and support whilst they or the person they care for are in hospital and throughout the discharge process.
3. Carers are acknowledged, represented and involved at a strategic level at UH Bristol.
4. There is an increase in staff awareness and knowledge about carers and their needs.

The introduction of a Carers Information Scheme in our medical and surgical divisions has helped to embed the principles of identifying and supporting carers. The scheme involves the early identification of carers through an initial documented conversation, which ensures that everyone (staff, the patient and the carer) is clear about their role during the patient's stay and that carers are supported to remain involved if this is their wish. The scheme was referenced in the Houses of Parliament as an example of good practice, during an adjournment debate on 18<sup>th</sup> December 2014, by the Labour MP for Walsall South, Valerie Vaz: the MP highlighted her involvement with 'John's Campaign', a campaign for the rights of family and carers to stay with people with Dementia during periods of hospitalisation. The co-founder of John's Campaign also used examples of good practice at UH Bristol when she met with NHS England to present the campaign:

"University Hospitals Bristol allows carers to continue their care in hospital. Ward staff have an initial daily conversation with carers, so they are clear what their role is in hospital. Carers are allowed to be with the patients outside visiting hours, including through the night"<sup>34</sup>.

The Trust has also been working in partnership with a third sector organisation, the Carers Support Centre. A carers liaison worker, funded by Bristol Clinical Commissioning Group, works from within the Trust, and provides a number of services to carers, including: information and support to carers; acting as the carer's advocate and helping the carer through the admission and discharge process; and sign-posting carers to other support and information outside of the organisation. This work is supported by an assistant chief nurse who leads the programme, chairs the Carers Group and supports the carers liaison worker. Examples of the contribution made by the carers liaison worker include:

- running monthly 'drop in' session for carers of haematology and oncology patients and establishing a referral pathway for carers requiring support or advice.
- creating a joint referral pathway between the Trust's dementia lead practitioner, dementia support worker and the carer liaison worker so that carers of people with dementia are identified and supported throughout their stay in hospital; a dementia care plan has also been implemented which includes the identification and involvement of carers at the earliest point in the patient's journey.

Other developments to support carers include:

- access to discounted car parking
- extended visiting times in all inpatient areas

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<sup>34</sup> Quote from adjournment debate

- updated information for carers on the Trust's website, including a section for young carers
- information leaflets to help identify 'hidden' sibling carers within Children's Services
- carer awareness training for staff

### Case Study

Mrs A was admitted to hospital after a fall in her home. Her daughter was her main carer, before her hospital admission, providing all her care needs without any input from social services. The lead nurse for dementia made a referral to the carer liaison worker as she felt the carer would benefit from some additional support. After speaking with the professionals involved in the patient's care, the carer liaison worker realised that tensions between the family and staff were high and that some independent support would be beneficial. The carer liaison worker met with the carer on a regular basis while her mother was in hospital and kept in regular telephone contact with her. Her concerns and fears were passed onto the professionals involved and the carer liaison worker provided regular updates for the carer about the hospital processes. The carer desperately wanted her mum home and was terrified she was going to die in hospital, which had been against her mother's wishes: the carer liaison worker attended her mother's 'best interest meeting' to support the carer and her family, explaining to her the process of the meeting and debriefing with her afterwards; they also attended the 'pre meeting' to explain why the carer was so keen to speed the discharge process up and present the carer's wishes regarding her mother's discharge. The patient was later discharged home with a large package of care. The carer liaison worker kept in contact with her for several weeks after discharge and signposted her to ongoing support. The carer thanked the carer liaison worker for the support and said how helpful it was having someone to support her whilst her mother was in hospital and immediately afterwards.

Our plans for 2015/16 include:

- Rolling out the Carers Information Scheme to the whole Trust
- Developing a 'memory café'<sup>35</sup> as part of the Trust's commitment to develop a more Dementia-friendly environment
- Launching a carers' logo (a way of readily identifying carers in our hospitals, similar to the 'Forget me not' for patients with dementia) and a revised Carers Charter (a set of principles developed jointly by UH Bristol and North Bristol NHS Trust to promote a culture that recognises the vital role carers play within our hospitals) during Carers' Week in June 2015

#### **What patients said in our monthly survey:**

*"Both my son and myself were impressed with the way we were treated. Having had quite a few overnight stays in hospital all in the last 19 years we could tell that staff were much more aware of how to treat someone with a disability and also how to treat a carer. Never before have we been so looked attentive looked after, having tea brought to us on a very regular basis. A huge thank you to all the staff involved, you were wonderful."*

<sup>35</sup> A memory café can offer help, support and information for people affected by memory problems and/or who have a diagnosis of a Dementia. This may be the person themselves or their carer/family or friends. The cafés are free and work on a drop-in basis. At the time of writing, the Trust is actively engaged with the Alzheimer's Society and UH Bristol's Above & Beyond Appeal to make the café a reality.

## 3.4 Clinical Effectiveness

We will ensure that the each patient receives the right care, according to scientific knowledge and evidence-based assessment, at the right time in the right place, with the best outcome.

### 3.4.1 Dementia

Dementia is an umbrella term for a set of symptoms that may describe memory loss, difficulties with thinking, language and problem solving. It is a progressive and terminal condition. Currently nearly 80,000 people in the South West of England are affected, with this figure expected to increase significantly over the next twenty years (Alzheimer's Society 2015).

In 2014, the findings of our annual audit against the South West Dementia standards demonstrated an improvement in most areas of dementia practice compared to 2013. Visual identification – the 'Forget-me-not' symbol – was in place in 68 per cent of cases (45.9 per cent in 2013/14); the ABC behaviour chart was evident in 35 per cent of cases (zero in 2013/14); and there was a 13 per cent increase in referrals to the Later Life Liaison Psychiatry team. However, we know that we need to make further improvements to ensure consistency across all clinical areas and to achieve the targets set for each standard. This audit will be repeated in spring 2015.

When the Care Quality Commission inspected the Trust in September 2014m they identified that the Abbey Pain scale needed to be used for people with cognitive impairment who cannot communicate their needs – we are currently working to embed this tool into practice to ensure that it's used consistently. The CQC also highlighted the need for a review of the needs of Dementia patients to ensure needs are met – this will be achieved via audit, monthly and annually, with appropriate action plans to change practice.

The majority of clinical areas across the Trust<sup>36</sup> now have identified 'Dementia Champions'; staff from a variety of clinical and non-clinical backgrounds who act as advocates for patients with dementia and their carers. We hold a Champions' conference each year jointly with North Bristol NHS Trust, plus an annual UH Bristol dementia conference to celebrate good practice and share learning.

Training compliance for dementia remains high, with all our staff undergoing a mandatory dementia awareness session during their induction programme. As of the end of March 2015, 7,296 staff had received dementia awareness training; either face-to-face or via e-learning. Ward-based volunteers working in the Trust also undergo dementia training as part of their own induction.

The Trust continues to work towards achieving the National CQUIN for Dementia, which set us the challenge of finding (identifying), assessing and referring patients<sup>37</sup> with Dementia: for each of these elements, the target is 90 per cent. Figures 22-24 show that we have made progress over the past year as the process has become embedded into admission clerking and assessment. Focused work in the admission units by the Dementia Project Nurse has helped drive up the numbers of patients being screened for Dementia, with the numbers steadily increasing, e.g. 81.6 per cent in March 2015 compared to 46.9 per cent twelve months previously for the Find element. At the beginning of quarter 4 of 2014/15 the Trust moved to an

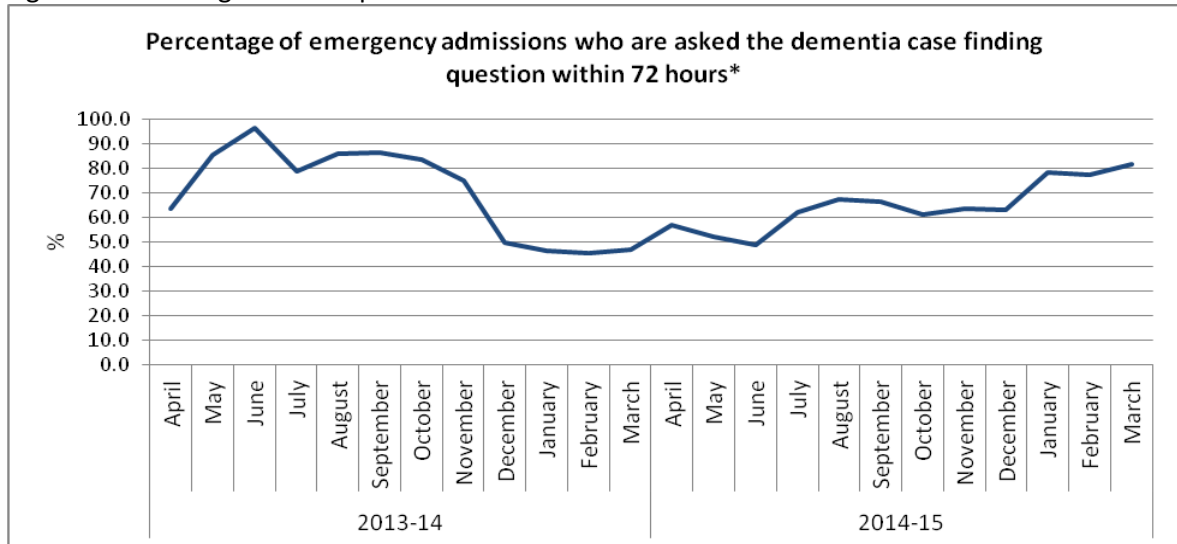
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<sup>36</sup> Including inpatient wards, outpatient clinics

<sup>37</sup> Known as "FAIR"

electronic data capture system enabling the CQUIN data to be captured in real time<sup>38</sup> as part of the electronic handover system: a live countdown serves as a reminder to the medical and nursing teams that a screening is required; and when the patient is discharged, a pdf document is created and automatically uploaded onto the Clinical Document Service where it can be accessed by the patient’s GP.

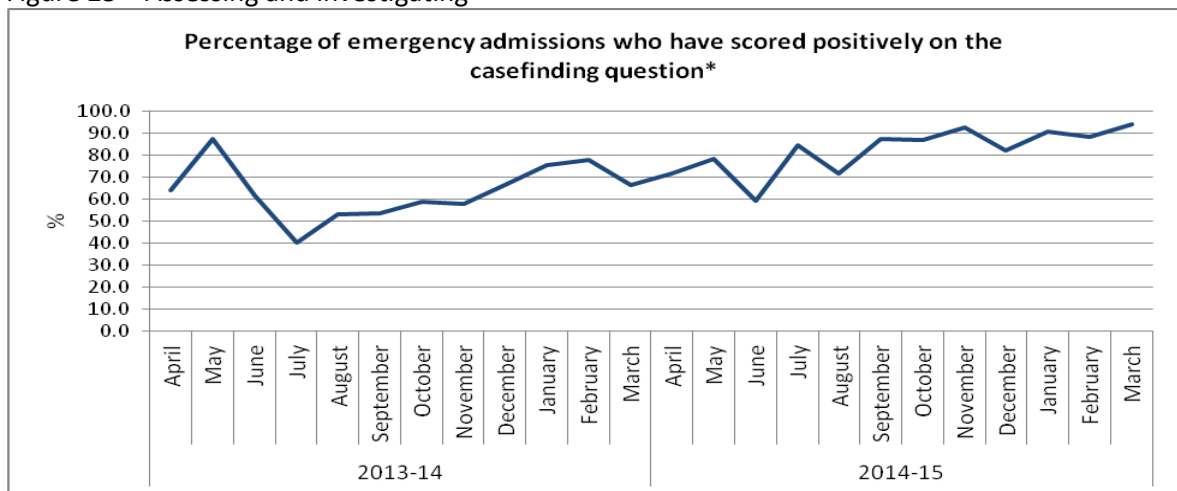
Figure 22 – Finding dementia patients



Source: UH Bristol eHandover system

Externally audited ‘Find’ data is confirmed as 65.0 per cent for 2014/15 as a whole, with 79.3 per cent achieved in quarter 4 (when the new data capture system was in place).

Figure 23 – Assessing and investigating



Source: UH Bristol eHandover system

We continue to be committed to supporting carers of those with Dementia. It remains a challenge to identify dementia carers. Here are some quotes from the carers we have supported in the past year:

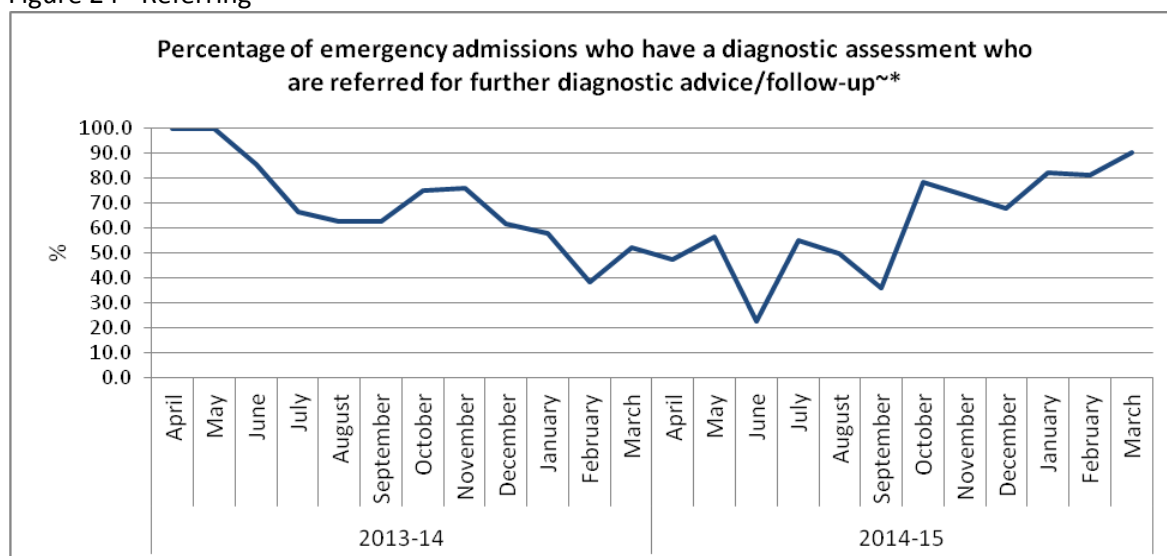
“I feel very supported by all staff members!”

“I would like staff to acknowledge visitors”

“Staff are very helpful - a dementia pack was given to me”

<sup>38</sup> External audit of this indicator – selected by our governors – has therefore focused on the new system rather than data captured prior to January 2015.

Figure 24 - Referring



Source: UH Bristol eHandover system

~ outcome of either “positive” or “inconclusive”

\* or who have a clinical diagnosis of delirium

The involvement of our dementia clinical leads in the design of the new Bristol Royal Infirmary ward block has resulted in wards which are now open and are environmentally friendly for people with dementia. We aim not to move patients with a cognitive impairment for non-clinical reasons between the hours of 8pm and 8am: we conducted a transfer audit in July 2014 and achieved 97 per cent compliance; the audit will be repeated in the autumn of 2015.

In 2015/16, we will continue to work towards achieving the dementia CQUIN. We will engage more with carers of patients with dementia, through focus groups and surveys to identify their needs and ideas for improving care for patients. We also have plans to introduce a memory café (see footnote 32 above). Focused training and information events will take place during Dementia Awareness Week in May 2015, and we plan to introduce more reminiscence activities to our Older People’s wards to engage with patients and carers during their admission.

### 3.4.2 Summary Hospital-Level Mortality Indicator (SHMI)

*(Mandatory indicator)*

The Summary Hospital-Level Mortality Indicator (SHMI) is a measure of all deaths in hospital, plus those deaths occurring within 30 days after discharge from hospital. It should be noted that SMHI does not provide definitive answers: rather it poses questions which Trusts have a duty to investigate. In simple terms, the SHMI ‘norm’ is a score of 100 – so scores of less than 100 are indicative of Trusts with lower than average mortality. In Figure 25, the blue vertical bars are UH Bristol data; the green solid line is the median for all Trusts; and the dashed red lines are the upper and lower quartiles. The graph shows that patient mortality at UH Bristol, as measured using SHMI, is consistently lower than the national norm. The most recent comparative data available to us at the time of writing is for the period July 2013 to June 2014 and shows the Trust as having a SHMI of 95.8.

The Trust considers its SHMI data is as described because of the data quality checks that are undertaken, as detailed in the Trust’s data quality framework. This includes data quality and completeness checks carried out by the Trust’s IM&T Systems Team. SHMI data is governed by national definitions.

### 3.4.3 Adult Cardiac Surgery Outcomes

The Bristol Heart Institute is one of the largest centres for cardiac surgery in the United Kingdom. The centre currently performs approximately 1,500 procedures per annum. The Trust has supported a cardiac surgical database for more than 20 years which now contains information relating to clinical outcomes for more than 26,500 patients. This is an extremely valuable resource for research and audit, service planning and quality assurance. An annual analysis of cardiac outcomes is published and can be viewed in detail on the Trust website (<http://www.uhbristol.nhs.uk/about-us/key-publications>)

In general, our adult cardiac outcomes measured in terms of mortality have been better than the UK average for all procedures. Figure 26 shows a pattern of relatively static activity and a crude mortality rate which is below the national average. It should be noted that the 2014/2015 data is preliminary at the time of writing (April 2015) as the discharge status of some patients is still awaited.

Cardiac surgical outcomes data is collected and analysed under the auspices of the National Institute for Cardiovascular Outcomes Research (NICOR) at University College London. The data is analysed and presented in association with the Society for Cardiothoracic Surgery of Great Britain and Ireland (SCTS) and fed back to the individual participating centres ([http://scts.org/patients/hospitals/centre.aspx?id=27&name=bristol\\_heart\\_institute](http://scts.org/patients/hospitals/centre.aspx?id=27&name=bristol_heart_institute)) using national contemporary comparators.

More detailed analysis of 2014/15 data is currently awaited from the NICOR/SCTS collaboration to enable us to benchmark our performance against other centres in the UK.

#### **What patients said in our monthly survey:**

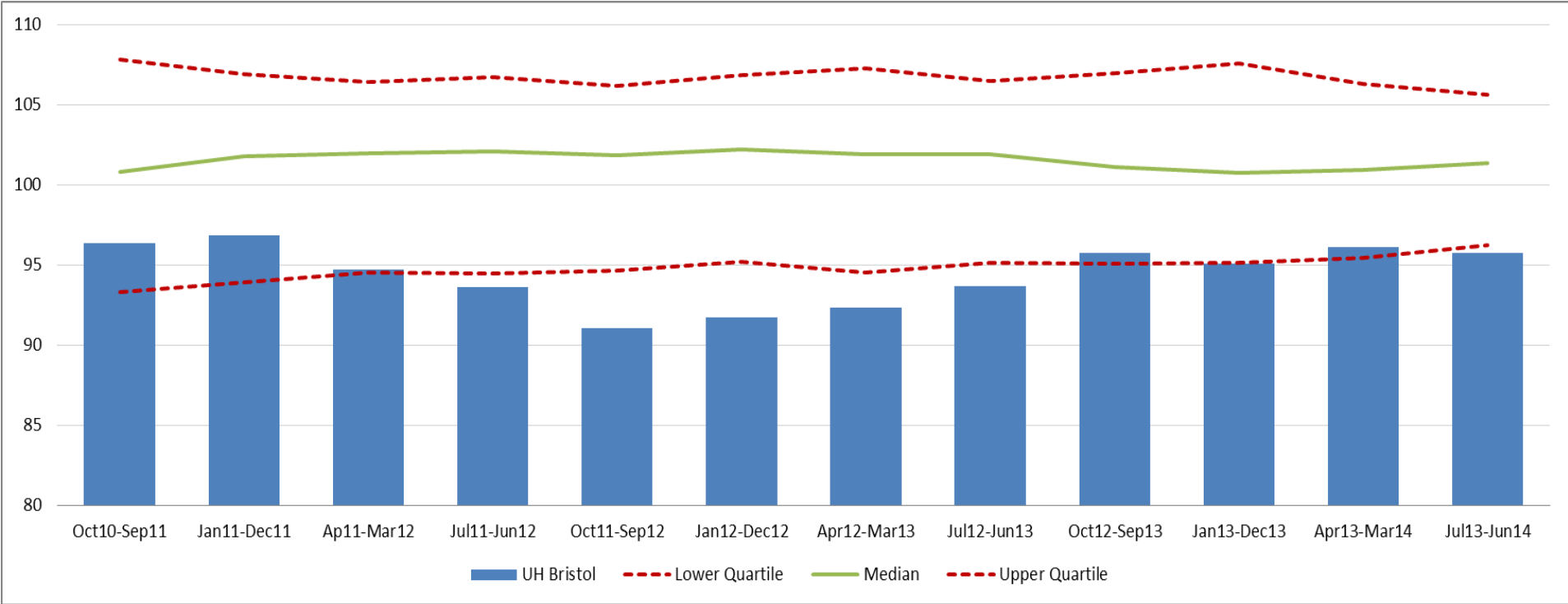
*"I was more than happy with the care and attention I received from the hospital. The whole cardiac team has been wonderful, right from the porters, cleaners, caterers, nurses, doctors, surgeons, consultants to the medical researchers I have seen."*

### 3.4.4 Paediatric Cardiac Surgery Outcomes

The Bristol Royal Hospital for Children (BRHC) provides a congenital cardiac service to the whole of the South West of England and South Wales, serving a population of 5.5 million people. It functions as a network with the specialist cardiology centre at University Hospital of Wales in Cardiff and its Welsh consultants providing sessions in BRHC. The pathway starts in the antenatal period with close collaboration with fetal cardiology and fetal medicine and transitions into the adult congenital cardiac services provided at the adjacent Bristol Heart Institute.

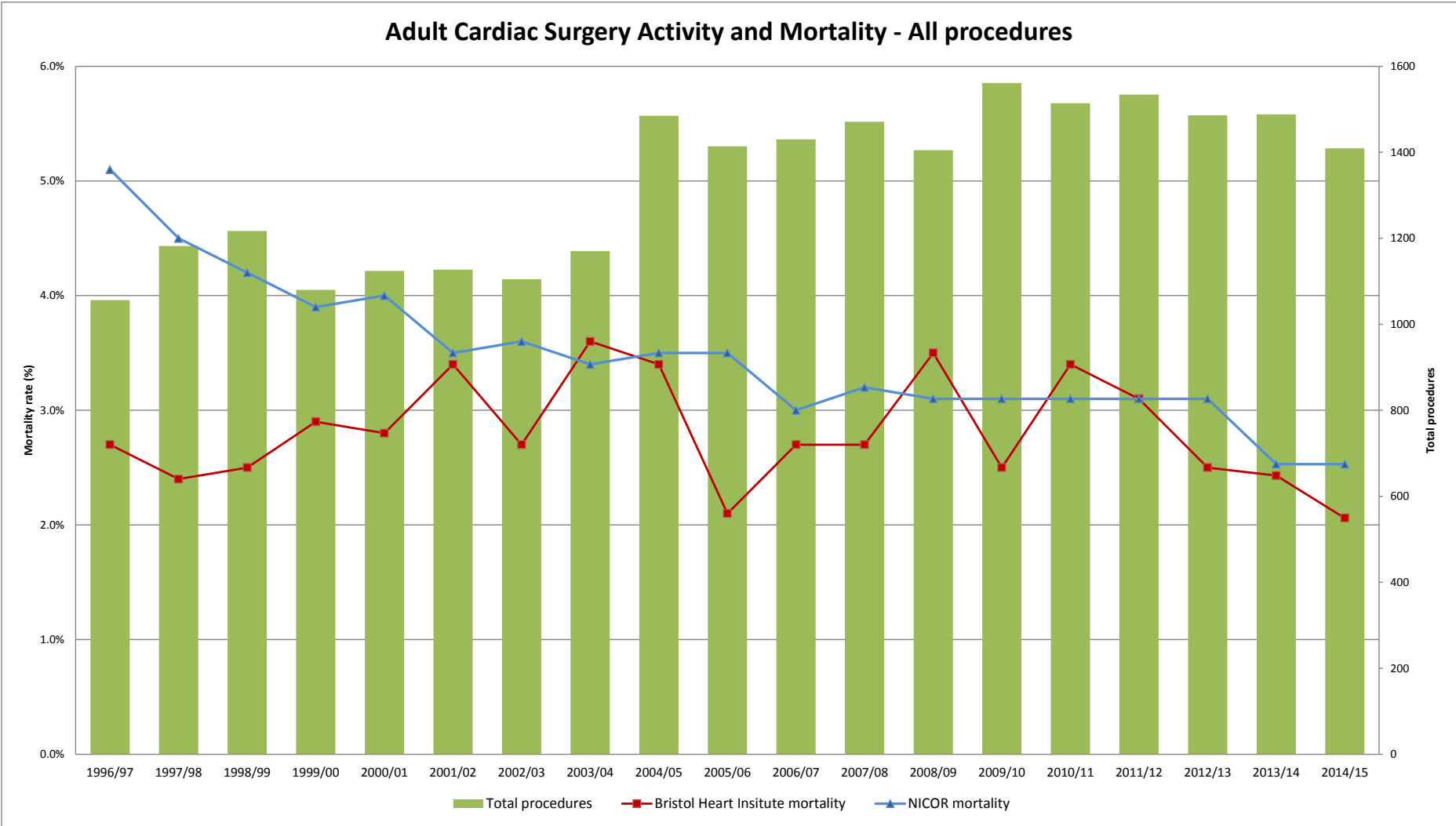
The number of paediatric cardiac cases performed in the Children's Hospital has remained constant over the last five years at approximately 325 cases per year. Over this time, crude survival following cardiac surgery in our unit has continued to improve and in 2014/15 was 98.8 per cent. This is well within expected limits when controlled for case mix and co-morbidities

Figure 25 - Summary Hospital-Level Mortality Indicator (SHMI)



Source: CHKS benchmarking

Figure 26



Source: Central Cardiac Audit Database / Patient Analysis Tracking System



using a risk-stratification scoring system called the PRAiS score and has been achieved despite the continuing increase in complexity of cases. Crude survival has remained constant over the last seven years at approximately 98 per cent across all other centres in the country according to the latest available data from the National Institute for Cardiovascular Outcomes Research (NICOR).

