University Hospitals Bristol NHS Foundation Trust

Annual Report and Accounts 2015/2016

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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 2015 to 31 March 2016.

It has once again been a momentous year for the NHS. There have been challenges to work through in a variety of areas but I believe that at University Hospitals NHS Foundation Trust we have shown that together our staff, governors, volunteers, charitable partners and other supporters are doing an admirable job of rising to the challenges we face.

The past financial year saw increasing pressure on NHS services with NHS finances and access to NHS services all over the country under increasing national and local scrutiny. We are responding to the need to deliver continually improving, high quality services with fewer resources with a truly transformational way of working through our Transforming Care programme, led by Robert Woolley, Chief Executive. This programme had been in place for many years, is tried and tested across the Trust and is yielding positive results.

All of our staff and supporters are united by our mission to improve the health of the people we serve by delivering exceptional care, teaching and research every day. Our vision for Bristol, and our hospitals, to be among the best and safest places in the country to receive care is equally compelling. Quality, and the drive to continually improve, cuts through all our work and we have been able to invest in the care we provide thanks to the successful management of our finances that we have maintained for over a decade.

In 2014/15 we engaged a broad range of stakeholders to develop our strategy – in other words the blueprint for how we will address the challenges we face. We stated clearly that we want to provide excellent local, regional and tertiary services, and maximise the benefit to patients that comes from providing this range of services and we want to develop and expand in those areas where we have the potential to deliver exceptional, affordable healthcare. The NHS Five Year Forward View that was published this year describes how university teaching hospitals like University Hospital Bristol fit into the wider provision of health and social care and it is pleasing to see that decisive steps will be taken to break down barriers in how care is provided.

Over many years we have put the building blocks in place to achieve our strategic vision. Our cash reserves, built up over many years, have enabled the Trust to redevelop its buildings which support and enable improvements in care. We built the new Bristol Royal Infirmary (BRI) ward block, created a new Welcome Centre for the BRI, and redeveloped the Bristol Haematology and Oncology Centre. Moving clinical activities from the BRI Old Building to more modern facilities was another milestone in the Trust's redevelopment plans. These building developments, and others, have placed us in a good position to continue providing high quality care over the next ten years.

While we have been able to invest for our future, we continually wrestle with the financial challenge that the NHS faces. The modest increases in funding that the NHS receives each year as the public sector continues to work in times of austerity, do not account for the increases in health costs caused by issues such as advances in treatments and drug costs and the growing demand from an increasingly elderly population. Thanks to every staff member's focus on ensuring that the money we spend demonstrates good value for money, this Trust is in a very good comparative position, but we cannot underestimate the challenge and focus that this requires on a daily basis.

At the same time, we have seen unprecedented demand for services that is no longer contained to the winter months. The winter of 2014/15 was a particularly difficult one for the NHS and we therefore planned in detail within the Trust and with our partners in primary and social care to

ensure we were well prepared throughout 2015/16 as well as for the winter. Commissioners helpfully responded by allocating £3.5m of resilience funding to help deal with seasonal pressures throughout the year and this enabled us to open an additional adult ward to support patients whose discharge from hospital is delayed without impacting upon the flow of patients through our hospitals.

With such demand for services, staff in all areas of our hospitals focused on playing their part to maintain patient flow with both dedication and commitment. Once again during 2015/16 we used a way of working that we first employed during our week-long Breaking the Cycle Together initiative. For example, in February, at the height of winter, we ran a "reset event" to help return our services to a more sustainable level. The purpose was to provide as much support as possible to ward teams to help them address barriers to delivering high quality patient care and it achieved its goal, although we continue to work within the Trust and with our partners on how we can address such high levels of demand for NHS services.

Very importantly, despite the challenges we faced, patient-reported experience of our care, and our performance against many other quality standards including the incidence of falls and pressure ulcers remained strong. We measure the quality of care we provide in terms of whether patients are safe and protected from avoidable harm, whether their treatment achieves the best possible result and whether they have the best possible experience of care. Our goal is that each and every one of our patients should be safe in our care, have an excellent experience and the right clinical outcome. I am delighted that despite the immense operational pressure we experienced, staff at UH Bristol continued to focus on delivering safe and effective care and I and the Trust Board have paid tribute to them.

We are very proud of this Trust's achievements. We are successful despite the many challenges we face I and the Board know that is because of the commitment and dedication of our staff. On my visits around departments and specialties, I meet so many people who work tirelessly so that our organisation can serve its community with pride and achieve its mission and purpose. We are very aware of the pressures that staff face and have worked hard this year to help all staff, wherever they work and whatever their role, feel engaged in our work, that they voice is listened to and that they have a future in our organisation.

As the next financial year starts we are preparing for governor election and successful nominees will join the Council of Governors for a three year term from June 2016. Governors are an important aspect of our governance as a Foundation Trust and it has been a pleasure to work alongside our committed governors during 2015/16. Thank you to all the staff, governors, volunteers and charitable partners who have worked with us this year. We have achieved what we have thanks to your commitment and dedication.

Canon John Savage CBE
Chairman,
25 May 2016

2. CHIEF EXECUTIVE'S FOREWORD

The past year has been a challenging one for the whole of the NHS and at University Hospitals Bristol NHS Foundation Trust we are not immune from those challenges. However, working together with key partners, we have done well and it is right that we should take a moment to recognise our success.

Our mission and vision are clear. 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.

Our task last year was to focus on caring for patients with all the humanity which that privileged task deserves but to do so as efficiently as possible, delivering best value for taxpayers, so that we remained a financially sound organisation, able to invest in the things that supported our goal to transform care for the benefit of the people we serve. I am delighted to say that in 2015/16 we not only managed to live within our means but we also invested in a number of exciting developments.
We introduced improved services for our patients both within the Trust and in partnership with others. We opened our pre-operative department within the Bristol Royal Infirmary, bringing together for the first time the surgical admissions suite and pre-operative assessment clinic. With partners, we launched a new transport service for critically ill children in the South West of England and South Wales. The new combined service called WATCh – Wales and West Acute Transport for Children – retrieves children who are critically ill or injured from district general hospitals without paediatric intensive care facilities.

In 2015/16 we made an early commitment to a new national campaign – Sign up to Safety – which aims to make the NHS in England the safest healthcare system in the world and to halve avoidable harm, saving 6,000 lives as a result. As part of our aim to deliver best care, we set out to understand and develop our patient safety culture, asking every staff member who has contact with patients and their families to provide insights and information.

UH Bristol successfully led a collaborative bid on behalf of 17 organisations to establish a genomics medicine centre in the west of England. NHS providers in Bristol, Bath, Cheltenham and Gloucester, the universities of Bristol and the West of England, the Academic Health Science Network, commissioners and patient organisations all came together to implement genomics testing to help patients with a rare disease or cancer, potentially changing lives by finding new and more effective treatments. This is a new frontier in medical care, as genomics will bring a more tailored, individualised approach to patient care. I am delighted that UH Bristol led this bid and that future patients in the West of England will benefit from these advances.

Other advances, improving services for patients, include the opening of the new therapeutic apheresis unit at Bristol Haematology and Oncology Centre (BHOC). Run by NHS Blood and Transplant, and one of only six units of its kind in England, it provides life-saving and life-enhancing therapies for patients with rare blood disorders. I was also particularly proud when UH Bristol was selected for national evaluation of new radiotherapy treatment with the BHOC selected as one of 17 centres nationwide to participate in NHS England's commissioning through evaluation programme of stereotactic ablative body radiotherapy – a modern, more precise delivery technique, which delivers high doses of radiation while causing less damage to surrounding healthy tissue than conventional radiotherapy.

We know that clinical research is the route to developments in care and treatment and is critical to our mission. During 2015/16, the LIBERATE trial launched at the Bristol Royal Infirmary, one of only five centres in Europe that have been selected to take part in this new clinical trial for patients with chronic obstructive pulmonary disease.

We recognise that there are always improvements that can be made in the way in which we deliver our clinical services. We welcome the independent review into paediatric cardiac services in Bristol which will support us in our determination to continually improve services and the relationships with our patients, their parents and carers.

We continue to increase our reliance on the feedback we receive from patients as a vital measure of our performance and driver for improving services. During the year, St Michael's Hospital maternity services were ranked top in the country in the CQC Maternity Survey 2015, which was fantastic in itself but I was particularly pleased to see the hospital working to improve still further by acting on feedback and piloting the use of family rooms on the post-natal wards to allow partners to stay overnight where this can be accommodated.

Looking ahead, we cannot deny the serious challenges of continued public sector financial austerity, increasing demand from an ageing population, some key workforce shortages and requirements for increased service efficiency along with improved quality of care.

At the beginning of 2015/16, I called on team leaders and managers across the Trust to engage with patients in an open and participatory way to learn what matters to them, to connect with staff, listening to their concerns and their suggestions for improving our services and, at the same time, to work wholeheartedly with our partners in primary, secondary and social care to find better ways of caring for patients, an approach which is now reflected in our central role in developing the five year Sustainability and Transformation Plan for Bristol, North Somerset and South Gloucestershire. We are widening and deepening this approach in the current year and, as a result, I truly believe that we are well-equipped to deal with the challenges that face us, taking strength from and staying true to the values we share – Respecting Everybody, Embracing Change, Recognising Success, Working Together.

With best wishes,

Robert Woolley
Chief Executive,
25 May 2016

3. PERFORMANCE REPORT

(From 1 April 2016, NHS Improvement is the operational name for an organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, including the National Reporting and Learning System, Advancing Change Team and Intensive Support Teams).

The Performance Report provides an overview of the Trust's performance during 2015/16. Further details are provided in the 2015/16 annual accounts at **Appendix D.**

3.1 Overview of Performance

Principle Activities of the Trust

University Hospitals Bristol NHS Foundation Trust (UH Bristol) is a Public Benefit Corporation authorised by NHS Improvement, 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. The gender make-up of the seven Executive Directors, is three are male and four are female. The position of the nine Non-executive Directors, is four are female and five are male.

Our task during 2015/16 was to focus on caring for patients with all the humanity that that privileged task deserves but to do so as efficiently as possible so that we provide best value for money to the taxpayer. Once again we used the Trust's Transforming Care Programme, and its six pillars of improvement activity, to structure our work.

Pillar 1: Delivering Best 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. Wherever we work in the Trust and whatever our role, we are all united in a common endeavour to deliver the best care we can to patients.

In 2015/16 we made an early commitment to a new national campaign – Sign up to Safety – that aims to make the NHS in England the safest healthcare system in the world and to halve avoidable harm in the NHS, saving 6,000 lives as a result. As part of this we worked to understand and develop our patient safety culture, asking every staff member who has contact with patients and their families to provide insights and information.

As part of a robust patient safety culture we must ensure we learn from all incidents. To help this process we moved from our previous incident reporting system to a new one with numerous benefits, including an enhanced facility for extracting information to ensure we learn as much as we can from incidents.

We led work to introduce improved services for our patients. September saw the launch of a new transport service for critically ill children in the South West of England and South Wales. The new combined service called WATCh – Wales and West Acute Transport for Children – retrieves children who are critically ill or injured from district general hospitals without paediatric intensive care facilities. Based in Bristol, the service is run by Bristol Royal Hospital for Children (BRCH), and is collaboration between the paediatric transport teams from BRCH and the Noah's Ark Children's Hospital for Wales (CHfW). The regional service allows concentration of expertise and it often serves as a single point of contact for immediate advice, information on an appropriate ICU bed and access to a specialist team.

UH Bristol successfully led a collaborative bid on behalf of 17 organisations to establish a genomics medicine centre in the west of England. NHS providers in Bristol, Bath, Cheltenham and Gloucester, the universities of Bristol and the West of England, the Academic Health Science Network, commissioners and patient organisations established the partnership to develop genomics testing capability to help patients who have a rare disease or cancer, potentially changing lives by

finding new and more effective treatments. This is a new frontier in medical care, as genomics has the potential to develop a more tailored individualised approach to patient care and I am delighted that UH Bristol led this bid and that future patients in the West of England will benefit from these advancements.

During the year our Trust was selected by NHS England to evaluate two innovative new treatments. The Bristol Haematology and Oncology Centre (BHOC) is one of 17 centres nationwide to participate in NHS England's commissioning through evaluation of stereotactic ablative body radiotherapy (SABR) – a modern, more precise delivery technique of radiotherapy, which delivers high doses of radiation while causing less damage to surrounding healthy tissue than conventional radiotherapy. Similarly the Bristol Heart Institute (BHI) was selected as an evaluation centre to offer an innovative new treatment for people with severe cardiac problems. The MitraClip procedure benefits patients who suffer from breathlessness and tiredness who have a leak in their mitral valve, which helps control blood flow through the heart. The procedure enables cardiologists and surgeons to repair the leak through keyhole surgery.

Finally, despite the immense operational pressure that we saw in the winter of 2015/16, patient-reported experience of our care remained consistently good and our performance against many quality standards, including the incidence of falls and pressure ulcers, also remained strong. This is credit to everyone who works in the Trust and evidence of their commitment to deliver best care.

Pillar 2: Improving Patient Flow

The flow of patients through our hospitals is integral to ensuring that they receive excellent care. Patient flow has been the focus of sustained work in all areas of our hospitals and this continued in 2015/16 with good progress made on the work we began in the previous year.

In autumn 2014/15 we reviewed the way in which we manage capacity within our hospitals in response to increasing and competing demands on our services. We launched our "managed beds" protocol to ensure that pathways are clear for patients receiving both elective and emergency inpatient care in our hospitals, and our hard work yielded results. 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 per cent in September to 92 per cent in October, the number of surgical cases through the main BRI operating theatres increased by over 10 per cent, and the number of times when there were a large number of outliers in surgical areas was reduced.

This good work was recognised nationally this year when it was shortlisted in the Health Service Journal's Value in Healthcare Award and, more importantly, it continued to yield good results in 2015/16 in conjunction with other improvements such as the co-location of the different discharge teams from the BRI, Bristol Community Health and Bristol Social Services. Our ability to discharge patients appropriately and efficiently has an enormous impact on the flow of patients through our hospitals and it is essential that we also closely manage this process and continue to challenge ourselves and health and social care partners.

A number of times we successfully employed the techniques that we first used in a Breaking the Cycle initiative in 2014/15. These initiatives take the form of a week of action during which all members of staff focus on solving and unblocking the things that get in the way of good patient care. During 2015/16 we successfully employed these initiatives on three occasions to help us focus on improving patient flow through our hospitals, focussing specifically on quality of care and as a "reset" week at the height of winter operational pressures.

After the difficulties that the NHS experienced in the winter of 2014/15 we planned extensively for last winter both within our hospitals and services but also with our partners across our health and

social care community. We invested over £3 million of 'resilience' funding before winter in additional core BRI beds with permanent staff, radiology and therapy staffing on Saturdays and theatre staff for more weekend trauma operating. We also invested in capacity in the children's hospital, including an extra paediatric intensive care bed.

Despite our careful preparations, however, the extended period of high emergency demand has meant that, while we have kept our patients safe, their experience has not been uniformly good and I and the Trust Board are very aware of the strain that this has put on staff.

However, it is important to recognise our improvements and successes and the vast improvements that we made to reduce the number of patients waiting longer than 18 weeks serves as a welcome reminder of the progress we have made together. During the year we closely monitored our performance against the trajectories we set ourselves and, on the strength of our planning, Monitor restored the Trust's governance rating to green, reflecting the positive progress we made to meet these national standards for patient access and their confidence in our ability to sustain this good work. I am delighted that our focussed work achieved results and in March 2016 the Trust has recovered its performance in relation to the national Referral to Treatment (RTT) Standard, with a minimum of 92 per cent of our patients being treated within 18 weeks of their initial referral.

Pillar 3: Delivering Best Value

Good financial management and strong governance provide the foundation for the delivery of high quality health services. Our ability to make efficiency savings for more than a decade have enabled us to invest in our hospital infrastructure that puts us in a good position to continue improving the care we provide into the future.

I am pleased to report that the Trust maintained a healthy financial position for the financial year ended 31 March 2016. We achieved an income and expenditure surplus of £3.46m before technical items, efficiency savings of £16.44m, a year-end cash position of £74.011m and we have a strong balance sheet resulting in a Continuity of Services risk rating of 4.

Pillar 4: Renewing our Hospitals

For over a decade we planned to renew our hospitals, providing a physical environment that matches the quality of care we provide and one that enabled us to implement new care pathways and more efficient ways of working.

During 2014/15 we saw many of these new facilities and care pathways come on stream but 2015/16 was not without its notable milestones, including the sale of the BRI Old Building. It has provided care to the citizens of Bristol for the past 280 years; however it no longer meets the required standards for the delivery of modern healthcare. In 2014, following the completion of our new ward block, we moved all inpatient clinical services out of the building and in 2016 we will move all remaining clinical services and offices from the Old Building, ensuring our patients are cared for in an environment which reflects the quality of the care we provide.

We opened the new pre-operative department in the Bristol Royal Infirmary for the first time bringing together the surgical admissions suite and pre-operative assessment clinic. These departments are now ideally located alongside surgical care, critical care and trauma on level six of the BRI and the number of assessment rooms has increased from nine to 15, which will enable us to increase capacity and theatre efficiency.

The therapeutic apheresis unit, run by NHS Blood and Transplant and based in the BHOC, also opened during 2015/16. One of only six units of its kind in England, it provides life-saving and life-enhancing therapies for patients with rare blood disorders. When I attended the opening I heard patients describe the skill, dedication and compassion of the nursing staff in the apheresis unit, who work closely with colleagues in our bone marrow transplantation service. The unit relocated last

year from the Blood Donor Centre at Southmead into a brand new space at the BHOC, meaning that most patients no longer need to travel across Bristol. This service is a great example of team working, partnership and joint ambition in the cause of patient care.

Very importantly we also opened the new DeliMarché staff and visitor restaurant on level 9 of the BRI. Finally, we have a place in the heart of the BRI where staff can relax in pleasant surroundings, meet colleagues, enjoy decent food and one of the best views of the city.

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.

On NHS Change Day I made a personal pledge to improve the way leaders, managers and supervisors across the Trust listen to and respond to the concerns of their teams. I called on team leaders and managers across the Trust to engage wholeheartedly with staff, listening to their concerns and suggestions for improving our services.

The results of the NHS Staff Survey show that we have made good progress but there is still work do. More than 3,500 staff responded and told us that overall they feel more engaged as a member of staff than they did in 2014; that more of them would recommend the Trust as a place to work or receive treatment but that there are still areas where the Trust has work to do to improve their experience as a member of staff.

These improvements are borne out by the latest results of the Staff Friends and Family test that asks staff whether they would recommend the Trust as a place to work and receive treatment. The latest results show an increase of 5% in staff recommending the organisation as a place to work and an increase of 7% in staff recommending the organisation as a place to receive treatment.

This is all encouraging news, although it is essential that our focus on staff engagement continues, but I am concerned by some of the messages that came through from the NHS Staff Survey, particularly the message that some staff do not feel confident reporting clinical practice that may be unsafe. If we are going to deliver our vision of being among the best and safest places in the country to receive care, we need to be mature enough to accept that sometimes things go wrong and the appropriate reaction is not to blame individuals but to ensure we learn for the future.

As I reflect back on 2015/16, one of my greatest concerns is how the challenges of service demand, the levels of illness of the patients we treat and the financial pressures we face are impacting on our staff. In this challenging environment it is essential that we continue to engage staff, are mindful of the impact that the challenges are having on all of them and recognise the excellent work that they do every day.

Pillar 6: Leading in Partnership

The NHS does not work in isolation and it is essential that we lead in partnership - commensurate with our role as a major teaching, research and tertiary provider – to design and operate the most effective health system for greater Bristol. As the pressure on our hospital services has grown, it has become more essential for all health and social care partners to work in partnership to find solutions.

As part of the NHS's response to the Five Year Forward View, local areas have begun to develop bold plans to meet the challenges set out in the forward view. UH Bristol is leading this collaborative work for Bristol, North Somerset and South Gloucestershire and I am delighted that we have a real opportunity to influence the transformation in health and social care that's required for the long term and which is a condition of our continuing success.

During 2014/15 it was announced that the planned acquisition of Weston Area Health NHS Trust (WAHT) by Taunton and Somerset NHS Foundation Trust (TSFT) would no longer go ahead. Discussions are under way with NHS England, NHS Improvement, local commissioners, local providers and WAHT to establish a programme that will involve the NHS working with local people and stakeholders to develop recommendations for a new sustainable service model for Weston General Hospital. Weston plays a vital part in the health system supporting the residents of North Somerset, many of whom also receive specialist care here in our hospitals. As a Trust we value the significant clinical service links we already have with Weston and we are committed to continuing and developing these for mutual benefit.

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 safely 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;
- Complying with the Care Quality Commission Fundamental Standards 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 BRI redevelopment and notably King Edward Building in 2016.
- 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 2016-17 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 by Q4 2016/17
- Deliver the A&E 4 hour standard recovery trajectory
- Continued compliance with statutory and regulatory requirements and best practice.

3.5 Performance Analysis

In the 2016/17 Operational Plan the Trust declared risks to three of the standards against Monitor's Risk Assessment Framework. The standards (with the service performance score shown in brackets) not forecast to be achieved in one or more quarters were as follows:

- A&E 4-hour waiting standard (1);
- 62-day GP and 62-day Screening cancer standard (combined score of 1); and
- 31 day cancer standard

Although annual performance against the access standards in 2015/16 was similar to that in 2014/15, there were some notable improvements in performance across many of the national standard. These included achievement of the 92% Referral to Treatment (RTT) Incomplete pathways standard at the end of quarter 4, achievement of the 99% national standard for the 6-week diagnostic wait for six of the last seven months of the year, and achievement of the 0.8% national standard for cancellation of operations at last minute for non-clinical reasons, for two quarters in the year.

Review of Quarterly Performance

As planned, the Trust made significant progress during 2015/16 in reducing the number of patients waiting over 18 weeks from Referral to Treatment (RTT). Performance was restored to above the 92% national standard at the end of March 2016. At the start of the year 3,339 patients were waiting over 18 weeks for treatment. By the end of March 2016, the backlog of long waiters had dropped by 29% to 2,397. More than half of this reduction related to patients waiting for an elective procedure, with the number of patients waiting over 18 weeks on an admitted pathway reducing from 1,513 at the end of March 2015 to 937 at the end of March 2016. Demand for outpatient appointments was above plan in 2015/16 for several of the high volume RTT specialties, resulting in slower progress being made during the first half of the year in reducing the number of patients waiting over 18 weeks on non-admitted pathways. The level of activity required to support ongoing achievement of the RTT Incomplete Pathways standard has been agreed with commissioners for 2016/17.

The Trust continued to perform well in 2015/16 against five of the seven core national cancer waiting times standards, achieving the 2-week wait for GP referral for patients with a suspected cancer, the 31 day wait for first definitive treatment, and the three 31-day standards for subsequent treatment (i.e. surgery, drug therapy and radiotherapy) in each quarter in 2015/16. Despite the 62-day GP standard not being achieved in any quarter, performance against the standard improved over quarters 2 and 3, with the 85% standard being met in December 2015 for the first time since June 2014. At the time of writing, the Trust has achieved its improvement trajectory (monthly in quarter 3 and in aggregate for quarter 4), which was agreed as part of a national submission of 62-day GP cancer improvement plans in August 2015. Performance for solely internally managed pathways was above 85 per cent in all quarters in 2015/16.

The three top causes of breaches of the 62-day GP cancer standard were: late referrals from, or pathways delayed by, other providers (36%), medical deferral/clinical diagnostic complexity (18%), and delayed outpatient appointments (10%). Throughout 2015/16, the Trust provided NHS Improvement with a break-down of the causes of breaches of the 62-day standard. The high proportion of breaches outside of the control of the Trust, were taken into consideration in the application of the Green Governance Risk Rating, along with the underlying improvement in performance against the standard across the year.

Delayed outpatient appointments featured as one of the top three causes of breaches of the 62-day GP standard in 2015/16. The main reasons for this were firstly, a capacity constraint within one particular service, which has now been sustainably addressed with the appointment of an additional consultant, and secondly a delayed step in an admin process for another service, which has now been revised to minimise the likelihood of a delay. The main risks to other avoidable causes of pathway delays were addressed in 2015/16 through the development of Ideal Timescale Pathways, with pathways being designed and pre-planned as far as possible around core pathway events such as Multi-Disciplinary Team (MDT) meetings. For some tumour sites this redesign work has taken a week out of the length of a 62-day GP pathway.

The Trust failed to achieve the 62-day referral to treatment standard for patients referred by the national screening programmes in 2015/16. In each quarter of 2015/16 the majority of the breaches of this standard were outside of the Trust's control, including patient choice, medical deferral and breaches at other providers following timely referral. Following the transfer-out of the Avon Breast Screening service, the majority of treatments the Trust reports under this standard are for bowel screening pathways, which nationally performs significantly below the 90% standard. This is largely due to high levels of patient choice to defer diagnostic tests, which continues to be the main cause of breaches of this standard for the Trust.

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. System pressures continued to be evident in 2015/16 with levels of emergency demand at the Bristol Children's Hospital being significantly above plan for the majority of the year. During the first six months of 2015/16, levels of emergency admissions via the Bristol Children's Hospital Emergency Department were 15.2% above the same period in the previous year, reaching typical winter levels in some months. This increase in demand was a significant driver of the Trust's underperformance against the 4-hour standard during the year. Work with the Commissioners to understand the reason for the higher than expected levels of paediatric emergency demand continues.

Following improvements early in 2015/16 the Trust experienced a significant increase during much of the year in the number of medically fit patients whose discharge from the BRI was delayed, with levels at their peak reaching more than double those seen at the start of the year. This was primarily due to a lack of sufficient domiciliary care packages as a result of providers taking time to reach their planned operating capacity, following the recommissioning of these services by Bristol City Council during Quarter 2. An acute shortage of social workers also contributed to the increase in delayed discharges.

The combination of these system pressures on both the adult and paediatric emergency services which led to the repeated failure of the 95% A&E 4-hour standard in 2015/16, were acknowledged by NHS Improvement in its application of a Green Governance Risk Rating.

The Trust cancelled 0.95% of operations on the day of the procedure for non-clinical reasons during 2015/16. The top three causes of last-minute cancellations in 2015/16 were: no ward beds being available (23% of cancellations), emergency patients needing to be prioritised (21%), and no intensive therapy unit (ITU)/high dependency unit (HDU) beds being available (19%). Overall performance in 2015/16 was significantly better than in 2014/15, when 1.08% of operations were cancelled at last-minute. Also in contrast to 2014/15, the Trust met the 0.8% national standard for last-minute cancelled operations in two quarters of 2015/16 (i.e. quarters 2 and 3).

Performance dipped in Quarter 4 2015/16 following two consecutive quarters achievement, due to exceptional pressures on ward and critical care beds arising from heightened levels of emergency

admissions and patient acuity, above that seen in the same period in the previous year. Continued improvements in performance are expected to be delivered in 2016/17 through further focus on ward discharge processes, planned work on pathways for which admissions may be avoided or lengths of stay reduced, and through the commissioner of an independent provider, *Orla Healthcare*, to deliver a community based "virtual ward". The latter service is expected to commence in July 2016 and be fully operational from January 2017 with capacity for 35 patients. This service will not only enable improvements in occupancy as it ramps up, but will also provide Winter flex capacity in quarter 4 when it is typically most needed. This should help to reduce bed occupancy and the risk of cancellation of elective operations during the busiest time of the year.
The table below sets out annual performance against key national standards in 2014/15 and 2015/16. Requirements are shown as per the Monitor Risk Assessment Framework, along with the NHS Constitution.

Table 2: Performance against key national standards in 2014/15 and 2015/16

National Standard	Target	2014/15	2015/16	Additional notes
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	Achieved	Achieved	Achieved in every quarter.
Cancer – 2-week wait (urgent GP referral)	93%	Achieved	Achieved	Achieved in every quarter.
Cancer – 2-week wait (symptomatic breast cancer not initially suspected)	93%	Achieved	Achieved	Achieved in every quarter.
Cancer – 31-day diagnosis to treatment (First treatment)	96%	Achieved	Achieved	Achieved in every quarter.
Cancer – 31-day diagnosis to treatment (subsequent surgery)	94%	Achieved	Achieved	Achieved in every quarter.
Cancer – 31-day diagnosis to treatment (subsequent drug therapy)	98%	Achieved	Achieved	Achieved in every quarter.
Cancer – 31-day diagnosis to treatment (subsequent radiotherapy)	94%	Achieved	Achieved	Achieved in every quarter.
Cancer – 62-day referral to treatment (urgent GP referral)	85%	Not achieved	Not achieved	
Cancer – 62-day referral to treatment (screenings)	90%	Not achieved	Not achieved	
18 weeks referral to treatment – incomplete pathways	92%	Not achieved	Not achieved	Achieved at the end of quarter 4 2015/16.
Number of last minute cancelled operations	0.80%	Not achieved	Not achieved	Achieved in quarters 2 and 3.
28 day readmissions	95%	Not achieved	Not achieved	
Diagnostic waits of 6 weeks	99%	Not achieved	Not achieved	Achieved for six out of the seven last month of 2015/16.

Contractual performance

As part of the 2015/16 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 sepsis and dementia measures; to local goals on end of life care, reduction in alcohol dependence, transition and discharge summaries; and specialised goals including reducing delayed discharge from ICU, neonatal unit term admission, use of Oncotype DX testing, and Hepatitis C data collection.

For 2015/16, the Trust expects to achieve 18 of the CQUIN standards in full and four in part, as follows, subject to final reporting and commissioner confirmation. This level of achievement attracts an estimated financial value of £9.312 million (based on the contract plan), which reflects 95 percent of the funds available. Details of the CQUIN schemes are shown in the table overleaf:

Table 3:

Type	CQUIN detail	Threshold for achievement (and period on which payment is based)	Performance	Achieved
National	Acute Kidney Injury	≥30% (Q2) ≥50% (Q3) ≥90% (Q4)	63% (Q2) 70% (Q3) 95% (Q4)	Yes
	Sepsis Screening	≥20% (Q2) ≥40% (Q3) ≥90% (Q4)	33.3% (Q2) 72% (Q3) 90% (Q4)	Yes
	Sepsis: Antibiotic Administration	≥35% (Q3) ≥90% (Q4)	76.7% (Q3) 76.7% (Q4)	Partial
	Dementia: Case finding (FAIRI)	≥90% for part I & II (Q2 / Q3 / Q4)	Part I 88.8% (Q2) 96.6% (Q3) 94.9% (Q4) Part II 91.8% (Q2) 97.9% (Q3) 96.2% (Q4)	Partial
	Dementia: Staff Training	Milestones	Milestones achieved	Yes
	Dementia: Carers Support	Milestones	Milestones achieved	Yes
Urgent and Emergency Care	Improving Diagnosis Recording in A&E	85% (whole year)	93.5%	Yes
	SHINE	Q4 ≥90% (Part 1) ≥75% (Part 2) ≥70% (Part 3) ≥90% (Part 4)	100% (Part 1) 95.7% (Part 2) 93.9% (Part 3) 100% (Part 4)	Yes
Locally determined non-specialised CQUINs	Reduction in alcohol dependence and planned alcohol withdrawal	Milestones ≥82.5% (Part 1) ≥95% (Part 2)	Milestones achieved 86.7% (Part 1) 100% (Part 2)	Yes
	Discharge Summaries	Timeliness ≥85% (Q2) ≥86% (Q3) ≥87% (Q4) Quality ≥80% (Q2) ≥85% (Q3) ≥90% (Q4)	Timeliness 88.2% (Q2) 88.7% (Q3) 89.8% (Q4) Quality 95.8% (Q2) 100% (Q3) 97% (Q4)	Yes

	Reducing late inter provider cancer referrals	Milestones	Milestones achieved	Yes
	Cancer Treatment Summaries	≥40% (Quarterly)	49.7% (Q2) 55.1% (Q3) 63.8% (Q4)	Yes
	End Of Life	Milestones	Milestones achieved	Yes
	Ask 3 Questions	Milestones	Milestones achieved	Yes
	The Care Act - 'Making Safeguarding Personal'	Milestones	Milestones achieved	Yes
	Care Homes	Milestones	Milestones achieved	Yes
	Organisational Patient Safety Culture	Milestones	Milestones achieved	Yes
	Transition	Milestones	Milestones achieved	Yes
Specialised	BMT: Comorbidity Scoring Of Patients	Milestones	Milestones achieved	Yes
	OncotypeDX	Milestones	Milestones achieved	Yes
	Highly Specialised Services Clinical Outcomes Collaborative Audit Meeting	Milestones	Milestones achieved	Yes
	Hepatitis C	Milestones	Milestones achieved	Yes
	Reduce Delayed Discharge From ICU To Ward Level Care By Improving Bed Management In Wards	≤3.6% (Q2) ≤2.5% (Q3) ≤4.5% (Q4)	2.63% (Q2) 2.69% (Q3) 1.79% (Q4)	Partial
	2 Year Outcomes For Infants <30 Weeks Gestation	≥40% (Quarterly)	72.7% (Q2) 50% (Q3) 100% (Q4)	Yes
	Standardised and Equitable Transition Preparation Across All Patient Groups	Q4 ≥75%	75%	Yes
	Neonatal Unit Admissions	Milestones ≥50% (Q2) ≥70% (Q3) ≥80% (Q4)	Milestones tbc ≥58.2% (Q2) ≥80.8% (Q3) ≥79.7% (Q4)	Partial

Financial performance

University Hospitals Bristol NHS Foundation Trust's financial performance for 2015/16 was particularly strong given the national context. A summary of the key financial performance indicators are as follows:

- Delivery of an income and expenditure surplus of £3.460m before the technical adjustments for profit on sale of asset (net gain of £9.234m), asset revaluation impairment (net loss of £2.124m) and donated income and depreciation of donated assets (net gain of £1.603m) to give a reported income and expenditure surplus of £12.173m
- A Financial Services Risk Rating (FSRR) of 4
- An EBITDA (earnings before interest, tax and depreciation/impairments) of £35.102m (5.85%)
- Achievement of savings of £16.440m
- Expenditure on capital schemes of £23.786m
- A year end cash position of £74.011m
- A strong statement of financial position with net current assets of £30.491m

Further details are given below.

Statement of Comprehensive Income

The Trust reported a surplus before technical items of £3.460m for the year. The annual plan was to achieve a break even position although the forecast was revised in the last quarter of the year to a surplus of £3.5m. The performance against the annual plan is shown in the table below.

Table 4: Statement of Comprehensive Income

Items	Plan for Year	Actual Year ended 31 March 2016	Variance Favourable / (Adverse)
	£ 'm	£ 'm	£ 'm
Income from activities	498.674	507.460	8.786
Income from operations	85.521	92.087	6.566
Total operating income	584.195	599.547	15.352
Staff costs	(344.205)	(356.602)	(12.397)
Other operating expenditure	(207.746)	(207.843)	(0.097)
Total operating expenditure	(551.951)	(564.445)	(12.494)
EBITDA	**32.244**	**35.102**	**2.858**

Depreciation	(20.814)	(20.797)	0.017
Public Dividend Capital dividend	(8.184)	(7.731)	0.453
Interest Receivable	0.150	0.297	0.147
Interest Payable - Loans	(3.088)	(3.089)	(0.001)
Interest Payable - Leases	(0.308)	(0.322)	(0.014)
Net surplus before technical adjustments	**0.000**	**3.460**	**3.460**
Depreciation - Donated Assets	(1.472)	(1.504)	(0.032)
Donations	4.558	3.107	(1.451)
Profit on Asset Disposals	-	9.234	9.234
Net impairments	(4.219)	(2.124)	2.095
Net surplus/ (deficit) for year	**(1.133)**	**12.173**	**13.306**

Statement of Financial Position

The Trust has a healthy statement of financial position which shows net working capital of £19.049 million.

Cash Flow

The Trust ended the year with a cash balance of £74.011m. The cash flow statement in the Annual Accounts shows a £10.486m increase in cash over the year. This is due to the following factors:

Table 5: Cash Flows

	£ 'm
Net cash flow from operating activities	37.011
Sale of assets	14.028
Capital expenditure	(24.567)
Other net cash flows from investing activities	0.946
Capital loan repayments to the Department of Health	(5.834)
Interest payments to the Department of Health in respect of capital loans	(3.138)
Public Dividend Capital dividend payment	(7.394)
Other net cash flows from financing activities	(0.566)
Increase in cash balance 2015/16	**10.486**

Capital

The Trust's planned capital programme for 2015/16 was £40.521m. The Trust's capital programme is managed through the Trust's Capital Programme Steering Group. Monitoring of schemes during the year resulted in planned slippage of £15.426m into 2016/17. In 2015/16 the Trust incurred capital expenditure of £23.786m. Slippage on schemes in progress totalled £1.082m and underspends on completed schemes £0.227m. The Trust required £14.044m less cash than planned as a result of the total slippage into next year.

During the year, the Trust completed on the sale of The Grange and sold the Old Building to a student accommodation provider who will take full possession of the site in October 2016.

The following table provides a summary of the funding and expenditure on capital schemes.

Table 6: Funding and Expenditure on Capital Schemes

	Annual Plan	**Actual**	**Variance** Favourable/ (Adverse)
	£ 'm	£ 'm	£ 'm
Sources of Funding			
Public Dividend Capital	0.305	0.030	(0.275)
Donations	5.161	2.645	(2.516)
Capital Grants	1.090	1.176	0.086
Retained Depreciation	20.771	20.785	0.014
Sale of Property	14.025	14.025	-
Cash balances	(0.831)	(14.875)	(14.044)
Total Funding	**40.521**	**23.786**	**(16.735)**
Expenditure			
Strategic Schemes	(16.390)	(11.358)	5.032
Medical Equipment	(7.970)	(4.046)	3.924
Information Technology	(3.425)	(2.244)	1.181
Roll Over Schemes	(2.222)	(2.298)	(0.076)
Operational / Other	(10.514)	(3.840)	6.674
Total Expenditure	**(40.521)**	**(23.786)**	**16.735**

Savings Programme

The Trust achieved savings of £16.440m in 2015/16. Income generation schemes contributed £3.195m. Reductions in pay costs of £4.663m, drugs costs of £2.271m and clinical supplies costs of £2.852m were achieved. A further £3.459m was saved on non-clinical supplies and other non-pay.

Financial Services Risk Rating

Financial risk is assessed by NHS Improvement using a Financial Services Risk Rating (FSRR). The rating ranges from 1, the most serious risk, to 4, the lowest risk. The rating is designed to reflect the degree of financial concern NHS Improvement have about a provider and the level of regulatory action and intervention they would undertake. The FSSR is the average of four metrics:

- Liquidity - days of operating costs held in cash or cash-equivalent forms.
- Capital Service Cover - the degree to which the Trust's generated income covers its financing obligations, and
- Net surplus/(deficit) margin - the degree to which the organisation is operating at a surplus/(deficit) expressed as a percentage
- Net surplus/(deficit) margin variance from plan - the variance between the Trust's planned I&E margin in its plan and the actual I&E margin in year

For 2015/16, the Trust achieved an overall FSRR of 4 (actual 3.5 which rounds up to 4). The table below sets the Trust's performance against the metrics. The overall rating is a good result and reflects the sound financial position of the organisation.

Table 7: Financial Risk Rating

Financial Criteria	Weighting	Metric Performance	Metric Rating
Liquidity	25%	12.16 (days)	4
Capital servicing capacity	25%	2.05 (times)	3
Income and expenditure margin	25%	0.84%	3
Variance in income and expenditure margin	25%	0.32%	4
Overall rating			**4**

Financial outlook

The financial outlook for 2016/17 is challenging in the context of the NHS as a whole facing a potential overall deficit in 2015/16. The demand for new treatments (particularly Hepatitis – C drugs) and growing activity means the pressure on NHS finances continues in 2016/17 despite additional funding being agreed in the Comprehensive Spending Review.

The Trust is planning a surplus of £14.2m in 2016/17 (before technical items comprising of donated income, depreciation on donated assets, profit/loss on sale of assets, impairments and impairment reversals). The detail of the financial plan is set out in the Resources Report approved by the Trust Board on the 28th of April 2016. However, a simple explanation is that the break-even plan for 2015/16 is supplemented by the receipt of funding called 'Sustainability Funding' of £13m plus the requirement to pay performance fines is waived for Trusts at a net benefit of £1.2m. There are numerous other factors that net off in the overall position.

The Trust continues to operate at the top of end financial performance nationally, but the pressure remains unabated. The surplus of £14.2m is held as cash but the Trust has agreed to not spend the surplus by agreeing to a 'Control Total' surplus for 2016/17 only. This enables

the NHS as a whole to balance its finances, i.e. to offset deficit Trusts elsewhere. The expectation is that this £13m funding will be available permanently from 2017/18 to use for patient care.

The headlines for the 2016/17 financial plan are:

- A planned surplus at £14.2m before technical items (comprising of donated income, depreciation on donated assets, profit/loss on sale of assets, impairments and impairment reversals)
- A planned surplus of £8.3m after technical items (such as donations and impairments)
- A planned cash balance at year end of £70.8m
- A savings programme of £17.4m
- A capital programme of £41.1m with £29.1m expected to be spent in year
- A financial sustainability risk rating of 4

To achieve the financial plan, the following are required:

- Delivery of planned savings for 2016/17
- Conversion of non-recurring savings from 2015/16 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.

3.6 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.

The Trust works closely with the Local Counter Fraud Specialist (LCFS) to implement the NHS Protect national strategy on countering fraud and to ensure the Trust is working with the LCFS 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.

All staff receive fraud awareness training as part of their induction day. Further guidance, which includes details of the Counter Fraud strategy and policy, is also available on the Trust's intranet, along with contact details for the LCFS and the NHS Protect Fraud and Corruption reporting line. Fraud prevention messages are regularly raised via the Trust's communication systems which include posters in workplaces and the dissemination of Counter Fraud newsletters.

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. Reducing these impacts also enables us to address one of our key challenges, which is to maintain and develop the quality of our services, whilst managing with fewer resources.

UH Bristol has revised its sustainable development plan producing a new Big Green Scheme strategy – Care without Costing the Earth: Our vision of sustainable healthcare 2015-2020. Areas for action include the development of sustainable models of care, energy, water, travel, procurement and waste. Having a Board approved strategy is a good way to ensure that we fulfil our commitment to conducting all aspects of our 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.

Deborah Lee, 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.

Our Big Green Scheme staff engagement 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.

The Green Impact awards scheme celebrates, engages and motivates staff to undertake simple actions to deliver multiple benefits for environmental, health & wellbeing, financial and social sustainability. Staff work their way through the simple actions to achieve various awards including the TLC, Bronze, Silver & Gold Awards, all aimed at combining efforts across organisational boundaries to reduce the carbon footprint of the hospitals, lessen our impact on the environment and encourage the positive impact of sustainable behaviours on public health. We have supported the spread of Green Impact this year to North Bristol Trust and out to GP surgeries.

The TLC award part of Green Impact, specifically designed for the clinical areas has been rolled out throughout the Bristol Heart Institute. TLC focusses on **T**urning off unused equipment, switching off **L**ights and **C**losing doors. In the Heart Institute as well as seeing significant savings in 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.

2015 saw Bristol become European Green Capital. The Trust contributed to the year in many ways. This included developing Bristol's Healthy City week through the Green Capital Partnership showing how sustainable living and health are related – contributing to improving the global environment improves health and happiness. Across 10 days, 3000 individuals engaged in over 100 events, talks, taster sessions and workshops including ones held in the Bristol Health Institute atrium and South Bristol Community Hospital. We celebrated NHS sustainability day jointly with North Bristol Trust, Bristol CCG, Community Health and many others. We also hosted a primary school visit to the St Michael's roof solar panels enabling the creation of a national educational resource on renewable energy.

To achieve this we continue with 'spend-to-save' investment projects to reduce our energy consumption across the estate focussing on improving the efficiency and control of lighting, heating and cooling.

Adaptation to climate change is starting to pose a challenge to both service delivery and infrastructure now and into 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 being set out within a strategy on sustainable procurement.

The Trust continues 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.

Winning the 2015 HSJ Environmental and Social Sustainability Award recognises the Trust's partnership working and wider community engagement. The Trust has also received silver accreditation for our Green Travel Plan at the Travelwest-Travel Sustainability awards.

Cost of energy

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. Reducing the amount of energy used in our organisation contributes to this goal. Increasing the amount of electricity the Trust generated efficiently with our combined heat and power engine we reduced our imported electricity consumption, and despite increasing our gas use our energy expenditure has decreased by 9.1 percent in 2015/16 from £4,698,461 to £4,272,272 Other Trust activities include:

- Enhancing the capture of energy from the boiler house chimney, which is now enough to provide all the hot water and heating needs for St Michael's Hospital all year round;
- Installing energy efficient LED lighting replacing older inefficient lamps cuts energy use.
- Redevelopment of the Bristol Royal Infirmary and the new ward block have improved energy efficiency resulting in reduced electricity and steam consumption.

Waste

We recycled 245 tonnes of our waste, this is 27 percent of the total domestic waste we produce. We plan to continue increasing the amount we recycle during 2016/17.

Energy consumption

Our imported electricity consumption had decreased by 13% during the year, from 28,572 MWh to 24,901MWh. This is due to improving energy efficiency and increasing to 26 percent of all our electricity that is produced by our on-site combined heat and power generation. 100% of the electricity we purchase is 'green' electricity.

Carbon emissions

Greenhouse gas emissions from energy used have decreased by 7.3% from 29,541 tCO2e to 27,392 tCO2e this year. This is due to a combination of investment in energy efficiency, staff behaviour change and reduced imports of electricity.

Water consumption

Our water consumption has increased from 233,323 m^3 to 233,697 m^3 in the recent financial year.

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.

Robert Woolley
Chief Executive,
25 May 2016

4. ACCOUNTABILITY REPORT

4.1 Directors' Report

This report is presented in accordance with the Monitor NHS Foundation Trust Annual Reporting Manual 2015/16 published in March 2016. 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.

4.2 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:

Table 8: Members of the Board of Directors

Non-executive Directors	Executive Directors
John Savage – Chairman	Robert Woolley – Chief Executive
Emma Woollett – Vice Chair/ Senior Independent Director	Deborah Lee – Chief Operating Officer and Deputy Chief Executive
Lisa Gardner – Non-executive Director	James Rimmer – Chief Operating Officer (until August 2015)
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	

Biographies of the members of the Board are provided at **Appendix A**.

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 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.

Prompt Payment Code

The Trust is a signatory to the Prompt Payment Code which requires that the Trust should aim to pay 95% of invoices within 60 days and move towards 30 days as a norm. The Trust's performance against the 60 day target is set out in the table below.

Table 9: Performance against prompt payment code

	Year ended 31 March 2016	**Year ended 31 March 2015**
Total invoices paid in the year	165,581	164,267
Total invoices paid within target	157,702	158,657
Percentage of invoices paid within target	95%	97%

(the prompt payment code replaces the better payment practice code reported last year)

The Trust ensures all invoices are properly authorised before being paid. The complexity of services provided by other organisations requires detailed checking of invoices by clinical staff, both in terms of activity and services provided. Clinical staff responsible for the authorisation of invoices prioritise clinical care during periods of resource pressure.

The Trust made no payments from claims made under the Late Payment of Commercial Debts (Interest) Act 1998 in 2015/16 and no other compensation was paid to cover debt recovery cost under this legislation. This was the same position in 2014/15.

Income disclosures as required by Section 43(2A) of the NHS Act 2006

The Trust has complied with the requirements of Section 43(2A) of the NHS Act 2006 in that income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purpose. The levels of other income received by the Trust has had little or no impact upon the Trust's provision of goods and services for the purposes of the health service in England.

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.

4.3 An overview of quality

The Trust's objectives, values, quality and efficiency strategies provide a clear message to all staff that high quality services and excellent patient experience are the first priority for the Trust The Trust's quality strategy has remained focussed on responding to national requirements and delivering our commitment to address aspects of care that matter most to our patients. Which they describe as: keeping them safe; minimising waiting for treatment; being treated as individuals; being involved in decisions about their care; being cared for in a clean and calm environment; receiving appetising and nutritional food and achieving the best clinical outcomes possible for them.

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. The Trust has continued to make progress in the last twelve months to improve the quality of care that we provide to patients and address any known quality concerns.

We have much to be proud of. The Trust's quality improvement programme has shown us what is possible when we have a relentless focus on quality improvement. Healthcare does not stand still. We need to continuously find new and better ways of enhancing value, whilst enabling a better patient experience and improved outcomes. Never has there been a greater need to ensure we get the best value from all that we do.

Patient safety

- In 2014/15 the Trust launched a new three year patient safety improvement programme as our Trust's contribution to the national 'Sign up to Safety campaign'. The national campaign that aims to make the NHS in England the safest healthcare system in the world. The ambition for the NHS in England is to halve avoidable harm in the NHS and save 6,000 lives as a result. Sign up to Safety aims to deliver harm-free care for every patient, every time, everywhere. It champions openness and honesty and supports everyone to improve the safety of patients.

Our programme's overall stated aims are to reduce avoidable harm by 50% and to reduce mortality by a further 10% by 2018. Underpinning the programme are key principles to continually develop an open and transparent culture when things go wrong and a mind-set of continuous improvement, to work with our colleagues in the West of England Patient Safety Collaborative to engage and involve patients in the patient safety agenda and to develop cross system working.

Our specific 'Sign Up To Safety' priorities for 2015/16 and 16/17 and beyond are:

- Early recognition and escalation of deteriorating patients to include early recognition and management of sepsis and acute kidney injury;
- Medicines safety at the point of transfer of care with cross system working with healthcare partners;
- Developing our safety culture to help us work towards, for example, zero tolerance of falls;
- Reducing never events for invasive procedures

Further detail on our performance in relation to patient safety can be found in our Quality Report in **Appendix C**.

Patient experience

Despite increased pressures on hospital services we were pleased that overall patient satisfaction remained very high, at 98 per cent for both our inpatient and outpatient services, and that praise for our staff is still by far the most frequent form of feedback that we receive via our surveys. The work that we have been carrying out in maternity services also delivered a performance in the national maternity survey that saw UH Bristol ranked as the best hospital in the country for women's experiences of care during labour and birth. Our ambition is for all our services to achieve similar levels of recognition. We have used insights from staff, patients, governors and Trust members to guide our choice of quality ambitions for 2016/17, which includes themes around waiting times, cancellations, and more effective communication with patients.

In the last year, we have also launched UH Bristol's Involvement Network as part of a broad and ambitious programme to refresh the way in which we deliver our patient and public involvement work. It is about creating new opportunities for people to have their say about how healthcare is developed and provided at UH Bristol. The Involvement Network builds on the interest that Trust members, Governors, community groups, other patients and carers have shown in taking a more active role in the work of the Trust. Using a hub and spoke model, linking with existing groups and networks, the Involvement Network will grow to represent the diverse communities of interest we serve.

In 2015/16, 1,941 complaints were received by the Trust: an increase of around three percent compared to the previous year. One of our quality objectives for the past year has been to improve the quality of our complaints responses: fewer than ten per cent of complainants have expressed dissatisfaction with our investigation of their concerns. One of our ambitions for the year ahead is to achieve a reduction in communication-related complaints.

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 2015/16 are:

End of Life care pathway

As part of a service development initiative a focus group was held in association with St Peter's Hospice with patients who are on an end of life care pathway. Patients were able to share their experiences of the care they receive from the Trust and suggest ways in which this can be improved.

Face to Face Inpatient Interviews

Our volunteer face to face team have met with Patients who have Cystic Fibrosis on two occasions. Patients shared their experiences of receiving care from the Trust and suggested ways in which both the clinical and non-clinical area can be improved.

Involvement Network

The UH Bristol Involvement Network (IN) is part of a broad and ambitious programme to refresh the way in which we deliver our patient and public involvement work. The IN is about creating new opportunities for people to have their say about how healthcare is developed and provided at UH Bristol. IN members have helped inform the Trust's Quality Priorities for 2016/17 and commented on the quality of information patients receive about outpatient appointments.

Patients and doctors as partners in learning

Patients have taken part in a new initiative whereby they share their patient experiences as part of the ongoing development of Foundation Level 2 doctors.

Patient letters

As part of a service development initiative patients were involved in a "patient letters week" to understand how the quality of patient letters could be improved. A set of standards were agreed with patients and new letters are to be road tested with patients in early 2016/17.

Paediatric Cardiac Surgery

We have continued to work with the families of children who have had cardiac surgery to understand their experience of the care they received. This has resulted in improvements to the process of consent and information about services. This work will continue into 2016/17 and has informed new work to establish a family involvement group for the Paediatric Intensive Care Unit.

Maternity Services

Women at St Michael's Hospital have taken part in conversations about their expectations of the discharge process from our maternity wards. This work will continue in 2016/17 with repeat interviews during which the women will reflect on their actual experience.

In addition the Trust worked with neighbourhood forums, private and third sector partners and local schools in south Bristol to plan and deliver a community event promoting health and well-being at the South Bristol Community Hospital. This included an open doors event at the hospital and an on-site classroom.

Rheumatology and Sleep Unit services

Patients have been working with staff as part of the plans to re-locate services within the Trust in autumn 2016. This has included a "walk through" to identify associated access improvements such as signage, additional seating and enhanced information about vehicle drop of points.

We also take the opportunity each month to share patient stories with our Trust Board. This ensures that Board members understand the impact of the lived experience for a patient and offers the opportunity to reflect on what the experience reveals about our staff, morale and organisational culture, quality of care and the context in which our staff work.

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 provided over 300 students from local schools and colleges with placements across the Trust over the last year. All students are interviewed in order to fully understand their personal aims 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.

This work is further supported through attendance at school career fairs and offering mock interview support for students.

The last year has also seen a highly successful 'NHS Take Over Day' allowing young people from local schools to come into the Trust and shadow a range of staff from a number of professions, giving them insight into how the hospitals run and the range of services provided.

Through Skills for Health, a number of staff ambassadors have been trained how to share their profession / role with young people. As a 'Future You Industry Ambassador' this will empower us as a Trust to inspire, inform and support young people into science, technology, engineering and mathematics (STEM) based careers in industries such as life sciences and healthcare.

The HR Service Centre team this year has actively supported the Bristol HYPE *(*Helping Young People into Employment*)* programme commissioned by Business West offering tailored work placement support to young people struggling to find employment. With personal support from Job Coaches, this has helped the individuals experience working in a team, some basic administrative duties and to gain some confidence in the responsibilities of having a job.

