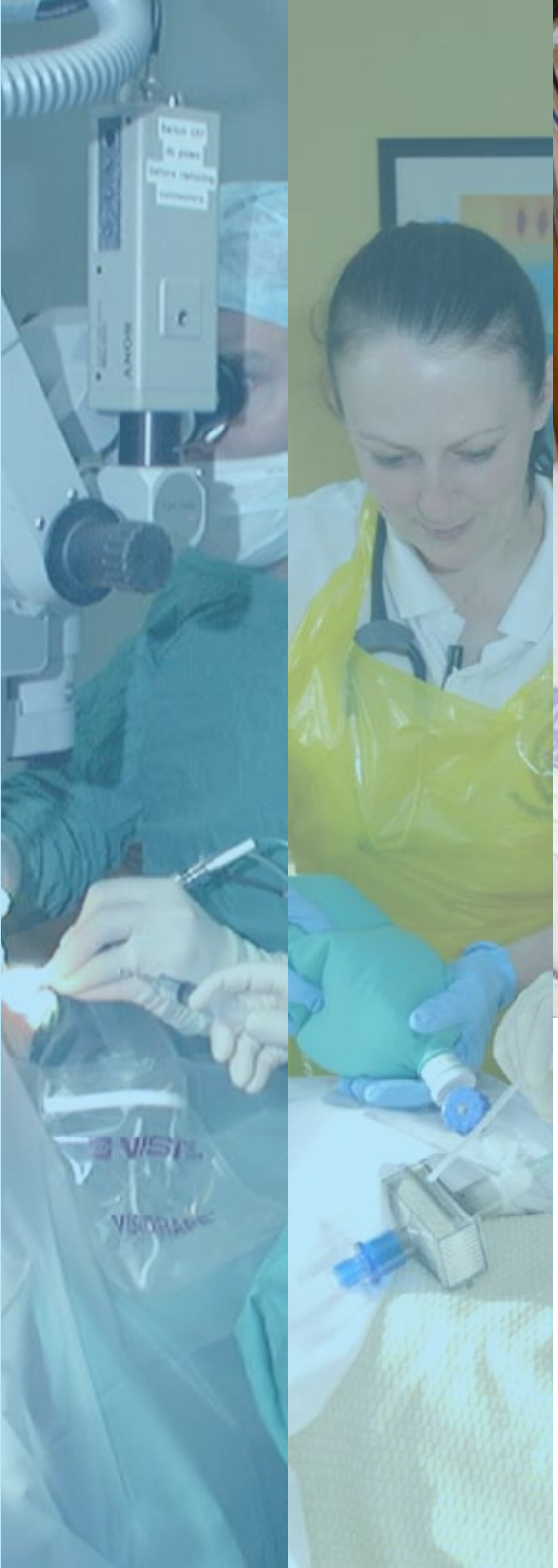

Annual Report 2004-2005

Treating people well

United Bristol Healthcare NHS Trust

Contents

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Annual Report 2004-2005
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Chair's Foreword


Phil Gregory

Welcome to the Trust's annual report for this year. We have tried to give you a snapshot of the Trust's progress over the months – as ever, it can never really do full justice to the full scope of the immense contribution which is made by each and every one of our 7000 staff.

Our staff have risen to the enormous challenges and targets we've had to meet this year. Their support, skills and commitment have enabled us to reduce significantly the time that patients wait for planned or elective surgery and also to increase the number of patients coming to the Bristol Royal Infirmary's emergency department treated within four hours. Thanks to the efforts of staff on the 'frontline' and in supporting roles, we also managed to balance our books at the end of the financial year.

My regular visits around the Trust have shown me how staff from every professional discipline and support service meet these challenges and the ever-increasing workload - with dedication, good humour and a real team spirit. Their positive attitude ensures that we continue to improve the quality of our services and to put patients at the heart of our care.

Chief Executive's Introduction


Ron Kerr

This year, my first at the Trust, was exciting, enjoyable and challenging in pretty much equal measures. I was made very welcome and I have been enormously impressed by the innovation and sheer hard work of everyone in the organisation.

I have instigated a radical programme of organisational development. We need to reshape how we manage our services. We must also to encourage staff to develop the skills and expertise to lead the Trust in this new direction. Our consultations with staff have led us to change the structure of the Trust from 13 directorates to five divisions. This 'cross-site' working should streamline patients' 'journeys' through the system. At the same time, we have improved how we make decisions and taken steps to encourage greater community involvement in those decisions.

I would like to make clear that our one star in the Healthcare Commission star ratings does not indicate a drop in performance. Had it not been for an administrative error dating back to 2003/04 which meant a very small number of patients unfortunately waited too long for treatment, we would have gained two or even three stars. Our patients, stakeholders and staff should all be proud that, year on year, our clinical performance continues to improve.

It's clear that the pace of change will continue. I'm looking forward to taking UBHT into this new era. In particular, we must prepare for foundation trust status and grasp the opportunities offered by 'Choice' for patients.

Who we are

United Bristol Healthcare NHS Trust is one of the largest acute NHS trusts. It employs 7,000 staff, has nine hospitals and an annual budget of £300 million. The Trust is the major NHS teaching and research centre for the South West of England. It provides healthcare services to local people and also to people from across the South West, the UK and the world.

Our core business

To provide patient-centred health services locally, regionally, nationally and internationally.
To provide a positive environment for the education, training and development of our staff in order to ensure the provision of effective patient services.
To provide and support research, development and effective clinical practice in order to improve patient services in the future.

Our mission

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

Hospital and outpatient services are based at nine sites:

Bristol Royal Infirmary

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

Bristol Eye Hospital

Is the region's leading ophthalmology centre.

Bristol Royal Hospital for Children

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

Bristol General Hospital

Cares for the elderly and is a centre for rehabilitation and intermediate care.

Bristol Haematology & Oncology Centre

The regional specialist centre for cancer and blood disorders.

Keynsham Hospital

Cares for the elderly and for younger people with physical disabilities.

St Michael's Hospital

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

Homeopathic Hospital

Provides outpatient care. It is the only hospital of its kind in the region.

Bristol Dental Hospital

Carries out dental treatment, research and undergraduate and postgraduate teaching.

Improving

• At the beginning of April, we officially opened the newly upgraded cystic fibrosis (CF) ward for young adults in the BRI. We are indebted to The Cystic Fibrosis Trust, who raised £175,000. The new ward cares for 75 patients a year, has four bedrooms with en-suite facilities and a designated outpatient area.

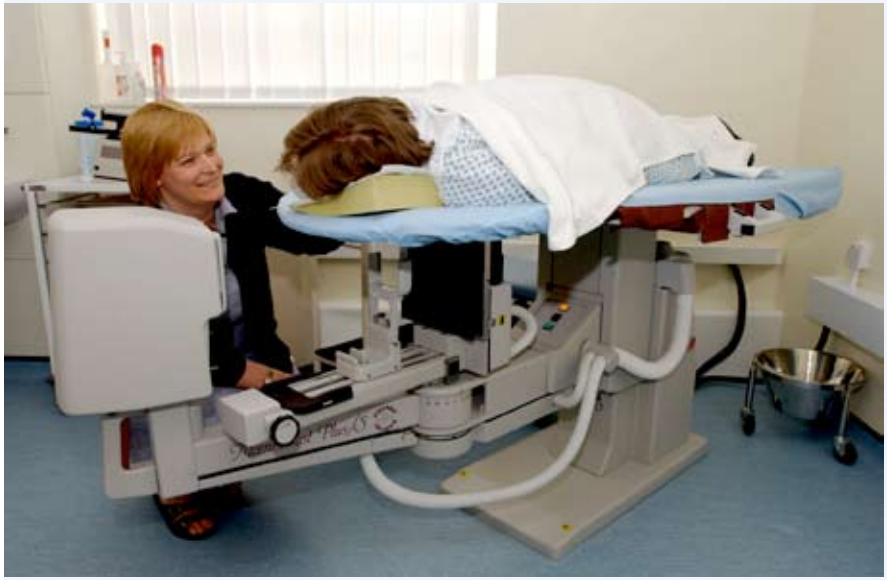
• The BRI achieved national recognition for its successful results in heart surgery. It was ranked equal first in the UK for its survival rate for adult patients undergoing aortic valve heart surgery. This was due to the hospital's 100% survival rate in 2003/04. The hospital also achieved fourth place for bypass surgery, due to its survival rate of 98.7% between 2001 and 2004.

• Survival rates following children's heart surgery are among the best in the country. This was the finding of researchers at Imperial College, London, who studied 19,000 open-heart operations at the Children's Hospital and other major centres between April 1991 and March 2001. The number of deaths in babies under one year in Bristol fell from 29% to just 3%, below the national average.

• In December we extensively upgraded and refurbished the general anaesthetic department for child patients in the University of Bristol Dental Hospital. The theatre suite, recovery bays and recovery room were all expanded and there are new flooring, scrub unit, windows and intercom security system. Other facilities, such as chairs and toys, were provided by the Grand Appeal and the fundraising efforts of our staff.

A young patient and Wallace officially open the upgraded general anaesthetic department for child patients in the Dental Hospital

Breast screening boost



The new 'prone' mammogram table

Thousands more local women a year will now be invited to come for screening for breast cancer. This follows an extensive upgrade and refurbishment of Avon Breast Screening Unit.

Every year, the Breast Screening Unit offered screening to 29,000 women aged up to 65. These women came from the old 'Avon' area, which includes Bristol, Bath and Weston-super-Mare and extends as far north as Thornbury and Wootton Under Edge.

The national directive for mammography (the x-ray of the breast to detect tumours) has been extended to include women up to the age of 70. This means that an additional 6,000 women in the area will require screening every year. 'Take up' among invited women is around 80%.

In order to provide for the additional numbers, we have refurbished and expanded the the Breast Screening Unit. New facilities include accommodation for:

- two new state of the art X-ray machines, in addition to the current three
- two machines in the mobile screening units
- a large film reading room, where radiographers and doctors analyse thousands of X-ray films.

During the year we received two very generous donations from local breast cancer support groups. The first was from BUST (Breast Unit Support Trust), charity affiliated to Frenchay Hospital. BUST donated a 'prone' mammogram table which cost £160,000. The table is the first in this area and one of only eight in the country. The new, state-of-the-art equipment enables doctors to take a biopsy (a tissue sample) from women whose tumour is too small to either feel or to show up on an ultrasound scan. The table allows women to lie face down for the biopsy, which is more comfortable. About 350 such biopsies a year are likely to be performed on the prone table. This will result in an earlier diagnosis of up to 150 small breast cancers.

