





Annual Review 2017/18

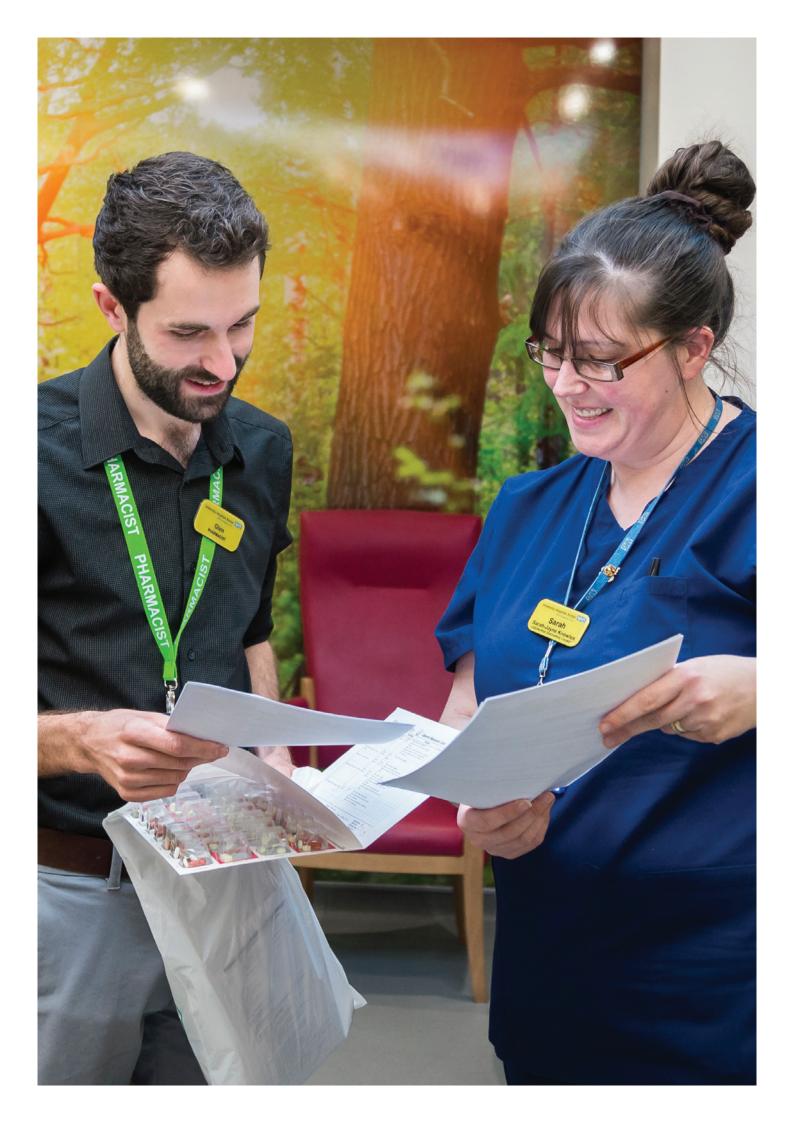








Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



University Hospitals Bristol NHS Foundation Trust

We have over 9,000 staff who deliver over 100 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 the later stages. We're one of the country's largest acute NHS trusts with an annual income of over half a billion pounds.

Our mission 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
- our commitment to partnership and the provision of leadership to the networks we are part of, for the benefit of the region and people we serve.

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Chair's welcome



It has been an honour to join University Hospitals Bristol NHS Foundation Trust (UH Bristol) and to witness first-hand how staff have risen to the challenges that the NHS, our hospitals and our services faced in 2017/18 with unparalleled commitment and caring.

The Care Quality Commission (CQC) commended our staff for their dedication to patients when they rated the Trust as Outstanding in March last year and I too commend them for their dedication and caring. I am very aware that the NHS faces mounting pressures, but I firmly believe that our positive and professional response and pride in the services we provide will continue to meet these challenges.

In 2017/18 we made real improvements in all aspects of our work - the care we deliver to patients; the flow of patients through our hospitals which directly affects the care patients receive; the management of the public money we have at our disposal; the support for and the development of our staff who care for patients or support frontline services; and in our partnership working, which holds the key to unlocking some of the systemic barriers that we experience between ourselves and other care providers, primary and social care. There is always more that we can do but in 2017/18 we made real progress that will stand us in good stead for the future.