Crude survival is however a very coarse demonstration of the quality of outcomes because children born with congenital heart disease frequently have associated co-morbidities that influence their clinical outcome as much as the cardiac defect. Consequently, as risk profiles vary between centres, direct comparison between units is inappropriate. Using risk-stratification statistical analysis that has been developed by NICOR, more sophisticated analysis of the outcomes following surgery at BRCH has been possible, allowing us to monitor our results in real time and demonstrate a progressive improvement in our outcomes. Figure 27 shows verified NICOR data for the three year period April 2011 to March 2014 (i.e. the most recent reporting period available).

An independent review into paediatric cardiac services in Bristol was announced in February 2014 by Professor Sir Bruce Keogh, Medical Director of NHS England following some complaints from parents. The Trust welcomes the ongoing review and hopes that it will restore Trust and confidence in the service. We recognise that treating children with congenital heart disease is more than just managing their clinical condition – it's also about supporting and preparing families for procedures and giving them all the different information they need. In 2014/15 we have held a number of 'listening events' at which parents have shared their experiences and explained how we can help them more. Following the first of these events, we revised and modified the department's website in accordance with suggestions from parents; our information leaflets have similarly been revised and sent out to parents for review and comment. At the most recent listening event, we focused on the issue of consent for treatment: making sure that parents and patients have enough information in a form that's accessible to them; as a result we are reviewing and revising our consent/information forms to better meet the needs of families.

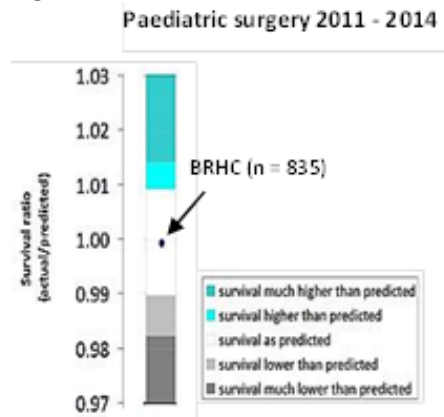
In addition, to support this improvement BRHC implemented a system in 2013 to empower parents to escalate concerns if worried about the clinical condition of their child. Rapid recognition of deterioration in a child's clinical condition improves their quality of care and outcome and parents of children who unexpectedly deteriorate often report awareness of the child's decline prior to medical staff. Furthermore, involving parents in all decisions regarding clinical care, in an environment of openness, transparency and candour is recognised as an essential for good care. This was audited in 2014 and levels of awareness with staff and families were found to be good on children's cardiac ward 32.

The Trust welcomes feedback and families. Our ongoing monthly survey of parents of children cared for ward 32 shows that 98 per cent of parents consistently rate their experience of care as good, very good or excellent<sup>39</sup>.

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<sup>39</sup> UH Bristol inpatient experience survey 2014/15

Figure 27



Verified overall outcomes for paediatric cardiac surgery at BRCH April 2011 to March 2014

Actual 30 day survival rate (risk adjusted)	97.7%
Expected survival rate for BRHC using PRAiS	97.8%
Ratio of BRHC survival rate to expected survival rate	0.999

Source: NICOR

**What parents said in our monthly survey:**

*"I work as a health care professional and was amazed at the patience and kindness from staff. I felt that my child was in extremely good hands as staff demeanour was so confident, knowledgeable and caring. The staff at Bristol Child's Hospital Cardiac ward should be very proud of the level of care they attain."*

*"During my child's stay at Bristol Children's Hospital we stayed in PICU Cardiac HDU and Cardiac Ward. At all times I felt that my child, who was only 5-6 weeks old, was cared for in 'loving' way which I found incredibly reassuring and meant I was completely comfortable leaving her in the nurses care overnight (meaning I could get home to my other children). I trusted all staff 100% to care for her, and do the best for her. Also as parents we felt completely supported by the nurses and doctors, and felt our welfare was also important, which meant a lot during a very difficult time."*

**3.4.5 Patient Reported Outcome Measures (PROMs)**

*(Mandatory indicator)*

Since 2009, Patient Reported Outcome Measures (PROMs) have been collected by all NHS providers for four common elective surgical procedures: groin hernia surgery, hip replacement, knee replacement and varicose vein surgery. Only two of these procedures - groin hernia surgery and varicose vein surgery - are carried out at UH Bristol.

PROMs comprise questionnaires completed by patients before and after surgery to record their health status. Outcomes are measured in three ways: a tool called the 'EQ-5D index' asks patients questions about things like mobility, activities and pain levels; patients also rate their health on a scale of 0-100 using a 'visual analogue scale' (VAS); and finally (in the case of varicose veins) patients are asked questions about the specific condition for which they are having surgery.

The most recent full-year data available from the NHS Health and Social Care Information Centre (HSCIC) is for 2013/14. Although provisional, this shows that fewer than five UH Bristol patients who underwent varicose vein surgery returned PROM questionnaires: this data is therefore not publishable due to inherent statistical unreliability and to protect patient confidentiality. Nine

patients returned groin hernia PROM questionnaires in this time period, 88.9 per cent of whom (8/9) scored more highly on the EQ-5D index after surgery than before; this compares with 50.6 per cent in England (10,543/20,856). Six patients completed and returned the EQ VAS section of the PROMS questionnaire: 33.3 per cent (2/6) of UH Bristol patients scored more highly on the EQ-VAS scale after surgery than before; this compares with 37.3 per cent (8,097/21,696) in England.

The Trust considers its groin hernia PROM data to be as described. The Trust follows nationally determined PROM methodology and outsources administration to an approved contractor. The Trust acknowledges that gaps in post and in process from October 2012 until November 2013 has meant that overall participation rates for 2012/13 and 2013/14 are lower than expected. New processes were put in place to address this and the latest unpublished participation figures from the HSCIC for 2014/15 (as at February 2015) show that 78.8 per cent of patients returned the pre-operative questionnaire for groin hernias (93/118); this compares with 58.2 per cent (37,863/65,003). To enable a change in healthcare status to be measured, patients must also return a post-operative questionnaire. Latest figures show that 38.5 per cent (20/52) patients have done so; this compares to 52.7 per cent (14,536/27,560) nationally.

In October 2014, vascular surgery transferred to North Bristol NHS Trust and therefore University Hospitals Bristol will no longer be participating in or reporting on the varicose veins PROM.

### **3.4.6 Hip fracture best practice tariff**

Best Practice Tariffs (BPTs) help the NHS to improve quality by reducing unexplained variation between providers and universalising best practice. Best practice is defined as care that is both clinically and cost effective: to achieve the BPT for hip fractures, Trusts have to meet eight indicators of quality as recorded in the national hip fracture database. The indicators are:

- Surgery within 36 hours from admission to hospital
- Ortho-geriatric review within 72 hours of admission to hospital
- Joint care of patients under a trauma and orthopaedics consultant and ortho-geriatrician consultant
- Completion of a joint assessment proforma
- Multi-disciplinary team (MDT) rehabilitation led by an ortho-geriatrician
- Falls assessment
- Bone health assessment
- Abbreviated mental test done on admission and pre-discharge.

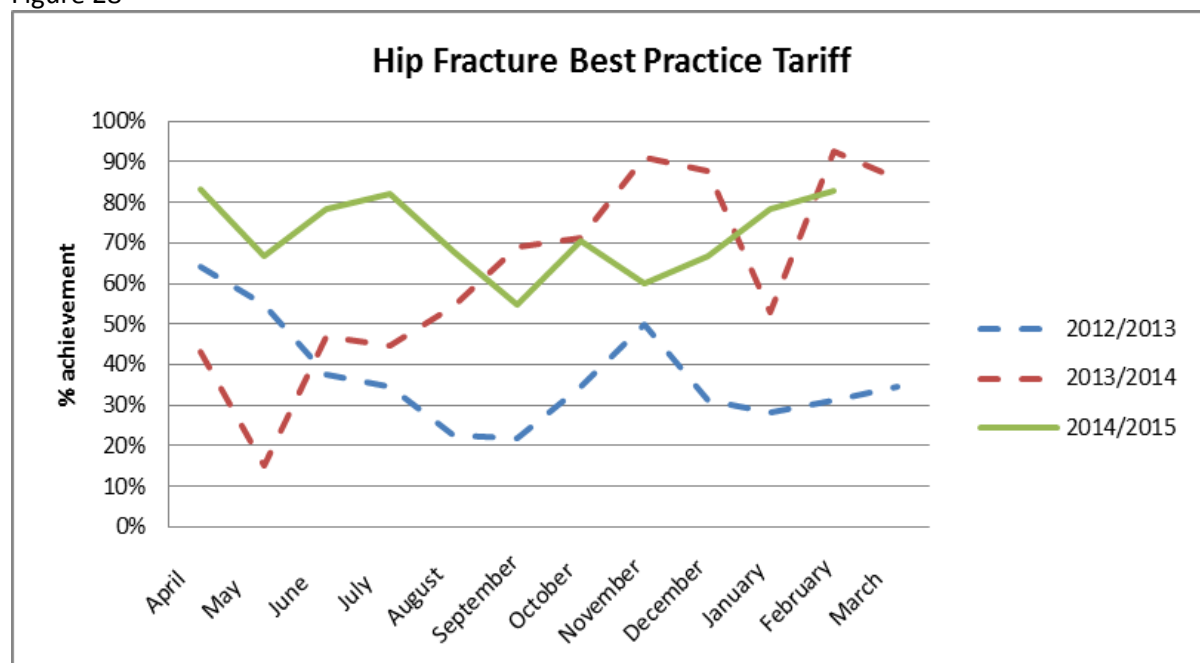
We are pleased to report that UH Bristol's performance against the national best practice tariff for hip fracture management improved significantly in 2014/15, compared to 2013/14 and 2012/13 as shown in Figure 28. Overall performance for 2014/15 was 71.6 per cent: significantly better than in 2013/14 (61.7 per cent) and 2012/13 (37 per cent), but we know that there is much work still to do. The Trust has historically struggled to achieve the BPT due to poor performance against time to theatre and ortho-geriatric review, despite consistently achieving over 90 per cent for the other six indicators.

Expansion of the workforce supporting ortho-geriatric review has led to significant improvements in this aspect of practice with the 90 per cent standard being exceeded in 2014/15 at 94 per cent, compared to 78.8 per cent in the previous year.

The Division of Surgery, Head & Neck has focused on improving performance in the time to theatre for hip fracture patients and has instigated the following actions:

- Operational focus is currently on imbedding the new all-day weekend operating, and ensuring staffing can support this on an ongoing basis; this will include running these lists on Bank Holidays, starting at Easter.
- A new Trust-wide transformation programme has commenced, with a project specifically focused on orthopaedic theatre utilisation and efficiency; including a specific work stream on emergency pathways.
- Further job plan changes have been agreed which will improve the spread of trauma time across the week and enable an additional hip fracture case to the start of planned limb reconstruction theatre lists.
- Enhancement of theatre staffing in the evening to allow for two “planned over-runs” as opposed to the current one.

Figure 28



Source: National Hip Fracture Database

### 3.4.7 Consultant Outcomes Programme

Consultant Outcomes Publication (COP) is an NHS England initiative, managed by the Healthcare Quality Improvement Partnership (HQIP), to publish quality measures at the level of individual consultant doctors using National Clinical Audit and administrative data. COP began with ten National Clinical Audits in 2013, with three further audits/registries added for 2014. Those that published in 2013 expanded the number of procedures and quality measures covered to include length of stay and re-admission rates.

Table 11 shows the medical specialties/societies that reported consultant outcomes during 2014/15 and whether the Trust submitted data to the required national audit/registry.

Table 11

Specialty	Clinical audit/registry title	Specialist Association	Submitted
Adult cardiac surgery	National Adult Cardiac Surgery Audit <b>Open heart surgery</b>	Society for Cardiothoracic Surgery	Yes

Bariatric surgery	National Bariatric Surgery Register <b>Surgery concerning the causes, prevention and treatment of obesity</b>	British Obesity & Metabolic Surgery Society	N/A
Colorectal surgery	National Bowel Cancer Audit Programme <b>Surgery relating to the last part of the digestive system</b>	The Association of Coloproctology of Great Britain and Ireland	Yes
Thyroid and endocrine surgery	BAETS national audit <b>Surgery on the endocrine glands to achieve a hormonal or anti-hormonal effect in the body</b>	British Association of Endocrine and Thyroid Surgeons	No <sup>40</sup>
Head and neck surgery	National Head and Neck Cancer Audit <b>Surgery concerning the treatment of head and neck cancer</b>	British Association of Head and Neck Oncology	Yes
Interventional cardiology	Adult Coronary Interventions <b>Treatment of heart disease with minimally invasive catheter based treatments</b>	British Cardiovascular Intervention Society	Yes
Lung cancer	National Lung Cancer Audit <b>Treatment of lung cancer through surgery, radiotherapy, and chemotherapy</b>	British Thoracic Society and SCTS	Yes
Neurosurgery	National Neurosurgery Audit Programme	Society of British Neurological Surgeons	Yes
Orthopaedic surgery	National Joint Registry <b>Joint replacement surgery for conditions affecting the musculoskeletal system</b>	British Orthopaedic Association	Yes
Upper gastro-intestinal surgery	National Oesophago-Gastric Cancer Audit <b>Surgery relating to the stomach and intestine</b>	Association of Upper-gastrointestinal Surgeons	Yes
Urological surgery	BAUS cancer registry <b>Surgery relating to the urinary tracts</b>	British Association of Urological Surgeons	N/A
Vascular surgery	National Vascular Registry <b>Surgery relating to the circulatory system</b>	Vascular Society of great Britain and Ireland	Yes

All data can be found on the relevant association websites and has also been published on NHS Choices (MyNHS - <https://www.nhs.uk/Service-Search/performance/search>). No UH Bristol consultant has been identified as an 'outlier' within these published outcomes.

### 3.4.8 28 day readmissions

*(Mandatory indicator)*

The need for a patient to be readmitted to hospital following discharge can sometimes be an indicator of the effectiveness of a clinical intervention. The Trust monitors the level of emergency readmissions within 30 days of discharge from hospital. Readmission within 30 days is used as the measure, rather than 28 days, to be consistent with Payment by Result rules and contractual requirements. The level of emergency readmissions within 30 days of a previous discharge from hospital was marginally higher in 2014/15 than in the previous year (2.82 per cent in 2014/15 v. 2.71 per cent in 2013/14), following a significant reduction from levels recorded in 2012/13. Previous audits have found that a high proportion of emergency readmissions to the Trust are unrelated to the original admission to hospital. For this reason it is difficult to interpret any changes in readmission rates at a Trust level. The Trust, via the work of its Quality Intelligence Group, continues to review the reasons behind any specialty being an outlier from its clinical peer with regards to

<sup>40</sup> The majority of UH Bristol consultants in this clinical specialty are not members of BAETS and therefore cannot contribute to the BAETS registry (which is not part of any mandatory national clinical audit).

levels of emergency readmission. Where a specialty is at or above the readmission rate of the top 25 per cent of Trusts in the clinical peer group, a formal review process is instigated; this includes a review of the clinical coding and admission classification of the cases in the period for which the specialty is shown to be an outlier, and then progresses to a notes review by an appropriate clinician if the specialty remains an outlier with any corrections to the coding or classification applied.

The most recent national risk adjusted data (2011/12) for the 28-day emergency 'indirectly standardised' readmission rates for patients aged 16 years and above, shows the Trust to be better than average within its peer group (acute teaching Trusts). Of the 23 acute teaching Trusts for which data is available, the Trust is ranked sixth best (i.e. the sixth lowest readmission rate), with an indirectly standardised emergency readmission rate of 11.15 per cent compared to the median for the group of 11.87 per cent (lower and upper confidence intervals of 10.80 per cent and 11.51 per cent respectively). For patients under the age of 16, the Trust has a standardised readmission rate of 7.8 per cent, which is lower (i.e. better) than the national median readmission rate of 8.4 per cent, despite the Trust's case-mix being biased towards the more complex cases. The readmission rates for both age groups are significantly lower than that of the previous reported year, with the readmission rate for patients aged 16 years and over dropping from 11.93 per cent in 2010/11 to 11.15 per cent in 2011/12, and from 8.2 per cent in 2010/11 for patients under the age of 16 to 7.8 per cent in 2011/12.

The Trust considers its readmission data is robust because of the data quality checks that are undertaken, as detailed in the Trust's data quality framework. These include checks on the completeness and quality of the clinic coding, checks conducted of the classification of admission types and lengths of stay as recorded on the patient administration system, and the reviews undertaken of the data quality returns on the commissioning data sets received from the secondary uses service.

## **3.5 Performance against national priorities and access standards**

### **3.5.1 Overview**

In 2014/15, the Trust declared risks to compliance with the Accident and Emergency 4-hour standard, the Referral to Treatment Time (RTT) Non-admitted standard and the 62-day GP cancer standards in its 2014/15 Annual Plan. Reported performance during 2014/15 was consistent with this, with the exception of a wider scale of failure against the RTT standards, and the additional failure of the 62-day referral to treatment cancer standard, for patients referred from the national screening programmes.

There was a decline in performance against the three national Referral to Treatment Times (RTT) during 2014/15, with failure of the three standards being reported in quarters 2, 3 and 4. The failure to sustain achievement of the RTT standards was due to a growth in the number of over 18-week waiters, with demand exceeding the level of capacity which could be put in place. However, the rise in the number of over 18 week waiters during the first quarter of the year led to a detailed review of the capacity required to both address the backlogs, and achieve sustainable 18-week waits going forward. There were clear signs of recovery during quarter 4, with material reductions in the backlogs for both admitted and non-admitted patient pathways being realised, beyond that set-out in the recovery trajectories. High levels of demand also brought challenges for achievement of the maximum six week wait for a diagnostic test. A

recovery trajectory was put in place, underpinned by detailed capacity and demand modelling, with achievement of the 99 per cent standard now expected by the end of quarter 1 2015/16.

Overall, performance against the cancer waiting times standards remained strong, with six of the eight national standards being achieved in every quarter. The 62-day wait from referral to treatment for patients referred by their GP with a suspected cancer, was not achieved in 2014/15; the main reason for the failure to achieve the 85 per cent national standard was the late receipt of referrals from other providers, with late referrals accounting for approximately 40 per cent of breaches each month. Performance for solely internally managed pathways was above 85 per cent in three quarters in 2014/15. The Trust continued to take action to reduce the length of wait for key steps in cancer pathways in 2014/15, including offering as many patients as possible the opportunity to be seen within seven days of referral by the GP, instead of the national requirement of 14 days. The 62-day wait from referral to treatment for patients referred from one of the national screening programmes was achieved in the first two quarters of 2014/15 and then failed for the latter half of the year; the main reason for the failure to achieve the 90 per cent standard was outside of the Trust's control, further details of which can be found in the extended narrative about cancer performance below.

Disappointingly, the Trust failed to achieve maximum 4-hour wait in A&E for at least 95 per cent of patients in every quarter of the year. However, the Trust met the national A&E clinical quality indicators in the period. The level of ambulance hand-over delays remained at a similar level to 2013/14, although significant improvements were seen in the latter half of quarter 4. A system-wide resilience plan was developed during the year, in association with partner organisations, in recognition of the increasing pressure on emergency services both locally and nationally. Encouragingly, the recovery trajectory which was developed from the expected impacts of the joint plan was achieved by the Trust in quarter 4, with year being rounded-off with achievement of the 95 per cent standard in March.

Performance against the last-minute cancelled operations and 28-day readmission standards in 2014/15 remained similar to that in 2013/14. This was despite the implementation of the managed beds protocol which protected the core adult bed-base required for elective operations, and resulted in a significant reduction in ward bed related cancellations during the year. Cancellations due to emergency patients being prioritised and the lack of an intensive therapy or high dependency unit bed to admit the patient to after surgery, remained leading causes of cancellations.

Performance against the primary Percutaneous Coronary Intervention (PCI) heart revascularisation 90-minute door to balloon standard, remained good in 2014/15, and above 90 per cent standard for the year.

During each quarter of 2014/15, the Trust received performance notices from Bristol Clinical Commissioning Group (CCG) for the areas of performance where national and constitutional standards were not being met. This included RTT, 62-day cancer, A&E hours, last-minute cancelled operations and the six-week standard. Improvement plans and recovery trajectories have been submitted as requested. The failure to consistently meet the standard of 99 per cent of diagnostic tests being carried-out within six weeks of referral was mainly due to continuing growth in demand for specialist tests, such as cardiac stress echo and also the consequence of clearance of the 18-week RTT backlogs, the latter resulting in a particular spike in demand for audiology tests. Detailed capacity and demand modelling has been undertaken, with achievement of the 99 per cent standard forecast for June 2015.

Full details of the Trust's performance in 2014/15 compared with the previous two years are set out in Table 12 below. The table includes performance in controlling healthcare acquired

infections which is described in detail in section 3.2.4 of this report; further information about 28 day readmissions can be found in section 3.4.8; and extended commentary regarding the 18 week RTT, A&E 4 hour, cancer and other key targets is provided below.

### **3.5.2 18 weeks Referral to Treatment (RTT)**

Although the Trust achieved the admitted and incomplete pathways Referral to Treatment Times standards for the first quarter of 2014/15, the number of patients waiting over 18 weeks for treatment increased, and became too high to sustain the required level of performance on an ongoing basis. This was due primarily to the Trust not being able to put in place the planned level of capacity to meet demand. Following a nationwide request from NHS England, the Trust took the decision to participate in a planned failure of the RTT standards from July until the end of November 2014, in order to treat as many long waiting patients as possible during that period. Following detailed capacity and demand planning which the Trust undertook in each speciality, recovery trajectories were developed with the support of NHS Interim Management & Support (IMAS). The period of planned failure of the RTT standards was therefore extended. The level of activity required to support achievement of the three RTT standards in a sustainable way has been agreed with commissioners for 2015/16. Delivery plans have been developed, with achievement of all three standards planned during 2015/16. During quarter 4 2014/15, significant progress was made in reducing the number of patients waiting over 18 weeks for treatment. The number of patients waiting over 18 weeks for treatment on admitted pathways dropped from a peak of 1,814 in December 2014, to 1,519 at the end of March 2015 (16 per cent reduction). Similarly, the number of patients waiting over 18 weeks for treatment on non-admitted pathways dropped from a peak of 2,308 in December 2014, to 1,826 at the end of March 2015 (21 per cent reduction). At the end of March 2015, 95 per cent of patients were waiting less than 24 weeks from Referral to Treatment, with 119 patients waiting over 40 weeks and four patients having a wait of over 52 weeks.

### **3.5.3 Accident & Emergency 4-hour maximum wait**

In 2014/15, the Trust failed to meet the national A&E standard for the percentage of patients discharged, admitted or transferred within four hours of arrival in our emergency departments. In contrast to previous years, when the number of ambulance arrivals and emergency admissions declined in spring and summer, the same seasonal pattern of Emergency Department activity was not seen in 2014/15, and 2013/14 winter levels were sustained into the first half of the year. Whilst the potential failure to achieve the 95 per cent standard in quarter 4 of 2014/15 due to winter and system pressures had been forecast, the resulting early failure of the 4-hour standard prompted a review of system-wide resilience, and what needed to be put in place to support emergency access in the coming quarters. Although the 95 per cent national standard failed to be achieved in each quarter of 2014/15, the Trust achieved its recovery trajectory for quarter 4, and achieved the 95 per cent for the month of March.

Trust-level performance against the national 95 per cent standard varied between 94.7 per cent in quarter 1, and 89.6 per cent in quarter 3. The level of emergency work transferring to UH Bristol following the closure of Frenchay Hospital Emergency Department in quarter 1 of 2014/15 was in line with the predicted levels for both the Bristol Royal Infirmary and the Bristol Royal Hospital for Children (BRHC). However, an earlier than normal peak in levels of paediatric respiratory illnesses across the community coincided with the refurbishment of the BRHC Emergency Department in readiness for the higher anticipated level of winter demand; this led to a deterioration in performance against the 4-hour standard at BRHC, and at a Trust level, during quarter 3.



### 3.5.4 Cancer

As reported in the summary section above, performance against six of the eight key national cancer waiting times standards remained strong in 2014/15, with full achievement of these six standards in every quarter of the year. The 62-day wait from GP referral with a suspected cancer to treatment wasn't achieved in any quarter; this was mainly due to high volumes of the more 'unavoidable' causes of breaches of standard, such as late referrals from other providers, clinical complexity, and patient choice to delay diagnostics and treatments, but also some more avoidable causes of breaches, such as elective cancellations due to critical care capacity, and delays in outpatients for certain specialties. Demand for thoracic (lung) cancer surgery continued to exceed routine capacity in the first two quarters of the year. However, following the transfer out of the vascular service to North Bristol NHS Trust (NBT) in October 2014, the number of scheduled operating sessions was increased, which reduced breaches of the 62-day standard for this reason. The Trust also put in place additional capacity to enable more patients to be offered a first appointment within seven days of referral by their GP with a suspected cancer, rather than the national standard of 14 days.