Bosom Buddies raised more than £20,000 to refurbish a new waiting area. Bosom Buddies is the breast cancer support group set up by breast cancer survivor Lynette Hopkins for women who are cared for at UBHT in the BRI and/or Bristol Haematology & Oncology Centre. The money has also provided two private rooms that the breast care nurses use for counselling.

Gold mark as crime drops

The use of a mountain bike has helped in the dramatic reduction in crime

In January this year the Trust's security officers were awarded a prestigious National Security Inspectorate (NSI) Premier 'Guarding Gold' award. It was the first time a hospital trust had received the Premier Gold level award in any NSI category and UBHT was also the first public sector organisation to be given the gold award for security 'guarding and vetting'.

The award recognised the security team's efforts in preventing crime in the BRI precinct.

In 2002 we invested heavily in security. Since then, with help from the police, there have been huge improvements in security and safety for staff, visitors and patients. Levels of assaults and burglary have dropped dramatically. Vehicle crime has halved and criminals' conviction rates have increased.

Our innovative approach to security has gained us a national profile. Other 'firsts' include:

- the introduction of body armour and handcuffs
- an on-site police liaison unit
- nationally accredited training system for officers
- CCTV
- the use of Smartwater (invisible marking for PCs and other equipment which enables stolen items to be traced).

This year we also piloted the use of a mountain bike to enable security officers to reach the scene of an incident quickly – invaluable with nine hospitals on several sites.

BRI ICU one of the best in the country

Consultant Tim Gould and clinical nurse manager Sarah McAuslan-Crine care for a patient.

The Intensive Care Unit (ICU) at the BRI is one of the best in the country in terms of patients' quick recovery.

A national audit found that, compared with the rest of the country, the Unit treated a large number of patients for its size - 934, cared for in 12 beds. Despite patients' severity of illness, mortality rates for the unit were well below average and lengths of stay were short.

Lead clinician Tim Gould attributes this success to the hard work and commitment of the team and the fact the unit's consultants make decisions 24 hours a day, seven days a week.

"Our consultants and doctors on call are intensive care specialists. This means patients get 24-hour high quality care. While this isn't unique, most other ICUs around the country won't have our level of specialist doctors."

The ICU specialises in complicated respiratory problems and blood infections or septic shock. We get referrals from throughout the region, and sometimes further afield.

The unit is a very busy one with a 100 per cent occupancy rate nearly 40 per cent of the time, compared with a national average of 24 per cent.

Later this year, the ICU will acquire state of the art equipment that monitors patients' vital signs electronically. Only a handful of ICUs in the country have this equipment, which allows blood test and radiology results to be accessed via the internet. Data will be stored electronically, enabling immediate access in the event of any later problems.

Listening and learning from patients' experiences

The Patient Advice and Liaison Service (PALS) is one of the ways we have improved involvement of patients and other stakeholders. Set up in 2001, PALS provides information and on-the-spot help. It also supports patients, their families and carers with longer term, complex issues. Over the last 12 months the team have supported 1,864 patients and their families.

We use the feedback the PALS team receives, both positive and negative, to help us improve services. Examples include:

• Providing information about the Cancer Information & Support Centre and about therapeutic sessions for patients with cancer. This information is given in bedside folders and displayed in outpatient departments at the Oncology Centre

• improved management of medication brought in by patients

• guidance issued to consultants, general managers and matrons about sick notes for patients being discharged from hospital. The guidance makes clear that sick notes issued by the hospital should cover any period of recovery following discharge. Patients don't then need to see their GP for a note

• improved management of outpatient clinics - resulting in quicker waiting times

• improved standards of cleaning in the BRI.

The UBHT PALS service works closely with other PALS services locally, regionally and nationally. This provides good support for patients across organisational boundaries. The service has strong links to many of our Trust-wide groups. For example, the team has developed a good relationship with our Patients' Forum. This enables them to provide feedback on issues raised by patients and their families, and to influence service improvements.

Some of the positive comments received by PALS:

"I wish to thank all of the wonderful staff, physios, dinner staff, tea ladies for being so kind and helpful to my husband, helping him back to health after his stroke. He has been at the General Hospital for four months and I do not know what he would have done without them all. Once again a great big thank you for all giving me back my husband."

"We have always found everyone in the unit helpful, polite, kind and efficient. It is a very pleasant place to go – a caring and professional service." (Keynsham)

"Having just spent seven days as an inpatient in the BRI what can I say? The service was amazing, the heavens don't hold all the angels – BRI has a fair amount of them. An excellent service and wonderful care."

"Excellent – very caring and sympathetic. Special thanks to Paediatric Outreach for their help. All nursing staff and dining room staff very friendly and efficient". (Bristol Royal Hospital for Children)

Health Minister Rosie Winterton (with MP Val Davey, left) meets a dental student during her tour of the University of Bristol Dental Hospital in March 2005. Staff briefed her about current issues in dentistry, including plans for a major expansion in student numbers planned for later this year

Innovating

• Dietitans at the General Hospital are using mealtimes as an opportunity to focus on rehabilitation. Dieticians and other therapists work together on aspects such as moving clients to the dining room, appropriate seating, eating position, monitoring nutritional intake and assessing swallowing. This simple but creative initiative has helped patients regain confidence, skills, independence and communication.

• The Eye Hospital introduced photodynamic therapy for patients with a particular form of 'wet' age-related macular degeneration. An infusion of Visudyne is released into the blood stream, and a contact lens placed over the eye. A gentle laser then seals abnormal blood vessels. This technique reduces the further deterioration of sight that is the hallmark of macular degeneration.

• Trust staff now have patient data from hospitals as far as North Devon instantly available on screen. This is thanks to the latest work by the telemedicine team. Several of our hospitals are regional centres, so it is very useful for staff to be able to access information from other sites. Not only does the original data remain safe on the referring site, the technology minimises the patients' need for repeat investigations and therefore their exposure to radiation.

Patient Ivor Roswell benefits from the 'food as therapy' initiative

Azaria's lifesaving treatment

Azaria and her mother Jo

A little girl from Plymouth now has a healthy future – thanks to the 'biotech' health revolution that is saving and transforming lives.

Over the last few months, paediatric neurologist Phil Jardine, a consultant at Bristol Royal Hospital for Children, has been treating two and a half year old Azaria Moyse with a drug to replace a missing enzyme.

This missing enzyme causes an extremely rare condition known as Pompe disease. Only a handful of babies in the UK are diagnosed with the condition every year. The disease is one of a group of enzyme deficiency conditions, known as glycogen storage disorders. It used to be nearly always fatal, as the disease weakens the muscles, including the heart. Babies were not expected to live beyond their first birthday.

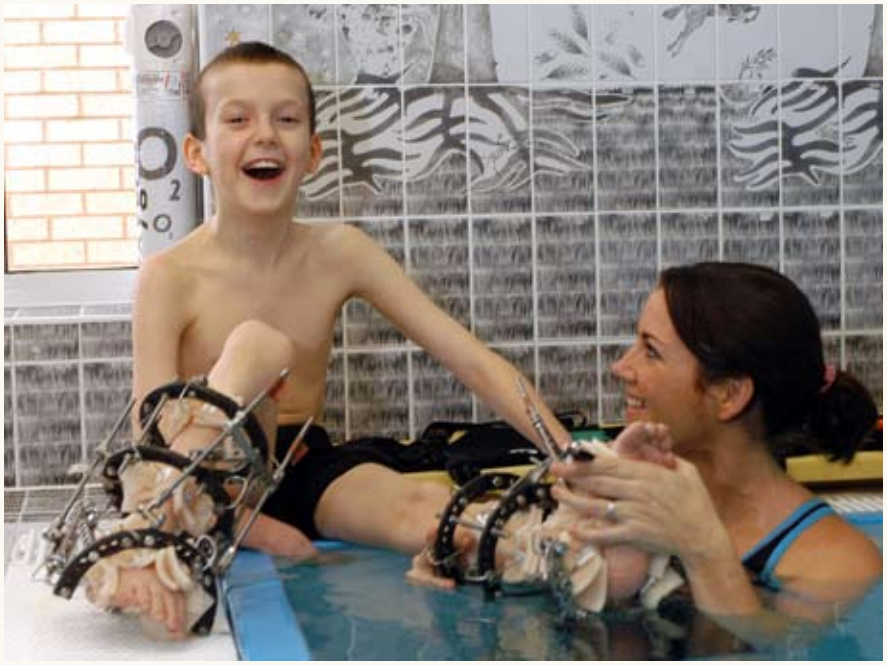
Azaria is the first child in England to take part in a trial for a new drug to replace the missing enzyme. She has made extraordinary progress. Her heart is now strong and virtually normal, as are her other muscles.

Phil Jardine is keen to extend the enzyme replacement service. This could happen if, as is expected, the drug is licensed, hopefully early in 2006.

"The number of patients with these enzyme deficiency diseases is small and the drugs are very costly – £250,000 per patient, per year. But they are literally lifesaving and immensely improve quality of life," Phil says.

For more information about enzyme replacement therapy, visit the mucopolysaccharide (MPS) Society website: mpssociety.co.uk

Pioneering limb service appeal



10 year old Luke Ryan and Ilizarov frame

In February the Wallace & Gromit Grand Appeal launched a new drive to raise funds for a specialist service to help treat major limb problems in children.

The Grand Appeal hopes to raise £110,000. The money is to buy vital frame equipment for a new limb reconstruction service at the Children's Hospital. The service revolutionises the way in which we can treat children with complex limb abnormalities.

The service is being developed by consultant paediatric orthopaedic surgeon Fergal Monsell. Fergal has a specialist interest and expertise in limb reconstruction. The Children's Hospital is one of only five children's units in the UK which offers this treatment. Doctors from all over the country visit the unit to learn from its work.