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. 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. For example, 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 and sensitive approach to bereavement.

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'.

No UH Bristol consultant has been identified as an outlier within the clinical outcomes data published by the national Clinical Outcomes Publication during 2015/16.

More detailed information regarding our clinical effectiveness can be found in our Quality Report in **Appendix C**.

Objectives for 2016/17

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 2016/17 were developed following collaboration with our clinical colleagues, partners and a public and membership consultation event to help shape our quality plans. The priorities for 2016/17 can be themed into five key areas, which are:

- Objectives carried forward from 2015/16;
- Improving different aspects of communication;
- Improving responsiveness to patients' needs;
- Maintaining a strong focus on the fundamental need for patient safety; and
- Improving staff experience.

The twelve quality objectives for 2016/17 are as follows:

- Reducing cancelled operations;
- Ensuring patients are treated in the right ward for their clinical condition;
- Improving management of sepsis;
- Improving timeliness of patient discharge;
- Reducing patient-reported in-clinic delays for outpatient appointments, and keeping patients informed about how long they can expect to wait;
- Reducing the number of complaints received where poor communication is identified as a root cause;
- Ensuring public-facing information displayed in our hospitals is relevant, up-to-date, standardised and accessible;
- Ensuring inpatients are kept informed about what the next stage in their treatment and care will be, and when they can expect this to happen;
- Fully implementing the Accessible Information Standard, ensuring that the individual needs of patients with disabilities are identified so that the care they receive is appropriately adjusted;
- Increasing the proportion of patients who tell us that, whilst they were in hospital, we asked them about the quality of care they were receiving;
- Reducing avoidable harm to patients; and
- Improving staff-reported ratings for engagement and satisfaction.

Some of these objectives have been continued from last year as part of Trust's continuous improvement journey. 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

In delivering excellent evidence based care, we recognise that 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.

Our large NIHR infrastructures of the two Biomedical Research Units and the Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC West) are driving forwards the generation of research evidence at the junctions of 'bench to bedside' and 'clinical trial to clinical care'. Health research spans primary and secondary care, the university sector, CCGs, social care and councils aiming to change the delivery of care across the region and the relationships set up with the CLAHRC have been consolidated over the last year.

As host to the NIHR Clinical Research Network: West of England (CRN:WoE) we have worked with the CRN leadership team to support delivery of research across the network region. New roles have been developed within the CRN core team to drive a more networked way of working and focus our limited resources more effectively; looking forwards, this should benefit UH Bristol and the other trusts throughout the network region. Recognising changes in patient pathways the CRN:WoE has committed to investing increased resources in supporting research delivery in Primary Care with the long term intention of offering research to a broader audience across the research network.

Research staff from UHBristol have played a significant part in supporting the delivery of research training within the region. Co-ordinated by the Clinical Research Network: West of England, there are now nine different courses available to research staff in the region, all of which are supported by facilitators from UHBristol. Within the trust Valid Informed Consent for Research workshops have been introduced for non-medical staff involved in recruiting patients, alongside a shortened course for those who support the recruitment process; in excess of 100 people have now been trained.

Our NIHR grant income has risen again over the previous year, reaching £7.2 million in 2015/16. The total value of our NIHR grant income continues to increase year on year, comprising NIHR CLAHRC West, 2 NIHR BRUs, 22 NIHR project or programme grants and 4 NIHR Fellowships.

New grants awarded in 2015/16 were: Mr Paul Barham's HTA trial looking at surgical techniques in oesophagectomy – this is a £2.1 million grant that will run over 5.5 years; Dr Julian Hamilton Shield is working in partnership with the NIHR and industry to investigate ways of managing rare metabolic diseases in children through the i4i funding stream; Dr Sara Voss's NIHR Research for patient benefit grant focusses on Reducing emergency admissions in people with dementia. Notable in 2015/16 has been an increase in collaborations with industrial partners on grants, for example the i4i grant and BreathDX (a small start up company); an SBRI (Small Business Research Initiative) grant, involving Folium optics, to improve patient adherence to medication in patients with heart failure (clinical lead Angus Nightingale) and children (Jacqui Clinch). Our research is underpinned by close collaborations with university partners in Bristol, including our two Biomedical Research Units in Cardiovascular Disease and Nutrition. Late in 2015 the call was announced from NIHR for new Biomedical Research Centres, and UHBristol and University of Bristol are working in close partnership on a bid, the outcome of which will be announced in autumn 2016.

We have continued to perform well in initiating research and recruiting to commercial trials on time and to target, maintaining last year's performance and our position against peer trusts. Supporting our ambition of offering more patients the chance to participate in research, we have continued focussing our efforts on opening more trials in low-recruiting specialties, including respiratory medicine and dermatology. The ability to open more medical specialties has been facilitated by

work done in the division of Medicine in a review of research and staffing as we move towards the relocation of the research unit to more modern accommodation in 2016/17. Alongside this we have updated our departmental processes to accommodate national changes to research approvals and governance systems which were introduced at the end of the year.

We have maintained a significant level of income through collaborative and contract commercial trials, generating £1.8 million in 2015/16.. During 2015/16 we had 154 commercial studies registered, of which 129 were adopted by the NIHR portfolio. For the second year running, several of our principal investigators were recognised for their performance in contributing to industry studies by the NIHR in a celebration of their achievements. One of these was for novel approaches to recruiting patients, in which our research teams worked collaboratively across the divisions of Medicine and Surgery.

4.4 Remuneration Report

Annual Statement on Remuneration

University Hospitals Bristol NHS Foundation Trust has a clear policy in place in respect of Very Senior Managers' (VSM) remuneration. The overarching policy statement is as follows:- 'Levels of remuneration should be sufficient to attract, retain and motivate directors of quality, and with the skills and experience required to lead the NHS Foundation Trust successfully, but an NHS Foundation Trust should avoid paying more than is necessary for this purpose and should consider all relevant and current directions relating to contractual benefits such as pay and redundancy entitlements.' For the purposes of the annual report, the definition of 'VSM' is the Executive Directors of the Board.

The remuneration policy has been reviewed and is in line with the principles contained in the letter from the Secretary of State in respect of VSM Pay dated 2nd June 2015. In this context, there are currently three VSMs employed at the Trust with an annual salary greater than the salary of the Prime Minister. The Trust has, in setting these salaries, taken into account market conditions in the public sector as a whole and the NHS in particular. The Trust is satisfied that having regard to these factors that remuneration to these very senior managers is reasonable and compares favourably with the rest of the public sector.

Full details of the remuneration, salaries, allowances and pensions of Directors are set out in the remuneration tables are set out below. These are also included in Section 6.8 of the Annual Accounts 2015/16 attached at **Appendix D**. Accounting policies for pensions and other retirement benefits (which apply to all employees) are also contained in Note 1 of the Annual Accounts.

The following in the remuneration report have been subject to audit:

- Directors Remuneration tables; and
- Fair pay multiples.

Directors remuneration tables

6.8 Directors remuneration: salaries and allowances for the 12 Months to 31 March 2016	Salary (bands of £5,000)	All pension-related benefits (band of £2,500)	Total (bands of £5,000)
Chair			
John Savage	50-54		50-54
Executive Directors			
Robert Woolley, Chief Executive	190-194	87.5-89.9	275-279
Paul Mapson, Director of Finance and Information	150-154	30.0-32.4	180-184
Sue Donaldson, Director of Workforce and Organisational Development	120-124	32.5-34.9	150-154
Carolyn Mills, Chief Nurse	120-124	45.0-47.4	165-169
Deborah Lee, Director of Strategic Development and Deputy Chief Executive until 30 April 2015 and Chief Operating Officer and Deputy Chief Executive from 1 May 2015	140-144	87.5-89.9	225-229
Sean O'Kelly, Medical Director	195-199	65.0-67.4	260-264
James Rimmer, Chief Operating Officer until 30 April 2015 and Director of Strategy from 1 May 2015 to 2 August 2016	40-44	30.0-32.5	70-74
Anita Randon, Interim Director of Strategy from 3 August 2015 to 27 January 2016	100-104	n/a	100-104
Non-Executive Directors			
Emma Woollett	20-24		20-24
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	10-14		10-14
Julian Dennis	10-14		10-14

6.9 Directors remuneration: salaries and allowances for the 12 Months to 31 March 2015	Salary (bands of £5,000)	All pension-related benefits (band of £2,500)	Total (bands of £5,000)
Chair			
John Savage	50-54		50-54
Executive Directors			
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
Non-Executive Directors			
Emma Woollett	15-19		15-19
Kelvin Blake (left 31/10/2014)	5-9		5-9
Iain Fairbairn (left 31/05/2014)	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

6.10 Pension benefits for the year ended 31 March 2016

Name and title	Real increase in pension at pension age at 31 March 2016 (bands of £2,500)	Real increase in lump sum at pension age at 31 March 2016 (bands of £2,500)	Total accrued pension at pension age at 31 March 2016 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2016 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2016 £000	Cash Equivalent Transfer Value at 31 March 2015 £000	Real Increase in Cash Equivalent Transfer Value £000	Employer funded contribution to growth in CETV £000
Robert Woolley, Chief Executive	2.5-4.9	10-12.4	55-59	165-169	1,159	1,069	84	42
Paul Mapson, Director of Finance and Information	0-2.4	2.5-4.9	65-69	205-209	n/a	1,595	n/a	n/a
Sue Donaldson, Director of Workforce and Organisational Development	0-2.4	2.5-4.9	15-19	50-54	330	298	30	15
Carolyn Mills, Chief Nurse	0-2.4	5.0-7.4	45-49	140-144	842	798	40	20
Deborah Lee, Director of Strategic Development and Deputy Chief Executive until 30 April 2015 and Chief Operating Officer and Deputy Chief Executive from 1 May 2015	2.5-4.9	10.0-12.4	25-29	85-89	553	477	73	36
Sean O'Kelly, Medical Director	2.5-4.9	7.5-9.9	60-64	190-194	1,289	1,221	62	31
James Rimmer, Chief Operating Officer until 30 April 2015 and Director of Strategy from 1 May 2015 to 2 August 2016	0-2.4	2.5-4.9	40-44	125-129	739	666	23	12

This table includes details for the directors who held office at any time in 2015/16.
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.
On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report.
Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

6.11 Pension benefits for the year ended 31 March 2015

Name and title	Real increase in pension at pension age at 31 March 2015	Real increase in lump sum at pension age at 31 March 2015	Total accrued pension at pension age at 31 March 2015	Lump sum at pension age 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.

Signed ……
Robert Woolley, Chief Executive

Senior Manager's Remuneration Policy

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. For statement of Accounting Officers responsibilities – see page 48 of the Annual Accounts.

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 Senior Independent Director of the Trust. Full details of membership, the dates of meetings during the financial year and attendance of members are included on page 65.

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 line with the Trust's remuneration policy, a VSM will be appointed as a Director and member of the Trust Board of Directors by the Remuneration and Nominations Committee of the Board.

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 policy in respect of VSM pay, national pay awards, comparable employers, national economic factors and the remuneration of other members of the Trust's staff.

Fair pay multiple

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 2015/16 was £195k-£200k. This was 6.9 times the median remuneration of the workforce, which was £28,750. In 2015/16, no employees received remuneration in excess of the highest-paid director. Remuneration ranged from £15.1k to £189.0k.

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 2015/16.

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.

Signed ……..
Robert Woolley
Chief Executive

5. STAFF REPORT

5.1 Workforce Overview

We recognise our workforce is our most valuable asset and have developed a clear Workforce and Organisational Development Strategy. Our aim is 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 our strategy 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.

5.2 Average staff numbers

An analysis of the average staff numbers employed by the Trust for 2015/16 is shown in the table below. The information uses the categories required by the Foundation Trust Consolidation Forms (FTCs) and distinguishes between staff with a permanent employment contract with the Trust and other staff such as bank staff, agency staff and inward secondments from other organisations where the Trust is paying the whole or the majority of their costs.

Table 10: Average Staff Numbers (figures have been subject to audit)

Staff category	Permanent	Other	Total
Medical and dental	1,008	94	1,102
Administration and estates	1,604	11	1,615
Healthcare assistant and other support	728	-	728
Nursing, midwifery & health visitors	2,900	8	2,908
Scientific, therapeutic and technical	1,089	21	1,110
Healthcare science staff	158	-	158
Agency and contract	-	161	161
Bank	-	370	370
Total staff	**7,487**	**665**	**8,152**

5.3 Education, Learning and Development

We are committed to high quality Education, Learning and Development to support the teaching of all staff groups including undergraduates, postgraduates, clinical and non-clinical to aid their lifelong learning and development.

Our vision is to *"enable our staff to deliver exceptional patient care through our excellence in education and our culture of continuous 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; a preceptorship programme; simulation training programmes, workshops, conferences, seminars and e-Learning to keep professionals up to date with the latest clinical developments and patient safety matters.

We are increasing apprenticeship opportunities extensively to support the Health Education England: Widening Participation (Band 1-4) and Talent for Care Strategies. This; along with the Qualifications Credit Framework, results in the Trust providing a wide range of training and learning opportunities for non-clinical members of staff. There are extensive continuous professional development opportunities 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 the Deanery, University of Bristol and University of West of England, City of Bristol College, North Bristol NHS Trust and other NHS organisations. Cross-sector work is underway with the support of Health Education Southwest to introduce new roles to prepare staff to work across different care settings to meet patient needs. Further education partnerships are being strengthened, including collaborative working with the clinical commissioning groups and with 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.

5.4 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.

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.

The Trust values the role and contribution both Trade Unions and Professional Associations make in supporting and representing the Trust's workforce; and their active participation in partnership working across the Trust. Regular consultation with staff takes place through both informal and formal groups, including the Partnership Forum, Policy 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 Board of Directors on behalf of their staff constituents to ensure that the Board remains focussed on staff issues on the frontline.

5.5 NHS staff survey

The Trust takes part in the Annual National Staff Survey and subsequently develops action plans to improve staff experience and engagement. For the second consecutive year, questionnaires were sent to all substantively employed staff across the Trust. The response rate to the National Staff Survey was 44 per cent which is above average for acute Trusts in England.

Summary of performance/key findings from staff survey

The 2015 staff survey results are positive in some areas and the overall engagement score has improved year on year. Staff are indicating that their experience of support and communication from managers is improving; that they feel more motivated at work and that the incidence of work related stress is reducing. However, staff have identified that we still have areas that require considerable improvement if we are to achieve our ambition of being one of the best teaching hospitals to work for.

Top ranking scores for the Trust in 2015

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:

Table 11: Top Five Scores

	2015		2014		
Top 5 Ranking Scores	**Trust**	**National Average for Acute Trusts**	**Trust**	**National Average for Acute Trusts**	**Trust Improvement/ Deterioration since 2014**
% of staff experiencing physical violence from patients, relatives or the public in last 12 months *(the lower the score the better)*	13%	14%	14%	14%	Decrease (improvement) of 1%
Staff recommendation of the organisation as a place to work or receive treatment *(the higher the score the better)*	3.80	3.76	3.68	3.67	Increase (improvement) of 0.12
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months *(the lower the score the better)*	28%	28%	29%	29%	Decrease (improvement) of 1%
% of staff reporting errors, near misses or incidents witnessed in the last month *(the higher the score the better)*	90%	90%	91%	90%	Decrease (deterioration) of 1%
% of staff/colleagues reporting most recent experience of violence *(the higher the score the better)*	53%	53%	53%	*	Identical score

* *This Key Finding is new for 2015, and covers an aspect of the survey that was not previously addressed by any Key Finding. The 2014 figure has been newly calculated for historical comparison.*

Bottom ranking scores for the Trust in 2015

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:

Table 12: Bottom Five Scores

	2015		2014		
Bottom 5 Ranking Scores	***Trust***	***National Average for Acute Trusts***	***Trust***	***National Average for Acute Trusts***	**Trust Improvement/ Deterioration since 2014**
Effective team working *(the higher the score the better)*	3.67	3.73	Because of changes to the format of the survey questions this year, comparisons with the 2014 score are not possible		
Staff motivation at work *(the higher the score the better)*	3.86	3.94	3.77	3.86	Increase (improvement) of 0.9
% of staff satisfied with the opportunities for flexible working patterns *(the higher the score the better)*	45%	49%	This was a new question in 2015		
Staff satisfaction with the quality of work and patient care they are able to deliver *(the higher the score the better)*	3.86	3.93	Because of changes to the format of the survey questions this year, comparisons with the 2014 score are not possible.		
% of staff witnessing potentially harmful errors, near misses or incidents in last month *(the lower the score the better)*	34%	31%	39%	34%	Decrease (improvement) of 5%

Key areas for improvement

The Trust recognises that it needs to continuously engage and listen to its workforce and seeks to respond to suggested areas for improvement. 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.

During 2015 – 2016 a series of listening events were held with staff across the Trust to further understand what would make a difference to their experience of working at UH Bristol. As a result of these events we are placing a greater emphasis on:-

- **Visible leadership** – managers and leaders getting out and about more and being approachable
- **Effective communication** – ensuring good team briefing and two-way interaction
- **Local decision making**
- **Promoting behaviours consistent with our values**

This work will continue during 2016 as we endeavour to make further improvements, particularly in the areas of team working; and developing our managers and leaders.

5.6 Improving Team Working

The Trust is working with Aston Organisational Development to develop 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. The Trust is currently piloting this approach and will review the findings from the teams involved in the pilot to develop an approach to future roll-out.

5.7 Development and Leadership

In addition to the wide range of training, development courses and opportunities offered by the Trust, there has been a focus on the development of a collective leadership culture through the development of monthly Leadership Masterclasses based around the NHS leadership healthcare model. The Trust has also focused on a targeted marketing approach to leadership development which has resulted in nearly 1,000 staff accessing one of the Leadership and Management interventions in the last year. We are working with stakeholders to further develop our leadership development offer to support and underpin the experience of our staff in the Trust; this includes leadership competencies along with an improved approach to appraisals.

5.8 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. The Trust's Tackling Bullying & Harassment at Work Policy seeks to address all complaints in a fair and consistent way, ensuring ease of access to resolution and protection against victimisation and discrimination.

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.

5.9 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 produced, in partnership with key stakeholders, including staff side.

5.10 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.

5.11 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 supported by the Executive team has been introduced for those staff that 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 Chief Executive holds a quarterly briefing meeting for senior divisional and corporate leaders, which operates as the top level of the communication framework, supported by local arrangements in the division. 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.

5.12 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. These commitments are set out in the Trust's Equality, Diversity and Human Rights Policy.

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 Group.

The Equality and Diversity Group is the Trust's key group in relation to all operational and strategic matters relating to Equality and Diversity. The Group aims to ensure the mainstreaming of equalities in all of the Trust's activities and that the Trust is compliant with all supporting legislation relating to Equality and Diversity.

Statement of compliance with publication duties

The general public sector duties described by the Equality Act 2010 requires the Trust to publish a range of equality information.

Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) required, for the first time, NHS organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the levels of Black and Minority Ethnic Board representation. The Trust is required to implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing the Standard. The Trust published its first report showing progress against the metrics of the WRES in July 2015.

The NHS Equality Delivery System

The Equality Delivery System (EDS2) is a toolkit, which aims to help organisations improve the services they provide for their local communities and provide better working environments for all groups. Evidence of the Trust's performance across the outcomes of the NHS Equality Delivery System (EDS2) is being collected from a range of sources. Findings from the Care Quality Commission scheduled inspections are helpful in demonstrating compliance with elements of the Equality Delivery System 2, as is the Trust's Quality Report.

The WRES Standard and the EDS2 are for the first time included in the 2015/16 Standard NHS Contract. The regulators, the Care Quality Commission (CQC), NHS Improvement and Monitor, will use both standards to help assess whether NHS organisations are well-led.

The Accessible Information Standard

The Accessible Information Standard (AIS) directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. The Trust is working towards full implementation by the end of July 2016.

Patient and public involvement activities during 2015/2016 reflect the Trust's commitment to improving patient access and experience. A major initiative is the UH Bristol Involvement Network (IN) - part of a broad and ambitious programme to refresh the way in which the Trust delivers patient and public involvement work. The Involvement Network builds on the interest Trust members, Governors, community groups, other patients and carers have already shown by taking a more active role in the work of the Trust. It is hoped that by engaging existing groups and networks the Involvement Network will grow to represent the diverse communities of interest the Trust serves.

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. The Trust is also developing a new on-line learning package to deliver additional training.

Equality and diversity in the workplace

The Trust understands its obligations to ensure equality of access to employment and to training. Recruitment procedures are aligned with the Equality Act's requirements for good practice and the national NHS Employment Check Standards. These are reflected in the Trust's Recruitment Policy.

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, a Living and Working with a Disability, Illness or Injury Staff Forum, and an LGBT Forum. Members of each of these staff groups play an integral part in the Trust's Equality & Diversity Group.

Analysis of staff diversity profile

The Trust's annual statutory monitoring of workforce and patient data reflects information as at January 2016. Some of the key workforce data is given in the tables below. This data applies to staff with a permanent employment contract with the Trust. Additional information is provided in the Trust's Equality & Diversity Annual Report and the Workforce Race Equality Standard Report – both of which are updated in July.

Table 13: Staff with permanent contract

	January 2016	
Gender – All staff with a permanent employment contract	**Total**	**%**
Male	2,011	22.58%
Female	6,896	77.42%
TOTAL	8,907	100.00%

Table 13a: Directors by Gender

	January 2016	
Gender – Directors (Executive and non-Executive)	**Total**	**%**
Male	8	53.33%
Female	7	46.67%
TOTAL	15	100.00%

Table 13b: Senior Managers by Gender

	January 2016	
Gender – Other Senior Managers *	**Total**	**%**
Male	7	43.75%
Female	9	56.25%
TOTAL	16	100.00%

***** for the purposes of the Staff section of the report, Senior Managers are defined as Divisional Directors, Clinical Chairs and Heads of Nursing for the Trust's Divisions

Table 14: Ethinicity

	January 2016	
Ethnicity	**Total**	**%**
A - White - British	6,750	75.78%
B - White - Irish	108	1.21%
C - White - Any other White background	618	6.94%
D - Mixed - White & Black Caribbean	40	0.45%
E - Mixed - White & Black African	23	0.26%
F - Mixed - White & Asian	26	0.29%
G - Mixed - Any other mixed background	57	0.64%
H - Asian or Asian British - Indian	351	3.94%
J - Asian or Asian British - Pakistani	39	0.44%
K - Asian or Asian British - Bangladeshi	9	0.10%
L - Asian or Asian British - Any other Asian background	101	1.13%
M - Black or Black British - Caribbean	155	1.74%
N - Black or Black British - African	208	2.34%
P - Black or Black British - Any other Black background	78	0.88%
R – Chinese	38	0.43%
S - Any Other Ethnic Group	197	2.21%
Z - Not Stated	109	1.22%
TOTAL	8,907	100.00%

Table 15 : Disability

	January 2016	
Disability	**Total**	**%**
No	8,291	93.08%
Not Declared	363	4.08%
Undefined	0	0.00%
Yes	253	2.84%
Total	8,907	100.00%

Table 16: Age Profile

	January 2016	
Age Profile	**Total**	**%**
16 – 20	94	1.06%
21 – 25	861	9.67%
26 – 30	1,284	14.42%
31 – 35	1,289	14.47%
36 – 40	1,172	13.16%
41 - 45	1,054	11.83%
46 – 50	989	11.10%
51 – 55	1,028	11.54%
56 – 60	761	8.54%
61 – 65	295	3.31%
66 – 70	62	0.70%
71 - 77	18	0.20%
Total	8,907	100.00%

Table 17: Religious Belief

	January 2016	
Religious Belief	**Total**	**%**
Atheism	1,088	12.22%
Buddhism	47	0.53%
Christianity	3,542	39.77%
Hinduism	102	1.15%
Islam	155	1.74%
Jainism	3	0.03%
Judaism	6	0.07%
Sikhism	18	0.20%
Other	523	5.87%
I do not wish to disclose my religion/belief / undefined	3,423	38.42%
Total	8,907	100.00%

Table 18: Sexual Orientation

	January 2016	
Sexual Orientation	**Total**	**%**
Bisexual	37	0.42%
Gay	54	0.61%
Heterosexual	5,981	67.15%
Lesbian	35	0.39%
I do not wish to disclose my sexual orientation / undefined	2,800	30.92%
TOTAL	8,907	100.00%

5.13 Occupational Health Service

The Trust hosts Avon Partnership NHS Occupational Health Service (APOHS) 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. 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. APOHS is also providing "Health MOTs" for staff across the Trust, funded by Above and Beyond. The APOHS website is currently being updated to provide increased support Trust staff, managers and the wider community with advice and support about health and work.

5.14 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. These models include not only health, safety and welfare but wellbeing for example in terms of absence management due to work related issues.

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. This includes physical and psychological hazards as well as the broader environmental risk assessments. 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 who this year have amended their question set to audit staff health and wellbeing as well. This is monitored at Trust Health and Safety/Fire Safety Committee with summary reports to the Risk Management Group. This year we achieved an improvement from 4 star (very good) in 2014, to a 5 star (excellent) rating out of a possible 5 stars. 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 includes all risk management training programmes. This is monitored by the Trust Health and Safety/ Fire Safety Committee for compliance each quarter.

5.15 Sickness absence

The table below shows sickness for the calendar year ending March 2016. 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).

Table 19 : Sickness Absence

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 2015/16	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
4.2%	7,643* THIS IS OUR FIGURE, ie, the average employees in the last 12 months	2,758,267	116,268	9.5

5.16 Expenditure on Consultancy

Consultancy is defined as the provision to management of objective advice and assistance relating to strategy, structure, management or operations of an organisation in pursuit of its purposes and objectives. Such assistance will be provided outside the business as usual environment. For 2015/16 the Trust's expenditure on consultancy was £0.625m (2014/15:£0.542m).

5.17 Off payroll arrangements

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 the Trust always includes contractual clauses allowing assurance to be sought 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 Trust Board level for exceptional operational reasons. Officers with significant financial responsibility are defined by the Trust as divisional board members or trust services directors.

The following tables provide information regarding 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 2015/16.

Table 20: All off-payroll engagements as of 31 March 2016, for more than £220 per day and that last for longer than six months

No. of existing engagements as of 31 March 2016	11
Of which…	
No. that have existed for less than one year at time of reporting.	10
No. that have existed for between one and two years at time of reporting.	1
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 engagements, outlined above, have all been subject to the Trust's standard process including the HRMC self-employment check, letter of engagement and contract seeking assurance as to their income tax and national insurance obligations.

Table 21: All new off-payroll engagements, or those that reached six months in duration, between 1st April 2015 and 31 March 2016, 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 2015 and 31 March 2016.	25
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.	25
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 22: Any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1st April 2015 and 31 March 2016

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	2
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.	30

The two off-payroll engagements of board members/senior officials with significant financial responsibility related to the following posts, and the exceptional circumstances that led to each of these engagements are described below.

1) **Director of Strategy and Transformation**
   The external secondment of the substantive post-holder necessitated the appointment of an Interim Director of Strategy and Transformation for the period 3rd August 2015 to 27th January 2016. During this period the secondee was substantively appointed by another NHS Trust and University Hospitals Bristol NHS Foundation Trust was successful in appointing a substantive replacement who started in the role in April 2016.

2) **Divisional Director - Surgery, Head and Neck**
   A number of unsuccessful attempts to recruit to this crucial post substantively necessitated the appointment of an interim senior officer via an 'off-payroll' engagement. This gave time for the market to evolve. The interim engagement covered the period 6th July 2015 to 31st December 2015. This enabled the Trust to successfully appoint a substantive replacement who started in the role in January 2016.

Exit Packages (figures have been subject to audit)

The table below shows the number and cost of staff exit packages (termination benefits) in 2015/16. 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.

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	1 (1)	1 (2)	2 (3)
£10,000 - £25,000	0 (1)	3 (3)	3 (4)
£25,001 - £50,000	1 (1)	1 (3)	2 (4)
Over £50,000	0 (0)	0 (0)	0 (0)
Total number of exit packages by type	2 (3)	5 (8)	7 (11)
Total resources cost (£'000)	47 (59)	101 (185)	148 (244)

Comparative figures for 2014/15 are shown in brackets.

An analysis of the non-compulsory departures agreed is as follows:

	2015/16 Number	2015/16 £'000	2014/15 Number	2014/15 £'000
Voluntary redundancies including early retirement contractual costs	1	23	-	-
Mutually agreed resignation contractual costs (MARS)	4	78	7	170
Non-contractual payments requiring HMT approval	-	-	1	15
Total	5	101	8	185

There were no non-contractual payments made with a value greater than 12 months of the individual's salary in either year.

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 University Hospitals NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Board considers that it was fully compliant with the provisions of the Code in 2015/16, 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.

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, the Council of Governors and their committees;
- Role descriptions;
- Codes of conduct for staff, directors and governors;
- Annual declarations of interest; and
- Annual Governance Statement.

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 21 and 22.

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 have faced significant challenges, financial and operational, in 2015/16. Good governance is essential if we are to continue providing safe, sustainable and high quality care for patients.

Changes in the Care Quality Commission's regulatory regime, and to Monitor's routine oversight of NHS providers following publication of the Francis Report have provided a further challenge to the operation of the NHS Foundation Trusts. 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 four domains, ten 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 was received in July 2015 and the Trust has implemented an action plan to address the recommendations set out in the report.

The Board has undertaken a significant amount of work over the past year to improve its approach to quality governance. 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.

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.

The table overleaf 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.

Table 23: Non- Executive Directors Term of Office

Non-executive Directors	Appointment	End of 1st Term of Office	End of 2nd Term of Office	End of 3rd Term of Office
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	30 November 2017 (subject to annual review)
Lisa Gardner – Non-executive Director	01 June 2008	31 May 2011	31 May 2014	31 May 2017 (subject to annual review)
Anthony (Guy) Orpen – Non-executive Director	02 May 2012	01 May 2015	01 May 2018	N/A
John Moore – Non-executive Director	01 January 2011	31 December 2014	31 December 2017	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	28 November 2013	27 November 2016	N/A	N/A
Jill Youds – Non-executive Director	1st November 2014	31st October 2017	N/A	N/A
*Julian Dennis – Non-executive Observer	28 November 2013	27 November 2016	N/A	N/A
Julian Dennis – Non-executive Director	1st June 2014	31st May 2017	N/A	N/A

* 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:

Table 24: Executive Directors

Executive Directors	Appointment	End of Term of Office	Notice Period
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, Chief Operating Officer/Deputy Chief Executive	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	Resigned August 2015	N/A
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

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 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 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 ten 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 23 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.

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 2015/16 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 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.

(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, Chief Operating Officer/Deputy Chief Executive, 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 2015/16, 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 (PwC) 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. The existing contract expired on 30th June 2015. The Audit Committee discussed the work undertaken by the External Auditors and agreed an overall positive view regarding their performance. Therefore, a recommendation was submitted to the Council of Governors in April 2015 to extend the contract for External Audit services by a further period of 12 months which was confirmed. The extension expires on 30 June 2016 and the Council of Governors will oversee a tendering exercise for the appointment of External Auditors going forward.

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 2015/16:

- 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 by 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 of 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 twelve 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 2015/16, 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 has received 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 review has led 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 twelve 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 2015/16 in twelve 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.

Table 25: Board and Sub-Committee Attendance 2015/16

	Trust Board of Directors	Remuneration & Nomination Committee	Audit Committee	Quality & Outcomes Committee	Finance Committee
Number of meetings	**10**	**5**	**5**	**12**	**12**
Chairman					
John Savage	C7	2	1	7	9
Chief Executive					
Robert Woolley	9	5	2	0	12
Non-executive Directors					
Emma Woollett	8(C3)	C5	5	5	5
Lisa Gardner	10	5	5	0	C10
John Moore	8	5	C5	1	0
Anthony (Guy) Orpen	9	2	0	0	0
Alison Ryan	9	3	4	C12	0
David Armstrong	9	4	0	3	9
Jill Youds	7	4	0	7	11(C2)
Julian Dennis	8	4	4	11	11
Executive Directors					
Paul Mapson	10	0	4	0	11
Deborah Lee	9	0	2	8	8
Sean O'Kelly	9	0	1	11	0
James Rimmer (to August 2015)	4	0	1	1	2
Carolyn Mills	8	0	1	10	1
Sue Donaldson	7	3	0	8	4

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.

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 was completed in July 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; the Trust's annual Quality Report; 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' focus 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. The structure of the agenda for the meeting of the Council of Governors allows time for governors' questions and discussion. This is 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.

At the Council meeting in April 2015 the group approved the recommendation to extend the contract of the External Auditors, PWC, by a period of 12 months as of 1st July 2015.

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

Following review in the previous year, the Nominations and Appointments Committee has continued to follow a new process for appraisal / annual review of performance for individual Non-Executive Directors and the Chairman. This involves 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. The Council of Governors have fed-back that they find this to be a more robust and comprehensive method of reviewing the performance annually of Non-Executive Directors. The Chairman supports their statutory duty to hold the Non-Executive Directors individually and collectively to account.

Through the course of the year the Committee received and discussed the Chairman's appraisal paperwork and agreed to continue to support him and formally recommend that his appointment be continued subject to annual review in line with the Monitor Code of Governance. In July the Committee reviewed the activity of the Chairman and Non-executive Directors over the past six months, and the appraisal papers for Emma Woollett and Guy Orpen. They agreed to support Emma Wollett continuing appointment in her third term of office and formally proposed a recommendation to the full Council to continue her appointment as Non-executive Director and Senior Independent Director subject to the annual review in line with the Monitor Code of Governance. The committee agreed to recommend to the Council of Governors the re-appointment of Guy Orpen for a second term of office as Non-executive Director.

To ensure ongoing improvement to the process, in September 2015 the Committee received a report containing proposed revisions to succession planning and recruitment of the Chairman and Non-executive Directors. It formally incorporated the proposal to continue with the appointment of Non-executive Observers as the basis for improved succession planning.

The Committee agreed to recommend the extension of Emma Woollett's term of office for a further period of six months to end 30 November 2017 so that end of the terms of office of the Chairman and Vice-Chair would not coincide, and noted appraisal papers for Lisa Gardner, John Moore, David Armstrong, Alison Ryan, Jill Youds and Julian Dennis. They formally proposed a recommendation to the full Council to continue Lisa Gardner's appointment as Non-executive Director for a third term of office subject to the annual review as outlined in Monitor's Code of Governance.

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.

Table 26: Council of Governors and Sub-Committee Attendance 2015/16

	Council of Governors	Governors Nominations and Appointments Committee
Number of meetings	**4**	**5**
Chairman		
John Savage	**C4(4)**	**C3(5)**
Governors		
Public South Gloucestershire		
Pauline Beddoes	2(4)	0(0)
Tony Tanner	2(4)	0(0)
Public North Somerset		
Graham Briscoe	1(4)	0(0)
Clive Hamilton	4(4)	0(0)
Public Bristol		
Bob Bennett	3(4)	0(0)
Sylvia Townsend	3(4)	0(0)
Brenda Rowe	2(4)	0(0)
Mo Schiller	4(4)	5(5)
Sue Silvey	3(4)	4(5)
Public (Rest of England and Wales)		
Mani Chauhan (until 23/10/15)	0(2)	0(0)
Tony Rance	1(4)	0(0)
Local Patient Governors who live in Bristol, North Somerset and South Gloucestershire		
Edmund Brooks	2(4)	0(0)
Angelo Micciche	4(4)	3(3)
Ray Phipps	3(4)	0(0)
Anne Skinner	3(4)	3(5)
John Steeds	4(4)	4(5)
Pam Yabsley	4(4)	3(5)
Carers of patients 16 years and over		
Wendy Gregory	3(4)	3(5)
Sue Milestone	2(4)	0(0)
Carers of patients under 16 years		

	Council of Governors	Governors Nominations and Appointments Committee
Philip Mackie	2(4)	2(5)
Lorna Watson	3(4)	0(0)
Staff Non-clinical Healthcare Professional		
Karen Stevens	4(4)	0(0)
Nick Marsh (until 4/11/15)	0(3)	0(0)
Staff Other Clinical Healthcare Professional		
Thomas Davies	3(4)	0(0)
Staff Medical and Dental		
Ian Davies	2(4)	2(5)
Staff Nursing and Midwifery		
Florene Jordan	4(4)	3(5)
Ben Trumper	4(4)	0(0)
Appointed Governors		
Marc Griffiths	0(4)	0(5)
Tim Peters	2(4)	0(0)
Bill Payne	3(4)	0(0)
Sue Hall	3(4)	0(0)
Jim Petter	0(4)	0(0)
Jeanette Jones	3(4)	3(5)
Julia Lee (from 1/9/2015	1(2)	0(0)
Isla Phillips (from 1/9/2015)	1(2)	0(0)
Non-Executive Directors		
Emma Woollett	2(0)	C1(0)
Lisa Gardner	2(0)	0(0)
John Moore	1(0)	0(0)
Guy Orpen	3(0)	0(0)
Alison Ryan	4(0)	0(0)
David Armstrong	2(0)	0(0)
Julian Dennis	3(0)	C1(0)
Jill Youds	0(0)	0(0)
Executive Directors		
Robert Woolley	4(0)	0(0)
Deborah Lee	4(0)	0(0)
James Rimmer (until 31/7/15)	2(0)	0(0)
Anita Randon (26/7/15 – 26/1/16)	1(0)	0(0)
Sean O'Kelly	4(0)	0(0)

	Council of Governors	Governors Nominations and Appointments Committee
Paul Mapson	2(0)	0(0)
Sue Donaldson	3(0)	0(0)
Carolyn Mills	3(0)	0(0)

Meetings of the Governors' Focus Groups

The Governors' Focus Groups continued to meet through the year, going 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. To improve the opportunity for governors to engage with Non-executive Directors, each Focus Group now also has a nominated Non-executive lead, who attends to provide a working link to the Trust Board Sub-Committees and to allow governors to hold the Non-executive team to account. This move has been well received by governors, and supported by the Non-executive group.

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. In the coming year each group will commence from 1st June with a new Governor Lead who has been nominated and ratified by the Council as a whole.

Performance & Development of the Council of Governors

Continued focus has been 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. For example, the Non-executive Directors now jointly chair the meeting of the Chairman and Non-executive Directors Counsel, which allows for open discussion at regular intervals throughout the year.

The Governor Development Seminars continued to form an important part of the programme of development for governors, topics covered in seminars this year have included:

- The approach being taken to support the Workforce and Organisational Development agenda in the Trust.
- Updates on strategy from leads in Research and Innovation and Information Management & Technology.
- Training for governors on accountability, effective questioning and representing members
- An update following the Trust's Well Led Review.

The programme for Governor Development Seminars for the year ahead is being developed with governors to ensure topics relate to key themes from across the Trust and are in response to areas outlined by governors for which they require further information and understanding. 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.

The Constitution of the Trust

Following a full review of the Trust's Constitution in the previous year, there were no further amendments in the period. The Constitution will be subject to a review in the year ahead, led by the Trust Secretary and supported by the Constitution Focus Group.

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 continued decline in public and patient membership numbers in the year. Work in the year has undertaken to increase member numbers and to improve engagement opportunities with members. This will continue in the coming year, and the Membership Team will work with colleagues internally and externally to achieve this, such as those leading on Patient and Public Involvement in the Trust.

Membership size and variations

Membership numbers have seen a change in 2015/16. Our public and patient membership totalled 11,021 and staff membership at 10,868. The combined membership at 31 March 2016 stands at 21,889. It should be noted that the growth is in staff members follows the staff constituency running on an opt-out basis. Removals to the membership database will have included members who have moved out of the catchment area or who were deceased, along with any members who requested to be removed.

The changes in membership during 2015/16 are shown in the table below:

Table 27: Members of the Foundation Trust

	2015/16 (actual)
Public constituency	
At year start (1 Apr 2015)	6,464
New members	54
Members leaving	134
At year end (31 March 2016)	6,386
Patient constituency	
At year start (1 Apr 2015)	4,763
New members	29
Members leaving	157
At year end (31 March 2016)	4,635
Staff constituency	
At year start (1 Apr 2015)	10,385
New members	2,398
Members leaving	1,915
At year end (31 March 2016)	10,868

Analysis of current membership

The profile of the Trust's membership at the end of March 2016 is shown in the table below:

Table 28:Analysis of current membership

Constituency	Number of members	Eligible membership
Public constituency		
Age (years)		
0-16	238	182,758
17-21	455	63,656
22+	5,462	682,848
Ethnicity		
White	5,471	806,242
Mixed	81	21,138
Asian/Asian British	198	32,531
Black/Black British	144	28,584
Other	2	3,307
Socio-economic groupings		
AB - upper middle class/middle class	1,836	72,696
C1 - lower middle class	1,871	91,716
C2 - skilled working class	1,263	56,721
DE - working class/lowest level of subsistence	1,363	63,324
Gender		
Male	2,747	461,340
Female	3,518	467,922
Patient constituency		
Age (years)		
0-16	257	N/A
17-21	246	N/A
22+	4,100	N/A
Staff constituency		
Members	10,868	

Developing a representative and engaged membership

The Governors regularly monitor membership engagement and recruitment activity and performance at the Constitution Focus Group. A refreshed Membership Engagement and Governor Development Strategy has been implemented throughout the year and this will be continue to be developed by the Membership & Governance Team in 2016/17. The Strategy is held by the Constitution Focus Group, and reports 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. Members are offered to participate in a mix well established scheduled events and 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 osteoporosis to diabetes, in addition to information about the configuration of services at the Trust. The events are well attended, with over 120 members attending the last event held in the year. Work is in progress to further develop the events in 2016/17 to offer more interaction with members and to allow members to provide comments and feedback on areas of service design and re-design in progress across the Trust.

Elections

In the year 1st April 2015 to 31st March 2016 there were no governor elections at University Hospitals Bristol. Planning was undertaken in the latter half of the year to support governor elections scheduled for the year 2016/17, the outcome of which will be declared on 25th May 2016 with appointments commencing from 1st June 2016.

In the year two governors resigned from their roles, representing the constituencies of Public Rest of England & Wales and Staff Non-clinical Healthcare Professional, details of this reflected in Table 29 below.

The Membership & Governance Team worked with the Trust's Youth Council to support the appointment of two new Youth Council Governors, Julia Lee and Isla Philipps. They began a one year term of office on 1st September 2015.

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 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, and have supported the development of new materials to promote membership.

In the coming year the Membership & Governance Team will continue to support Governors to undertake member facing events in their own constituency, across the Trust and in collaboration with local health partners.

Table 29: Governors by constituency – 1 April 2015 to 31 March 2016

Constituency	Name	Tenure	Elected Appointed
Public Governors			
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	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	Bob Bennett	June 2014 to May 2017	Elected
Public Bristol	Brenda Rowe	June 2013 to May 2016	Elected
Public Bristol	Sylvia Townsend	Mar 2015 to May 2016	Elected
Public – Rest of England and Wales	Mani Chauhan	November 2012 to October 2015	Elected
Public - Rest of England and Wales	Tony Rance	June 2013 to May 2016	Elected

Patient Governors			
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
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	Edmund Brooks	June 2014 to May 2017	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
Staff Governors			
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 November 2015	Elected
Non-clinical Healthcare Professional	Karen Stevens	June 2014 to May 2017	Elected
Other Clinical Healthcare Professional	Thomas Davies	June 2014 to May 2016	Elected

Appointed Governors			
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	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
Voluntary/Community Groups	*vacancy*	*June 2014 to May 2017*	*Appointed*
Youth Council	Julia Lee	September 2015 to August 2016	Appointed
Youth Council	Isla Phillips	September 2015 to August 2016	Appointed

7. REGULATORY RATINGS

Monitor published a new Foundation Trust regulatory regime called the Risk Assessment Framework. The Risk Assessment Framework contained a number of changes including the replacement of the Continuity of Services Risk Rating (CoSRR) with the Financial Sustainability Risk Rating (FSRR) with effect from 1st August 2015.

Financial Risk Ratings

The risk ratings are now assessed by NHS Improvement and range from a rating of 1, the most serious risk, to 4, the lowest risk. The rating is designed to reflect the degree of financial concern NHS Improvement have about a provider and the level of regulatory action and intervention they would undertake. For example, an FSRR of 1 is defined as a "significant risk" and lists the regulatory action as "likely investigation, potential appointment of contingency planning team." An FSRR of 4 is defined as "no evident concerns" and therefore no regulatory action applies.

The CoSRR is the average of two metrics:

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

The FSRR adds two further metrics:

- Net surplus/(deficit) margin - the degree to which the organisation is operating at a surplus/(deficit) expressed as a percentage; and
- Net surplus/(deficit) margin variance from plan - the variance between the Trust's planned I&E margin in its plan and the actual I&E margin in year.

The FSRR is the average of the four metrics described above.

For the quarter ending 30th June 2015, the Trust achieved a CoSRR Rating of 3 against a planned CoSRR of 3. The Trust achieved an FSRR of 3 against a planned FSRR of 4 for the year to date ending 30th September 2015 (quarter 2). The reduction in FSRR performance

against plan was due to the Trust's lower than planned net income and expenditure position of £52k (before technical items) against a planned position of £363k. For the year to date ending 31st December 2015 the Trust achieved a FSRR of 4 against a planned FSRR of 3. The improvement against plan was due to improved revenue available for capital service cover of £1.028k. For the year ending 31st March 2016 the Trust achieved a FSRR of 4 against a planned FSRR of 4. The overall rating is a good result and reflects the ongoing sound financial position of the organisation.

Governance Risk Ratings

In the 2016/17 Operational Plan the Trust declared risks to the standards against Monitor's Risk Assessment Framework. The standards (with the service performance score shown in brackets) not forecast to be achieved in one or more quarters were as follows:

- A&E 4-hour waiting standard (1);
- 62-day GP and 62-day Screening cancer standard (combined score of 1); and
- 31 day cancer standard

Although annual performance against the access standards in 2015/16 was similar to that in 2014/15, there were some notable improvements in performance across many of the national standard. These included achievement of the 92% Referral to Treatment (RTT) Incomplete pathways standard at the end of quarter 4, achievement of the 99% national standard for the 6-week diagnostic wait for six of the last seven months of the year, and achievement of the 0.8% national standard for cancellation of operations at last minute for non-clinical reasons, for two quarters in the year.

The table below set out the governance ratings, on a quarterly basis, which applied to the Trust in 2015/16 compared to 2014/15.

Table 29: Governance Ratings

2015/16	**Annual Plan**	**Q1**	**Q2**	**Q3**	**Q4**
- **Continuity of service rating**	4	3	3	4	4
- **Governance rating**	Green	Green	Green	Green	Green
2014/15					
- **Continuity of service rating**	4	3	3	4	4
- **Governance rating**	Green	Green	Green	Green	Green

8. ACCOUNTING OFFICER RESPONSIBILITIES

A statement of the Accounting Officer's responsibilities is set out at Page 48 of the Annual Accounts.

9. ANNUAL GOVERNANCE STATEMENT

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.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable 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 ongoing 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 2016 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

As Chief Executive, I have overall responsibility for risk management within the Trust, for meeting all statutory requirements and adhering to the guidance issued by NHS Improvement and the Department of Health in respect of governance.

The Trust Senior Leadership Team, which I chair, has the remit to ensure the adequacy of structures, processes and responsibilities for identifying and managing key risks facing the organisation, prior to board discussion.

The Board brings together the corporate, financial, workforce, clinical, information and research governance risk agendas. The Board Assurance Framework (BAF) ensures that there is clarity about the risks that may impact on the Trust's ability to deliver its strategic objectives together with any gaps in control or assurance.

Day to day management of risks is undertaken by operational management, who are charged with ensuring risk assessments are undertaken proactively throughout their area of responsibility and remedial action is carried out where problems are identified. There is a process of escalation to executive directors, relevant committees and governance groups for risks where there are difficulties in implementing mitigations.

Staff receive appropriate training to equip themselves to manage risk in a way appropriate to their authority and duties. Over the last twelve months the Trust has continued to develop and

roll out a broad training programme to raise risk management awareness, particularly at Divisional and Sub-divisional level.

The board committee structure is detailed earlier in the annual report and summarised below.

Each committee has terms of reference and each of these was reviewed by the respective committee and adopted formally adopted by the Board for scope, responsibilities and membership. Groups and committees reporting to each board committee are also detailed in the terms of reference. There is a comprehensive scheme of delegation which details items reserved by the Board, those delegated to committees and those delegated to individuals. This covers a wide range of responsibilities and includes the Care Quality Commission standards and NHS Improvement's licence conditions.

The trust performance report is reviewed by both the Finance Committee and the Quality Outcomes Committee and Trust Board at each meeting. Where there is sustained adverse performance in any indicator, this is reviewed in detail at the appropriate board committee. Indicators relating to the quality of patient care are reviewed at the Quality Outcomes Committee - patient and staff experience, patient safety and clinical performance.

The process of identification, assessment, analysis and management of risks (including incidents) is the responsibility of all staff across the Trust and particularly of all managers. The process for the identification, assessment, reporting, action planning, review and monitoring of risks is detailed in the Trust Risk Management Strategy and has been central to the improvements made in this important area of our work during the year.

Board members receive training in risk management which includes an overview of the risk systems. Staff receive training in identification, analysis, evaluation and reporting of risk. Training at induction covers the wider aspects of governance. The emphasis of our approach is increasingly on the proactive management of risk and ensuring that risk management plans are in place for all key risks.

The Trust Board is responsible for the periodic review of the overall governance arrangements, both clinical and non-clinical, to ensure that they remain effective. Following the "Well-Led Governance Review" during 2014 an action plan has been put in place to take forward areas for improvement.

We have during the past year streamlined the process whereby risks are escalated from the *'Floor to the Board'* to ensure the whole risk management framework is dynamic. The Senior Leadership Team receive a monthly report from each divisional board and corporate service of any new or existing risks of 12 or above.

Increased emphasis has been put into ensuing intelligence from incident investigation, patient safety projects, clinical audits and patient feedback is encompassed into the risk management framework. The Risk Management Group are moving into a horizon scanning phase whereby they are proactively looking for areas of unquantified risk.

Through ensuring consistent and evidence based risk assessments are managed at the appropriate level risk register, divisions are able to prioritise resources using risk based information.

The Risk and Control Framework

The risk management policy describes our approach to risk management and outlines the formal structures in place to support this approach. The policy is due to be reviewed in 2017.

This policy sets out the key responsibilities and accountabilities to ensure that risk is identified, evaluated and controlled. The Board has overall responsibility but it delegates the work to the Risk Management Committee.

At University Hospitals Bristol NHS Foundation Trust risk is considered from the perspective of clinical risk, organisational risk and financial risk. The management of these risks is approached systematically to identify, analyse, evaluate and ensure economic control of existing and potential risks posing a threat to our patients, visitors, staff, and reputation of the organisation. We recognise it is not possible to eliminate all elements of risk. The use of risk registers is fundamental to the control process.

Each division maintains a risk register containing clinical and non-clinical risks. All unresolved divisional risks are placed on divisional risk registers. Divisional risk registers are monitored on a monthly basis via the divisional management team. Staff review and agree risk scoring and where extreme risks (scoring 12 or above) are confirmed, these will also be reviewed for potential inclusion on the corporate Trust risk register.

Risks are identified through third party inspections, recommendations, comments and guidelines from external stakeholders and internally through incident forms, complaints, risk assessments, audits (both clinical and internal), information from the patient advice and liaison service, benchmarking and claims and national survey results. External stakeholders include the Care Quality Commission (CQC), NHS Improvement, the Health and Safety Executive (HSE), the NHS Litigation Authority (NHSLA), the Medicines and Healthcare Products Regulatory Agency, the Information Commissioner's Office and Dr Foster.

The divisional management teams ensure that operational staff identify and mitigate risk. Corporate committees provide internal assurance to the Trust Board that the mitigations are effective and the risks are adequately controlled. Risk is monitored and communicated via these committees reporting to the Audit Committee and ultimately the board. Our clinical audits, internal audit programme and external reviews of the organisation are the sources used to provide assurance that these processes are effective and risk monitoring is fully embedded.

The Audit Committee oversees and monitors the performance of the risk management system, internal audit and external audit (PwC) work closely with this committee. Internal Audit undertake reviews and provide assurances on the systems of control operating within the trust.

Risks to the Trust's governing objectives are identified and tracked in the Board Assurance Framework (BAF) along with the mitigating actions taken in the preceding quarter and those planned for the next year. The BAF is reviewed in a number of forums and quarterly by the trust board. The Trust's risk appetite is such that high risks require action to be taken and to be reported within 24 hours of identification of the risk.

Responsibility for each risk is assigned to an individual executive with oversight by a designated board committee. As at the year end, the BAF tracked 22 risks which could potentially impact one of the Trust's governing objectives.

The results of internal audit reviews are reported to the Audit Committee which takes a close interest in ensuring system weaknesses are addressed. Procedures are in place to monitor the implementation of control improvements and to undertake follow-up reviews if systems are deemed less than adequate. Internal audit recommendations are robustly tracked via reports to the Audit Committee. The counter fraud programme is also monitored by the Audit Committee.

Quality governance arrangements

As part of the governance arrangements, the board is satisfied that plans are in place and sufficient to ensure compliance with the CQC registration requirements. The Trust has adopted a robust framework of measurement and assurance for each standard by judging whether compliance is being achieved.

Sources of assurance include:

- review of CQC standards including action plans;
- papers and minutes to the trust senior leadership team; and
- papers and minutes to the Quality Outcomes Committee.

The Trust had its quality governance arrangements comprehensively reviewed by Deloitte as part of the "Well Led" process.

Human Resources

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. The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are 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.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Trust has a range of processes to ensure that resources are used economically, efficiently and effectively. This includes clear and effective management and supervision arrangements for staff and the presentation of monthly finance and performance reports to the finance and performance committee, trust executive committee and to the board. More information about this is in the financial review section of this report.

Our external auditors, are required as part of their annual audit to satisfy themselves the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and report by exception if in their opinion the Trust has not.

Information Governance

Information governance (IG) provides the framework for handling information in a secure and confidential manner; covering the collecting, storing and sharing information, it will provide assurance that personal and sensitive information is managed legally, securely, efficiently and effectively in order to deliver the best possible care and service.

The Trust has an Information Risk Management Group chaired by the Medical Director, who is the Senior Information Risk Owner (SIRO), which is the principal body overseeing the management of information risks. This group has a reporting line into the Trust Senior Leadership Team. It also oversees submission of the Trust's information governance toolkit.