Following the transfer-out to NBT of the high performing breast and urology cancer services, and the transfer in of the head and neck cancer service at the end of 2012/13, UH Bristol now has a more complex portfolio of cancer services. In combination with increasing levels of breaches due to late referral by other providers, medical deferral and patient choice to delay pathways, consistent achievement of the 62-day standard will require performance significantly above the national average in most tumour sites. An active programme of cancer pathway improvement work continues into 2015/16, focusing on information gained from the monthly review of the causes of breaches, opportunities identified for reducing the length of steps in patient pathways, and learning from other organisations.

In contrast to 2013/14, the 62-day screening referral to treatment screening standard was failed in quarters 3 and 4, following the transfer out of the Avon Breast Screening service at the end of quarter 2. There are three screening services nationally which refer patients into Trusts on a 62-day pathway: these are breast, bowel and cervical cancer. With the transfer out of the breast screening service, which the Trust previously hosted, bowel screening patients form the highest volume tumour site treated under the 62-day screening standard (with both internally managed and shared pathway across providers). Nationally, performance against the 62-day screening standard is consistently below the 90 per cent national standard for bowel screening patients, mainly due to high levels of patient choice. The Trust reported failure of the 90 per cent standard in quarters 3 and 4, for reasons largely outside of its control (i.e. patient choice, medical deferral and capacity related delays at other providers).

Table 12 - Performance against national standards

National standard	2012/13	2013/14	2014/15 Target	2014/15	Notes
A&E maximum wait of 4 hours	93.8%	93.7%	95%	92.2%	Target failed in each quarter in 2014/15
A&E Time to initial assessment (minutes) 95 <sup>th</sup> percentile within 15 minutes	57	15	15 mins	14	Target met in every quarter in 2014/15
A&E Time to Treatment (minutes) median within 60 minutes	53	52	60 mins	54	Target met in every quarter in 2014/15
A&E Unplanned re-attendance within 7 days	2.6%	1.5%	< 5 %	2.3%	Target met in every quarter in 2014/15
A&E Left without being seen	1.9%	1.8%	< 5%	1.8%	Target met in every quarter in 2014/15
Ambulance hand-over delays (greater than 30 minutes) per month	See note <sup>41</sup>	100	Zero	107	Target failed in every month in 2014/15
MRSA Bloodstream Cases against trajectory	10	2	Trajectory	5	Two of the five cases were contaminated samples only
C. diff Infections against trajectory	48	38	Trajectory	50 <sup>42</sup>	Target met in every quarter in 2014/15
Cancer - 2 Week wait (urgent GP referral)	95.0%	96.8%	93%	95.5%	Target met in every quarter in 2014/15
Cancer - 31 Day Diagnosis To Treatment (First treatment)	97.0%	97.1%	96%	96.9%	Target met in every quarter in 2014/15
Cancer - 31 Day Diagnosis To Treatment (Subsequent Surgery)	94.9%	94.8%	94%	94.9%	Target met in every quarter in 2014/15
Cancer - 31 Day Diagnosis To Treatment (Subsequent Drug therapy)	99.8%	99.8%	98%	99.6%	Target met in every quarter in 2014/15
Cancer - 31 Day Diagnosis To Treatment (Subsequent Radiotherapy)	98.7%	97.4%	94%	97.6%	Target met in every quarter in 2014/15
Cancer 62 Day Referral To Treatment (Urgent GP Referral)	84.1%	80.1%	85%	79.3%	Target failed in each quarter in 2014/15
Cancer 62 Day Referral To Treatment (Screenings)	90.0%	93.8%	90%	89.0%	Target met in quarter 1 and 2 of 2014/15
18-week Referral to treatment time (RTT) admitted patients	92.6%	92.7%	90%	84.9%	Target met until June 2014, but failed thereafter
18-week Referral to treatment time (RTT) non-admitted patients	95.7%	93.1%	95%	90.3%	Target failed in every month in 2014/15
18-week Referral to treatment time (RTT) incomplete pathways	92.2%	92.5%	92%	90.4%	Target met up until July 2014, but failed thereafter
Number of Last Minute Cancelled Operations	1.13%	1.02%	0.80%	1.08%	Target failed in each quarter in 2014/15
28 Day Readmissions ( <i>following a last minute cancellation</i> ) <sup>43</sup>	91.1%	89.6%	95%	89.8%	Target failed in each quarter in 2014/15
6-week diagnostic wait	89.7%	98.6%	99%	97.5%	Target failed in each quarter in 2014/15
Primary PCI - 90 Minutes Door To Balloon Time	91.7%	92.7%	90%	92.4%	Target met in three quarters in 2014/15 (failed in Q3)

Achieved for the year and each quarter
  Achieved for the year, but not each quarter
  Not achieved for the year
  Target not in effect

<sup>41</sup> Validated data not available in 2012/13.

<sup>42</sup> Please note, the figures quoted for 2014/15 are the total number of cases reported. However, of these, eight were deemed to be potentially avoidable against the limit of 40. For this reason this indicator is RAG rated Green.

<sup>43</sup> IMPORTANT NOTE: this indicator must not be confused with the mandatory indicator reported elsewhere in this Quality Report which measures emergency readmissions to hospital within 28 days following a previous discharge

## **APPENDIX A – Feedback about our Quality Report**

### **a) Statement from the Council of Governors of the University Hospitals Bristol NHS Foundation Trust**

#### **Introduction**

Overall this is a comprehensive report that identifies the various strengths and areas for improvement over the last twelve months since the previous report. There is clear evidence of consultation and responding to actions highlighted in the 2013/14 quality report and the efforts of all the Trust staff are acknowledged and identified within this report.

Although some of the results themselves are disappointing, there is an accompanying narrative which provides valuable information and in particular highlights some of the challenging conditions that the Trust has faced over the last twelve months. This is an honest, transparent report, which has clearly identified a sense of listening, responding and actioning and real attempts to put the patient first.

#### **Priorities for improvement**

Reducing the number of cancelled operations remains a challenge and this report documents some of the new policies that have been introduced in an attempt to tackle the issues of cancelled appointments. The single site for general ITU and HDU will undoubtedly bring future benefits in terms of greater flexibility. There have also been some reported challenges associated with minimising patient moves between wards, with target reduction over baseline figures not being achieved. However, it is acknowledged that the Surgery Head and Neck Division moved into the new Bristol Royal Infirmary ward block, which is larger and thus should help to reduce the number of patient moves between wards.

It is pleasing to see a reduction in the number of patients inappropriately discharged from the hospitals out of hours, with a reduction from 9% in 2013/14 to 7.7% in 2014/15. Accurate documentation / recording and encouraged accountability is welcomed by the Governors.

In terms of the Patient and Public Involvement developments over the last twelve months, there have been some significant steps to further enhancing this relationship with the public. The impact of having improved service improvement reviews and the examples of where this work has been undertaken is an excellent example of partnership working and further plans to create a 'Citizens' Assembly', provide training and support for staff and create a culture of PPI further highlights the Trust's ambitions to ensure PPI is at the heart of all future activity, to understand the needs of patients, their relatives and carers and also to enhance the workforce within the Trust.

The objectives set out in the quality report are open and honest and use quotations from patients. Where objectives have not been met, there is an on-going action plan outlining the future intentions and monitoring processes, along with the Trust Executive who will be responsible for the objective. A clear rationale has been provided in terms of identifying the nine objectives and how they will be measured moving forward.

#### **Statements of assurance from the board**

We are impressed that the Trust actively completed 100% of the 37 national clinical audits and this is to be commended. The list of the audits is also very helpful and demonstrates the breadth and depth of the activities of the Trust. This report also provides evidence in terms of where active participation in ten of the audits will help inform future practice and improve the quality of clinical services. There are a range of examples provided in this report which cover both

patients and staff and it is particularly good to see audit areas relating to previous objectives (e.g. falls / fragility fractures) that were set in past quality reports.

The participation in clinical research is strong and the increase in NIHR portfolio is positive. There is a focus around collaborative research and links with the regional CLAHRC is evident. The Trust is to be commended in its work relating to the national research CQUIN and highlights the commitment to undertaking clinical work with partners.

The Trust achieved 18 out of 24 CQUIN targets and six in part and the review of the Care Quality Commission is also identified within this report. Positive quotes from the CQC report are included within this report along with the areas for improvement. It is worth stressing that the Trust received 44 out of 56 ratings that were good or better and this is a positive result. Although the overall position of the CQC was to award the Trust a status of 'requires improvement', it is important that the Trust informs the public (in the footnote) that roughly 80% of all NHS Trusts have received this rating. The Trust and its staff worked very hard before, during and after the actual CQC inspection in September 2014 and the Governors felt very informed and inputted into the overall review. Two areas of 'outstanding' were awarded for the way in which maternity and family planning was led and how effective services for children and young people was within the Trust at the UH Bristol main site.

### **Patient safety**

The good work of the Trust staff and new directives around preventing patient falls is documented and has resulted in an overall reduction in falls, compared to this time point last year. New campaigns such as the 'eyes on legs' initiative and work conducted by the Falls Steering Group and Falls Assistant have helped to improve current position. The details associated with the root cause analysis is honest and transparent and helps the Trust to identify new training and education developments for staff.

Significant improvements with regards to the reduction in category 2-4 pressure ulcers per 1,000 bed days have also been recorded in this quality report which is welcomed by the Governors and the staff associated with this improvement are to be commended. The associated achievements of this particular patient safety initiative are outlined and demonstrate collaborative working with neighbouring healthcare services (e.g. BNSSG), alignment with NICE guidelines and the development of key performance indicators. Of particular note is the education and training that has been introduced for staff within the Trust. It is also encouraging to see the planned actions for 2015/16 which should help to further reduce the number of category 2-4 pressure ulcers within the Trust.

Strong performance figures are also noted for the risk assessment of VTE, with a figure of 98.8% being reported for 2014/15, along with measures being undertaken to further reduce risks. Although overall figures for Clostridium difficile increased for 2014/15, it is acknowledged that only eight of these cases could have been avoided. It is also worth noting that the Trust has undertaken a serious amount of effort over the last several years to address the issue of HCAs. It is unfortunate that the target of zero MRSA cases was not achieved for 2014/15, however it is again acknowledged that levels are low and actions continued to be taken to reduce the number of episodes within the Trust.

The adoption of ANTT champions within the Trust is welcomed and the education and training and new policy that is associated with this culture change. There have also been improvements in reducing medication errors and it is welcomed that the Trust has adopted the NHS Medication Safety Thermometer, resulting in new local actions.

Significant work has been undertaken to improve the monitoring of patients and recording patient observations or vital signs, based on a local CQUIN with commissioners. It is good to see

the previous work undertaken at Salford NHS Foundation Trust has been adopted and a mixed set of results have been recorded overall. Clearly further actions have been documented, in terms of carrying on the initial work associated with patient safety and reflections on incidents that had occurred over the last twelve months.

The percentage of reported incidents at UH Bristol is comparable to previous years. Key actions are in place to further reduce the number of reported avoidable patient safety incidents in 2015/16, including signing up to the Safety Patient Safety Improvement Programme (2015-18). The largest percentage of serious incidents in 2014/15 was falls and a comprehensive report detailing 'never events' is also documented. The introduction of a visual cue within the Dental Hospital on patients' bibs is a welcomed procedure and should further minimise any future human error.

In terms of the purchasing and maintenance of medical devices within the Trust, the role that MEMO undertakes is essential and it is pleasing to see that repairs to equipment are undertaken in a very prompt response time. In addition, the training offered to staff for newly purchased medical devices is also essential, along with a log recording which staff have received training. The introduction of a Trust Medical Devices Management Group is welcomed.

### **Patient experience**

Various results are presented, along with a testament from a patient. The inpatient experience quality tracker score was consistently above the alert threshold and the friends and family test scores were overall above the national average. The Trust's in-house survey revealed that 97% of patients considered their care to be excellent, very good or good.

The Trust has taken the positive step of buddying with another NHS Trust to improve patients' experience of cancer services.

The explanation provided for the increase in the number of complaints received appears to be fair and there is a clear corporate quality objective associated with how complaints were investigated and resolved.

There is a mixed set of performance measurements related to the NHS Staff Survey (2014) and unfortunately the majority of figures presented on page 52 are below / above national average scores, depending on the key finding heading. It is reassuring to see that a Staff Experience Programme is now underway within the Trust, led by its Senior Leadership Team. The introduction of an Employee Assistance Programme within the Trust is paramount and welcomed.

The introduction of the Carers Information Scheme in the Trust's Medical and Surgical divisions is welcomed and will hopefully help to further integrate the important roles that carers provide and work with third sector organisations is also a very positive move. The case study presented in this report highlights the positive experience of a patient and their carer, which promotes sensitivity, understanding and a focus around the patient and their carer.

### **Clinical Effectiveness**

It is encouraging to see the progress with work within the field of dementia care, particularly the initiatives around the 'Forget-me-not' work and dementia champions across the Trust. The training offered to staff is also to be commended and the introduction of an electronic data capture system will allow CQUIN data to be captured real time and is effective at hand over times / discharge etc.

The mortality figures associated with the provision of adult cardiac surgery activity are consistently lower than national norms for the four year in a row, which is an achievement and demonstrates the steps being taken by the Trust to ensure safe working practice.

The Trust's performance against the national best practice tariff for hip fracture management is better than previous years and further developments / plans for improvement in 2015/16 are welcomed.

### **National Standards**

Performance against a number of access standards has declined in 2014/15, with successive trajectories not being met, however the Governors are assured that the Trust is working hard to mitigate the effects of this with many initiatives to accelerate patient flow without compromising quality of care and clinical outcomes. Perhaps the most significant of these is the setting up of the discharge hub of healthcare partners to provide integrated working on discharge care packages.

Dr Marc Griffiths, appointed governor  
Clive Hamilton, governor

### **b) Statement from Healthwatch Bristol and Healthwatch South Gloucestershire**

Healthwatch Bristol and Healthwatch South Gloucestershire (Healthwatch) are pleased to comment on the University Hospital NHS Foundation Trust Quality Report 2014/15. Healthwatch is mindful that the Quality Report has a range of audiences. It is suggested that future reports contain an easy read summary and a glossary of terms to enable the public to understand acronyms and terminology.

Healthwatch applauds the Trust in fully achieving 18 of the 24 Commissioning for Quality and Innovation payments (CQUINs) during the year.

Healthwatch took part in the CQC inspection 'Quality summit' following the inspection of the Trust in September and looks forward to seeing the improvements in the areas of staff training, outpatients and patient flow back into the community. One area of training identified within the Quality Report that Healthwatch is particularly supportive of is training for all new staff in relation to the falls experienced by people with dementia and, the relevant data to support this. Healthwatch recognises that Trust values are embedded in values-based recruitment, in staff induction, through training, and are clearly and regularly communicated. In addition, Healthwatch considers it important that staff training ties in to the outcomes of the national staff survey and is reviewed regularly so that it reflects and is responsive to emerging themes.

Healthwatch welcomes the Trust's corporate quality objective to address complaints with a more personal and empathetic approach, and was disappointed to see that the number of complaints had increased across the year. In addition, Healthwatch welcomes the plans to develop new ways of working together with patients, carers, relatives and communities of interest as partners for improvement within the priorities for improvement.

Healthwatch was pleased to see that 99 per cent of reported medication incidents did not result in harm. In reducing medication errors, Healthwatch would like the target to be nil, rather than kept to a minimum and looking for continuous improvement.

Under the safe staffing section, Healthwatch would have liked to see the number of staff and vacancies that are presently being filled by bank staff.

Healthwatch applauds the Trust on achieving higher than the national average on the Friends and Family Test, but would like to have seen the number of respondents for understanding the percentages.

Healthwatch would very much like to add to the section on 'Carers' to include the personal assistant, perhaps as a separate category. Carers have fed back to Healthwatch that where car drivers get discounted car parking, for those using public transport to visit they would like a discounted bus ticket.

Healthwatch is aware of the independent review into paediatric cardiac services and the listening events that have taken part; it would be useful to document the timing of the review and the expected conclusion.

Healthwatch was pleased to read under the section on hip fracture best practice tariff that the division of surgery, head and neck has an operational focus imbedding the new all-day weekend operating.

Healthwatch participates in the Trust's Patient Experience Group and is aware of the full range of patient experiences activities and data that supports the Quality Report. Healthwatch suggests that the Quality Report is an excellent opportunity to showcase this work and demonstrate how such work supports the CQC areas for improvement.

Finally, Healthwatch is aware of the pressures the Trust is under particularly with a lack of resources. Healthwatch welcomes the quality objectives for 2015/16 and under the sections 'What will we do' will be keeping a watching brief to see if the actions become concrete proposals for improvement.

### **c) Statement from Healthwatch North Somerset**

Healthwatch North Somerset is pleased to have the opportunity to comment on the University Hospitals Bristol NHS Foundation Trust Quality Report.

We recognise that Quality Reports are a useful tool in ensuring that NHS healthcare providers are accountable to patients and the public for the quality of services they provide. We fully support these reports as a means for providers to review their services in an open and honest manner, acknowledging where services are working well and where there is room for improvement.

The University Hospitals Bristol NHS Foundation Trust (UH Bristol) Quality Report tackles these issues and provides discussion of clinical issues. It is noted that the data is not split up to provide data for the various hospital locations or services covered. So it cannot be seen, for example, if performance is better in one clinical area than another. A list of hospital locations at the beginning of the Quality Report would be useful.

Most strikingly the report does not provide delineated data for North Somerset. In the format provided it is difficult to comment specifically on the service provision for North Somerset patients. Healthwatch North Somerset would welcome the separation of data in future Quality Reports.

We note that that the 2014/15 priorities for improvement targets for reducing the number of cancelled operations, minimising patient moves between wards and ensuring patients are treated on the right ward for their clinical condition were not achieved. We recognise the work

done towards achieving these priorities and note that cancellations on day of operation are still in excess of 1% and are attributed to lack of high dependency beds and staff.

Healthwatch North Somerset notes the average number of bed moves and urges a reduction in the number of bed moves for patients so that patients are cared for in the right ward to minimise patient distress and to ensure treatment commensurate with the patient's safety, health and staff expertise.

We also note the 4 hour waiting time figures for A&E were exceeded and again urge resolution of the priority areas underachievement. We recognise that these issues clearly reflect pressure on the system.

Failing to meet targets in cancer, sepsis and OPD delays strike at the most vulnerable groups of people. There are also concerns about rates of infection including MRSA and Norovirus incidents which resulted in the closure of 22 wards and bays.

Healthwatch North Somerset commends the reduction in the number of patients who are discharged out of hours and the commitment towards strengthening the patient and public partnership. We would like to see some information on the numbers of patients that are discharged out of hours to North Somerset and what support and care is put in place for these patients.

The level of Friends and Family Test scores is above the national average and the percentage of positive responses is high, although the data does not provide figures of the responses received. We share the aspiration of placing an increasing focus on placing the patient's experience at the heart of health and social care. An essential part of this is making sure the collective voice of the people of North Somerset is heard and given due regard, particularly when decisions are being made about quality of care and changes to service delivery and provision. The Healthwatch Intelligence data forwarded monthly to UH Bristol shows eight instances associated with UH Bristol, most relate to long waiting times for appointments.

We note the setting of nine Quality Objectives for 2015/16 and commend the inclusion of those that were not achieved in 2014/15 as a commitment to strive to achieve improvement despite indications in the Quality Report of difficulty meeting demand.

Healthwatch North Somerset notes the Care Quality Commission ratings for the Trust and the overall rating of 'requires improvement'; we do however commend the two 'outstanding' ratings received. We also note that Bristol Clinical Commissioning Group issued performance notices against UH Bristol. Healthwatch suggests that the Trust considers noting these performance notices in the Quality Report.

The increase in serious incidents and the six reported never events are disappointing. The recording of three of the never events occurring during dental extractions is particularly disturbing.

The Trust has received an increased number of complaints compared to previous years and suggests that this may be due increased accessibility to the Trusts complaints service. We suggest that further investigation is conducted as to the increase in complaints received. The number of complainants that were unhappy with the response received is of concern. Healthwatch North Somerset would welcome an opportunity outside of the Quality Report process to understand in more detail the experience of those patients from North Somerset receiving care at UH Bristol.



Healthwatch North Somerset notes the NHS Staff survey results and has concerns about the 39% of staff who have witnessed potentially harmful errors, near misses or incidents in the last month. This figure is of concern and has continued since 2011. We welcome some comments on how this figure can be reduced. We would welcome information about staffing levels and agency staff.

We commend the work being done by the Trust through the Carers Information Scheme and ensuring the Carer perspective and contribution is recognised. We also commend the work being done towards integrating a greater awareness of dementia.

The Trust performance against national priorities and access standards in A&E waiting over 4 hours and ambulance handover, cancer 62 day referral and 18 week referral to treatment time, cancelled operations, 28 day readmissions and 6 week diagnostic wait was disappointing and concerning especially as the target was failed in each month/quarter.

This response was completed with the support and input of Healthwatch North Somerset volunteers who read and disseminated the University Hospitals Bristol NHS Foundation Trust Quality Report 2014/15.

**d) Statement from South Gloucestershire Health Scrutiny Select Committee**

South Gloucestershire Council had been due to receive a presentation from UH Bristol at its meeting of the Public Health and Health Scrutiny Committee on 22 April 2015. However, this meeting was cancelled as it fell within the pre-election Purdah period. The Committee was not able to arrange a subsequent meeting prior to the deadline to enable it to comment on the Quality Accounts from the local providers. The committee will therefore discuss plans and suggest content for Quality Accounts with providers when they reconvene in the summer.

**e) Statement from Bristol City Council People Scrutiny Commission**

At its meeting of 13<sup>th</sup> April 2015 the Commission received a presentation setting out the progress against its 2014/15 priorities, and its proposed priorities for 2015/16.

There was general consensus amongst members that the priorities chosen were appropriate, particularly Improving the experience of cancer patients. Reference was made to the need to support patients mental health needs during treatment.

Joint working through the Better Care Fund would be ongoing.

**f) Statement from Bristol Clinical Commissioning Group**

This statement on the University Hospitals Bristol NHS Foundation Trust's Quality Report 2014/15 is coordinated by Bristol Clinical Commissioning Group following a review by members of its Quality and Governance Committee and inclusion of comments from South Gloucestershire CCG.

The Commissioners considers that the report for 2014/15 provides a comprehensive reflection on the quality performance during 2014/15 and includes the mandatory elements required.

All of the data presented has been reviewed and we are satisfied that this gives an overall accurate account and analysis of the quality of services. This is in line with data provided and reviewed as part of contract performance management.

The review of the quality objectives was clear and well described. We noted that of the five quality objectives for 2014/15 only two were achieved, however we are pleased to note that three of these will continue to be addressed in 2015/16, but we would like to have seen what will be done differently to support their achievement. The CCGs were pleased to see the reduction in the number of patients discharged out of hours, but wondered for those who were discharged between 10pm and 7am if the impact of this on the patients, family and primary care teams was followed up and fed back to staff to support learning. The CCGs also support the objectives chosen for 2015/16, again developed from the public consultation exercise that will support achievements in tangible benefits and outcomes to patients in terms of safety and experience. The patient stories were pleasing to see and their inclusion really helped to demonstrate the importance of these objectives. In addition, the plans to further develop the patient and public involvement activities and culture at the Trust are commendable and we would support an objective on patient and public involvement in research. The Trust's performance against achieving the quality improvement and innovation goals (CQUINS) is noted in the quality account, but there is little narrative or explanation regarding the schemes that were only partially met". Some are picked up in other sections (but are not referenced in the CQUIN section) and others not at all. The CCGs would like to have seen narrative on the actions for addressing these.

The CCGs noted the inclusion of the CQC inspection which gave the Trust an overall rating of "requires improvement". The Trust has naturally focused on the positive outcomes of the inspections, which are commendable, especially noting that all services inspected were regarded as 'caring' and the leadership of maternity services and the effectiveness of the children's and young people's services were highlighted as being outstanding. There was little narrative on the areas where actions for improvement are required. The CCGs would like to have seen more emphasis on these areas and on the progress to date.

Within the quality account, UH Bristol has demonstrated good progress in a number of areas relating to patient safety, experience and effectiveness, specifically:

- Summary Hospital Mortality Indicator (SHMI) consistently below the national norm;
- The reduction in the number of inpatient falls;
- Achieving and sustaining pressure ulcer prevention with a further reduction in the number of cases reported on previous years and well below the target set for 2014/15;
- Sustained compliance with the VTE mandatory indicator where patients are risk assessed for the risk of venous thromboembolism;
- Friends and Family Test (FFT) response rates and percentage scores across inpatient wards, emergency departments and maternity wards/departments;
- Reducing the number of missed medicine doses and the number of moderate and serious harm medicines incidents;
- Increased identification of the deteriorating patient and reduction in the number of cardiac arrest calls on general wards;
- Active patient engagement and involvement demonstrated through the good initiatives for supporting carers and through the use of patient stories;
- Continued focus on dementia care with improvement in the 'FAIR' CQUIN by the end of 2014/15; and
- The comprehensive involvement with national and local audits and the learning from these.