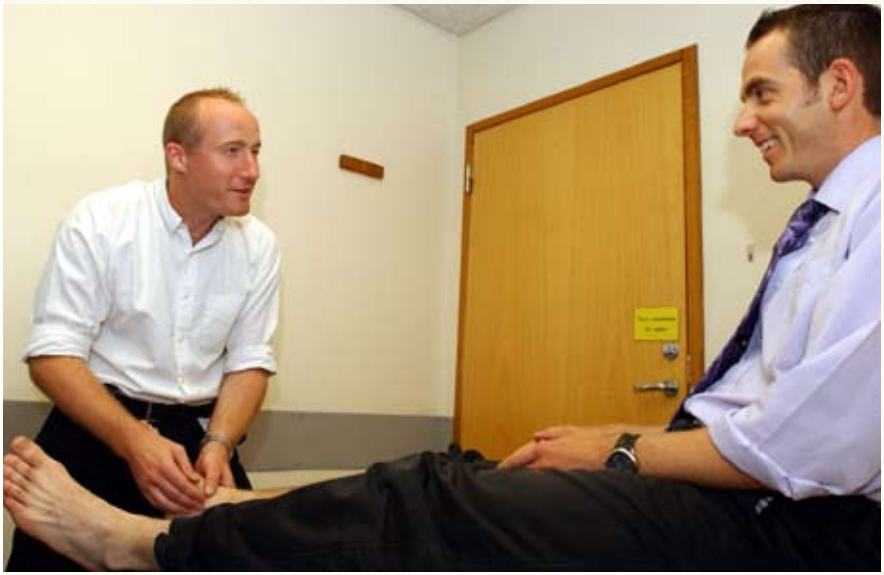
Fergal's method of limb reconstruction uses Ilizarov frames, made of titanium and stainless steel. These surround and support a patient's limbs. The technique allows the body to heal naturally and mend complex fractures and correct congenital deformities. It can also 'grow' back missing bone that has been lost through trauma such as car accidents or conditions such as bone cancer.

Funds raised by the Grand Appeal will buy two standard Ilizarov frames, two state-of-the-art Taylor-Spatial frames and a small bone fixator. The Taylor-Spatial frame is used alongside the Ilizarov frame. Its computerised system calculates with pin-point accuracy the degree of frame manipulation needed to ensure optimal bone fixation and growth.

The Grand Appeal raises funds for the Children's Hospital to provide services, facilities and comforts for patients that are not currently available through NHS funding.

To find out more please call freephone 0800 919 649 or visit the website at www.grandappeal.org.uk

Extended physio role reduces waits



Physiotherapist Carey McClellan and patient in the Emergency Department

This year we instigated an innovative way of reducing the time patients wait in the BRI's Emergency Department. We introduced a team of specially trained physiotherapists who work alongside doctors and emergency nurse practitioners.

There are three extended scope physiotherapists (ESPs): one works full time, the others work half a day per week. Together they manage the large number (about a quarter in total) of patients who arrive in the department with soft tissue injuries, lower limb fractures, whiplash injuries and back pain.

Their specialist skills mean that, just like other members of the emergency team, the ESPs are able to prescribe medicines; request X-rays and refer patients to specialist clinics or physiotherapy treatment.

Our research shows that the specialist physiotherapists have considerably reduced waits in the department. In particular, they have helped us to increase the number of emergency patients that we see within the tough national four-hour target.

Carey McClellan is the lead ESP. It was Carey who saw the need for such a service two years ago and then set it up. Carey says that patients are positive about being seen by him and his ESP colleagues. He adds,
"From a personal point of view, it is very rewarding to work so closely as part of an acute care team."

UBHT has a number of other ESPs in other specialties around the Trust.

Research & Development

Dr John Kirwan and Dr Sarah Hewlett with one of the patients benefitting from the new direct access service

UBHT is a leading international centre for healthcare research and education and has a considerable reputation for innovative research and development. Research is essential to the successful promotion and protection of health and well-being. It is also vital for modern and effective health and social care services. Much of the research carried out within UBHT hospitals turns basic science into new drugs and new therapies that improve patient care. Our staff and patients also take part in research designed to improve the ways in which services are organised and delivered.

The Trust works closely with the Universities of Bristol and the West of England in areas of high priority - such as cardiovascular medicine, children's health, eye disease and cancer. We have also developed research strengths in important local health issues such as sexual health, oral health, diabetes, birth, rheumatology, vascular disease and limb reconstruction.

In our modern health service, each potential new treatment, diagnostic aid, or service development is tested before its widespread adoption. These advances would not be possible without the goodwill of the thousands of people who agree to participate in research studies every year. In addition, more and more patients, carers and members of the public are becoming involved in the decision-making processes surrounding research. They bring a fresh perspective and often identify areas for research that we had not previously considered.

Musculoskeletal disease is an excellent example: researchers and participants at the BRI have worked together to make significant advancements both in the science underlying arthritis and in the approach to education and treatment of patients.
A recent long-term study compared routine outpatient follow up for rheumatoid arthritis (RA) to a radically different approach, where the patient was given no routine follow-up. Instead, patients had direct access (DA) to outpatient visits on request through a specialist nurse telephone help line. The study showed that patients preferred the DA system and it worked better for them. The system has now been made available to about 600 RA patients at UBHT. It has generated a great deal of national and international interest.

Our research into heart disease is an example of surgical and clinical studies building upon a solid foundation of laboratory-based studies. The most common surgical procedure for treating heart disease is coronary artery bypass graft (CABG) surgery. This technique involves grafting veins or arteries onto the coronaries of the heart, in order to bypass blocked or narrowed blood vessels and re-supply the heart tissue with blood. Conventional CABG surgery involves artificially stopping the heart and maintaining circulation with a heart/lung bypass machine during the procedure. However, this method may cause some problems after the operation.

In recent years, researchers at the BRI have pioneered a new technique known as off-pump coronary artery bypass (OPCAB). This involves performing bypass grafts on the still beating heart without the use of a heart/lung bypass machine.

Research performed at the BRI has shown the new technique to have significant advantages for patients in both the short and long term.

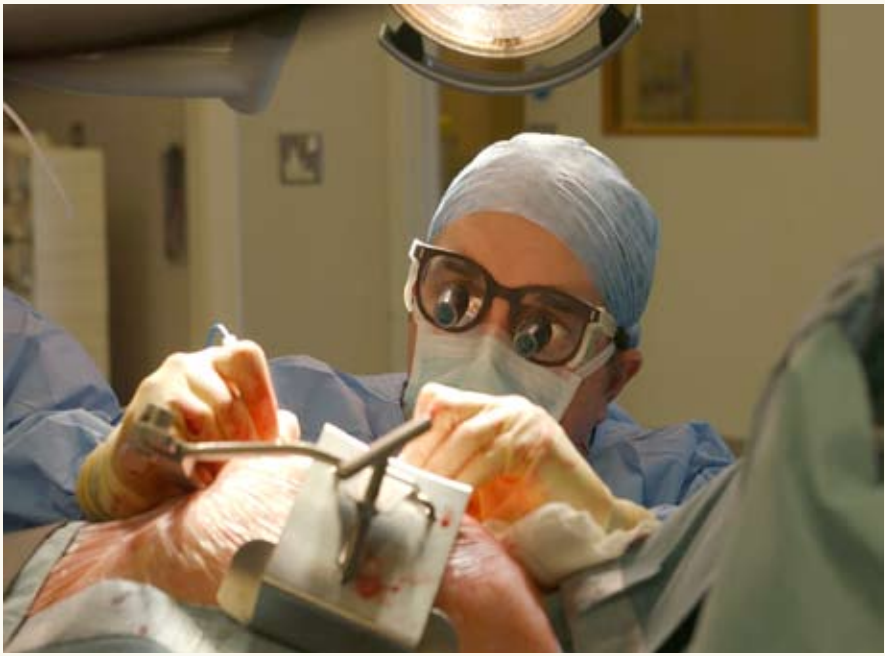
Almost two thirds (65%) of all bypass grafts carried out at the BRI are now performed using the OPCAB technique. The National Institute for Clinical Excellence (NICE) has used the results of this work to develop its guidelines.

Additionally, it is estimated that up to 30% of all CABG surgery worldwide is now performed using the OPCAB technique.

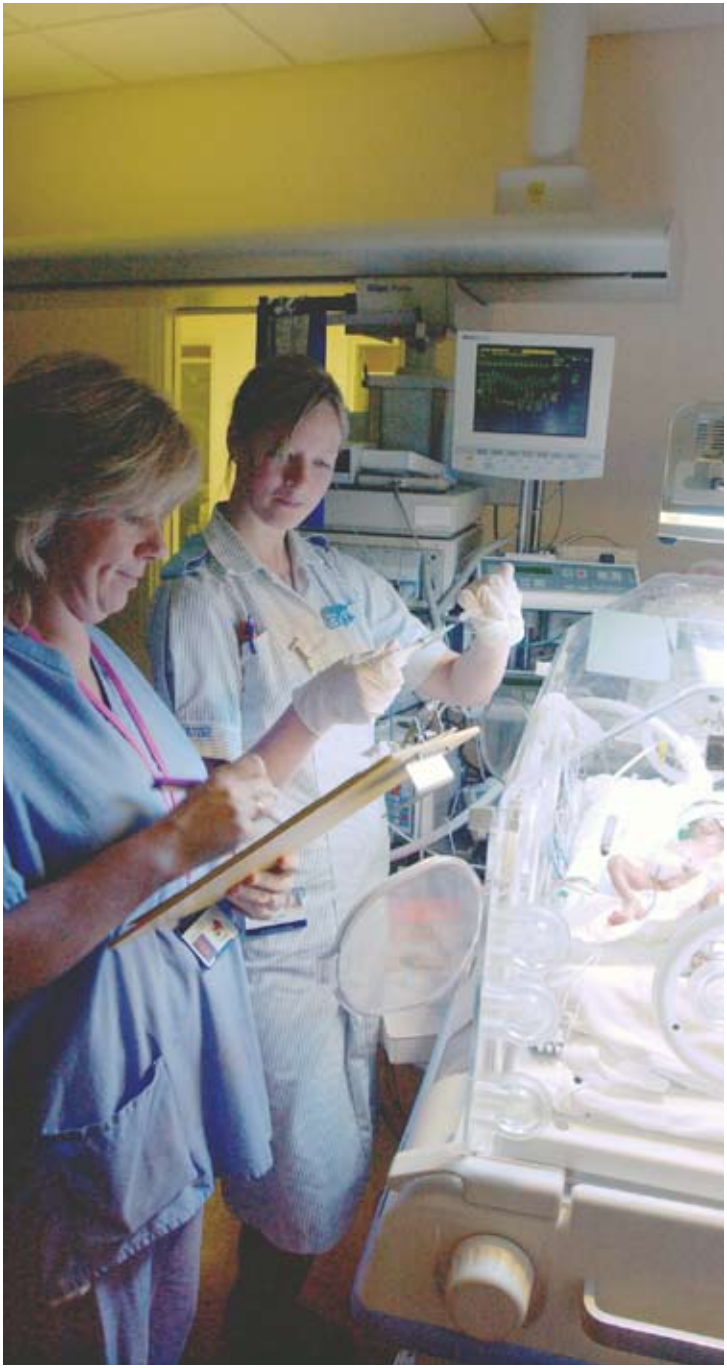
These are just two examples of our work. We have around 400 projects underway at UBHT at any particular time. The total portfolio of research at UBHT, in collaboration with our academic partners, the Universities of Bristol and the West of England, attracts external funding of the order of £12m per year.