The Trust's control and assurance processes for information governance include:

- the key structures in place, principally the senior information asset owners covering all patient and staff personal data areas;
- a trained Caldicott Guardian, a trained senior information risk owner (SIRO) and a trained data protection officer;
- a risk management and incident reporting process;
- staff training
- information governance risk register;
- the Information Governance Toolkit the Trust achieved 72% in 2015/16. This represents a 6% improvement on the level achieved in 2014/15). This comprised "level 2" in 35 criteria and "level 3" in 9 criteria. A gap analysis has been undertaken for 2016/17 and this is predicting level 3 compliance in a further 19 criteria; and
- internal audit review of the information governance toolkit

The Information Management & Technology Board in conjunction with Information Risk Management Group identify, assess and monitor data, cyber, and infrastructure threats to the organisation. Where the risk is controlled by the Information Management & Technology Board, the Information Risk Management Group are provided with regular assurance and evidence to support the criteria of the HSCIC Toolkit. Four cases recorded in the Information Governance Incident Reporting Tool were reported to the Information Commissioner's Office in 2015/16:

Date	**Incident**	**Data loss or Confidentiality**	**Action by Information Commissioner**
April 2015	Provider breached terms of contract by outsourcing to a third party outside of the UK.	Potential breach of confidentiality	No further action.
July 2015	Pharmacy scripts were temporarily misplaced during transit. Secured transport bag was returned by member of the public.	Confidentiality	No further action.
September 2015	Bulk e-mail sent to staff in error and disclosed personal e-mail addresses.	Confidentiality	No further action.
October 2015	Clinical notes were sent to NHS England as part of a tender process were not fully re-dacted.	Confidentiality	No further action.

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.

The annual quality report and quality accounts provide a firm foundation for our quality ambitions: looking back to identify progress, celebrate success and understand our challenges; and looking ahead by setting specific annual quality objectives which, if delivered, will make a significant difference to the safety, effectiveness and experience of care that our patients receive. The structure of our annual quality report and accounts follows prescribed guidance from Monitor and NHS England; the themes we report are agreed with our governors and tested with our commissioners. Our choice of annual quality objectives is shaped through consultation with our staff, members and our Involvement Network (patients and public). The process of producing the quality report and accounts is overseen by the Chief Nurse and Medical Director, who have a shared board-level leadership responsibility for quality. Drafts of the report and account are reviewed by our Clinical Quality Group, Senior Leadership Team, Audit Committee and Quality and Outcomes Committee prior to approval by the Board. Local stakeholders submit formal statements for inclusion in the quality report and accounts describing their relationship and interaction with the Trust on matters of quality, and offering comment on the Trust's reported quality story and ambitions. Data included in the report and accounts is cross-referenced for accuracy with quality and performance data reported to the board during the previous year; national comparative indicators published in the report and accounts are also guided by local data quality frameworks. Finally, external auditors carry out detailed testing of three indicators included in the report, one of which is selected by our governors.

A Data Quality Framework has been developed by the Trust, which encompasses the data sets that underpin the key access and quality indicators reported in monthly in the Trust Quality & Performance Report and on an annual basis in the Quality Report. The framework addresses the six dimension of data quality (i.e. accuracy, validity, reliability, timeliness, relevance and completeness), and describes the process by which the data is gathered, reported and scrutinised by the Trust. The Data Quality Report is underpinned by the Data Quality Policy which describes the policy and procedures for supporting data quality across the Trust, including core responsibilities of staff.

UH Bristol submitted records during 2015/16 to the Secondary Uses Service (SUS) for inclusion in the national published Hospital Episode Statistics (HES) data-set. The percentage of Trust records in the published data:

- which included the patient's valid NHS number was: 99.5 per cent for admitted patient care; 99.8 per cent for outpatient care; and 96.8 per cent for accident and emergency care (these are all improvements on the 2014/15 data: 99.4 per cent for admitted patient care, 99.7 per cent for outpatient care and 96.0 per cent for patients in accident and emergency care)
- which included the patient's valid general practice code was: 99.9 per cent for admitted patient care; 99.9 per cent for outpatient care; and 99.9 per cent for accident and emergency care (the accident and emergency score is an improvement on 99.7 in

2014/15; the admitted patient care and outpatient care scores both declined by 0.1 per cent compared with validated 2014/15).

(Data source: NHS Information Centre, SUS Data Quality Dashboard, April 2015 - January 2016 as at Month 10 inclusion date)

UH Bristol's information governance assessment report overall score for 2015/16 was 72 per cent and was graded Level 2. This is an improvement on our score of 66 per cent in 2014/15.

UH Bristol has not been subject to a national Payment by Results Audit in 2015/16 as the accuracy of clinical coding is within accepted norms.

There is an ongoing programme of work to improve data quality. This includes regular data quality checking and correction process, along with plans developed and enacted to address specific known data quality issues and weaknesses. The regular data checks involves the central information system team creating and running daily reports to identify errors and working with the Medway support team and users across the Trust in the correction of those errors. Examples of work that is ongoing to address known areas of potential weakness in data quality include work on Referral to Treatment (RTT) data quality, following audits which have been undertaken, for which the Board has receives updates on progress and planned developments.

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 NHS foundation 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, finance committee and the Quality and Outcomes Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the BAF and on the controls reviewed as part of the internal audit work. My review of the effectiveness of the system of internal control is informed by executives and managers within the organisation, who have responsibility for the development and maintenance of the system of internal control and the assurance framework. The BAF itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its objectives have been reviewed.

The assurance framework has been reviewed by the trust's internal auditors. They have confirmed that a BAF has been established which is designed and operating to meet the requirements of the 2015/16 annual governance statement. Their opinion supported that there is an effective system of internal control to manage the principal risks identified by the organisation and stated that no significant issue remained outstanding at the year-end which would impact the opinion.

The Board reviews risks to the delivery of the Trust's performance objectives through monthly monitoring and discussion of the performance in the key areas of finance, activity, national standards, patient safety and quality and workforce. This enables the Board of Directors to focus on key issues as they arise and address them.

The Audit Committee oversees the effectiveness of the Trust's overall risk management and internal control arrangement. On behalf of the board, it independently reviews the effectiveness of risk management systems in ensuring all significant risks identified, assesse, recorded and escalated as appropriate. The Audit Committee regularly receives reports on internal control and risk management matters from the internal and external auditors.

None of the internal or external auditors' reports considered by the audit committee during 2015/16 raised significant internal control issues. There is a full programme of clinical audit in place.

The responsibility for compliance with the CQC essential standards is allocated to lead executive directors who are responsible for maintaining evidence of compliance. The trust is addressing all areas of underperformance and non-compliance identified either through external inspections, patient and staff surveys, raised by stakeholders, including patients, staff, governors and others or identified by internal peer review.

Conclusion

The Board is committed to continuous improvement of its governance arrangements to ensure that systems are in place which ensure risks are correctly identified and managed and that serious incidents and incidents of non-compliance with standards and regulatory requirements are escalated and are subject to prompt and effective remedial action so that the patients, service users, staff and stakeholders of the University Hospitals Bristol NHS Foundation Trust can be confident in the quality of the service we deliver and the effective, economic and efficient use of resources.

My review confirms that University Hospitals Bristol NHS Foundation Trust has sound systems of internal control with no significant internal control issues having been identified in this report.

Signed ……..

Robert Woolley
Chief Executive
25 May 2016

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 and Senior Independent Director

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.

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 completed a part-time role as Head of Profession at the Chartered Quality Institute where he was responsible for developing the Profession and raising its profile across academia and the public and private sectors.

Currently David is working as the Interim Corporate Business Process and Assurance Manager at the Ministry of Defence, in support of the defence equipment and support transformation project.

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.

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 1st 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 1st 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 – Chief Operating Officer & 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.

Appendix B – Contact Details

The Trust Secretariat can be contacted at the following address:

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BS1 3NU

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Email: Trust.Secretariat@UHBristol.nhs.uk

University Hospitals Bristol NHS
NHS Foundation Trust

Quality Report 2015/16

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Part 1

1.1 Statement on quality from the chief executive

Welcome to this, our eighth 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 to the public and its stakeholders that its services are safe, effective, caring and responsive. The report is an open and honest assessment of the last year, its successes and its challenges.

In 2015/16, we made an early commitment to a new national campaign – Sign up to Safety – that aims to make the NHS in England the safest healthcare system in the world and to halve avoidable harm in the NHS, saving 6,000 lives as a result. As part of this, we have worked to understand and develop our patient safety culture, asking every staff member who has contact with patients and their families to provide insights and information. As part of a robust patient safety culture we must ensure we learn from all incidents. You'll find more information about Sign up to Safety in this report.

This year, I am particularly delighted that the Care Quality Commission's national survey has recognised our maternity services as one of the best in the country. In the areas of care during labour and birth, UH Bristol attained nine survey scores that were better than the national average by a statistically significant margin. These are particularly pleasing results because they reflect the enormous amount of work carried out by our maternity staff to improve the experience of women who use their services. In recent years, this has included investment in new midwifery posts, a reconfiguration of postnatal wards based on feedback from service-users, and various "co-design" projects where the maternity team has worked in partnership with people who have experienced maternity services, in order to understand what works well and identify aspects of care that could be improved. It shows that when we say we want the best for the people of Bristol and the West Country, we really can achieve it.

On the subject of working with patients and our partners, I have been encouraged by the development of our new Involvement Network: based on the concept of a citizen's assembly, "IN" is part of our broad and ambitious programme to refresh the way in which we deliver our patient and public involvement work. IN is about creating new opportunities for people to have their say about how healthcare is developed and provided at UH Bristol. To date, IN members have helped inform the Trust's quality priorities for 2016/17 and commented on the quality of information patients receive about outpatient appointments.

After the difficulties that the NHS experienced in the winter of 2014/15 we planned extensively for last winter both within our hospitals and services but also with our partners across our health and social care community. We invested over £3 million of 'resilience' funding before winter in additional core beds at the Bristol Royal Infirmary with permanent staff, radiology and therapy staffing on Saturdays and theatre staff for more weekend trauma operating. We also invested in capacity in the Bristol Royal Hospital for Children, including an extra paediatric intensive care bed. Despite our careful preparations, however, the extended period of high emergency demand has meant that, while we have kept our patients safe, our services have not always been as responsive as we would wish. The fact that overall patient-reported experience has remained high in 2015/16 is credit to everyone who works in the Trust and evidence of their commitment to deliver best care.

We have also continued the essential process of renewing our estates and facilities. In 2015/16 this included the opening of a new pre-operative department in the Bristol Royal Infirmary, for the first time bringing together the surgical admissions suite and pre-operative assessment clinic, co-locating surgical, critical and trauma care.

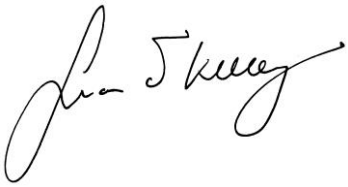
I would like to thank everyone who has contributed to this year's report, including our staff, governors, commissioners, local councils, and HealthWatch. To the best of my knowledge, the information contained in this Quality Report is accurate.

Robert Woolley, chief executive

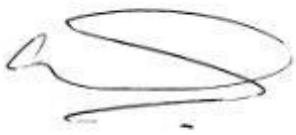
1.2 Introduction from the medical director and chief nurse

As an organisation, our key challenge is to maintain and develop the quality of our services. The Trust is committed to and expects to provide excellent health services that meet the needs of our patients and their families and provide the highest quality standards. The Board and Senior Leadership Team of UH Bristol have a critical role in leading a culture which promotes the delivery of high quality services. This requires both vision and action to ensure all efforts are focussed on creating an environment for change and continuous improvement. The Trust's annual quality delivery plans set out the actions we will take to ensure that this is achieved.

We have much to be proud of. The Trust's quality improvement programme in 2015/16 has shown us what is possible when we have a relentless focus on quality improvement. Healthcare does not stand still. In the year ahead, we will continue to seek out new and better ways of providing the highest quality services which are safe, enable a better patient experience and improved patient outcomes. Never has there been a greater need to ensure we get the best value from all that we do.



Dr Sean O'Kelly
Medical director



Carolyn Mills
Chief nurse

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 2015/16

Twelve months ago, we identified nine specific areas of practice where we wanted to see improvements in 2015/16. These were a combination of patient 'flow' objectives carried forward from the previous year, and new objectives aimed at improving different aspects of patient experience. A progress report is set out below, including a reminder of why we selected each objective and an overall 'RAG' rating of the extent to which we achieved each ambition. Overall, we fully achieved two objectives and made significant progress in six more.

Objective 1	**To reduce the number of cancelled operations**
Rationale and past performance	Cancelled operations waste time and resources; the impact of cancelling operations is often distressing and inconvenient for patients and their families. We set this objective to reduce cancelled operations in 2014/15, but did not achieve our goal. Our target in 2014/15 had been to reduce the percentage of operations cancelled at the last minute for non-clinical reasons to 0.92 per cent; we achieved 1.08 per cent.
What did our patients say?	"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 sorts of things do nothing for patients' mental and psychological wellbeing."
What did we say we would do?	Review standard operating 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	We said that the indicator would be the number of operations cancelled on the day of operation/admission for non-clinical reasons, with a goal of achieving last year's target – 0.92 per cent.
How did we get on?	Overall, we achieved 1.03 per cent, which represents a marginal improvement on 2014/15. We achieved our targets in the second and third quarters of the year but failed them in the first and fourth quarters. Performance in March 2016 had a particularly adverse effect on our overall performance: there were 108 last minute cancellations in this month, representing 1.84 per cent of operations (overall, we achieved 0.95 per cent across the previous 11 months of the year). The total number of cancelled operations in 2015/16 was lower than in 2014/15: 713 compared with 749. However, there has been a marked increase in the percentage of cancelled operations caused by lack of available beds: 42 percent in 2015/16, compared with 29 percent in 2014/15. Lack of available beds was also the primary reason for us missing our targets in the first and fourth quarters (40 per cent and 62 per cent of cancelled operations respectively) although the specific causes were different: in quarter 1, our performance was affected by capacity pressures

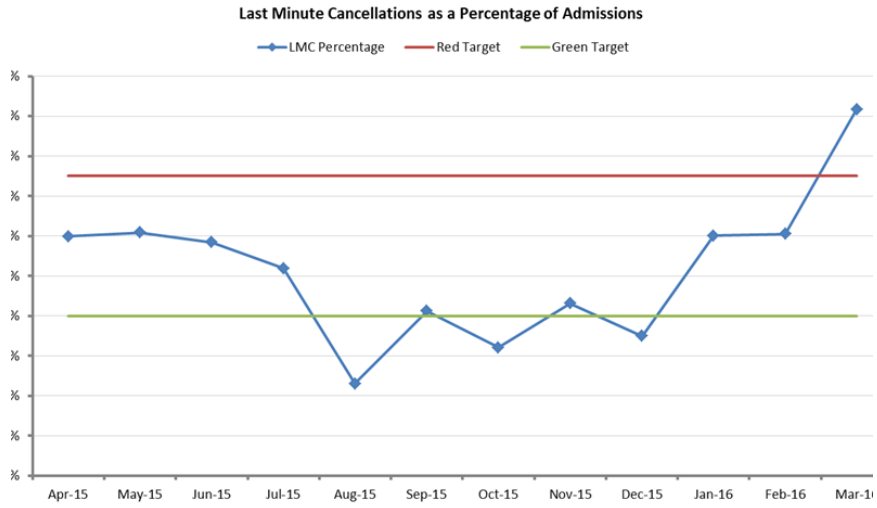
in our Cardiac Intensive Care Unit and at the Bristol Royal Hospital for Children, whereas our challenges in quarter 4 were related primarily to adult surgical services. The operational pressure on adult services beds in quarter 4 was unprecedented with adult services seeing an increase in attendance through our emergency departments (14 per cent higher than the same period in 2014/15), higher levels of acuity (i.e. higher levels of dependency and severity of sickness) in patients, and increasing numbers of patients awaiting discharge.

However, on a positive note and in contrast to 2014/15, the Trust met the 0.8 per cent national standard for last-minute cancelled operations in two quarters of 2015/16 (i.e. quarters 2 and 3).

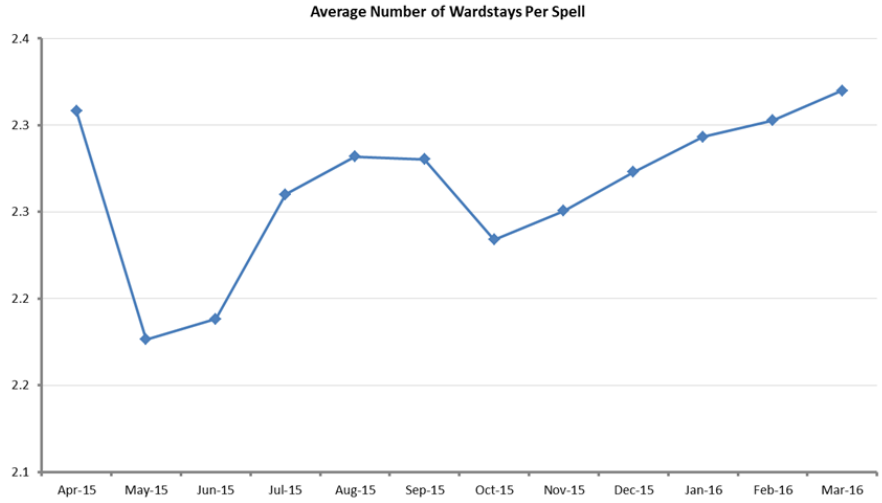
Continued improvements in performance are expected to be delivered in 2016/17 through further focus on ward discharge processes, planned work on pathways for which admissions may be avoided or lengths of stay reduced, and by commissioning an independent provider, Orla Healthcare, to deliver a community based "virtual ward". The latter service is expected to commence in July 2016 and be fully operational from January 2017 with capacity for 35 patients. This service will not only enable improvements in hospital bed occupancy, but will also provide 'winter flex' capacity in quarter 4 when it is typically most needed. This should help to reduce bed occupancy and the risk of cancellation of elective operations during the busiest time of the year.

In addition to high occupancy levels in general wards beds, a large number of cancellations in quarter 4 were attributable to a lack of critical care beds; this is of particular note as it often results in cancellation of patients with cancer. A plan to address this has been developed and this will be a key focus in 2016/17.

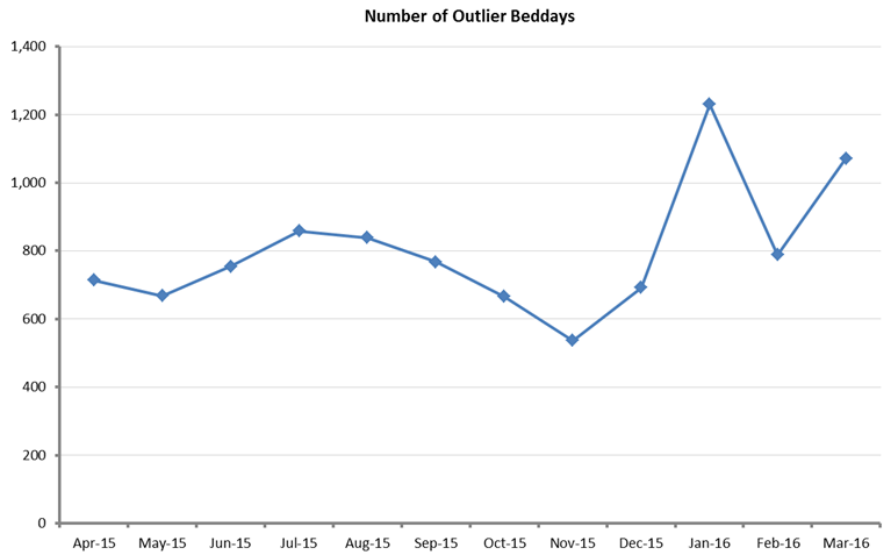
The Trust was issued with a Contract Performance Notice by Bristol Clinical Commissioning Group and subsequently developed an improvement plan which is managed by nominated leads across the divisions and overseen through our Emergency Access Performance Improvement Group.

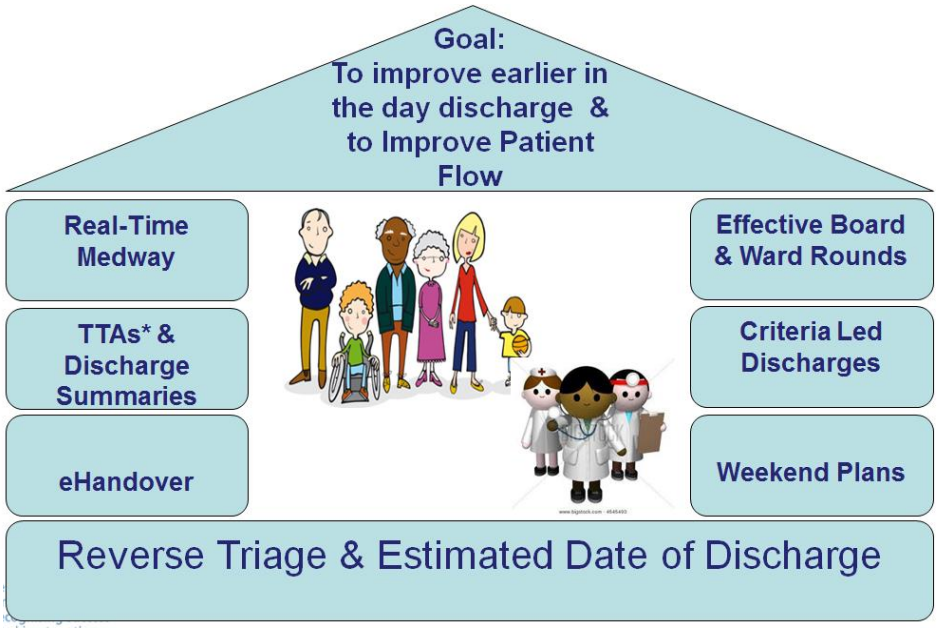


	Reducing cancelled operations will continue to be a corporate quality objective in 2016/17.
RAG rating	**Amber** – we made significant strides during 2015/16, but operational pressure on adult services beds in quarter 4 was unprecedented, resulting in a deterioration in performance at that time.

Objective 2	**To minimise inappropriate patient moves between wards (time and place)**
Rationale and past performance	We set this objective in 2014/15, but did not achieve our goal. Our target in 2014/15 had been to reduce the average number of ward moves per patient to 1.92. We achieved 2.32, which represented a deterioration compared with 2013/14. An "inappropriate" patient move is one which happens for reasons which are not related to that patient's clinical circumstances.
What did our patients say?	"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."
What did we say we would do?	Implement a standard operating procedure to govern this area of practice.
Measurable target/s for 2015/16	We said that the indicator would be the average number of ward moves per patient, for patients staying a minimum of two nights, with a goal of achieving last year's target – an average of no more than 1.92 moves per patient (for patients staying a minimum of two nights).
How did we get on?	Disappointingly, we did not meet our target. Overall, during 2015/16, we achieved 2.26 moves per patient, which is only marginally better than in 2014/15. Our best performance was in May and June (2.18 and 2.19 respectively) when the hospital had good flow through services. Not surprisingly, there is a direct correlation between this indicator (average number of moves per patient) and bed occupancy levels. During 2015/16, we established a number of new patient pathways which resulted in ward moves to ensure patients were cared for in the most appropriate place. An example of this was the creation of a ward for patients whose discharge is delayed. As a result of doing the right thing for patients, additional moves have been introduced, which have negatively impacted performance against our target. 

	Although minimising inappropriate patient moves between wards will not be a formal quality objective in 2016/17 for the reasons outlined above, the issue will continue to receive significant attention as we seek to fully realise the benefits of redevelopment and an alternative measure (outlier beddays) will be used to identify patients in inappropriate wards.
RAG rating	**Red** – disappointingly, we did not achieve our target for 2015/16

Objective 3	**To ensure patients are treated on the right ward for their clinical condition**
Rationale and past performance	We set this objective in 2014/15, but did not achieve our goal, which had been to reduce the total number of outlier bed days to 9,029. We reported 11,216, which represented a deterioration compared with 2013/14.
What did our patients say?	"I was an inpatient for three weeks and 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 three times before I went to the right ward."
What did we say we would do?	Link into pathway review work and urgent care programme
Measurable target/s for 2015/16	We said that the indicator would be the total number of bed days patients spent outlying from their correct divisional ward, with a goal of achieving last year's target – no more than 9,029 outlier bed days in total, with seasonally adjusted quarterly targets.
How did we get on?	At year end, the total number of outlier bed days was 9,588 which fell short of our target, but nonetheless represented a significant improvement on the previous year (11,216 in 2014/15). Quarterly targets were achieved in quarters 1 and 3, but missed in quarters 2 and 4. The development of clear patient pathways and appropriate capacity, through assessment areas and into specialist wards as a result of the Bristol Royal Infirmary redevelopment has helped to deliver the overall reduction in outlier bed days. 
RAG rating	**Amber** – although we fell short of our target, our performance in 2015/16 was significantly better than in 2014/15

Objective 4	Improving patient discharge
Rationale and past performance	We were not achieving our SAFER[1] bundle standards or timely discharge planning.
What did 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." "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." "Even though we were aware of discharge date and confirmation was given that morning we waited hours for a discharge letter."
What did we say we would do?	Ensure more patients are discharged in a timely manner, adhering to all aspects of our discharge 'bundles' – delivering our discharge standards every time.
Measurable target/s for 2015/16	We said that at least 1,100 patients per month would be discharged between 7am and 12 noon, noting that this would be a stretching target (the highest monthly total during 2014/15 was 992).
How did we get on?	We have addressed timely discharge through the rollout of a programme of ward processes improvement. The programme has been rolled out by having a multi-disciplinary team workshop with each ward, where the topics are covered:  *'To Take Away' medications This Ward Processes package was designed to support achievement of the SAFER bundle of standards (of which discharge standards are a part). Each topic maps to standards within the bundle, raising awareness of and embedding good practice in daily routines. In the workshops, the key areas of discussion have been: • reverse triage (a discharge planning tool used on the wards to show a patient's progress against their discharge plans, coded in way which identifies any blocks or delays) and estimated date of discharge

[1] Senior review, Assessment, Flow, Early discharge and Review

- effective board rounds
- planning for discharge (a review of all patients on the ward with the multidisciplinary team to progress plans for discharge)

This project is aimed at increasing the number of earlier-in-the-day discharges and use of the Bristol Royal Infirmary Discharge Lounge, as well as improving patient experience.

In quarter 1, we commenced the project in our Division of Medicine: for example, Ward B404 achieved an increase of 18 per cent of discharges before noon during a pilot week. In subsequent quarters, we rolled out the approach across all divisions, holding ward-based workshops to identify improvement priorities and to develop improvement plans; weekly follow up meetings are then held to review progress.

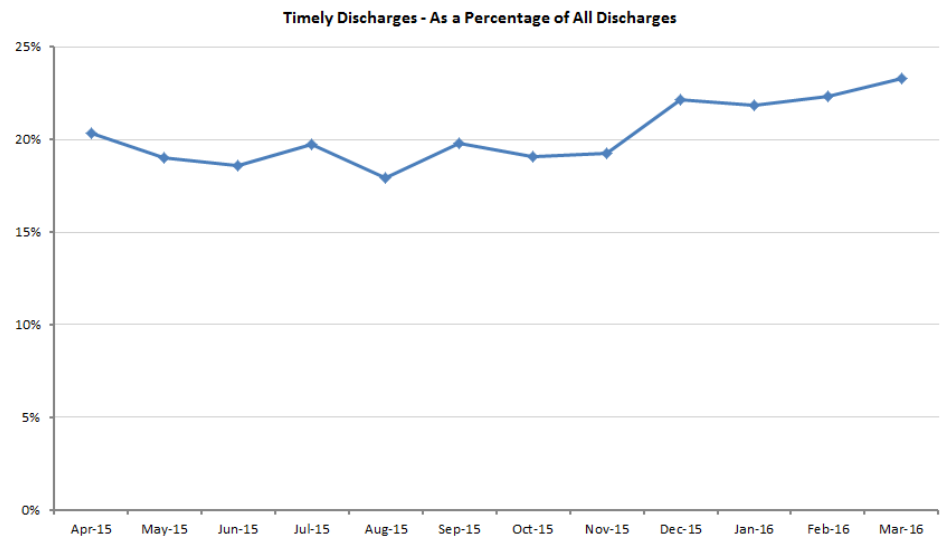
What our staff said:

> **"**It has been so worthwhile to work on a project that focuses on revisiting current processes and allows ward teams to review these. Even when you feel you are doing things properly there is always room for further improvements. Working together as a multi-disciplinary team, we have been able to identify how we can increase our team communications. We now have afternoon board rounds to ensure we all catch up with what has happened during the day. Our patients' discharge plans are refined day by day and all have their tablets to take home organised in advance. Communication has improved so much that we wanted to look at spreading this benefit over the weekends; we now have a nurse led board round both Saturday and Sunday which really helps organise the staff allocation and workload and so ensuring patient safety. It's not just the Sister leading and understanding the ward processes, it's the whole team understanding and being engaged too."

A Trust-wide sharing event was held in November 2015 with over 50 attendees, allowing teams which had been involved in the ward processes work to share their achievements, benefits, challenges, next steps and top tips.

Progress in completing the workshops fell behind plan during the winter period, largely due to the operational pressures on ward teams. However, we have now held ward processes workshops and follow up meetings with all adult inpatient areas, and will complete children's wards by the summer of 2016.

As a result of this initiative, our timely discharge performance has improved across the year, but has fallen short of the stretching target we set ourselves. Over the course of the year, 10,444 patients were discharged between 7am and 12noon – a 6.5 per cent increase on the 9,804 achieved in 2014/15. This equates to a monthly average of 870 discharges between 7am and 12noon, increasing to 942 in the final quarter of the year and giving cause for optimism as we move into a new financial year. In March 2016, 22.3 per cent of patients were discharged between 7am and 12noon, which is the highest proportion recorded in the past three years.

	
RAG rating	**Amber** – although we did not achieve our stretching target, we made encouraging progress, both in improvement in early discharges and in the implementation of the SAFER bundle based Ward Processes programme, particularly in the final quarter of the year. Timely discharges as a proportion of all discharges increased during the year.

Objective 5	**To improve the quality of patient appointment letters**
Rationale and past performance	We know that 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 commissioned a Trust-wide improvement project which would last for at least two years.
What did our patients say?	"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."
What did we say we would do?	We said that in 2015/16, we would focus on improving the quality of appointment letters sent to patients.
Measurable target/s for 2015/16	Our goal was to review and standardise all appointment letters that are sent to patients (electronically and non-electronically generated). We said that we would write these letters in Plain English and would test this through proactive engagement with patients (for example via surveys or focus groups).
How did we get on?	A working group was formed with representation from across our hospitals, with an initial focus on letters generated by our Medway patient administration system. The task of reviewing and improving the letter templates was significant because of the volume and variety of letter templates in use. The group held a 'Letters Champions Week' in August 2015 when staff and volunteers met with patients in a number of outpatient areas across the Trust to discuss the quality of the letters they had received. Two thirds of patients were happy overall with the content and timeliness of the letters they had received, however common issues included a lack of details to inform patients' expectations for their appointment, and confusing use of abbreviations and acronyms. The working group used this feedback to develop a quality standard for patient letters and tested draft letter

	templates for readability. As a result, a significant amount of information has been removed from letters and included instead in accompanying patient information leaflets. The new approach, involving letters written deliberately in Plain English, is being piloted in cardiology outpatients and with the surgery admissions team, and a further 'Letters Champions Week' is planned to evaluate the letters. Learning from the pilot will inform the Trust-wide roll out of the new letter templates during the remainder of 2016. A further development is that patients can now to opt to receive their Medway letter by email instead of through the postal service. This will improve the timeliness of letters being sent, reduce costs and provide a more flexible option for patients with visual impairment.
RAG rating	**Green** – we have made good progress towards our goal and are currently piloting our new letters, prior to a wider roll-out which will take place in 2016/17

Objective 6	**To improve the quality of written complaints responses**
Rationale and past performance	Too many complainants were telling us that they were dissatisfied with our complaints responses: 84 in 2014/15 compared with 62 in 2013/14.
What did our patients say?	"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." "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."
What did we say we would do?	We said we would roll out training to our staff, introduce a good practice checklist for all complaints, and make changes to the Trust's response letter template, embracing learning from the Patients Association.
Measurable target/s for 2015/16	We agreed a target that fewer than five percent of complainants would be dissatisfied with our response in the second half of 2015/16 (with an 'amber' target of less than 10 per cent). We define a dissatisfied respondent as someone who replies to us to say that they are unhappy with one or more aspects of our response to their concerns. Replies which merely ask additional questions are not classified as dissatisfied.
How did we get on?	Training sessions have been successfully delivered to staff in each of our clinical divisions. The tone of the Trust's standard template for writing complaints responses has been re-written in a way that encourages investigating managers to respond with greater openness and empathy, and a final 'checklist' has been produced to guide divisions when submitting draft responses. Draft response letters have also received additional corporate scrutiny from the quality team prior to approval by an executive director. Levels of dissatisfaction with our complaints responses reported to the Board in the second half of 2015/16 (our target period) were as follows:

Month	Dissatisfied responses*	Total responses	%
Oct-15	5	56	**8.9%**
Nov-15	2	42	**4.8%**
Dec-15	4	63	**6.3%**
Jan-16	1	40	**2.1%**
Feb-16	3	39	**7.7%**
Mar-16	3	36	**8.3%**

	*The indicator is calculated as a proportion of complainants who are sent a response letter in a given month. We have, however, identified that our current method of recording numbers of dissatisfied responses is resulting in under-reporting of the true figure. Data is currently 'frozen' six weeks after the end of each reporting month. Taking 2015/16 as a whole, 59 complainants expressed dissatisfaction with our investigation of their concerns. This represents 9.1% of the 647 formal response letters sent by the Trust and therefore an improvement on 2014/15 when we received 84 dissatisfied responses. Looking ahead to 2016/17, we will continue to deliver training to key managers focussing specifically on complaints response writing skills. We will also review each dissatisfied complaint we receive and make a judgement about whether we could have responded in a way which would have avoided the need for the complainant to contact us again – any learning from this will be shared with the Trust's patient experience group. We will also be adjusting the way we measure our performance, allowing an additional month for complainants to respond before we report this information to the Board.
RAG rating	**Amber** – we have made significant strides in improving the quality of our written complaints responses, however we have not met our target of less than 5 per cent dissatisfied respondents

Objective 7	**To improve the management of sepsis**
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.
What did we say we would do?	Our goal was to achieve the national sepsis CQUIN for 2015/16.
Measurable target/s for 2015/16	The national CQUIN targets were as follows: - In Q4, at least 90 per cent of eligible patients to be screened for sepsis - In Q4, at least 90 per cent of eligible patients to receive antibiotics within one hour of presentation
How did we get on?	Adult services: There have been significant improvements in sepsis care in the adult Emergency Department (ED) and Acute Medical Unit (AMU) in 2015/16. The focus has been on the ED, which is where approximately 80 per cent of adult sepsis patients present to. Screening did not take place in 2014/15 (and 2015/16 Q1) but more than 90 per cent of patients were screened in quarter 4. Antibiotic administration rates within one hour of hospital presentation have also markedly improved at over 70 per cent during quarters 3 and 4, however this aspect of the CQUIN has not been achieved. The appointment of two part-time sepsis nurses in September 2015 via CQUIN funds has transformed our ability to implement improved sepsis care during 2015/16. Achievements during year include the following: • A sepsis question is now on the hospital discharge summary; this improves

	communication with primary care, facilitates accurate coding and increases sepsis awareness • Our sepsis management pathway has been updated and implemented in ED and AMU • The implementation of National Early Warning Scores (NEWS) since December 2015 will facilitate the early recognition of patients with sepsis as the new NEWS observation chart includes sepsis prompts; we therefore expect sepsis screening rates and antibiotic administration rates to improve further in 2016/17 • Continual education is taking place in ED, AMU and the Surgical Trauma Assessment Unit for nursing and medical staff; these are the key admission areas for adult admissions with sepsis at UH Bristol. • Medical teaching for Foundation doctors, core surgical trainees, core medical trainees and anaesthetic/intensive care trainees Looking ahead to 2016/17, our sepsis plans include the continuation of trust-wide clinical teaching events and the implementation of a sepsis screen saver for Trust computers as a visual reminder to all staff. Children's services: There has been significant improvement in the identification of potentially septic children at triage with enhanced awareness throughout the nursing staff group regarding the need to escalate children meeting the sepsis screening criteria. Positive actions in 2015/2016: • The paediatric emergency nurse educator has continued to work with all nursing staff involved in undertaking triage to make them aware of the sepsis screening process and its rationale. She is continuing to provide "refresher" sessions when working in the triage area. • A presentation has been produced by Dr Christian, paediatric sepsis lead, for nursing staff and medical staff to make them aware of the background to the 'sepsis 6' programme and why the identification of potentially septic children in the Children's Emergency Department (CED) is so important. This will be rolled out at nursing training sessions and with the junior doctors in the department alongside ongoing teaching sessions to raise awareness of the sepsis guidelines amongst CED trainees • All junior doctors from the last intake undertook the Royal College of Paediatrics and Child Health's module for recognising seriously ill children Our quarter 3 sepsis audit showed that, as a result of these and other measures, screening at triage had increased to 90 per cent of all eligible patients. This audit confirmed that staffing ratios and crowding in the CED remain significant challenges to the recognition and treatment of sepsis. At times of peak demand, our ability to triage patients rapidly (within 15 minutes) is compromised which potentially may delay the recognition of the septic child. A triage workstream has been set up to look at ways of improving this process in terms of efficiency / flow. It is likely that the sepsis screening criteria will be incorporated into the triage process as a way of identifying patients who are likely to have sepsis. The audit demonstrated that, for those children who presented with features of septic shock, antibiotics were consistently administered within an hour of triage.

	The Bristol Royal Hospital for Children is also planning to convene a group to examine the implications of the NICE sepsis guidance when it is published in July as this is likely to have major implications for practice in the CED.
RAG rating	**Amber** – we have made significant progress during the year however we only partially achieved our CQUIN target (also see section 2.2.4)

Objective 8	**To improve the experience of cancer patients**
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 did 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 did we say we would do?	We said that the Trust would deliver an 18 month improvement programme, the core elements of which would be: • to repeat an 'in-house' survey of recent UH Bristol cancer patients (completed January to March 2015) • working in collaboration with the Patients Association, to carry out a series of patient engagement and involvement activities with cancer patients, to fully understand their experience of our services • to 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 • to monitor the actions identified, and wherever possible undertake regular measurement to provide assurance of progress, completion and impact.
Measurable target/s identified for 2015/16	We noted that a key measure of success would be the Trust's scores in the next national cancer patient experience survey, however we noted that this survey had been delayed until 2016. In the meantime, we said we would: • complete planned listening exercises and thematic analysis • track progress of the Trust's existing comprehensive action plan, in line with the agreed 18 month timescale • repeat the Trust's 'in-house' cancer patient experience survey in quarter 3 of 2015/16.
How did we get on?	Throughout 2015/16 we have been delivering our cancer patient experience improvement plan. Patient involvement / listening activities and collaborative work with the Patients Association were completed by May 2015, as a result of which we were able to identify key principles that influence the experience of cancer patients at our Trust, namely: • receiving 'shared care' across more than one organisation increases the potential to negatively impact on patients' experience • having a negative experience at the start (e.g. a delayed diagnosis, receiving a diagnosis in an insensitive manner, or having your operation cancelled) will in most cases negatively impact the whole pathway experience thereafter • access to a clinical nurse specialist (CNS) is paramount • the importance of the Trust doing what we say we are going to do, recognising that, by and large, it is the Trust that sets patients' expectations.

	Following our disappointing results in the 2014 national cancer patient experience survey, the Trust was 'buddied' with South Tees NHS Foundation Trust (a high performing cancer patient experience Trust) as part of an NHS England national cancer patient experience improvement programme. The programme ran from February to November 2015. Learning from all of the above has been channelled into our local cancer improvement plans. Important developments in 2015/16 included: • creation of four additional CNS posts following an internal review of CNS cancer pathways • a further review of CNS cancer pathways across the SWAG (Somerset, Wiltshire, Avon and Gloucester) cancer network • expansion of our trained cancer volunteer workforce, with additional roles in the chemotherapy day unit and radiotherapy department at the Bristol Haematology and Oncology Centre (BHOC) • the commencement of feasibility discussions about the potential to build a UH Bristol Holistic / Support Centre adjacent to BHOC • training for over one hundred waiting list office and administration staff about how to deal sensitively with difficult conversations when operations have to be cancelled or delayed, or when changing chemotherapy appointments • plans to create a small cancer information hub in the Welcome Centre of the Bristol Royal Infirmary (BRI) following the securing of a grant from Macmillan, with additional cancer information also installed on BRI wards A700 and A800 • significant progression of the cancer 'recovery package' to support people from diagnosis onwards, including electronic holistic needs assessments, health and wellbeing days, and treatment summaries being sent to GPs • development of a 'Big Conversation in BHOC' (talking to service users, to ensure patients' views are at the heart of any future development decisions we make – the first event, which involved over 60 patients, took place in April 2016, and will be repeated every six months). During the year, it was announced that the National Cancer Patient Experience Survey would be repeated in 2015 (a sample of UH Bristol Cancer inpatients seen during April-June 2015 received questionnaires in November and December 2015). In light of this, a decision was taken by the Trust not to repeat our planned in-house survey as this would have coincided with the national survey and risked poor response rates to both surveys.
RAG rating	**Green** – we are confident that we have made significant improvements to the experience of cancer patients. This has been reflected in conversations with patients and anecdotal feedback received during the year. We are therefore optimistic of improved scores in the National Cancer Patient Experience Survey when the latest result are published in July 2016.

Objective 9	**To reduce appointment delays in outpatients, and to keep patients better informed about any delays**
Rationale and past performance	Reducing waiting times, and improving communication about delays in clinic are things that our patients consistently tell us that we can do better.

<table>
<tr><td>What did our patients say?</td><td>“I had to wait for 1 and a half hours to be seen for approximately seven minutes! It seemed the consultant was totally overbooked.”
“Whilst this visit was very on time other visits have not been. Sometimes up to one hour wait.”</td></tr>
<tr><td>What did we say we would do?</td><td>We said that we would adopt a multi-faceted approach to improving communication with patients about any delays they are likely to experience whilst waiting for a clinic appointment.</td></tr>
<tr><td>Measurable target/s for 2015/16</td><td>We set measurable patient-reported targets based around four survey questions that appear in the National Outpatient Survey:
how long after the stated appointment time did the appointment start?
were you told how long you would have to wait?
were you told why you had to wait?
did you see a display board in the clinic with waiting time information on it?</td></tr>
<tr><td>How did we get on?</td><td>The Trust’s outpatient manager is currently working with the performance team to identify clinics where appointments are delayed on a regular basis. Live reporting from Medway has been piloted effectively within Bristol Dental Hospital and is now being rolled out Trust-wide as a tool to identify problem areas. This system of reporting records how long each patient spends in the different steps of their journey through the outpatient clinic.

Disappointingly, patient-reported experience of waiting times in clinic fluctuated over the year without showing sustained improvement: our score for the final quarter of the year was only fractionally better than the first. We are anticipating an improvement in patient-reported experience once the live reporting tool is implemented more fully and we will continue to work with individual clinical teams where delays are more prevalent.

<table>
<tr><th>Question</th><th>Response</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td>How long after the stated appointment time did the appointment start?</td><td>On time / within 15 minutes</td><td>74%</td><td>71%</td><td>68%</td><td>75%</td></tr>
</table>

The use of whiteboards to display information about clinic running times has been reviewed across the Trust. Initial reinforcement of best practice amongst clinic staff had a positive impact, but following quality audits in November 2015, it was agreed that standardisation of the layout of the boards was required to improve the quality and consistency of the way information is presented to patients. A standardised board design was approved following consultation with patients, sisters and the Trust’s patient experience leads, and a standard operating procedure was developed to ensure all staff responsible for communications within clinic are aware of the process for keeping patients informed. Regular spot checks are carried out by the outpatient manager to monitor process. A longer term solution involving display screens is also under consideration.

Disappointingly, patient-reported experience of being told about waiting times in clinic has been unchanged (in terms of statistical significance) throughout the year:</td></tr>
</table>

	<table><tr><th>Question</th><th>Response</th><th>Q1</th><th>Q2</th><th>Q3*</th><th>Q4</th></tr><tr><td>Were you told how long you would have to wait?</td><td>All “Yes” responses</td><td>40%</td><td>38%</td><td>37%</td><td>38%</td></tr></table>
RAG rating	**Amber** – we have made significant changes which we believe will reduce clinic waiting times and keep patients better informed about any delays, however the impact of these changes has yet to be seen in patient-reported experience and so this will remain a focus for 2016/17.

2.1.2 Quality objectives for 2016/17

The Trust is setting 12 quality objectives for 2016/17. Five of the objectives relate to ambitions we have only partially realised in 2015/16: reducing cancelled operations; ensuring patients are treated on the right ward for their clinical condition; improving the timeliness of patient discharge; reducing appointment (in-clinic) delays in outpatients, and keeping patients better informed about any delays; and improving the management of sepsis.

In addition, we have identified seven new objectives, which take account of feedback from patients, members, governors, staff, and our commissioners and regulators. Once again, these objectives include a focus on improving different aspects of how we communicate with patients. In particular: we want to ensure that patients are kept properly informed about the next steps in their treatment and care, right through to discharge; we want to improve the quality, relevance and consistency of information that visitors find displayed throughout our hospitals; we plan to make some significant changes and improvements to how we gather feedback from patients whilst they are in hospital; and our ambition is that these changes will contribute towards fewer complaints being made about poor communication.

Objective 1	**To reduce the number of last minute cancelled operations**
Rationale and past performance	We set this objective for the last two years, but did not achieve our goal. Our target in 2015/16 – as per 2014/15 - was to reduce the percentage of operations cancelled at the last minute for non-clinical reasons to no more than 0.92 per cent. In 2015/16, we achieved 1.03 per cent.
What do our patients say?	“Any operation is a big deal but when it’s cancelled and, in my case, cancelled twice the impact is devastating - I had cancer and was really worried this would affect the success of the operation when it finally happened.”
What will we do?	We will embed a revised standard operating procedure across all our divisions and amend our escalation plan to ensure that everyone is aware of the current Trust-wide state-of-play relating to cancellations and that decisions to cancel are recorded through escalation ‘Silver meetings’. Our divisions will review the reasons why operations are cancelled at the last minute and will agree a plan which sets out specific actions to reduce cancellations further related to the cause of breach. Given that the most common cause for cancellation is lack of a ward or critical care bed, most of these actions will be linked to the more general actions to support flow.
Measurable target/s for 2016/17	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 reporting and oversight at the Emergency Access Performance Improvement Group.
Board sponsor	Chief operating officer
Implementation lead	Associate director of operations

Objective 2	**To ensure patients are treated on the right ward for their clinical condition**
Rationale and past performance	We set this objective for the last two years, but did not achieve our goal. Our target in 2015/16 was to have no more than 9,029 outlier bed days in total; we achieved 9,588.
What do our patients say?	"I went into hospital to have a mastectomy. After surgery I was put on a ward for the elderly where nurses did not know how to help which was not a good experience but it also knocked my confidence in the staff looking after me."
What will we do?	We will continue our work focussing on improving flow through our hospitals and, by doing so, improving occupancy. In 2016/17, we will roll out our ward processes to all wards and implement our new out of hospital acute model of care (Orla Healthcare) which has biggest single contribution to make to occupancy.
Measurable target/s for 2016/17	As in 2015/16, 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	Through divisional reporting and oversight at the Emergency Access Performance Improvement Group.
Board sponsor	Chief operating officer
Implementation lead	Associate director of operations

Objective 3	**To improve timeliness of patient discharge**
Rationale and past performance	Despite huge efforts, we have yet to achieve our goal of increasing the number of discharges before noon. This impacts on the number of cancelled operations, as they cannot start if a bed hasn't been identified, as well as being a source of frustration for patients who may spend many hours awaiting their discharge.
What do our patients say?	"I was required to wait for a letter of discharge I saw the doctor at approximately 8.30am. My letter of discharge was given to me at 3pm." "I think the discharge process could be a lot more organised."
What will we do?	We will continue to embed our ward processes in order to promote timely discharge with an emphasis on pre-day planning of pharmacy requirements, patient transport and discharge letters. We will pilot new models of discharge including therapist such as physiotherapists and occupational therapists being able to discharge patients based on agreed criteria.
Measurable target/s for 2016/17	As in 2015/16, our target will be for at least 1,100 patients per month to be discharged between 7am and 12noon. Our target is also to increase the number of patients discharged at weekends by 20 per cent.
How progress will be monitored	Via transformation board

Board sponsor	Chief operating officer
Implementation lead	Associate director of operations

Objective 4	**To reduce appointment (in-clinic) delays in outpatients, and to keep patients better informed about any delays**
Rationale and past performance	We set this objective last year and have more work to do.
What do our patients say?	"Staff treated me well and with respect, but my appointment time was delayed, and no-one informed us of this until my wife asked at the reception desk. Then we had a 90 minute delay, but the sign over the desk area indicated no delays."
What will we do?	We will complete Trust-wide implementation of our new standardised layout for information boards in outpatient departments and a standard operating procedure will be embedded to ensure teams proactively inform patients about any delays. Associated work reviewing clinic productivity and utilisation will lead to improved booking practices and scheduling to help minimise delays. Each quarter, we will also carry out a '15-step'[2] senior management walk around to ensure our redesigned clinic status boards are being used correctly.
Measurable target/s for 2016/17	We will ask patients about their experience using our monthly survey, setting minimum targets which would represent a statistically significant improvement on our patient-reported performance in 2015/16. The questions we will use and our minimum target scores are as follows: • How long after the stated appointment time did the appointment start? (78%) • Were you told how long you wold have to wait? (50%) • Did you see a display board in the clinic with waiting time information on it? (55%) In addition to asking patients about their experiences, we will also develop our own real-time objective measurement of clinic running times (currently being piloted in the Bristol Dental Hospital).
How progress will be monitored	Reports to outpatient steering group
Board sponsor	Chief operating officer
Implementation lead	Associate director of operations

[2] The '15 Step Challenge' is The 15 Steps Challenge is a series of toolkits which are part of the resources available for the Productive Care workstream. They have been co-produced with patients, service users, carers, relatives, volunteers, staff, governors and senior leaders, to help look at care in a variety of settings through the eyes of patients and service users, to help capture what good quality care looks, sounds and feels like. - See more at: http://www.institute.nhs.uk/productives/15stepschallenge/15stepschallenge.html#sthash.XhyOdrrc.dpuf

Objective 5	To improve the management of sepsis
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, and is a continuation of a quality objective we set ourselves in 2015/16.
What do our patients say?	"During my three months after suffering sepsis, the treatment I received was first class, the doctors and surgeons saved my life. I would like to put on record that all staff at BRI are fantastic." "The ward did not recognise how unwell my wife was (viral sepsis) and at first did not manage her symptoms very well."
What will we do?	Continuation and development of activities described in section 2.1.1 of this report.
Measurable target/s for 2016/17	Our goal is to achieve the national sepsis CQUIN: timely identification and treatment of sepsis in emergency departments, and acute inpatient settings.
How progress will be monitored	Monitoring by the National Early Warning Scores (NEWS) implementation / deteriorating patient group, and the Patient Safety Group; additional monthly CQUIN reporting to the Trust's Clinical Quality Group
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

Objective 6	To ensure public-facing information displayed in our hospitals is relevant, up-to-date, standardised and accessible
Rationale and past performance	The objective forms part of the Trust's previous two year commitment to improve key aspects of communication with patients. The issue was raised via the Trust's consultation on quality priorities.
What will we do?	We will: • Produce guidelines for all staff about the standard of information that should be displayed in public areas and advice on how to get support to produce it • Work with areas to professionally produce and print any materials that arise from this process • Continue to provide good quality corporate posters, publications and other materials for display in public areas – ensuring they communicate key information and messages.
How progress will be monitored	A monthly walk round public areas by a member of the communications team to take down any materials that do not meet the standard and to identify where new materials need to be professionally produced.
Board sponsor	Deputy chief executive
Implementation lead	Head of communications

Objective 7	**To reduce the number of complaints received where poor communication is identified as a root cause**
Rationale and past performance	Identified by Trust Board as an improvement area – we know that failures in communication account for a significant proportion of complaints received by the Trust.
What do our patients say?	"The information relayed by doctors was vague and the language that they used was jargon." "My experience was a very positive one and this has not been the case in some other hospitals I have used. The big difference was UH Bristol provided clear, timely communication."
What will we do?	Analysis of complaints data reveals that in 2015/16, the Trust received a total of 320 complaints relating to the following categories: - Telecommunications and failure to answer phones (97) - Administration including waiting for correspondence (64) - Communication with patients and relatives (159) In 2016/17, we will be rolling out the changes to patient letters described in section 2.1.1 of this report. We will also be running a transformation project to improve the quality of telephone communications. Finally, during quarter 1, we will conduct further analysis of complaints previously received within the 'communication with patients and relatives' category, to see whether common themes and opportunities can be identified.
Measurable target/s for 2016/17	Our target is to achieve a reduction in complaints received in the categories described above.
How progress will be monitored	Reports to patient experience group
Board sponsor	Chief nurse

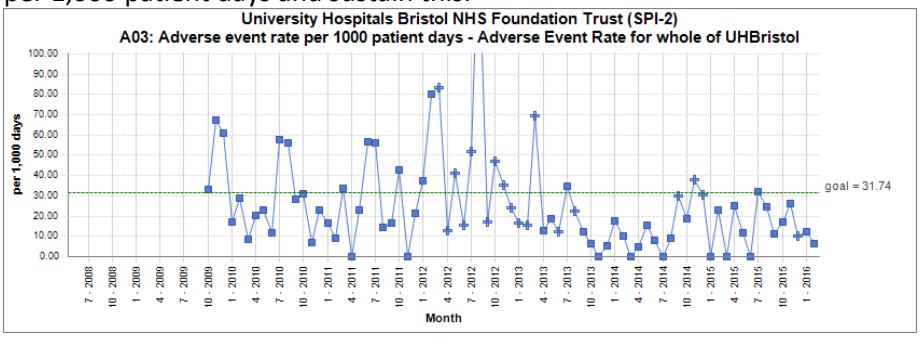
Objective 8	**To ensure inpatients are kept informed about what the next stage in their treatment and care will be, and when they can expect this to happen**
Rationale and past performance	Identified in discussion with Involvement Network as an important marker of positive patient experience when in hospital.
What do our patients say?	"I was kept informed at all times, from the cleaners to the doctors, and had excellent treatment" "I would like to see more communication between doctors and patient keeping them informed of what is happening with treatment."
What will we do?	During the first half of the year, we will carry out targeted 'Face to Face' interviews with inpatients to gain a clearer understanding of their needs and expectations around being kept informed, the ways in which patients are kept informed, and opportunities to do this better.
Measurable target/s for 2016/17	To be determined by chief nurse and medical director following scoping work described above
How progress will be monitored	Reports to patient experience group
Board sponsors	Chief nurse and medical director

Implementation lead	To be determined by chief nurse and medical director following scoping work described above

Objective 9	**To fully implement the Accessible Information Standard, ensuring that the individual needs of patients with disabilities are identified so that the care they receive is appropriately adjusted**
Rationale and past performance	This is a key national standard which has the potential to make a significant difference to patients with disabilities who are cared for in our hospitals. Fits with the Trust's ambitions to do more to meet the needs of patients from defined equalities groups, which will form part of the Trust's quality strategy.
What do our patients say?	"Some nurses didn't know my child was disabled." "This operation was for my 15-year-old son who is deaf. We never got help from anyone who could sign to him and, if I wasn't there, he would have been lost. No-one could talk to him. They knew that he was deaf."
What will we do?	We will develop and implement a Trust-wide plan to address the requirements of the standard.
Measurable target/s for 2016/17	To be agreed
How progress will be monitored	To be determined as part of development of Trust-wide plan
Board sponsor	Chief operating officer
Implementation lead	Associate director of operations

Objective 10	**To increase the proportion of patients who tell us that, whilst they were in hospital, we asked them about the quality of care they were receiving**
Rationale and past performance	All trusts perform relatively poorly on this measure in the National Inpatient Survey; UH Bristol particularly so, because our current surveys are geared largely towards asking patients to reflect on their care post-discharge. In 2016/17, we will implement a new system of routinely capturing and responding to patients' experiences of care whilst they are in hospital. This will form an important part of our new strategy for improving patient experience, which will be focussed on the theme of responsive care.
What do our patients say?	"Please remember that you (midwives/doctors etc.) do this daily, patients don't, so don't forget to take a moment however busy you are, to mean it when you ask a patient if they are okay and listen. Too often the question is asked but the reply is unheard."
What will we do?	During 2016/17, we will procure a new in-hospital patient feedback system to run alongside our existing post-discharge survey. This will enable staff to routinely ask patients about the quality of care they are receiving whilst they are still in hospital, at point of care, as part of a wider theme of delivering responsive care. In the meantime, during the first half of the year, we will carry out targeted 'Face to Face' interviews with inpatients to gain a clearer understanding of their needs and expectations around being asked about quality of care and raising anything they are unclear or concerned about.
Measurable target/s for 2016/17	To achieve significantly improved scores in this measure in the 2017 National Inpatient Survey (by virtue of when the survey takes place), but in the meantime, to see consistent progress through our own monthly survey.
How progress	Reports to patient experience group

will be monitored	
Board sponsor	Chief nurse
Implementation lead	Patient experience programme manager

Objective 11	**To reduce avoidable harm to patients**
Rationale and past performance	Reducing avoidable harm is a stated aim of our 'Sign up to Safety' Patient Safety Improvement Programme 2015-2018 and aligns with our vision 'to be among the best and safest places to receive healthcare' and the national 'Sign up to Safety' campaign's aims and objectives. Avoidable harm reduction is a longer term goal over several years. In our previous Safer Care Southwest Patient Safety Improvement Programme[3] 2009-2015, we set an improvement goal to reduce our adverse event rate[4] by 30 per cent. The graph below shows that over a five year period we achieved our goal to reduce our adverse event rate to below 31.74 per 1,000 patient days and sustain this. 
What will we do?	We will broaden the scope of our adverse event rate audit tool to include additional types of adverse events not previously included. We will test this new tool during quarter 1 of 2016/17. We predict that the new tool will initially increase our adverse event rate so we will use it to establish a new baseline over quarters 2 and 3 and will then set an improvement target of 50 per cent reduction to be achieved over the next three years.
Measurable target/s for 2016/17	Completion of testing of the new audit tool in quarter 1 and establishing a new baseline by the end of quarter 3. Setting a new improvement goal of 50 per cent reduction in quarter 4.
How progress will be monitored	Progress will be monitored through quarterly reports to our Patient Safety Programme Board and our non-executive Quality and Outcomes Committee.
Board sponsor	Medical director
Implementation lead	Head of quality (patient safety)

[3] Formerly known as the South West Quality and Patient Safety Improvement Programme

[4] Adverse events are events which are judged to have caused moderate or a higher level of harm to patients and which we want to reduce, whereas reported incidents may or may not have caused any harm to patients. We want to increase incident reporting so that we can learn as much as possible about events which could impact on our patients and enable us take action to minimise the risk of a similar incident.