The number of Never Events relating to dental care was disappointing but it was positive to see that changes had taken place and lessons learned. The staff survey results are also disappointing but the report did describe well the actions in place for 2015/16 to try and improve this.

There was good description of the managed beds protocol and the movement and opening of the new wards. This section was able to demonstrate the impact that these had had, although it is noted that cancelled operations remain at high levels. The Trust has made significant progress with managing complaints and it is very positive to note that they are continuing to focus on the quality of the responses.

The CCGs will continue to work closely with the Trust in areas which need further improvement. These include:

- Infection prevention and control, specifically achieving the national zero tolerance for pre-48 hour MRSA and reduction in the number of *C Difficile* cases – the CCG is pleased to see that UH Bristol is an active member of the Bristol CCG's Healthcare Associated Infections group to also support improvement across a health care community;
- In sustainable delivery of all of the eight indicators of quality for best practice tariff for hip fractures;
- Performance against national priorities and constitutional standards including mitigating the risks to patients as a result of a delay in receiving treatment or care; and
- Performance in the national cancer patient experience survey.

Having reviewed the quality account we welcome the improvements and progress made by the Trust and acknowledgement of where further improvement work is needed and we look forward to working with UH Bristol in 2015/16.

## **APPENDIX B – Performance indicators subject to external audit**

### **Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways**

Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report:

- The indicator is defined as the total number of patients on an incomplete Referral to Treatment Time (RTT) pathway that have waited 18 weeks or less, expressed as a percentage of all patients waiting on an incomplete RTT pathway;
- The number of patients waiting on an incomplete pathway is assessed at each month-end;
- An incomplete pathway is defined as one where an RTT clock has been started, but no RTT clock stop has been recorded;
- The clock start date is defined as per the national RTT rule suite (Department of Health – Referral to treatment consultant-led waiting times), and is when a referral is made by any healthcare professional for a patient to be treated within a consultant-led service;
- The clock stop date is defined as the date when first definitive treatment starts, a period of active monitoring commences, or when it is agreed with the patient that they do not need treatment; and
- The Trust uses the national RTT rules suite to define the types of treatment which stop an RTT clock.

### **Maximum waiting time of 62 days from urgent referral to first treatment for all cancers**

Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report:

- The indicator is expressed as a percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer;
- An urgent GP referral is one which has a two week wait from date that the referral is received to first being seen by a consultant;
- The indicator only includes GP referrals for suspected cancer (i.e. excludes consultant upgrades and screening referrals and where the priority type of the referral is National Code 3 – Two week wait);
- The clock start date is defined as the date that the referral is received by the Trust; and
- The clock stop date is the date of first definitive cancer treatment as defined in the NHS Dataset Set Change Notice. In summary, this is the date of the first definitive cancer treatment given to a patient who is receiving care for a cancer condition or it is the date that cancer was discounted when the patient was first seen or it is the date that the patient made the decision to decline all treatment.

### **Dementia 'Find' indicator**

Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report:

- The indicator is expressed as a percentage of patients asked the case finding question within 72 hours of admission;
- All patients aged 75 and over following emergency admission to hospital are flagged on the eHandover system;
- Each ward is required to complete the eHandover Dementia case finding questions, a date/time stamp is recorded for each question once populated;

- Clock starts from time of admission;
- Clock stops once the last case finding question is answered;
- The eHandover system alerts users within the dementia team, to patients that have been admitted for 36 hours, but have yet to have the dementia case finding question or initial assessment started;
- If a patient is recorded on the eHandover system as critically ill, unable to communicate or end of life they are excluded from reporting;
- Patients with a length of stay of under 72 hours are also excluded; and
- The eHandover data is then linked to Medway (Patient Administration System) activity using the unique spell identifier to report division and ward of admission.

## **APPENDIX C – Statement of Directors’ Responsibilities**

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2014 to April 2015
  - Papers relating to Quality reported to the board over the period April 2014 to April 2015
  - Feedback from the commissioners received 19/5/2015
  - Feedback from governors received 19/5/15
  - Feedback from overview and scrutiny committees received 6/5/15 and 14/5/15
  - Feedback from Local Healthwatch organisations received 14/5/15 and 19/5/15
  - The Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009<sup>44</sup>
  - The 2014 national patient survey (published 8/4/2015)
  - The 2014 national staff survey (published 24/2/2014)
  - The Head of Internal Audit’s annual opinion over the Trust’s control environment dated 26/5/2015
  - Care Quality Commission Intelligent Monitoring Report dated December 2014<sup>45</sup>
- the Quality Report presents a balanced picture of the NHS foundation Trust’s performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review;
- and the Quality Report has been prepared in accordance with Monitor’s annual reporting guidance (which incorporates the Quality Accounts regulations) (published at [www.monitor.gov.uk/annualreportingmanual](http://www.monitor.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitor.gov.uk/annualreportingmanual](http://www.monitor.gov.uk/annualreportingmanual))).

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<sup>44</sup> This report is due to be received by the Board in July 2015

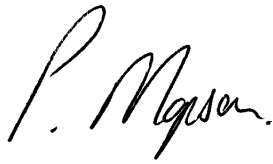
<sup>45</sup> At the time of writing, the May 2015 IMR has only been published in draft form

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

A handwritten signature in black ink, appearing to read "John Savage". The signature is written in a cursive style with a large initial 'J'.

John Savage, Chairman  
27 May 2015

A handwritten signature in black ink, appearing to read "P. Mapson". The signature is written in a cursive style with a large initial 'P'.

Paul Mapson, Acting Accounting Officer/ Director of Finance & Information  
27 May 2015

## **APPENDIX D – External Auditors Opinion**

### **Independent Auditors’ Limited Assurance Report to the Council of Governors of University Hospitals Bristol NHS Foundation Trust on the Annual Quality Report**

We have been engaged by the Council of Governors of University Hospitals Bristol NHS Foundation Trust to perform an independent assurance engagement in respect of University Hospitals Bristol NHS Foundation Trust’s Quality Report for the year ended 31 March 2015 (the ‘Quality Report’) and specified performance indicators contained therein.

#### **Scope and subject matter**

The indicators for the year ended 31 March 2015 subject to limited assurance (the “specified indicators”) consist of the following national priority indicators as mandated by Monitor:

<b><i>Specified indicators</i></b>	<b><i>Specified indicators criteria</i></b>
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period	<i>As detailed on page 82 of the Quality Report</i>
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers	<i>As detailed on page 82 of the Quality Report</i>

#### **Respective responsibilities of the Directors and auditors**

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the Quality Report as listed above (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual (“FT ARM”) and the “Detailed requirements for quality reports 2014/15” issued by the Independent Regulator of NHS Foundation Trusts (“Monitor”).

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the “Detailed requirements for quality reports 2014/15”;
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the “2014/15 Detailed guidance for external assurance on quality reports”.

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the “Detailed requirements for quality reports 2014/15”; and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:

- Board minutes for the period April 2014 to the date of signing the limited assurance report (the period);
- Papers relating to Quality reported to the Board over the period April 2014 to the date of signing the limited assurance report;
- Feedback from the Commissioners dated 19 May 2015;
- Feedback from overview and scrutiny committees dated 6 May 2015 and 14 May 2015;
- Feedback from Governors dated 19 May 2015;
- The 2014 national patient survey dated 8 April 2015;



- The 2014 national staff survey dated 24 February 2014;
- Care Quality Commission Intelligent Monitoring Reports dated December 2014; and
- The Head of Internal Audit’s annual opinion over the Trust’s control environment dated 26 May 2015.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the “documents”). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of University Hospitals Bristol NHS Foundation Trust as a body, to assist the Council of Governors in reporting University Hospital Bristol NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2015, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and University Hospitals Bristol NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### **Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included:

- reviewing the content of the Quality Report against the requirements of the FT ARM and “Detailed requirements for quality reports 2014/15”;
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### **Limitations**

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well

as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM the “Detailed requirements for quality reports 2014/15” and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by University Hospitals Bristol NHS Foundation Trust.

### **Basis for Adverse Conclusion – Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period**

In our testing of the Incomplete 18 Weeks indicator, based on the waiting time of each patient who has been referred to a consultant but whose treatment is yet to start, we have found an unacceptable level of errors. These related to the incorrect inclusion or exclusion in the data set, incorrect classification as breach or non-breach and in one instance, no supporting evidence could be found to verify patients exclusion from the reported data.

### **Conclusions (including adverse conclusion on percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period)**

In our opinion, because of the significance of the matters described in the Basis for Adverse Conclusion paragraph, the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period indicator has not been prepared in all material respects in accordance with the criteria.

Based on the results of our procedures nothing else has come to our attention that causes us to believe that for the year ended 31 March 2015,

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the “Detailed requirements for quality reports 2014/15”;
- The Quality Report is not consistent in all material respects with the documents specified above; and
- the Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers indicator has not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the “Detailed guidance for external assurance on quality reports 2014/15”.

### **PricewaterhouseCoopers LLP**

Bristol

27 May 2015

*The maintenance and integrity of University Hospitals Bristol NHS Foundation Trust’s website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.*

# Accounts for the year ended 31 March 2015

**Paul Mapson**  
Director of Finance and Information  
CPFA

Trust HQ  
Finance Department  
10 Marlborough Street  
PO Box 3214  
BRISTOL BS1 9JR

**UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST**  
**Accounts for the year ended 31 March 2015**

**FOREWORD TO THE ACCOUNTS**

These accounts for the year ended 31 March 2015 have been prepared by the University Hospitals Bristol NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Services Act 2006.



Signed .....

**Paul Mapson**  
Acting Accounting Officer and Director of Finance and Information

## Statement of Comprehensive Income for the year ended 31 March 2015

	Note	Year ended 31 March 2015 £'000	Year ended 31 March 2014 £'000
<b>OPERATING INCOME</b>			
Income from patient care activities	3	485,340	451,601
Other operating income	4	103,997	102,805
<b>TOTAL OPERATING INCOME</b>		<b>589,337</b>	<b>554,406</b>
<b>OPERATING EXPENSES</b>	5-6	<b>(594,496)</b>	<b>(549,283)</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>		<b>(5,159)</b>	<b>5,123</b>
<b>FINANCING</b>			
Finance income	9.1	251	145
Finance expenses	9.2	(3,486)	(1,850)
Finance expense unwinding discount on provisions	18	(3)	(4)
Public dividend capital dividends payable		(7,953)	(9,289)
<b>NET FINANCE COSTS</b>		<b>(11,191)</b>	<b>(10,998)</b>
<b>SURPLUS/(DEFICIT) FOR THE YEAR*</b>		<b>(16,350)</b>	<b>(5,875)</b>
<b>OTHER COMPREHENSIVE INCOME/(EXPENDITURE)</b>			
Revaluation losses on property plant and equipment		(2,164)	(4,719)
Revaluation gains on property plant and equipment		5,012	8,737
<b>TOTAL OTHER COMPREHENSIVE INCOME/(EXPENDITURE)</b>		<b>2,848</b>	<b>4,018</b>
<b>TOTAL COMPREHENSIVE INCOME/(EXPENDITURE) FOR THE YEAR</b>		<b>(13,502)</b>	<b>(1,857)</b>

\* The Trust's operating surplus was £35.820m for 2014/15 (2013/14: £35.168m) Financing costs of £29.480m (2013/14: £28.980m) resulted in a net surplus of £6.340m before technical items (2013/14: £6.188m). Technical items consisting of a net impairment cost of £30.215m (2013/14: £12.713m), donated income of £8.789m (2013/14: £1.501m) and depreciation on donated assets of £1.264m (2013/14: £0.851m) resulted in the reported deficit of £16.350m (13/14: £5.875m).

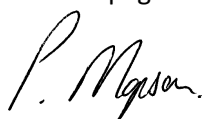
See note 2 to the accounts.

The notes on pages 6 to 48 form part of these Accounts.

## Statement of Financial Position as at 31 March 2015

	Note	31 March 2015	31 March 2014
		£'000	£'000
<b>NON CURRENT ASSETS</b>			
Intangible assets	10	7,163	7,062
Property, plant and equipment	11	377,891	381,780
<b>TOTAL NON CURRENT ASSETS</b>		<b>385,054</b>	<b>388,842</b>
<b>CURRENT ASSETS</b>			
Inventories	12	12,087	10,934
Trade and other receivables	13	26,048	22,368
Other financial assets	14.1	104	104
Assets held for sale	14.2	1,090	700
Cash and cash equivalents	19	63,525	47,535
<b>TOTAL CURRENT ASSETS</b>		<b>102,854</b>	<b>81,641</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	15	(70,732)	(61,472)
Borrowings	17	(6,109)	(509)
Provisions	18	(199)	(163)
Other liabilities	16	(4,188)	(3,975)
<b>TOTAL CURRENT LIABILITIES</b>		<b>(81,228)</b>	<b>(66,119)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>406,680</b>	<b>404,364</b>
<b>NON CURRENT LIABILITIES</b>			
Borrowings	17	(93,209)	(79,985)
Provisions	18	(154)	(185)
<b>TOTAL NON CURRENT LIABILITIES</b>		<b>(93,363)</b>	<b>(80,170)</b>
<b>TOTAL ASSETS EMPLOYED</b>		<b>313,317</b>	<b>324,194</b>
<b>TAXPAYERS' EQUITY</b>			
Public dividend capital		194,126	191,501
Revaluation reserve		50,601	53,448
Other reserves		85	85
Income and expenditure reserve		68,505	79,160
<b>TOTAL TAXPAYERS' EQUITY</b>		<b>313,317</b>	<b>324,194</b>

The accounts on pages 2 to 48 were approved by the Board on 27 May 2015 and signed on its behalf by:



Signed .....

Date 27 May 2015

Paul Mapson, Acting Accounting Officer and Director of Finance and Information

## Statement of Changes in Taxpayers' Equity for the year ended 31 March 2015

Changes in Taxpayers' Equity in the current year	Public Dividend Capital £000	Revaluation Reserve £000	Other Reserves £000	Income & Expenditure Reserve £000	Total £000
<b>Taxpayers' Equity at 1 April 2014</b>	<b>191,501</b>	<b>53,448</b>	<b>85</b>	<b>79,160</b>	<b>324,194</b>
Surplus/(deficit) for the year	-	-	-	(16,350)	(16,350)
Revaluation losses on property plant and equipment and intangible assets	-	(2,164)	-	-	(2,164)
Revaluation gains on property plant and equipment and intangible assets	-	5,012	-	-	5,012
Asset disposals	-	(678)	-	678	-
Transfers between reserves	-	(5,017)	-	5,017	-
Total comprehensive income/(expenditure) for the year	-	(2,847)	-	(10,655)	(13,502)
PDC received	2,625	-	-	-	2,625
<b>Taxpayers' Equity at 31 March 2015</b>	<b>194,126</b>	<b>50,601</b>	<b>85</b>	<b>68,505</b>	<b>313,317</b>

Changes in Taxpayers' Equity in the current year	Public Dividend Capital £000	Revaluation Reserve £000	Other Reserves £000	Income & Expenditure Reserve £000	Total £000
<b>Taxpayers' Equity at 1 April 2013</b>	<b>191,011</b>	<b>63,899</b>	<b>85</b>	<b>70,566</b>	<b>325,561</b>
Surplus/(deficit) for the year	-	-	-	(5,875)	(5,875)
Revaluation losses on property plant and equipment and intangible assets	-	(4,719)	-	-	(4,719)
Revaluation gains on property plant and equipment and intangible assets	-	8,737	-	-	8,737
Asset disposals	-	(11)	-	11	-
Transfers between reserves	-	(14,458)	-	14,458	-
Total comprehensive income/(expenditure) for the year	-	(10,451)	-	8,594	(1,857)
PDC received	490	-	-	-	490
<b>Taxpayers' Equity at 31 March 2014</b>	<b>191,501</b>	<b>53,448</b>	<b>85</b>	<b>79,160</b>	<b>324,194</b>

## Statement of Cash Flows for the year ended 31 March 2015

	Note	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating surplus/(deficit) from continuing operations		(5,159)	5,123
<b>OPERATING SURPLUS/(DEFICIT)</b>		<b>(5,159)</b>	<b>5,123</b>
<b>NON CASH INCOME AND EXPENDITURE</b>			
Depreciation and amortisation	10-11	19,521	18,722
Impairments	9.3	32,323	20,523
Reversals of impairments	9.3	(2,109)	(7,810)
(Gain)/loss on disposal		33	111
(Increase)/decrease in trade and other receivables	13	(3,676)	(1,446)
(Increase)/decrease in inventories	12	(1,153)	(2,118)
Increase/(decrease) in trade and other payables	15	13,599	(3,059)
Increase/(decrease) in other liabilities	16	213	1,193
Increase/(decrease) in provisions	18	2	(312)
Other movements in operating cash flows		(368)	(142)
<b>NET CASH GENERATED FROM OPERATIONS</b>		<b>53,226</b>	<b>30,785</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Interest received		250	146
Purchase of property, plant and equipment	11	(48,420)	(56,122)
Purchase of intangible assets	10	(219)	(1,544)
Sales of assets held for sale		834	-
Sales of intangible assets		-	43
<b>NET CASH USED IN INVESTING ACTIVITIES</b>		<b>(47,555)</b>	<b>(57,477)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Public dividend capital received		2,625	490
Loans received from the Independent Trust Financing Facility		20,000	50,000
Loans repaid to the Independent Trust Financing Facility		(927)	(260)
Capital element of finance lease rental payments		(250)	(227)
Interest paid		(2,828)	(921)
Interest element of finance leases		(345)	(370)
PDC dividend paid		(7,956)	(9,603)
<b>NET CASH GENERATED/(USED) IN FINANCING ACTIVITIES</b>		<b>10,319</b>	<b>39,109</b>
<b>INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS</b>		<b>15,990</b>	<b>12,417</b>
<b>CASH AND CASH EQUIVALENTS AT START OF YEAR</b>	19	<b>47,535</b>	<b>35,118</b>
<b>CASH AND CASH EQUIVALENTS AT END OF YEAR</b>	19	<b>63,525</b>	<b>47,535</b>



**Notes to the Accounts****1. Accounting policies**

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the *NHS Foundation Trust Annual Reporting Manual (FT ARM)* which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the *FT ARM* 2014/15 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (*FReM*) to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

**1.1 Accounting convention**

These accounts have been prepared on a going concern basis under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

**1.2 Income**

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred. Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract. Income from partially completed spells is calculated on a pro-rata basis based on the expected length of stay. Income estimates are explained under 1.20.

**1.3 Expenditure on employee benefits*****Employee benefits - short term***

Salaries, wages and employment-related payments are recognised in the year in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the year is recognised in the financial statements.

An assessment of annual leave owing to staff at 31<sup>st</sup> March 2015 has been calculated using a sample of staff across all staff groups of a size sufficient to ensure above 95% confidence in the value of the liability. As staff have personal annual leave years, the number of hours taken has been compared with the pro-rated allocation of hours to the 31<sup>st</sup> March. The average annual leave owed to staff groups in the sample has been used to calculate the total number of hours owed to all staff in post in March 2015. An average hourly cost has been applied to each staff group to calculate the cost of annual leave owed.

***Pension costs******NHS Pension Scheme***

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found at the NHS Pensions website [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

## Notes to the Accounts

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

### a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2015, is based on valuation data as 31 March 2014, updated to 31 March 2015 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office

### b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

### c) Scheme provisions

The NHS Pension Scheme provides defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a “final salary” scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as “pension commutation”.

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12, the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of

## Notes to the Accounts

twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

Employer's pension cost contributions are charged to operating expenses as and when they become due. Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

### 1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

### 1.5 Property, plant and equipment

#### **Recognition**

Property, Plant and Equipment is capitalised where:

- individually its cost is in excess of £5,000; or
  - it forms a group of similar assets with an aggregate cost in excess of £5,000 (where the assets have an individual cost in excess of £250, are functionally interdependent, have broadly similar purchase dates, are expected to have similar lives and are under single management control); or
  - it forms part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of individual or collective cost;
- and**
- it is held for use in delivering services or for administrative purposes;
  - it is probable that future economic benefits will flow to, or service potential will be provided to the Trust;
  - it is expected to be used for more than one financial year;
  - the cost of the item can be measured reliably.

Where a significant asset includes a number of components with different economic lives, then these components are treated as separate assets within the building's classification and depreciated over their own useful economic lives.

#### **Measurement (Valuation)**

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at fair value.

## Notes to the Accounts

### **Land and buildings**

All land and buildings are revalued using professional valuations, as a minimum, every five years. Internal reviews and desk top valuations are completed in the intervening years. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

In accordance with guidelines issued from the Department for Health valuations are completed on a Modern Equivalent Assets (MEA) basis. For specialised operational property the depreciated replacement cost is used. For non-specialised property and non-operational specialised property fair value is used as market value for its existing use.

Assets in the course of construction are initially recorded at cost and then valued by professional valuers as part of the five year review, or, for significant properties, when they are brought into use.

### **Other assets**

Other assets include plant, machinery and equipment and are held at depreciated historical cost which is considered to be an appropriate proxy for current value.

### **Subsequent expenditure**

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred will flow to the enterprise and the cost of the item can be determined reliably. Where an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the year in which it is incurred.

### **Depreciation**

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment, which have been reclassified as 'Held for Sale', cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Buildings, installations and fittings are depreciated on their current value over the estimated remaining useful life of the asset as assessed by the NHS Foundation Trust's professional valuers. Leaseholds are depreciated over the primary lease term. Other items of property, plant and equipment are depreciated on a straight line basis over their estimated remaining useful lives, as assessed by the Trust. The remaining maximum and minimum economic lives of property, plant and equipment assets held by the Trust are as follows:

<b>Asset type</b>	<b>Minimum Life</b>	<b>Maximum Life</b>
Buildings excluding dwellings	2 years	48 years
Dwellings	20 years	28 years
Plant and machinery (incl medical equipment)	1 year	10 years
Transport equipment	1 year	7 years
Information technology	1 year	8 years
Furniture and fittings	2 year	8 years

## Notes to the Accounts

When assets are revalued the accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset, and the net amount is restated to the revalued amount of the asset.

Residual value and useful life of assets are reviewed on an annual basis with any changes accounted for prospectively as a change in estimate under IAS 8.

### **Revaluation gains and losses**

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, in which case they are recognised in operating income. Decreases in asset values are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

The Trust transfers the difference between depreciation based on the historical amounts and revalued amounts from the revaluation reserve to retained earnings.

### **Impairments**

In accordance with the FT ARM, impairments that arise from a clear consumption of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

### **De-recognition**

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;
  - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

## Notes to the Accounts

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

### ***Donated, government grant and other grant funded assets***

Donated and grant funded plant property and equipment assets are capitalised at their current value on receipt. The donation/grant is credited to income at the same time unless the donor has imposed a condition that the future economic benefits are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

## **1.6 Intangible assets**

### ***Recognition***

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised where they have a cost in excess of £5,000, where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

### ***Software***

Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

### ***Measurement***

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Subsequently intangible assets are measured at fair value.

Intangible assets are held at amortised historical cost which is considered to be an appropriate proxy for fair value. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

### ***Amortisation***

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

The remaining maximum and minimum economic lives of intangible assets held by the Trust are as follows:

<b>Asset type</b>	<b>Minimum life</b>	<b>Maximum life</b>
Software (purchased)	1 year	8 years

**Notes to the Accounts**

Purchased computer software licences are amortised over the shorter of the term of the licence and their estimated economic lives.

**1.7 Government grants**

Government grants are grants from Government bodies other than income from primary care trusts or NHS trusts for the provision of services. Grants from the Department of Health are accounted for as Government grants. Where the Government grant is used to fund revenue expenditure, it is taken to the Statement of Comprehensive Income to match that expenditure.

**1.8 Inventories**

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to current cost due to the high turnover of inventories. A provision is made where necessary for obsolete, slow moving and defective inventories.

**1.9 Financial instruments (financial assets and liabilities)*****Recognition***

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described in note 1.10 below.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

***De-recognition***

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

***Classification and Measurement***

Financial assets are categorised as 'Fair value through income and expenditure', loans and receivables or 'Available-for-sale financial assets'. Financial liabilities are classified as 'Fair value through income and expenditure' or as 'Other financial liabilities'.

***Loans and receivables***

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets. The Trust's loans and receivables comprise: cash and cash equivalents, NHS debtors, accrued income and 'other debtors'. Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset. Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

**Notes to the Accounts*****Financial liabilities***

All financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability. They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities. Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to 'Finance Costs'. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

***Determination of fair value***

For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from quoted market prices where possible, otherwise by appropriate valuation techniques.

***Impairment of financial assets***

At the Statement of Financial Position date, the Trust assesses whether any financial assets are impaired. Impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset. For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of an allowance account/bad debt provision. The allowance/provision is then used to write down the carrying amount of the financial asset, at the appropriate time, which is determined by the Trust on a case by case basis.

**1.10 Leases**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

**Lessee accounting:*****Finance leases***

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS Foundation Trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability. The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to 'finance costs' in the Statement of Comprehensive Income.

***Operating leases***

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

***Leases of land and buildings***

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.



## Notes to the Accounts

### Lessor accounting:

#### **Operating leases**

Assets acquired and held for use under operating leases are recorded as fixed assets and are depreciated on a straight line basis to their estimated residual values over their estimated useful lives. Operating lease income is recognised within operating income.

### 1.11 Provisions

The NHS Foundation Trust provides for legal or constructive obligations that are of uncertain timing or amount at the Statement of Financial Position date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates as per the table below, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 1.80% in real terms.