Pilot studies are often funded by the Charitable Trusts for the United Bristol Hospitals. We are very grateful for this support as such pilot studies allow our researchers to develop projects to a point where they can apply for external funding.

For more information about the Charitable Trusts, visit bristolhospitalcharities.org.uk



Heart surgery



Nurse prescriber Mandy Williams (left) with staff nurse Anne Maycock on the neonatal intensive care unit at St Michael's Hospital.
Mandy was one of the first nurses in the Trust to pass a university course qualifying her to prescribe a range of medicines.

We now have nurse prescribers practising in diabetes care, cystic fibrosis, care of the elderly and asthma management

Involving

• More than 90% of patients who visited our emergency departments rated their care as 'excellent', 'very good' or 'good'. Another survey, also carried out by the Healthcare Commission, found that nearly 95% of patients rated their care as 'excellent', 'very good' or 'good' when they attended an outpatient's appointment.

• Colleagues from Social Services and the primary care trusts (PCTs) worked with us to fund the new post of intermediate care nurse assessor, to support patients transferring from hospital to intermediate care. Mark Holmes, who started in the post in January, is proving to be a valuable link between hospital and community.

• The WRVS presented UBHT with a cheque for a staggering £280,000 – our largest donation ever from the organisation. The money represented its profits accumulated over two years from its shops, cafes and trolley services in several of our hospitals. The money will be spent directly on patient care.

Charge nurse Cass Sandman brings a patient into the Emergency department

Music to their ears

A young patient enjoys a music therapy session

Thanks to Wallace & Gromit's Grand Appeal, music therapy is now an established part of the dynamic arts programme in the Children's Hospital.

The sessions are very popular. Although they are open to everyone, we give priority to children who are staying in the hospital for a long period and to children who have difficulty communicating verbally. During the year we ran 559 individual sessions and 37 group ones for 266 children of all ages in the long stay wards. Sessions usually last between 30 and 45 minutes and take place at the bedsides.

Music therapist Julia Dunn says,
"I work with children with a wide variety of needs for differing lengths of time. Sometimes I may only see a child for one session. At other times I may work with a child over a period of many months. One child was on the intensive care unit for over a year from a young baby. He had 44 music therapy sessions during his stay. These were appreciated by the staff as well as by the families as they would often lift the mood on the unit."

The baby's mother is grateful for Julia's support,

"It has been a wonderful experience for me and for my son. It has been great to see how music therapy has helped him develop skills about which I was once concerned due to him being so ill. I am sure music will continue to play an important role throughout his life."

Julia has had similar success with older children. Children on the Bone Marrow Transplant Unit may spend long periods in isolation. Regular music therapy sessions provide them with a creative outlet for their feelings of frustration and unused energy.

Julia says,
"I continue to find it a tremendous privilege and a humbling experience to come alongside families going through traumatic times and to share in making music with them. I never cease to be amazed by the power of music to affect mood - to calm or to stimulate.
It is immensely moving to see children who are in considerable pain or who have very little energy using all their strength to engage in musical activities and to witness the delight on the faces of the children and their parents. It is very encouraging to see families being introduced to music- making for the first time and to hear comments such as 'we must buy him a drum for his next birthday' or 'we'll see whether we can take him to a local music group when he's better'."

Heart op video is first of its kind

Andrew Lloyd, the star of the video and his family

I'm gonna go for it is a new video for young adults with learning difficulties and their families which explains how they can prepare for heart surgery in the BRI. The 25-minute video is the first of its kind.

The video was the brainchild of Sheena Vernon, a nurse specialising in adult congenital heart disease and Eileen Danford, a community learning difficulty nurse. Sheena is one of only a handful of such nurse specialists in the country. She realised that there was no information aimed specifically at the significant number of young adult patients with Down's difficulties who require heart surgery. These people need to know what happens before, during and after an operation. Other resources are available, but do not help patients with learning difficulties.

Sheena enlisted the expertise of Eileen, who was seconded to the Trust to help staff to meet the needs of patients with learning difficulties.

The video aims to alleviate any anxieties and misconceptions about heart surgery and to answer questions. In the BRI we see about 2,500 adult patients with congenital heart problems from throughout the South West. A small number of these patients will need heart surgery and around 15% have a learning difficulty. Of those with Down's Syndrome, almost half (40%) are born with heart defects that may need for surgery at some point.

We were able to produce the video thanks to a generous £12,000 grant from the British Heart Foundation and additional support of £5,000 from the Down's Heart Group. The video features 27 year old Andrew Lloyd, who has Down's Syndrome and who was born with a hole in his heart.

Andrew, who lives with his family in Newport, had surgery in the BRI last year. Without surgery his heart would have got weaker. He has since made an excellent recovery.

We have produced 100 copies of the video, which will be available throughout the region. As a regional cardiac surgical centre, the BRI treats patients from Cornwall, Devon, elsewhere in the South West and South Wales.

Highlighting health as a career

Students learning what an NHS career might involve

One of the ways we recruit our staff of tomorrow is to go into schools and colleges to encourage young people to consider a career in the Health Service.

We are part of a schools liaison programme led by schools liaison co-ordinator Julie Hellens. The programme targets students in South Bristol by raising the profile of the Health Service; setting out the many career options and explaining why the NHS is an attractive employer.

Julie took up the post in March 2004. Since then she has developed positive relationships with many teachers, not only in schools and colleges, but also in agencies. These include Connexions; S-Cool, (on-line work experience); Aim Higher (part of the University of the West of England); Bristol Campus and NHSU (NHS University).

So far Julie has:

• Jointly organised events such as 'taster days' in the Education Centre

• taken a mobile learning unit to schools and colleges in South Bristol for three days

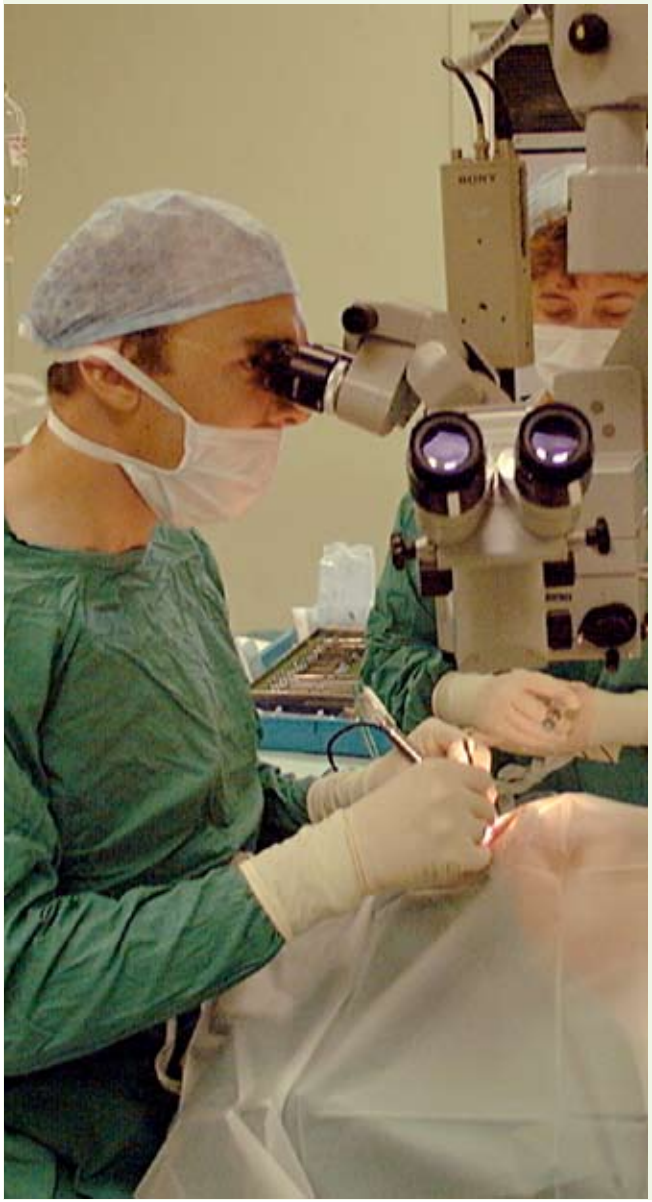
• helped to make a video called *A Different Journey* to help support the health and social care component of the GCSE curriculum

• arranged hospital tours and conferences for both teachers and employers.

Julie also helps to promote the opportunities for work experience, which is managed by UBHT's voluntary services manager. More than 1000 young people aged between 16 and 18 apply to do work experience in the Trust every year.

One of the eyecatching photo montages produced by young patients at the Children's Hospital. Photographer Jo Hansford guided the youngsters as part of an eight week arts programme on the theme 'our bodies, ourselves' which included workshops, performances and bedside project work

Staff



• A survey of NHS staff in October last year showed that UBHT was performing at above average or average in most of the categories. There were particularly high scores for support from supervisors, receiving appraisals and training. The response rate was 63%, higher than the average of 57% for acute trusts.

• The Trust was awarded 'practice plus' accreditation for 'Improving Working Lives'. This national initiative is aimed at creating a better place to work. We were one of only a handful of trusts to achieve this top-level accreditation. Improvements noted by the assessors included flexible ways of working, strong recruitment and good training and development opportunities.

• Staff at the Eye Hospital pulled off a major achievement: by the end of November, all patients waiting for cataract surgery were treated within three months. This was a hard target to meet and we should give credit not only to clinical teams, but also support staff, including those in Finance and IM&T (information management and technology).

• 180 staff have taken up the opportunity to study for a non-clinical NVQ (national vocational qualification), as part of UBHT's continuing education programme for all staff. The NVQs range from cleaning; to food preparation and customer service. They recognise people's skills in areas which traditionally do not usually offer the chance of qualifications.

A cataract operation

Getting greener

UBHT is one of the city's largest employers. Thousands of people – staff, patients and visitors come to and from our sites every day. UBHT therefore has a responsibility to address environmental issues, including transport. We have been working closely with other agencies, such as Bristol City Council, on initiatives to encourage 'greener' ways of commuting.