Objective 12	To improve staff-reported ratings for engagement and satisfaction
Rationale and past performance	Although our 2015 staff survey results were better than the previous year, we still need to make considerable improvements if we are to achieve our ambition of being rated as one of the best teaching hospitals to work for.
What will we do?	Our plans for 2016/17 include: a focus on improving two way communication between staff and management; recognition events and team building; a review of the Trusts appraisal process; training programmes for line managers; health and wellbeing initiatives, with a specific focus on stress related illness, reduction in staff seeing errors and near misses and an increase in reporting where they are seen to increase lessons learned from the reporting; 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.
Measurable target/s for 2016/17	Our target is to achieve improvements in the following areas of staff-reported experience: • Staff Friends and Family Test scores (this asks whether staff would recommend the Trust as a place to work and receive treatment) • Overall staff engagement (a 'basket' of measures covering staff motivation, involvement and advocacy) • The percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month We will measure improvement via our annual all-staff census (this takes place in the third quarter of the year). We will also track progress via our quarterly Friends and Family Test survey (different staff groups are surveys each quarter: scores for each quarter are directly comparable to the equivalent survey 12 months previously).
How progress will be monitored	Divisional Board meetings and Trust Board
Board sponsor	Director of workforce and organisational development
Implementation lead	Divisional directors supported by corporate human resources

2.1.2.1 How we selected these objectives

These objectives have been developed, following consideration of:

- our desire to maintain our focus on any quality objectives that were not achieved in 2015/16
- views expressed by our members of our Involvement Network at a meeting in January 2016
- feedback from our governors
- feedback from staff and members of the public via an online survey
- feedback from patients via ongoing surveys
- the views and quality priorities of the Trust Board and our commissioners
- the Government's mandate to NHS England for 2016/17

2.2 Statements of assurance from the Board

2.2.1 Review of services

During 2015/16, UH Bristol provided relevant health services in 70[5] specialties via five clinical divisions (Medicine; Surgery, Head and Neck; Women's and Children's Services; Diagnostics and Therapies; and Specialised Services).

During 2015/16, 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 2015/16 therefore, in these terms, represents 100 per cent of the total income generated from the provision of relevant health services by the Trust for 2015/16.

2.2.2 Participation in clinical audits and national confidential enquiries

For the purpose of the Quality Account, the Department of Health published an annual list of national audits and confidential enquiries, participation in which is seen as a measure of quality of any trust clinical audit programme. This list is not exhaustive, but rather aims to provide a baseline for Trusts in terms percentage participation and case ascertainment. The detail which follows, relates to this list.

During 2015/16, 38 national clinical audits and three national confidential enquiries covered NHS services that University Hospitals Bristol NHS Foundation Trust provides. During that period, University Hospitals Bristol NHS Foundation Trust participated in 100% (38/38) national clinical audits and 100 per cent (3/3) of the national confidential enquiries of which it was eligible to participate in.

The national clinical audits and national confidential enquiries that University Hospitals Bristol NHS Foundation Trust was eligible to participate in during 2015/16, and whether it did participate, are as follows:

Table 1

Name of audit / Clinical Outcome Review Programme	**Participated**
Acute	
Case Mix Programme (CMP)	Yes
Major Trauma: The Trauma Audit & Research Network (TARN)	Yes
National emergency laparotomy audit (NELA)	Yes
National Joint Registry (NJR)	Yes
Procedural Sedation in Adults (care in emergency departments)	Yes
VTE risk in lower limb immobilisation (care in emergency departments)	Yes
National Complicated Diverticulitis Audit (CAD)	Yes
Emergency Use of Oxygen	Yes

[5] 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 NHS Improvement)

Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	Yes
Blood and Transplant	
National Comparative Audit of Blood Transfusion programme	Yes
Cancer	
Bowel cancer (NBOCAP)	Yes
Lung cancer (NLCA)	Yes
Oesophago-gastric cancer (NAOGC)	Yes
Heart	
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
Long term conditions	
National Diabetes Audit (Adult) ND(A)	Yes
National Diabetes Foot Care Audit (NDFA)	Yes
Diabetes Inpatient Audit	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
National Ophthalmology Audit	Yes
UK Cystic Fibrosis Registry	Yes
Older People	
National Hip Fracture Database (NHFD)	Yes
National Audit of Inpatient Falls (NAIF)	Yes
Sentinel Stroke National Audit Programme (SSNAP)	Yes
UK Parkinson's Audit	Yes
Other	
Elective surgery (National PROMs Programme)	Yes
Women's & Children's Health	
Vital signs in children (care in emergency departments)	Yes
Neonatal intensive and special care (NNAP)	Yes
Paediatric Asthma	Yes
Paediatric intensive care (PICANet)	Yes
Child Health Clinical Outcome Review Programme	Yes
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	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 2015/16 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).

Table 2

Name of audit / Clinical Outcome Review Programme	% Submitted
Acute	
Case Mix Programme (CMP)	100% (1332/1332)
Major Trauma: The Trauma Audit & Research Network (TARN)	80% (327/408)
National emergency laparotomy audit (NELA)	64% (145/228)
National Joint Registry (NJR)	45*
Procedural Sedation in Adults (care in emergency departments)	100% (50/50)
VTE risk in lower limb immobilisation (care in emergency departments)	100% (50/50)
National Complicated Diverticulitis Audit (CAD)	30*
Emergency Use of Oxygen	22*
Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	42% (8/19)
Blood and Transplant	
National Comparative Audit of Blood Transfusion programme	100% (88/88)
Cancer	
Bowel cancer (NBOCAP)	120 (188/157)**
Lung cancer (NLCA)	148*
Oesophago-gastric cancer (NAOGC)	>90% (211*)
Heart	
Acute coronary syndrome or Acute myocardial infarction (MINAP)	833
Cardiac Rhythm Management (CRM)	840*
Congenital heart disease (Paediatric cardiac surgery) (CHD)	100% (744/744)
Coronary Angioplasty/National Audit of PCI	100% (1690/1690)
National Adult Cardiac Surgery Audit	100% (1411/1411)
National Cardiac Arrest Audit (NCAA)	98*
National Heart Failure Audit	318*
Long term conditions	
National Diabetes Audit (Adult) ND(A)	613*
National Diabetes Foot Care Audit (NDFA)	23*
Diabetes Inpatient Audit	83*
Diabetes (Paediatric) (NPDA)	100% (1567/1567)
Renal replacement therapy (Renal Registry)	66*
Rheumatoid and early inflammatory arthritis	18*
UK Cystic Fibrosis Registry	371*

Older People	
National Hip Fracture Database (NHFD)	100% (315/315)
National Audit of Inpatient Falls (NAIF)	100% (30/30)
Sentinel Stroke National Audit Programme (SSNAP)	>90% (466*)
UK Parkinson's Audit	54*
Other	
Elective surgery (National PROMs Programme)	60% (103/173)
Women's & Children's Health	
Vital signs in children (care in emergency departments)	100% (50/50)
Neonatal intensive and special care (NNAP)	100% (721/721)
Paediatric Asthma	100% (25/25)
Paediatric intensive care (PICANet)	100% (775/775)
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	100% (59/59)

*No case requirement outlined by national audit provider/unable to establish baseline.
** Case submission greater than national estimate from Hospital Episode Statistics (HES) data

The reports of 13 national clinical audits were reviewed by the provider in 2015/16. University Hospital Bristol NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

British Thoracic Society (BTS) Emergency Oxygen Audit

- introduce a Patient Group Direction to allow senior nurse practice nurses to prescribe oxygen; ward-based education in oxygen prescribing has also been introduced.

National Emergency Laparotomy Audit (NELA)

- 'Boarding' and 'landing' cards have been introduced to help prompt decisions around pre and post-operative care and to improve the standardisation of care in theatres.

College of Emergency Medicine Audits

- the operating hours of the mental health liaison team will be increased to reduce the time patients wait to be reviewed; the Mental State Examination (MSE) will also be incorporated into the matrix assessment form
- fluid balance forms are to be made available in the resuscitation area to improve the management of patients with severe sepsis/septic shock
- a flow chart/decision aid will be designed to aid management from the early stage of triage of patients presenting with a paracetamol overdose
- follow-up arrangements for fitting patients presenting to the Emergency Department will be clarified and improved through the introduction of a new guideline and care record proforma; a 'Fits, Faints and Funny Turns' leaflet is also being produced to raise parental awareness
- a wheeze care record proforma is being developed to better manage patients presenting with moderate and severe asthma; Trust guidance is also being revised in line with national recommendations.

National Cancer Audits

- there has been an increase in proactive data collection for this audit with much day-to-day work now delegated to multi-disciplinary team coordinators and teams, supported by full guidance and data completeness trackers; our data completeness is now better than the national average for most data fields.

National Heart Failure Audit

- an outreach heart failure service from cardiology to medicine has been established
- consultant and nursing capacity has been increased to manage additional referral activity
- electronic alert and referral systems have been set up within Medway (the Trust's patient administration system) to identify patients admitted with heart failure and improve their management
- an electronic data capture system has been designed in Medway to improve the capture of data required for the national audit.

National Adult Inflammatory Bowel Disease (IBD) Audit

- extra IBD specialist nurses are to be recruited and our clinical guidelines for the management of IBD are to be re-written.

National Diabetes Inpatient Audit (NADIA)

- further diabetes inpatient specialist nurse roles are to be recruited to and an inpatient diabetes steering group is being established to improve the care of diabetic patients.

National Diabetes Audit – Pregnancy in Diabetes

- a database/spreadsheet is to be created which will allow capture of specific baseline data (e.g. folic acid prescribing) at the first clinic visit and facilitate analysis of UH Bristol specific data moving forwards
- liaison with primary care and education about 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 team is fully engaged with the established south west diabetes and pregnancy regional network to support regional service development, sharing of data and ideas and agreeing consensus best practice
- the antenatal endocrine service provision and capacity will be reviewed in order to increase frequency of contact with patients to support improved glycaemic control.

National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme

- the Trust's admission proforma is being redesigned to help capture and 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 & Fibrilation) score.
- smoking cessation and referral to pulmonary rehabilitation referral is now a matter of course after introducing the formal discharge bundle of care
- portable spirometers for the three respiratory wards within the Trust and for the Medical Assessment Unit are in the process of being purchased.

Childhood Epilepsy Audit (Epilepsy 12)

- care pathways, guidance and care proforma will be amended to help improve the management of children with epilepsy
- secondary care epilepsy clinics will be introduced and a transition service set up
- a questionnaire will be designed to capture the parental issues relating to behavioural, developmental and emotional issues of the children.

Neonatal intensive and special care (NNAP)

- further targeted local audits have been identified to help improve practice.

The outcome and action summaries of 218 local clinical audits were reviewed by University Hospital Bristol NHS Foundation Trust in 2015/16; summary outcomes and actions reports are reviewed on a bi-monthly basis by the Clinical Audit Group. Details of the changes and benefits of these projects will be published in the Trust's Clinical Audit Annual Report for 2015/16[6].

2.2.3 Participation in clinical research

As a research active trust providing specialist care to patients in Bristol and across the South West, we recognise the importance of research in gathering the evidence to improve the care the NHS delivers.

We are proud of the research that takes place in UH Bristol, and that we can give patients the opportunity to participate in a trial relevant to their condition, receive gold-standard clinical care which is provided or sub-contracted by UH Bristol, and to play a part in generating research evidence. The number of patients receiving relevant health services provided by University Hospitals Bristol NHS Foundation Trust in 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was 4,429. As of 31st March 2016, we have 756 active research projects. They include clinical trials of investigational medicinal products, and interventional trials such as surgical trials.

Table 3

Number of active non-commercial (portfolio) projects – 457
Number of active non-commercial (non-portfolio) projects – 144
Commercial studies registered –155 (125 portfolio studies)
Number of recruits in non-portfolio non-commercial trials – 555
Number of recruits in portfolio non-commercial trials – 3,524
Number of recruits in commercial trials – 350

Over the last year, we have focused on a number of specific areas. We continued to support researchers to develop high quality grant applications and then setting up grants and recruiting more quickly, to ensure the funding is used most effectively. We have opened trials in new areas, notably obstetrics and ear nose and throat, and are working collaboratively with new local partners to deliver their trials successfully. We continue to be committed to the rapid set-up and effective delivery of high quality commercial research at UH Bristol. These trials allow us to offer new treatments to our patients, which may otherwise not be available. They also provide an income stream to build capacity to deliver more trials at UH Bristol. In 2015/16 we recruited first patients to a number of trials – both nationally and internationally, and six of our Principal Investigators were recognised for the successful delivery of commercial research within the NHS by the chief medical officer as part of a National Institute for Health Research (NIHR) event.

We recognise that a well trained workforce is one of the keys to success, and have worked with partner organisations to make NIHR training accessible to staff across the research network. A group of our research staff are now trained to deliver a wide range of courses to their peers, including The Fundamentals of Clinical Research, Let's Talk Trials, Paediatric Communication and Consent, and Valid Informed Consent, in addition to the International Conference on Harmonisation of Good Clinical Practice (ICH-GCP).

[6] Available via the Trust's internet site from July 2016

2015/16 saw the close of an international trial, in which the effectiveness of two drugs in reducing swelling of the macula for patients with diabetic macular edema was assessed. This was the first trial to come to the UK through a formal consortium agreement between the NIHR Moorfields Biomedical Research Centre, for which UH Bristol leads on inflammation and immunotherapeutics, and the National Institutes of Health (NIH) in the USA. UH Bristol recruited nearly two thirds of the 66 patients recruited in the trial, across the UK and USA. As a result of this successful collaboration we have been in discussions with the NIHR and NIH regarding four potential new trials we hope to bring to Bristol.

It is important to demonstrate that research has an impact on the health care the NHS delivers. Evidence from one of our sponsored trials was confidentially shared with NHS England ahead of its publication, in order for a prescribing recommendation to be made. As a result, NHS England published an interim clinical commissioning policy on the use of a biologic for children with severe refractory uveitis, recommending its use for patients who meet the clinical criteria it sets out. The policy will benefit children for whom uveitis threatens their sight, and for whom other treatments have proven ineffective.

2.2.4 CQUIN framework (Commissioning for Quality and Innovation)

A proportion of University Hospitals Bristol NHS Foundation Trust's income in 2015/16 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 2015/16 for quality improvement and innovation goals was approximately £9.77m based on the sums agreed in the contracts (this compares to £9.63m in 2014.15).

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. 22 CQUIN targets were agreed, covering more than 35 measures. There were three nationally specified goals: acute kidney injury, sepsis (screening and timely provision of antibiotics) 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 22 CQUIN targets and four in part, as follows:

- Acute kidney injury
- Sepsis (partial)
- Dementia (partial)
- Improving diagnosis recording in A&E
- SHINE[7]

[7] SHINE is a patient safety checklist which brings together in an easy to use tool a list of all essential tasks, grouped by time from presentation. These require a time and signature as they are completed. Patients with service needs either related to or peripheral to their presentation have these recognised and have referrals made into the correct services. These are safeguarding, mental health, domestic or sexual violence, alcohol and drugs. Patients with conditions that require being on a pathway are recognised and that pathway commenced, specifically stroke, diabetic ketoacidosis, fractured neck of femur,

- Reduction in alcohol dependence and planned alcohol withdrawal
- Discharge summaries
- Reducing late inter provider cancer referrals
- Cancer treatment summaries
- End of life
- Ask 3 questions
- The Care Act - 'Making Safeguarding Personal'
- Care homes
- Organisational patient safety culture
- Transition
- BMT: comorbidity scoring of patients
- OncotypeDX
- Highly specialised services clinical outcomes collaborative audit meeting
- Hepatitis C
- Reduce delayed discharge from intensive care unit to ward level care by improving bed management in wards (partial)
- 2 year outcomes for infants <30 weeks gestation
- Standardised and equitable transition preparation across all patient groups
- Neonatal Unit Admissions (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 CQC has not taken enforcement action against the Trust in 2015/16.

The Trust's most recent comprehensive inspection took place between 10 and 12 September 2014, the outcome of which was reported in last year's Quality Report. UH Bristol was not subject to a CQC comprehensive inspection or any responsive reviews in 2015/16 – our CQC status therefore remains 'requires improvement'. The Trust did however participate in a CQC thematic review of integrated care for older people, and a review of health services for children looked after and safeguarding in South Gloucestershire.

The Trust received two outlier alerts from the CQC during 2015/16. In December 2015, the Trust received a maternity outlier alert for maternal non-elective readmissions within 42 days of delivering, and in March 2016, the Trust received a mortality outlier alert in respect of coronary atherosclerosis and other heart disease. The Trust responded to the CQC within the agreed timeframes for these alerts.

2.2.6 Data quality

UH Bristol submitted records during 2015/16 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: 99.5 per cent for admitted patient care; 99.8 per cent for outpatient care; and 96.8 per cent for accident and emergency care (these

gastro-intestinal bleed and sepsis. The tool minimises written information and facilitates easy, accurate handover between staff, particularly during busy periods.

are all improvements on the 2014/15 data: 99.4 per cent for admitted patient care, 99.7 per cent for outpatient care and 96.0 per cent for patients in accident and emergency care)
- which included the patient's valid general practice code was: 99.9 per cent for admitted patient care; 99.9 per cent for outpatient care; and 99.9 per cent for accident and emergency care (the accident and emergency score is an improvement on 99.7 in 2014/15; the admitted patient care and outpatient care scores both declined by 0.1 per cent compared with validated 2014/15).

(Data source: NHS Information Centre, SUS Data Quality Dashboard, April 2015 - January 2016 as at Month 10 inclusion date)

UH Bristol's information governance assessment report overall score for 2015/16 was 72 per cent and was graded Level 2. This is an improvement on our score of 66 per cent in 2014/15.

UH Bristol has not been subject to a national payment by results audit in 2015/16 as the accuracy of clinical coding is within accepted norms.

In 2015/16, the accredited auditor for the Trust's clinical coding team undertook an audit of 100 Finished Consultant Episodes (FCEs) in cardiac surgery and cardiology. The following levels of accuracy were achieved (2014/15 results in brackets):

- primary procedure accuracy: 100% (98.9%)
- primary diagnosis accuracy: 99.0% (90.0%)

In March 2015/16, the clinical coding team also carried out an audit of 50 FCEs in ophthalmology. The results showed an increase in accuracy for diagnoses and procedures (2014/15 results in brackets):

- primary diagnosis accuracy: 98.0% (96.0%)
- primary procedure accuracy: 98.0% (93.9%)

(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:

- the data quality programme involves a regular data quality checking and correction process; this involves the central information system team creating and running daily reports to identify errors and working with the Medway support team and users across the Trust in the correction of those errors (this includes checking with the patient for their most up to date demographic information)
- the Trust has installed self-check-in devices across the Trust in addition to outpatient clinic reception staff to enable patients to update their own demographic information.

2.3 Mandated quality indicators

In February 2012, the Department of Health and NHS Improvement announced a new set of mandatory quality indicators for all Quality Accounts and Quality Reports. The Trust's performance in 2015/16 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 4

Mandatory indicator	**UH Bristol 2015/16**	**National average 2015/16**	**National best 2015/16**	**National worst 2015/16**	**UH Bristol 2014/15**	**Page ref.****
Venous thromboembolism risk assessment	98.8% Apr-Dec15	95.7% Apr-Dec15	100% Apr-Dec15	80.6% Apr-Dec15	98.0%	39
Clostridium difficile rate per 100,000 bed days (patients aged 2 or over)	16.7 Apr15-Jan16	15.3 Apr15-Jan16	0 Apr15-Jan16	63.4 Apr15-Jan16	20.5	41
Rate of patient safety incidents reported per 1,000 bed days	54.64 Apr15-Sep15	38.23 Apr15-Sep15	117.00[8] Apr15-Sep15	15.90 Apr15-Sep15	54.80	51
Percentage of patient safety incidents resulting in severe harm or death	0.37% Apr15-Sep15	0.42% Apr15-Sep15	2.92% Apr15-Sep15	0% Apr15-Sep15	0.44%	51
Responsiveness to inpatients' personal needs	Comparative data for 2014/15 (2013/14 in brackets): UH Bristol score 69.4 (71.7); England overall 68.9 (68.7); low 59.1 (54.4); high 86.1 (84.2). Comparative data for 2015/16 will not be available from the Health & Social Care Information Centre until August 2016).					59
Percentage of staff who would recommend the provider	77.0% 2015 Staff Survey	75.0% 2015 Staff Survey	86.1% 2015 Staff Survey	55.4% 2015 Staff Survey	70.5% 2014 Staff Survey	69
Summary Hospital-level Mortality Indicator (SHMI) value and banding	97.8 (Band 2 "As Expected") Oct14-Sep15	100 Oct14-Sep15	65.2 Oct14-Sep15	117.7 Oct14-Sep15	96.1 (Band 2 "As Expected") Apr14-Mar15	76
Percentage of patient deaths with specialty code of 'Palliative medicine' or diagnosis code of 'Palliative care'	23.5% Oct14-Sep15	26.6%	0.2%	53.5%	22.3% Apr14-Mar15	N/A
Patient Reported Outcome Measures	Comparative groin hernia data for 2014/15: 72% of UH Bristol patients reported an improved EQ-5D score (national average 50.7%); 45.5% of UH Bristol patients reported an improved EQ-VAS score (national average 38.1%). UH Bristol PROM data for varicose veins does not meet the publication threshold due to small sample size.					81
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 subsequent years from the Health & Social Care Information Centre.*					83
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 subsequent years from the Health & Social Care Information Centre.*					83

*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.

**page numbers indicate where in this report the indicators are discussed, or where there is related content

[8] 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)

Part 3

Review of services in 2015/16

3.1 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 harm as a consequence of care we have provided.

What patients said in our monthly survey:

"I found the stay in hospital really good. I felt secure and very safe."

"I felt safe, comfortable and cared for. I do not feel I could have received better if I had gone to an expensive private facility. St Michael's Hospital is highly recommended in my view."

3.1.1 Patient falls

Falls and fractures are a common and serious problem affecting older adult inpatients, with over 240,000 falls reported each year from hospitals in England and Wales; resulting in significant personal and financial consequences (Royal College of Physicians 2015).

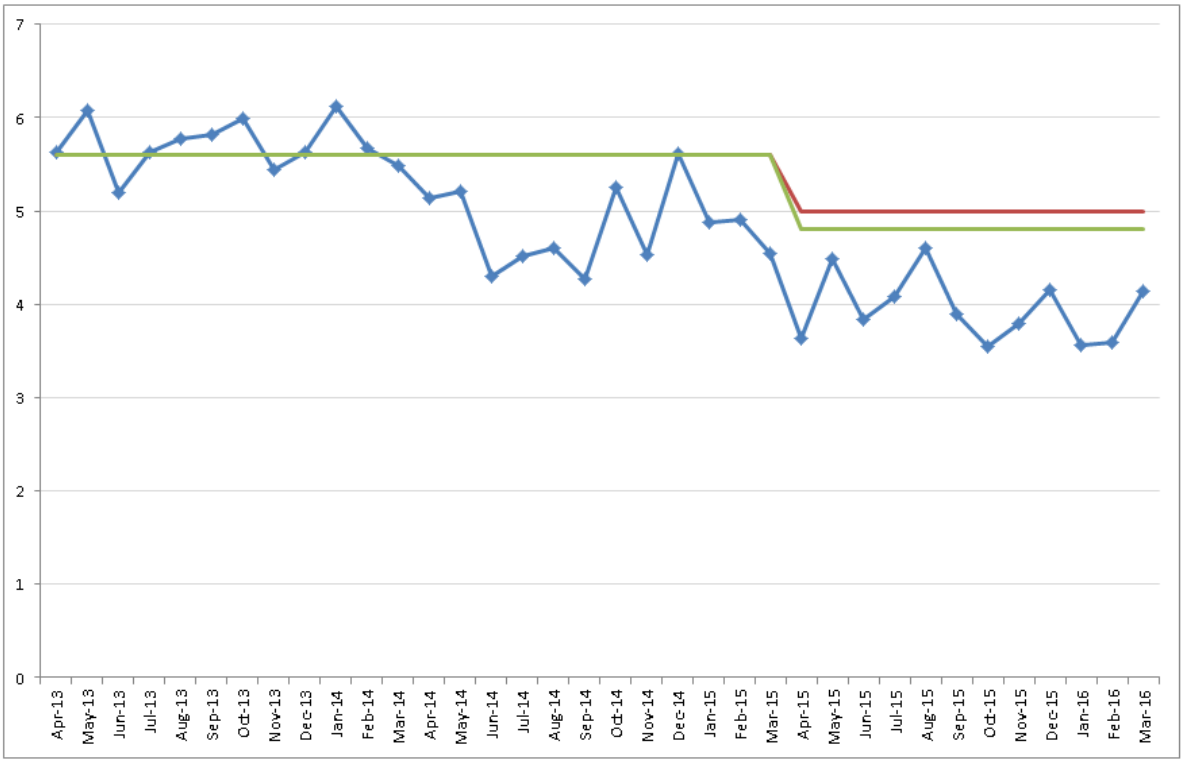
In 2015/16, we continued to focus on reducing the numbers of inpatient falls and incidences of harm caused by a fall. Common themes identified during the year were that the majority of falls were unwitnessed, age related, with over half of falls occurring in people with a degree of cognitive impairment.

Our target for the year was to achieve fewer falls than the average 5.6 per 1,000 bed days (National Patient Safety Agency). Having achieved green status for 11 consecutive months in 2014/15, it was agreed by the Trust's Patient Safety Group that the target would be lowered to 4.8 per 1,000 bed days. As seen in Figure 1 we have consistently performed below (better than) the new target.

This reduction in falls has continued through a combination of focused work by our falls steering group. The promotion of initiatives such as the "Eyes on Legs" Campaign has helped embed the concept of falls being everyone's responsibility, regardless of role. Our bespoke falls training now incorporates an element on dementia and supporting patients with a cognitive impairment, as this group of patients are more susceptible to falls.

The Trust's clinical leads for falls continue to offer bespoke, face to face training in those areas reporting a higher numbers of falls or who have a fall with harm. Falls awareness forms part of the Trust's staff induction programme and clinical update days.

Figure 1 – Patient falls per 1,000 bed days



Source: Falls Base Data, UH Bristol

Note: Prior to April 2015, the Trust used the old NPSA target of 5.6 falls per 1,000 bed days. Since April 2015, in a spirit of continuous improvement, we have adopted a green threshold of 4.8 (equal to our average falls rate in 2014/15), with an 'alarm' trigger of 5.0.

The falls steering group was proud to receive the 'Quality Champion' award at the annual Trust Recognising Success Awards in November 2015. In 2016/17, the group will continue to focus on reducing the level of harm to patients as a result of a fall. Additional actions are planned including:

- development of the Trust falls champions role and enhanced training for these staff members
- supporting the roll out of activity boxes for patients who are on 1:1 enhanced observation
- piloting the use of coloured tags on walking aids to identify the level of support needed for patients when walking
- increasing use of call bells through specific posters to highlight use to patients and carers.

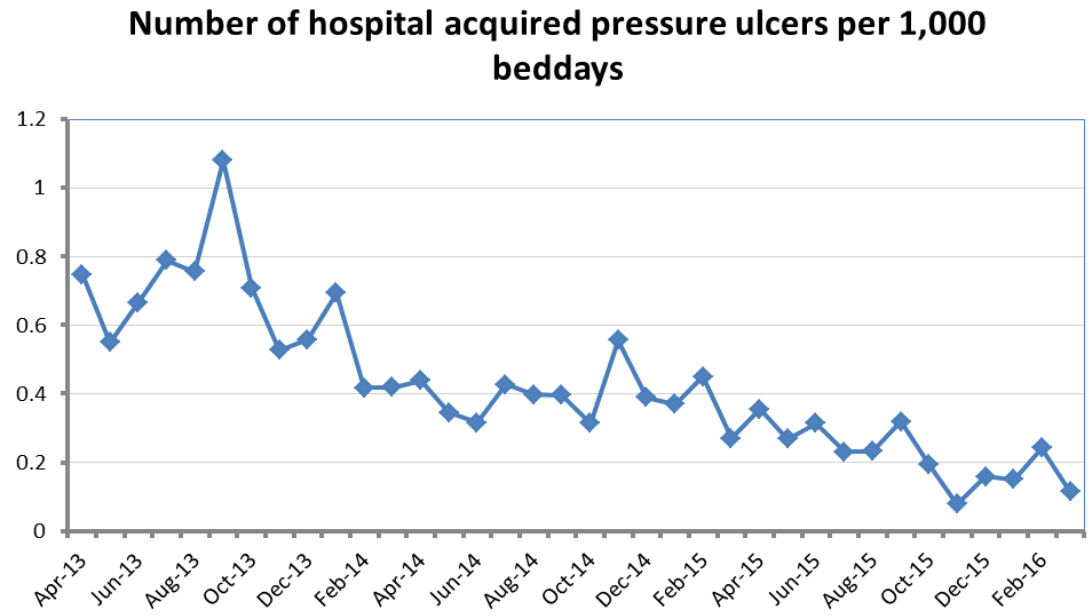
Targeted promotional work will also take place during national falls awareness week in September 2016.

3.1.2 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 2015/2016, the Trust's target was to achieve fewer than 0.4 category 2 to 4 hospital acquired pressure ulcers per 1,000 bed days. The target of 0.4 per 1,000 bed days was a reduction from the 2014/2015 target of 0.651 per 1,000 bed days. The Trust achieved 0.23 per 1,000 bed days during 2015/2016, achieving our target and a reduction from 2014/2015's figure of 0.398. This figure represents a reduction in the number of grade 2 and 3 hospital acquired pressures ulcers, with no grade 4 pressure ulcer seen over the last two years.

Figure 2



Source: Ulysses Safeguard and Datix® systems

The importance of achieving and sustaining pressure ulcer prevention and the impact this has on our patients' experience is recognised across the Trust. Good practice is well embedded and is underpinned by national guidance. Achievements during 2015/2016 include:

- implementing patient-centric pressure ulcer prevention care plans throughout the Trust
- working with community partners, implementing patient information leaflets throughout the Trust to ensure a consistent message is communicated across acute and community settings
- implementation and roll-out of a Trust-wide dressings formulary in order to standardise dressings across both acute and community settings
- developing a second generation interactive e-learning programme, which is specific to adult, maternity and paediatric clinical settings
- publication of an article and presentation of a poster at a national tissue viability conference
- six-monthly reviews of all grade 3 pressure ulcers to identify themes and ensure learning and actions are disseminated and captured on the work plan.

Planned actions for 2016/2017 include:

- introducing wound care and pressure ulcer prevention competencies throughout the Trust to compliment and link theory to practice training
- developing focussed work on reducing hospital acquired pressure ulcers, which are linked to pressure from medical devices
- reviewing our dynamic mattress contract to ensure it meets the needs of patients and is cost effective.

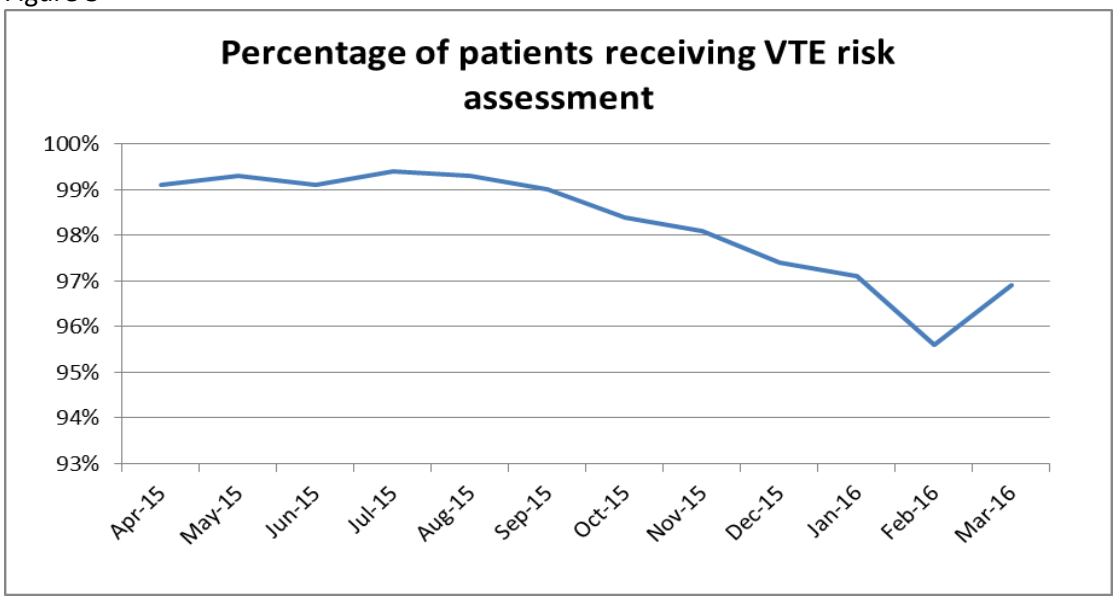
3.1.3 Venous thromboembolism (VTE)

(Mandatory indicator)

In 2015/16, we aimed to sustain our good performance for 2014/15 by adhering to our locally set stretch target (99 per cent) for VTE risk assessment and 95 per cent for appropriate thrombo-prophylaxis.

We have consistently achieved the required national 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 98.2 per cent[9]; this compares with 98.8 per cent in 2014/15. From October 2015, there was a decline in performance below our 99 per cent stretch target which we have subsequently found to mainly be a data entry issue following a change of staff in the discharge lounge where large numbers of VTE risk assessments are recorded. Training was provided in this area in March 2016 and performance seems to have started to recover. We have however, remained above the national target of 95 per cent for the whole of 2015/16.

Figure 3



Source: UH Bristol Medway system

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

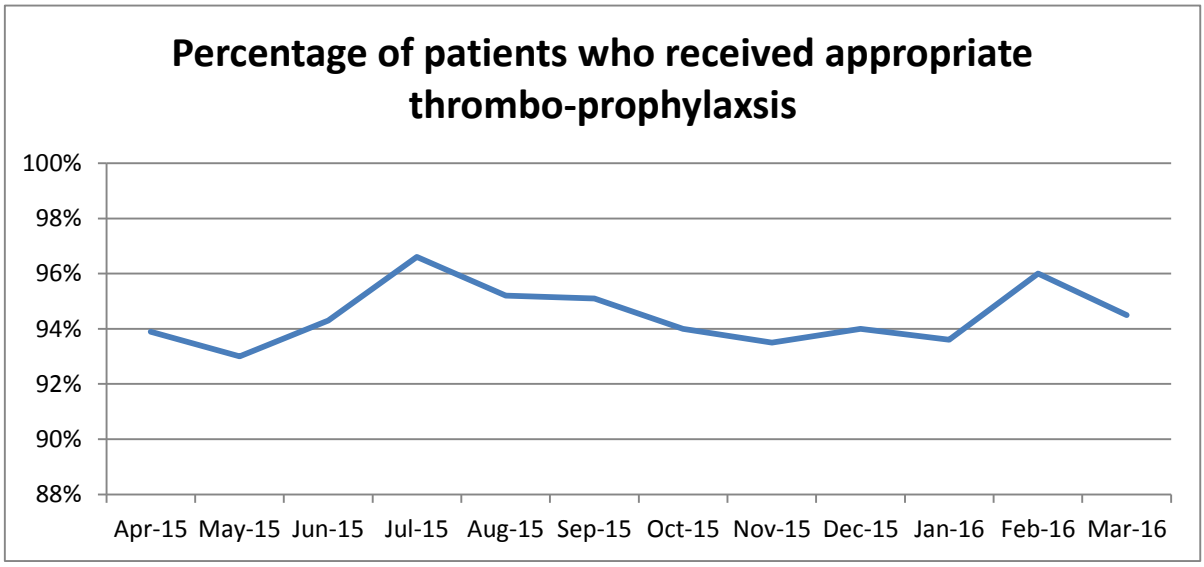
The Trust has taken the following actions in 2015/16 to sustain more than 95 per cent compliance with VTE risk assessments: hospital associated VTE are subject to a modified root cause analysis

[9] This figure differs from the 98.0 per cent quoted in Table 4, which is from the Health & Social Care Information Centre and covers the first three quarters of the year only

(RCA) investigation[10], and should there be any learning regarding the timeliness or appropriateness of the VTE risk assessments and appropriate thrombo-prophylaxis, this is shared across the organisation.

In 2015/16, 94.6 per cent of patients at risk of VTE received appropriate thrombo-prophylaxis, compared with 94.4 per cent in 2014/15 and 93.4 per cent in 2013/14. See Figure 4 below.

Figure 4



Source: Pharmacy ward audits

During the last year, there have been 76 cases of hospital associated thrombosis (compared with 66 in 2014/15), 11 of which were deemed potentially avoidable. At the time of writing, the Trust is finalising the investigations into all hospital associated thrombosis for the whole year.

There has been one serious incident which occurred in 2015/16 (but which was identified and reported in 2016/17) where a patient was unexpectedly found to have a pulmonary embolus on post mortem. The patient did have risk factors that would indicate a need for prophylactic enoxaparin; however, the VTE risk assessment was not completed and prophylactic enoxaparin was not given during the patient's admission. It is believed that had enoxaparin been administered, this may have reduced but not eliminated the patient's risk of pulmonary embolus. Following this incident, we have issued a further Trust-wide safety bulletin regarding VTE risk assessments entitled "Don't be a clot - Assess all patients for their venous thromboembolic risks" to raise awareness about what happened in this incident. There has also been some local learning regarding routes of admission for patients into the relevant specialty which are being reviewed and a plan to look at standardising ward rounds in the speciality.

[10] This is a requirement of our commissioners

3.1.4 Infection control

3.1.4.1 Clostridium difficile
(Mandatory indicator)

Clostridium difficile infection remains an unpleasant, and potentially severe or fatal infection that occurs mainly in elderly and other vulnerable patient groups, especially those who have been exposed to antibiotic treatment. The Trust has made great strides over the years to reduce the numbers of *Clostridium difficile* infections; however there was a rise in cases during 2014/15 and the rate of improvement has slowed. It is important to note that some detected cases of *Clostridium difficile* are a consequence of factors such as clinical condition and are beyond the Trust's control. This has been acknowledged nationally and means that we need a greater understanding of individual cases. Accordingly, we changed our reporting methodology in 2014/15. The Trust and its commissioners (Bristol CCG) are now required to assess each case to see if there were lapses in care of each patient who acquires *Clostridium difficile* in the Trust, to determine whether these lapses in care contributed to their infection, and whether the *Clostridium difficile* infection was 'avoidable or unavoidable'. The limit for avoidable cases for 2015/16 was set at 45 by Public Health England. During the year, the Trust reported 17 avoidable cases.

Table 5

	Total Number of *Clostridium difficile* cases	Avoidable infections
2014/15	50	8
2015/16	40	17

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

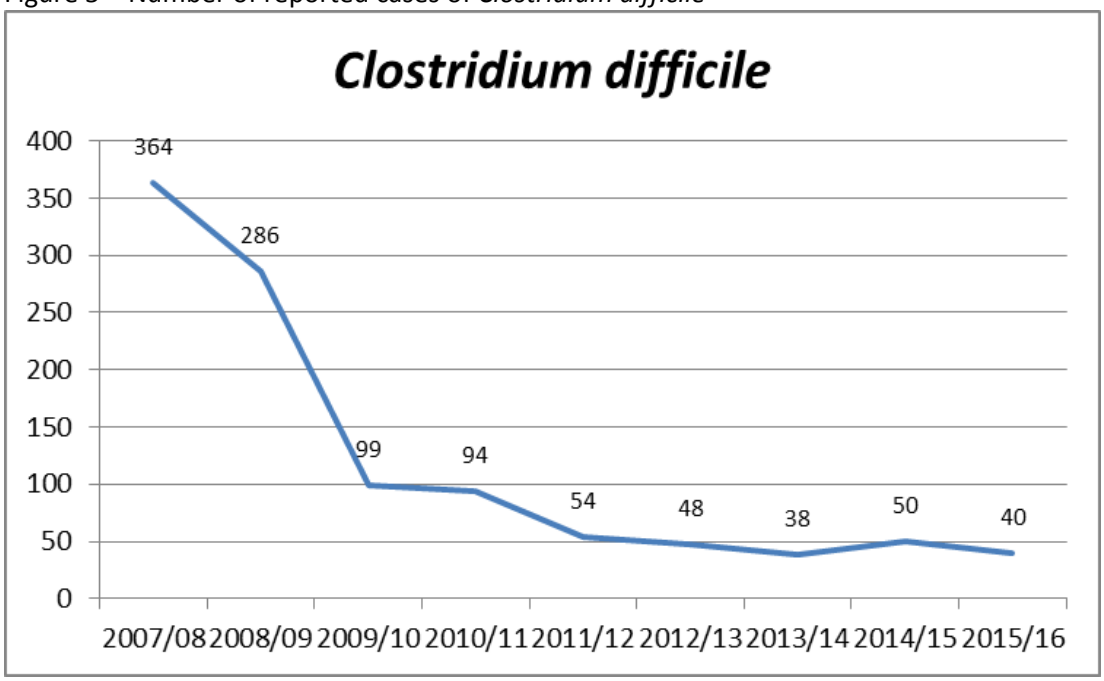
- a gradual increase in the mean age of patients, which increases the risk of development of significant co-morbidities and immobility
- increased exposure to antibiotics because of respiratory and urinary tract infections in the hospital and community populations.

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.

The Trust has taken the following actions in 2015/16 to manage *Clostridium difficile* infection and to improve patient safety:

- patients are assessed by an infection control nurse, medical microbiologist and anti-infective pharmacist when a positive result is received
- patients are monitored by the infection prevention and control team on a daily basis
- all cases are assessed to determine if their infection was 'avoidable' or 'unavoidable '
- antibiotic prescribing continues to be monitored.

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



Source: South West Public Health England Centre healthcare associated infection data

3.1.4.2 Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia

The National target of zero tolerance to avoidable MRSA (Meticillin-resistant *Staphylococcus aureus*) bacteraemia infection continues year on year. UH Bristol had three MRSA cases reported in 2015/16; an improvement from 2014/15 when five cases were reported and attributed to the Trust. Post infection reviews have been undertaken and have shown that all the cases were clinically complex and challenging. Two recurrent themes were identified:

- MRSA decolonisation washes were not continued for the duration of stay of the patient in the hospital as per Trust policy
- Documentation such as stool charts and risk assessments were not being fully completed.

Action plans have been agreed to ensure these concerns are addressed and infection control clinical focus ward rounds have been commenced weekly by the infection control team to help to focus on these issues.

3.1.4.3 Peripheral and central line care

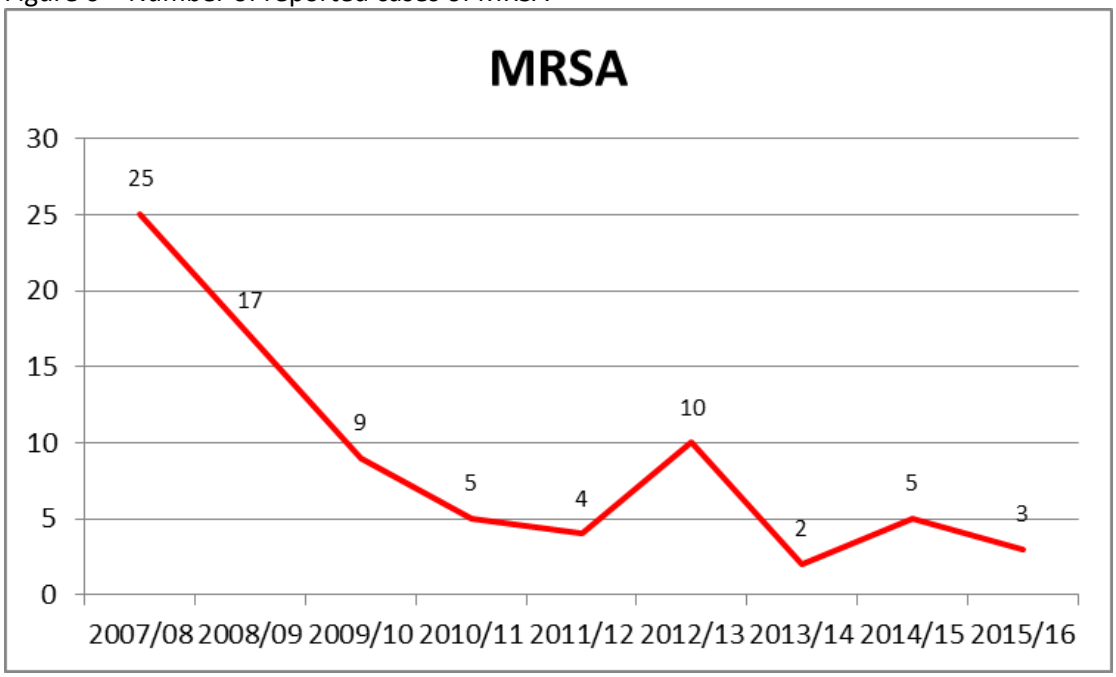
Poor standards of aseptic technique are a fundamental cause of healthcare acquired infections (Department of Health, 2003). The aseptic non-touch technique (ANTT) is the standard intravenous technique used for the accessing of all venous access devices regardless of whether they are peripherally or centrally 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 2015/16 include the following:

- ANTT is now part of essential training
- an ANTT compliance audit is now available on the Trust's intranet; to be completed quarterly
- the introduction of bio patches - chlorhexidine impregnated disks that fit around the catheter and sit on the skin of the patient - in our medical division has coincided with a

decrease in line infections; our specialised services division has also implemented bio patches and seen a reduction in catheter related blood stream infections (CRBSI)

- we plan to evaluate Posiflush - a ready to use sterile pre-filled syringe for flushing vascular access devices - in the Bristol Haematology and Oncology Centre to further reduce infection rates
- all clinical areas have now implemented Microclave - clinically-proven needlefree technology designed to reduce the risk of bacterial contamination and improve patient outcomes
- the Trust is reviewing intravenous dressings to improve infection rates.

Figure 6 – Number of reported cases of MRSA



Source: Public Health England Data Capture System

3.1.4.4 Meticillin susceptible Staphylococcus aureus (MSSA) bacteraemia

The Trust's MSSA bacteraemia target for 2015/16 (set by the Trust) was 25 cases. The number of cases reported was 26. Actions to prevent MSSA are similar to those for MRSA. There is no national guidance indicating widespread screening of MSSA at the present time. The number of people who harmlessly carry MSSA (approximately one third) is far greater than MRSA.

There were 11 MSSA cases relating to vascular access devices during 2015/16. This equates to a reduction of four cases from the previous year. 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 practitioners throughout the Trust.

3.1.4.5 Norovirus

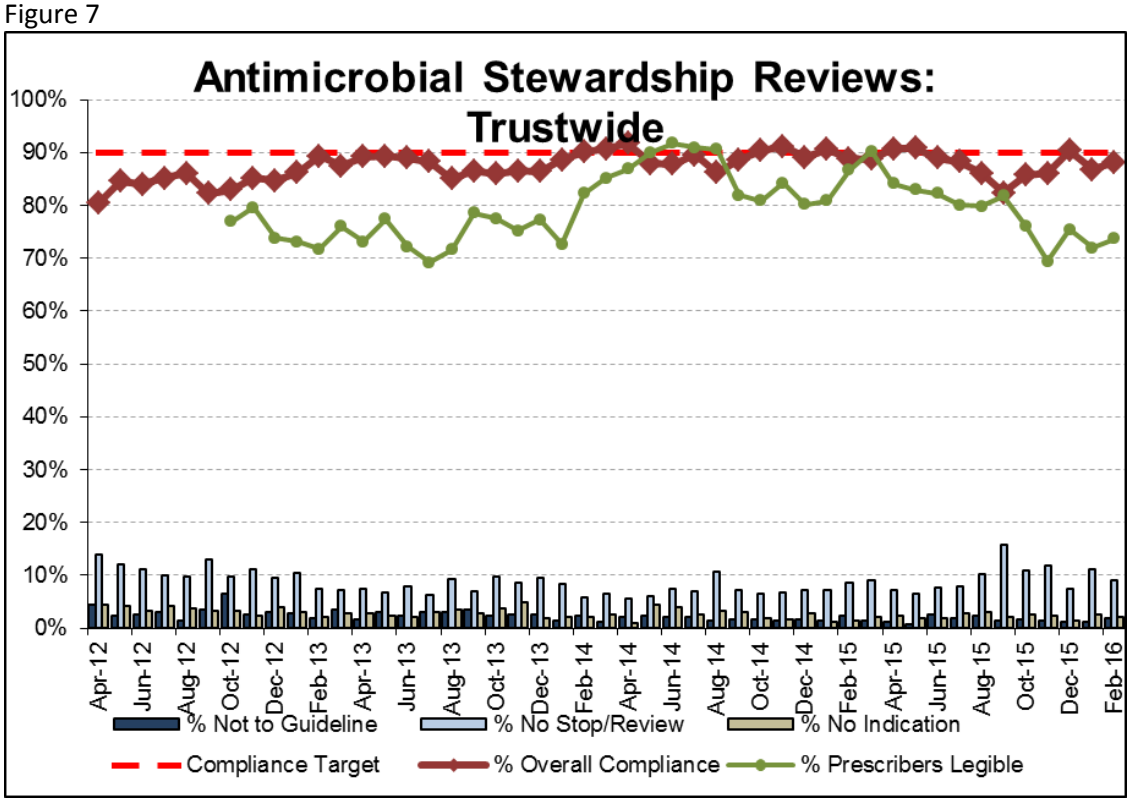
Norovirus cases are being managed more effectively following the opening of the new Bristol Royal Infirmary ward block and a corresponding increase in side room capacity. We continue to follow national norovirus guidelines and report outbreaks through the Public Health England hospital norovirus outbreak reporting system. In 2015/16, there were a number of bays closed for short periods throughout the year but there was only one full ward closure. Up to the end of February (the

latest data available at the time of writing) there were five bay closures and 18 bed days lost; a significant improvement over the year.