Expected cash outflows	Years	HMT real rate (%)	
		2014/15	2013/14
Short term	1-5	-1.5	-1.9
Medium term	6-10	-1.05	-0.65
Long term	10 or more	2.2	2.2

#### **Clinical negligence costs**

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS Foundation Trust is disclosed at note 18.3.

#### **Non-clinical risk pooling**

The NHS Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

### 1.12 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the Trust's control) are not recognised as assets, but are disclosed in note 22.1 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 22.2, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

**Notes to the Accounts****1.13 Public Dividend Capital**

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the NHS Foundation Trust's predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32. A charge, reflecting the forecast cost of capital utilised by the NHS Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets, (ii) average daily cash balances held with the Government Banking Services and National Loans Fund deposits, excluding cash balances held in GBS accounts that relate to a short term working capital facility, and (iii) any PDC dividend balance receivable or payable. Average relevant net assets are calculated as a simple average (mean) of opening and closing relevant net assets. In accordance with the requirements laid down by the Department of Health (as issuer of the PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

**1.14 Value Added Tax**

Most of the activities of the NHS Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

**1.15 Corporation Tax**

NHS foundation trusts are potentially liable to corporation tax in certain circumstances. A review of other operating income is performed annually to assess any potential liability in accordance with the guidance on the HM Revenues and Customs website. As a result of this review, the Trust has concluded that there is no corporation tax liability for the year ended 31 March 2015.

**1.16 Financial Risk**

IFRS 7, 'Financial Instruments: Disclosures', requires disclosure of the role that financial instruments have had during the year in creating or changing the risks an entity faces in undertaking its activities (see note 25).

The Trust's activities expose it to a variety of financial risks: market risk (including interest rate risk, and foreign exchange risk), credit risk and liquidity risk. Risk management is carried out by the Trust's Treasury Management Department under policies approved by the Trust Board.

## a) Market risk

## (i) Interest-rate risk

All of the Trust's financial liabilities carry nil or fixed rates of interest. In addition, the only elements of the Trust's assets that are subject to variable rate are short-term cash investments. The Trust is not, exposed to significant interest-rate risk. These rates are reviewed regularly to maximise the return on cash investment.

## (ii) Foreign currency risk

The Trust has negligible foreign currency income and expenditure.

**Notes to the Accounts**

## b) Credit risk

Credit risk arises from cash and cash equivalents and deposits with financial institutions, as well as outstanding receivables and committed transactions. The Trust operates primarily within the NHS market and receives the majority of its income from other NHS organisations. This means that there is little risk that one party will fail to discharge its obligation with the other. However disputes can arise, around how amounts are calculated, particularly due to the complex nature of the Payment by Results regime and a provision is made to provide for this.

## c) Liquidity risk

The Trust's net operating costs are incurred under annual service agreements with local Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. Therefore the Trust has little exposure to liquidity risk. Loans are serviced from planned surpluses.

**1.17 Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in note 26 to the accounts, in accordance with the requirements of HM Treasury's *Financial Reporting Manual*.

**1.18 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note 28 is compiled directly from the losses and compensations register which reports on a cash basis with the exception of provisions for future losses.

**1.19 Accounting standards that have been issued but not yet been adopted**

The following accounting standards, amendments and interpretations have been issued by the International Accounting Standards Board (IASB) and International Financial Reporting Interpretation Committee (IFRIC) but are not yet required to be adopted.

## Notes to the Accounts

Change published	Published by IASB	Financial year for which the change first applies
IFRS 13 Fair Value Measurement	May 2011	Adoption delayed by HM Treasury. To be adopted from 2015/16
IFRS 15 Revenue from contracts with customers	May 2014	Not yet EU adopted. Expected to be effective from 2017/18
IFRS 9 Financial Instruments	July 2014	Not yet EU adopted. Expected to be effective from 2018/19
IAS 36 (amendment) – recoverable amounts disclosures	May 2013	To be adopted from 2015/16 (aligned to IFRS 13 adoption)
Annual Improvements 2012	December 2013	Effective from 2015/16 but not yet EU adopted
Annual improvements 2013	December 2013	Effective from 2015/16 but not yet EU adopted
IAS 19 (amendment) – employer contributions to defined benefit pension schemes	November 2013	Effective from 2015/16 but not yet EU adopted
IFRIC 21 Levies	May 2013	EU adopted in June 2014 but not yet adopted by HM Treasury

The Trust has not adopted any new accounting standards, amendments or interpretations early. The result of the adoption of IFRS 13 will be fully worked through in the 2015/16 accounts. The other new standards set out above are not expected to have a significant impact on the Trust.

### 1.20 Critical accounting estimates and judgments

Estimates and judgments are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

#### Critical judgments in applying the entity's accounting policies

The Trust has made no judgments in applying the accounting policies other than those involving accounting estimates.

#### Critical accounting estimates and assumptions

The Trust makes estimates and assumptions concerning the future. The resulting accounting estimates will, by definition, seldom equal the related actual results. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are addressed below.

##### a) Depreciation

Depreciation is calculated from an estimate of the assets' lives. The District Valuer advises on the life of a new or enhanced property when it is brought into use and reassesses all property lives as part of their annual desk top exercise. Asset lives of new plant and equipment are discussed and agreed with the Trust manager responsible for them, and are reviewed annually and adjusted as required.

##### b) Revaluation

The District Valuer re-values the Trust's land and buildings every five years on a depreciated replacement cost, Modern Equivalent Asset (MEA) valuation basis using professional standards issued by the Royal Institute of Chartered Surveyors and their own professional judgement. A full revaluation took place at 31st March 2014 by the District Valuer which was used in the 2013/14 annual accounts. In the intervening years, in line with HM Treasury's Financial Reporting Manual, the District Valuer undertakes a desk-top review. The 2014/15 accounts values the land and buildings on this basis. The District Valuer continues to assess the value of significant new schemes when they come into use (see impairments below).

## Notes to the Accounts

Plant and machinery is valued using depreciated historical cost as a proxy for fair value. The Trust considers that this is not materially different from the fair value of these assets.

### c) Impairments

When new or enhanced assets are brought into use the District Valuer's formal valuation is compared with the total capitalised scheme cost and the difference is charged as an impairment to the Statement of Comprehensive Income.

Plant and equipment impairments are identified following a Trust assessment of whether there is any indication that an asset may be impaired e.g. obsolescence, physical damage or asset is idle. This is achieved through the rolling asset verification programme and the annual review of asset lives.

### d) Month 12 income from activities

As the NHS Annual Accounts and invoicing deadlines fall before actual month 12 activity data is available, it is necessary to make an estimate for the accounts. Estimated invoices are raised based on the forecast outturn at month 11. Forecast outturn activity and value is calculated throughout the year using established profiles as the basis for estimating the full year activity. Profiles are set up at the beginning of the year to reflect the anticipated spread of activity throughout the year and are used to spread the annual plan as well as to forecast the activity. The main profiles used are:

- Twelfths – used for block contracts
- Actual days – (calendar days in month) used for non elective and emergency work
- Working days – (excludes weekends and bank holidays plus an additional day at Christmas) used for elective work and outpatients
- Specific profiles – more detailed profiles are set up for example where it is known that particular activity is not planned to start until part way through the year, e.g. date of service transfer, commencement of new development or implementation dates of a NICE tag.

### e) Partially completed spells

This is an estimate of income due in relation to patients admitted before the year end, but not discharged. It is calculated at spell level and is based on the actual number of unfinished days at the end of the financial year. If, due to the timing of the final accounts this figure is not available, then the Clinical Commissioning Groups and the Foundation Trust agree a realistic estimate. The day of admission counts as an unfinished day.

The rates are regularly reviewed to ensure they are consistent with the proportion of actual income that is received. In calculating the proportion of actual income, the first two days of each spell will attract a disproportionate amount of the income in recognition that some costs are heavily weighted towards the beginning of the spell. For surgical specialties 45% of the income is allocated to the first 2 days with the remaining 55% apportioned equally over the total length of stay, for medical specialties the figures are 25% and 75% respectively.

In making this estimate the volume of unfinished activity is calculated using an average of the first 11 months of the year. The rates used are calculated at specialty level, the greatest level of detail that can be determined for unfinished activity, and reflect the distribution of costs through the spell in recognition of the early days of the spell generally being the most expensive.

The income is accrued and agreed with commissioners.

**Notes to the Accounts**

## f) Maternity pathway – incomplete antenatal spells

This is an estimate of income received in advance in relation to patients who commenced their antenatal pathway in one financial year but who will not finish it until after the end of the financial year. It is calculated on the following basis:

- Assume the length of an ante natal pathway is 182 days (c 6 months)
- Estimate the proportion of pathways that will be incomplete at the end of the financial year. The position at 28<sup>th</sup> February 2015 has been used as a proxy, as the year end activity was not available at the time the accounts were prepared
- Using the ante natal booking date, calculate how many days of the ante natal period are likely to occur after 28<sup>th</sup> February 2015
- Value these days as a proportion of the pathway tariff.

**1.21. Discontinued operations**

Discontinued operations are defined as activities that genuinely cease without transferring to another entity, or which transfer to an entity outside the boundary of Whole of Government Accounts, such as the private or voluntary sectors. The Trust reviews its activities to determine whether any activities meet the definition of a discontinued operation and is recognised in the accounting year in which the decision is made to discontinue the operation.

**1.22 Changes in accounting policy**

Foundation Trusts may change an accounting policy only where it is required by a new standard or interpretation (including any revisions to the FT ARM) or voluntarily only if it results in the Trust's financial statements providing reliable and more relevant information about transactions, events, conditions, or the financial position, financial performance or cash flows.

The changes arising from the introduction of a new standard or interpretation will be implemented in accordance with the specific transitional provisions, if any, of that standard or interpretation. Where no such specific transitional provisions exist, or where the Trust changes an accounting policy voluntarily, the changes will be applied retrospectively i.e. through a prior period adjustment. In accordance with IAS 8 any prior period adjustments will be effected by restating each element of equity (reserves) at the start of the prior year as if the accounting policy had always applied. There were no such changes this year.

## Notes to the Accounts

**2. Segmental analysis**

The Trust operates only one healthcare segment.

The healthcare segment delivers a range of healthcare services, predominantly to Clinical Commissioning Groups and NHS England. The Trust is operationally managed through five clinical divisions and three corporate functions, all of which operate in the healthcare segment. Internally the finance, activity and performance of these areas are reported to the Trust Board. They are consolidated, as permitted by IFRS 8 paragraph 12, into Trust wide figures for these accounts.

Expenditure and non-service agreement income is reported against the operational areas for management information purposes. The out-turn position reported for 2014/15 is shown below with comparator figures for 2013/14.

	2014/15 £'000	2013/14 £'000
Expenditure net of non-service agreement income		
Diagnostic and Therapies	(49,222)	(46,175)
Medicine	(70,984)	(66,049)
Specialised Services	(82,884)	(73,436)
Surgery, Head and Neck	(103,173)	(94,793)
Women's and Children's	(112,869)	(96,674)
Facilities and Estates	(35,666)	(32,693)
Trust Services	(24,496)	(24,336)
Corporate Services	(3,623)	(4,810)
Total net expenditure	<u>(482,917)</u>	<u>(438,966)</u>
Service agreement income	518,737	474,134
Divisional operating surplus	35,820	35,168
Financing costs:		
Loss on sale of asset	(33)	(110)
Depreciation & amortisation on owned assets	(18,256)	(17,872)
Net interest payable	(3,238)	(1,709)
PDC dividend	(7,953)	(9,289)
Net surplus before technical items	<u>6,340</u>	<u>6,188</u>
Technical items:		
Donations (PPE/intangible assets)	8,789	1,501
Net impairments	(30,215)	(12,713)
Depreciation & amortisation on donated assets	(1,264)	(851)
Surplus/(deficit) for year	<u>(16,350)</u>	<u>(5,875)</u>

The Trust's Divisional operating surplus was £35.820m for 2014/15. Financing costs of £29.480m reduced this to a surplus of £6.340m before technical items.

## Notes to the Accounts

## 3. Income from patient care activities

## 3.1 Income by nature

	Year ended 31 March 2015	Year ended 31 March 2014
	£'000	£'000
Elective income	81,887	78,579
Non elective income	85,723	91,481
Outpatient income	69,590	64,374
Accident and emergency income	13,364	12,855
Other NHS clinical income *	218,811	189,153
Private patients	1,468	1,553
Other clinical income	14,497	13,606
<b>Total</b>	<b>485,340</b>	<b>451,601</b>

*Significant items include:	£'000	£'000
Critical care bed days	39,635	34,575
'Payment by results' exclusions	44,164	35,694
Bone marrow transplants	8,361	5,867
Excess bed days	7,396	6,870
Radiotherapy inpatient treatments	6,937	6,324
Diagnostic imaging	6,275	5,143
Direct access	6,319	5,542
Regular day attenders	1,430	1,312
'At cost' contracts	15,557	15,028
Rehabilitation	5,747	4,603
Audiology, Cochlear implants & bone anchored hearing aids	1,345	2,924
Contract penalties and rewards	8,026	5,882
Cystic fibrosis pathways	3,013	2,334
Maternity pathways	17,230	9,159
Service recharges	5,202	4,334
'Soft' facilities management and LIFTCO	8,567	7,290

## 3.2 Income by source

	Year ended 31 March 2015	Year ended 31 March 2014
	£'000	£'000
NHS Foundation Trusts	274	1
NHS Trusts	2,066	1,839
Clinical Commissioning Groups and NHS England	467,035	434,602
Local Authorities	4,617	4,495
Non-NHS private patients	1,468	1,553
Non-NHS overseas patients	263	78
Territorial Bodies	8,843	7,986
Blood & Transplant	42	-
Bodies outside of Whole of Government Accounts	-	387
NHS Injury Scheme	732	660
<b>Total</b>	<b>485,340</b>	<b>451,601</b>



## Notes to the Accounts

**3.3 Income from patient care activities arising from Commissioner Requested Services**

The majority of the Trust's income should be derived from prior agreements, including contracts and agreed intentions to contract with service commissioners. This is described as Commissioner Requested Service income. Of the total income from patient care activities, £467.9m (2013/14: £436.6m) is from Commissioner Requested Services and £17.5m (2013/14: £15.0m) is from all other services.

**3.4 Income from overseas visitors**

	Year ended 31 March 2015	Year ended 31 March 2014
	£000	£000
Income recognised this year	263	78
Cash payments received relating to invoices raised in this and previous years	128	34
Increase to provision for impairment of receivables relating to invoices raised in this and previous years	138	28
Amounts written off relating to invoices raised in this and previous years	181	61

**4. Other operating income****4.1 Other operating income**

	Year ended 31 March 2015	Year ended 31 March 2014
	£000	£000
Research and development	23,377	26,104
Education and training	38,074	37,733
Charitable and other contributions to operating expenditure	620	590
Donated assets - property, plant & equipment (income & physical asset)	8,789	1,501
Non-patient care services to other bodies	10,975	11,655
Reversal of impairments of property, plant, and equipment	2,109	7,810
Profit on disposal of assets	8	19
Rental income from operating leases	1,640	1,402
Salary recharges	5,255	4,289
Other*	13,150	11,702
<b>Total</b>	<b>103,997</b>	<b>102,805</b>

*Significant items include:	£000	£000
Clinical excellence awards	3,572	2,934
Patient transport	369	374
Trading services income	2,319	2,672
Clinical testing	509	589
Catering	554	623
Staff accommodation rentals	238	360
Car park income	850	770
Staff contribution to employee benefit schemes	1,537	1,316
Property rentals	220	200

<b>Notes to the Accounts</b>
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The Trust's trading services income totals £2.319m and includes Medical Equipment Management Organisation (£1.086m), Pharmacy income (£1.035m) and IT income (£0.198m).

**4.2 Operating lease income**

	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
Rental income – minimum lease receipts	1,640	1,402

**4.3 Future minimum lease receipts due to the Trust**

	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
- no later than one year	1,395	1,465
- between one and five years	2,059	2,033
- after five years	3,071	3,344
<b>Total</b>	<b>6,525</b>	<b>6,842</b>

## Notes to the Accounts

## 5. Operating expenses

## 5.1 Operating expenses by type

	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
Services from other bodies:		
- NHS organisations	6,501	9,080
- non NHS organisations	6,104	3,251
Purchase of healthcare from non NHS bodies	1,440	433
Employee expenses excluding Board members	338,874	317,316
Employee expenses – Board members	1,272	1,235
Trust chair and non-executive directors	184	168
Drug costs	70,569	64,880
Supplies and services:		
- clinical	55,495	51,459
- general	7,438	6,844
Establishment costs	6,948	5,827
Transport:		
- business travel	1,055	771
- other	419	376
Premises costs	12,480	10,553
Change in provision for impairment of receivables	1,410	1,145
Depreciation on property plant and equipment	18,389	17,922
Amortisation on intangible assets	1,132	800
Impairments	32,323	20,523
Auditor's remuneration:		
- statutory audit	60	60
- regulatory reporting	10	10
- other non-audit services	-	529
Rentals under operating leases	5,111	4,853
Research and development:		
- hosting payments	8,235	13,292
- other	4,351	2,718
Clinical negligence	5,675	5,865
Loss on disposal of property, plant, equipment & intangibles	41	130
Other*	8,980	9,243
<b>Total</b>	<b>594,496</b>	<b>549,283</b>

\*Significant items include:

	£000	£000
Consultancy	542	761
Exit payments (note 6.6)	244	565
Training, courses and conferences	1,729	1,512
External contractors' services	582	457
Childcare vouchers	1,380	1,297
Patient travel	777	507
Legal fees	201	464

There is a limitation of liability of £1 million in respect of external audit services unless unable to be limited by law.

## Notes to the Accounts

## 5.2 Operating lease expenses

	Year ended 31 March 2015	Year ended 31 March 2014
	£000	£000
Land	27	23
Buildings	4,199	4,084
Plant and machinery	885	742
Other	-	4
<b>Total</b>	<b>5,111</b>	<b>4,853</b>

Future minimum lease payments due under operating leases are as follows:

	Year ended 31 March 2015	Year ended 31 March 2014
	£000	£000
<b>Future minimum lease payments</b>		
Before one year	4,913	5,082
Between one and five years	8,148	14,474
After five years	4,155	5,335
<b>Total</b>	<b>17,216</b>	<b>24,891</b>

The Trust leases various equipment and buildings. The most significant is the South Bristol Community Hospital which the Trust has leased for a 5 year period from 1 April 2012.

## 6. Employee expenses and numbers

## 6.1 Employee expenses

	Year ended 31 March 2015	Year ended 31 March 2014
	£000	£000
Salaries and wages	279,288	264,418
Social security costs	20,087	19,375
Pension costs	31,008	29,378
Termination benefits	244	565
Agency/contract staff	11,788	7,643
<b>Gross employee expenses</b>	<b>342,415</b>	<b>321,379</b>
Income in respect of salary recharges netted off	(1,442)	(1,899)
Employee expenses capitalised	(583)	(364)
<b>Total employee expenses</b>	<b>340,390</b>	<b>319,116</b>

## Notes to the Accounts

**6.2 Average number of employees**

	Year ended 31 March 2015 Number	Year ended 31 March 2014 Number
Medical and dental staff	1,061	1,024
Administration and estate staff	1,561	1,470
Healthcare assistant & other support staff	666	760
Nursing, midwifery & health visiting staff	2,773	2,587
Nursing, midwifery & health visiting learners	6	6
Scientific, therapeutic and technical staff	1,291	1,180
Bank and agency staff	515	407
<b>Total staff</b>	<b>7,873</b>	<b>7,434</b>
Of which staff engaged on capital projects	17	7
Of which recharged for hosted services	24	22

Numbers are expressed as average whole time equivalents for the year.

**6.3 Retirement benefits**

The NHS Pension Scheme is a defined benefit plan. As at 31 March 2015 the pension liabilities of the NHS Pension Scheme were valued at £337.2 billion. This is an increase of £90.2 billion from the liabilities at the previous valuation at 31 March 2012 (the last date of valuation) of £247.0 billion. This is due to an actuarial loss of £61.0 billion and current year net additions to the liability of £29.2 billion. As the NHS Pension Scheme is an unfunded scheme, these liabilities are underwritten by the exchequer.

The Trust anticipates that their pension contributions for 2015/16 will be in line with those made in 2014/15.

**6.4 Employee Benefits**

There were no non-pay benefits that were not attributable to individual employees.

**6.5 Early retirements due to ill health**

During the year ended 31 March 2015 there were 14 (2014: 12) early retirements from the Trust on the grounds of ill health. The estimated additional pension liabilities of these ill-health retirements will be £0.536m (2014: £0.904m). The cost of these ill health retirements will be borne by the NHS Business Services Authority – Pensions Division.

**6.6 Staff exit packages**

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	1 (2)	2 (9)	3 (11)
£10,000 - £25,000	1 (2)	3 (1)	4 (3)
£25,001 - £50,000	1 (2)	3 (4)	4 (6)
£50,001 - £100,000	0 (0)	0 (4)	0 (4)
<b>Total number of exit packages by type</b>	<b>3 (6)</b>	<b>8 (18)</b>	<b>11 (24)</b>
<b>Total resources cost (£'000)</b>	<b>59 (120)</b>	<b>185 (445)</b>	<b>244 (565)</b>

Comparative figures for 2013/14 are shown in brackets.

## Notes to the Accounts

The table above shows the number and cost of staff exit packages (termination benefits). Termination benefits are payable to an employee when the Trust terminates their employment before their normal retirement date, or when an employee accepts voluntary redundancy in exchange for these benefits. The Trust recognises termination benefits when it is demonstrably committed to either terminating the employment of current employees according to a formal plan or providing termination benefits as a result of an offer made to encourage voluntary redundancy.

An analysis of the non-compulsory departures agreed is as follows:

	2014/15 Number	2014/15 £'000	2013/14 Number	2013/14 £'000
Mutually agreed resignation contractual costs (MARS)	7	170	9	389
Contractual payments in lieu of notice	-	-	8	27
Non-contractual payments requiring HMT approval	1	15	1	30
Total	8	185	18	446

There were no non-contractual payments made with a value greater than 12 months of the individual's salary in either year.

### 6.7 Hutton review of fair pay

The Trust is required to disclose the relationship between the remuneration of the highest-paid director in the organisation and the median remuneration of the organisation's workforce.

The annualised banded remuneration of the highest-paid director in the financial year 2014/15 was £195k-£200k (2013/14 was £195k-£200k). This was 6.9 times (2013/14, 7.0) the median remuneration of the workforce, which was £28,545 (2013/14, £28,314). In 2014/15, nil (2013/14, nil) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £14.3k to £190.9k.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The figures exclude bank and agency staff.

	<b>2014/15</b>	<b>2013/14</b>
Band of highest paid directors total remuneration (£'000)	195-200	195-200
Median total remuneration (£)	28,545	28,314
Ratio	6.9	7.0

## Notes to the Accounts

<b>6.8 Directors' remuneration: Salaries and allowances for the 12 Months to 31 March 2015</b>	Salary (bands of £5,000)	All pension-related benefits (bands of £2,500)	Total (bands of £5,000)
<b>Chair</b>			
John Savage	50-54		50-54
<b>Executive Directors</b>			
Robert Woolley, Chief Executive	170-174	92.5-94.9	260-264
Paul Mapson, Director of Finance and Information	150-154	42.5-44.9	190-194
Sue Donaldson, Director of Workforce and Organisational Development	120-124	62.5-64.9	180-184
Carolyn Mills, Chief Nurse	120-124	237.5-239.9	355-359
Deborah Lee, Director of Strategic Development and Deputy Chief Executive	130-134	35.0-37.4	170-174
Sean O'Kelly, Medical Director	195-199	67.5-69.9	260-264
James Rimmer, Chief Operating Officer	120-124	27.5-29.9	145-149
<b>Non-Executive Directors</b>			
Emma Woollett	15-19		15-19
Kelvin Blake (left 31 October 2014)	5-9		5-9
Iain Fairbairn (left 31 May 2014)	0-4		0-4
Lisa Gardner	15-19		15-19
John Moore	15-19		15-19
Guy Orpen	10-14		10-14
Alison Ryan	15-19		15-19
David Armstrong	10-14		10-14
Jill Youds	5-9		5-9
Julian Dennis	10-14		10-14

There were no taxable benefits, annual performance related bonuses, long-term performance related bonuses or exit packages paid to any director in either period. Aggregate salary cost for 2014/15 was £1,008k (2013/14 was £1,134k). The aggregate employer contribution to the pension scheme was £141k (2013/14, £137k). The total number of directors to whom benefits are accruing under defined benefit schemes is 7 (2013/14, 7).

The 'All pension-related benefits' figures represent the increase during the year in the total value of the pension and lump sum receivable on retirement, assuming that the pension is drawn for a period of 20 years. Consequently this is not the annual amount payable to the member on retirement. It is calculated in accordance with guidance published by H M Treasury and takes into account the total period of NHS employment to date and current salaries. The actual amount payable to an individual annually on retirement will be dependent on future salary, the length of NHS employment on retirement and when the pension is paid.