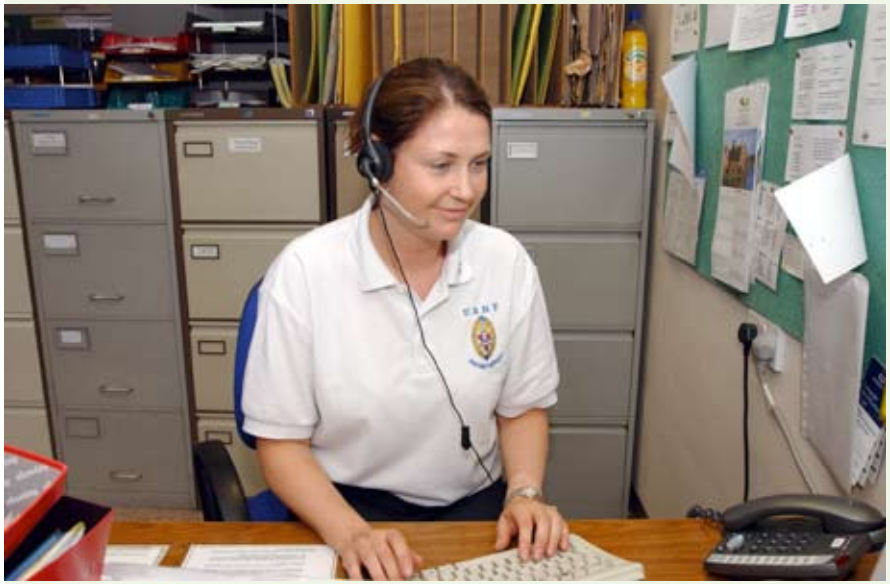
After extensive consultation and discussion, the Trust Board adopted a green travel plan in November.

The plan reflects the views of a wide variety of stakeholders. An initial survey gave us the current travel patterns of patients and visitors and of staff. But although it showed what was happening, the survey did not tell us why people travel that way. It was very clear from public feedback on the Bristol Health Services Plan that a significant minority of people have great difficulty in getting to the hospitals in the city centre. We organised workshops and consultations to listen to people's experiences.

We teased out where the real difficulties and blockages were.

Bob Pepper is Director of Facilities and Estates. He says, *"This is a really significant step for the Trust. We have to sign up to planning a way forward which meets both environmental and travel considerations. If this makes getting to hospital more convenient for even a small proportion of our patients, the effort will have been worthwhile."*

Physio advice at the end of the phone



Senior physiotherapist Katrina Reide takes a call

Help is at hand for any of our staff who are suffering from joint or muscle pain. Thousands of local NHS staff now have direct access to expert physiotherapy advice. This is due to an innovative telephone service, which has been running for a year.

Physiotherapy Direct is a collaboration between our physiotherapy department and NHS Plus, the occupational health service for local health service organisations.

Hard-pressed health workers can ring a dedicated telephone line to discuss their problem with a specially trained, experienced physiotherapist. To date, around half the callers have been advised to see a physiotherapist. The rest were advised about different ways of managing their problem. Interestingly, all arm, wrist and knee injuries were described by callers as 'work-related'.

Sam Leak heads up Physiotherapy Direct. She says,

"The service has already proved that the sooner someone who needs physiotherapy gets treatment, the quicker they recover. As well as providing a convenient, timesaving option for the individual, the initiative is benefiting UBHT and patients by getting staff back to work as soon as possible.

"Using our skills and experience for our NHS colleagues is a new idea, but one which is proving popular."

A valued force

Volunteer turned porter Robert Loughlin takes a patient for treatment

We are very fortunate at UBHT to have an 'army' of hundreds of volunteers. Their valuable time and skills support our clinical colleagues in many ways, from taking patients home to helping patients and visitors find their way to a clinic. Some of the volunteers work under the auspices of a charitable body, such as the WRVS or Mothers' Union; others help simply as individuals.

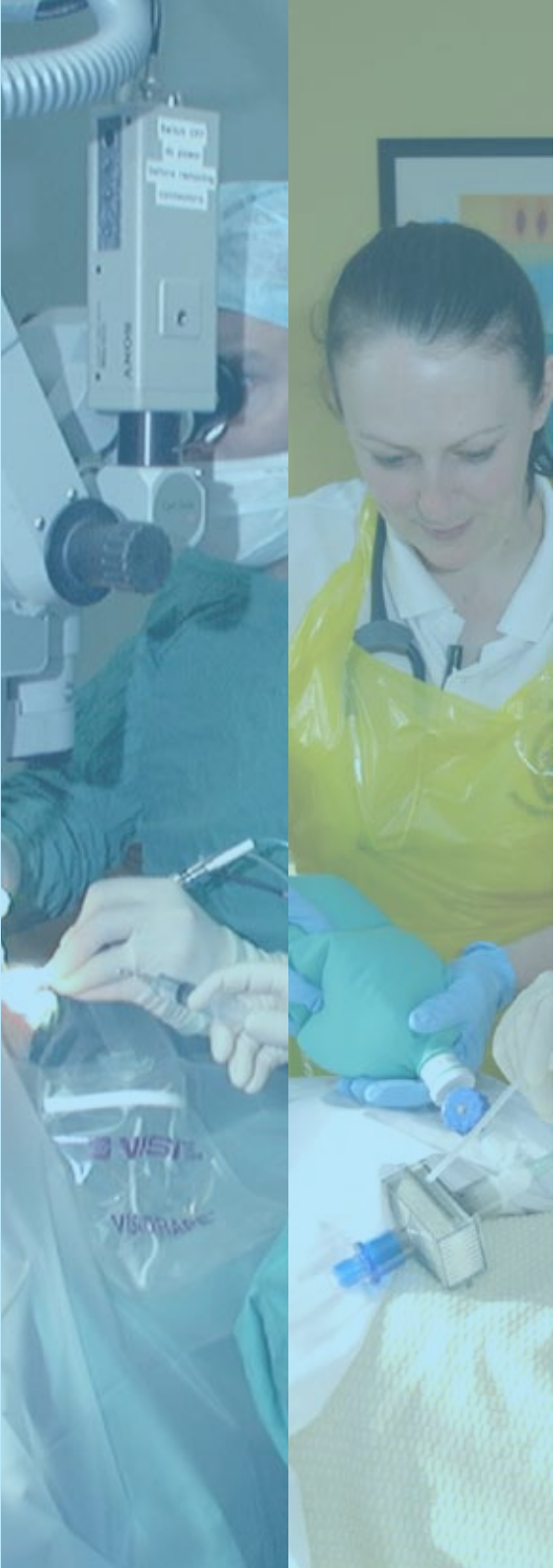
One such individual volunteer was Robert Loughlin, who joined us 10 years ago. His brother Michael, a plaster technician, had suggested he volunteer in the fracture clinic in the BRI.

During the three or so years Robert volunteered in the clinic, he did general admin tasks and helped patients. He enjoyed being part of a team at the 'coalface' and seeing health staff in action at first hand. Robert was then recommended to apply for a job as a house porter seven years ago. He says he very much enjoys his job.

Had he not become a volunteer, he would never have thought of a career in the Health Service.

Robert is aged 45 and lives in Brislington.

Senior emergency staff nurse Neil Macintosh helps deliver aid in Sri Lanka three weeks after the Tsunami disaster. Several other staff, including physicist Agelos Saplouras, volunteered their skills to help the hundreds of thousands affected. Agelos provided an X-ray service on a Greek hospital ship for three months



Round up of the year

Plans for Bristol health services progress

Following months of engagment and consultation with local people, patients, parents, community groups, NHS staff and other stakeholders, in March this year the local NHS Chairs approved plans for the 10 year radical programme to develop and improve health services and hospitals known as the Bristol Health Services Plan (BHSP).

Working with our colleagues to progress the plans, the key elements for UBHT are:

Children's services

Following the unanimous advice of local paediatricians that all in-patient children's services should be located on a single site: the Bristol Royal Hospital for Children. The first step involves moving general children's services from Southmead Hospital. Several years on, specialist children's services, including burns and neurosurgery, will move from Frenchay Hospital. The majority of children who come to Frenchay or Southmead for minor injuries and illnesses would continue to do so.

During this year, we have been drawing up plans to extend to the rear of Bristol Royal Hospital for Children with a 20-bed ward unit.

Services for older people

At the moment, too many older people are either being admitted to, or staying in hospital when a better option is available for them. With social services, voluntary and other organisations, we want to change the services currently based at Bristol General Hospital and replace them with more modern facilities, such as the proposed South Bristol Hospital, or community based alternatives. Currently it is anticipated that construction of the South Bristol Community Hospital will start in Spring 2006 and be ready to open during 2008.

Specialist heart services

Currently adult cardiac surgery and specialist cardiology are fragmented across the city. We propose to build a new regional adult cardiothoracic centre to bring together all cardiac surgery services. Again, plans have been drawn up during the year and we hope to start construction in Summer 2006, with it opening in 2008.

BRI redevelopment

The plan is to move all clinical services from the BRI Old Building, which dates from 1735, to purpose-built facilities on the main BRI site, and to modernise other parts of the BRI by 2010/11. Our current hospital buildings, the oldest of which dates back to 1735, no longer provide an appropriate environment for healthcare standards or meet patients' expectations of modern health services.

Also in March, we lodged planning applications with Bristol City Council to develop the site of the BRI 'precinct'. The applications cover the plans for the cardiothoracic centre and the new ward for the Children's Hospital.

Involving people in the development of patient centred health services is at the heart of our plans to redevelop – it doesn't stop after consultation. We try to ensure that people continue to have their say. Their ideas and stories bring a unique and invaluable perspective to the development process.

Some people have taken part in regular meetings on specific aspects of service or building design. Others have been interviewed in-depth about their experiences of care and treatment. Such input is vital if we are to make sure we get our redevelopment right.