3.1.4.6 Pharmacy

Antibiotic compliance began favourably in 2015/16, meeting our 90 per cent target, however the departure of the pharmacy data manager resulted in a gap of four months when data was not communicated to divisions. This was associated with a very significant fall in compliance which had not been seen since 2012. This serves to underline the importance of feedback. Prescriber legibility (being able to read the signature of the prescriber) has also declined over the past year (87.7 per cent). Anti-infective ward rounds are currently being reviewed with an aim to improve compliance.

Figure 7



Source: University Hospitals Bristol pharmacy department

3.1.5 Reducing medication errors

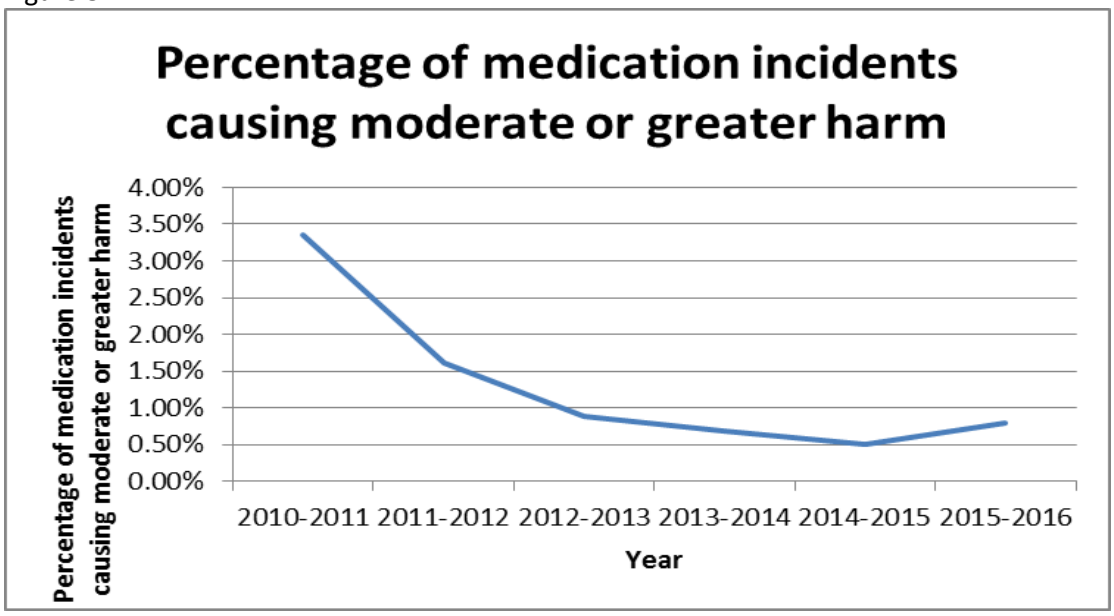
In 2015/16, our aim was to continue overall improvement in medication safety, ensuring that medication related harm was minimised. Our focus of attention has been on keeping the number of medication incidents with a level of moderate or greater harm (as defined in the National Patient Safety Agency's model matrix) to a minimum, continuing to improve on the low level of omitted doses of critical medicines, and improving the safe use of medicines when patients are transferred from hospital to their home environment.

In 2015/16, we continued to give particular attention to patient safety alert NHS/PSA/D/2014/005, the subject of which was effective reporting of and learning from medication errors. In August 2015, the Trust changed its incident reporting system to Datix®. Since this time, the number of medication incidents and adverse drug reactions reported has increased compared with previous years. We view this as a positive development. The system is empowering more staff to report medication incidents

and near misses, as a result of which we know more about what goes wrong and how to prevent recurrence. All reported medication errors and near misses are reviewed by a member of the pharmacy medication safety team irrespective of level of harm caused to the patient, and incidents are selected for formal review and 'sharing the learning' through the medication safety group. In the last year, we have seen an increase in the number of incidents reported which are non-preventable, for example adverse drug reactions to the first dose of a medicine (our assumption is that this has resulted from a reporting system which is quicker and easier to use).

In 2015/16, 19/2373 (0.8 per cent) of medication related incidents were reported with a level of moderate, major or catastrophic harm caused to the patient. The breakdown by level of harm is moderate (16/19), major (2/19) and catastrophic (1/19). This compares to 2014/15, when 10/2007 (0.5 per cent) of medication related incidents resulted in moderate (8/10), major (1/10) or catastrophic (1/10) harm. The Trust's progress over the last six years in reducing harm from medication related incidents is shown in Figure 8.

Figure 8

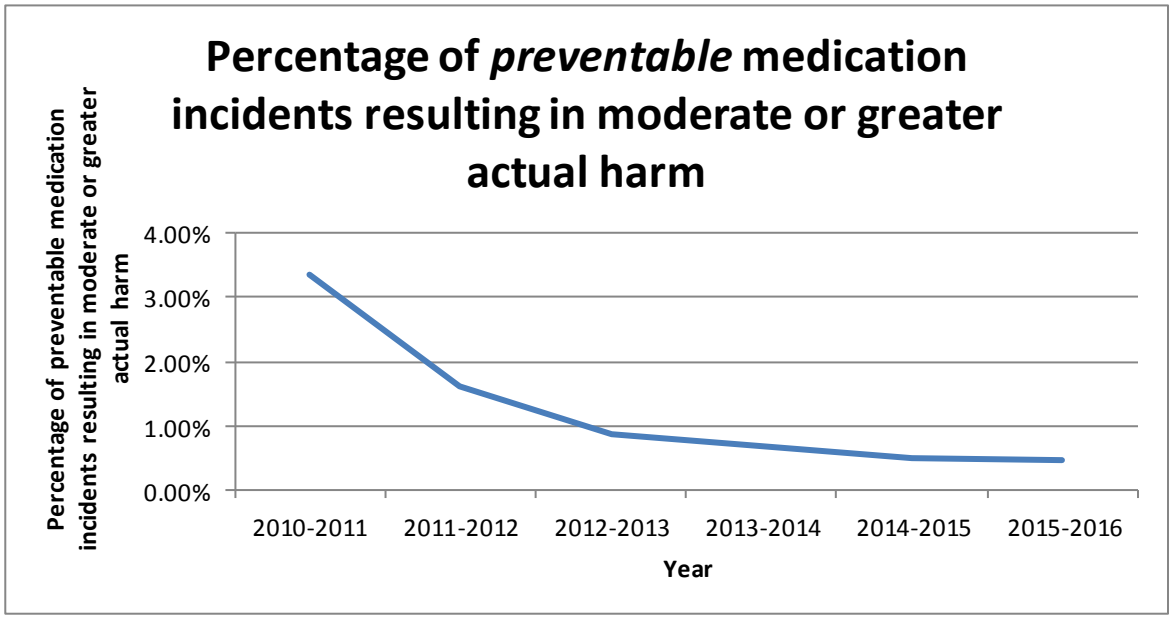


Source: Datix® Incident Reporting System

Although our reported performance in 2015/16 has not improved compared to 2014/15, further analysis of the 17 reported cases of moderate, major or catastrophic harm reveals that eight of these incidents cannot be attributed to preventable harm, i.e. errors of practice or patient safety incidents. Five of the reported incidents (causing moderate harm) were as a result of adverse drug reactions to a first dose of a medicine. These incidents, while unfortunate for the patients concerned, cannot be predicted or prevented (we note these adverse reactions in the medical notes in order to avoid the patients being given the same drug again). Two incidents (also moderate harm) involved extravasation injuries (this is where medication given by injection directly into the vein leaks out of the vein and irritates the surrounding tissue). The medical notes from both of the patients that suffered these extravasation injuries suggest that the actual harm caused to the patient was minor rather than moderate (extravasation injuries are treated similarly to burns and the patients had no long lasting effects). One further incident (moderate harm) described an omitted dose of a baby's medicine: the dose was not given because a second consultant had stopped the medicine on the drug chart.

These six incidents of non-preventable harm are of a type that has not been reported prior to the introduction of the Datix® system. For purposes of direct comparison, Figure 9 has therefore been adjusted to show the percentage of preventable medication incidents that resulted in moderate or greater harm when compared to data from previous years.

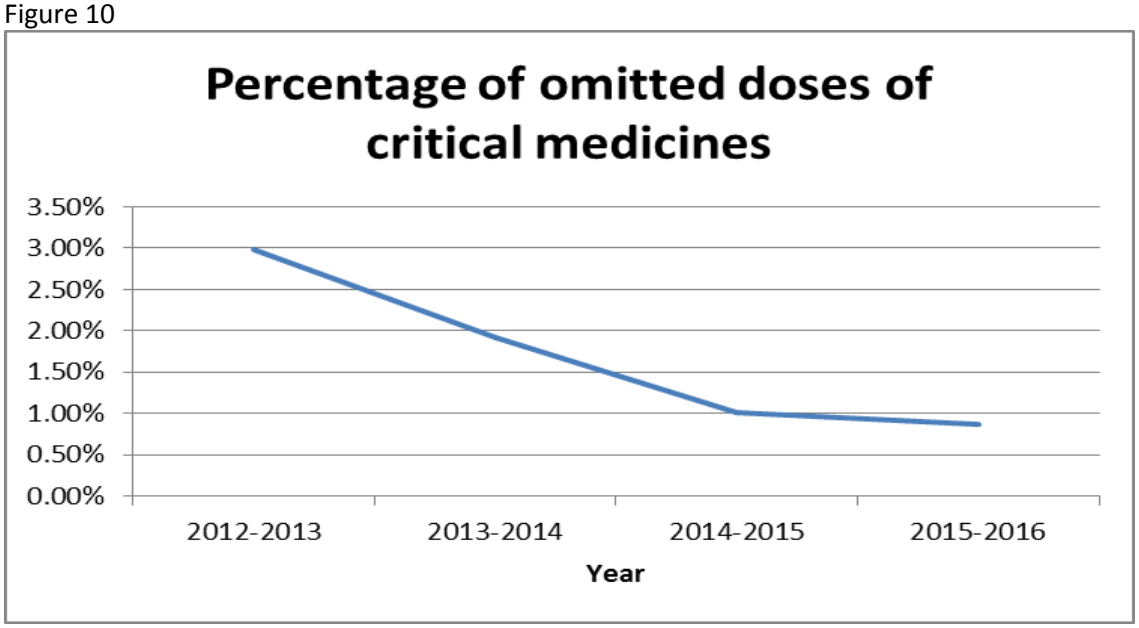
Figure 9



Source: Datix® Incident Reporting System

As in 2014/15, we set ourselves the goal of further reducing the number of unintentional omitted doses of critical medicines. This is important to patient safety and quality of care and to ensure that medicines use is optimal. Using the same data collection methods as previous years (sampling methodology involving approximately 1,000 patients per month, monitoring the previous three days treatment), we were successful in reducing the percentage of omitted doses of critical medicines to 0.87 per cent: a 14 per cent reduction compared to 2014/15 and a total 70 per cent reduction in the number of unintentional omitted doses of critical medicines since we started monitoring our performance in 2012. The results are shown in Figure 10.

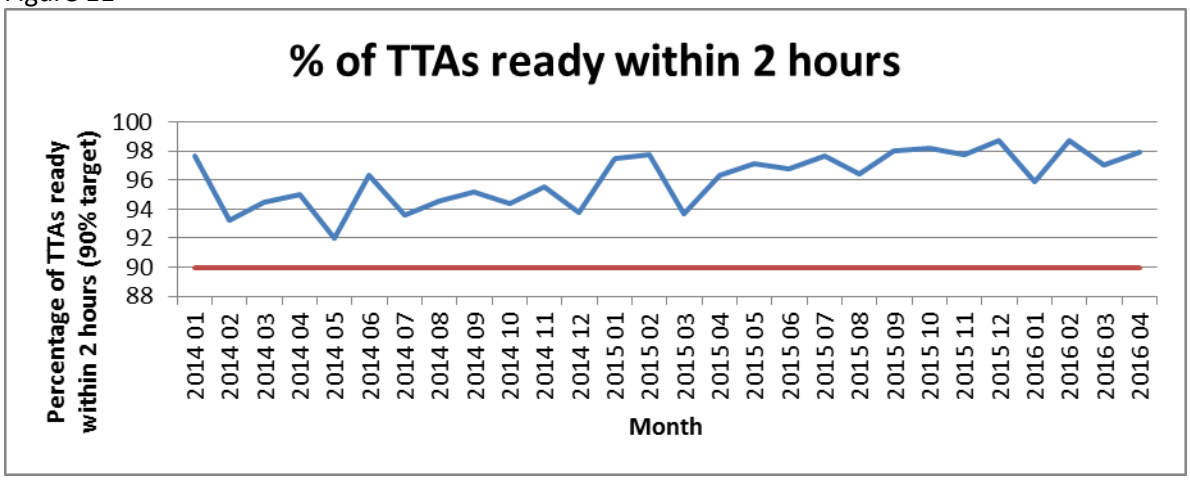
Figure 10



Source: Pharmacy medicines safety data

Our work to improve medicines safety when patients are transferred home has focussed on improving the time it takes to supply patients' medicines when they are discharged from hospital. Since 2011, we have had internal Trust target that at least 90 per cent of discharge medicines prescriptions will be available within two hours. We are now exceeding this target, with the result that patients' transfer of care is now more streamlined and there are fewer delays at discharge due to medicines not being ready. Results are shown in Figure 11

Figure 11



Source: UH Bristol Webtracker data

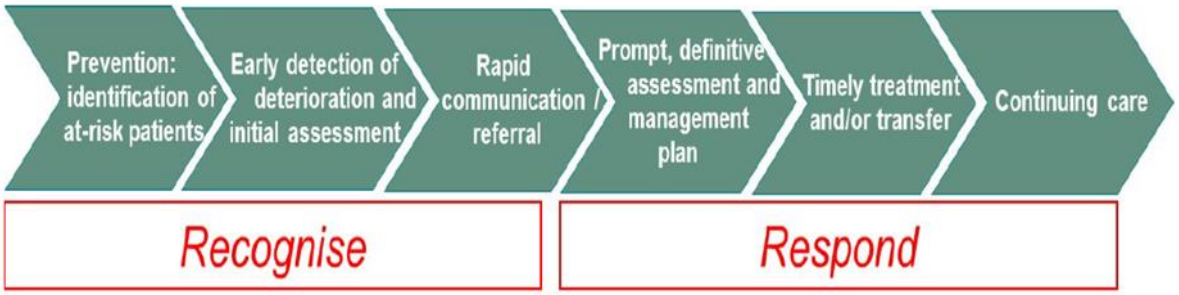
In 2016/17, in addition to our on-going focus on the areas of practice described above, we will be commencing a pilot of electronic prescribing and administration. Our aim is to scrutinise the prescribing and administration of all medicines to ensure they are given as they are intended, when they are intended. We anticipate that this electronic system will alert us when medicines have been omitted or delayed so this will provide us with further information and intelligence on medication usage.

We will also participate in two new patient safety projects coordinated by the West of England Academic Health Science Network. The theme of the first of these projects is insulin safety, whilst the second project involves supporting patients with their medication when they are discharged from hospital. Work to date on the latter project includes the introduction of the 'PharmOutcomes' system which will engage community pharmacies in the ongoing support of their patients.

A further priority area, identified from our incident reporting and learning, is that there is scope for improving the quality of medication second checking at the point of medicines administration. We will therefore also be focussing attention on this as an area of safety in which to improve within the next year.

3.1.6 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 achieved our 'outcome' improvement goal for deteriorating patients by reducing the number of validated cardiac arrest calls for adult inpatients in general ward areas. We also described the actions we had taken to improve the escalation of deteriorating patients; this resulted in some improvement in 2014/15, however we did not manage to sustain our 95 per cent improvement goal.

Knowing we have more work to do, we have included the continued focus on early identification and escalation of deteriorating patients in our Sign up to Safety Patient Safety Improvement Programme (2015-2018) as described in section 3.1.13 of this report.

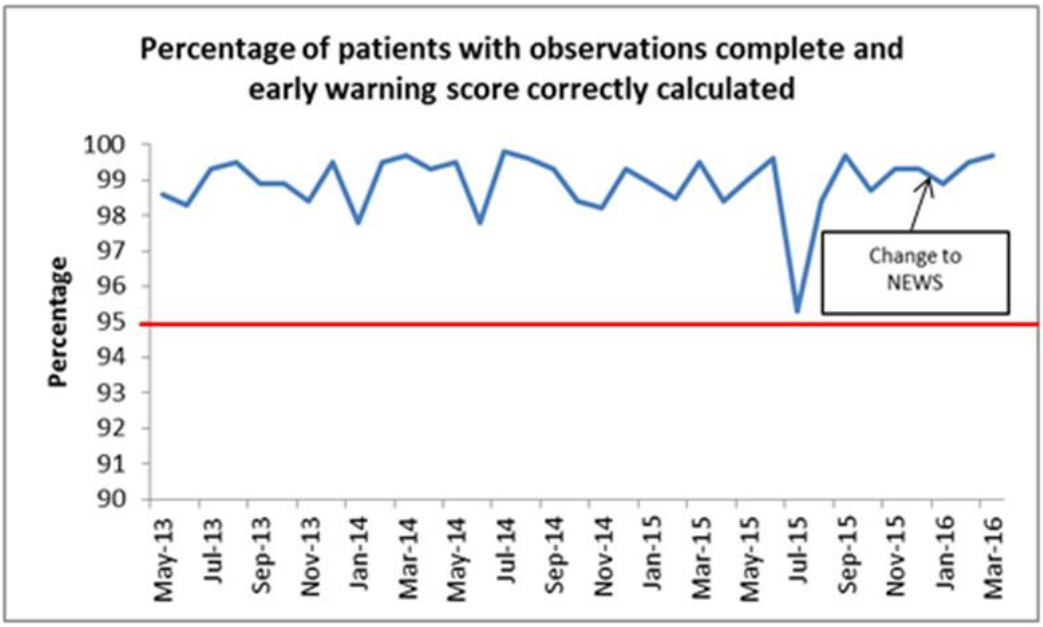
One of the key elements of the programme in 2015/16 has been the development and implementation of a new adult observation chart incorporating the National Early Warning Score (NEWS),[11] in conjunction with North Bristol NHS Trust. Following testing of a number of prototypes in defined areas in both Trusts, the new observation chart was introduced on 17th December 2015. This has meant a change for front line staff in how the early warning score is calculated and in the escalation of deteriorating patients for senior clinical review. Implementation was supported by a training programme and resources delivered by a training and education manager experienced in the implementation of NEWS, provided by the West of England Academic Health Science Network.

Throughout 2015/16, we have continued our monthly process measures of accuracy of completion of early warning scores, the appropriate response to a deteriorating patient and the use of a structured communication tool to escalate the patient for senior clinical review. We have also continued to monitor the cardiac arrest outcome measure described above. We anticipated the potential for an initial slight reversal of the previous improvements we had made in the aftermath of this change, as people became used to the new calculation of early warning scores and escalation protocol, therefore a risk assessment was conducted and mitigating action put in place.

Figure 12 shows that we have sustained over 95 per cent achievement in completeness and accuracy of early warning scores, following the introduction of the new adult observation chart incorporating the NEWS score.

[11] The National Early Warning Score (NEWS) was developed by the Royal College of Physicians in 2012 with the aim of standardising early warning scoring systems already in existence in many healthcare organisations. An early warning score is derived from measuring a range of physiological parameters (commonly known as patient observations) such as temperature, pulse and blood pressure, and scoring each parameter. Higher scores are allocated to measurements further outside of the normal range. The scores for each parameter are added together to reach a single early warning score for the patient. Higher scores indicate sicker patients and progressively higher scores indicate deteriorating patients, both of which will trigger the need for a response. Responses are graded in terms of urgency and the seniority of clinician needed to review the patient.

Figure 12



Source: monthly audit

Table 6 - Percentage of early warning scores correctly calculated, 2015/16:

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
98.4	99.0	99.6	95.3	98.4	99.7	98.7	99.3	99.3	98.9	99.5	99.7

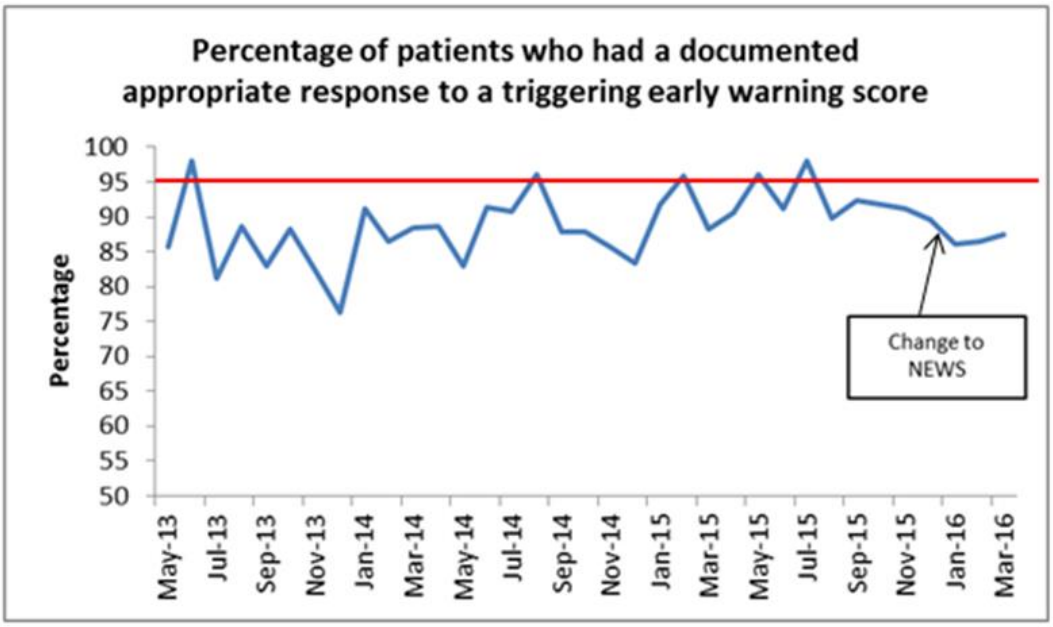
Figure 13 shows that in the early part of 2015/16 there were signs of improvement towards our 95 per cent improvement goal for appropriate response to trigger scores, however performance tailed off towards the end of 2015 prior to the introduction of NEWS. Additional training is being targeted to the areas where greatest improvement in needed and we are also testing a revised escalation protocol designed to make it easier for staff to escalate the sickest patients.

The change to NEWS has afforded us the opportunity to get beneath the reasons why patients are not always escalated (or why this is not always recorded) and to address any underlying causes that prevent this happening. It has also identified a training need for doctors in resetting triggers and to consider treatment escalation plans for appropriate patients.

Figure 14 shows variation in the use of the SBAR[12] structured communication tool to escalate deteriorating patients, partly due to the relatively small numbers of patients involved. The increased sensitivity of NEWS to trigger deteriorating patients has meant that the number of patients requiring SBAR communication to escalate has approximately doubled from 10-15 patients to 30-35 patients in any 24 hour period. We will use the additional NEWS training to remind staff to use SBAR as well as getting beneath the reasons why this does not always happen.

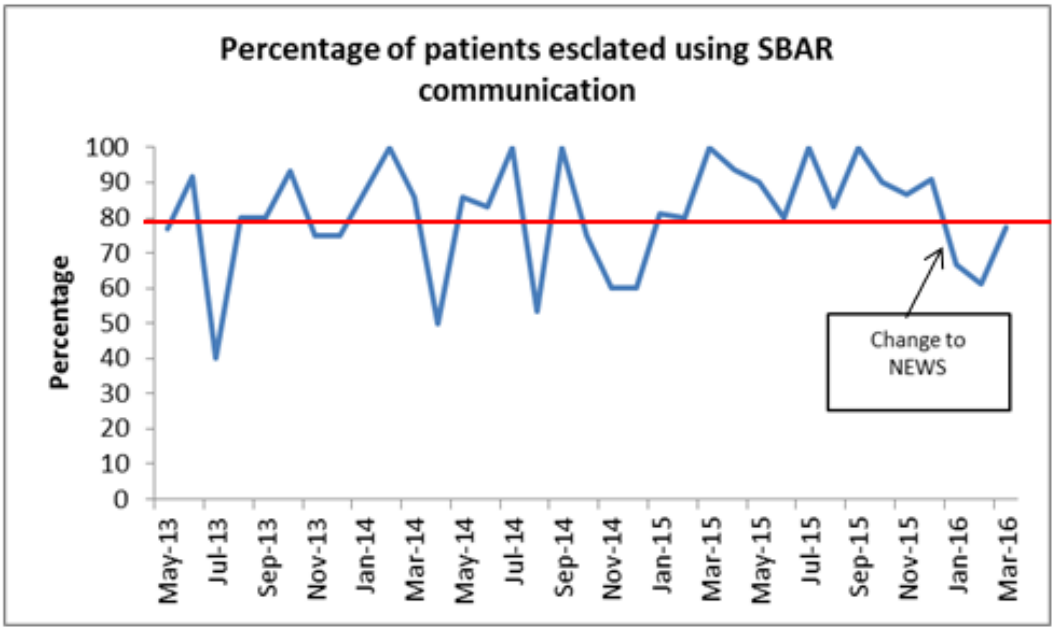
[12] SBAR: Situation, Background, Assessment, Recommendation - a structured communication tool

Figure 13



Source: monthly audit

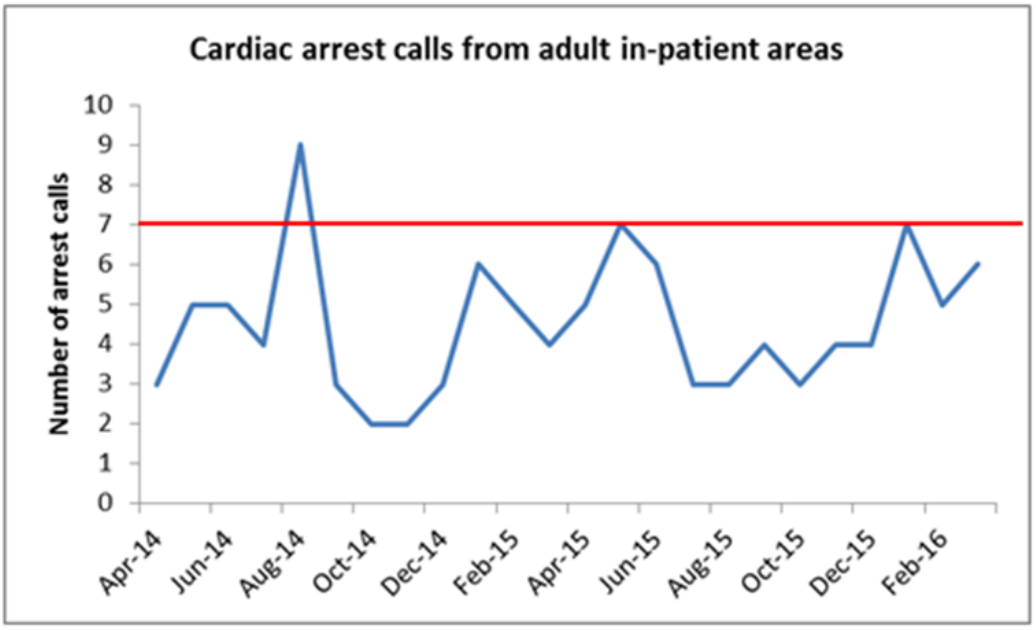
Figure 14



Source: monthly audit

Finally, Figure 15 below shows that, in 2015/16 we have sustained our 2014/15 improvement goal of reducing the number of validated cardiac arrest calls from adult inpatient wards. We achieved our target of no more than seven validated cardiac arrest calls in any given month. In 2016/17, we expect our sustained progress to be strengthened by the introduction of NEWS. We are also looking to include additional outcome measures to assess the effectiveness of our improvement actions.

Figure 15



Source: monthly audit

3.1.7 Rate of patient safety incidents reported and proportion resulting in severe harm or death *(Mandatory indicators)*

The data for 2015/16 presented in this section of the report are a combination of NHS England's National Reporting and Learning System (NRLS) data, released in April 2016 covering the period from April to September 2015, and provisional data submitted to the NRLS by UH Bristol for the period from October 2015 to March 2016; the final data for this period will be published by the NRLS in November 2016.

The data shows that the total number of incidents reported in April to September 2015 was 6,789, which equates to a rate of 54.64 incidents per 1,000 bed days. Provisional data for the second six months of 2015/16 shows the number of reported incidents to the NRLS was 7,162; an estimated rate of 57.64 incidents per 1,000 bed days. For 2015/16 as a whole, this gives a provisional total number of 13,951 incidents and an estimated rate of 56.14 incidents per 1,000 bed days.

The percentage of reported incidents at UH Bristol resulting in severe harm[13] during April to September 2015 was 0.3 per cent (17[14] incidents), similar to the previous six months (0.3 per cent, 22 incidents) and to the corresponding period in 2014 (0.3 per cent, 21 incidents). The percentage of reported incidents resulting in death was at 0.1 per cent (eight deaths) for the period of April to September 2015. This represents an increase from the previous six months (0.08 per cent, five deaths) and the same period last year (0.1 per cent, seven deaths).

Provisional data sent to the NRLS by UH Bristol for the period October 2015 to March 2016 indicates that 0.32 per cent of reported incidents in that period resulted in severe harm or death (20 severe harm incidents and three potentially avoidable deaths out of 7,162 incidents).

[13] The level of harm for reported incidents can be subject to change following full investigation. For investigations which are completed after the NRLS cut-off date the information contained within local incident reporting system when interrogated at a future date may be different.

[14] This number has subsequently reduced to nine incidents following investigation.

The provisional percentage of reported incidents resulting in severe harm or death in 2015/16 as a whole was therefore 0.26 per cent (27 severe harm events and 11 deaths). This compares with 0.38 per cent in 2014/15 (38 severe harm events and 12 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 2016/17, the Trust intends to continue with the implementation of our Sign up to Safety Patient Safety Improvement Programme (described in section 3.1.13 of this report), to reduce harm from avoidable patient safety incidents. Other patient safety sections of this report describe further work underway within the Trust to prevent or reduce the risk of harm to patients. We will also 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.

3.1.8 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 made by an executive director. Throughout 2015/16, 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 69, compared to 78 in 2014/15. Of the 69 serious incidents initially reported, two were subsequently downgraded. Nine investigations remain in progress at the time of writing (April 2016). A breakdown of the categories of the 69 reported incidents is provided in Figure 16 below.

All serious incident investigations have robust action plans, which are implemented to reduce the risk of recurrence. The investigations for serious incident and resulting action plans are reviewed in full by the Trust Quality and Outcomes Committee (a sub-committee of the Trust Board of Directors).

In January 2016, the Trust was served with a Contract Performance Notice by Bristol Clinical Commissioning Group for failing to achieve compliance with requirements set out in the Serious Incident (SI) Framework (NHS England, March 2015) relating to the timelines of reporting and investigating serious incidents. The Trust has put in place a robust action plan with a recovery trajectory to achieve 100% compliance by July 2016.

3.1.8.1 Learning from serious incidents

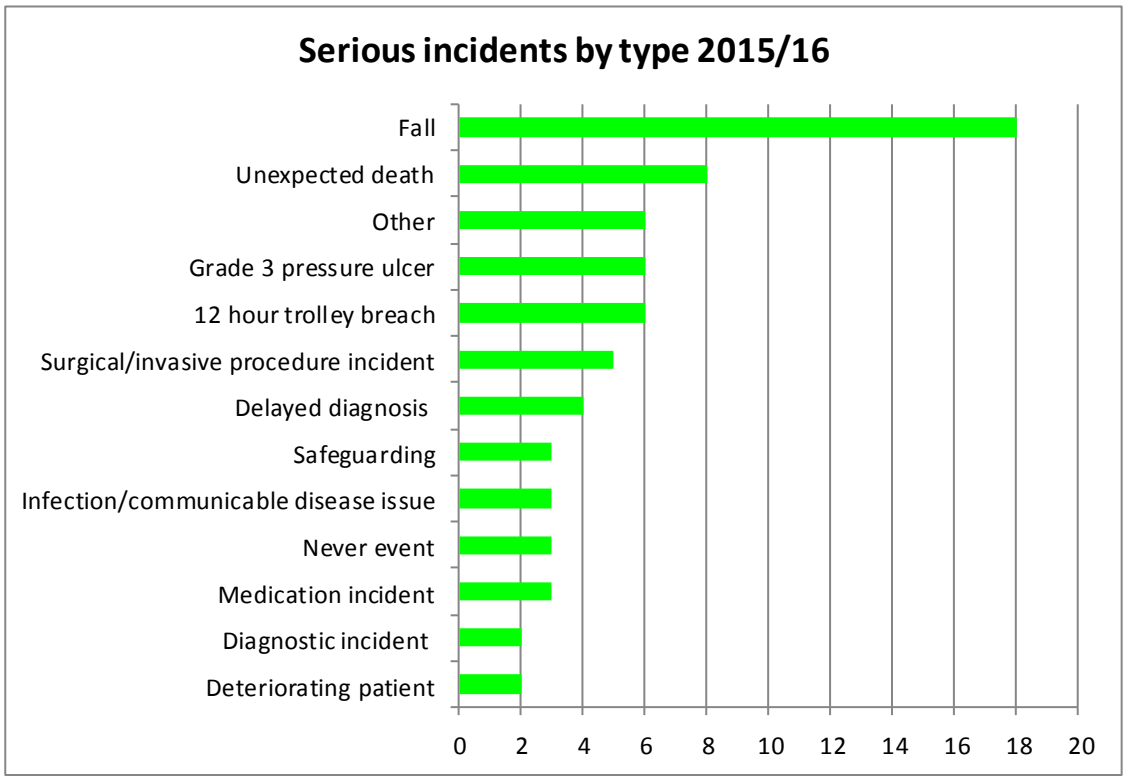
Learning and actions arising from serious incidents involving falls and pressure ulcers is provided in the falls and tissue viability sections of this report, and learning from never events is provided in the section below. Examples of learning themes from other serious incident investigations in 2015/16 include:

- the need for continued improvement in the recognition and response to deteriorating patients in 2016/17; this will happen as part of our 'Sign up to Safety' improvement programme as described in section 3.1.13
- the need to further strengthen our processes to prevent peri-procedure never events in 'out-of-theatre' environments; this aligns with the work we are already undertaking to comply

with the National Safety Standards for Invasive Procedures published towards the end of 2015 and will happen as part of our 'Sign up to Safety' improvement programme

- reviewing procedures for children who make an unscheduled return with the same condition to the emergency department including the involvement of senior clinicians on the second and any subsequent attendances.

Figure 16



Source: UH Bristol Serious Incident Log
N.B.: The category "other" includes all categories where only one serious incident of its type was reported

3.1.9 Never events

A 'never event' is a particular type of serious incident that is wholly preventable and has the potential to cause serious patient harm, where there is evidence that the type of never event has occurred in the past, and it is easily recognised and clearly defined as such (NHS England 2015)[15].

There were three confirmed never events reported by UH Bristol in 2015/16.

Wrong site surgery, private provider

One never event occurred in August 2015 in the category "Wrong site surgery", whereby the wrong mole was removed on an out-patient. The patient's treatment was subcontracted to a private provider. Using a mirror, the surgeon and the patient together identified a mole on the patient's back that was of concern to the patient and was situated in the area described in the notes, which they thought was the one to be removed. At follow up, it was identified that the suspicious mole the dermatologist had intended to be removed was in fact a different one that had been in the same vicinity. The patient was informed of the error as soon as it was identified and an apology was given.

[15] Revised Never Events Policy and Framework March 2015

The patient has since had the originally intended mole removed; the surgery was performed uneventfully.

The learning from this incident included: the need for photographs taken in dermatology and marked with the lesion to be removed to be made available for other providers who are treating our patients; also the need for the lesion to be inked in the context of the body region so that it can be located effectively in relation other skin markings.

Wrong route medication, Bristol Royal Hospital for Children

In November 2015, an oral solution of sodium bicarbonate was administered intravenously to a child. The child came to no harm as oral and intravenous preparations of sodium bicarbonate are the same (apart from the intravenous preparation being made with sterile water) and, fortunately, the infection risk the incident posed did not materialise. The child's parents were informed of the error and an apology given.

The investigation identified that the independent checking procedure – which in this instance had involved three nurses – had failed. Learning arising from the incident included: the appointment of a clinical skills facilitator for the ward to educate and support new and junior staff (including regarding independent checking of medicines); a review of ward skill mix; and the need to improve communication and to support staff to feel confident to escalate concerns.

Wrong tooth extracted, Bristol Dental Hospital

In December 2015, an outpatient at the Bristol Dental Hospital required two dental extractions, one of which was the second lower left permanent molar (lower left 7), for caries. Having performed all the safety checks put in place as described in last year's Quality Report, including the marking of the teeth to be extracted on the dental bib, the correct tooth for extraction was identified. Following the start of the procedure, there was a need for the dental student to request suction; they then re-counted the teeth from back to front (8, 7, 6) and placed the forceps on the first lower left permanent molar (lower left 6) to complete the extraction. The third permanent molar (lower left 8) was horizontally impacted and partially erupted. There was also a lack of direct vision secondary to the presence of blood.

The patient was immediately informed of the error and the lower left 6 tooth was re-implanted in an attempt to save it. The root cause was determined to have been human error and the learning from the investigation included:

- if there is "ANY DOUBT" regarding any aspects of the proposed treatment during delivery then a "TIME OUT/STOP" should be called and the clinical situation reassessed prior to continuing with the planned procedure
- teeth should be re-counted by the operator and a second person prior to repositioning the instrument for extraction if the operator is required to stop the procedure for an unplanned reason.

Action was taken immediately following this incident so that no dental undergraduates were permitted to undertake any oral surgical procedures including tooth removal on a patient unless under the direct supervision of a registered dental surgeon with a level of experience above that of a dental core trainee.

3.1.10 NHS England Patient Safety Alerts

At the end of 2015/16, there were no outstanding patient safety alerts relating to UH Bristol.

3.1.11 Safe staffing

In last year's report, at the request of our governors, we included some information about how we ensure that our wards and services are safely staffed. During 2016/17, the re-configuration of our medical wards resulted in a major review of nurse staffing establishment and skill mix appropriate for the new layouts/speciality mix. The Trust Board has continued to receive six monthly reports on nurse staffing levels for all adult inpatient areas (including midwifery and the children's services). In addition, the Quality and Outcomes Committee of the Board has received detailed information each month. This reporting has provided the Board with assurance that the right actions are being taken to ensure that UH Bristol has the right number of staff in place with the right skills.

3.1.12 Duty of candour

Being open and honest when things go wrong has been an integral part of incident management and patient safety culture development since the advent of the Being Open Framework developed by the National Patient Safety Agency in 2009. The reports by Robert Francis QC (2010 and 2013) and Professor Don Berwick (2013) following the events which took place at Mid Staffordshire NHS Foundation Trust between 2005 and 2009 led to more formal arrangements in this respect: first, a contractual obligation (in 2013) and subsequently, a statutory obligation for duty of candour (in 2014). This was followed by explicit requirements of a professional duty of candour published jointly by the General Medical Council and Nursing and Midwifery Council in 2015.

The Trust has had a Staff Support and Being Open Policy in place since 2007. This policy has been developed over the years in response to learning from within the organisation, national guidance and, more recently, from the aforementioned contractual, statutory and professional obligations for duty of candour. Key developments that have taken place in recent years include:

- training for staff on induction and in clinical updates on the formal and professional requirements of duty of candour
- information on induction and clinical updates regarding a 'just culture' to assist staff to feel supported in being open and honest
- development of and intranet page with information and resources to support staff in complying with duty of candour
- amending our '72 hour report' and root cause analysis templates to prompt early and subsequent compliance with duty of candour
- development of a patient information leaflet entitled 'Guide for patients and families about patient safety incidents', explaining what they can expect in this regard
- developing our incident reporting system with prompts for duty of candour
- testing the use of a duty of candour sticker for patients' notes to facilitate recording of duty of candour conversations with patients and their families
- 'Difficult conversations' training made available within the Trust.

Our next steps are:

- to continue training and education regarding duty of candour
- to evaluate our first test of the duty of candour sticker

- to complete an analysis-by-team of safety culture assessments and take these forward as described in the Sign up to Safety Programme section of this report
- to start a longer term piece of work, working with front line staff and families, to develop an open disclosure framework which recognises that the needs of individuals (patients, families and staff) require a more flexible approach to being open, based on where they are at particular times of the post-incident or grieving process.

3.1.13 Sign up to Safety

UH Bristol 'signed up to safety' in 2014 by making our pledges under five national themes, which aligned with the aims of our existing patient safety strategy:

- put safety first
- continually learn from feedback and by measuring and monitoring how safe our services are
- be open and honest
- collaborate with others in developing system wide improvements
- support patients, families and our staff to understand when things go wrong and how to put them right.

Following this, we developed our Patient Safety Improvement Programme for 2015-2018 which was officially launched on 31st July 2015 with the assistance of Professor Jane Reid, the Sign up to Safety lead for the South of England. Our 'Sign up to Safety' programme builds on our previous involvement in the Safer Care South West programme and has overarching ambitious aims in line with the national Sign up to Safety campaign: to reduce mortality by a further 10 per cent and halve avoidable harm. We conducted a thematic analysis of incidents, complaints, claims, serious incidents and consulted with staff and members on our quality and patient safety priorities. We also worked closely with colleagues in the West of England Patient Safety Collaborative to identify and develop opportunities for system wide safety improvements and to share and learn from each other.

Running through our whole programme is a continued focus on leadership for safety and developing the engagement of staff and patients in developing safety and quality improvements. We have chosen four key areas to focus on:

- improving the recognition, escalation and response to deteriorating patients, including focusing on improving the care and management of patients with sepsis (also see sections 2.1.1 and 2.1.2 of this report) and acute kidney injury, both common causes of deterioration
- improving medicines safety (see section 3.1.5 of this report), specifically insulin safety and medicines safety at the point of transfer of care
- improving our processes to prevent peri-procedural[16] never events in environments where surgery and invasive procedures take place (the publication of the National Safety Standards for Invasive Procedures by NHS England in September 2015, and the associated patient safety alert to develop Local Safety Standards for Invasive Procedures by September 2016, supports this locally selected priority)
- understanding and developing our safety culture.

[16] i.e. occurring soon before, during, or soon after a procedure

Highlights of what we have achieved so far:

- we have developed, tested and introduced a safety checklist for adult patients queuing to enter the emergency department; this is now being adopted by a number of emergency departments in the West of England Patient Safety Collaborative, and has attracted wider national interest
- working with colleagues from North Bristol NHS Trust, we have designed and implemented a new adult observation chart based on the National Early Warning Score[17] (also see section 3.1.5); this work supports the aim of the West of England Patient Safety Collaborative to introduce a single early warning score across all providers in all sectors of the local health system so that we all understand how sick our patients are by talking the same language when referring and transferring patients between providers
- we have improved the screening of patients for sepsis in admission and assessment areas and the administration of antibiotics within an hour for appropriate patients
- we have improved the identification of patients with acute kidney injury and the frequency of reviews of nephrotoxic[18] medication for these patients to help prevent worsening acute kidney injury
- we have completed the local safety standards for invasive procedures for theatre environments and are testing similar standards in interventional suites and the emergency department
- we have audited the quality of how our surgical safety checklist procedure is performed in order to ensure that all required staff are present and attentive; this will continue and extend to 'out-of- theatre' environments
- within the West of England Patient Safety Collaborative, UH Bristol has a leadership role in the medicines safety work stream; a number of learning events have taken place to agree system-wide priorities and safety improvements to be tested, and we are already sharing learning from insulin related incidents
- we have completed our first safety culture assessments of our organisation as a whole and 130 individual teams have assessed their safety culture.

Our plans for next steps as we go into 2016/17 are:

- to further embed the use of the National Early Warning Score and responses to escalating patients; this will include further training and support for front line teams as well as looking at the human factors that inhibit appropriate escalation and responses
- to develop an escalation protocol for deteriorating patients in the emergency department to ensure a senior clinician from the receiving specialty is aware of, and prepared to receive into their care, those patients who are sickest
- to embed and spread the sepsis work to include patients who develop sepsis during an inpatient stay and, working with colleagues in the West of England Patient Safety Collaborative, adapting our sepsis care pathway in the light of new guidance due to be published in July 2016

[17] The National Early Warning Score was developed by the Royal College of Physicians in 2012with the aim of standardising early warning scoring systems already in existence in many healthcare organisations. An early warning score is derived from a measuring a range of physiological parameters (commonly known as patient observations) such as temperature, pulse and blood pressure, and scoring each parameter. Higher scores are allocated to measurements further outside of the normal range. The scores for each parameter are added to reach a single early warning score for the patient. Higher scores indicate sicker patients and progressively higher scores indicate deteriorating patients, both of which will trigger the need for a response. Responses are graded in terms of urgency and seniority of clinician needed to review the patient.

[18] Nephrotoxic medicines are those which are known to cause or contribute to acute kidney injury

- learning from North Bristol NHS Trust, who are leading the testing and development of an acute kidney injury care bundle, to test and implement this within our inpatient areas and focus our safety improvements where monitoring and audit direct us
- to standardise fluid balance monitoring and recording for adult patients in general ward areas
- to test a 'patient's own drugs' scheme for patients using insulin and to engage enablers and front line staff across the system in medicines safety improvements at transfers of care (focussing on insulin safety in the first instance)
- to test a 'patient's own drugs' scheme for patients using insulin and to spread the PharmOutcomes system across the West of England Patient Safety Collaborative' s foot print
- to complete the implementation of local safety standards for invasive procedures for all areas where these take place, including wards and outpatient departments, and to spread existing quality audits to all areas
- to complete the analysis of safety culture assessments at divisional and team level and to provide facilitated face-to-face feedback to enable teams to understand their current team safety culture and to identify and own their plans to develop this further.

3.2 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.

Patient experience can only be fully understood by asking patients what they think about the care that they received in our hospitals (Darzi, 2008). At UH Bristol, our core patient surveys give us a strong understanding of the things that matter most to our patients; these priorities continue to guide our choice of quality objectives. In 2015/16, we significantly expanded our patient feedback programme to include new day case, paediatric, and outpatient surveys. Alongside this, we also recognise the importance of actively engaging with patients and the public as partners in our planning and decision-making processes. 2015/16 has seen significant developments in our approach to patient and public involvement, in particular the establishment of our new "Involvement Network", which builds on the interest Trust members, Governors, community groups, other patients and carers have shown in taking a more active role in the work of the Trust.

3.2.1 Overall patient experience

What patients said in our monthly survey:

"I received outstanding care throughout my stay, very professional and friendly staff, excellent experience."

"Since I was last a patient in the BRI in 2009, there has been a vast improvement - a huge blessing… clean, airy, bright, friendly, personal. The staff have a much more 'I can help' attitude and seem happier too."

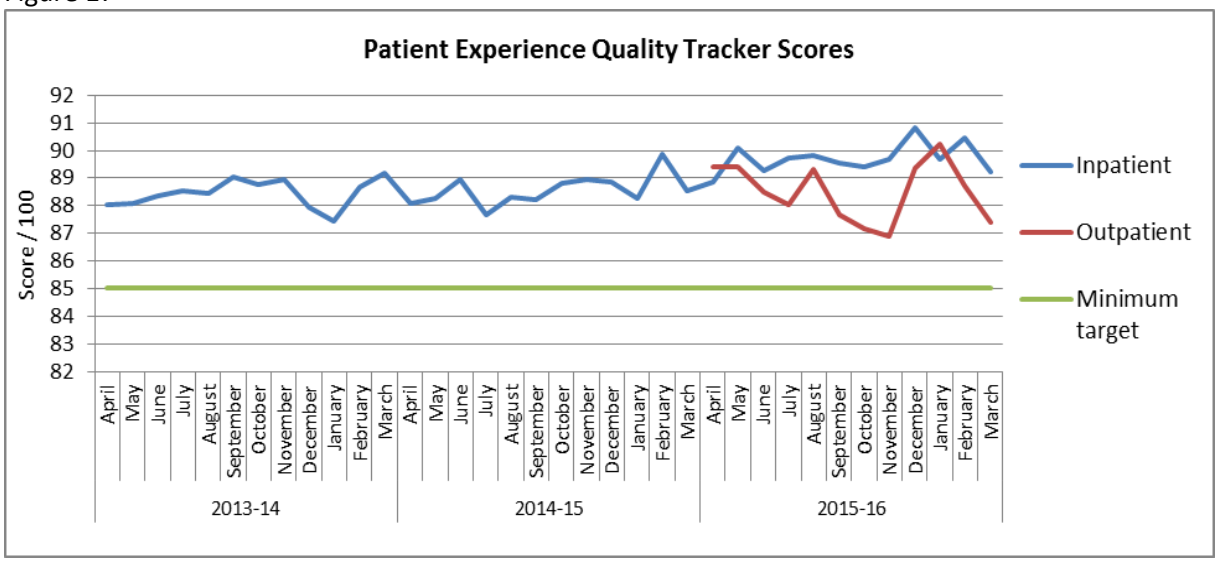
Local patient experience 'tracker' scores

The patient experience tracker scores are generated from our monthly outpatient and inpatient postal survey programme. We combine a number of survey questions to generate these scores, based on the aspects of care that our patients have told us matter most to them:

- Being treated with respect and dignity
- Receiving understandable answers to questions (in other words, communication)
- Being treated in a clean ward / clinic
- Being involved in decisions about care and treatment (inpatients only)
- Waiting times in clinic (outpatients only).

The tracker scores are 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 2015/16, our tracker score has been consistently above our minimum target (see Figure 17). The Board will continue to monitor the monthly tracker score in 2016/17.

Figure 17



Source: UH Bristol monthly inpatient and parent survey

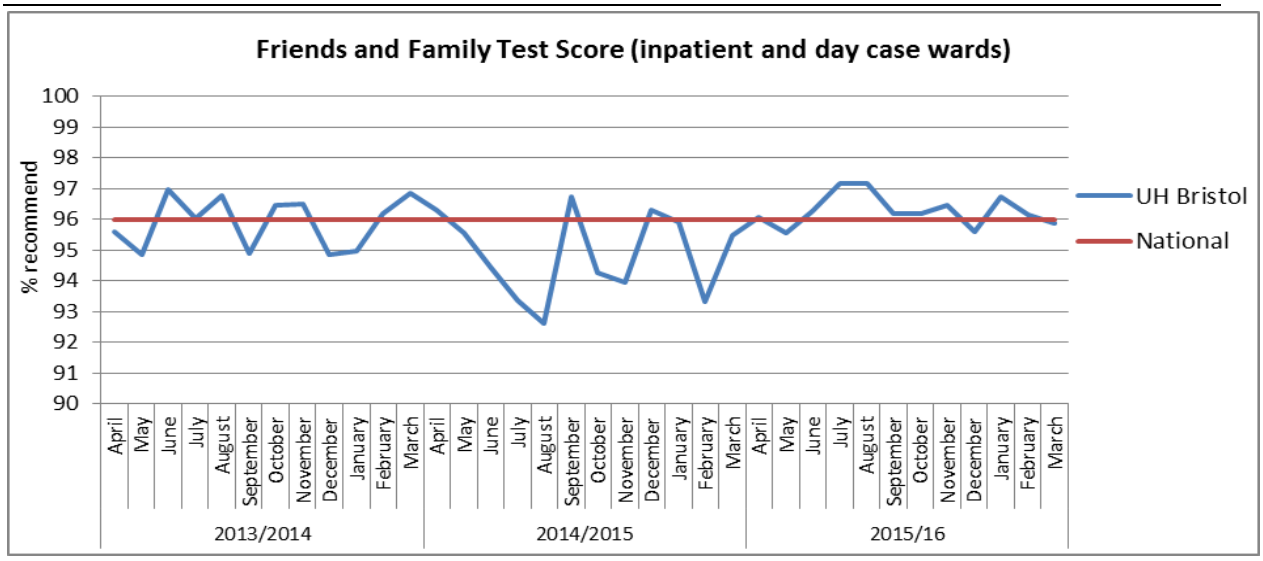
Notes: (1) the alarm limit would represent a statistically significant deterioration in the Trust's patient-reported experience score, prompting us to take remedial action in response; (2) scores have been recalculated based on end-of-year data, and therefore will differ slightly from previously-reported data to the Trust Board; (3) During the 2013-14 year there was a single "communication" relating to both doctors and nurses, from 2014-15 this was split into two questions about communication (one relating to doctors and one to nurses)

Friends and Family Test

The Friends and Family Test (FFT) focuses on one main question: whether the patient would recommend the hospital ward to friends and family if they needed similar care or treatment. During 2015/16, UH Bristol's Friends and Family Test scores for the inpatient / day case and maternity surveys have been in line with national norms (see Figures 18 and 19). In contrast, the Trust's Emergency Department (ED) scores in the Bristol Royal Infirmary (BRI) and Bristol Royal Hospital for Children were below national benchmarks (see Figure 20). We believe this has resulted from a change in methodology introduced during the year, rather than a decline in quality of care (the BRI ED achieves consistently high scores in the national survey): electronic touchscreens were introduced in waiting rooms and observation wards, which means that patients are giving us feedback during their journey through ED, rather than at the end, when they are more likely to be feeling positive about their experience. We will continue to experiment with appropriate methodologies in these settings during 2016/17, including trialling the use of SMS (text messaging) to ask the "recommend" question. FFT scores for the ED at Bristol Eye Hospital, where a card-based approach continues to be used, have remained relatively unchanged in 2015/16.