## Notes to the Accounts

<b>6.9 Directors' remuneration: Salaries and allowances for the 12 Months to 31 March 2014</b>	Salary (bands of £5,000)	All pension-related benefits (bands of £2,500)	Total (bands of £5,000)
<b>Chair</b>			
John Savage	50-54		50-54
<b>Executive Directors</b>			
Robert Woolley, Chief Executive	170-174	82.5-84.9	250-254
Paul Mapson, Director of Finance	150-154	135-137.4	285-289
Claire Buchanan, Acting Director of Workforce and Organisational Development (until 6 October 2013)	50-54	35-37.4	85-89
Sue Donaldson, Director of Workforce and Organisational Development (from 4 November 2013)	45-49	12.5-14.9	60-64
Helen Morgan, Acting Chief Nurse (until 1 February 2014)	80-84	192.5-194.9	275-279
Carolyn Mills, Chief Nurse (from 6 January 2014)	25-29	10-12.4	40-44
Deborah Lee, Director of Strategic Development and Deputy Chief Executive	130-134	100-102.4	230-234
Sean O'Kelly, Medical Director	195-199	65-67.4	260-264
James Rimmer, Chief Operating Officer	120-124	40-42.4	160-164
<b>Non-Executive Directors</b>			
Emma Woollett	15-19		15-19
Kelvin Blake	10-14		10-14
Iain Fairbairn	15-19		15-19
Lisa Gardner	15-19		15-19
Paul May (until 31 July 2013)	5-9		5-9
John Moore	15-19		15-19
Guy Orpen	10-14		10-14
Alison Ryan (from 28 November 2013)	0-4		0-4
David Armstrong (from 28 November 2013)	0-4		0-4
Jill Youds (from 28 November 2013)	0-4		0-4
Julian Dennis (from 28 November 2013)	0-4		0-4



## Notes to the Accounts

## 6.10 Pension benefits for the year ended 31 March 2015

Name and title	Real increase in pension at age 60 at 31 March 2015	Real increase in lump sum at age 60 at 31 March 2015	Total accrued pension at age 60 at 31 March 2015	Lump sum at age 60 related to accrued pension at 31 March 2015	Cash Equivalent Transfer Value at 31 March 2015	Cash Equivalent Transfer Value at 31 March 2014	Real Increase in Cash Equivalent Transfer Value	Employer funded contribution to growth in CETV
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	£000	£000	£000	£000
Robert Woolley, Chief Executive	2.5-4.9	10-12.4	50-54	150-154	1,069	957	113	55
Paul Mapson, Director of Finance and Information	0-2.4	5-7.4	65-69	205-209	1,595	1,506	89	44
Sue Donaldson, Director of Workforce and Organisational Development	2.5-4.9	7.5-9.9	15-19	45-49	298	241	58	28
Carolyn Mills, Chief Nurse	10-12.4	30-32.4	45-49	135-139	798	598	200	98
Deborah Lee, Director of Strategic Development and Deputy Chief Executive	0-2.4	2.5-4.9	25-29	75-79	477	435	42	21
Sean O'Kelly, Medical Director	2.5-4.9	7.5-9.9	60-64	180-184	1,221	1,128	93	46
James Rimmer, Chief Operating Officer	0-2.4	2.5-4.9	35-39	115-119	666	627	39	19

This table includes details for the directors who held office at any time in 2014/15.

Real increases and employer's contributions are shown for the time in post where this has been less than the whole year.

As non-executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive members.

## Notes to the Accounts

## 6.11 Pension benefits for the year ended 31 March 2014

Name and title	Real increase in pension at age 60 at 31 March 2014	Real increase in lump sum at age 60 at 31 March 2014	Total accrued pension at age 60 at 31 March 2014	Lump sum at age 60 related to accrued pension at 31 March 2014	Cash Equivalent Transfer Value at 31 March 2014	Cash Equivalent Transfer Value at 31 March 2013	Real Increase in Cash Equivalent Transfer Value	Employer funded contribution to growth in CETV
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	£000	£000	£000	£000
Robert Woolley, Chief Executive	2.5-4.9	7.5-9.9	45-49	140-144	957	858	85	43
Paul Mapson, Director of Finance and Information	2.5-4.9	12.5-14.9	64-69	200-204	1,506	1,334	151	77
Claire Buchanan, Acting Director of Workforce and Organisational Development (until 6 October 2013)	0-2.4	2.5-4.9	25-29	80-84	467	405	29	15
Sue Donaldson, Director of Workforce and Organisational Development (from 4 November 2013)	0-2.4	0-2.4	10-14	40-44	241	210	11	6
Helen Morgan, Acting Chief Nurse (until 1 February 2014)	7.5-9.9	22.5-24.9	25-29	105-109	687	484	164	87
Carolyn Mills, Chief Nurse (from 6 January 2014)	0-2.4	0-2.4	35-39	105-109	598	545	10	6
Deborah Lee, Director of Strategic Development and Deputy Chief Executive	2.5-4.9	10-12.4	20-24	70-74	435	345	84	43
Sean O'Kelly, Medical Director	0-2.4	5-7.4	55-59	170-174	1,128	1,040	71	36
James Rimmer, Chief Operating Officer	0-2.4	2.5-4.9	35-39	110-114	627	582	36	19

This table includes details for the directors who held office at any time in 2013/14.

Real increases and employer's contributions are shown for the time in post where this has been less than the whole year. Figures in (brackets) indicate reductions.

As non-executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive members.

**Notes to the Accounts**

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme, or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. In some cases, the real increase in the CETVs show a significant difference, when comparing this year's values with last year's. This difference is due to a change in the factors used to calculate CETVs, which came into force on 1 October 2008 as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations. These placed responsibility for the calculation method for CETVs (following actuarial advice) on Scheme Managers or Trustees. Further regulations from the Department for Work and Pensions to determine cash equivalent transfer values (CETV) from Public Sector Pension Schemes came into force on 13 October 2008.

Employer funded contribution to growth in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme, or arrangement) and uses common market valuation factors for the start and end of the year.



Signed .....

Paul Mapson,

Acting Accounting Officer and Director of Finance and Information

## Notes to the Accounts

**7. Better Payment Practice Code****7.1 Measure of compliance**

	Year ended 31 March 2015		Year ended 31 March 2014	
	Number	Value £000	Number	Value £000
Total non NHS trade invoices paid in the year	160,116	212,905	167,561	225,243
Total non NHS trade invoices paid within target	139,762	183,982	149,423	200,144
Percentage of non NHS trade invoices paid within target	87.3%	86.4%	89.2%	88.9%
Total NHS trade invoices paid in the year	4,151	53,595	4,159	54,266
Total NHS trade invoices paid within target	2,851	43,899	3,363	49,418
Percentage of NHS trade invoices paid within target	68.7%	81.9%	80.9%	91.1%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

**7.2 The Late Payment of Commercial Debts (Interest) Act 1998**

Included within finance costs (note 9.2) is £nil (2014: £nil) arising from claims made under this legislation. No other compensation was paid to cover debt recovery cost under this legislation.

**8. Loss on disposal of property, plant and equipment**

The net loss on the disposal of property, plant and equipment of £0.033m (2014: net loss of £0.111m) related exclusively to non-protected assets. No assets used in the provision of Commissioner Requested Services have been disposed of during the year.

**9. Financing****9.1 Finance income**

	Year ended 31 March 2015	Year ended 31 March 2014
	£000	£000
Interest on loans and receivables	251	145
<b>Total</b>	<b>251</b>	<b>145</b>

**9.2 Finance expenses**

	Year ended 31 March 2015	Year ended 31 March 2014
	£000	£000
Loan interest from the Independent Trust Financing Facility	3,141	1,480
Finance leases	345	370
<b>Total</b>	<b>3,486</b>	<b>1,850</b>

## Notes to the Accounts

## 9.3 Impairments

Net impairment of property plant and equipment, intangibles and assets held for sale	Year ended	Year ended
	31 March 2015	31 March 2014
	£000	£000
Loss or damage from normal operations	-	412
Impairment of enhancements to existing assets	24,711	17,871
Changes in valuation	7,612	2,240
Reversal of impairments	(2,109)	(7,810)
<b>TOTAL</b>	<b>30,214</b>	<b>12,713</b>

Property impairments occur when the carrying amounts are reviewed by the District Valuer through formal valuation. Plant and equipment impairments are identified following an assessment of whether there is any indication that an asset may be impaired e.g. obsolescence or physical damage.

The property review is undertaken annually to ensure assets are reflected at fair value in the accounts, when they are brought into use or when they are identified as assets held for sale. At the first valuation after the asset is brought into use any write down of cost is treated as an impairment and charged into the Statement of Comprehensive Income. The impairment losses charged to the Statement of Comprehensive Income relate to the following:

Where a revaluation increases an asset's value and reverses a revaluation loss previously recognised in operating expenses it is credited to operating income as a reversal of impairment.

	Year ended	Year ended
	31 March 2015	31 March 2014
	£000	£000
<b>Loss or damage from normal operations</b>	-	412
<b>Impairment of enhancements to existing assets</b>		
New ward block	20,576	-
Queen's Building	2,343	1,551
King Edward Building	1,266	-
Radiopharmacy	274	-
Bristol Dental Hospital	179	-
Bristol Royal Hospital for Children	76	11,862
Bristol Haematology and Oncology Centre	-	4,458
<b>Changes in valuation</b>		
District Valuer's revaluation of land & buildings	7,612	2,240
<b>Total</b>	<b>32,323</b>	<b>20,523</b>

## 10. Intangible assets

	Software	Other	Assets under	Total
	licences		construction	
	£000	£000	£000	£000
Cost at 1 April 2014	8,112	-	438	8,550
Additions	256	-	741	997
Reclassifications with PPE	236	-	-	236
Reclassifications within intangibles	-	-	-	-
Disposals	-	-	-	-
<b>Cost at 31 March 2015</b>	<b>8,604</b>	<b>-</b>	<b>1,179</b>	<b>9,783</b>

## Notes to the Accounts

	Software licences £000	Other £000	Assets under construction £000	Total £000
Accumulated amortisation at 1 April 2014	1,488	-	-	1,488
Charged during the year	1,132	-	-	1,132
Disposals	-	-	-	-
<b>Accumulated amortisation at 31 March 2015</b>	<b>2,620</b>	<b>-</b>	<b>-</b>	<b>2,620</b>
Net book value at 31 March 2015				
Purchased	5,798	-	1,179	6,977
Donated	186	-	-	186
<b>Total net book value at 31 March 2015</b>	<b>5,984</b>	<b>-</b>	<b>1,179</b>	<b>7,163</b>
Cost at 1 April 2013	5,492	165	4,667	10,324
Additions	345	-	1,199	1,544
Reclassifications with PPE	259	-	(577)	(318)
Reclassifications within intangibles	4,851	-	(4,851)	-
Disposals	(2,835)	(165)	-	(3,000)
<b>Cost at 31 March 2014</b>	<b>8,112</b>	<b>-</b>	<b>438</b>	<b>8,550</b>
Accumulated amortisation at 1 April 2013	3,523	61	-	3,584
Charged during the year	800	-	-	800
Disposals	(2,835)	(61)	-	(2,896)
<b>Accumulated amortisation at 31 March 2014</b>	<b>1,488</b>	<b>-</b>	<b>-</b>	<b>1,488</b>
Net book value at 31 March 2014				
Purchased	6,415	-	438	7,062
Donated	209	-	-	-
<b>Total net book value at 31 March 2014</b>	<b>6,624</b>	<b>-</b>	<b>438</b>	<b>7,062</b>

Other intangibles assets are emission allowances granted under the EU Emissions Trading Scheme which were held at fair value. All remaining balances were disposed of in 2013/14.

## 11. Property, plant and equipment

The District Valuer undertook a desktop exercise which valued the Trust's land and buildings at 31st March 2015 on a depreciated replacement cost, Modern Equivalent Asset valuation (MEA), which resulted in a net decrease in the value of the Trust assets of £3.086m compared to the book values at 31 March 2015.

The valuations have been undertaken in accordance with International Financial Reporting Standards (IFRS) as interpreted and applied by the NHS Foundation Trust Annual Reporting Manual. The valuations also accord with the requirements of the RICS Valuation - Professional Standards 2014, with January 2015 amendments, UK edition (known as 'the Red Book'), including the International Valuation Standards, in so far as these are consistent with IFRS and the above mentioned guidance; RICS UKVS 1.15 refers.

The following are the agreed departures from the RICS Professional Standards and special assumptions:

- The Instant Building approach has been adopted, as required by HM Treasury FRoM for the UK public sector. Therefore, no building periods or consequential finance costs have been reflected in the costs applied when the depreciated replacement cost approach is used.
- It should be noted that the use of the terms "Existing Use Value" and "Market Value" in regard to the valuation of the NHS estate may be regarded as not inconsistent with that set out in the RICS Professional Standards, subject to the additional special assumptions that:

## Notes to the Accounts

- (a) no adjustment has been made on the grounds of a hypothetical "flooding of the market" if a number of properties were to be marketed simultaneously and in the respect of the Market Value of 'held for sale' assets only;
- (b) the NHS is assumed not to be in the market for the property interest; and
- (c) regard has been had to appropriate lotting to achieve the best price

There are no restrictions in the use of donated assets.

	Land	Buildings excluding dwellings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2014</b>	24,450	235,690	3,488	76,193	77,479	713	17,980	1,256	437,249
Additions – purchased	-	3,371	-	30,184	6,290	30	494	-	40,369
Additions – donated	-	18	-	-	2,972	-	-	-	2,990
Impairments	-	(24,711)	-	-	-	-	-	-	(24,711)
Reclassifications with intangibles	-	-	-	(236)	-	-	-	-	(236)
Reclassifications within PPE	-	88,774	-	(96,619)	5,109	-	2,736	-	-
Revaluations	292	(12,228)	(182)	-	-	-	-	-	(12,118)
Transferred to disposal group as AHFS	(371)	(719)	-	-	-	-	-	-	(1,090)
Disposals	-	-	-	-	(6,188)	(56)	(3,436)	(252)	(9,932)
<b>Cost or valuation at 31 March 2015</b>	24,371	290,195	3,306	9,522	85,662	687	17,774	1,004	432,521
<b>Accumulated depreciation at 1 April 2014</b>	-	-	-	-	44,758	415	9,324	972	55,469
Charged during the year	-	9,311	152	-	7,039	78	1,744	65	18,389
Impairments	-	-	-	-	-	-	-	-	-
Revaluations	-	(9,311)	(152)	-	-	-	-	-	(9,463)
Disposals	-	-	-	-	(6,022)	(55)	(3,436)	(252)	(9,765)
<b>At 31 March 2015</b>	-	-	-	-	45,775	438	7,632	785	54,630
<b>Net book value at 31 March 2015</b>									
Purchased	24,371	267,400	3,306	9,522	33,553	249	9,914	219	348,534
Donated	-	16,285	-	-	6,288	-	228	-	22,801
Finance leases	-	6,510	-	-	46	-	-	-	6,556
<b>Total at 31 March 2015</b>	24,371	290,195	3,306	9,522	39,887	249	10,142	219	377,891
<b>Net book value at 31 March 2014</b>									
Purchased	24,450	215,707	3,488	76,193	31,088	298	8,398	284	359,906
Donated	-	13,783	-	-	1,573	-	258	-	15,614
Finance leases	-	6,200	-	-	60	-	-	-	6,260
<b>Total at 31 March 2014</b>	24,450	235,690	3,488	76,193	32,721	298	8,656	284	381,780

Depreciation expenses of £18.389m (2013/14: £17.922m) have been charged to operating expenses (note 5.1) within the Statement of Comprehensive Income.

## Notes to the Accounts

	Land	Buildings excluding dwellings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2013</b>	25,639	202,880	3,527	75,661	73,466	709	17,520	1,252	<b>400,654</b>
Additions – purchased	-	1,826	-	52,808	7,893	43	882	34	<b>63,486</b>
Additions – donated	-	25	-	-	252	-	-	-	<b>277</b>
Impairments	-	(17,871)	-	-	(915)	-	-	-	<b>(18,786)</b>
Reclassifications with intangibles	-	-	-	(259)	-	-	577	-	<b>318</b>
Reclassifications within PPE	-	49,593	-	(52,017)	733	-	1,685	6	-
Revaluations	(1,189)	(763)	(39)	-	-	-	-	-	<b>(1,991)</b>
Disposals	-	-	-	-	(3,950)	(39)	(2,684)	(36)	<b>(6,709)</b>
<b>Cost or valuation at 31 March 2014</b>	<b>24,450</b>	<b>235,690</b>	<b>3,488</b>	<b>76,193</b>	<b>77,479</b>	<b>713</b>	<b>17,980</b>	<b>1,256</b>	<b>437,249</b>
<b>Accumulated depreciation at 1 April 2013</b>	-	<b>1,083</b>	<b>427</b>	-	<b>43,091</b>	<b>365</b>	<b>10,367</b>	<b>936</b>	<b>56,269</b>
Charged during the year	-	9,925	144	-	6,051	89	1,641	72	<b>17,922</b>
Impairments	-	-	-	-	(503)	-	-	-	<b>(503)</b>
Revaluations	-	(11,008)	(571)	-	-	-	-	-	<b>(11,579)</b>
Disposals	-	-	-	-	(3,881)	(39)	(2,684)	(36)	<b>(6,640)</b>
<b>At 31 March 2014</b>	-	-	-	-	<b>44,758</b>	<b>415</b>	<b>9,324</b>	<b>972</b>	<b>55,469</b>
<b>Net book value at 31 March 2014</b>									
Purchased	24,450	215,707	3,488	76,193	31,088	298	8,398	284	<b>359,906</b>
Donated	-	13,783	-	-	1,573	-	258	-	<b>15,614</b>
Finance leases	-	6,200	-	-	60	-	-	-	<b>6,260</b>
<b>Total at 31 March 2014</b>	<b>24,450</b>	<b>235,690</b>	<b>3,488</b>	<b>76,193</b>	<b>32,721</b>	<b>298</b>	<b>8,656</b>	<b>284</b>	<b>381,780</b>
<b>Net book value at 31 March 2013</b>									
Purchased	25,639	185,912	3,100	75,661	28,674	344	7,126	316	<b>326,772</b>
Donated	-	10,464	-	-	1,701	-	27	-	<b>12,192</b>
Finance leases	-	5,421	-	-	-	-	-	-	<b>5,421</b>
<b>Total at 31 March 2013</b>	<b>25,639</b>	<b>201,797</b>	<b>3,100</b>	<b>75,661</b>	<b>30,375</b>	<b>344</b>	<b>7,153</b>	<b>316</b>	<b>344,385</b>

## 11.1 Net book value of assets held under finance leases

The net book value of assets held under finance leases and hire purchase contracts was:

	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
Cost or valuation at 1 April	6,271	6,417
Additions	-	118
Revaluation	310	(264)
Reclassifications	-	-
<b>Cost or valuation at 31 March</b>	<b>6,581</b>	<b>6,271</b>
Accumulated depreciation at 1 April	11	996
Provided during the year	427	352
Revaluation	(413)	(1,337)
<b>Accumulated depreciation at 31 March</b>	<b>25</b>	<b>11</b>
<b>Net book value at 31 March</b>	<b>6,556</b>	<b>6,260</b>



## Notes to the Accounts

**11.2 Net book value of land building and dwellings**

The net book value of land, buildings and dwellings comprises:

	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
Freehold	311,362	257,428
Long leasehold	6,510	6,200
<b>TOTAL</b>	<b>317,872</b>	<b>263,628</b>

**12 Inventories**

Year ended 31 March 2015	Drugs £000	Consumables £000	Energy £000	Totals £000
Carrying value at 1 April 2014	4,040	6,698	196	10,934
Additions	53,971	44,947	38	98,956
Consumed – recognised in expenses	(53,928)	(43,763)	(112)	(97,803)
Carrying value at 31 March 2015	<b>4,083</b>	<b>7,882</b>	<b>122</b>	<b>12,087</b>

Year ended 31 March 2014	Drugs £000	Consumables £000	Energy £000	Totals £000
Carrying value at 1 April 2013	3,516	5,110	190	8,816
Additions	50,508	39,557	27	90,092
Consumed – recognised in expenses	(49,984)	(37,969)	(21)	(87,974)
Carrying value at 31 March 2014	<b>4,040</b>	<b>6,698</b>	<b>196</b>	<b>10,934</b>

**13. Trade and other receivables**

	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
<b>Current:</b>		
NHS receivables	15,768	9,924
Other receivables	8,957	9,608
Provision for impaired receivables	(5,815)	(4,694)
PDC Dividend receivable	270	267
Prepayments	2,872	2,646
Accrued income	3,996	4,617
<b>Total current:</b>	<b>26,048</b>	<b>22,368</b>

**Non current:**

There are no non-current trade and other receivables in either year.

## Notes to the Accounts

<b>Provision for irrecoverable debts (impairment of receivables):</b>	<b>Year ended 31 March 2015 £000</b>	<b>Year ended 31 March 2014 £000</b>
<b>Balance at start of year</b>	<b>4,694</b>	<b>3,987</b>
New provisions	1,410	1,145
Utilised in year	(289)	(438)
Reversed in year	-	-
<b>Balance at end of year</b>	<b>5,815</b>	<b>4,694</b>

<b>Ageing of impaired receivables</b>	<b>Year ended 31 March 2015 £000</b>	<b>Year ended 31 March 2014 £000</b>
By up to three months	11,208	8,176
By three to six months	1,218	1,621
By more than six months	2,671	2,503
<b>Total</b>	<b>15,097</b>	<b>12,300</b>

<b>Ageing of non-impaired receivables past their due date</b>	<b>Year ended 31 March 2015 £000</b>	<b>Year ended 31 March 2014 £000</b>
By up to three months	1,376	5,008
By three to six months	3	258
By more than six months	118	216
<b>Total</b>	<b>1,497</b>	<b>5,482</b>

**14. Other assets****14.1 Other financial assets**

	<b>Year ended 31 March 2015 £000</b>	<b>Year ended 31 March 2014 £000</b>
Loans and receivables	104	104
<b>Total</b>	<b>104</b>	<b>104</b>

This relates to a section 106 deposit paid to Bristol City Council.

**14.2 Assets held for sale**

	<b>Land £000</b>	<b>Buildings excluding dwellings £000</b>	<b>Dwellings £000</b>	<b>Total £000</b>
Net book value at 1 April 2014	460	111	129	700
Assets classified as available for sale in the year	371	719	-	1,090
Assets sold in year	(460)	(111)	(129)	(700)
Impairment of assets held for sale	-	-	-	-
<b>Net book value at 31 March 2015</b>	<b>371</b>	<b>719</b>	<b>-</b>	<b>1,090</b>

## Notes to the Accounts

	Land	Buildings excluding dwellings	Dwellings	Total
	£000	£000	£000	£000
Net book value at 1 April 2013	460	111	129	700
Assets classified as available for sale in the year	-	-	-	-
Assets sold in year	-	-	-	-
Impairment of assets held for sale	-	-	-	-
<b>Net book value at 31 March 2014</b>	<b>460</b>	<b>111</b>	<b>129</b>	<b>700</b>

The asset held for sale relates to a property known as the Grange following the approval of the Finance Committee.

## 15. Trade and other payables

	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
<b>Current amounts:</b>		
NHS payables – revenue	5,951	4,717
Amounts due to related parties – revenue	4,515	4,161
Other payables – revenue	13,693	10,022
Capital payables	4,567	8,906
Tax and social security	6,640	6,275
Accruals	35,366	27,391
<b>TOTAL</b>	<b>70,732</b>	<b>61,472</b>

**Non-current amounts:**

There are no non-current trade and other payables in either year.

Outstanding pension contributions of £4.513m (2014: £4.160m) to the NHS Pension scheme, £0.001m (2014: £0.001m) for National Employment Savings trust (NEST) local pensions and £3.489m for PAYE (2014: £3.304m) and £3.151m National Insurance (2014: £2.971m) are included in other payables.

## 16. Other liabilities

	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
<b>Current liabilities:</b>		
Deferred income – goods and services	4,188	3,975
Deferred government grants	-	-
<b>Total</b>	<b>4,188</b>	<b>3,975</b>

## Notes to the Accounts

## 17. Borrowings

## 17.1 Current borrowings:

	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
Loans from Independent Trust Financing Facility	5,834	260
Finance lease obligations	275	249
<b>Total</b>	<b>6,109</b>	<b>509</b>

## 17.2 Non-current borrowings:

	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
Loans from Independent Trust Financing Facility	87,929	74,430
Finance lease obligations	5,280	5,555
<b>Total</b>	<b>93,209</b>	<b>79,985</b>

During the year the Trust has taken out an unsecured loan of £20.000m from the Independent Trust Financing Facility at a fixed interest rate of 2.65% over 15 years repayable in instalments from December 2014.

## 17.3 Finance lease obligations

	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
<b>Payable:</b>		
Before one year	594	594
Between one and five years	2,341	2,360
After five years	4,840	5,415
<b>Sub-total</b>	<b>7,775</b>	<b>8,369</b>
Less finance charges allocated to future years	(2,220)	(2,565)
<b>Net obligation</b>	<b>5,555</b>	<b>5,804</b>

The finance lease arrangement relates to buildings comprising the Education Centre which will expire in September 2028 and catering equipment which is being leased until 2018.

## 17.4 Net finance lease obligations

	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
<b>Payable:</b>		
Before one year	275	249
Between one and five years	1,320	1,238
After five years	3,960	4,317
<b>Net obligation</b>	<b>5,555</b>	<b>5,804</b>

## 17.5 Finance lease commitments

There are no finance lease commitments at 31 March 2015 (31 March 2014 £nil.)