If you would like more information, please contact the UBHT redevelopment office on 0117 928 5147 or log onto www.ubht.nhs.uk/developmentplans.asp

Performance

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

Patients seen[1]	03/04	04/05
Total inpatients/daycase admissions	106815	113801
Inpatient admissions	53844	57029
Daycase admissions	48568	52288
Births	4403	4484
Emergency admissions*	26131	29144
Total outpatients	329326	324031
First appointment	102421	101598
Follow-up	226905	222433
Total A&E attendances	95707	98840
New attendances	87462	91712
Follow-up attendances	8245	7128
Waiting list[2]		
Total waiting list size - inpatients + day-cases	8164	7105
Number of patients waiting over 6 months (end March)	669	680
Total waiting list size - outpatients	9528	10332
Number of outpatients waiting over 13 weeks (end March)	246	541

1 Source:
The Inpatient and Day Case totals are obtained from all the Non-Birth episodes (CDS Type 120 and 130)
The Inpatient total counts Patient Classification 1,4 & 5 (Inpatient, Regular Night and Mother & Baby Unit)
The Day Case total counts Patient Classification 2 & 3 (Day Case and Regular Day)
The Birth total counts all Birth episodes (CDS Type 140) Inpatient, Day Cases and Births include all Methods of Admission: Elective, Emergency and Other Non Elective.
The Emergency total only counts Emergency episodes (Method of Admission 20-29)
Emergency admissions are a subset of the inpatient total
The Outpatient totals are from DoH return QMOP, the A&E totals are from DoH return QMAE

2 Source:
DoH returns KH07 and QM08.

The total number of patients waiting for surgery reduced from 8,164 to 7,105, despite a significant increase in elective (planned) operations (up by 5%) and emergency admissions (up by 12%). A&E attendances rose by 3.5%, compared with 2003/2004.

Over three-quarters of patients referred to outpatients by the GP/GDP were seen within 13 weeks for their new appointment, and 90% of patients were waiting less than six months for surgery.

Of the 3,749 patients referred for urgent suspected cancers, 3,734 (99.6%) were seen within two weeks of referral. The access to treatment for breast cancer patients exceeded the national average on both key performance measures, with all breast cancer patients being treated within 31 days of the decision to treat, and over 98% being treated within 62 days of an urgent GP referral.

The new national treatment times for patients awaiting cataract operations and revascularisation procedures were achieved on target this year, with all patients being admitted within three months.

Eighty-six percent of new appointments and over 99% of admissions were pre-booked, both well above the national average.

Achievement against key targets	
Patients waiting less than 12 hours for emergency admissions via A&E	100.0%
Patients waiting less than 4 hours for emergency admissions via A&E	92.2%
Patients waiting less than 4 hours in A&E[1]	96.0%
Patients seen in two weeks of urgent GP referral for suspected cancer	99.6%
Patients with breast cancer treated within one month from decision to treat	100.0%
Patients with breast cancer treated within two months of GP referral	98.9%
Cataract patients admitted within three months (from Nov-04)	100.0%
Patients awaiting revascularisation admitted within three months[2]	100.0%
Admissions pre-booked	99.9%
New appointments pre-booked (GP/GDP referrals)	86.2%
Patients seen within 17 weeks of GP referral[3]	100.0%
Patients seen within 13 weeks of GP referral	75.8%
Patients admitted within nine months of decision	99.3%
Patients waiting less than six months of decision[4]	90.4%
Non emergency admissions subject to last-minute cancellation of operation	0.98%
Patients re-admitted within 28 days of last-minute cancellation	87.4%
Patients with chest pain seen within two weeks of clinic referral	75.3%

1 Measured during January to March 2005.
2 As at 31 March 2005
3 Actual percentage = 99.996%
4 As at 31 March 2005

The improvements made against most of the key targets over the past 12 months have put the Trust in a strong position to meet the national targets at the end of this year.

Clinical Governance

Clinical Effectiveness

The Trust assesses its existing clinical practice against the latest recommendations by national NHS bodies such as the National Institute for Clinical Governance (NICE). We have adopted a standardised approach for developing guidelines, protocols and policies.

We are keen to help patients, parents and carers to make best use of the internet for health information. We piloted our approach with a small group of rheumatology patients.

UBHT is a partner of 'Chasing the Sun' project. This provides a reference service for urgent clinical questions relating to patient care. It takes advantage of global time differences between UK and Australia in order to offer out-of-hours librarian support.

Clinical risk management

We have trained key staff in techniques that enable them to identify and understand the root causes of patient safety incidents. A programme of cascade training will take place in summer 2005.

We have recently reviewed our adverse incident reporting policy and guidelines. These cover non-clinical and clinical incident reporting and management. We have also reviewed our serious untoward clinical incident policy. The revised policies now include an 'incident decision tree', recommended for use by the NPSA (National Patient Safety Agency). The introduction of this tool reinforces the fair blame culture fostered by the Trust.

In September 2004 UBHT became the first healthcare organisation in the region to link with the NRLS (National Learning and Reporting System – part of the NPSA). All patient-related incidents are now reported to the NPSA using this database.

A conference on the law on consent was held in July 2004 with delegates from Bristol and the region.

Examples of how the risk management system and processes have improved quality include:

- a revision of anticoagulant (Heparin) protocols and prescribing
- a review of the system of oral anticoagulation
- changes to our handling of patient records off the premises
- a review and policy change for the handling of specimens at surgery (still in progress)
- production of an adult tracheotomy resource folder
- introduction of a new urinary catheter formulary with accompanying education and care guidance for staff
- Essence of Care (the standards of care that underpin clinical care) is now included on governance updates
- Production of a handbook about risks given out to all staff.

Clinical audit

All healthcare professionals are required to participate in regular clinical audit. This is to make sure that we follow best practice and that we monitor the outcomes of clinical interventions. We undertook more than 350 audit projects last year.

Reporting

During the year we improved our presentation of information on clinical governance to the Trust Board. Our monthly reports now include indicators, graphs and reports on key clinical issues.

Marking our successes

We all benefit from celebrating our successes and seeing our hard work recognised. So, in September 2004, the Trust held the first 'innovation and improvement day' – a celebration of excellence in clinical practice. Judges awarded first prize to Dianne Kaplan and Carol Cale for their 'Nurseline' project for outpatient follow-up service at the BRI.

Innovation prize winners Dianne Kaplan (left) and Carol Cale

Equality & diversity

Our work with local communities and health groups is very important to us.

Earlier this year we reviewed and relaunched our Race Equality Scheme. The scheme, which sets out our aims for the next three years, looks at both the way we deliver services and at our practice as an employer.

We have continued to build our links through the Patient and Public Involvement Group and all our decisions on service developments include service users.

We have also taken steps to ensure that equality and diversity are integral to all our service redesign and redevelopment projects. We have done this by developing an impact assessment. To ensure that we work as closely as possible with people from ethnic minorities, we continue to work with Bristol Racial Equality Health Partnership and the Patients' Forum.

The Trust's operational groups continue to support delivery of the Trust's equality and diversity strategy. This year the age diversity group will work on ensuring that UBHT complies with forthcoming legislation that people of all ages have access to services and employment opportunities.

Our disability group has undertaken a Trust-wide review of the facilities and resources available for patients with a physical or sensory impairment in order to improve patient care and support the requirements of the Disability Discrimination Act. The group is to run a workshop for service users and staff with a physical or sensory impairment. The purpose of the workshop is to obtain more ideas about how we can best meet their needs and resolve any problems.

Improving information for patients and carers

One of the key responsibilities of UBHT's patient information team is to advise staff and collate the literally thousands of leaflets on a huge range of conditions and aspects of care produced by the Trust.

A translating and interpreting policy was ratified in January, ensuring patients, users and anyone interested in our services have an equal right to information about Trust services and treatment and care.

Staff will make every effort to support people with specific communication needs. The patient information manager has set up a new internal website to provide resources and support for staff when booking translating and interpreting services. Recruitment of translators, interpreters and British sign language interpreters to UBHT's staff bank is underway.

Financial Summary

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

The overall reported financial position for AGW at the end of 2004/05 is subject to audit. The reported position at 31 March 2005 is a deficit of £7.3m. The accumulated deficits, including that for previous years deferred by the Department of Health, therefore amount to £97.3m at 31 March 2005. The 2003/04 deficits have been or are due to be repaid.

In 2004/05 AGW received funding from the NHS Bank totalling £40 million. This was allocated to PCTs and NHS Trusts in Avon and Wiltshire to support the financial position in 2004/05.

2005/06 Financial Position

UBHT is planning to achieve financial balance in 2005/06. The Strategic Health Authority (SHA) has confirmed that no financial support will be available from the NHS Bank special assistance funding or other sources in 2005/06.

In order to break-even in 2005/06 UBHT must deliver savings of £17.5m. Plans to deliver recurring balance and the 2005/06 break-even position have been developed and approved by the Trust Board. The risks associated with the plan have been assessed and are being managed by the Trust.

Financial Recovery

UBHT has worked with others locally to develop a financial recovery plan that will achieve underlying financial balance (without the need for external special financial assistance) by 31 March 2006. The plan was submitted to the Trust Board in December 2004 and subsequently confirmed in the Trust's Resources Report, approved by the Trust Board in March 2005. The Recovery Plan and Resources Report have been submitted to AGW SHA and approved.

Summary Financial Report 2004/05

For the financial year ended 31 March 2005, the Trust received income of £324.6m and achieved a surplus of £52,000 on its Income and Expenditure Account. This represents 0.02% of turnover (£324.6m). No special financial assistance was received from either the NHS Bank or the Avon, Gloucestershire and Wiltshire health economy to assist in achieving the year end financial position.

Trusts are required, as one of their key financial targets, to achieve a break-even position over a rolling three-year period (five years if an agreed recovery plan is in place). 2005/06 is the final year of the five-year period given to the Trust to break even. Avon, Gloucestershire and Wiltshire Strategic Health Authority has confirmed that the Trust's accumulated deficit at 31 March 2003 of £17.3m will not need to be repaid in 2005/06. The Department of Health has given assurances that any solution to this issue will be within a framework that delivers financial stability, appropriate services for patients and meets agreed targets for improvements. The Trust will therefore effectively achieve its statutory duty to break even if a break-even position is achieved in 2005/06. The External Financing Limit (EFL), primarily a cash target, was achieved with an undershoot of £9,000 which is within the allowed tolerance.

Capital Expenditure marginally exceeded the Trust's Capital Resource Limit (CRL), which places a limit on capital spending, by £0.211m. This was due to lower than expected slippage in the Trust's capital programme during February and March 2005.

A copy of the Trust's full Statutory Annual Accounts for 2004/05 can be obtained from the Finance Department, Trust Headquarters, Marlborough Street, PO Box 1053, Bristol, BS99 1YF.