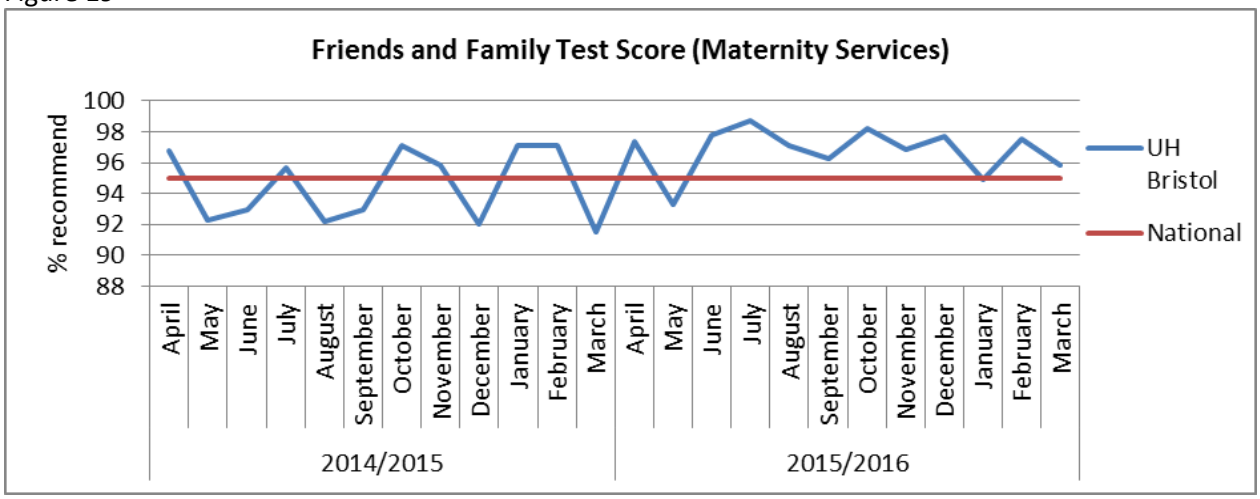
During 2015/16, the Trust was served with a contract performance notice by Bristol Clinical Commissioning Group, for not achieving the agreed target of a 30 per cent response rate in the combined inpatient and day case Friends and Family Test survey. UH Bristol's inpatient element of this survey routinely meets this target, but day case response rates have been significantly below 30 per cent since this survey commenced in April 2015, which has "dragged down" the overall response rate. An action plan is in place to resolve these issues and bring the response rate in line with agreed targets.

Figure 18



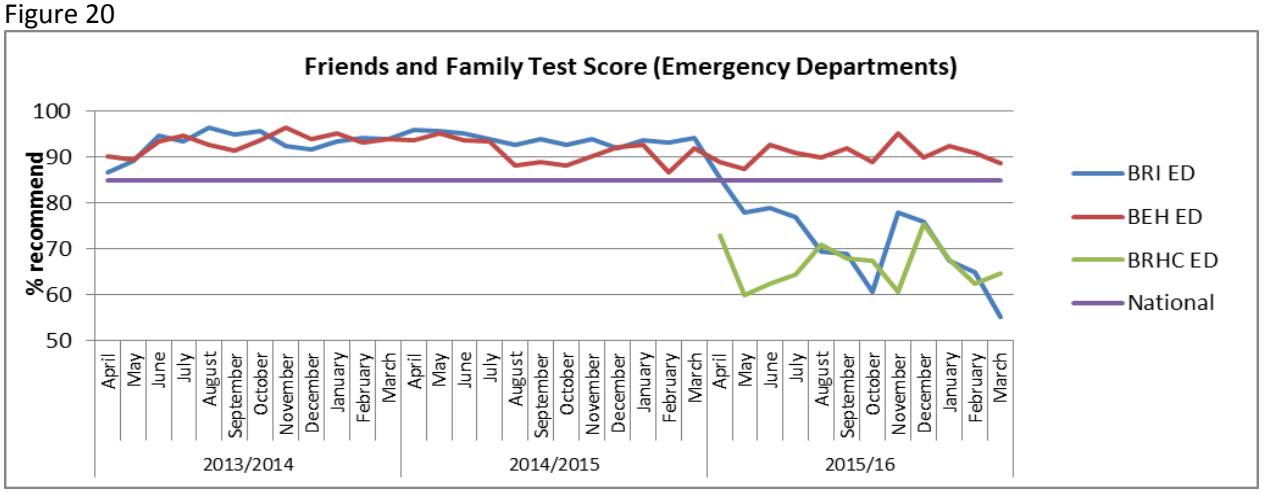
Source: UH Bristol Friends and Family Test survey.
Notes: (1) day case and paediatric services were included in the survey from April 2015; (2) the national benchmark is the national-level score from February 2016

Figure 19



Source: UH Bristol Friends and Family Test survey.
Note: the national benchmark is the national-level score from February 2016

Figure 20

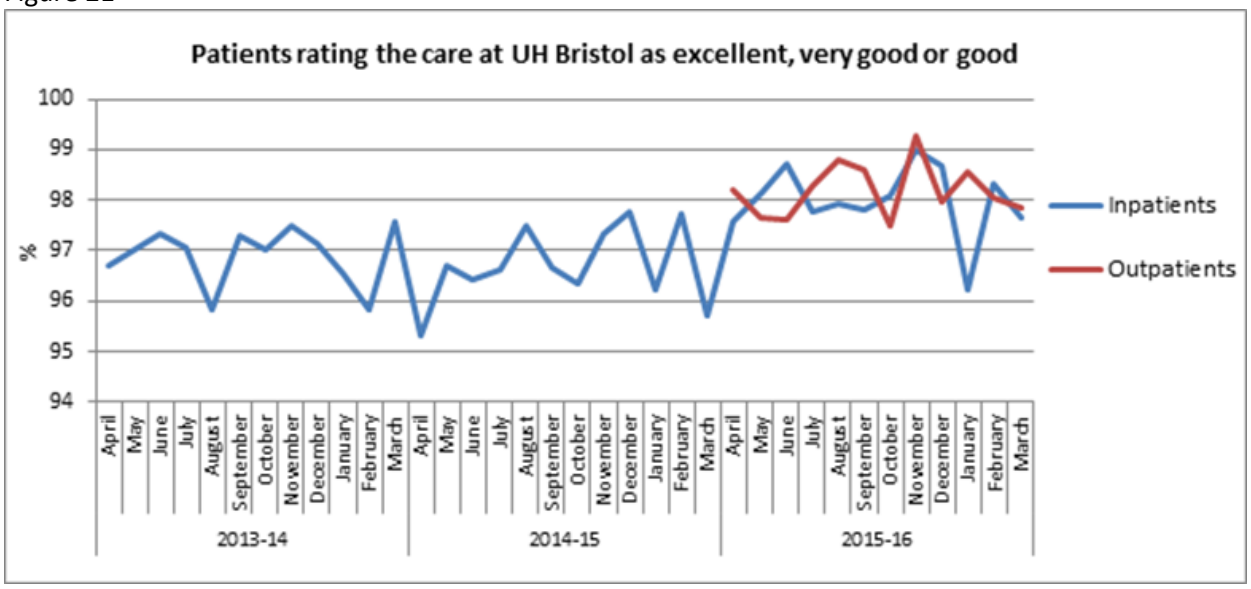


Source: UH Bristol Friends and Family Test survey. Note: the national benchmark is the national-level score from February 2016

Overall care ratings

Another way of measuring overall experience of care is to pose that question to patients directly. In 2015/16, 98 per cent of all survey respondents rated the care they received at the Trust as excellent, very good, or good (see Figure 21).

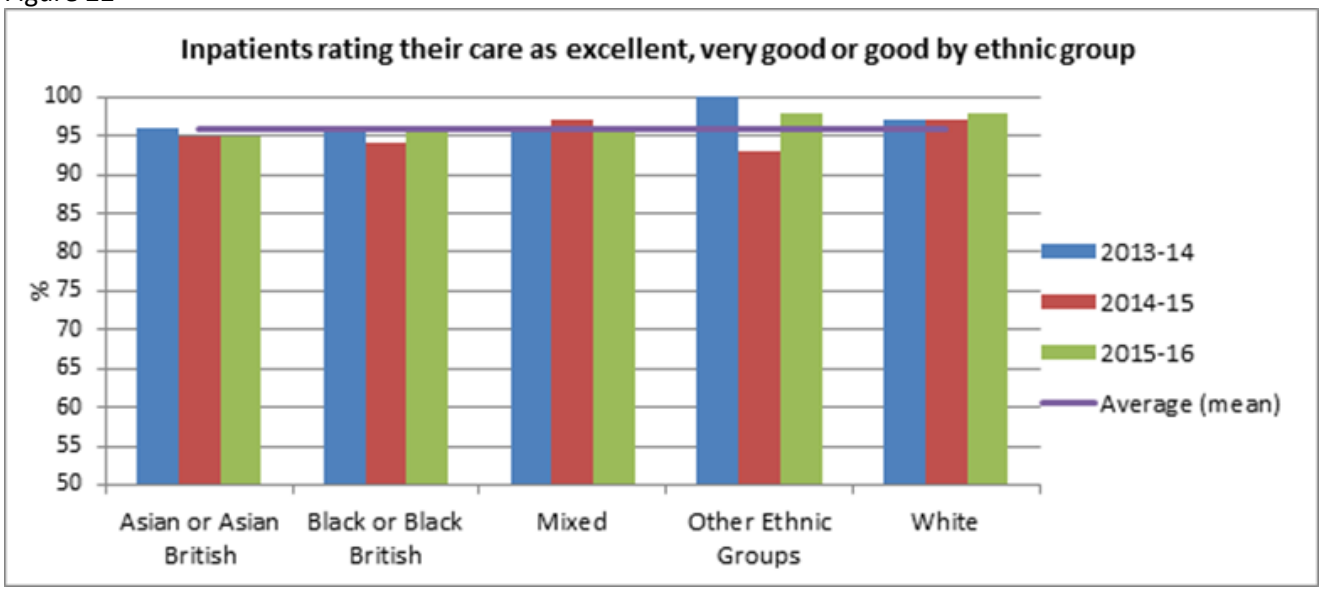
Figure 21



Source: UH Bristol monthly inpatient / parent survey; UH Bristol monthly outpatient 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 22 (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 22



Source: UH Bristol monthly inpatient and parent survey

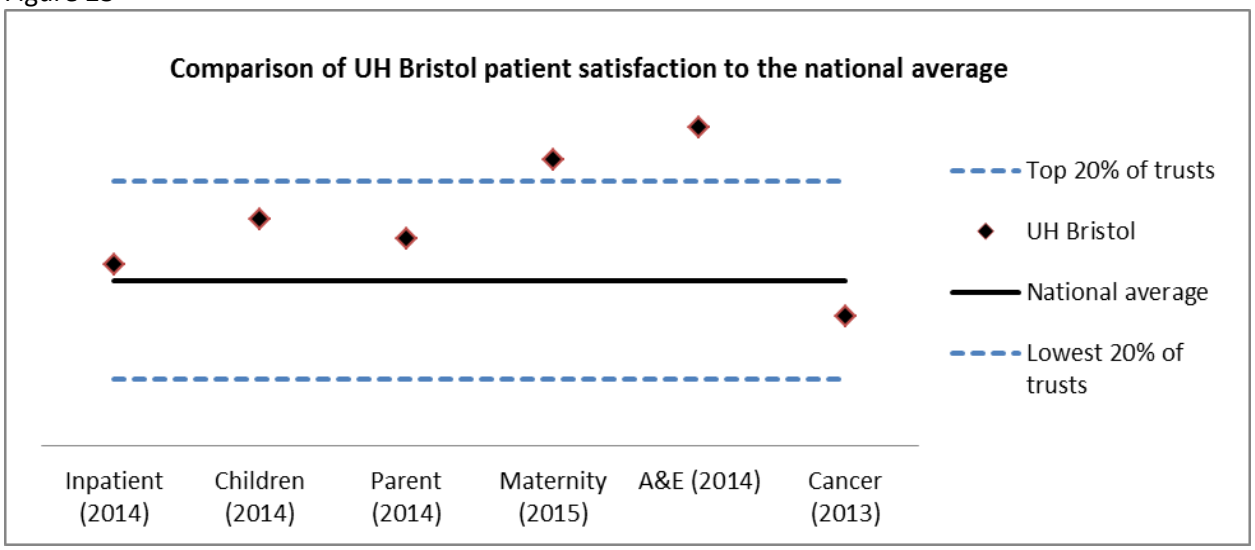
3.2.2 National patient surveys

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 2015/16 we received the results to three national surveys:

- the national inpatient survey (2014)[19]
- the national children's survey (2014)
- the national maternity survey (2015)

Overall, UH Bristol tends to perform in line with or better than the national average in national patient surveys (Figure 23 and Table 7). In 2015/16 we received an outstanding set of national maternity survey results. The experience ratings we received from our service users in this survey were recognised by the Care Quality Commission as being the best in the country. In the areas of care during labour and birth, UH Bristol attained nine survey scores that were better than the national average. A further "better-than-average" score was received for kindness and understanding on postnatal wards. These are particularly pleasing results because they reflect significant ongoing work carried out by our maternity staff to improve the experience of women who use their services. In recent years, this has included investment in new midwifery posts, a reconfiguration of postnatal wards (based on feedback from service-users), and various "co-design" projects where the maternity team has worked in partnership with people who have experienced maternity services, in order to understand what works well and identify aspects of care that could be improved. One particularly successful element of this broad programme of work has been the "patient experience at heart" workshops. These multi-disciplinary workshops are attended by staff in the maternity service, providing an opportunity to reflect on the delivery of a high quality experience of care. The Trust is currently looking at how this programme can be rolled out more widely in our hospitals.

Figure 23



Source: Care Quality Commission national surveys, overall satisfaction survey questions (except maternity survey where no single overall score exists and therefore a mean across all hospital-based survey questions has been used); the national average and quintile thresholds are indexed to 100 to aid comparability.

[19] Published in April 2015 and referenced in last year's quality report. At the time of writing (May 2016), the results of the 2015 survey have yet to be published

Table 7: Results of national patient survey reports received by the Trust during 2015/16

	Comparison to national average		
	Above (better)	Same	Below
2014 National inpatient survey (patients who were discharged during July 2014)	2	57	1
2014 National Children's inpatient and day case survey (patient or their parents who attending during August 2014)	1	36	0
2015 National Maternity survey (women who gave birth during February 2015)	10	9	0

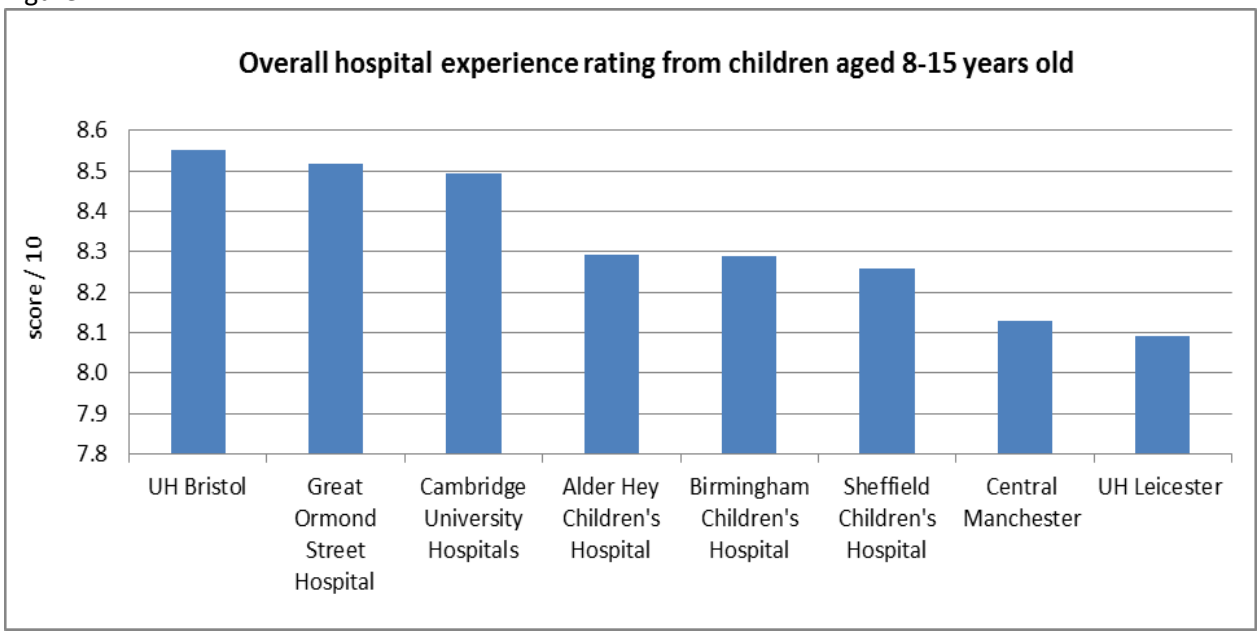
What patients said in our monthly survey:

"The two midwives I had were amazing. I cannot fault their care and assistance during labour. It is an experience made more memorable for me because they were so engaging, respectful and caring to me. Thank you."

Although there were no national cancer survey results available in 2015/16, we continued to carry out a large number of activities with a view to improving these survey scores (see section 2.1.1).

During 2015/16, we also received our results for the first national children's inpatient and day case survey. This survey showed that UH Bristol broadly performed in line with the national average for patient experience in paediatric services. However, UH Bristol is one of a relatively small number of specialist children's hospitals in England and is a regional centre. When we carried out our own analysis to assess our scores against directly comparable trusts, our results emerged very favourably (Figure 24).

Figure 24



Source: Care Quality Commission national children's survey data; cohort derived via CHKS healthcare intelligence tool

3.2.3 Patient and public involvement

UH Bristol actively seeks contributions from patients and the public in the planning, evaluation and development of our services. This includes hosting community events and discussion forums, and having patient and public representation on some of our management groups. Each month, we also take the opportunity to share a patient story at the start of each Trust Board meeting, to set the context for the discussions that are held there. Some examples of our patient and public involvement work during 2015/16 include:

Involvement Network
The UH Bristol Involvement Network ("IN") is part of a broad and ambitious programme to refresh the way in which we deliver our patient and public involvement work. IN is about creating new opportunities for people to have their say about how healthcare is developed and provided at UH Bristol. IN members have helped inform the Trust's Quality Priorities for 2016/17 and commented on the quality of information patients receive about outpatient appointments.

Patient letters
Patients were involved in a "patient letters week" to understand how the quality of patient letters could be improved (see section 2.1.1 of this report). A set of standards was agreed with patients and new letters are currently being piloted.

Paediatric cardiac surgery
We have continued to work with the families of children who have had cardiac surgery to understand their experience of the care they received. This has resulted in improvements to the process of consent and information about services. This work will continue into 2016/17 and has informed new work to establish a family involvement group for the Paediatric Intensive Care Unit.

Rheumatology and Sleep Unit services
Patients have been working with staff as part of plans to re-locate services within the Trust in autumn 2016. This has included a "walk through" to identify associated access improvements such as signage, additional seating and enhanced information about vehicle drop off points.

Patients and doctors as partners in learning
Patients have taken part in a new initiative whereby they share their patient experiences as part of the ongoing development of our Foundation Level 2 doctors.

People approaching the end of life
As part of a service development initiative, a focus group was held in association with St Peter's Hospice with patients who are recognised as approaching the end of life. Patients were able to share their experiences of the care they received from the Trust and suggest ways in which the training and development of staff involved in end of life care could be improved.

Maternity Services
Women at St Michael's Hospital have taken part in conversations about their expectations of the discharge process from our maternity wards. This work will continue in 2016/17 with repeat interviews during which the women will reflect on their actual experience.

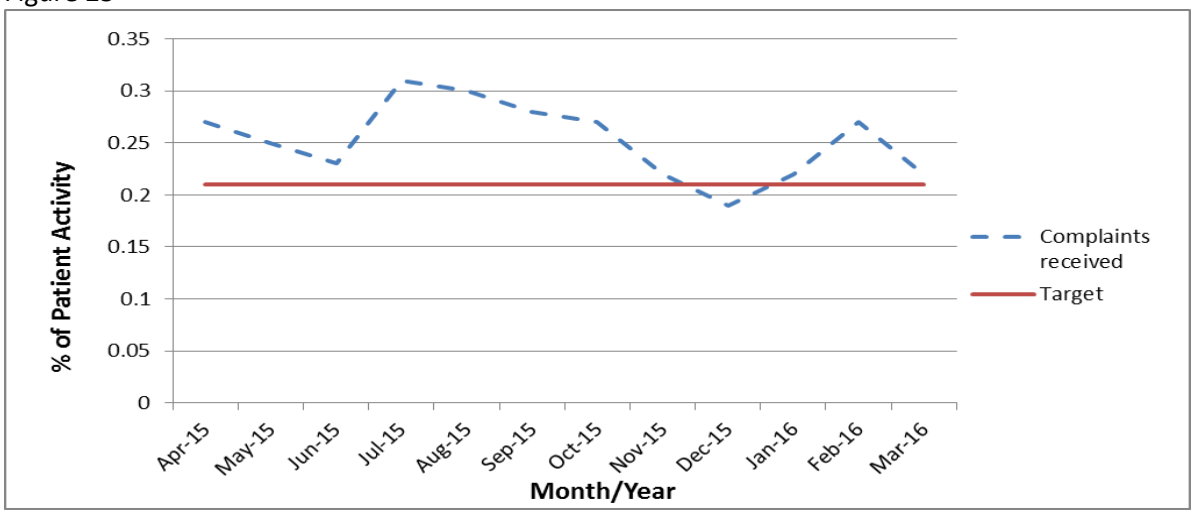
3.2.4 Complaints

In 2015/16, 1,941 complaints were reported to the Trust Board, compared with 1,883 in 2014/15[20]; this is an annual increase of 3.1 per cent. 647 of these complaints - exactly one third - were investigated under the formal complaints process; two thirds of complaints were addressed through informal resolution.

This volume of complaints equates to 0.25 per cent of all patient episodes, against a target of <0.21 per cent. Figure 25 shows the number of complaints received each month as a proportion of patient activity; complaints received in each month of 2015/16 were higher than in seven of the corresponding months of the previous year. In contrast, the Trust's patient experience inpatient 'tracker' survey ratings in 2015/16 improved compared to the previous year (see section 3.2.1).

In 2015/16, the Trust agreed a quality objective to improve the quality of our written response letters. During 2015/16, we carried out staff training, and implemented changes to the way that complaints responses are written and reviewed prior to sending. You can read more about this in section 2.1.1 of this report. We said that we would measure progress by measuring the numbers of complainants who expressed dissatisfaction with our response: at the time of writing, 59 complainants have expressed dissatisfaction with complaints responses sent out during 2015/16[21].

Figure 25



Source: UH Bristol Ulysses Safeguard and Datix® systems

In 2015/16, we carried out complaints investigations and replied to complainants within agreed timescales in 75.2 per cent of cases; a reduction from the 85.9 per cent achieved in 2014/15. This has largely been a consequence of the introduction of more robust processes for checking draft response letters. Performance has been steadily recovering since December 2015, as shown in Figure 26.

Looking ahead to 2016/17, key themes in our complaints work plan include:

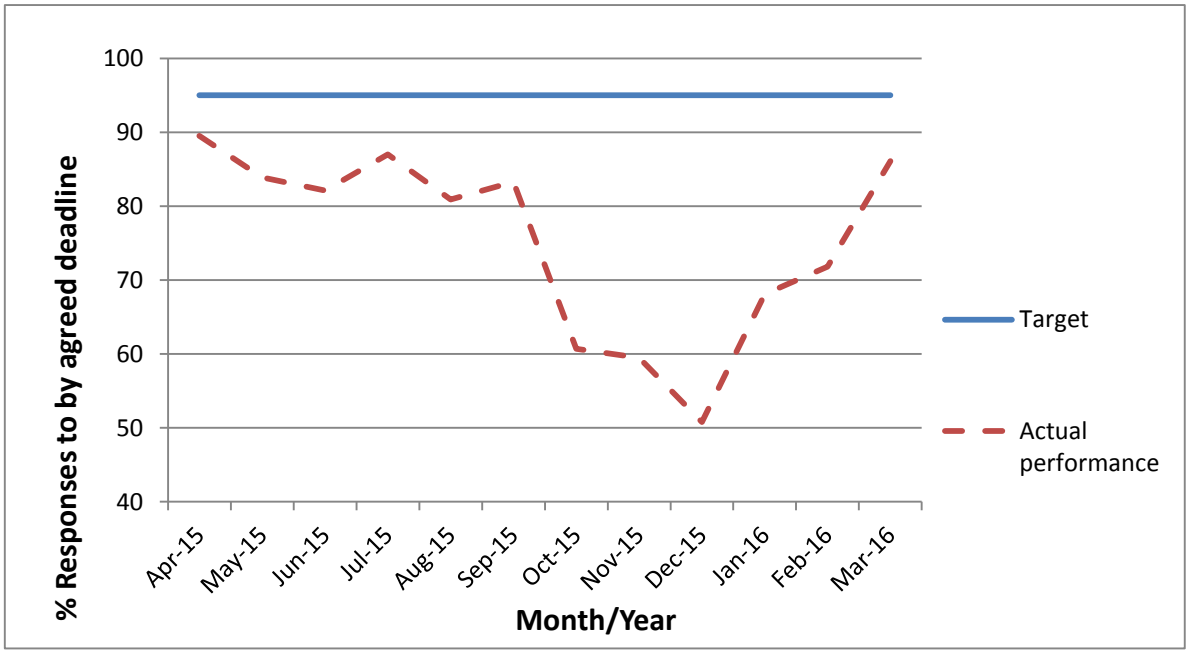
- implementing a routine follow-up survey of all complainants to better understand their experience of using our complaints service – this will be for all formal resolution cases, three months after our final response letter has been sent. At the same time, the patient support and complaints team will send an updated action plan to the complainant (where applicable) confirming progress in implementing any outstanding actions arising from their complaint.

[20] Previously 1,442 in 2013/14, 1,651 in 2012/13, and 1,465 in 2011/12

[21] Note: this figure differs from data reported to the Board during 2015/16 (38). The reason for this discrepancy is explained in section 2.1.1 of the report (2015/16 objective 6)

- providing further training to managers in all our divisions specifically aimed at improving skills in writing complaints response letters
- routinely considering and recording whether there are opportunities for complainants to be involved in developing the solutions to the issues they have highlighted through their complaints
- strengthening our processes for ensuring that potential incidents and serious incidents are systematically identified from complaints (in response to the Ombudsman's report, *A review into the quality of NHS complaints investigations*, published in December 2015).

Figure 26



Source: UH Bristol Ulysses Safeguard and Datix® systems

The Trust will be publishing a detailed annual complaints report, including themes and trends, later in 2016.

During 2015/16, in addition to receiving and handling complaints, the patient support and complaints team dealt with 389 enquiries for help and information and received 198 compliments on behalf of the Trust[22].

3.2.5 NHS Staff Survey 2015

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.

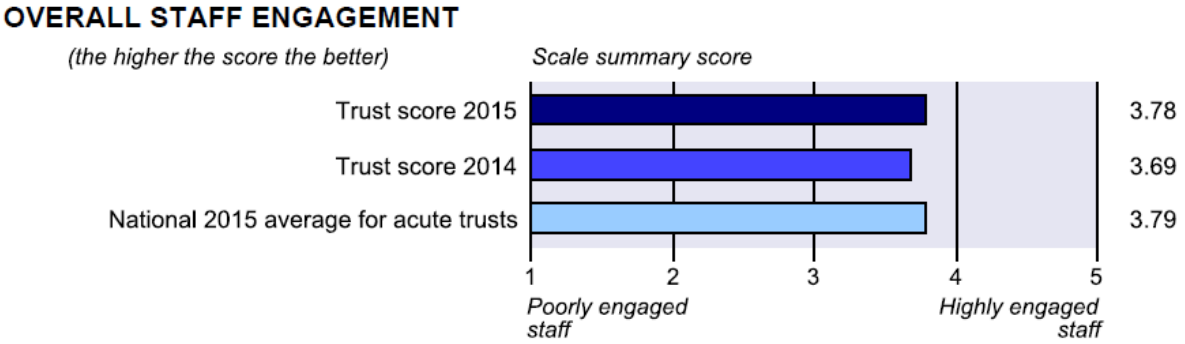
Questionnaires were sent on a census basis to all substantively employed staff across UH Bristol: 3,625 staff responded – a response rate of 44 per cent. This is three per cent better than the national response rate, but compares with a 47 per cent response rate in this Trust in the 2014 survey.

[22] 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 compliments received directly by individual wards and departments.

A variety of research has demonstrated clear links between levels of staff engagement and a range of outcomes for trusts, including patient satisfaction, patient mortality, trust performance ratings, staff absenteeism and turnover. The more engaged a workforce is, the better the outcomes for patients.[23]

The NHS Staff Survey provides an overall indicator of staff engagement, calculated using responses to questions relating to staff members' willingness to recommend the Trust as a place to work or receive treatment; the extent to which they feel motivated and engaged in their work; and their perceived ability to contribute to improvements at work.

Figure 27



The Trust's overall score for staff recommendation of the organisation as a place to work or receive treatment is arrived at by aggregating the scores in the areas shown in Table 8 below.

Table 8

	UH Bristol score 2015	Average (median) score for acute trusts 2015	UH Bristol score 2014
'Care of patients / service users is my organisation's top priority'	77%	75%	70%
'My organisation acts on concerns raised by patients / service users'	72%	73%	71%
'I would recommend my organisation as a place to work'	61%	61%	56%
'If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation'	77%	70%	70%
Staff recommendation of the organisation as a place to work or receive treatment. (mandatory indicator[24])	3.81	3.76	3.68

[23] West, M. A., Dawson, J. F., Admasachew, L., & Topakas, A. (2011). *NHS Staff Management and Health Service Quality: Results from the NHS Staff Survey and Related Data*. Report to the Department of Health. http://www.dh.gov.uk/health/2011/08/nhs-staff-management/
West, M. A., & Dawson, J. F. (2012). *Employee engagement and NHS performance*. Paper commissioned for The King's Fund review Leadership and engagement for improvement in the NHS. http://www.kingsfund.org.uk/document.rm?id=9545
Powell, M., Dawson, J. F., Topakas, A., Durose, J., & Fewtrell, C. (2014). *Staff satisfaction and organisational performance: evidence from a longitudinal secondary analysis of the NHS staff survey and outcome data.* Health Services and Delivery Research, 2, 1-336.

[24] 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

In last year's Quality Report, our colleagues from Healthwatch North Somerset raised a particular concern about our 2014 NHS Staff Survey score for the percentage of staff who witnessed potentially harmful errors, near incidents or misses in the last month. In the 2015 survey, our score improved by five points, but remains in the worst 20 per cent of trusts. As documented elsewhere in this report, the Trust continues to work tirelessly to eradicate potentially harmful errors. The introduction of new incident reporting software (Datix®) has provided an additional opportunity for raising awareness and capability with regard to reporting. A risk assessment and incident campaign took place in the first quarter of 2015/2016, delivered through health and safety briefings, site-wide poster campaigns and via the health and safety website.

Table 9

	UH Bristol score 2015	Average (median) score for acute trusts 2015	UH Bristol score 2014
Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month	34% Highest (worst) 20%	31%	39% Highest (worst) 20%
Percentage of staff stating that they or a colleague had reported potentially harmful errors, near misses or incidents in the last month	90% (average)	90%	91% (average)

The Trust's values (respecting everyone, embracing change, recognising success and working together) embody not only how we expect staff to treat patients, but how they can themselves expect to be treated. Mindful of this, the Trust is paying particular attention to the staff survey findings about harassment and bullying and equal opportunities for career progression. As required by the workforce race equality standard, these results are split between white and black and minority ethnic (BME) staff.

Table 10

		UH Bristol in 2015	Average (median) for acute trusts	UH Bristol in 2014
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	25%	25%	26%
	BME	34%	28%	40%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	89%	89%	90%
	BME	73%	75%	63%

mandatory indicator in Table 4 is made available by the National NHS Staff Survey Co-ordination Centre and 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".

Following the 2014 survey results, the Trust embarked on an extensive staff experience plan, including an appraisal improvement project, increased involvement of staff in the transformation of services, staff listening events, and the implementation of a number of health and wellbeing initiatives with a particular focus on work related stress. These have seen improved results in staff recommending the Trust as a place to work, staff satisfaction with their level of responsibility and involvement, and a reduction in the percentage of staff suffering work-related stress in the last 12 months. Whilst these are all positive results, the Trust recognises that significant improvement is still required. Building on last year's engagement activities, we will continue to focus on staff satisfaction with the quality of work and patient care they are able to deliver, effective team work and actions to tackle harassment and bullying. The Trust's Speaking Out policy has undergone substantial revision in response to recommendations from the Francis Freedom to Speak Up review and has been available to staff since November 2015. A major re-launch and awareness raising campaign will take place in April 2016.

Note: To meet the needs of participating organisations and associated bodies, the questionnaire, Key Findings and benchmarking groups all underwent substantial revisions for 2015. The NHS Staff Survey Co-ordination Body has therefore recommended that the results of certain Key Findings are not comparable with results from 2014. This includes these two indicators, reported on in 2014: Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver, and, Percentage of staff agreeing that their role makes a difference to patients. For information, the Trust's scores for these indicators remain in the lowest (worst) 20 per cent and below (worse than) average, respectively, when compared with all acute trusts in 2015. It is further recommended that comparisons are only made between data which appears in the same report (for example, 2014 data included in the 2015 report); the Trust has therefore not included comparisons with data from years prior to 2014 in this year's report.

3.2.6 Carers strategy

Our governors have requested the inclusion of an update on the ongoing implementation of our carers strategy.

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 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.

During 2015/16, we have updated our joint carers charter with North Bristol NHS Trust to reflect our ongoing support for, and commitment to, carers and their rights (including recent changes to legislation). The charter was re-launched on 20th November 2015, Carers' Rights Day.

Over the past 12 months, key developments in identifying and supporting carers have included a focus on young carers, including:

- the production of a young carers' hospital leaflet to support the work of improving the identification, support and information for young carers (adapted from the original leaflet 'Is This You?' used at GP surgeries by the GP team from the Carers Support Centre)
- the creation of a young carers' 'Hospital experience' training film clip, designed to support hospital staff in understanding what the issues and needs for young carers are and what difficulties they face in hospitals

- ongoing work to create a young carers' identity card, which would be recognised across both Trusts.

Elsewhere, a carer liaison service has been established at South Bristol Community Hospital and our hospital admissions paperwork has been updated to include questions that are carer-related: the forms ask whether the patient has a carer and, if so, staff are prompted to consider whether referral to the carer liaison worker is appropriate.

In 2015/16, the carers liaison workers have continued to support carers by:

- signposting carers to alternative support services e.g. Samaritans, Mindline, Bristol Stroke Society, Cancer Information & Support Centre, St Peter's Hospice and Red Cross
- informing carers of their rights and referring carers for carers assessments
- providing advice on benefits and how to access social services
- attending discharge planning meetings
- explaining hospital processes and procedures to carers
- liaising with hospital staff and social workers around discharge planning
- meeting Trust staff to discuss the 'discharge to access' scheme.

The Trust's carers strategy steering group continues to have good engagement from staff across the Trust and benefits from carer governor representation bringing issues to discuss and actions to address. A carer reference group continues to review any new documentation and brings issues for onward discussion at the strategy steering group. We also continue to work with the Carers Support Centre (a local third sector organisation) in the delivery of our carers' support programme. The Trust's carers' liaison worker team has expanded to three members of staff who follow up referrals from both Trusts providing five day cover, responding to carers and their needs in a timely manner.

Looking ahead to 2016/17, we will be:

- working with the South Bristol Community Hospital to embed the systems and processes there and develop new services including a potential 'stroke café'
- progressing our young carers work, as described above
- raising the profile, identification and support for BME carers across the trusts
- introducing a locally recognised carers logo across both Trusts
- developing a comfort box[25] for carers and exploring the use of lanyards as another way of identifying carers
- training our volunteers to identify, support and refer carers to the carers liaison service
- exploring the purchase of chairs that convert into beds at the bedside of patients where carers wish to stay.
- supporting Trust employees who are carers.

[25] A comfort box is a pre-prepared box of items that will enhance the stay of a carer during their time with us which includes tissues, wipes, flask, tea/coffee/biscuits and other comfort items to support their protracted stay on the wards

The case study below provides an example of the difference that our Carer Liaison Service makes:

Mrs A contacted the carer liaison worker during her husband's admission to hospital. Her husband had dementia and some other conditions that were making caring for him at home increasingly difficult. He could no longer do very much or make decisions for himself. Mrs A felt she could no longer look after Mr A at home as it was impacting on her life and health.

Mrs A and the carer liaison worker talked about the situation in detail including her rights as a carer and her realisation that she was unable to continue her caring role and the feelings and emotions that accompany such a decision. We put together a list of her concerns and why she felt that she could no longer care. The carer liaison worker found out who the social worker for the patient was and made Mrs A's concerns clear. The carer liaison worker encouraged the social worker to speak directly to the carer. The carer liaison worker also encouraged the carer to be clear about her worries and concerns with the hospital staff and social worker. The carer liaison worker also came along to some of these meetings to support the carer.

Although it was a difficult choice for Mrs A, a decision was made that Mr A should move to residential care. The carer liaison worker supported Mrs A by providing information about funding for care homes, and information and inspection reports about each of the homes offered. Following her husband's move, the carer liaison worker contacted Mrs A to see how she was and to let her know about other services available to support her now her caring role had come to an end.

3.2.7 End of life care

This report on end of life care has been included at the request of our governors.

The Trust takes the care of patients approaching the end of life, and care in the last few days of life very seriously. We have an executive director with special responsibility for end of life care (Carolyn Mills, chief nurse), a consultant end of life lead (Karen Forbes, consultant in palliative medicine) and an end of life steering group chaired by the deputy chief nurse (Helen Morgan) which reports to the Trust Board. End of life care is viewed within the Trust as everyone's business, since patients will die in ward and care areas of all of its hospitals, however the Trust's supportive and palliative care team (SPCT) lead on service improvement work to ensure current high standards of care and to develop these further, delivered through the Trust's end of life steering group to all divisions. The Trust's privacy and dignity group links closely with the end of life steering group.

The Trust uses the pathway indicated in the Department of Health's end of life care strategy (2008) which suggests that 'end of life care' should encompass the last 6-12 months of life and have particular recognition or action points along this 'pathway': recognition that the patient is dying; assessment, care planning and review; coordination of care; delivery of high quality care; care in the last days of life; care after death.

SPCT staff are involved in ongoing work to improve care around recognition, care planning and review, and coordination of care through specific initiatives:

- encouraging teams to recognise when their patients with long term conditions may be entering the last 6-12 months of life
- helping with the development of the advanced communication skills needed to talk to patients and their carers about poor prognosis and to review their expectations and wishes for future care

- facilitating communication with community services through the development of a 'poor prognosis letter' which is sent to the patient's GP.

The SPCT has been involved in the introduction of the Trust's treatment escalation personalised plan which helps teams record conversations with patients about what care they should or should not receive should they deteriorate. When a patient is recognised as dying, the patient's care is reviewed and led by the Trust's end of life care tool, which contains:

- a series of prompts for medical and nursing staff to review and prioritise the patient and carers' needs
- guidance for prescribing for junior doctors to ensure that patients have access to medication to control common symptoms at the end of life
- a symptom observation chart so that patients' comfort continues to be monitored and recorded.

All staff are committed to patients' comfort, privacy and dignity at the end of life. The move of most wards into new builds or refurbished areas of the Trust has provided far more patients with single rooms when they are dying, should they wish for them. The palliative care team and end of life lead nurses provide support to colleagues in recognising when patients should be referred to the team and providing high quality end of life care. This support is provided through training ward end of life nurse champions and ward and Trust-based education. Work is ongoing within the Trust around supporting carers (also see section 3.2.6), including open visiting when a patient is dying, access to family rooms and chaplaincy support, and the provision of carer 'comfort boxes' containing toiletries, drinks, etc.

The Trust performed above (better than) the national average in the majority of indicators for end of life care in the recent national care of the dying audit which examined the care documented in the notes of patients who had died during May 2015. 85 per cent of UH Bristol patients had a holistic individualised plan of care documented (national average 66 per cent). Patients' common end of life symptoms were controlled 83-96 percent of the time, depending on the symptom, in comparison with 55-79 per cent of the time for other participating hospitals. In 80 percent of cases, the fact that the patient was likely to die was discussed with a carer (79 percent nationally); in 97 percent of cases the patient had an opportunity to have their concerns listened to (84 per cent nationally) and in 64 per cent of cases the needs of the person(s) important to the patient were asked about (56 per cent nationally). We are encouraged by these results which validate our current approach. There is always room for improvement however and we continue to develop initiatives to maintain and enhance high quality end of life care within the Trust for patients and their carers.

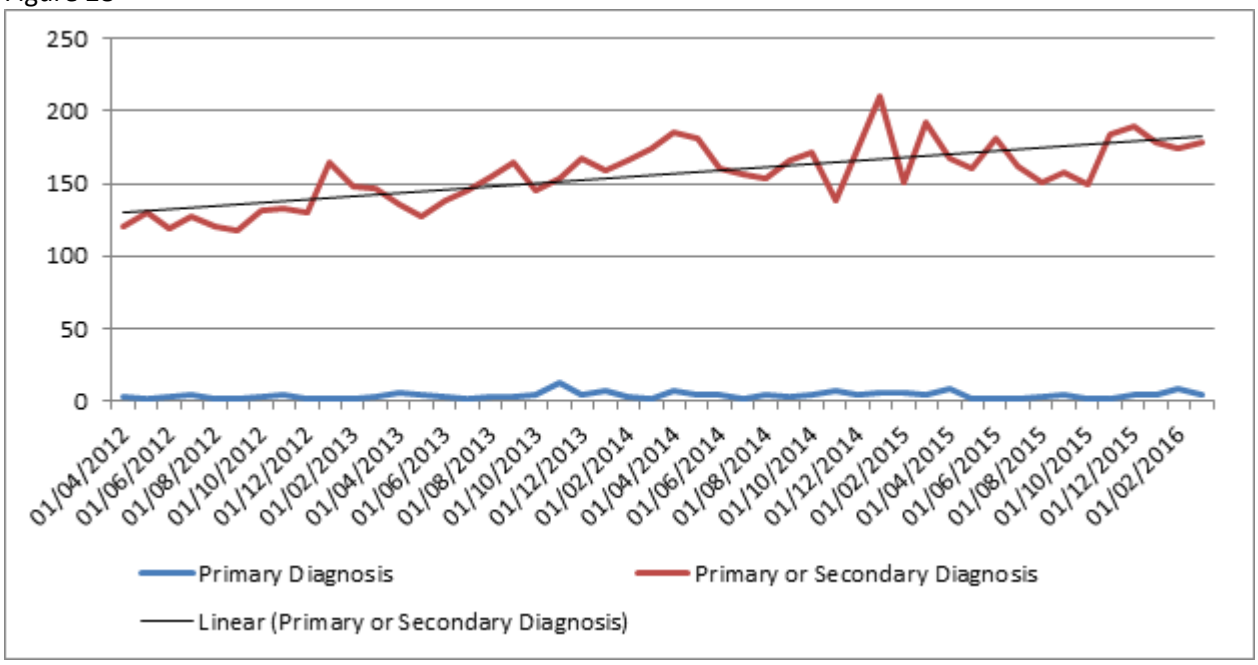
3.3 Clinical Effectiveness

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.

3.3.1 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 are affected, with this expected to increase significantly over the next twenty years (Alzheimer's Society, 2015). Figure 28 demonstrates that increasing numbers of patients with a confirmed diagnosis of dementia have been admitted to UH Bristol's hospitals since 2012 (2,035 patients in 2015/16).

Figure 28



Source: UH Bristol Medway system

The Trust has achieved the National Dementia CQUIN for this year (also see section 2.2.4). This has been achieved through the hard work of our divisional teams, dementia project nurse and dementia support worker.

Education and training remains high on our agenda. All staff and volunteers undertake a dementia awareness session at their corporate induction; the materials we use in this training are reviewed each quarter to ensure the guidance continually reflects best practice. The lead practitioner and dementia team continue to provide bespoke training sessions for clinical teams, ward team away days, and also for individuals.

As of the end of 2015/16, there are 121 dementia champions in place across the Trust: these are staff who act as advocates for patients with dementia and their carers. Our dementia champions come from a variety of clinical and non-clinical backgrounds, but all share the common goal of improving care for patients with dementia.

We are committed to supporting carers of people with dementia. We actively promote and support 'John's Campaign' for carers to have the same rights as parents of children in hospital. This campaign encourages carers to visit their loved ones at any time of the day, remaining with them for as long as they wish. Involving a family carer from the moment of admission to hospital until the moment of discharge has been proved to give better quality of care and improved outcomes. Hospital staff are professionals with a wide, generalised knowledge, however the family carer is the 'expert' for each individual: if they are accepted as part of the care team they can provide insight, facilitate communication (and informed consent) and ensure continuity of care. This includes the right of the carer to continue to provide care in hospital and access to open visiting if this is desired.

Our dementia support café opened in August 2015. The café takes place twice a month, in the restaurant of the Bristol Royal Infirmary. Anyone can attend (patients, carers or staff) to get information about dementia, seek support or to just have an informal chat over a cup of tea. The Trust dementia team lead the café, with support from the carer's liaison worker and a dementia navigator from the Bristol Dementia Well-Being service.

When the Care Quality Commission inspected the Trust in September 2014, they identified that the Abbey Pain Scale needed to be used for people with cognitive impairment who cannot communicate their needs. We continue to work to embed this tool into practice to ensure its consistent use. The CQC also highlighted the need for regular review to ensure that the needs of dementia patients are being met – we are achieving this via monthly and annual audits, with appropriate action plans to improve practice where gaps are identified.

The following patient engagement and experience projects for dementia have been developed during 2015/16:

- activity boxes which include games, reminiscence cards and painting have been introduced in two pilot sites (a general medicine ward and a trauma and orthopaedic ward)
- a trial of the use of iPad technology for patients with dementia, funded by the Trust's Above & Beyond charity ('Alive!', a Bristol-based charity, has provided training for this initiative, which uses music, film clips and Skype to help keep patients connected to their normal routines and family).

One of the Trust's corporate quality objectives for 2015/16 has been to minimise unnecessary patient moves within our hospitals. This is particularly important for patients with dementia, as moves can add to confusion and disorientation, and is supported by Standard 4 of the South West Strategic Health Authority Dementia Action Plan. We therefore consciously aim not to move patients with a cognitive impairment for non-clinical reasons between the hours of 8pm and 8am. In our "transfer" audit in December 2015, we achieved 92 per cent which is above (better than) our local target of 90 per cent.

The examples of feedback given above underline the fact that whilst we have made considerable progress, there is still much to do. The involvement of the dementia clinical leads in the design of the new build at the Bristol Royal Infirmary and refurbishment of wards has helped ensure they are environmentally friendly areas for people with dementia. This work will continue into the next phase of our redevelopment work: the refurbishment of out-patient services. Other plans for improving dementia care in 2016/17 include:

- Working jointly with other agencies to run focus groups for patients with dementia and their carers to identify their needs, ideas for improving care
- Creating a UH Bristol specific e-learning package for staff

- Opening up the dementia champions' conference – run jointly by UH Bristol and North Bristol NHS Trust – to the wider Bristol health community, to share good practice and learning across the Dementia pathway.

Feedback about dementia care received via our monthly carers' survey:

☺
"Happy with staff and they are speedy, have a laugh and take the time to speak with the patients"
"I couldn't fault any of the staff at any level. Extremely clean - saw cleaning auditor come around. Doctors approached family as did social work and have felt supported"
"Always someone walking with patient which helps with his anxiety"

☹
"X wishes there were more activities on the ward - has been bored."
"Frustrated at repeating situation and still not knowing what's happening next, feels out of control. Hard to keep track of who knows what about his situation."
"Ward move was 'sprung' on the patient and really upset her, increased anxiety and upset"
"Staff need to be reminded the person they see now isn't the person they were"

3.3.2 Summary Hospital-Level Mortality Indicator (SHMI)
(Mandatory indicator)

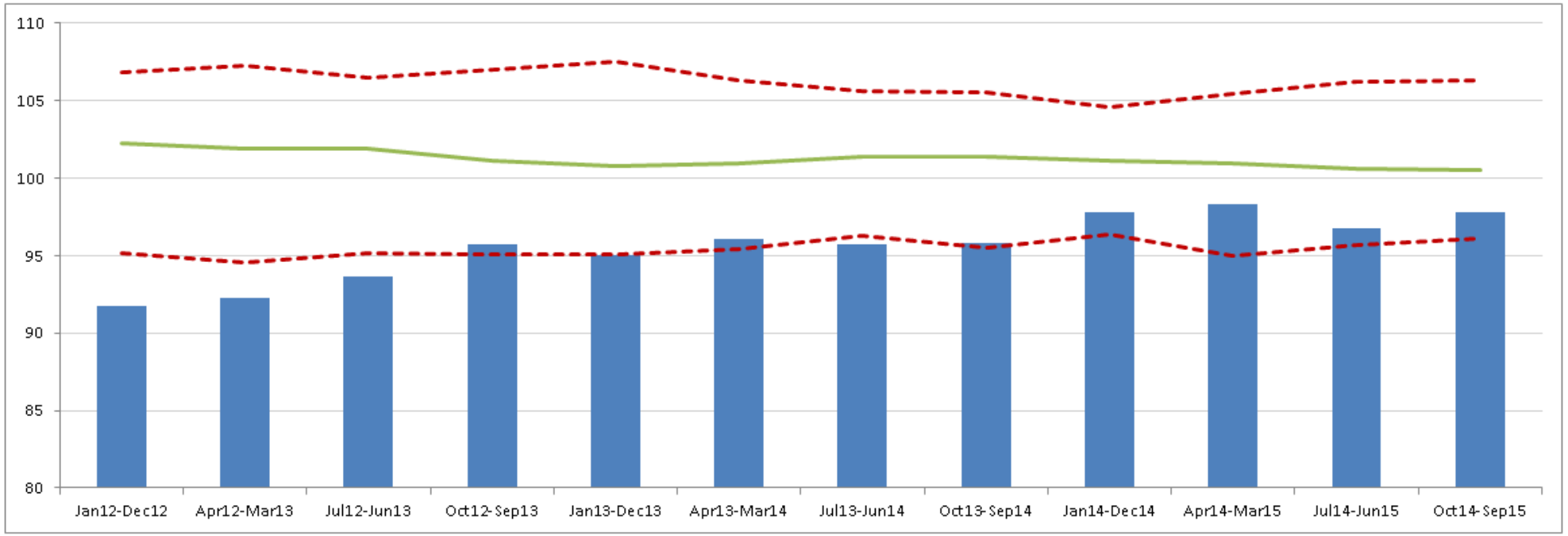
The Summary Hospital-Level Mortality Indicator (SHMI) is a measure of all deaths in hospital, plus those deaths occurring within 30 days after discharge from hospital. It should be noted that SMHI does not provide definitive answers: rather it poses questions which trusts have a duty to investigate. 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 29, 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 April 2014 to March 2015 and shows the Trust as having a SHMI of 98.3.

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 (full details are available upon request). This includes data quality and completeness checks carried out by the Trust's IM&T systems team. SHMI dated is governed by national definitions.

3.3.3 Adult Cardiac Surgery Outcomes

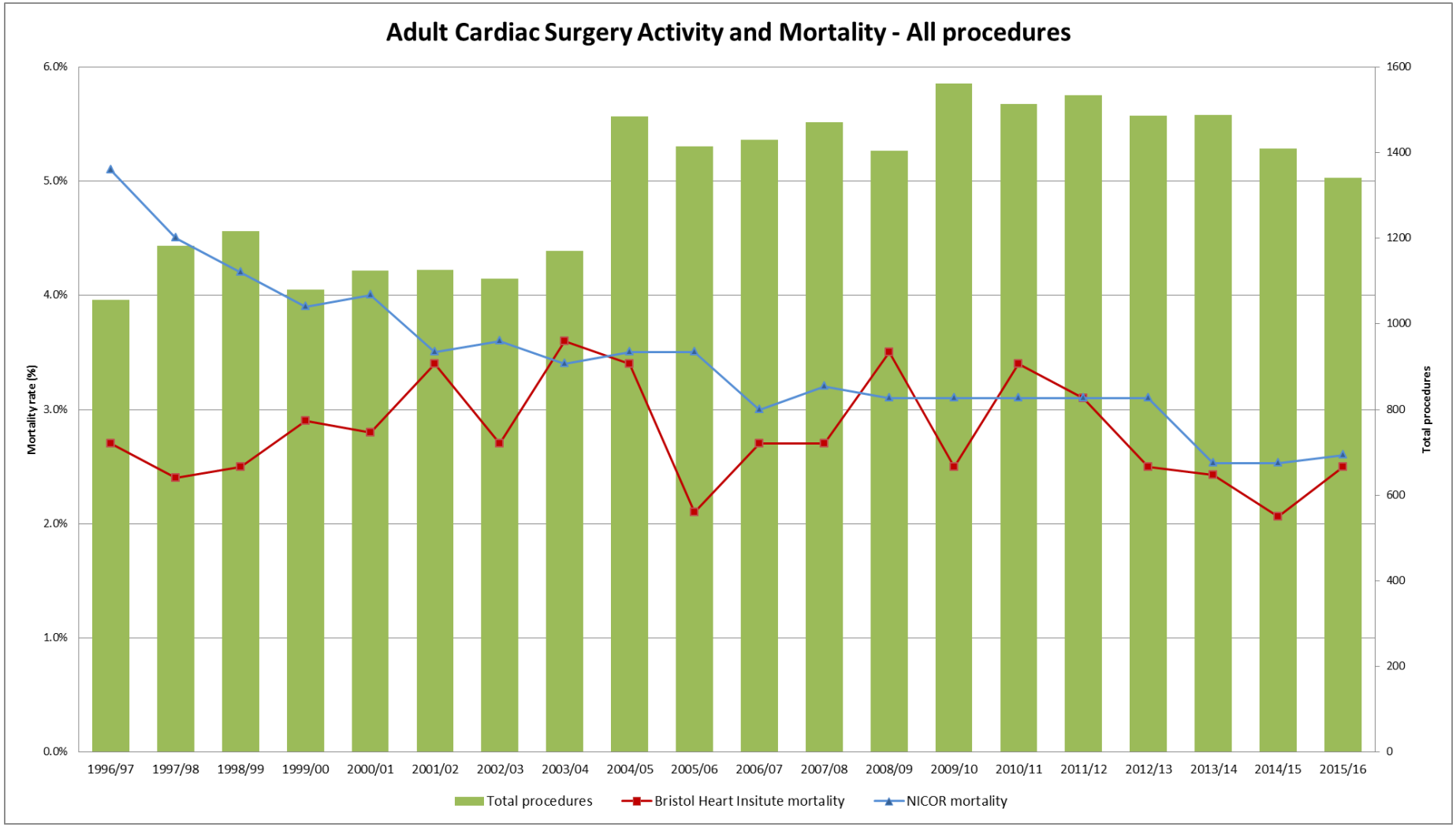
The Bristol Heart Institute is one of the largest centres for cardiac surgery in the United Kingdom. The centre currently performs approximately 1,500 procedures per annum. The Trust has supported a cardiac surgical database for more than 20 years which now contains information relating to clinical outcomes for more than 26,500 patients. This is an extremely valuable resource for research and audit, service planning and quality assurance.