## Notes to the Accounts

## 18. Provisions for liabilities and charges

	Legal Claims £000	Other £000	Total £000
<b>At 1 April 2014</b>	348		348
Arising during the year	142	-	142
Utilised during the year	(99)	-	(99)
Reversed unused	(41)	-	(41)
Unwinding of discount	3	-	3
<b>At 31 March 2015</b>	<b>353</b>	<b>-</b>	<b>353</b>
<b>At 1 April 2013</b>	434	222	656
Arising during the year	74	-	74
Utilised during the year	(113)	-	(113)
Reversed unused	(51)	(222)	(273)
Unwinding of discount	4	-	4
<b>At 31 March 2014</b>	<b>348</b>	<b>-</b>	<b>348</b>

The expected timing of any resulting outflows of economic benefits is set out below.

Timing of economic outflow	Legal Claims £000	Other £000	Total £000
Before one year	199	-	199
Between one and five years	118	-	118
After five years	36	-	36
<b>Total</b>	<b>353</b>	<b>-</b>	<b>353</b>

## 18.1 Legal claims

The provision for legal claims at 31 March 2015 includes the following:

## a) Provision for staff injuries

A staff injuries provision of £0.186m, (2014: £0.214m) in respect of staff injury allowances payable to the NHS Business Services Authority (Pensions Division).

## b) Provision for liabilities to third parties

A provisions for liabilities to third parties of £0.167m (2014: £0.134m) representing the excess payable by the Trust, under the NHS Litigation Authority (NHSLA) Liabilities to Third Parties Scheme.

## 18.2 Other provisions

Other provisions at 31 March 2013 related to the charge for carbon emissions under the EU Emissions Scheme. The EU Emission provision was stated at market value. This has been reversed unused (utilised) during 2013/14.

## 18.3 Clinical negligence

The NHS Litigation Authority has included a £82.039m provision in its accounts (2014: £66.316m) in respect of clinical negligence liabilities of the Trust.

## Notes to the Accounts

**19. Cash and cash equivalents**

	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
Cash with the government banking service	63,352	47,403
Commercial bank and cash in hand	173	132
<b>Total cash and cash equivalents</b>	<b>63,525</b>	<b>47,535</b>

**20. Capital commitments**

Commitments under capital expenditure contracts at 31 March 2015 were £2.314m (2014: £9.562m) for wards A528, A525 and A524 as part of the phase 4 BRI redevelopment.

**21. Post-Statement of Financial Position (SoFP) events**

There are no post-Statement of Financial Position events.

**22. Contingencies****22.1 Contingent assets**

The Trust has no contingent assets at 31 March 2015 (2014: £nil).

**22.2 Contingent liabilities**

Contingent liabilities at 31 March 2015 comprise:

***Equal pay claims***

The NHS Litigation Authority is co-ordinating a national approach to the litigation of equal pay claims and is providing advice to the Trust. The likely outcome of these claims and hence the Trust's financial liability, if any, cannot be determined until these claims are resolved. There have been no claims made to the Trust.

***Other contingencies***

The Trust has contingent liabilities in relation to any new claims that may arise from past events under the NHS Litigation Authority's "Liability to Third Parties" and "Property Expenses" schemes. The contingent liability will be limited to the Trust's excess for each new claim.

**23. Related party transactions**

The University Hospitals Bristol NHS Foundation Trust is a Public Benefit Corporation authorised under the National Health Service Act 2006.

During the year, none of the Board members or members of the key management staff of the Trust, or parties related to them has undertaken any material transactions with the Trust. Board members have declared interests in a number of bodies and the Trust has been provided with interests arising from Ministers and other Department of Health officials. Material transactions between the Trust and these bodies are shown below.

All bodies within the scope of Whole of Government Accounting are related parties to the Trust. This includes the Department of Health and its associated departments. Such bodies where income or expenditure, or outstanding balances as at 31 March, exceeded £500,000 are listed below.

## Notes to the Accounts

## Related parties arising from Trust Board members:

	31 March 2015 (£m)		31 March 2014 (£m)		2014/15 (£m)		2013/14 (£m)	
	Receivables	Payables	Receivables	Payables	Income	Expenditure	Income	Expenditure
University of Bristol	0.30	1.10	0.30	1.07	2.06	6.99	2.11	7.42
West of England Academic Health Sciences Network	0.10	0.02			0.10	0.02		
University of Bath	0.03		0.02		0.08	0.10	0.07	0.14
Bristol Cultural Development Partnership Limited						0.01		
Above and Beyond Charity								
	See notes below							

## Related parties within the scope of Whole of Government Accounting:

	31 March 2015 (£m)		31 March 2014 (£m)		2014/15 (£m)		2013/14 (£m)	
	Receivables	Payables	Receivables	Payables	Income	Expenditure	Income	Expenditure
Avon and Wiltshire Mental Health Partnership NHS Trust						0.93		0.65
NHS Bath and North East Somerset CCG				1.09	8.42		8.43	
NHS Bristol CCG	3.80	1.37	1.83	1.56	148.59		146.25	
Central Manchester University Hospitals NHS FT							0.80	
NHS Kernow CCG					1.17		1.09	
NHS North, East, West Devon CCG					1.65		1.56	
NHS Dorset					0.51			
South Devon Healthcare NHS Foundation Trust							0.54	
NHS Gloucestershire CCG					4.35		3.92	
Great Western Hospitals NHS FT						0.71		0.70
Gloucestershire Hospitals NHS FT						3.01		2.56
Dorset County Hospitals NHS FT								0.56
NHS Blood and Transplant						5.66		5.18
NHS Litigation authority						5.68		5.88
NHS Business Services Authority								0.62
North Bristol NHS Trust	2.69	4.40	1.58	1.86	6.19	8.81	5.73	8.29
NHS North Somerset CCG	0.97		1.79		37.19		38.00	
NHS South Devon and Torbay CCG					0.55		0.56	
Poole Hospital NHS FT								0.93
Bristol City Council					3.66	1.95	3.45	1.95
Royal Bournemouth & Christchurch Hospitals NHS FT								0.98
Royal Nat Hosp Rheumatic Diseases NHS Foundation Trust								0.50
Northern Health and Social Care Trust (N. Ireland)					0.55		0.51	
Royal United Hospital Bath NHS Foundation Trust						1.42		1.58
Royal Devon and Exeter Foundation Trust						1.04		1.17
NHS Somerset CCG					7.31		7.40	
NHS South Gloucestershire	1.05				27.88		24.31	
Salisbury NHS FT								0.66
South Gloucestershire Council					0.81		0.86	
NHS Swindon CCG					0.98		0.91	
Taunton and Somerset NHS Foundation Trust								1.25
Welsh Assembly Government					7.38		7.56	
Weston Area Health NHS Trust			0.53		2.47	1.06	2.30	1.06
Yeovil District Hospitals NHS FT								0.70
NHS Wiltshire CCG					4.13		3.98	
National Insurance Fund						20.10		21.25
NHS England	6.69		5.41		228.54		201.36	
Public Health England						3.13	0.83	2.89
Health Education England					37.78		37.37	
Community Health Partnerships						3.87		5.36
HM Revenue and Customs	1.60	6.64	1.94	6.28				
Department of Health		0.92	0.52		20.90		23.43	1.02
Department of Work and Pensions					0.66		0.64	
NHS Pension Scheme		4.51		4.16		31.01		29.39

## Notes to the Accounts

Related parties arising from Ministers and other Department of Health officials:

	31 March 2015 (£m)		31 March 2014 (£m)		2014/15 (£m)		2013/14 (£m)	
	Receivables	Payables	Receivables	Payables	Income	Expenditure	Income	Expenditure
British Telecom		0.01				0.04		0.08

In addition the Trust pays HM Revenue and Customs tax and national insurance on behalf of employees which totalled £55.69m in 2014/15 (£54.00m in 2013/14). The Trust also pays the NHS Pension Scheme for employees' contributions which totalled £21.76m in 2014/15 (£19.83m in 2013/14).

The Trust also has transactions with the Above and Beyond and the Grand Appeal charitable bodies. These are as follows:

	31 March 2015 (£m)		31 March 2014 (£m)		2014/15 (£m)		2013/14 (£m)	
	Receivables	Payables	Receivables	Payables	Income	Expenditure	Income	Expenditure
Above and Beyond					1.23	0.24	1.00	0.02
Grand Appeal					4.56	0.01		

## 24. Private Finance Initiative (PFI) transactions

At 31 March 2015 the Trust has no PFI schemes (2014: none).

## 25. Financial Instruments

### 25.1 Financial assets by currency

The Trust has negligible foreign currency transactions or balances.

### 25.2 Financial assets by category

	31 March 2015 £000	31 March 2014 £000
<b>Per Statement of Financial Position</b>		
<b>Loans and receivables:</b>		
Trade and other receivables	21,307	18,017
Other financial assets	104	104
Cash and cash equivalents	63,525	47,535
<b>Total</b>	<b>84,936</b>	<b>65,656</b>

Loans and receivables are held at amortised cost.

	31 March 2015 £000	31 March 2014 £000
<b>Financial liabilities per Statement of Financial Position</b>		
<b>Other financial liabilities:</b>		
Trade and other payables	64,092	55,197
Borrowings	93,763	74,690
Finance lease obligations	5,555	5,804
<b>Total</b>	<b>163,410</b>	<b>135,691</b>

Financial liabilities are held at amortised cost.



## Notes to the Accounts

## 25.3 Fair values

At 31 March 2015 and 31 March 2014 there was no significant difference between the fair value and the carrying value of the Trust's financial assets and liabilities which are all classified as current assets.

## 25.4 Maturity of financial assets

At 31 March 2015 all financial assets were due within one year.

## 25.5 Maturity of financial liabilities

	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
Less than one year	70,202	55,706
In more than one year but not more than two years	6,134	4,776
In more than two years but not more than five years	18,523	14,470
In more than five years	68,551	60,739
<b>Total</b>	<b>163,410</b>	<b>135,691</b>

## 26. Third party assets

At 31 March 2015 the Trust held £nil (2014: £nil) cash and cash equivalents relating to third parties.

## 27. Intra-government balances

	Receivables: current £000	Payables: current £000	Borrowing: current £000	Borrowing: non- current £000
<b>At 31 March 2015</b>				
Foundation Trusts and NHS Trusts	5,231	5,780	-	-
Department of Health	449	920	5,834	87,929
NHS England & Clinical Commissioning Groups	13,602	1,703	-	-
NHS WGA bodies	134	1,085	-	-
<b>TOTAL NHS</b>	<b>19,416</b>	<b>9,488</b>	<b>5,834</b>	<b>87,929</b>
Other WGA bodies	1,692	11,166	-	-
<b>TOTAL at 31 March 2015</b>	<b>21,108</b>	<b>20,654</b>	<b>5,834</b>	<b>87,929</b>
<b>At 31 March 2014</b>				
Foundation Trusts and NHS Trusts	3,345	2,963	-	-
Department of Health	783	38	260	74,430
NHS England & Clinical Commissioning Groups	10,078	3,872	-	-
NHS WGA bodies	270	165	-	-
<b>TOTAL NHS</b>	<b>14,476</b>	<b>7,038</b>	<b>260</b>	<b>74,430</b>
Other WGA bodies	2,063	10,502	-	-
<b>TOTAL at 31 March 2014</b>	<b>16,539</b>	<b>17,540</b>	<b>260</b>	<b>74,430</b>

There are no non-current receivables or payables in either year.

## Notes to the Accounts

**28. Losses and special payments**

Losses and special payments were made during the year as follows:

	2014/15		2013/14	
	Number	£000	Number	£000
Cash losses	64	79	56	51
Fruitless payments	-	-	1	1
Bad debts and claims abandoned	279	210	228	76
Stores losses inc damage to buildings	1	52	1	55
Ex gratia payments	83	30	61	9
Special severance payments	1	15	1	30
<b>Total</b>	<b>428</b>	<b>386</b>	<b>348</b>	<b>222</b>

The amounts reported are prepared on an accruals basis and exclude provisions for future losses

**Statement of the Chief Executive's responsibilities as the Accounting Officer of University Hospitals Bristol NHS Foundation Trust**

The NHS Act 2006 states that the chief executive is the Accounting Officer of the NHS foundation trust. The relevant responsibilities of accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by Monitor.

Under the NHS Act 2006, Monitor has directed the University Hospitals Bristol NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of University Hospitals Bristol NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Signed



Paul Mapson, Acting Accounting Officer and Director of Finance and Information

Date: 27th May 2015

**Annual Governance Statement 2014-2015**

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## **1. Scope of responsibility**

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

## **2. The purpose of the system of internal control**

The system of internal control is designed to manage risk to an acceptable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of University Hospitals Bristol NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in University Hospitals Bristol NHS Foundation Trust for the year ended 31 March 2015 and up to the date of approval of the annual report and accounts.

## **3. Capacity to handle risk**

### **3.1 Leadership**

The Trust Board of Directors is responsible for setting the strategic direction of the organisation and is the body responsible for ensuring risks associated with achieving its stated strategic and corporate objectives are identified and effectively managed. The Board also retains responsibility for determining the nature and extent of the significant risks it is willing to take in achieving its strategic objectives. The strategic direction set by the Board is documented in the strategic and corporate objectives which it approves each year.

The Board's tolerance of risk associated with the achievement of these objectives is defined in a 'statement of risk appetite' specified by the Board after due consideration of opportunities and threats within the operation and performance of the Trust. The statement of risk appetite is set out in the Risk Management Strategy which is reviewed regularly by the Board of Directors. The Board monitors the achievement of its objectives, and the management of associated risks, through the cycle of Board reporting, including the Quality and Performance Report, Board Assurance Framework, Corporate Risk Register and quarterly reports supporting Board self-certifications to Monitor in line with Monitor's Risk Assessment Framework. The Board's monitoring and scrutiny is enhanced by the Board Committees.

Whilst the Board retains accountability for ensuring that risk is effectively addressed throughout the Trust's operations, responsibility for the management of risk is delegated to the Chief Executive. This duty is discharged through the formal leadership, accountability and management frameworks established by the Chief Executive as part of the system of internal control, including the Trust's risk and performance management arrangements.

The Trust Secretary and Deputy Chief Executive have continued to lead a programme of work to further increase our capacity and capability to effectively manage risk with particular focus on

developing a risk-aware culture. The Board deploys two committees to augment its management of risk and the system of internal control generally. The Audit Committee is a statutory Board committee and reviews the establishment and maintenance of an effective system of governance, risk management and internal control across the whole of the organisation's activities; the Quality and Outcomes Committee reviews the suitability and implementation of risk mitigation plans with regard to their impact on patient care and contribution to Trust wide learning.

### **3.2 Risk Training and Awareness**

Whilst considering priorities for action in relation to strengthening risk and patient safety arrangements, the Senior Leadership Team continues to recognise that a pervasive culture of risk-awareness and standardised practice throughout the Trust remain the key factors in ensuring the achievement of strategic aims and objectives. The Executive continued to run a broad programme of staff training and awareness throughout the year, providing suitable training to staff depending on their responsibilities and authority with regard to risk. Extending this programme of awareness and training is a core function of the Trust Risk Manager.

The Risk Management Strategy, reporting protocols and guidance are planned to be refreshed and re-issued as part of this on-going programme, and we continue to see increased levels of risk and incident reporting through the year in comparison to previous years. Increased risk reporting supports the Trust's approach to learning from experience and demonstrates increased risk awareness in practice and is evidenced by no overall increase in the number of incidents resulting in harm.

## **4. The risk and control framework**

The 'Risk Appetite' defined by the Trust Board of Directors is defined in the Risk Management Strategy and takes into account organisational risk across potential areas of exposure to risk.

In determining its risk appetite, the Board's overarching objective is to achieve maximum sustainable outcomes and value from all the activities of the Trust. In particular, the Board considers the challenge of maintaining the quality, safety and sustainability in the provision of services to patients, in the context of delivering the Trust's financial plan to be the most significant potential source of risk to achieving its corporate or strategic objectives.

For 2014/15, the Trust Board of Directors defined its Risk Appetite as follows:

- The Trust Board of Directors has zero tolerance for harm to patients and staff through the actions or omissions of the Trust<sup>1</sup>,
- The Trust will consider strategic and operational decisions in the context of risk-assessed strategies, business cases and projects to allow for these decisions to be taken with due regard to the quality, safety and sustainability of services to patients,
- The Trust Board of Directors requires the reporting of risk exceptions of high and very high risks to the Board by quarterly presentation of the Corporate Risk Register and the Board Assurance Framework.

The Board Assurance Framework was used to identify any key risks to our strategic objectives, the

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<sup>1</sup> Where clinical risks are known to be associated with treatment, these risks will be professionally assessed, understood, and discussed in full with patients and/or carers prior to commencement of any such treatment or procedure.

controls in place to mitigate these risks, our framework for taking assurances that our controls were effective throughout the year and gaps in assurance, and the positive assurances received in the form of progress reports against actions. Where appropriate, risks to strategic objectives on Divisional Risk Registers were added to the Corporate Risk Register and cross-referenced with the Board Assurance Framework.

Risk-based decision-making supported business planning in 2014/15, and divisional operating plans were drawn up to explicitly address risks to divisional objectives with treatment plans to address risks that may arise as a result of service developments and redesigns.

The Risk Management Group, comprised of the Executive Directors supported by the Trust Secretary, Trust Risk Manager and specialist risk advisers, takes overall responsibility for the co-ordination of risk management across the Trust. This formal management group, chaired by the Chief Executive, and reporting to the Senior Leadership Team and Audit Committee, is supported by Divisional Boards, the Service Delivery Group and Clinical Quality Groups which respectively address risks to operations and clinical quality as described in their Terms of Reference and those of the Risk Management Group.

The Service Delivery Group oversees the management of operational service provision, including the management of pan-divisional operational risk. The Clinical Quality Group is tasked with ensuring the continuation of good risk management practices in all clinical services. This includes ensuring the required standards of clinical practice is achieved, investigating and taking action on sub-standard performance where required, planning and driving continuous improvement, identifying, sharing and ensuring delivery of best-practice, and, identifying and managing any risks to the quality of care.

Named senior officers of the Trust, including each of the Executive Directors, Divisional Clinical Chairs and Divisional Directors have personal responsibility for the management of risk. Clinical Chairs have discharged these responsibilities through the divisional risk management arrangements, including Divisional Management Boards and Divisional Governance Groups. These management forums have adopted standardised Terms of Reference across all clinical divisions and minutes of Divisional Boards are reported to the Senior Leadership Team.

These 'hub and spoke' arrangements are systematically linked into the Trust-wide management groups with standardised risk registers, risk reporting arrangements and risk calculation algorithms. The hub and spoke model allows for the identification, evaluation and control of changing risk profiles. Examples of this identification and control process include the use of a standard Quality Impact Assessment employed during any proposed change to services, such as during a transformation programme; and, the inclusion of standard Equality Impact Assessments during any proposed change to procedural documentation (i.e. strategy, policy, procedure and protocol documents or savings programmes).

The Risk Management Policy sets out provisions for the escalation of risks from a Divisional 'hub' to the corporate 'centre' and the circumstances where this is required. Divisional Management Boards are each required to maintain a Divisional Risk Register and to provide assurance to the Risk Management Group that divisional processes for managing risk remain effective. The performance of Divisional risk management arrangements is appraised by the Executive during regular quarterly Divisional reviews.

To complement the risk management strategy and management policy and procedures, the Trust Board of Directors maintains comprehensive standards for the governance of quality in the Trust,



using Monitor's Quality Governance model as a guide to good practice. These standards are reported at each of the public meetings of the Board in the regular Quality and Performance Report. Statistical variances are identified through trend analysis and are addressed through agreed prioritised action plans which are monitored by the Quality and Outcomes Committee and Board of Directors.

The quality of performance information used by the Board is regulated as described in the Data Quality Strategy which sets out the responsibility of individuals and groups within the Trust for ensuring the reliability of data used in performance monitoring and reporting. Data contained in reports to the Trust Board of Directors, including quarterly Monitor certifications, are reviewed for accuracy at specified stages of the Board reporting and statutory submission and declaration process.

Key data for Monitor compliance submissions are prepared as part of the Trust management reporting process and are incorporated into the regular Board reporting schedule. Data are extracted by experienced analysts directly from the Trust's management systems, including the patient administration system and the general ledger. Draft reports are reviewed for consistency by the Senior Leadership Team. The Finance Committee and the Quality and Outcomes Committee each review relevant sections of performance reports and monitor submissions for which they have oversight. Reports and Monitor submissions are amended if necessary to take into account any recommendations from a Board Committee or the Senior Leadership Team. In this regard, I take assurances from the Internal Auditor's conclusions following a 'Monitor compliance code review' that the Trust's procedures to provide accurate and reliable data for the completion, approval and submission of annual plans and quarterly reports submitted to Monitor are sound and operating effectively.

The Board continued its practice of receiving a narrative account of patient experiences at each of its public meetings. These accounts are presented and discussed to place patients' experiences of our services at the centre of the Board's focus and discussion and to identify organisational learning from errors and omissions and from exemplary practices.

Whilst the Quality and Outcomes Committee is deployed by the Board to augment its own monitoring and scrutiny of quality, the management of quality is addressed through the management arrangements established by the Senior Leadership Team. The Clinical Quality Group, which reports to the Senior Leadership Team, takes overall responsibility for the co-ordination of quality management across the Trust.

The role of the Clinical Quality Group is to discharge the responsibility of the Senior Leadership Team to manage clinical quality and clinical risk to achieve the best possible outcomes for patients, their families, carers, and staff. Its function is to ensure the continuation of good clinical practices and clinical risk management to ensure that required standards of quality (as defined by our regulators) are achieved. It conducts investigations into and takes action on sub-standard performance whilst planning and driving continuous improvement, identifying, sharing and ensuring delivery of best practice, and identifying and managing risks to the quality of care.

The Clinical Quality Group oversees the work of a set of sub-groups with responsibility for providing specialist management functions for: quality intelligence, patient safety, patient experience, clinical effectiveness, clinical audit, infection prevention and control, quality in care, safeguarding adults and children, clinical record keeping, mental health, resuscitation, medicines, cancer services, dementia, end of life care, and regulatory compliance.

Each of these specialist functional areas is monitored and co-ordinated through a rolling programme of quality and compliance reporting to the Clinical Quality Group. For example, the Care Quality Commission Monitoring Group oversees the Trust's compliance with the CQC's fundamental standards of care. It reports to the Clinical Quality Group on compliance with these standards each quarter. Reports are generated by the operational leads for each of the requirements who actively monitor and test operational compliance within the Divisions.

#### **4.1 *Prominent Risks***

The Risk and Control Framework addressed a number of prominent clinical and non-clinical risks during 2014/15. For example, risks to the achievement of savings could have compromised the achievement of the planned income and expenditure surplus. These risks were mitigated through the active engagement of Executive Directors in close monitoring of achievement versus plan throughout year and the proactive risk-assessment of any schemes under development.

The savings risk remained prominent in 2014/15. Our savings targets are challenging, but the Trust continues to develop capacity to achieve these savings through a programme of service transformation. Outcomes were assessed through monthly reports to the Finance Committee, Board of Directors, as well as exception reports made to the Trust Board of Directors when required.

The risk that patients may receive sub-optimal care whilst waiting to be seen in the Emergency Department due to the increased incidence of ambulance-queuing was a focus in 2014/15. The risk was mitigated through an agreement with the South Western Ambulance Service NHS Foundation Trust to ensure appropriate care for patients in waiting ambulances, initial assessment by Emergency Department staff of all patients awaiting handover, and prioritising high risk or deteriorating patients for transfer to the Emergency Department.

The Emergency Department risk was also a focus in 2014/15. We continued to work with our partners and other stakeholders across the healthcare system in and around Bristol to reduce the incidence of ambulances queuing through coordinated and integrated health and social care approaches. Outcomes have been closely monitored through monthly quality and performance reports and quarterly risk register reports to the Trust Board of Directors with on-going monitoring by the Senior Leadership Team and Risk Management Groups. Following concerted effort to address this risk, there are now positive signs that the risk is declining.

The risk of reputational damage arising from adverse media coverage of Trust has been managed throughout the year by continuing to pro-actively monitor forthcoming inquests, prepare robustly for inquests supported by pro-active and reactive communication and media management as considered appropriate.

With regard to the risks to the achievement of one or more strategic objectives, Executive Director ownership and accountability for each strategic objective has been maintained throughout the year, with responsibility for ensuring delivery and developing remedial action plans where necessary and external assurance has been provided to support assessment of progress towards objectives.

Looking ahead, and in addition to those risks continuing from 2014/15, we will continue to mitigate risks through the robust assessment of activity against plan in monthly reviews with commissioners and in operational reviews with both commissioners and provider organisations. We are also undertaking a review of the Trust's Board Assurance Framework and risk register to ensure it remains fit for purpose in the future in terms of reinforcing the strategic focus and better understanding, sightedness and management of organisational risk.

## **4.2 Monitor's Well Led Governance Framework**

NHS foundation trusts are required to use Monitor's Well Led Governance Framework as a reference for structuring reviews of their governance and Monitor's Risk Assessment Framework requires all foundation trusts to carry out an external review of their governance every 3 years.

This means that the leadership, management and governance of the Trust assures the delivery of high quality care for patients, supports learning and innovation and promotes an open and fair culture. We commenced our assessment against the framework in December 2014 to help us ensure that we continue to meet the needs of patients in a sustainable manner under challenging circumstances. The Board self-assessed against the 4 domains, 10 high level questions and a body of 'good practice' outcomes to assess governance and took an opportunity to commission Deloitte to review our self-assessment against the framework with a view to identifying areas of improvement to ensure we continue to have a strong platform on which to set strategy, lead the organisation and be truly accountable to stakeholders in the future. The outcome of the independent assessment of Well-Led Governance Review will be available later in 2015.