Ron Kerr
Chief Executive

Paul Mapson
Director of Finance

Summary Income and Expenditure Statement

	2004/2005	2003/2004
	£000	£000
Income	324,596	298,278
Expenses	(317,501)	(290,939)
Operating surplus	7,095	7,339
Cost of fundamental re-organisation/re-structuring	-	-
Profit/(loss) on disposal of fixed assets	244	(6)
Interest receivable	454	278
Interest payable	(580)	(606)
Other finance costs	(48)	(45)
Pdc dividend	(7,113)	(6,880)
Retained surplus/(deficit)	52	80
Note:		
Retained surplus/(deficit) for the year	52	80
Less financial support included in returned surplus/deficit for the year	-	(3,750)
Retained surplus/deficit for the year excluding financial support	52	(3,670)

Extracts from the full Statement of Accounts

Breakeven Performance (Note 23.1)

	Surplus/(Deficit)	Prior Year Adjustment	Adjusted Surplus/(Deficit)
	£000	£000	£000
1997/98	200	903	1,103
1998/99	(554)	458	(96)
1999/00	(323)	66	(257)
2000/01	(1,150)	-	(1,150)
2001/02	(7,659)	-	(7,659)
2002/03	(9,281)	-	(9,281)
2003/04	80	-	80
2004/05	52	-	52
Cumulative surplus/ (deficit)			(17,208)
As % of turnover			(5.3%)

Income Generation Schemes

UBHT operates a number of income generation schemes. The only material scheme relates to the Trust's cook chill catering service, Trust Quality Foods (TQF), which provides services to both other NHS organisations and the private sector.

For 2004/05 sales to the private sector totalled £2.864m. However, a deficit on trading of £0.272m was incurred.

During 2004/05 the Trust issued an invitation to tender for its catering services, which have been provided in house by TQF.

A three year contract, effective from 1 April 2005, has been awarded to a private catering supplier. The TQF site has been leased to W&W Foods Ltd, TQF's main private sector customer, who have also purchased the facility's equipment and stocks of cook chill food earmarked for sale to the private sector.

W&W Foods currently owes UBHT £1.195m. This includes the outstanding debt for the sale of equipment and cook chill food stocks. Discussions with W&W Foods are taking place to ensure settlement. The risk of significant loss is considered low.

Summary Balance Sheet

	2004/2005	2003/2004
	£000	£000
Fixed assets:	263,257	241,948
Stocks:	4,466	3,259
Debtors:	21,663	17,922
Cash:	986	1,230
Current liabilities	(23,258)	(13,310)
Net current assets	3,857	9,101
Debtors over one year	542	532
Liabilities over one year	(6,657)	(6,907)
Provisions for liabilities and charges	(3,725)	(5,507)
Total assets employed	257,274	239,167
Financed by:		
Public dividend capital	139,485	144,489
Revaluation reserve	104,869	79,014
Donated asset reserve	14,323	18,090
Income and expenditure reserve	(1,489)	(2,512)
Other reserves	86	86
Total capital and reserves	257,274	239,167

Statement of total recognised gains and losses

	2004/2005	2003/2004
	£000	£000
Surplus for the year before dividends	7,165	6,960
Fixed asset impairment losses	-	-
Fixed asset revaluations/indexation	23,933	18,618
Increase in donation reserve	(874)	(1,545)
Reduction to other reserves	-	-
Total gains for the year	30,224	24,033
Prior period adjustment	-	-
Total gains recognised	30,224	24,033

Summary Cash Flow Statement

	2004/2005	2003/2004
	£000	£000
Cashflow from operations	21,341	(7,901)
Interest received	433	280
Interest paid	(575)	(577)
Dividends paid	(7,113)	(6,880)
Net capital investment	(9,956)	(10,489)
Net cash from pdc/donated capital receipts	(4,121)	25,620
Increase/(decrease) in cash equivalents	9	53

Statement of Directors' responsibility in respect of Internal Control

1.Scope of responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

As accountable officer I have met on a weekly basis with the Chairman and produce a monthly report for the Board. In addition I meet regularly at Chief Executive Officer level with the lead commissioning Primary Care Trust for UBHT as well as with other health community partners. There are also quarterly review meetings with the Strategic Health Authority. Regular contact has been maintained throughout the year with politicians from both local and national government.

During 2005 the Trust is restructuring its management arrangements. Five divisions will replace the current thirteen directorates. We are also introducing a business and a consumer advisory mechanism for the Board, revising the Trust Executive Group to include Executive Directors and Heads of Divisions, reducing the Board committee structure and holding quarterly Board meetings with strategic seminars and briefings for Board Directors in the other months. A monthly performance report will continue to be issued publicly and will be available on the Trust's internet site. www.ubht.nhs.uk

The Trust produced an annual plan and resource booklet which was discussed and approved by the Trust Board and then distributed to the Strategic Health Authority and other partnership organisations within the health community.

During 2004/05 the Trust has concentrated on achieving financial balance whilst delivering the NHS plan targets and effective healthcare. Arrangements have been put in place during the year to emphasise the need to deliver recurring financial balance. Significant progress has been made on this objective although for 2005/06 there remain challenges.

2.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 organisation's policies, aims and objectives,
- 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 fully in place for the United Bristol Healthcare NHS Trust for the year ended 31 March 2005 and up to the date of approval of the annual report and accounts.

3.Capacity to handle risk

- Leadership:

The overall responsibility for managing risk rests with the Chief Executive who also chairs the Risk Management Group. Minutes of this Committee, which includes executive directors as well as specialist advisers from within the Trust, are reported to the Board in public session. Risk management is a priority throughout the organisation and the Board is made formally aware of all risks throughout the organisation including clinical, non-clinical, information and financial, through the various Board committees properly constituted within the Trust. In particular the Audit and Assurance Committee receive the minutes of the Risk Management Group in order to consider further significant concerns with respect to high level risks that may have been identified.

- Risk management:

To date the Trust has been organised and managed through a comprehensive directorate structure. Each directorate has appropriately trained and experienced clinical risk leads and risk assessors. The Trust has commenced a restructuring into a divisional structure where the system of risk management will be continued and further developed.

A system of specialist lead advisers has conducted the controls assurance assessments and these advisers meet regularly to share good practice. Although the requirement for formal controls assurance assessments has been discontinued centrally the system of specialist advisers continues to support the risk management work of the Trust. An Assurance Working Group ensures continued progress with action plans arising out of risk management activities. In addition, the Trust is also supported through the use of external advisers as necessary who are experienced in managing risk within the health service.

There is a comprehensive single incident reporting scheme for both clinical and non-clinical incidents, which has been highly commended by the NHS Litigation Authority in both its design and application. All incidents are assessed and those of a more serious nature are subject to a full investigation and root cause analysis and appropriate action plans produced. The Trust places great emphasis on learning from good practice both from within and outside the Trust. This includes learning points identified through the investigation of incidents, complaints and claims. These points are discussed at meetings of the Clinical Risk Management Committee. In addition the Trust, through national groups such as the Association of Litigation and Risk Managers (ALARM) share details of good practice in all areas of risk management.

The Trust takes all complaints seriously and through the Patients' Complaints Manager and her team investigates and responds to all complaints in accordance with the requirements of the NHS Complaints Procedure. The Trust responds to all legal claims appropriately and in accordance with NHS Litigation Authority guidance. Risk management issues identified through the complaints and/or litigation process are addressed through the appropriate committees of the Trust.

• Training:
Risk awareness training is conducted throughout the Trust on a regular basis. This training commences at induction and is continued through more detailed training in clinical and non-clinical areas. Where appropriate risk assessment training, including root cause analysis training is provided to key members of staff. Clinical risk awareness training forms an important part of clinical governance training days which are attended by all groups of healthcare professionals including nurses, midwives and consultant medical staff.

4. The risk and control framework

• Risk management strategy:
The risk management strategy, which is updated annually and approved by the Board, seeks to achieve a culture where everyone has a responsibility for risk management. Its objective is to ensure a pro-active approach to risk management involving staff at all levels. It is available to the public on the Trust web site at www.ubht.nhs.uk

• Risk management system:
The risk management system is embedded throughout the organisation and seeks to ensure that risks are identified and managed through the risk register, the previous controls assurance assessments as well as a system of Board committees. The Trust seeks to continually improve its performance in all areas. In terms of risk management this is achieved through relevant assessments, audits and inspections with detailed action plans produced to address areas where performance can be improved. The Trust has made significant progress this year with respect to information governance and has completed a detailed assessment in accordance with the requirements of information governance toolkit. Progress in this area continues under the auspices of the Information Governance Group chaired by the Director of Strategic Investment who has a special interest in risk management. The risk register is regularly reviewed and updated. The 'live' risk register through the Ulysses® system has been developed to incorporate a web-based data entry facility to further enable directorates to adopt a pro-active approach to the review of identified risks.

The Trust has considered in detail the Standards for Better Health published in July 2004 and assessed the Trust's position against the standards, making use of the Health Commission consultation paper of measurable elements for each standard. The Trust has drafted the assurance framework for 2005/06 based around these standards.

•Assurance framework:
The assurance framework approved by the Board is balanced and considers all the stated aims and objectives of the Trust together with the controls and assurances in place. Furthermore it identifies any gaps in those controls and assurances and an action plan, approved by the Board, has been formulated to address those gaps.

This framework and progress with action plans are reviewed regularly by the Risk Management Group and reported to the Board.

The assurance framework was initially based on the aims and objectives of the Trust as previously approved by the Board. However, as stated above, the assurance framework is being developed in accordance with the standards in the Standards for Better Health. The approach of the Trust in compiling and developing the assurance framework has been considered by AGW SHA an example of good practice.

The assurance framework has identified some gaps both in controls and assurances relating to the provision of clinical services and facilities available to the Trust to deliver those services. Detailed action plans to address these have been considered and approved by the Board.

• Involvement of public stakeholders:
The Trust actively works with a number of groups involving patient representatives, including the Patients' Forum in the design and planning of its services. There has been significant engagement of the general public, voluntary organisations, staff and scrutiny committees with the Bristol Health Services plan as well as the involvement in the detailed planning of the UBHT redevelopment schemes.

5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by assurances received from internal sources including clinical audit reports, reports of the Chief Internal Auditor as well as activities such as the extensive staff survey carried out during the year. The general managers and clinical directors meet on a monthly basis under the auspices of the Trust Executive Group and advise me accordingly. The Chief Internal Auditor's report for the year ending 31 March 2005 although identifying some weaknesses, which are being addressed, confirmed there was significant assurance that there was a generally sound system of internal control designed to meet the organisation's objectives.