Figure 29 - Summary Hospital-Level Mortality Indicator (SHMI)



Source: CHKS benchmarking

Figure 30



Source: Central Cardiac Audit Database / Patient Analysis Tracking System

In general, our adult cardiac outcomes measured in terms of mortality have been better than the UK average for all procedures. Figure 30 shows a pattern of relatively static activity and a crude mortality rate which is below the national average.

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) using national contemporary comparators. More detailed analysis of the 2015/2016 data is currently awaited from the NICOR/SCTS collaboration to enable us to benchmark our performance further against other centres in the UK.

What patients said in our monthly survey:

"I received great care from the moment we dialled 999 until I was discharged."

3.3.4 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. Following recommendations from a national review of congenital cardiac services the Trust has decided to manage the area as a formal network; the manager and clinical director have recently been appointed. This will enable effective integration, both clinically and from a governance perspective, of the 19 centres (nine in South West England, and ten through our Cardiff partnership) in the area we serve, allowing us to provide cardiology care closer to where patients live.

The number of paediatric cardiac cases performed at BRHC has increased over the last year by approximately 12 per cent to 365. This is in large part due to an increase in theatre capacity with an extra operating day per week. Crude 30-day survival following cardiac surgery in our unit has continued to improve and in 2015/16 was 98.9 per cent; this is well within expected limits. 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 (PRAiS), 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 31 shows verified NICOR data for the three year period April 2012 to March 2015 (i.e. the most recent reporting period available). This compares very favourably with data from the other centres in the country.

The independent review into paediatric cardiac services in Bristol announced in February 2014 by Professor Sir Bruce Keogh, medical director of NHS England following some complaints from parents, is drawing to its conclusion. The Trust welcomes the ongoing review and the opportunity the review insights will afford the Trust to further improve our care to children and their families. We recognise that for some families they have lost trust and confidence in the

service and we hope the review findings and the Trust's response to them will go some way to restoring this position. We recognise that treating children with congenital heart disease is about more than just managing their clinical condition – it's also about supporting and preparing families for procedures and giving them all the information they need. Since 2014, we have held a number of patient engagement events that we have called 'listening events' so that we can learn directly from parents and young people about what we can do to help and support them better through a very stressful time in their lives. Initial discussions led to us rewriting information sheets and redesigning our website. More recently, we focused on the issue of consent for treatment to find out if parents and patients have enough information in a form that's accessible to them. This has led to us redesigning this part of our care pathway and at the last event we received very positive feedback that the steps we have taken are meeting the needs of families. Our new approach has since been shared at a national meeting as a model that other centres can learn from.

The Trust welcomes feedback and families. Our Trust's monthly survey shows that in 2015/16, 100 per cent of parents (of children up to 11 years old) and children (aged 12 and above) rated their overall experience of care on ward 32[26] good, very good or excellent[27].

Figure 31

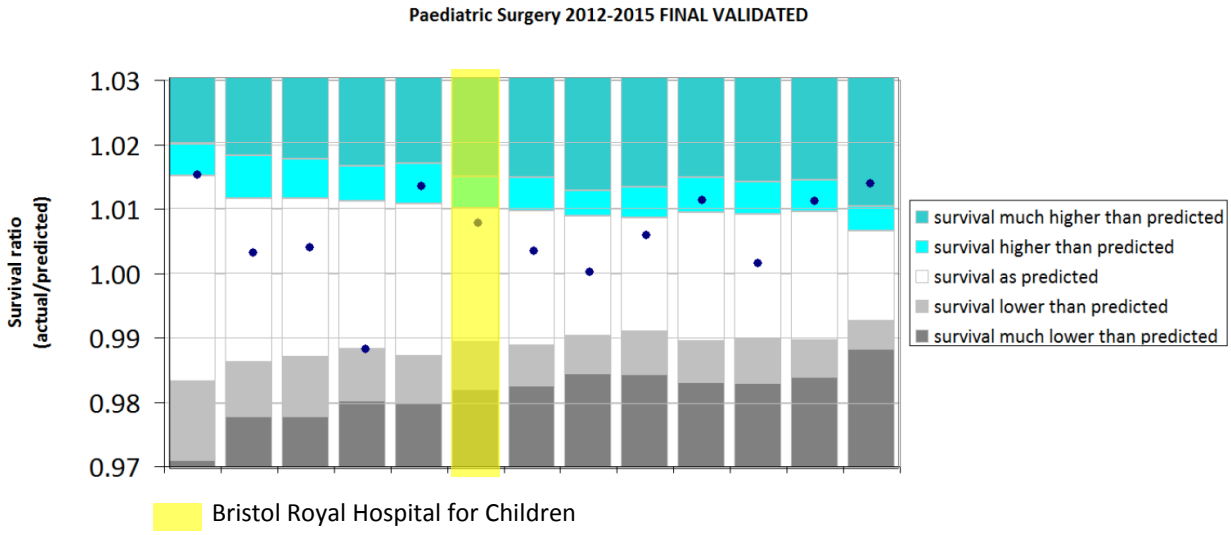


Table 11

Hospital	Code	Surgical Episodes	Actual Survival	Predicted Survival	Actual/ predicted	Survival Summary
Bristol Royal Hospital For Children	BRC	835	98.30%	97.60%	1.008	as expected

What patients said in our monthly survey:

"I was kept informed about what was going to happen and the doctor was coming in and explaining everything. The nurses were coming in and checking to see if I was OK. I think my stay was very good."

[26] Ward 32 is a 16 bedded unit at BRHC where patients between the ages of 0-18 are admitted for investigation, assessment and treatment of cardiac conditions or for management of other conditions, which may impact on their cardiac status.

[27] UH Bristol inpatient experience survey for the 12 month period up to and including February 2016

3.3.5 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. One these procedures - groin hernia surgery is carried out at the Bristol Royal Infirmary.

PROMs comprise questionnaires completed by patients before and after surgery to record their health status. For hernia surgery, outcomes are measured in two ways; a tool called the 'EQ-5D index' asks patients questions about things like mobility, activities and pain levels; and patients also rate their health on a scale of 0-100 using a 'visual analogue scale' (VAS). The Trust follows nationally determined PROM methodology and outsources administration to an approved contractor.

The most recent full-year data available from the NHS Health and Social Care Information Centre (HSCIC) is for 2014/15. Although provisional, this shows that 25 patients returned groin hernia PROM questionnaires in this time period, 72 per cent of whom (18/25) scored more highly on the EQ-5D index after surgery than before (i.e. the surgical procedure had resulted in an improvement); this compares with 50.7 per cent in England (10,304/20,312). 22 patients completed and returned the EQ VAS section of the PROMs questionnaire. 45.5 per cent (10/22) of UH Bristol patients scored more highly on the EQ-VAS scale after surgery than before; this compares with 38.1 per cent (7,980/20,951) in England.

The latest unpublished participation figures from the HSCIC for 2015/16 (as at February 2016) show that 42.4 per cent of patients returned the pre-operative questionnaire (64/151); this compares with 57.3 per cent (36,356/63,472) nationally. To enable a change in healthcare status to be measured, patients must also return a post-operative questionnaire. Latest figures show that 51.3 per cent (20/39) of UH Bristol patients have done so; this compares to 53.5 per cent (13,889/25,974) nationally.

3.3.6 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 clinical and cost effective. To achieve the BPT for hip fractures, trusts are required 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.

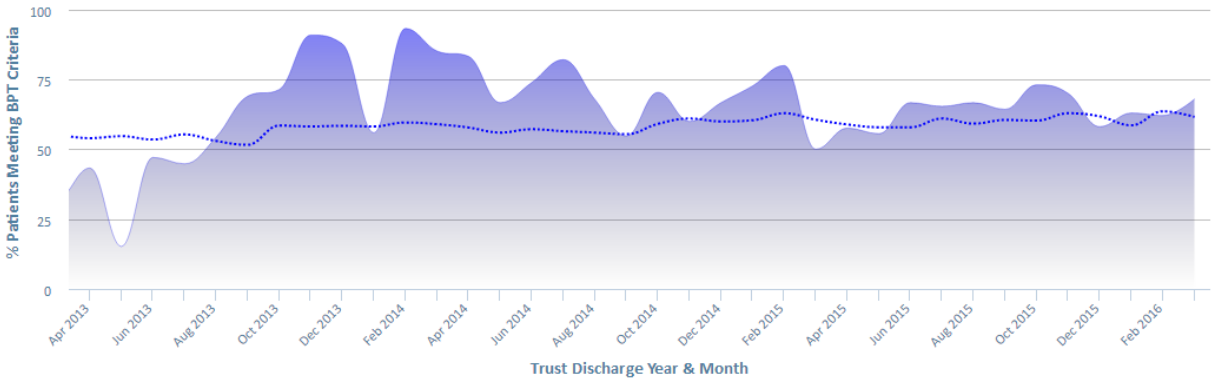
Overall performance for 2015/16 is 68 per cent, compared to the national average of 61.8 per cent (see Figure 32). The Trust has historically struggled to achieve the BPT due to poor

performance against the indicators relating to time to theatre and ortho-geriatric review, despite consistently achieving over 90 percent for the other six indicators.

Recent improvement work has included the implementation of a 'live' trauma board to help focus on prioritisation of patients and increased staffing in theatres and within the ortho-geriatric team. Delivering BPT continues to be a challenge however: a key priority for 2016/17 is to move towards an integrated model of care. This includes our ongoing efforts to recruit middle grade ortho-geriatric doctors, of which there is a national shortage.

To help us better understand how we can improve hip fracture care at UH Bristol, the Trust has also invited a multidisciplinary team from the British Orthopaedic Association to assess our current service and review all aspects of care against National Hip Fracture Database Best Practice.

Figure 32



Source: National Hip Fracture Database

3.3.7 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 two further audits/registries added in 2014. Those that published in the inaugural year have continued to build on and develop the number of procedures and quality measures covered including team-based or hospital measures.

The table below shows the medical specialties/societies that reported consultant outcomes within 2015/16 and whether the Trust submitted data to the required national audit/registry.

Table 12

Specialty	Clinical audit/registry title	Specialist Association	Submitted
Adult cardiac surgery	National Adult Cardiac Surgery Audit **Open heart surgery**	Society for Cardiothoracic Surgery	Yes
Bariatric surgery	National Bariatric Surgery Register **Surgery concerning the causes, prevention and treatment of obesity**	British Obesity & Metabolic Surgery Society	N/A
Colorectal surgery	National Bowel Cancer Audit Programme **Surgery relating to the last part of the digestive system**	The Association of Coloproctology of Great Britain and Ireland	Yes
Thyroid and endocrine surgery	BAETS national audit **Surgery on the endocrine glands to achieve a hormonal or anti-hormonal effect in the body**	British Association of Endocrine and Thyroid Surgeons	Yes
Head and neck surgery	National Head and Neck Cancer Audit **Surgery concerning the treatment of head and neck cancer**	British Association of Head and Neck Oncology	Yes
Interventional cardiology	Adult Coronary Interventions **Treatment of heart disease with minimally invasive catheter based treatments**	British Cardiovascular Intervention Society	Yes
Lung cancer	National Lung Cancer Audit **Treatment of lung cancer through surgery, radiotherapy, and chemotherapy**	British Thoracic Society and SCTS	Yes
Neurosurgery	National Neurosurgery Audit Programme	Society of British Neurological Surgeons	Yes
Orthopaedic surgery	National Joint Registry **Joint replacement surgery for conditions affecting the musculoskeletal system**	British Orthopaedic Association	Yes
Upper gastro-intestinal surgery	National Oesophago-Gastric Cancer Audit **Surgery relating to the stomach and intestine**	Association of Upper-gastrointestinal Surgeons	Yes
Urological surgery	BAUS cancer registry **Surgery relating to the urinary tracts**	British Association of Urological Surgeons	N/A
Vascular surgery	National Vascular Registry **Surgery relating to the circulatory system**	Vascular Society of great Britain and Ireland	N/A

All data can be found on the individual association websites and is also published on NHS Choices (MyNHS). No UH Bristol consultants have been identified as an 'outlier' within these published outcomes.

3.3.8 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 2015/16 than in the previous year (2.86 per cent in 2015/16 compared to 2.80 per cent in 2014/15 – both figures quoted year to date March to February). 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 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 with 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.

3.3.9 Seven day services

A report on seven day services has been included this year at the request of our governors.

In 2013, the NHS Services Seven Days a Week Forum developed ten clinical standards describing the minimum level of service that hospital patients admitted through urgent and emergency routes should expect to receive on every day of the week.

Following discussions between NHS England and the Academy of Medical Royal Colleges, the following four standards have been identified as having the greatest potential impact on reducing weekend mortality and have therefore become the immediate focus for improvement across the NHS. These are:

- Standard 2: time to consultant review
- Standard 5: access to diagnostics
- Standard 6: access to consultant-directed Interventions[28]
- Standard 8: on-going review

At the end of July 2015, NHS providers were asked to support the establishment of a robust baseline showing the extent to which these standards are being met nationally, by completing the online NHS Improving Quality Seven Day Service Self-Assessment Tool. Self-assessment was carried out via audit of case-notes and completion of specific questions relating to the operation of diagnostic services. Trust performance again the measures published by NHS England are outlined below.

Table 13

Standard	2	5	6	8
	Inpatients seen by a consultant within 14 hours	Diagnostic services available seven days per week	Interventional services available seven days per week	Ongoing review of patients by consultants
University Hospitals Bristol NHS Foundation Trust	5 out of 10 specialties reported that patients are seen within 14 hours 90 per cent or more of the time	11 out of 14 diagnostic services are available seven days per week	7 out of 9 consultant-directed interventions are available seven days per week	6 out of 13 relevant clinical areas reported that patients receive a review by consultants at appropriate intervals

During 2016/17, in order to improve performance against these standards, consultant cover will be increased within surgical specialties so that more patients are reviewed within 14 hours, seven days of the week. Work is also underway to increase staffing capacity within the Trust's interventional radiology service to help ensure that key diagnostic services are available seven days a week.

The Trust is currently in the process of submitting data for the second round of assessment; results are expected to be published in May 2016.

[28] Defined by NHS England as Critical Care, Percutaneous Coronary Intervention (PCI), Cardiac Pacing, Thrombolysis, Emergency Surgery, Interventional Endoscopy, Interventional Radiology, Renal Replacement Therapy and Urgent Radiotherapy.

3.4 Performance against national priorities and access standards

3.4.1 Overview

In its 2015/16 operational plan, the Trust declared risks to five of the standards against NHS Improvement's risk assessment framework. The five standards (with the service performance score shown in brackets) not forecast to be achieved in one or more quarters were as follows:

- A&E 4-hour waiting standard (1);
- 62-day GP and 62-day screening cancer standard (combined score of 1);
- RTT non-admitted pathways standard (1);
- RTT admitted pathways standard (1); and
- RTT incomplete/ongoing pathways standard (no score - RTT standards failure capped at 2).

Table 14 below shows the planned performance against those standards not expected to be achieved in 2015/16, as declared in the 2015/16 annual plan, along with the actual reported performance for the quarter. Please note that the RTT admitted and RTT non-admitted pathway standards were removed from NHS Improvement's risk assessment framework during quarter one in 2015/16 and for this reason are not shown in the reported position for any quarters.

Table 14: Performance against access standards in 2015/16

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Standards not forecast to be met	RTT non-admitted RTT admitted RTT incomplete 62-day GP cancer 62-day screening cancer	RTT non-admitted RTT admitted RTT incomplete 62-day GP cancer 62-day screening cancer	RTT non-admitted RTT admitted 62-day GP cancer 62-day screening cancer	RTT admitted A&E 4-hours 62-day GP cancer 62-day screening cancer
Forecast score	**3**	**3**	**3**	**3**
Standards declared not met in the quarter	RTT incomplete A&E 4-hours 62-day GP cancer 62-day screening cancer	RTT incomplete A&E 4-hours 62-day GP cancer 62-day screening cancer	RTT incomplete A&E 4-hours 62-day GP cancer 62-day screening cancer	A&E 4-hours 62-day GP cancer 62-day screening cancer
Actual score	**3**	**3**	**3**	**2**
Governance Risk Rating	**GREEN**	**GREEN**	**GREEN**	**GREEN**[29]

Although annual performance against the access standards in 2015/16 was similar to that in 2014/15, there were some notable improvements in performance across many of the national standards. These included: achievement of the 92 per cent referral to treatment (RTT) incomplete pathways standard at the end of March 2016, achievement of the 99 per cent national standard for the 6-week diagnostic wait for six of the last seven months of the year; and achievement of the 0.8 per cent national standard for cancellation of operations at last minute for non-clinical reasons, for two quarters in the year.

[29] To be confirmed in June 2016

The Trust achieved five of the seven core national cancer waiting times standards in every quarter of 2015/16. In addition, the aggregate annual performance for the 31-day first definitive and 31-day subsequent surgery standards showed an improvement on our 2014/15 performance. The 62-day wait from referral to treatment for patients referred by their GP with a suspected cancer, was not achieved in 2015/16; 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 34 per cent of breaches each month. Performance for solely internally managed pathways was above 85 per cent in all quarters in 2015/16. The 62-day wait from referral to treatment for patients referred from one of the national screening programmes failed to be achieved in any quarter of 2015/16; 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 three of the four other national A&E clinical quality indicators in the period. The level of ambulance hand-over delays was also lower than in 2014/15, despite increasing pressure on the Trust's Emergency Departments.

Performance against the primary percutaneous coronary intervention (PCI) heart revascularisation 90-minute door to balloon standard remained strong in 2015/16 and above the 90 per cent standard for each quarter of the year.

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 the RTT incomplete pathways standard, 62-day GP cancer, A&E 4-hours, last-minute cancelled operations, the six-week diagnostic standard and ambulance hand-over delays. Remedial action plans and associated recovery trajectories were agreed.

Full details of the Trust's performance in 2015/16 compared with the previous two years are set out in Table 15 below. The table includes performance in controlling healthcare acquired infections which is described in detail in section 3.1.4 of this report; further information about 28 day readmissions can be found in section 3.3.8; and extended commentary regarding the 18 week RTT, A&E 4 hour, cancer and other key targets is provided below.

3.4.2 18 weeks Referral to Treatment (RTT)

As planned, the Trust made significant progress during 2015/16 in reducing the number of patients waiting over 18 weeks from Referral to Treatment (RTT). Performance was restored to above the 92 per cent national standard at the end of March 2016. At the start of the year 3,339 patients were waiting over 18 weeks for treatment. By the end of March 2016, the backlog of long waiters had dropped by 29 per cent to 2,397. More than half of this reduction related to patients waiting for an elective procedure, with the number of patients waiting over 18 weeks on an admitted pathway reducing from 1,513 at the end of March 2015 to 937 at the end of March 2016. Demand for outpatient appointments was above plan in 2015/16 for several of the high volume RTT specialties, resulting in slower progress being made during the first half of the year in reducing the number of patients waiting over 18 weeks on non-admitted pathways. The level of activity required to support ongoing achievement of the RTT incomplete pathways standard has been agreed with commissioners for 2016/17.

3.4.3 Accident & Emergency 4-hour maximum wait

In 2015/16, 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. System pressures continued to be evident in 2015/16 with levels of emergency demand at the Bristol Royal Hospital for Children (BRHC) being significantly above plan for the majority of the year. During the first six months of 2015/16, levels of emergency admissions via the Bristol Royal Hospital for Children's Hospital Emergency Department were 15.2 per cent above the same period in the previous year, reaching average 2014/15 winter levels in May and September. This increase in demand was a significant driver of the Trust's underperformance against the 4-hour standard during the year. Work with our commissioners to understand the reason for the higher than expected levels of paediatric emergency demand continues.

Following improvements early in 2015/16, the Trust experienced a significant increase during much of the year in the number of medically fit patients whose discharge from the Bristol Royal Infirmary (BRI) was delayed, with levels at their peak reaching more than double those seen at the start of the year. This was primarily due to a lack of sufficient domiciliary care packages as a result of providers taking time to reach their planned operating capacity, following the recommissioning of these services by Bristol City Council during quarter 2. An acute shortage of social workers also contributed to the increase in delayed discharges.

Consistent with other parts of the country, the last quarter of the year has seen exceptional pressures on both the adult and paediatric Emergency Departments, with significant increases in emergency department attendances, emergency admissions and patient acuity leading to a significant deterioration in 4-hour performance. The combination of these system pressures on both the adult and paediatric emergency services led to the failure to achieve the 95 per cent A&E 4-hour standard in each quarter of 2015/16.

3.4.4 Cancer

The Trust continued to perform well in 2015/16 against the majority of the national cancer waiting times standards, achieving the 2-week wait for GP referral for patients with a suspected cancer, the 31 day wait for first definitive treatment, and the three 31-day standards for subsequent treatment (i.e. surgery, drug therapy and radiotherapy) in each quarter in 2015/16. Despite the 62-day GP standard not being achieved in any quarter, performance against the standard improved over quarters 2 and 3, with the 85 per cent standard being met in December 2015 for the first time since June 2014. The Trust achieved its improvement trajectory (monthly in quarter 3 and in aggregate for quarter 4), which was agreed as part of a national submission of 62-day GP cancer improvement plans in August 2015.

The Trust failed to achieve the 62-day referral to treatment standard for patients referred by their GP with a suspected cancer. The three top causes of breaches of the 62-day GP cancer standard were: late referrals from, or pathways delayed by, other providers (34 per cent), medical deferral/clinical diagnostic complexity (20 per cent), and delayed outpatient appointments (9 per cent). Delayed outpatient appointments featured as one of the top three causes of breaches of the 62-day GP standard in 2015/16. The main reasons for this were firstly, a capacity constraint within one particular service, which has now been sustainably addressed with the appointment of an additional consultant, and secondly a delayed step in an administrative process for another service, which has now been revised to minimise the likelihood of a delay. The main risks to other avoidable causes of pathway delays were addressed in 2015/16 through the development of ideal timescale pathways, with pathways being designed and pre-planned as far as possible around core pathway events such as multi-

disciplinary team meetings. For some tumour sites this redesign work has taken a week out of the length of a 62-day GP pathway.

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 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 continues to require performance significantly above the national average in most tumour sites. The Trust is expecting to continue to make improvements against the 62-day GP cancer waiting times standard in 2016/17 through the ideal timescale pathways which were implemented in the latter half of 2015/16.

The Trust failed to achieve the 62-day referral to treatment standard for patients referred by the national screening programmes in 2015/16. In each quarter of 2015/16, the majority of the breaches of this standard were outside of the Trust's control, including: patient choice, medical deferral and breaches at other providers following timely referral. Following the transfer-out of the Avon Breast Screening service, the majority of treatments the Trust reports under this standard are for bowel screening pathways, which nationally perform significantly below the 90 per cent standard. This is largely due to high levels of patient choice to defer diagnostic tests, which continues to be the main cause of breaches of this standard for the Trust.

National standard	2013/14	2014/15	2015/16 Target	2015/16[30]	Notes
A&E maximum wait of 4 hours	**93.7%**	**92.2%**	95%	**90.4%Ⓐ**	Target failed in every quarter in 2015/16
A&E Time to initial assessment (minutes) 95th percentile within 15 minutes	**15**	**15**	15 mins	**34**	Target failed in every quarter in 2015/16[31]
A&E Time to Treatment (minutes) median within 60 minutes	**52**	**54**	60 mins	**57**	Target met in every quarter in 2015/16

Table 15 - Performance against national standards

[30] Figures shown are up to and including March 2016 for all figures, except the cancer waiting times standards and primary PCI, which are up to February 2016.

[31] The 15 minute standard was achieved in the Bristol Royal Infirmary Emergency Department, but due to a data quality/data capture issue for the Bristol Royal Hospital for Children (BRCH) that could not be resolved, was not achieved at a Trust level; local validation of figures provides assurance that the 15 minute standard is being met in the BRCH

A&E Unplanned re-attendance within 7 days	**1.5%**	**2.3%**	< 5 %	**3.0%**	Target met in every quarter in 2015/16
A&E Left without being seen	**1.8%**	**1.8%**	< 5%	**2.4%**	Target met in every quarter in 2015/16
Ambulance hand-over delays (greater than 30 minutes) per month	**100**	**107**	Zero	**92**	Target failed in every month in 2015/16
MRSA Bloodstream Cases against trajectory	**2**	**5**	Trajectory	**3**	Zero cases in quarter 4
C. diff Infections against trajectory	**38**	**50**[32]	Trajectory	**40**	Target met in every quarter in 2015/16
Cancer - 2 Week wait (urgent GP referral)	**96.8%**	**95.5%**	93%	**95.8%**	Target met in every quarter in 2015/16
Cancer - 31 Day Diagnosis To Treatment (First treatment)	**97.1%**	**96.9%**	96%	**97.4%**	Target met in every quarter in 2015/16
Cancer - 31 Day Diagnosis To Treatment (Subsequent Surgery)	**94.8%**	**94.9%**	94%	**97.0%**	Target met in every quarter in 2015/16
Cancer - 31 Day Diagnosis To Treatment (Subsequent Drug therapy)	**99.8%**	**99.6%**	98%	**98.9%**	Target met in every quarter in 2015/16
Cancer - 31 Day Diagnosis To Treatment (Subsequent Radiotherapy)	**97.4%**	**97.6%**	94%	**96.9%**	Target met in every quarter in 2015/16
Cancer 62 Day Referral To Treatment (Urgent GP Referral)	**80.1%**	**79.3%**	85%	**80.2%**	Target failed in each quarter in 2015/16
Cancer 62 Day Referral To Treatment (Screenings)	**93.8%**	**89.0%**	90%	**68.2%**	Target failed in each quarter in 2015/16
18-week Referral to treatment time (RTT) admitted patients	**92.7%**	**84.9%**	90%	N/A	Target no longer in effect
18-week Referral to treatment time (RTT) non-admitted patients	**93.1%**	**90.3%**	95%	N/A	Target no longer in effect
18-week Referral to treatment time (RTT) incomplete pathways	**92.5%**	**90.4%**	92%	**91.3%Ⓐ**	Target met at the end of quarter 4 2015/16
Number of Last Minute Cancelled Operations	**1.02%**	**1.08%**	0.80%	**1.03%**	Target met in two quarters in 2015/16
28 Day Readmissions *(following a last minute cancellation)*[33]	**89.6%**	**89.8%**	95%	**88.7%**	Target failed in each quarter in 2015/16
6-week diagnostic wait	**98.6%**	**97.5%**	99%	**99.0%**	Target met in quarter 3 (and 6 of the 7 last months in 15/16)
Primary PCI - 90 Minutes Door To Balloon Time	**92.7%**	**92.4%**	90%	**93.8%**	Target met in each quarter in 2015/16

Ⓐ data subjected to external audit scrutiny as part of the process of producing this report

Achieved for the year and each quarter

Achieved for the year, but not each quarter

Not achieved for the year

Target not in effect

[32] Please note, the figures quoted for 2015/16 are the total number of cases reported. However, of these, nine were deemed to be potentially avoidable (up to the end of quarter 3 – quarter 4 still to be confirmed) against the limit of 45. For this reason this indicator is RAG rated Green.

[33] 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

This is an honest, transparent report which carries enhanced credibility due to extensive public and patient involvement activities carried out through focus groups and other stakeholder events during the year before quality objectives are agreed. Governors contribute to this process as part of their duty to represent the interests of the members who elected them.

Overall this is a comprehensive report that identifies strengths and areas for improvement over the last twelve months. There is evidence of consultation in the setting of the nine corporate quality objectives at the beginning of 2015/16. Some of the results themselves are disappointing with a failure to fully achieve seven of the nine set corporate quality objectives but an accompanying narrative which highlights some of the challenging conditions that the Trust has faced over the last twelve months. Increasing patient acuity and demand for services means that effective collaboration with our local healthcare partners continues to be vital. Maintaining patient flow through the hospital has been difficult due to insufficient community provision delaying discharge and consequent pressure on waiting time targets. Despite these pressures, it is gratifying to note that some key quality targets have been achieved consistently throughout the year, notably the control of pressure ulcers and patient falls, dementia care, and medicines safety.

We believe that our staff are key in the provision of high quality harm-free care and excellent patient experience. A major staff engagement initiative was continued throughout the year with listening events, improvements to the appraisal system and new staff development opportunities. We feel that these initiatives are important for staff retention. Recruitment of appropriately qualified staff has been a problem for most NHS trusts and our Trust has worked hard to streamline its recruitment processes. It is encouraging to see that our staff vacancy rate had been reducing throughout the year and that safe staffing levels have been maintained.

Performance against 2015/16 quality objectives

Of nine objectives set for last year, six were partially achieved and two fully achieved, the one failure being the excessive number of inappropriate ward moves. We understand that part of the reason for non-achievement of the target was the creation of an additional discharge ward to ease patient flow problems but such moves are disorientating for patients, particularly for those with cognitive impairment and are also upsetting for patents and family where there is an end of life situation.

Reducing the number of cancelled operations remains a challenge and is amber rated although performance was better than last year. Patients tell us how stressful it can be and inconvenient in terms of wasted time and inability to plan ahead. Again, the lack of beds and emergency pressures contribute to this problem. Creating bed availability has been an ongoing ambition for the Trust and the provision of a discharge lounge was just one of the initiatives which brought some success. The Trust is now looking at a new model of care at home for selected patients who do not need to be kept in an acute hospital. This service is provided by Orla Healthcare Ltd and the Trust plans to set up a “BRI at home” service in the summer of 2016. We are naturally concerned to ensure that this service provides consistent, high quality harm-free care.

Patients treated in the right ward for their condition was set as a quality target and although not fully achieved and amber rated, results were better than last year so continuing improvement is welcomed.

Improving patient discharge is an aspiration that we fully support so that patients and family/friends are not kept waiting for discharge letters and prescriptions. Progress is amber rated but performance improved when compared to last year. The reverse triage initiative has also helped to improve the overall discharge of patients and understand potential blockages along the way.

The Governors welcome the Trust's initiative to improve the quality of written correspondence and commends the 'Letters Champions Week'. On the subject of letters, the Governors welcome progress towards greater empathy and candour in responding to complaints.

Improving the management of sepsis has significant potential for saving lives. CQUIN targets were not fully achieved, however the Governors agree that important improvements have been made, especially with the overall screening of patients, the employment of additional staff, a specific sepsis management pathway and further education and training within the Trust. The Governors also welcome the transparency and early warning of the impact of the new NICE sepsis guidance on practice in the children's emergency department.

The Governors are particularly supportive of the Trust's ambitions to improve cancer patients' experience, including early diagnosis and treatment. We welcome to addition of four cancer clinical nurse specialists but we would emphasise the need to join up care pathways with other providers. In this respect, we praise the Trust for its collaborative review of cancer nurse specialist cancer pathways across the Somerset, Wiltshire, Avon and Gloucester cancer network and the expansion of our trained cancer volunteer workforce, with additional roles in the chemotherapy day unit and radiotherapy department at the Bristol Haematology and Oncology Centre. In terms of the on-going education of front line administrative staff, the Governors welcome the introduction of training for over one hundred waiting list office and administration staff about how to deal sensitively with difficult conversations when operations have to be cancelled or delayed, or when changing chemotherapy appointments. In addition, the significant progression of the cancer 'recovery package' to support people from diagnosis onwards, including electronic holistic needs assessments, health and wellbeing days, and treatment summaries being sent to GPs is also welcomed as part of the Trust's approach to providing support to patients.

Delays in outpatients cause anxiety and stress for patients and waste their time. The Governors agree that standardisation of the layout of the boards was required to improve the quality and consistency of the way information about clinic running times is presented to patients.

Quality objectives for 2016/17

The Governors are pleased to see the continuation of a number of previous objectives which have been under-achieved. We welcome new targets related to improving communication with patients, carers and families and specifically the provision of better public facing information and keeping patients informed about their treatment with a renewed emphasis for patients with special needs. It is also good to see the inclusion of an objective for improving staff engagement and job satisfaction.

The objectives set out in the quality report are open and honest and use quotations from patients. A clear rationale has been provided in terms of why the 12 objectives have been selected and how they will be measured moving forward.

Statements of assurance from the board

We are impressed that the Trust actively completed 38 national clinical audits (with 100% participation in each) and three enquiries. The list of clinical audits is also very helpful and demonstrates the breadth and depth of these activities of the Trust. The Governors are reassured with the actions being taken by the Trust in response to audits, all of which will undoubtedly have a positive impact on future patient services.

The Trust is to be commended on its active involvement in research. It was really positive to see six of the Trust's principal investigators being recognised for the successful delivery of commercial research within the NHS by the chief medical officer as part of a National Institute for Health Research (NIHR) event.

Patient safety

The Governors welcome the continued reduction in patient falls in 2015/16. The introduction of the "Eyes on Legs" campaign has helped embed the concept of falls being everyone's responsibility. The introduction of bespoke falls training now incorporates an element on dementia and supporting patients with a cognitive impairment, as this group of patients are more susceptible to falls. The Trust is to be commended on the 'Quality Champion' award received by the falls steering group at the annual Trust Recognising Success Awards in November 2015 and this demonstrates the commitment by the Trust to the continued work around reducing falls within its hospitals.

A further reduction in the incidence of pressure ulcers has been reported in 2015/16 and builds upon previous years' work. This progress is to be commended, along with the further actions planned in 2016/17, and again demonstrates a clear commitment by the Trust and the staff to eradicating pressure ulcers.

With regards to VTE, the Trust has maintained excellent standards. The on-going action plans also reflect the Trust's commitment to ensure further learning and prevention of VTE.

Whilst numbers of *Clostridium difficile* cases reduced in 2015/16, the number of avoidable infections has doubled compared to the previous year. The introduction of the aseptic non-touch technique training techniques is welcomed along with Posiflush and Microclave procedures.

The Governors welcome the transparency of the medication error data presented in the report and acknowledge the overall reduction of medicines related incidents over the last five years. The Governors also note a 70 per cent reduction in the number of unintentional omitted doses of critical medicines since 2012. The Governors welcome this positive outcome and progression with the pharmacy dispensing for inpatients should also be commended, in terms of speeding up patient discharge and improving the overall patient experience, whilst making more effective use of resources / bed occupancy within the Trust. The Governors also welcome the Trust's participation in new patient safety projects coordinated by the West of England Academic Health Science Network.

The Trust has sustained over 95 per cent achievement in completeness and accuracy of early warning scores, following the introduction of the new adult observation chart incorporating the NEWS score and this is welcomed by the Governors, as is the reduction in reported incidents resulting in severe harm or death. On-going education and training and the Trust's Sign up to Safety programme will also offer more support in the future.

Patient experience

It is reassuring to see the patient experience tracker above the set target. Results from some aspects of the Friends and Family Test (for example, emergency departments) have been variable, although we note the methodological issues described in the report. There are some good examples of practice / evidence, and areas for improvement. The report provides further evidence of effective patient and public involvement. The total number of complaints to the Trust increased slightly in 2015/16, with the trend reflecting increasing numbers of patient attendances and increasing pressures on services. Governor representatives have been involved in the work of the Trust's patient experience group throughout the year.

It is pleasing to see the development of a carers strategy, which had previously been requested by the Governors, as is the introduction of carer liaison staff within the Trust. Looking forward, there are positive steps being put into place to provide more support for carers, which the Governors welcome.

The inclusion of a narrative around end of life care strategy, again as requested by the Governors, is welcomed.

Clinical effectiveness

The Trust's partial achievement of the national dementia CQUIN was encouraging and the growth in the number of Dementia Champions across the Trust is to be commended, along with the positive approach and communications strategy underpinning the Trust's activities in this area. A lot of work has been undertaken by staff within the Trust and by volunteers, working with charities and patient groups. The launch of the dementia café in 2015 is an excellent example of bringing people together and promoting a better understanding. The Governors welcome the use of the Abbey pain scale for use with patients with dementia.

The latest overall performance against the hip fracture best practice tariff in 2015/16 was 68 per cent, compared to the national average of 61.8 per cent, which is an improvement, but still relatively low as an overall figure. Improvement plans are acknowledged and welcomed by the Governors going forward.

An overall reduction in readmissions has been reported year on year and this is welcomed by the Governors. The presentation of data and narrative related to the positioning of seven day services within the Trust is also welcomed, as is the methodology / implementation process.

Performance against national priorities and access standards:

It was disappointing to see the Trust failing to achieve maximum 4-hour wait in A&E in every quarter of the year. The Governors do however note that the Trust met three of the four other national A&E clinical quality indicators in the period. There are also other mitigating circumstances that have been presented in the quality report.

The Governors are pleased to see an improvement in the overall cancer referral to treatment figures, however the Trust failed to achieve the 62-day referral to treatment standard for patients referred by their GP with a suspected cancer. The accompanying narrative is helpful in terms of explaining the underlying reasons for the Trust's performance.

Dr Marc Griffiths, Appointed Governor
Clive Hamilton, Governor

20th May 2015

b) Statement from Healthwatch Bristol and Healthwatch South Gloucestershire

Healthwatch Bristol and South Gloucestershire support the focus in several of UH Bristol's quality priorities on improving the ways in which information is shared with patients regarding their treatment both before an appointment or admission, during the treatment and leading up to and at the point of discharge. Lack of clear information about treatment is a recurrent theme in the feedback Healthwatch gathers from members of the public about their experiences of health and social care services across the region. Similarly, the focus on the reduction in waiting times and cancellation of operations will hopefully address another negative theme identified in feedback gathered by Healthwatch across a range of providers. The draft Quality Report that Healthwatch has commented on does not give detail of how all the targets will be achieved or measured and Healthwatch urges UH Bristol to include patient participation and feedback in the evaluation of all targets. Healthwatch Bristol and South Gloucestershire welcome further opportunities to work with UH Bristol, for example via enter and view visits (as carried out in spring 2016 to the Bristol Royal Infirmary discharge lounge) and engagement in patient participation events as planned by UH Bristol and Healthwatch.

Comments on performance against 2015/16 objectives:

Reducing the number of cancelled operations
Healthwatch encourages UH Bristol to ensure the integration of care provided in the hospital and by Orla Healthcare in people's homes. As this project is beginning and throughout its duration it is essential that service users, their family and carers are consulted and their feedback taken into account in how the service is delivered. Healthwatch asks UH Bristol to consider and respond to the following questions: Will consultation with patients be undertaken by Orla Healthcare or by UH Bristol? Will patients receiving Oral Healthcare services be entitled to support from UH Bristol's patient support and complaints service?

Minimising inappropriate patient moves between wards (time and place)
Commentators tell Healthwatch that they would like any changes to their care, including moving between wards, to be explained to them by staff. Family members, carers and visitors have also reported finding it distressing to arrive at a ward to visit and find their loved one is no longer there, but to be unable to get information about where they have moved to. Although UH Bristol has not selected this as a priority in 2016/17, Healthwatch urges the Trust to ensure staff are consistently providing patients and their support networks with timely information about any changes to ward.

Improving patient discharge
Healthwatch has recently carried out an 'enter and view' visit to the Bristol Royal Infirmary Discharge Lounge and the report will be shared with UH Bristol once completed.

Improving the quality of patient appointment letters
Healthwatch staff and volunteers are happy to help with the promotion of the planned 'Letters Champions Week' and participate where appropriate. The Accessible Information Standard also enforces the need for health and social care services to provide information in an appropriate format for people with additional communication needs. Healthwatch Bristol is working with local service providers, commissioners and voluntary and community sector groups to develop ways of working with people with learning disabilities to ensure health and social care services are accessible. UH Bristol has been invited and is encouraged to take part and share learning from the work they have already undertaken. For work with North Bristol NHS Trust (NBT), Healthwatch is aware that NBT is also reviewing its patient letters. Healthwatch encourages both Trusts to work together to ensure patients, who are often using services at both UH Bristol and NBT, are receiving consistent and clear information regardless of where their treatment is taking place.

Comments on proposed 2016/17 objectives:

Reducing the number of last minute cancelled operations
Healthwatch supports this as a priority. Commentators contacting Healthwatch stress the importance of any changes to or cancellations of operations being communicated clearly and in as much advance of the operation as possible. In developing the priority, Healthwatch urges UH Bristol to consider how information about the reasons for cancellations of operations will be relayed to the patient and how the Trust will ensure patients are supported during the additional waiting time for the rearranged operation.

Improving timeliness of patient discharge
Delays in discharge, lack of information about when and how the patient will be discharged and a lack of information about accessing support are common themes in feedback received from members of the public about their experiences of hospital treatment. Healthwatch, therefore, supports the decision to include this as a priority. Healthwatch Bristol is currently producing a survey to gather feedback from people who have recently been discharged from secondary care services about their experiences. Healthwatch welcomes UH Bristol to work with us to cascade this survey and learn from the feedback received.

Reducing appointment (in-clinic) delays in outpatients, and keeping patients better informed about any delays
This priority supports patient feedback regarding waiting times and Healthwatch is pleased to see it included as a priority.

Ensuring public-facing information displayed in our hospitals is relevant, up-to-date, standardised and accessible
The Accessible Information Standard should be considered within the plans for this priority to ensure information is accessible to people with additional communication needs (including people with learning disabilities and sensory impairments). Healthwatch receives feedback about the importance of clear signage within health and social care services and encourages UH Bristol to consider the needs of patients who have communication needs, low literacy levels and/or do not speak English as their first language.

Reducing the number of complaints received where poor communication is identified as a root cause
Poor communication is a recurrent theme in the feedback Healthwatch gathers regarding health and social care services. Healthwatch is delighted to see this as a priority.

Implementing the Accessible Information Standard, ensuring that the individual needs of patients with disabilities are identified so that the care they receive is appropriately adjusted
Healthwatch Bristol is working with The Hive, a local voluntary organisation, Birchwood Medical Practice and local health and social care providers to collectively produce resources and models of working to improve accessibility for people with learning disabilities. UH Bristol has been invited to take part.

Increasing the proportion of patients who tell the Trust that, whilst they were in hospital, they were asked about the quality of care they were receiving
Healthwatch is happy to see that gathering patient feedback is a priority for UH Bristol. Healthwatch urges UH Bristol to consider how patients will be supported to give their feedback and how patients will be signposted to alternative feedback options including PALS, advocacy and Healthwatch. Healthwatch also urges UH Bristol to consider the nine protected characteristics in the Equality Act and reflect on whether feedback received is representative of people within the protected characteristics. If not, UH Bristol should undertake work to ensure all patients are enabled and encouraged to give their feedback.

c) Statement from Healthwatch North Somerset

Healthwatch North Somerset is pleased to have the opportunity to comment on the draft University Hospitals Bristol NHS Foundation Trust Quality Report for 2015/16. Healthwatch North Somerset acknowledges the report and notes that although there was good progress, of the nine objectives outlined for 2015/16, seven were not fully achieved. We welcome the Trust's commitment to continue towards a number of these objectives in 2016/2017 alongside new ambitions.

We recognise the number of clinical audits and clinical research the Trust has participated in which provide an effective mechanism for clinical governance for improving the quality of care patients receive.

It is noted that the Trust has improved its performance in patient safety for falls, pressure ulcers and VTE alongside a reduction in *Clostridium Difficile* and MRSA. It is disappointing that there were 18 bed days lost due to norovirus during the year. We note that there has not been a discernible improvement in medication incidents when compared with the previous year but acknowledge the comments regarding non-preventable incidents and harm. We also commend the Trust for the reduction in the number of serious incidents compared to 2014/15. The number of patient safety severe harm incidents however remains comparable with the previous year and it is hoped that the Sign up to Safety programme will reduce the risk of severe harm to patients.

The evaluation of patient experience is central to the functions of Healthwatch and therefore we commend the steps taken by the Trust to involve patients through the new Involvement Network. The level of Friends and Family Test responses (other than maternity) were often lower than the national benchmark, although we acknowledge the comments about methodologies. It was disappointing to note there was an increase in the number of complaints received compared to the previous year, however we acknowledge the adjustments made to ensure that complaints are dealt with satisfactorily. It would be useful to see the data regarding the type of complaints received, although we note that this information is published by the Trust in regular quarterly reports.

We commend the Trust for the five point staff experience improvement programme but note that there is more work to be done: the figures relating to staff experiencing harassment, bullying or abuse from all staff are of great concern. We seek assurance that a robust plan of action is in place to resolve these concerns and that additional work is undertaken to understand and respond to the comparatively poor reported experience of BME staff. We commend the Trust on the support provided for carers and the plans to build on the steps already undertaken.

The data in the draft quality report for clinical effectiveness is partially incomplete at the point we are reviewing it, however we note that the dementia CQUIN has been achieved and the struggle to achieve the hip fracture tariff. There are a number of performance standards that have not been met including the 62 day wait for referral to treatment for cancer and the 4 hours wait for A&E, however we acknowledge that system pressures and demand have been above predicted levels.

This response was complete with the support of Healthwatch North Somerset Volunteers.

d) Statement from South Gloucestershire Health Scrutiny Select Committee

The Health Scrutiny Committee's comments are based on its engagement with UH Bristol during 2015/16. During this time the Committee scrutinised one matter which involved UH Bristol and that was in January 2016 in relation to the Severn Pathology Service. The subject has a long history dating back to an Independent Inquiry into histopathology services in 2010. Whilst it was felt that progress had taken a long time, the Committee was pleased to learn of significant developments, which

included the centralisation of histopathology laboratory services on North Bristol NHS Trust's Southmead Hospital site whilst maintaining clinical relationships through continued multi-disciplinary team meetings on both NBT and UH Bristol sites. The Committee also received an invitation to visit the new laboratory ahead of the official opening in mid-summer 2016, which was warmly received by members. Looking ahead, UH Bristol has accepted an invitation to attend committee in June 2016 to present highlights from its Quality Report and answer members' questions.

Councillor Toby Savage
Chair, Health Scrutiny Committee

Councillor Sue Hope
Lead Member, Health Scrutiny Committee

Councillor Ian Scott
Lead Member, Health Scrutiny Committee

e) Statement from Bristol City Council People Scrutiny Commission

The Commission will formally receive UH Bristol's Quality Report at a joint meeting with South Gloucestershire Health Scrutiny Select Committee on 8th June 2016.

f) Statement from Bristol Clinical Commissioning Group

This statement on the University Hospitals Bristol NHS Foundation Trust's Quality Report 2015/16 is made by Bristol Clinical Commissioning Group following a review by members of its Quality and Governance Committee and responses from South Gloucestershire and North Somerset CCGs.

Bristol CCG welcomes UH Bristol's quality report, which provides a comprehensive reflection on the quality performance during 2015/16. The data presented has been reviewed and is in line with data provided and reviewed through the monthly quality contract performance meetings.

Bristol CCG noted that of the nine quality objectives for 2015/16 only two were fully achieved and six partially met. The CCG notes the work put in place for these objectives and is pleased to note that five of the objectives that were either not or only partially achieved have been put forward along with seven new quality objectives for 2016/17.

The inclusion of patients' feedback to support the rationale for why these objectives have been chosen is positive and the CCG supports the chosen areas for quality improvement for 2016/17. Within the quality report, UH Bristol has demonstrated continued good progress in reducing the number of inpatient falls, pressure ulcers and sustaining compliance with VTE assessments, all of which are to be commended. The Trust achieved compliance with the *C Difficile* target and demonstrated an improvement from the previous year. However, the CCG would have welcomed more detail on how UH Bristol plans to work collaboratively and proactively with community and primary care partners to support further reduction in the number of *C Difficile* infections.

UH Bristol's performance against achieving the quality improvement and innovation goals (CQUINs) is noted in the quality report, but as with the previous year's report there is little narrative to explain why there was non-achievement of those schemes either partially or not met other than via a web link.

Bristol CCG notes the ongoing work to support families and carers and the use of patient stories to highlight the positive work to support carers. We also would like to acknowledge the positive approach taken by UH Bristol in the management and care of end of life patients and their families.

Bristol CCG notes the ongoing reduction in the number of missed medicine doses and supports the Trust's plans to implement a pilot for electronic prescribing and administration, which should provide further intelligence to support the reduction in omitted or delayed administration of medicines. However, the CCG noted there is little supporting information around the decline in aspects of antimicrobial stewardship and would support a continued focus on this in 2016/17.

Bristol CCG expects concerns about services to be shared openly and honestly in annual quality reports. We welcome the acknowledgement of the paediatric cardiac services independent review and would expect the Trust make more detailed reference to the outcomes of this review in next year's report.

Going forward, Bristol CCG will continue to work closely with the Trust in areas which need either further improvement or development. These include:

- improvement in performance against the best practice tariff for patients who have sustained a fractured neck of Femur
- improvements in the Friends and Family Test response rates for inpatient areas specially day case and outpatient areas
- closer working with primary care and community partners to help support the reduction in incidences of healthcare associated infections, namely *C Difficile* Infection and MRSA
- developing meaningful priorities to work with primary care to improve quality either through learning from experiences or in developing pathways
- improvement in the Trust's response in communicating with us in a timely way about specific areas of interest/concern; we would want them to do this more consistently in 2016/17
- joint working with partner agencies on the emerging priorities of the sustainability and transformation plans to support service improvement.

Bristol CCG acknowledges the good work going on in the Trust and the quality report clearly demonstrates this. We also note where further improvement work is needed and we look forward to working with UH Bristol in 2016/17.

APPENDIX B – Performance indicators subject to external audit

Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

Source of indicator definition and detailed guidance

The indicator is defined within the technical definitions that accompany Everyone Counts: planning for patients 2014/15 - 2018/19 and can be found at www.england.nhs.uk/wp-content/uploads/2014/01/ec-tech-def-1415-1819.pdf. Detailed rules and guidance for measuring A&E attendances and emergency admissions can be found at https://www.england.nhs.uk/statistics/wpcontent/uploads/sites/2/2013/03/AE-Attendances-Emergency-Definitions-v2.0-Final.pdf.

Numerator

The total number of patients who have a total time in A&E of four hours or less from arrival to admission, transfer or discharge. Calculated as: (Total number of unplanned A&E attendances) – (Total number of patients who have a total time in A&E over 4 hours from arrival to admission, transfer or discharge).

Denominator

The total number of unplanned A&E attendances.

Accountability

Performance is to be sustained at or above the published operational standard. Details of current operational standards are available at: www.england.nhs.uk/wpcontent/uploads/2013/12/5yr-strat-plann-guid-wa.pdf (see Annex B: NHS Constitution Measures).

Indicator format

Reported as a percentage.

Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways

Source of indicator definition and detailed guidance

The indicator is defined within the technical definitions that accompany Everyone Counts: planning for patients 2014/15 - 2018/19 and can be found at www.england.nhs.uk/wp-content/uploads/2014/01/ec-tech-def-1415-1819.pdf. Detailed rules and guidance for measuring referral to treatment (RTT) standards can be found at http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waitingtimes/rtt-guidance/

Numerator. The number of patients on an incomplete pathway at the end of the reporting period who have been waiting no more than 18 weeks.

Denominator

The total number of patients on an incomplete pathway at the end of the reporting period

Accountability

Performance is to be sustained at or above the published operational standard. Details of current operational standards are available at: www.england.nhs.uk/wp-21content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf (see Annex B: NHS Constitution Measures).

Indicator format

Reported as a percentage.

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[34] 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 2015/16 and supporting guidance
- 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 2015 to March 2016
    - papers relating to Quality reported to the board over the period April 2015 to March 2016
    - feedback from commissioners received 19/5/2016
    - feedback from governors received 20/5/2016
    - feedback from local Healthwatch organisations received 13/5/2016 and 18/5/2016
    - feedback from Overview and Scrutiny Committee received 16/5/2016 and 18/5/2016
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009[35]
    - the 2014 national patient survey published 8/4/2014[36]
    - the 2015 national staff survey published 22/3/2016
    - the Head of Internal Audit's annual opinion over the trust's control environment dated 26 May 2016
- 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 manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

[34] On 1st April 2016, Monitor became part of NHS Improvement

[35] This report is due to be received by the board in July 2016

[36] The 2015 survey results have not yet been published

By order of the board

John Savage, chairman
25 May 2016

Robert Woolley, chief executive
25 May 2016

APPENDIX D – External audit 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 2016 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance (the "specified indicators") marked with the symbol Ⓐ in the Quality Report, consist of the following national priority indicators as mandated by Monitor:

Specified indicators	*Specified indicators criteria*
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period	*As detailed on page 101 of the Quality Report*
Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge	*As detailed on page 101 of the Quality Report*

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 2015/16" 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 2015/16";
- 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 set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "2015/16 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 2015/16; 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 and papers for the period April 2015 to the date of signing this limited assurance report (the period);
- Papers relating to Quality reported to the Board over the period April 2015 to the date of signing this limited assurance report;
- Feedback from Bristol Clinical Commissioning Group dated 19/05/2016;
- Feedback from Governors dated 20/05/2016;
- Feedback from Healthwatch Bristol and Healthwatch South Gloucestershire dated 13/05/2016 and 18/5/2016;

- Feedback from Overview and Scrutiny Committee dated 16/05/2016 and 18/05/2016;
- The latest national inpatient survey dated 21/07/2015;
- The latest national children's survey dated 01/07/2015;
- The latest national maternity survey dated 15/12/2015;
- The latest national staff survey published 22/03/2016;
- Care Quality Commission Intelligent Monitoring Reports dated May 2015; and
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 24/05/2016.

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.

Our Independence and Quality Control

We applied the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics, which includes independence and other requirements founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.
We apply International Standard on Quality Control (UK & Ireland) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Use and distribution of the report

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 2016, 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 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000 (Revised)'). 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 2015/16";
- 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 2015/16 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 of patients in the dataset where treatment had already commenced or the incorrect exclusion of patients from the data set following the date of referral. This resulted in the incorrect classification as either a breach or non-breach.

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 2016,

- 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 2015/16";
- The Quality Report is not consistent in all material respects with the documents specified above; and
- the Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge 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 2015/16".