## **4.3 Care Quality Commission (CQC) Registration**

The Trust received a comprehensive CQC inspection in September 2014. The inspection team identified a number of compliance ('must do') actions which are listed in the Chief Inspector of Hospitals' report (available in the public domain via CQC web site). The Trust was rated "Requires Improvement" overall however, 80% of individual judgements were rated as 'Good'. No areas were rated as 'Inadequate', Children's and Maternity services were rated as Good in four domains, and the Trust was rated as 'Outstanding' for effectiveness in Children's services and leadership in Maternity services. End of Life Care was rated 'Good' in every domain.

We submitted action plans to the CQC following the Trust's Quality Summit on 28th November 2014. These plans address our internal actions, as well as system-wide actions which are concerned with improving 'patient flow' through our hospitals back into the community. Completion of action plans have been, and will continue to be monitored on a monthly basis by the Senior Leadership Team and the Quality and Outcomes Committee of the Board.

## **4.4 Involvement of Public Stakeholders**

The Trust Board of Directors further increased its interaction with the Council of Governors with a regular representation of governors at meetings of the Trust Board of Directors and all Directors attend every meeting of the Council of Governors where possible and provide Governors with an overview of current performance and updates on achievement of strategic objectives.

Additionally, the Trust Secretariat developed Governor Project Focus Groups to support the Board's duty to take into account the views of the Council of Governors in its planning and evaluation of services. The groups are attended by members of the executive team and other Trust representatives, the purpose of which is to enhance engagement with governors. These groups are:

- Constitutional Focus Group (including membership engagement and Governor development);
  - Strategy Focus Group (including development of the Annual Plan and strategic planning);
- and,

- Quality Focus Group (including quality and performance monitoring and metrics and serious incident reporting).

Meetings of the Project Focus Groups are part of the annual cycle of business managed on behalf of the Board by the Trust Secretariat. Further work has been undertaken to align the work of the Board sub-committees and the Governor Focus Groups to ensure that the Council of Governors are sighted on Trust business in real time and to allow the Council to be better positioned to hold the Board via the Non-Executive Directors to account.

Project Focus Groups are chaired and facilitated by the appropriate Executive Lead and Governor Lead, and are open to attendance by any interested governor.

In addition, the Chairman hosted regular Chairman's Counsel meetings to encourage open dialogue between the Council of Governors and the Trust Board of Directors. These meetings encourage the exchange of views and ideas in a spirit of openness and transparency towards the governors and the public.

The Trust continued to build on previous public and patient involvement mechanisms and worked actively with a number of groups involving patient and public representatives in the design and planning of its services. This engagement is designed to reduce risks associated with the design or re-design of services, and to ensure that service changes and re-design are responsive to the needs of patients and service users.

Public and patient stakeholder engagement has been extended through significant participation in consultations and other dialogues between the Trust, the public, voluntary organisations, staff, and Overview and Scrutiny Committees.

Following a restructure of the services provided by the Trust Secretariat, the team have reviewed the Membership Engagement Strategy and enhanced this to include a programme of support for Governor development, to further support Governors to fulfil their statutory duties and associated responsibilities. A number of membership engagement activities were attended by staff, governors, members and the public in this reporting period, including the popular 'Health Matters' events for members and the public with significant interest demonstrated by large numbers of attendees.

#### **4.5 Information Governance**

The Trust is the Data Controller as defined by the Data Protection Act 1998 and takes its responsibility for the security of personal and corporate information very seriously. Oversight of the Information Governance agenda was undertaken by the Risk Management Group with the intention of "mainstreaming" the functions and activities of information governance. The Information Governance Toolkit and the Trust's approach to Information Governance training has developed significantly over the year to ensure the information governance agenda became a day-to-day activity for all managers and staff across the Trust.

The Information Risk Management Group, chaired by the Medical Director, who is the Senior Information Risk Owner, oversaw the Trust's plan to demonstrate compliance with the requirements of the Information Governance Toolkit on behalf of the Risk Management Group.

For version 12 of the Information Governance Toolkit Standards, our published position at 31 March 2015 was 66%. Although a deterioration from the previous year, this follows from a complete review of the content of the toolkit and had led to a robust evidence base for our systems

of assurance and accountability relating to how we handle information on a Trust wide basis. As a result, the Trust achieved at least Level 2 for all the 44 requirements of the Toolkit and was consequently adjudged to be “satisfactory” (as opposed to “unsatisfactory”). It is our aim to achieve Level 3 compliance by 2016/17.

Following identification of five Information Commissioner Officer reportable data incidents during the year, we welcomed an ICO Advisory Visit. The outcome of the visit was positive and confirmed our Information Governance and Data Handling arrangements as strong. The visit also identified a number of areas for improvement with particular regard to Information Governance Training. In response a revised Information Governance training strategy has now been implemented and has been supported by the ICO as good practice.

No serious untoward (information) incidents were reported in year.

#### **4.6 *Climate Change***

University Hospitals Bristol NHS Foundation Trust has undertaken climate change risk assessments and our Sustainable Development Management Plan is in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation’s obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. We continue to work with our partners in the Avon Health Executive Resilience Group in this regard.

The Trust Board continued to review progress with our environmental campaign ‘The Big Green Scheme’ and we are progressing with embedding sustainability in all our activities, including the development of sustainable models of care, procurement and travel. In Partnership with the University of Bristol, the Trust is continuing with ‘Green Impact Hospitals’ to inspire staff action in reducing the Trust’s impact of our activities on the environment.

We are implementing projects to reduce our energy consumption across the estate, focussing on reducing waste, improving efficiency and impact control. This includes installing a heat recovery system to capture and re-use otherwise waste heat from our boiler house flue gases.

We are working with Bristol City Council to develop projects to reduce environmental impacts on our city, exploring opportunities for a city-wide district heating scheme and the installation of renewable technologies to our buildings.

#### **4.7 *NHS Pension Scheme***

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation’s obligations under equality, diversity and human rights legislation are complied with.

## **5. Review of economy, efficiency and effectiveness of the use of resources**

The Trust Board of Directors continues to adopt a structured approach to ensuring the economy, efficiency and effectiveness of the use of resources, the importance of which is underscored by the scale of medium-term cost savings required in the current economic and operating environment. This structured approach emphasises the importance we place on taking a transformational approach to the way the Trust provides patient care. The Trust has a well-developed approach to service transformation, having first established an innovation team in 2006, formalising these arrangements in 2009 as the former 'Making Our Hospitals Better' programme with revised governance arrangements agreed in 2010, and a rolling 'Transforming Care' programme of innovation and transformation being pursued since then.

I established the Transformation Programme Board in 2011 to lead, oversee and coordinate the programme of change and service improvement to achieve advances in quality, productivity and economic efficiency across the Trust. It is authorised and chaired by me to commit and deploy resources to the programme of work within the limits of the authority delegated to the Chief Executive in the Scheme of Delegation and other provisions of the Standing Financial Instructions. This authority extends to the deployment of the transformation budget as set out within the Annual Operating Plan of the Trust. The Transformation Programme Board reports to the Senior Leadership Team and I provide a quarterly update report (or an immediate exception report where required) to the Trust Board of Directors on the progress of the transformation programme.

The Transforming Care Programme aims to achieve improvements in the quality, efficiency, effectiveness and sustainability of patient care whilst supporting a wider programme of savings, which are monitored routinely by the Finance Committee and the Trust Board of Directors.

The Internal Auditor has reviewed and reported upon internal control, governance and risk management processes, based on an audit plan approved by the Audit Committee. The work included identifying and evaluating controls and testing their effectiveness, in accordance with NHS Internal Audit Standards. Where scope for improvement was identified during an internal audit review, appropriate recommendations were made and action plans were agreed for implementation.

## **6. Annual Quality Report**

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

Whilst these reporting requirements contribute to ensuring that the content of the Quality Report presents a balanced view of the quality of services provided by the Trust, we also take steps to ensure that appropriate controls are in place to ensure the accuracy of the data upon which we base our statements on quality. These controls are undertaken in accordance with the Quality Strategy (2011-2014) and the Data Quality Strategy which describes the standards of data quality assurance required for data supporting information used by the Board and for public reporting. Examples of data accuracy controls for the Quality Report include checks by the author to ensure that published data is consistent with that reported to the Board during the year, a Data Quality Framework covering metrics mandated for Quality Reports from 1 April 2013, and the External Auditor independent assessment of the accuracy of three of the mandated indicators. The Board recognises

that some data quality issues regarding Referral to Treatment times were identified in the External Audit. A comprehensive plan to improve data quality and hence provide better assurance in this area will be implemented during 2015/16.

The Quality and Outcomes Committee monitor progress of quality objectives at quarterly intervals during the year; this monitoring is reported to the Board. This process ensures there is continuity throughout the production of Quality Reports, and any inconsistencies are challenged by the Clinical Quality Group.

Our governors are instrumental in agreeing the content of sections of the Quality Report in which we have freedom to report other key quality themes from the past year. The governors undertake this work formally under the auspices of the Governor Quality Focus Group.

We follow good practice guidance such as those issued by the Kings Fund by ensuring a wide degree of continuity for clinical themes reported from one year to the next. This ensures that we remain demonstrably committed to ensuring transparency as well as keeping the Quality Report current and fresh.

We invite third parties to comment on an early draft of the Quality Report and listen to requests to amend content or introduce any new quality themes which those third parties feel might be necessary to achieve a fair and balanced view of quality during the year.

## **7. Review of effectiveness**

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the content of the Quality Report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, the Quality and Outcomes Committee and the Finance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

I introduced revised Executive management and accountability arrangements to coincide with the Board's governance arrangements. These are described in more detail earlier in this Annual Governance Statement under the 'risk and control framework'. These management arrangements are considered by the Trust Board of Directors, and the Senior Leadership Team, to ensure a robust treatment of any identifiable risks to quality and safety. This is a conclusion we have reached having derived significant assurances as to the efficacy of the system of internal control from a range of internal and external sources which are summarised in reports received by the Board throughout the year. These are recorded in the Board Assurance Framework document, the corporate risk register, the reported work of the Senior Leadership Team and Risk Management Group, reports of the Board Committee Chairs, and the results of a number of external visits, inspections and accreditations. These have included Monitor, the Care Quality Commission and the Information Commissioners Officer.

The effectiveness of the system of internal control is constantly assessed by the Trust Senior Leadership Team through the work of the Risk Management Group, and by the Board through the work of the Audit Committee and the Quality and Outcomes Committee. The overall effectiveness of the Assurance Framework and its ability to support the system of internal control is reviewed as part of the work of the Internal Auditor.

I also consider the views of Monitor with respect to Board governance and the reductions in the Trust's NHS Litigation Authority (NHSLA) premiums as a result of our minimal claims history as external indicators that the Trust's systems of internal control are competent and responsive.

The Board's revised governance arrangements were assessed by the Internal Auditor who, having concluded that there were no significant concerns to report, provided the Head of Internal Audit Opinion as follows:

*“Significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design and/or inconsistent application of controls put the achievement of particular objectives at risk.*

*Although our audit work over the year has identified areas where improvements could be made to the system of internal control, we highlight the Trust's continued emphasis on the control environment and the very proactive approach that the Trust has taken over the year over its response to internal audit work and the clearance of internal audit recommendations”*

## **8. Conclusion**

No significant systematic internal control issues have been identified. I consider the corporate governance, accountability, management and reporting arrangements to have significantly improved provisions for risk management, patient safety, internal control and Board assurance, and will continue to develop the system of internal control by addressing any inconsistent application of controls where this is identified.



Paul Mapson  
Acting Accounting Officer / Director of Finance & Information  
Date: 27 May 2015





# ***Independent auditors' report to the Board of Governors of University Hospitals Bristol NHS Foundation Trust***

## ***Report on the financial statements***

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### *Our opinion*

In our opinion, University Hospitals NHS Foundation Trust's ("the Trust's") financial statements (the "financial statements"):

- give a true and fair view of the state of the Trust's affairs as at 31 March 2015 and of its income and expenditure and cash flows for the year then ended; and
- have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.

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### *What we have audited*

The Trust's financial statements comprise:

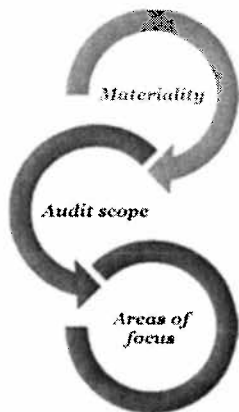
- the Statement of Financial Position as at 31 March 2015;
- the Statement of Comprehensive Income for the year then ended;
- the Statement of Cash Flows for the year then ended;
- the Statement of Changes in Taxpayer's Equity for the year then ended; and
- the notes to the financial statements, which include a summary of significant accounting policies and other explanatory information.

The financial reporting framework that has been applied in the preparation of the financial statements is the NHS Foundation Trust Annual Reporting Manual 2014/15 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

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### *Our audit approach*

#### *Overview*



- Overall materiality: £11.8m, which represents 2% of total revenue.
- The audit was conducted at the Trust's Headquarters in Bristol, which is where the Trust's finance function is based.
- Management override of control and fraud in revenue and expenditure recognition; and
- Valuation of property, plant and equipment.

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### *The scope of our audit and our areas of focus*

The Trust provides medical and emergency services to the local population of Central and South Bristol and a range of specialist services across a wider region extending from Cornwall to Gloucestershire, South Wales and beyond. It is a major teaching and research centre. The Trust is also a specialist teaching trust and works in partnership with the Universities of Bristol and the West of England as well as other higher education institutions. Services are provided from two main sites.

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) ("ISAs (UK & Ireland)").

We designed our audit by determining materiality and assessing the risks of material misstatement in the financial statements. In particular, we looked at where the directors made subjective judgements, for example in respect of significant accounting estimates that involved making assumptions and considering future events that are inherently uncertain. As in all

of our audits, we also addressed the risk of management override of internal controls, including evaluating whether there was evidence of bias by the directors that represented a risk of material misstatement due to fraud.

The risks of material misstatement that had the greatest effect on our audit, including the allocation of our resources and effort, are identified as “areas of focus” in the table below. We have also set out how we tailored our audit to address these specific areas in order to provide an opinion on the financial statements as a whole, and any comments we make on the results of our procedures should be read in this context. This is not a complete list of all risks identified by our audit.

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### *Area of focus*

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### *How our audit addressed the area of focus*

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#### *Management override of control and fraud in income and expenditure recognition*

*See note 1 to the financial statements for the directors’ disclosures of the related accounting policies, judgements and estimates relating to the recognition of income and expenditure.*

The Trust has reported a deficit for the year of £16.4m after net impairment charges of £30.2m. Monitor disregards impairment charges when measuring the Trust’s compliance with its regulatory regime.

We focused on management override of control and fraud in income and expenditure recognition because there was a heightened risk that the Trust would understate income or overstate expenditure in order to minimise its reported surplus this year. This would allow greater flexibility to recognise a higher surplus in the following year.

We have evaluated the complexity of the agreements between the Trust and other parties and this has not been an area of focus for our audit.

#### *Income*

The Trust’s principal source of income was from Clinical Commissioning Groups (“CCGs”) and NHS England accounting for almost 80% of income during the year.

Contracts are renegotiated annually and consist of standard monthly instalments, based on contract values. The payments are ‘true up’ on a quarterly basis to reflect the actual activity of the Trust. The ‘true up’ at the end of the financial year is agreed with the CCG. The value of the year end ‘true up’ is subject to judgement by the directors as actual activity levels which form the basis of income are not available for March (“month 12”) at the time of preparation of the accounts and the completion of the audit. A further ‘true up’ occurs later in the year when actual month 12 activity figures are known. The levels of payment adjustment for this final ‘true up’ historically have been immaterial and are accounted for in the following year’s financial statements.

The Trust’s next largest sources of income include research and development income and education and training income (see note 4.1 to the accounts).

#### *Expenditure*

Our work on expenditure focussed on the areas most susceptible to manipulation in order to increase the Trust’s reported deficit. These were primarily unsettled transactions including accruals and prepayments and journals transactions.

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#### *Valuation of property, plant and equipment*

*Management’s accounting policies, key judgements and use of experts relating to the valuation of the Trust’s estate are*

#### *Income*

For CCGs and NHS England income we confirmed the value of debtors with these bodies to Monitor’s mismatch reports which provides the amounts recorded by NHS bodies as debtors and the corresponding creditors with NHS counterparties, to agree that the amounts matched. Only trivial differences existed.

We developed a point estimate for the value of the year end income to be ‘true up’ and compared this to the directors’ estimate. We compared the directors’ estimates in prior years with the actual figures for month 12 in corresponding prior years to determine whether the directors’ estimates were consistent with actual results. We read correspondence between the Trust and the CCGs and NHS England and agreed the value of the income recognised. On the basis of this work we are satisfied that the estimate is not materially misstated.

We tested a sample of income transactions recorded by the Trust as arising in 2015/16 and traced these to invoices or correspondence from commissioners and other bodies and used our knowledge and experience of the industry to determine whether the income was recognised in the correct period. We also read the terms and conditions for a sample of research and development funding and agreed the value of income recognised in the year.

Our work did not identify any transactions that were indicative of fraud in the recognition of income.

#### *Expenditure*

We selected a sample of accruals from the period end and traced these to supporting documentation such as invoices or goods received notes and agreed that the expenditure had been recognised in accordance with the accounting policies and in the correct accounting period.

We focused the majority of our testing of expenditure transactions on the last three months of the year and traced them to supporting documentation to agree that they were recorded in the correct period.

Our work did not identify any transactions that were indicative of fraud in the recognition of expenditure.

#### *Journals*

We selected a sample of journal transactions that had been recognised in either income or expenditure. We selected manual journals that contained material journal lines impacting on income or expenditure and manual journals which contained any material line but for which the net impact of the journal on income or expenditure was above the level agreed with the Audit Committee for reporting misstatements (see below). We traced the journal entries to supporting documentation. Our work did not identify any issues.

We confirmed that the valuer engaged by the Trust to perform the valuations had professional qualifications and was a member of the Royal Institute of Chartered Surveyors

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## Area of focus

disclosed in note 1 to the financial statements.

*The Trust is regularly required to revalue its estate in line with Monitor's Annual Reporting Manual.*

Property, plant and equipment ("PPE") represents the largest asset balance in the Trust's statement of financial position, with a value of £377.9m. The Trust reassesses the value of its land and buildings each year, which involves applying a range of assumptions and the use of external expertise. The value of land and buildings at 31 March 2015 is £317.9m (see note 11 to the financial statements).

We focused on this area because the value of the properties and the related movements in their fair values recognised in the financial statements are material. Additionally, the value of properties included in the financial statements is dependent on the reliability of the valuations obtained by the Trust, which are themselves dependent on:

- the accuracy of the underlying data provided to the valuer by the directors and used in the valuation;
- assumptions made by the directors, including the likely location of a "modern equivalent asset"; and
- the selection and application of the valuation methodology applied by the valuer, including assumptions relating to build costs and the estimated useful life of the buildings.

### *Property, plant and equipment expenditure*

We focused on this area because the Trust currently has a significant capital programme and there was a risk that the Trust would overstate expenditure on additions to new buildings by classifying revenue expenditure as capital expenditure in error. On bringing buildings into use, they are valued by the District Valuer and this usually gives rise to an impairment charge. This would write off the incorrectly capitalised expenditure and hence future depreciation charges would be avoided. The overall effect would be that the expenditure would not count towards Monitor's assessment of the Trust's compliance with its financial regulatory regime.

## *How we tailored the audit scope*

We tailored the scope of our audit to ensure that we performed enough work to be able to give an opinion on the financial statements as a whole, taking into account the structure of the Trust, the accounting processes and controls, and the environment in which the Trust operates. In establishing our overall approach we assessed the risks of material misstatement, taking into account the nature, likelihood and potential magnitude of any misstatement. Following this assessment, we applied professional judgement to determine the extent of testing required over each balance in the financial statements.

The Trust comprises a single entity with all books and records retained at the headquarters in Bristol. We conducted our audit at the headquarters. We focussed our work on the areas of focus described above.

## *Materiality*

The scope of our audit was influenced by our application of materiality. We set certain quantitative thresholds for materiality. These, together with qualitative considerations, helped us to determine the scope of our audit and the nature, timing and extent of our audit procedures and to evaluate the effect of misstatements, both individually and on the financial statements as a whole.

Based on our professional judgement, consistent with last year, we determined materiality for the financial statements as a whole as follows:

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## How our audit addressed the area of focus

(RICS).

We obtained and read the relevant sections of the full valuation performed by the Trust's valuer. Using our own valuations expertise, we determined that the methodology and assumptions applied by the valuer were consistent with the market practice in the valuation of hospital buildings. The value of the Trust's specialised operational properties in the financial statements is based upon the modern equivalent asset being based in Bristol city centre and the land is, therefore, valued accordingly. The Trust could, however, have chosen to base the valuation on a location outside of the city centre, which would have impacted the land value. We considered these assumptions made by the Trust and consider the approach taken to be an acceptable basis for valuation.

We confirmed the accuracy of the information provided by the Trust to the external valuer by:

- checking and finding that the portfolio of properties included in the valuation was consistent with the Trust's fixed asset register, which we had audited; and
- agreeing a sample of the gross internal areas used by the valuer to floor plans for the properties valued.

We agreed that the values provided to the Trust by the valuer had been correctly included in the accounts and that valuation movements were accounted for correctly and in accordance with the Trust's accounting policies.

### *Property, plant and equipment expenditure*

We tested a sample of additions in the year and traced them to supporting documentation to determine whether the amounts were capitalised in accordance with accounting standards and the Trust's accounting policies.

Our work did not identify any issues with the recognition of expenditure on property, plant and equipment.

<i>Overall materiality</i>	£11.7m (2014: £11.0m).
<i>How we determined it</i>	2% of revenue
<i>Rationale for benchmark applied</i>	We have applied this benchmark, which is a generally accepted measure when auditing not for profit organisations, because we believe this to be the most appropriate financial measure of the performance of a Foundation Trust.

We agreed with the Audit Committee that we would report to them misstatements identified during our audit above £250,000 (2014: £250,000) as well as misstatements below that amount that, in our view, warranted reporting for qualitative reasons.

## Other required reporting in accordance with the Audit Code for NHS foundation trusts

### Opinions on other matters prescribed by the Audit Code for NHS foundation trusts

In our opinion:

- the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.

### Consistency of other information

Under the Audit Code for NHS foundation trusts we are required to report to you if, in our opinion:

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>information in the Annual Report is: <ul style="list-style-type: none"> <li>– materially inconsistent with the information in the audited financial statements; or</li> <li>– apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or</li> <li>– otherwise misleading.</li> </ul> </li> </ul>                                                                            | <p>We have no exceptions to report arising from this responsibility.</p> |
| <ul style="list-style-type: none"> <li>the statement given by the directors on page 35, in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance, that they consider the Annual Report taken as a whole to be fair, balanced and understandable and provides the information necessary for members to assess the Trust's performance, business model and strategy is materially inconsistent with our knowledge of the Trust acquired in the course of performing our audit.</li> </ul> | <p>We have no exceptions to report arising from this responsibility.</p> |
| <ul style="list-style-type: none"> <li>the section of the Annual Report on pages 56 and 63 to 65, as required by provision C.3.9 of the NHS Foundation Trust Code of Governance, describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.</li> </ul>                                                                                                                                                                                         | <p>We have no exceptions to report arising from this responsibility.</p> |
| <ul style="list-style-type: none"> <li>the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15 or is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.</li> </ul>                       | <p>We have no exceptions to report arising from this responsibility.</p> |

### Economy, efficiency and effectiveness of resources and Quality Report

Under the Audit Code for NHS Foundation Trusts we are required to report to you if:

- |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.</li> </ul>                                                                                                                                                                          | <p>We have no exceptions to report arising from this responsibility.</p>                                  |
| <ul style="list-style-type: none"> <li>we have qualified, on any aspect, our opinion on the Quality Report. We note, we have expressed an adverse conclusion on the 'Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period' indicator. As a result our certificate to this report is qualified in this respect.</li> </ul> | <p>Except for the matter described, we have no exceptions to report arising from this responsibility.</p> |

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.

Our responsibility is to audit and express an opinion on the financial statements in accordance with the National Health Service Act 2006, the Audit Code for NHS Foundation Trusts issued by Monitor and ISAs (UK & Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

This report, including the opinions, has been prepared for and only for the Council of Governors of University Hospitals Bristol NHS Foundation Trust as a body in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

#### What an audit of financial statements involves

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the directors; and
- the overall presentation of the financial statements.

We primarily focus our work in these areas by assessing the directors' judgements against available evidence, forming our own judgements, and evaluating the disclosures in the financial statements.

We test and examine information, using sampling and other auditing techniques, to the extent we consider necessary to provide a reasonable basis for us to draw conclusions. We obtain audit evidence through testing the effectiveness of controls, substantive procedures or a combination of both.

In addition, we read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

### Qualified certificate

We have expressed an adverse conclusion on the Quality Report in relation to the performance indicator 'Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period'. Our limited assurance report on the Quality Report is unqualified in all other respects.

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.



Lynn Pamment (Senior Statutory Auditor)  
for and on behalf of PricewaterhouseCoopers LLP  
Chartered Accountants and Statutory Auditors  
Bristol  
27 May 2015

- (a) The maintenance and integrity of the University Hospitals Bristol NHS Foundation Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.
- (b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