I have also received assurances as a result of inspections, audits and reviews by a number of national and professional bodies including the Audit Commission who have conducted a number of reviews, the medical Royal Colleges who have considered clinical areas specifically, as well as external audits conducted in accordance with ISO 9000 accreditation of, for example, radiology, medical devices and the Medicines & Healthcare Products Regulatory Authority (MHRA) with respect to the manufacture and supply of medicines. The Trust participates in nationally organised benchmarking programmes. Importantly the Trust maintained its general Level II compliance under the CNST (Clinical Negligence Scheme for Trusts) scheme. We have also attained the Level II standard in accordance with the maternity standards - reflecting a high standard of risk management in all aspects of the clinical services. The Trust continues to enjoy the highest level Practice Plus status under the Improving Working Lives scheme.

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, who in turn are advised by the Clinical Governance Committee, the Clinical Risk Management Committee and the Audit and Assurance Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

The overall effectiveness of the assurance framework will be assessed by the Risk Management Group and the Audit and Assurance Committee who will submit to the Board plans for continuous improvement.

The other Board Committees will assess specific areas of the assurance framework and through the Executive Directors will approve improvement plans. Effectiveness of the assurance framework and its ability to support the system of internal control is reviewed as part of the work of internal audit.

Using the description of 'internal significant issues' given in Annex A of section 7.2 of Sir Nigel Crisp's letter of 15 September 2003, as reiterated in the guidance issued by the Department of Health on 5 April 2005, no issues of this nature have been identified for the year 2004/2005.

Ron Kerr
Chief Executive  7 July 2005

Management Costs

	2004/2005	2003/2004
	£000	£000
Total Trust income*	324,596	298,278
Management costs	10,081	9,082
Percentage of income	3.1%	3.0%

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

Capital Investment

Major X-ray, scientific and medical equipment	3,426
Refurbishments and replacements	1,995
Capital Schemes: -	
- St Michaels theatres upgrade	1,166
- BRI SOC(Strategic Outline Case) Cardiothoracic Centre	843
- BDH GA (general anaesthetic) upgrade	629
- Chemotherapy Day Unit BristolHaematology &Oncology Centre	537
- Children's Hospital CAMHS (child & adolescent mental health service)	441
- Expansion of cardiac services	400
- BRI SOC Woodlands children's facility	294
- Modernisation of pharmacy manufacturing	118
Change in capital definition	411
Minor alterations and equipment replacement	738
Information management & technology (IM&T)	664
Total	11,662

Better Payments Practice Code - Measure of Compliance

The NHS Executive requires that Trusts pay their non-NHS creditors in accordance with the Better Payments Practice Code and Government accounting rules. The Trust's payment policy is consistent with the Better Payments Practice Code and Government accounting rules and its measurement of compliance is:

2004/2005	Number	Value £000
Total bills paid	135,660	92,402
Total bills paid within target	112,058	75,400
Percentage of bills paid within target*	83%	82%
2003/2004	**Number**	**Value £000**
Total bills paid	150,772	93,711
Total bills paid within target	129,596	78,374
Percentage of bills paid within target*	86%	84%

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

Salary & Pension Entitlements of Senior Managers

Renumeration

Name & Title	2004/2005 Salary (bands of £5000) £'000	2004/2005 Other remuneration (bands of £5000) £'000	2004/2005 Benefits in kind rounded to nearest £100	2003/2004 Salary (bands of £5000) £'000	2003/2004 Other remuneration (bands of £5000) £'000	2003/2004 Benefits in kind rounded to nearest £100
Chair						
Philip Gregory	20-24	NIL	NIL	20-24	NIL	NIL
ExecutiveDirectors						
Ron Kerr – Chief Executive (started: 01/04/2004)	155-159	NIL	NIL	NIL	NIL	NIL
Jonathan Sheffield – Medical Director (Started: 01/09/2004)	90-94	NIL	NIL	NIL	NIL	NIL
David Hughes – Medical Director (Left: 31/08/2004)	30-32	30-32	NIL	10-14	10-14	NIL
Anne Coutts – Director of Human Resources	90-94	NIL	NIL	85-89	NIL	NIL
Lindsey Scott – Director of Nursing	90-94	NIL	NIL	90-94	NIL	NIL
Paul Mapson – Director of Finance	90-94	NIL	NIL	85-89	NIL	NIL
Non Executive Directors						
Gwen Clark	5-9	NIL	NIL	5-9	NIL	NIL
Richard Daly	5-9	NIL	NIL	0-4	NIL	NIL
Patsy Hudson	5-9	NIL	NIL	5-9	NIL	NIL
Kate McKenzie (Left: 31/12/2004)	0-4	NIL	NIL	5-9	NIL	NIL
John Teller	5-9	NIL	NIL	5-9	NIL	NIL
Other Directors						
Graham Rich – Chief Operating Officer (Started: 01/09/2004)	65-69	NIL	NIL	NIL	NIL	NIL
Graham Nix – Director of Strategic Investment (from: 01/04/2004)	100-104	NIL	NIL	130-134	NIL	NIL
Robert Woolley – Director of Corporate Development	80-84	NIL	NIL	75-79	NIL	NIL

Pension Benefits

Name & Title	Real Increase in pension and related lump sum at age 60 (bands of £2500)	Total accrued pension and related lump sum at age 60 at 31 March 2005 (bands of £2500)	Cash equivalent transfer value at 31 March 2005	Cash equivalent transfer value at 31 March 2004	Real increase in cash equivalent transfer value	Employers contribution to stakeholder pensions rounded to the nearest £100
	£000	£'000	£000	£000	£000	
Chair						
Philip Gregory	-	-	-	-	-	-
ExecutiveDirectors						
Ron Kerr – Chief Executive (started: 01/04/2004)	0	240 - 244	1,000	0	0	-
Jonathan Sheffield – Medical Director (Started: 01/09/2004)	42.5-44.9	175-179	625	402	212	-
David Hughes – Medical Director (Left: 31/08/2004)	27.5-29.9	200-204	908	768	118	-
Anne Coutts – Director of Human Resources	2.5-4.9	105-109	381	344	27	-
Lindsey Scott – Director of Nursing	2.5-4.9	105-109	354	321	24	-
Paul Mapson – Director of Finance	2.5-4.9	115-119	444	401	31	-
Non Executive Directors						
Gwen Clark	-	-	-	-	-	-
Richard Daly	-	-	-	-	-	-
Patsy Hudson	-	-	-	-	-	-
Kate McKenzie (Left: 31/12/2004)	-	-	-	-	-	-
John Teller	-	-	-	-	-	-
Other Directors						
Graham Rich – Chief Operating Officer (Started: 01/09/2004)	10.0-12.4	90-84	292	243	42	-
Graham Nix – Director of Strategic Investment (from: 01/04/2004)	0	155-159	585	711	0	-
Robert Woolley – Director of Performance Management (Director of Corporate Development from 01/09/2004	7.5-7.9	50-54	172	141	28	-

As Non-Executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive Directors.

A Cash Equivalent Transfer Value (CETV is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangements which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the institute and Faculty of Actuaries.

Real Increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions made by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Senior Managers constitute those individuals in senior positions who have authority or responsibility for directing or controlling the major activities of the Trust.

All Non Executive Directors form the Trust's Remuneration Committee. The Committee reviews the salaries of the Executive Directors of the Trust, after taking into account the awards made to other staff. There are no performance bonuses.

The Executive and Non Executive Directors were appointed through open advertisement and interview panels. The contract held by the Chief Executive is a three-year rolling contract. The other Directors are on permanent contracts. The appointment of the Chief Executive can be terminated with 12 months notice and the power to terminate rests with the Chair and Non Executive Directors. The appointment of the other Executive Directors can be terminated with six months notice. The power to terminate rests with the Chief Executive after full consultation with the Chair and Non Executive Directors.

Annual Accounts 2003/2004

The Trust's Auditors are the Audit Commission. Work undertaken by the Auditors during 2004/05, at a cost of £0.203m, relates solely to 'Audit Services', that is, the statutory audit and services carried out in relation to the statutory audit.

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

I have examined the summary financial statements on pages 35 to 43. This report is made solely to the Board of the United Bristol Healthcare NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

Respective Responsibilities of Directors and Auditors

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

Basis of Opinion

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

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2005 on which I have issued an unqualified opinion.

Signature: ... ...  ... ...

13 July 2005

Name: Richard Lott
District Auditor

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

Directors' interests

Chair
Phil Gregory
Relevant business interests: Member of employment tribunal; Company secretary and non-executive member, Lockleaze Neighbourhood Trust
Other interests: None

Chief Executive
Ron Kerr
Relevant business interests: None
Other interests: None

Director of Strategic Investment
Graham Nix
Relevant business interests: None
Other interests: Member, Executive Committee of the South West Branch of Healthcare Financial Management Association; Trustee, Allan Brooking Fellowship

Director of Nursing
Lindsey Scott
Relevant business interests: None
Other interests: None

Medical Director
Dr David Hughes (Acting from 1 January 2004 to 1 September 2004)
Relevant business interests: Chairman, Hospital Medical Committee, Nuffield Hospital
Other interests: Trustee, Ronald Macdonald House (Bristol)

Medical Director
Dr Jonathan Sheffield (from 1 Sept 2004)
Relevant business interests: None
Other interests: None

Director of Corporate Development
Robert Woolley
Relevant business interests: None
Other interests: None

Chief Operating Officer
Graham Rich
Relevant business interests: None
Other interests: None

Director of Finance
Paul Mapson
Relevant business interests: None
Other interests: None

Director of Human Resources
Anne Coutts
Relevant business interests: Board member, Skills for Health
Other interests: None

Vice Chair and Non-Executive Director
Patsy Hudson
Relevant business interests: Member of the Probation Board for Avon & Somerset
Other interests: None

Non-Executive Director
John Teller
Relevant business interests: Director, Ashley Vale Allotments Assocation Ltd; Director, Community Mentors Ltd; Board member, Avon & Somerset Probation Area
Other interests: None

Non-Executive Director
Professor Gareth Williams (from 1 March 2005)
Relevant business interests: None
Other interests: None

Non-Executive Director
Dr Kate McKenzie (until Dec 2004)
Relevant business interests: Secretary, University of Bristol; Director of companies wholly owned by University of Bristol
Other interests: None

Non-Executive Director
Richard Daly
Relevant business interests: None
Other interests: None

Non-Executive Director
Gwen Clark
Relevant business interests: Right Coutts
Other interests: Salvation Army

Chairman, Hospital Medical Committee
Mr Peter Lamont
Relevant business interests: None
Other interests: None