PricewaterhouseCoopers LLP
Bristol
27 May 2016

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 2016

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 2016

FOREWORD TO THE ACCOUNTS

These accounts for the year ended 31 March 2016 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 .....

Robert Woolley
Chief Executive

Statement of Comprehensive Income for the year ended 31 March 2016

	Note	Year ended 31 March 2016 £'000	Year ended 31 March 2015 £'000
OPERATING INCOME			
Income from patient care activities	3	507,460	485,340
Other operating income	4	105,672	103,997
TOTAL OPERATING INCOME		**613,132**	**589,337**
OPERATING EXPENSES	5-6	**(590,114)**	**(594,496)**
OPERATING SURPLUS/(DEFICIT)		**23,018**	**(5,159)**
FINANCING			
Finance income	8.1	297	251
Finance expenses – financial liabilities	8.2	(3,409)	(3,486)
Finance expense unwinding discount on provisions	17.1	(2)	(3)
Public dividend capital dividends payable		(7,731)	(7,953)
NET FINANCE COSTS		**(10,845)**	**(11,191)**
SURPLUS/(DEFICIT) FOR THE YEAR		**12,173**	**(16,350)**
OTHER COMPREHENSIVE INCOME/(EXPENDITURE)			
Revaluation losses on property plant and equipment		(1,985)	(2,164)
Revaluation gains on property plant and equipment		13,054	5,012
TOTAL OTHER COMPREHENSIVE INCOME/(EXPENDITURE)		**11,069**	**2,848**
TOTAL COMPREHENSIVE INCOME/(EXPENDITURE) FOR THE YEAR		**23,242**	**(13,502)**

The surplus of £12.173m (2014/15: deficit of £16.350m) includes items that are classified as 'technical' by the Trust. These technical items are profit/loss on sale of assets, depreciation on donated assets, donated income, impairments and impairment reversals. They are excluded by the Trust when reporting the financial position outside of the annual accounts. In 2015/16 the Trust's surplus before technical items was £3.460m (2014/15: surplus before technical items of £6.373m). Further details are provided in 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 2016

	Note	31 March 2016	31 March 2015
		£'000	£'000
NON CURRENT ASSETS			
Intangible assets	9	6,219	7,163
Property, plant and equipment	10	386,031	377,891
Trade and other receivables	12	1,050	-
TOTAL NON CURRENT ASSETS		**393,300**	**385,054**
CURRENT ASSETS			
Inventories	11	11,442	12,087
Trade and other receivables	12	24,227	26,048
Other financial assets	13.1	104	104
Assets held for sale	13.2	-	1,090
Cash and cash equivalents	18	74,011	63,525
TOTAL CURRENT ASSETS		**109,784**	**102,854**
CURRENT LIABILITIES			
Trade and other payables	14	(68,372)	(70,732)
Borrowings	16.1	(6,134)	(6,109)
Provisions for liabilities and charges	17.1	(219)	(199)
Other liabilities	15	(4,568)	(4,188)
TOTAL CURRENT LIABILITIES		**(79,293)**	**(81,228)**
TOTAL ASSETS LESS CURRENT LIABILITIES		**423,791**	**406,680**
NON CURRENT LIABILITIES			
Borrowings	16.2	(87,075)	(93,209)
Provisions for liabilities and charges	17.1	(127)	(154)
TOTAL NON CURRENT LIABILITIES		**(87,202)**	**(93,363)**
TOTAL ASSETS EMPLOYED		**336,589**	**313,317**
TAXPAYERS' EQUITY			
Public dividend capital		194,156	194,126
Revaluation reserve		55,859	50,601
Other reserves		85	85
Income and expenditure reserve		86,489	68,505
TOTAL TAXPAYERS' EQUITY		**336,589**	**313,317**

The accounts on pages 2 to 48 were approved by the Board on 25 May 2016 and signed on its behalf by:

Signed …… Date: 25 May 2016

Robert Woolley, Chief Executive

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2016

Changes in Taxpayers' Equity in the current year	Public Dividend Capital £000	Revaluation Reserve £000	Other Reserves £000	Income & Expenditure Reserve £000	Total Taxpayers' Equity £000
Taxpayers' Equity at I April 2015	**194,126**	**50,601**	**85**	**68,505**	**313,317**
Surplus/(deficit) for the year	-	-	-	12,173	12,173
Revaluation losses on property plant and equipment and intangible assets	-	(1,985)	-	-	(1,985)
Revaluation gains on property plant and equipment and intangible assets	-	13,054	-	-	13,054
Asset disposals	-	(1,513)	-	1,513	-
Transfers between reserves	-	(4,298)	-	4,298	-
Total comprehensive income/(expenditure) for the year	-	5,258	-	17,984	23,242
PDC received	30	-	-	-	30
Taxpayers' Equity at 31 March 2016	**194,156**	**55,859**	**85**	**86,489**	**336,589**

Changes in Taxpayers' Equity in the prior year	Public Dividend Capital £000	Revaluation Reserve £000	Other Reserves £000	Income & Expenditure Reserve £000	Total Taxpayer's Equity £000
Taxpayers' Equity at I April 2014	**191,501**	**53,448**	**85**	**79,160**	**324,194**
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
Taxpayers' Equity at 31 March 2015	**194,126**	**50,601**	**85**	**68,505**	**313,317**

Statement of Cash Flows for the year ended 31 March 2016

	Note	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating surplus/(deficit) from continuing operations		23,018	(5,159)
OPERATING SURPLUS/(DEFICIT)		**23,018**	**(5,159)**
NON CASH INCOME AND EXPENDITURE			
Depreciation and amortisation	9-10	22,301	19,521
Impairments	8.3	3,334	32,323
Reversals of impairments	8.3	(1,209)	(2,109)
(Gain)/loss on disposal	7	(9,234)	33
(Increase)/decrease in trade and other receivables	12	1,549	(3,676)
(Increase)/decrease in inventories	11	645	(1,153)
Increase/(decrease) in trade and other payables	14	(2,785)	13,599
Increase/(decrease) in other liabilities	15	380	213
Increase/(decrease) in provisions	17	(9)	2
Other movements in operating cash flows		(332)	(368)
NET CASH GENERATED FROM OPERATING ACTIVITIES		**37,658**	**53,226**
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received		299	250
Purchase of property, plant and equipment	10	(23,401)	(48,420)
Purchase of intangible assets	9	(1,166)	(219)
Sales of assets held for sale		14,028	834
NET CASH USED IN INVESTING ACTIVITIES		**(10,240)**	**(47,555)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Public dividend capital received		30	2,625
Loans received from the Department of Health		-	20,000
Loans repaid to the Department of Health		(5,834)	(927)
Capital element of finance lease rental payments		(272)	(250)
Interest paid		(3,138)	(2,828)
Interest element of finance leases		(324)	(345)
PDC dividend paid		(7,394)	(7,956)
NET CASH GENERATED/(USED) IN FINANCING ACTIVITIES		**(16,932)**	**10,319**
INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS		**10,486**	**15,990**
CASH AND CASH EQUIVALENTS AT START OF YEAR	18	**63,525**	**47,535**
CASH AND CASH EQUIVALENTS AT END OF YEAR	18	**74,011**	**63,525**

Notes to the Accounts

1. Accounting policies

For 2015/16 Monitor is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. From 1st April 2016, Monitor is replaced by NHS Improvement. For 2015/16 Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the *Foundation Trust Annual Reporting Manual (FT ARM)* which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the *FT ARM 2015/16* 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.

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. See 1.20 for further details.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) 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 are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2016, is based on valuation data as 31 March 2015, updated to 31 March 2016 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. These accounts can be viewed on the NHS Pensions website and are published annually. 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 schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed 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 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 AVCs 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 current value in existing use. An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

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 new 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

Asset Type	**Minimum Life**	**Maximum Life**
Buildings excluding dwellings	13 years	48 years
Dwellings	19 years	27 years
Plant and machinery (incl medical equipment)	1 year	19 years
Transport equipment	1 year	7 years
Information technology	1 year	7 years
Furniture and fittings	1 years	7 years

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.

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.

Internally generated intangible assets

Internally generated intangible assets such as goodwill, brands, customer lists and similar items are not capitalised. Expenditure on research is not capitalised. Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

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 current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

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:

Asset type	**Minimum life**	**Maximum life**
Software (purchased)	1 year	7 years

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 commissioners 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'.

Financial assets and financial liabilities at 'Fair value through income and expenditure'
Financial assets and financial liabilities at 'fair value through income and expenditure' are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Assets and liabilities in this category are classified as current assets and current liabilities. These financial assets and financial liabilities are recognised initially at fair value, with transaction costs expensed in the income and expenditure account. Subsequent movements in the fair value are recognised as gains or losses in the Statement of Comprehensive Income.

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments with 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. Loans from the Department of Health are not held for trading and are measured at historic cost with any unpaid interest accrued separately.

Available-for-sale financial assets
Available-for-sale financial assets are non-derivative financial assets which are either designated in this category or not classified in any of the other categories. They are included in long-term assets unless the Trust intends to dispose of them within 12 months of the Statement of Financial Position date. Available-for-sale financial assets are recognised initially at fair value, including transaction costs, and measured subsequently at fair value, with gains or losses recognised in reserves and reported separately in the Statement of Comprehensive Income as an item of 'other comprehensive income'. When items classified as 'available-for-sale' are sold or impaired, the accumulated fair value adjustments recognised are transferred from reserves and recognised in 'Finance Costs' in the Statement of Comprehensive Income.

Other financial liabilities
All other 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.

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 1.37% in real terms.

Expected cash outflows	Years	HMT real rate (%)	
		2015/16	2014/15
Short term	1-5	-1.55	-1.5
Medium term	6-10	-1.00	-1.05
Long term	10 or more	-0.80	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 17.2.

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 21.1 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 21.2, 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.

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 2016.

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 26).
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 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 functional and presentational currencies of the Trust are sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the year in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

The Trust has negligible foreign currency income and expenditure.

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 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. For financial institutions, only independently rated parties with a minimum rating (Moody) of P-1 and A1 for short-term and long-term respectively are accepted.

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 25 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 27 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 not yet required to be adopted.

The following table lists changes to standards issued by the IASB up to the date of publication of this manual which have not yet been adopted herein:

Change published	Published by IASB	Financial year for which the change first applies
IFRS 11 (amendment) – acquisition of an interest in a joint operation	May 2014	Not yet EU adopted. Expected to be effective from 2016/17.
IAS 16 (amendment) and IAS 38 (amendment) – depreciation and amortisation	May 2014	Not yet EU adopted. Expected to be effective from 2019/20.
IAS 16 (amendment) and IAS 41 (amendment) – bearer plants	June 2014	Not yet EU adopted. Expected to be effective from 2016/17.
IAS 27 (amendment) – equity method in separate financial statements	August 2014	Not yet EU adopted. Expected to be effective from 2016/17.
IFRS 10 (amendment) and IAS 28 (amendment) – sale or contribution of assets	September 2014	Not yet EU adopted. Expected to be effective from 2016/17.
IFRS 10 (amendment) and IAS 28 (amendment) – investment entities applying the consolidation exception	December 2014	Not yet EU adopted. Expected to be effective from 2016/17.
IAS 1 (amendment) – disclosure initiative	December 2014	Not yet EU adopted. Expected to be effective from 2016/17.
IFRS 15 Revenue from contracts with customers	May 2014	Not yet EU adopted. Expected to be effective from 2017/18.
Annual improvements to IFRS: 2012-15 cycle	September 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.
IFRS 16 Leases	January 2016	Not yet EU adopted. Expected to be effective from 2019/20.

The Trust has not adopted any new accounting standards, amendments or interpretations early. Impacting upon lessee accounting, IFRS 16 will require that all leases are reflected on the Statement of Financial Position as assets reflecting the right to use an asset and a liability to pay for that right. Currently, only finance leases are reflected on the Statement of Financial Position. The Trust is working to assess the potential impact of this.

1.20 Critical accounting estimates and judgements

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 judgements in applying the entity's accounting policies
The Trust has made no judgements 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 based on an automatic calculation within the Trust's Fixed Asset Register which is calculated on a monthly basis throughout the year. When an asset is added to the Fixed Asset Register, it

is given a useful economic life by the capital accountant, depending on the class of asset (i.e. vehicle, IT equipment etc). Buildings can be assigned a useful economic life of up to 50 years by the District Valuer as part of their valuations, depending on their state of repair and intended use. Useful economic life can be adjusted on the Fixed Asset Register if required, for example where an external valuation by the District Valuer. This judgement will take into account past experience. Typically more expensive items have a longer lifespan which reduces the degree of sensitivity of charges.

b) Holiday Pay Accrual

An assessment of annual leave owing to staff at 31st March 2016 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 31st 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 2016. An average hourly cost has been applied to each staff group to calculate the cost of annual leave owed.

c) Revaluation

Unless subject to the quinquennial revaluation by the District Valuer, the Trust's assets are revalued using indexation, based on indices provided to the Trust by the District Valuer. The District Valuer is an expert, therefore there is a high degree of reliance on the valuer's expertise.

d) Impairment

Impairments are based on the District Valuer's revaluation, on application of indices or on revaluation of individual assets e.g. when brought into operational use, or identified for disposal. Assumptions and judgments are that indices or valuations used are applicable to the Trust's circumstances. Additionally, management reviews would identify circumstances which may indicate where an impairment has occurred

e) 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.

f) 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 local Clinical Commissioning Groups.

g) 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 28th February 2016 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 28th February 2016
- 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.

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 2015/16 is shown below with comparator figures for 2014/15.

	2015/16 £'000	2014/15 £'000
Expenditure net of non-corporate income		
Diagnostic and Therapies	(51,435)	(49,222)
Medicine	(74,778)	(70,984)
Specialised Services	(96,203)	(82,884)
Surgery, Head and Neck	(106,065)	(103,173)
Women's and Children's	(119,020)	(112,869)
Facilities and Estates	(36,872)	(35,666)
Trust Services	(25,222)	(24,496)
Corporate Services	935	(3,623)
Total net expenditure	(508,660)	(482,917)
Corporate income	543,762	518,737
Divisional operating surplus	35,102	35,820
Financing costs:		
Depreciation & amortisation on owned assets	(20,797)	(18,256)
Net interest payable	(3,114)	(3,238)
PDC dividend	(7,731)	(7,953)
Net surplus before technical items	3,460	6,373
Technical items:		
Profit/(Loss) on sale of asset	9,234	(33)
Donations (PPE/intangible assets)	3,107	8,789
Net impairments	(2,124)	(30,215)
Depreciation & amortisation on donated assets	(1,504)	(1,264)
Surplus/(deficit) for year	12,173	(16,350)

The Trust's Divisional operating surplus was £35.102m for 2015/16. Financing costs of £31.642m reduced this to a surplus of £3.460m before technical items.

Assets and liabilities are not apportioned across operational areas and therefore the statement of financial position is not presented in this format.

3. Income from patient care activities

3.1 Income by nature

	Year ended 31 March 2016 £'000	Year ended 31 March 2015 £'000
Elective income	83,588	81,887
Non elective income	87,599	85,723
Outpatient income	73,757	69,590
Accident and emergency income	15,121	13,364
Other NHS clinical income *	229,805	218,811
Private patients	1,826	1,468
Other clinical income	15,764	14,497
Total	**507,460**	**485,340**

*Significant items include:	£'000	£'000
Critical care bed days	40,463	39,635
'Payment by results' exclusions	54,049	44,164
Bone marrow transplants	7,582	8,361
Excess bed days	6,525	7,396
Radiotherapy inpatient treatments	7,586	6,937
Diagnostic imaging	5,371	6,275
Direct access	6,147	6,319
Regular day attenders	1,747	1,430
'At cost' contracts	22,535	15,557
Rehabilitation	6,304	5,747
Audiology, Cochlear implants & bone anchored hearing aids	4,061	1,345
Contract penalties and rewards	8,241	8,026
Cystic fibrosis pathways	4,230	3,013
Maternity pathways	17,363	17,230
Service recharges	5,509	5,202
'Soft' facilities management and LIFTCO	8,579	8,567

3.2 Income by source

	Year ended 31 March 2016 £'000	Year ended 31 March 2015 £'000
NHS Foundation Trusts	34	274
NHS Trusts	1,960	2,066
Clinical Commissioning Groups and NHS England	487,877	467,035
Local Authorities	4,433	4,617
Non-NHS private patients	1,826	1,468
Non-NHS overseas patients	412	263
NHS Injury Scheme	679	661
Territorial Bodies	10,159	8,843
Bodies outside of Whole of Government Accounts	51	42
Blood & Transplant	-	49
DVLA	29	22
Total	**507,460**	**485,340**

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, £490.4m (2014/15: £467.9m) is from Commissioner Requested Services and £17.1m (2014/15: £17.5m) is from all other services.

3.4 Income from overseas visitors

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Income recognised this year	412	263
Cash payments received (relating to invoices raised in this and previous years)	152	128
Increase to provision for impairment of receivables (relating to invoices raised in this and previous years)	176	138
Amounts written off (relating to invoices raised in this and previous years)	222	181

4. Other operating income

4.1 Other operating income

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Research and development	24,796	23,377
Education and training	36,553	38,074
Charitable and other contributions to operating expenditure	639	620
Donated assets - property, plant & equipment (income & physical asset)	3,107	8,789
Non-patient care services to other bodies	11,120	10,975
Reversal of impairments of property, plant, and equipment	1,209	2,109
Profit on disposal of assets	9,270	8
Rental income from operating leases	1,609	1,640
Salary recharges	4,938	5,255
Other*	12,431	13,150
Total	**105,672**	**103,997**

*Significant items include:	£000	£000
Clinical excellence awards	3,050	3,572
Patient transport	363	369
Trading services income	2,452	2,319
Clinical testing	468	509
Catering	408	554
Staff accommodation rentals	182	238
Car park income	955	850
Staff contribution to employee benefit schemes	1,397	1,537
Property rentals	250	220

The Trust's trading services income totals £2.452m and comprises of Medical Equipment Management Organisation (£0.865m), Pharmacy income (£1.169m) and IT income (£0.418m).

4.2 Operating lease income

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Rental income – minimum lease receipts	1,609	1,640

4.3 Future minimum lease receipts due to the Trust

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
- no later than one year	1,596	1,395
- between one and five years	2,017	2,059
- after five years	2,617	3,071
Total	**6,230**	**6,525**

5. Operating expenses

5.1 Operating expenses by type

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Services from other bodies:		
- NHS organisations	8,459	6,202
- non NHS organisations	3,970	6,104
Purchase of healthcare from non NHS bodies	1,657	1,440
Employee expenses excluding Board members	354,916	338,874
Employee expenses – Board members	1,328	1,272
Trust chair and non-executive directors	181	184
Drug costs	74,893	70,569
Supplies and services:		
- clinical	59,893	55,495
- general	7,195	7,438
Establishment costs	7,463	6,948
Transport:		
- business travel	739	1,055
- other	422	419
Premises costs	13,011	12,480
Change in provision for impairment of receivables	(1,145)	1,410
Depreciation on property plant and equipment	20,904	18,389
Amortisation on intangible assets	1,397	1,132
Impairments	3,334	32,323
Internal audit	233	299
Auditor's remuneration:		
- statutory audit	60	60
- other non-audit services	14	10
Rentals under operating leases	6,289	5,111
Research and development:		
- hosting payments	8,121	8,235
- other	5,089	4,351
Clinical negligence	5,506	5,675
Loss on disposal of property, plant, equipment & intangibles	36	41
Other*	6,149	8,980
Total	**590,114**	**594,496**

*Significant items include:	£000	£000
Consultancy	625	542
Exit payments (note 6.6)	148	244
Training, courses and conferences	1,821	1,729
External contractors' services	148	582
Childcare vouchers	1,214	1,380
Patient travel	753	777
Legal fees	515	201
Parking and security	454	497
Insurance	217	148

There is a limitation of liability of £1 million in respect of external audit services unless unable to be limited by law.

5.2 Operating lease expenses

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Land	47	27
Buildings	5,080	4,199
Plant and machinery	1,162	885
Total	**6,289**	**5,111**

Future minimum lease payments due under operating leases are as follows:

Future minimum lease payments	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Before one year	5,285	4,913
Between one and five years	4,725	8,148
After five years	3,683	4,155
Total	**13,693**	**17,216**

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 2016 £000	Year ended 31 March 2015 £000
Salaries and wages	290,087	279,288
Social security costs	20,760	20,087
Pension costs	33,277	31,008
Termination benefits	148	244
Agency/contract staff	15,188	11,788
Gross employee expenses	**359,460**	**342,415**
Income in respect of salary recharges netted off	(2,267)	(1,442)
Employee expenses capitalised	(801)	(583)
Total employee expenses	**356,392**	**340,390**

6.2 Average number of employees

	Year ended 31 March 2016			Year ended 31 March 2015		
	Permanent	Other	Total	Permanent	Other	Total
Medical and dental staff	1,008	94	1,102	971	90	1,061
Administration and estate staff	1,604	11	1,615	1,554	7	1,561
Healthcare assistant & other support staff	728	-	728	659	7	666
Nursing, midwifery & health visiting staff	2,900	8	2,908	2,779	-	2,779
Scientific, therapeutic and technical staff	1,089	21	1,110	1,081	20	1,101
Healthcare science staff	158	-	158	190	-	190
Agency and contract staff	-	161	161	-	118	118
Bank staff	-	370	370	-	397	397
Total staff	**7,487**	**665**	**8,152**	**7,234**	**639**	**7,873**
Of which staff engaged on capital projects	29	3	32	17	-	17
Of which recharged for hosted services	26	-	26	24	-	24

Numbers are expressed as average whole time equivalents for the year.

'Permanent' refers to staff with a permanent contract of employment, 'other' refers to all other staff engaged on the objectives of the Trust for example agency/temporary staff and staff with a contract of employment with another organisation who are seconded in and the Trust pays for their costs.

6.3 Retirement benefits

The NHS Pension Scheme is a defined benefit plan and being an unfunded scheme, its liabilities are underwritten by the exchequer. Further information can be found in accounting policies 1.3 on page 6.

The Trust anticipates that employer pension contributions rates for 2016/17 will remain at 14.3%.

6.4 Employee Benefits

There were no non-pay benefits that were not attributable to individual employees.

6.5Early retirements due to ill health

During the year ended 31 March 2016 there were 12 (2015: 14) early retirements from the Trust on the grounds of ill health. The estimated additional pension liabilities of these ill-health retirements will be £0.560m (2015: £0.536m). 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 (1)	1 (2)	2 (3)
£10,000 - £25,000	0 (1)	3 (3)	3 (4)
£25,001 - £50,000	1 (1)	1 (3)	2 (4)
Over £50,000	0 (0)	0 (0)	0 (0)
Total number of exit packages by type	**2 (3)**	**5 (8)**	**7 (11)**
Total resources cost (£'000)	**47 (59)**	**101 (185)**	**148 (244)**

Comparative figures for 2014/15 are shown in brackets.

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:

	2015/16 Number	2015/16 £'000	2014/15 Number	2014/15 £'000
Voluntary redundancies including early retirement contractual costs	1	23	-	-
Mutually agreed resignation contractual costs (MARS)	4	78	7	170
Non-contractual payments requiring HMT approval	-	-	1	15
Total	5	101	8	185

There were no non-contractual payments made with a value greater than 12 months of the individual's salary in either year.

6.7 Fair pay multiple

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 2015/16 was £195k-£200k (2014/15 was £195k-£200k). This was 6.9 times (2014/15, 6.9) the median remuneration of the workforce, which was £28,750 (2014/15, £28,545). In 2015/16, no (2014/15, nil) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £15.1k to £189.0k.

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.

	2015/16	2014/15
Band of highest paid directors total remuneration (£'000)	195-200	195-200
Median total remuneration (£)	28,750	28,545
Ratio	6.9	6.9

Notes to the Accounts

6.8 Directors remuneration: salaries and allowances for the 12 Months to 31 March 2016	Salary (bands of £5,000)	All pension-related benefits (band of £2,500)	Total (bands of £5,000)
Chair			
John Savage	50-54		50-54
Executive Directors			
Robert Woolley, Chief Executive	190-194	87.5-89.9	275-279
Paul Mapson, Director of Finance and Information	150-154	30.0-32.4	180-184
Sue Donaldson, Director of Workforce and Organisational Development	120-124	32.5-34.9	150-154
Carolyn Mills, Chief Nurse	120-124	45.0-47.4	165-169
Deborah Lee, Director of Strategic Development and Deputy Chief Executive until 30 April 2015 and Chief Operating Officer and Deputy Chief Executive from 1 May 2015	140-144	87.5-89.9	225-229
Sean O'Kelly, Medical Director	195-199	65.0-67.4	260-264
James Rimmer, Chief Operating Officer until 30 April 2015 and Director of Strategy from 1 May 2015 to 2 August 2016	40-44	30.0-32.5	70-74
Anita Randon, Interim Director of Strategy from 3 August 2015 to 27 January 2016	100-104	n/a	100-104
Non-Executive Directors			
Emma Woollett	20-24		20-24
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	10-14		10-14
Julian Dennis	10-14		10-14

Notes to the Accounts

6.9 Directors remuneration: salaries and allowances for the 12 Months to 31 March 2015	Salary (bands of £5,000)	All pension-related benefits (band of £2,500)	Total (bands of £5,000)
Chair			
John Savage	50-54		50-54
Executive Directors			
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
Non-Executive Directors			
Emma Woollett	15-19		15-19
Kelvin Blake (left 31/10/2014)	5-9		5-9
Iain Fairbairn (left 31/05/2014)	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 2015/16 was £1,224k (2014/15 was £1,178k). The aggregate employer contribution to the pension scheme was £134k (2014/15, £141k). The total number of directors to whom benefits are accruing under defined benefit schemes is 7 (2014/15, 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

6.10 Pension benefits for the year ended 31 March 2016

Name and title	Real increase in pension at pension age at 31 March 2016 (bands of £2,500)	Real increase in lump sum at pension age at 31 March 2016 (bands of £2,500)	Total accrued pension at pension age at 31 March 2016 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2016 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2016 £000	Cash Equivalent Transfer Value at 31 March 2015 £000	Real Increase in Cash Equivalent Transfer Value £000	Employer funded contribution to growth in CETV £000
Robert Woolley, Chief Executive	2.5-4.9	10-12.4	55-59	165-169	1,159	1,069	84	42
Paul Mapson, Director of Finance and Information	0-2.4	2.5-4.9	65-69	205-209	n/a	1,595	n/a	n/a
Sue Donaldson, Director of Workforce and Organisational Development	0-2.4	2.5-4.9	15-19	50-54	330	298	30	15
Carolyn Mills, Chief Nurse	0-2.4	5.0-7.4	45-49	140-144	842	798	40	20
Deborah Lee, Director of Strategic Development and Deputy Chief Executive until 30 April 2015 and Chief Operating Officer and Deputy Chief Executive from 1 May 2015	2.5-4.9	10.0-12.4	25-29	85-89	553	477	73	36
Sean O'Kelly, Medical Director	2.5-4.9	7.5-9.9	60-64	190-194	1,289	1,221	62	31
James Rimmer, Chief Operating Officer until 30 April 2015 and Director of Strategy from 1 May 2015 to 2 August 2016	0-2.4	2.5-4.9	40-44	125-129	739	666	23	12

This table includes details for the directors who held office at any time in 2015/16.

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.

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report.

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

Notes to the Accounts

6.11 Pension benefits for the year ended 31 March 2015

Name and title	Real increase in pension at pension age at 31 March 2015 (bands of £2,500)	Real increase in lump sum at pension age at 31 March 2015 (bands of £2,500)	Total accrued pension at pension age at 31 March 2015 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2015 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2015 £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Real Increase in Cash Equivalent Transfer Value £000	Employer funded contribution to growth in CETV £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.

Signed ……
Robert Woolley, Chief Executive

7. Gain/Loss on disposal of property, plant and equipment

The net gain on the disposal of property, plant and equipment of £9.234m (2015: net loss of £0.033m) related exclusively to non-protected assets. No assets used in the provision of Commissioner Requested Services have been disposed of during the year.

8. Financing

8.1 Finance income

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Interest on loans and receivables	297	251
Total	**297**	**251**

8.2 Finance expenses

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Loan interest from the Department of Health in respect of capital loans	3,089	3,141
Finance leases	320	345
Total	**3,409**	**3,486**

In both years, there was no interest payable arising from claims made under the late payment of commercial debts (interest) act 1998 and no other compensation was paid to cover debt recovery cost under this legislation.

8.3 Impairments

Net impairment of property plant and equipment, intangibles and assets held for sale	**Year ended 31 March 2016 £000**	**Year ended 31 March 2015 £000**
Impairment of enhancements to existing assets	3,288	24,711
Changes in valuation	46	7,612
Reversal of impairments	(1,209)	(2,109)
TOTAL	**2,125**	**30,214**

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:

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Impairment of enhancements to existing assets	132	20,576
New ward block	2,328	2,343
Queen's Building	574	1,266
King Edward Building	33	274
Radiopharmacy	119	179
Bristol Dental Hospital	61	73
Bristol Royal Hospital for Children	5	-
Bristol Haematology and Oncology Centre	31	-
St.Michaels Hospital	5	-
Bristol Heart Institute		
	3,288	24,711
Changes in valuation		
District Valuer's revaluation of land & buildings	46	7,612
Total	**3,334**	**32,323**

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.

9. Intangible assets

	Software licences £000	Assets under construction £000	Total £000
Cost at 1 April 2015	8,604	1,179	9,783
Additions	112	(27)	85
Reclassifications with PPE	368	-	368
Reclassifications within intangibles	1,036	(1,036)	-
Disposals	(23)	-	(23)
Cost at 31 March 2016	10,097	116	10,213

	Software licences	Assets under construction	Total
Accumulated amortisation at 1 April 2015	2,620	-	2,620
Charged during the year	1,397	-	1,397
Disposals	(23)	-	(23)
Accumulated amortisation at 31 March 2016	3,994	-	3,994
Net book value at 31 March 2016			
Purchased	5,940	116	6,056
Donated	163	-	163
Total net book value at 31 March 2016	**6,103**	**116**	**6,219**
Cost at 1 April 2014	8,112	438	8,550
Additions	256	741	997
Reclassifications with PPE	236	-	236
Cost at 31 March 2015	8,604	1,179	9,783
Accumulated amortisation at 1 April 2014	1,488	-	1,488
Charged during the year	1,132	-	1,132
Accumulated amortisation at 31 March 2015	2,620	-	2,620
Net book value at 31 March 2015			
Purchased	5,798	1,179	6,977
Donated	186	-	186
Total net book value at 31 March 2015	**5,984**	**1,179**	**7,163**

10. Property, plant and equipment

The District Valuer undertook a desktop exercise which valued the Trust's land and buildings at 31st March 2016 on a depreciated replacement cost, Modern Equivalent Asset valuation (MEA), which resulted in a net increase in the value of the Trust assets of £12.234m compared to the book values at 31 March 2016.

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 FReM 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:

  (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 £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2015	24,371	290,195	3,306	9,522	85,662	687	17,774	1,004	**432,521**
Additions – purchased	-	1,754	1	17,070	3,397	23	804	5	**23,054**
Additions – donated	-	-	-	-	977	-	-	-	**977**
Impairments	-	(3,288)	-	-	-	-	-	-	**(3,288)**
Reclassifications with intangibles	-	-	-	(368)	-	-	-	-	**(368)**
Reclassifications within PPE	-	11,358	3	(14,175)	1,307	-	1,438	69	**-**
Revaluations	60	1,697	126	-	-	-	-	-	**1,883**
Transferred to disposal group as AHFS	(1,570)	(2,095)	-	-	-	-	-	-	**(3,665)**
Disposals	-	-	-	-	(2,421)	(29)	(2,514)	-	**(4,964)**
Cost or valuation at 31 March 2016	22,861	299,621	3,436	12,049	88,922	681	17,502	1,078	**446,150**
Accumulated depreciation at 1 April 2015	-	-	-	-	45,775	438	7,632	785	**54,630**
Charged during the year	-	10,350	139	-	7,849	71	2,420	75	**20,904**
Impairments	-	-	-	-	-	-	-	-	**-**
Revaluations	-	(10,210)	(139)	-	-	-	-	-	**(10,349)**
Transferred to disposal group as AHFS	-	(140)	-	-	-	-	-	-	**(140)**
Disposals	-	-	-	-	(2,383)	(29)	(2,514)	-	**(4,926)**
At 31 March 2016	-	-	-	-	51,241	480	7,538	860	**60,119**
Net book value at 31 March 2016									
Purchased	22,861	276,208	3,436	12,049	31,315	201	9,766	218	**356,054**
Donated	-	16,903	-	-	6,334	-	198	-	**23,435**
Finance leases	-	6,510	-	-	32	-	-	-	**6,542**
Total at 31 March 2016	**22,861**	**299,621**	**3,436**	**12,049**	**37,681**	**201**	**9,964**	**218**	**386,031**
Net book value at 31 March 2015									
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**
Total at 31 March 2015	**24,371**	**290,195**	**3,306**	**9,522**	**39,887**	**249**	**10,142**	**219**	**377,891**

Depreciation expenses of £20.904m (2014/15: £18.389m) have been charged to operating expenses (note 5.1) within the Statement of Comprehensive Income.

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2014	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)**
Cost or valuation at 31 March 2015	24,371	290,195	3,306	9,522	85,662	687	17,774	1,004	**432,521**
Accumulated depreciation at 1 April 2014	**-**	**-**	**-**	**-**	**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)**
At 31 March 2015	-	-	-	-	45,775	438	7,632	785	**54,630**
Net book value at 31 March 2015									
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**
Total at 31 March 2015	**24,371**	**290,195**	**3,306**	**9,522**	**39,887**	**249**	**10,142**	**219**	**377,891**
Net book value at 31 March 2014									
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**
Total at 31 March 2014	**24,450**	**235,690**	**3,488**	**76,193**	**32,721**	**298**	**8,656**	**284**	**381,780**

10.1 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 2016 £000	Year ended 31March 2015 £000
Cost or valuation at 1 April	6,581	6,271
Additions	23	-
Revaluation	(23)	310
Reclassifications	-	-
Cost or valuation at 31 March	**6,581**	**6,581**
Accumulated depreciation at 1 April	25	11
Provided during the year	479	427
Revaluation	(465)	(413)
Accumulated depreciation at 31 March	**39**	**25**
Net book value at 31 March	**6,542**	**6,556**

10.2 Net book value of land building and dwellings

The net book value of land, buildings and dwellings comprises:

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Freehold	319,408	311,362
Long leasehold	6,510	6,510
TOTAL	**325,918**	**317,872**

11 Inventories

Year ended 31 March 2016	**Drugs £000**	**Consumables £000**	**Energy £000**	**Totals £000**
Carrying value at 1 April 2015	4,083	7,882	122	12,087
Additions	46,276	44,695	27	90,998
Consumed – recognised in expenses	(46,722)	(44,854)	(67)	(91,643)
Carrying value at 31 March 2016	3,637	7,723	82	11,442

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	**4,083**	**7,882**	**122**	**12,087**

12. Trade and other receivables

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Current:		
NHS receivables	16,418	15,768
Other receivables	6,017	8,957
Provision for impaired receivables	(4,375)	(5,815)
PDC Dividend receivable	-	270
Prepayments	1,965	2,872
Accrued income	4,202	3,996
Total current:	**24,227**	**26,048**
Non current:		
Other receivable	1,050	-

The non current receivable in 2015/16 relates to the sale of the Old Building.

Provision for irrecoverable debts (impairment of receivables):	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Balance at start of year	**5,815**	**4,694**
Increase in provision	-	1,410
Utilised in year	(295)	(289)
Reversed in year	(1,145)	-
Balance at end of year	**4,375**	**5,815**

Ageing of impaired receivables	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
By up to three months	10,822	11,208
By three to six months	1,602	1,218
By more than six months	3,063	2,671
Total	**15,487**	**15,097**

Ageing of non-impaired receivables past their due date	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
By up to three months	1,521	1,376
By three to six months	-	3
By more than six months	-	118
Total	**1,521**	**1,497**

13. Other assets

13.1 Other financial assets

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Loans and receivables	104	104
Total	**104**	**104**

This relates to a section 106 deposit paid to Bristol City Council.

13.2 Assets held for sale

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Total £000
Net book value at 1 April 2015	371	719	-	1,090
Assets classified as available for sale in the year	1,570	1,955	-	3,525
Assets sold in year	(1,941)	(2,674)	-	(4,615)
Net book value at 31 March 2016	**-**	**-**	**-**	**-**

	Land	Buildings excluding dwellings	Dwellings	Total
	£000	£000	£000	£000
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)
Net book value at 31 March 2015	**371**	**719**	**-**	**1,090**

The asset held for sale relates to a property known as the Grange following the approval of the Finance Committee.

14. Trade and other payables

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Current amounts:		
NHS payables – revenue	7,251	5,951
Amounts due to related parties – revenue	4,701	4,515
Other payables – revenue	10,859	13,693
Capital payables	3,786	4,567
Tax and social security	6,719	6,640
Accruals	34,989	35,366
PDC dividend payable	67	-
TOTAL	**68,372**	**70,732**

Non-current amounts:
There are no non-current trade and other payables in either year.

Outstanding pension contributions of £4.699m (2015: £4.513m) to the NHS Pension scheme, £0.002m (2015: £0.001m) for National Employment Savings trust (NEST) local pensions and £3.463m for PAYE (2015: £3.489m) and £3.256m National Insurance (2015: £3.151m) are included in other payables.

15. Other liabilities

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Current liabilities:		
Deferred income – goods and services	4,568	4,188
Total	**4,568**	**4,188**

16. Borrowings

16.1 Current borrowings:

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Capital loans from Department of Health	5,834	5,834
Finance lease obligations	300	275
Total	**6,134**	**6,109**

16.2 Non-current borrowings:

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Capital loans from Department of Health	82,095	87,929
Finance lease obligations	4,980	5,280
Total	**87,075**	**93,209**

16.3 Finance lease obligations

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Payable:		
Before one year	594	594
Between one and five years	2,322	2,341
After five years	4,265	4,840
Sub-total	**7,181**	**7,775**
Less finance charges allocated to future years	(1,901)	(2,220)
Net obligation	**5,280**	**5,555**

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.

16.4 Net finance lease obligations

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Payable:		
Before one year	300	275
Between one and five years	1,401	1,320
After five years	3,579	3,960
Net obligation	**5,280**	**5,555**

16.5 Finance lease commitments

There are no finance lease commitments at 31 March 2016 (31 March 2015 £nil.)

17. Provisions for liabilities and charges

17.1 Provision for legal claims:

	Legal Claims £000
At 1 April 2015	353
Arising during the year	126
Utilised during the year	(92)
Reversed unused	(43)
Unwinding of discount	2
At 31 March 2016	**346**
At 1 April 2014	348
Arising during the year	142
Utilised during the year	(99)
Reversed unused	(41)
Unwinding of discount	3
At 31 March 2015	**353**

The expected timing of any resulting outflows of economic benefits is set out below.

Timing of economic outflow	Legal Claims £000
Before one year	219
Between one and five years	119
After five years	8
Total	**346**

The provision for legal claims at 31 March 2016 includes the following:

a) Provision for staff injuries
A staff injuries provision of £0.157m, (2015: £0.186m) 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 £0.189m (2015: £0.167m) representing the excess payable by the Trust, under the NHS Litigation Authority (NHSLA) Liabilities to Third Parties Scheme.

There are no other provisions.

17.2 Clinical negligence

The NHS Litigation Authority has included a £152.444m provision in its accounts (2015: £82.039m) in respect of clinical negligence liabilities of the Trust.

18. Cash and cash equivalents

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Cash with the government banking service	73,546	63,352
Commercial bank and cash in hand	465	173
Total cash and cash equivalents	**74,011**	**63,525**

19. Capital commitments

Commitments under capital expenditure contracts at 31 March 2016 are £5.054m (2015: £2.314m) for the King Edward Building scheme as part of the phase 4 BRI redevelopment.

20. Post-Statement of Financial Position (SoFP) events

There are no post-Statement of Financial Position events.

21. Contingencies

21.1 Contingent assets

The Trust has no contingent assets at 31 March 2016 (2015: £nil).

21.2 Contingent liabilities

Contingent liabilities at 31 March 2016 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.

22. 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.

Related parties arising from Trust Board members:

	31 March 2016 (£m)		31 March 2015 (£m)		2015/16 (£m)		2014/15 (£m)	
	Receivables	Payables	Receivables	Payables	Income	Expenditure	Income	Expenditure
University of Bristol	0.21	1.31	0.30	1.10	1.99	8.38	2.06	6.99
West of England Academic Health Sciences Network			0.10	0.02	0.08	0.15	0.10	0.02
University of Bath	0.02		0.03		0.10		0.08	0.10
Bristol Cultural Development Partnership Limited						0.01		0.01
Care Quality Commission						0.13		
Above and Beyond Charity	See notes below							
Health Education England	See WGA table below							
NHS Somerset CCG	See WGA table below							

Related parties within the scope of Whole of Government Accounting:

	31 March 2016 (£m)		31 March 2015 (£m)		2015/16 (£m)		2014/15 (£m)	
	Receivables	Payables	Receivables	Payables	Income	Expenditure	Income	Expenditure
Avon and Wiltshire Mental Health Partnership NHS Trust					0.51	0.97		0.93
Bristol City Council					3.66	2.28	3.66	1.95
Community Health Partnerships						3.87		3.87
Department of Health		0.87		0.92	21.89		20.90	
Gloucestershire Hospitals NHS FT						2.86		3.01
Great Western Hospitals NHS FT						0.69		0.71
Health Education England					36.54		37.78	
HM Revenue and Customs		6.72	1.60	6.64		20.77		20.10
NHS Bath and North East Somerset CCG					8.77		8.42	
NHS Blood and Transplant						5.31		5.66
NHS Bristol CCG	1.28	2.01	3.80	1.37	151.03		148.59	
NHS Dorset					0.57		0.51	
NHS England - South Central Local Office					2.21			
NHS England - South West Commissioning Hub	8.53				218.06			
NHS England - South West Local Office		0.82			11.87			
NHS England - Wessex Commissioning Hub	1.23				7.99			
NHS Gloucestershire CCG					4.54		4.35	
NHS Kernow CCG					1.24		1.17	
NHS Litigation Authority						5.53		5.68
NHS North Somerset CCG			0.97		40.04		37.19	
NHS North, East, West Devon CCG					1.68		1.65	
NHS Pension Scheme		4.70		4.51		33.27		31.01
NHS Somerset CCG					8.01		7.31	
NHS South Devon and Torbay CCG					0.56		0.55	
NHS South Gloucestershire			1.05		28.99		27.88	
NHS Swindon CCG					0.94		0.98	
NHS Wiltshire CCG					4.09		4.13	
North Bristol NHS Trust	3.77	4.34	2.69	4.40	5.93	9.73	6.19	8.81
Northern Health and Social Care Trust (N. Ireland)					0.70		0.55	
Public Health England (PHE)					1.31	3.28		3.13
Royal Devon and Exeter Foundation Trust						1.10		1.04
Royal United Hospital Bath NHS Foundation Trust					0.54	1.65		1.42
South Gloucestershire Council					0.79		0.81	
Welsh Assembly Government					8.60		7.38	
Welsh Health Bodies - Cardiff and Vale University Local Health Board						2.20		
Weston Area Health NHS Trust	0.67				2.87	0.98	2.47	1.06

Related parties arising from Ministers and other Department of Health officials:

	31 March 2016 (£m)		31 March 2015 (£m)		2015/16 (£m)		2014/15 (£m)	
	Receivables	Payables	Receivables	Payables	Income	Expenditure	Income	Expenditure
British Telecom				0.01		0.06		0.04
Cambridge University					0.01		0.01	0.01
Medical Research Council					0.02			

In addition the Trust pays HM Revenue and Customs tax and national insurance on behalf of employees which totalled £58.99m in 2015/16 (£55.69m in 2014/15). The Trust also pays the NHS Pension Scheme for employees' contributions which totalled £22.63m in 2015/16 (£21.76m in 2014/15).

There are two registered charitable bodies that support the Trust's services. The Above and Beyond charity provides support across all of the Trust's hospital sites and community health services The Grand Appeal supports children, babies and their families at Bristol Children's Hospital and St Michaels's Hospital.

Both charities are independently managed by boards of trustees and are not consolidated within the Trust's accounts. The Trust's transactions with the Above and Beyond and the Grand Appeal are as follows:

	31 March 2016 (£m)		31 March 2015 (£m)		2015/16 (£m)		2014/15 (£m)	
	Receivables	Payables	Receivables	Payables	Income	Expenditure	Income	Expenditure
Above and Beyond	0.06				2.24	0.29	1.23	0.24
Grand Appeal					0.42		4.56	0.01

The Trust received key management personnel services from Randon Consulting and Jim O'Connell & Associates. There were no outstanding balances at the end of 2015/16 (nil at the end of 2014/15). During the year there was expenditure of £0.11m and £0.08m respectively (nil expenditure during 2014/15).

23. Private Finance Initiative (PFI) transactions

At 31 March 2016 the Trust has no PFI schemes (2015: none).

24. Financial Instruments

24.1 Financial assets by currency

The Trust has negligible foreign currency transactions or balances.

24.2 Financial assets by category

Per Statement of Financial Position	**31 March 2016 £000**	**31 March 2015 £000**
Loans and receivables:		
Trade and other receivables	23,134	21,307
Other financial assets	104	104
Cash and cash equivalents	74,011	63,525
Total	**97,249**	**84,936**

Loans and receivables are held at amortised cost.

Financial liabilities per Statement of Financial Position	**31 March 2016 £000**	**31 March 2015 £000**
Other financial liabilities:		
Trade and other payables	61,586	64,092
Borrowings	87,929	93,763
Finance lease obligations	5,280	5,555
Total	**154,795**	**163,410**

Financial liabilities are held at amortised cost.

24.3 Fair values

At 31 March 2016 and 31 March 2015 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.

24.4 Maturity of financial assets

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Less than one year	96,199	84,936
In more than one year but not more than two years	1,050	-
Total	**97,249**	**84,936**

At 31 March 2016 all financial assets were due within one year with the exception of outstanding funds in relation to the sale of the Old Building which has been classified as a non-current receivable in note 12.

24.5 Maturity of financial liabilities

	Year ended 31 March 2016 £000	Year ended 31 March 2015 £000
Less than one year	67,721	70,202
In more than one year but not more than two years	6,160	6,134
In more than two years but not more than five years	18,577	18,523
In more than five years	62,337	68,551
Total	**154,795**	**163,410**

25. Third party assets

At 31 March 2016 the Trust held £nil (2015: £nil) cash and cash equivalents relating to third parties.

26. Intra-government balances

At 31 March 2016	Receivables: current £000	Payables: current £000	Borrowing: current £000	Borrowing: non-current £000
Foundation Trusts and NHS Trusts	6,060	5,705	-	-
Department of Health	197	937	5,834	82,095
NHS England & Clinical Commissioning Groups	13,184	3,263	-	-
NHS WGA bodies	560	900	-	-
TOTAL NHS	**20,001**	**10,805**	**5,834**	**82,095**
Other WGA bodies	524	11,984	-	-
TOTAL at 31 March 2016	**20,525**	**22,789**	**5,834**	**82,095**

At 31 March 2015	Receivables: current £000	Payables: current £000	Borrowing: current £000	Borrowing: non-current £000
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	-	-
TOTAL NHS	**19,416**	**9,488**	**5,834**	**87,929**
Other WGA bodies	1,692	11,166	-	-
TOTAL at 31 March 2015	**21,108**	**20,654**	**5,834**	**87,929**

There are no non-current receivables or payables for intra government bodies in either year.

27. Losses and special payments

Losses and special payments were made during the year as follows:

	2015/16		2014/15	
	Number	£000	Number	£000
Cash losses	35	47	64	79
Fruitless payments	1	0	-	-
Bad debts and claims abandoned	223	248	279	210
Stores losses inc damage to buildings	2	41	1	52
Ex gratia payments	88	12	83	30
Special severance payments	-	-	1	15
Total	**349**	**348**	**428**	**386**

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 ……

Robert Woolley, Chief Executive Date: 25 May 2016

APPENDIX E – INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF GOVERNORS

Independent auditors' report to the Board of Governors of University Hospitals Bristol NHS Foundation Trust

Report on the financial statements

Our opinion

In our opinion, University Hospitals Bristol NHS Foundation 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 2016 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 2015/16.

What we have audited

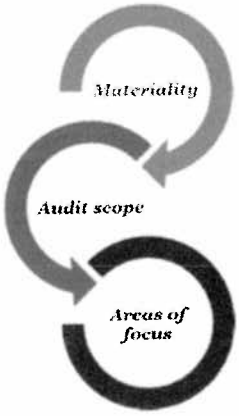
The financial statements comprise:

- the Statement of Financial Position as at 31 March 2016;
- the Statement of Comprehensive Income for the year then ended;
- the Statement of Cashflows 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 2015/16 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our audit approach

Overview



- Overall materiality: £12.2m which represents 2% of total revenue.
- Our 2016 audit was planned and executed having regard to the fact that the Trust's operations and financial stability were largely unchanged in nature from the previous year. In light of this, our approach to the audit in terms of scoping and areas of focus was largely unchanged. 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

The scope of our audit and our areas of focus

We conducted our audit in accordance with the National Health Service Act 2006, the Code of Audit Practice and relevant guidance issued by the National Audit Office on behalf of the Comptroller and Auditor General (the "Code") and, 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.

Area of focus	*How our audit addressed the area of focus*
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.* We have focussed on this area as there is pressure on NHS bodies to meet or to exceed the financial targets set for them by regulators. The Trust delivered a surplus of £5.063m. As a result of the national pressures there is an incentive for management to manipulate the timing of recognition of both revenue and expenditure to defer costs to 2016/17 and to recognise revenue incurred in respect of 2016/17 in these financial statements. *Income* The Trust's principal source of income was from Clinical Commissioning Groups ("CCGs") and NHS England, together 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 'trued up' on a quarterly basis to reflect the actual activity of the Trust. . 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 Trust's next largest sources of income include research and development income and education and training income (see note 4.1 to the accounts). These balances include multi-year contracts, where income is recognised in line with delivery of the contract or once performance criteria are satisfied. Because of the size of these sources of income and the incentives to manipulate income recognition, these sources of income are an area of focus. *Expenditure* Our work on expenditure focussed on the areas most susceptible to manipulation in order to increase the Trust's reported surplus. These were primarily unrecorded liabilities and journals transactions, which could be used to impact upon the surplus reported by the Trust	*Income* For CCGs and NHS England income we confirmed the value of debtors from 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. Differences were identified and amounts were traced to supporting documentation with only trivial differences remaining. We developed an independent estimate of the month 12 income and compared this to the directors' estimate. We compared the directors' estimates in prior years with the actual figures for month 12 in those prior years to determine whether the directors' estimates were consistent with actual results. The levels of payment adjustment for the final 'true up' historically have been immaterial and accounted for in the following year's financial statements, which provides additional comfort over the accuracy of management's estimation process. On the basis of this work we are satisfied that the estimate is not materially misstated. We tested a sample of income transactions 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 and education and training contracts and agreed the value of income recognised in the year under these contracts. Our work did not identify any transactions or contracts that were indicative of manipulation in the timing of the recognition of income We also obtained and read contract variations with commissioners and considered their terms to ensure that income was recognised in the correct period. *Expenditure* We selected a sample of payments made by the Trust and invoices received from the period following the end of the financial year and traced these to supporting documentation and agreed that the expenditure had been recognised in accordance with the Trust's accounting policies and in the correct accounting period. Our work did not identify any transactions that were indicative of manipulation in the timing of the recognition of expenditure. *Journals* We selected a sample of journal transactions that had been recognised in either income or expenditure. We tested journals throughout the year, tracing them to supporting documentation to check that their impact on the income statement was appropriate. Our work did not identify any issues. Our work did not identify any transactions that were indicative of fraud in the recognition of income or expenditure, in particular to overstate income or understate expenditure.

Area of focus	*How our audit addressed the area of focus*

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 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 £386.031m. 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 2016 is £325.918m (see note 10 to the financial statements).

We focussed 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.

We confirmed that the valuer engaged by the Trust to perform the valuations had relevant professional qualifications and was a member of the Royal Institute of Chartered Surveyors (RICS).

We obtained and read the relevant sections of the 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 engaged our internal valuation expertise to consider these assumptions made by the Trust. We 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 financial statements and that valuation movements were accounted for correctly and in accordance with the Trust's accounting policies.

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.

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, we determined materiality for the financial statements as a whole as follows:

Overall materiality	£12.2m (2015: £11.1m).
How we determined it	2% of revenue (2015: 2% of revenue)
Rationale for benchmark applied	Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.

We agreed with the Audit Committee that we would report to them misstatements identified during our audit above £250,000 (2015: £250,000) as well as misstatements below that amount that, in our view, warranted reporting for qualitative reasons.

Other reporting in accordance with the Code

Opinions on other matters prescribed by the Code

In our opinion:

- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements;
- the part of the Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16; and
- the part of the Staff Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16.

Other matters on which we are required to report by exception

We are required to report to you if, in our opinion:

• information in the Annual Report is: – materially inconsistent with the information in the audited financial statements; or – apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or – otherwise misleading.	We have no exceptions to report.
• the statement given by the directors on page 34, 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.	We have no exceptions to report.
• the section of the Annual Report on page 69, 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.	We have no exceptions to report.
• the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 or is misleading or inconsistent with information of which we are aware from our audit. We have not considered whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.	We have no exceptions to report.

We are also required to report to you if:

• we have referred a matter to Monitor under paragraph 6 of Schedule 10 to the NHS Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or	We have no exceptions to report.

• we have issued a report in the public interest under paragraph 3 of Schedule 10 to the NHS Act 2006.	We have no exceptions to report.

Arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code we are required to report to you if we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016; We have nothing to report as a result of this requirement.

Responsibilities for the financial statements and the audit

Our responsibilities and those of the directors

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 2015/16.

Our responsibility is to audit and express an opinion on the financial statements in accordance with the National Health Service Act 2006, the Code, 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 Board 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.

Responsibilities for securing economy, efficiency and effectiveness in the use of resources

Our responsibilities and those of the Trustees

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. We are required under paragraph 1(d) of Schedule 10 to the NHS Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report to you where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code, having regard to the criterion determined by the Comptroller and Auditor General as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

Certificate

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 Code.

Lynn Pamment (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Bristol
26 May 2016

(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.