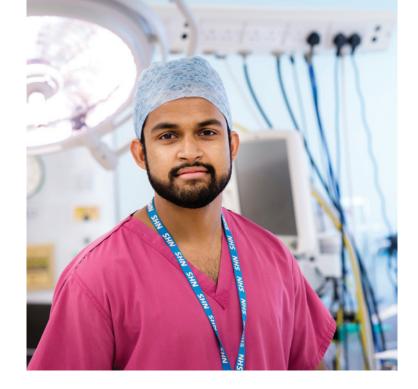
In 2017/18 we also saw how the technological boost we received when we were designated one of 16 Global Digital Exemplars in England is helping us to improve the quality and safety of the care we deliver. For example, we are implementing Vitals eObs, an electronic nursing observation system that includes an automated escalation system for deteriorating patients. In time, the early warning scores calculated in Vitals eObs will feed through to our new WardView electronic boards, which are replacing the old magnetic whiteboards on wards.

We are extremely proud that a significant patient safety initiative, developed and implemented by the staff in the adult Emergency Department (ED) in the Bristol Royal Infirmary was recognised as best practice, to be rolled out to other hospitals across England. The ED patient safety checklist, which also won a HSJ (Health Service Journal) Award and a BMJ (British Medical Journal) Award, reduces incidents caused by failure to recognise patient deterioration or respond to delays in delivering care. The checklist can be completed by any member of clinical staff and encompasses all the elements of basic care and early triggers for specific care pathways.

One of our strategic priorities as a Trust is to deliver pioneering and efficient practice, putting ourselves at the leading edge of research, innovation and transformation. Particular congratulations go to Professor Ramanan, consultant paediatric rheumatologist, and colleagues in the Sycamore trial, whose findings were published in *The New England Journal* of Medicine. This clinical trial, funded by charity Arthritis Research UK and the National Institute for Health Research, discovered a new way to prevent children with arthritis and eye disease from losing their sight. An early analysis of the data was so convincing that the trial was stopped early and the drug therapy has already been approved for use.

As we move forward into 2018/19 we are refreshing our strategy for the next five to ten years so that the Outstanding rating we were awarded by the CQC is sustained. This achievement was built on the care, pride and professionalism of our staff that go the extra mile day in and day out and this will be a key element of our strategy for the future. In the spirit of 'recognising success', one of our shared Trust values, I want to end by thanking everyone who has, and will continue, to provide outstanding care to our communities.

Jeff Farrar Chair









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 the golden thread that runs through all our work. Wherever we work in the Trust and whatever our role, we are all united in this shared aim to deliver the best care we can to patients. Our first priority is to consistently deliver high quality individual care, with compassion.

Our work to deliver outstanding care is guided by our quality strategy and underpinned by the annual quality objectives. In our strategy, we recognised that access to services is integral to patient experience and that great patient experience happens when staff feel valued, supported and motivated. Our quality strategy and quality improvement work are therefore structured around four themes:

- ensuring timely access to services
- delivering safe and reliable care
- improving patient and staff experience
- improving outcomes and reducing mortality.

In 2017/18 our goals included creating a Quality Improvement (QI) Academy to give our staff the tools they need to put their good ideas into practice. This was a huge success and in July we held our first QI Forum, a poster competition for QI projects which attracted over 70 entries demonstrating the breadth of quality improvement taking place across our hospitals and improving care for patients. Another goal was the introduction of a new mortality review programme so that we take every possible opportunity to learn from deaths in hospital.

We also launched a programme to develop a 'customer care' mindset in our staff. We have learned from other sectors and developed a set of customer care principles which define what we mean by great service and we have introduced these into staff induction and training.

We seek feedback from our patients and act on it. This highlighted the need to improve our outpatient services and this transformation programme has focussed on the development of high standards of care in clinics by undertaking audits and improvement against agreed standards for care delivery. We have taken steps to address many areas such as communications with patients in clinic areas and have introduced innovation with the adoption of paperless referrals from GPs and paperless triage of these referrals by our clinical staff.

During 2017/18, the CQC published the results of the 2016 national survey of adult inpatients, which ranked us as the top equal acute trust in the country for patient experience. The equivalent surveys for emergency services and for children's and parents' experiences of care also place University Hospitals Bristol in the top 20% of NHS trusts. We know that we have more work to do, particularly as services come under increasing pressure, but this hugely positive feedback from our patients chimes with the CQC's own observations from their last inspection about the humanity and compassion of our staff.

As we move into 2018/19 our joint commitment to deliver best care to our patients remains as strong as ever.













Improving patient flow

It is essential that we ensure patients flow through our hospitals efficiently, receive their care in a timely fashion, and are appropriately discharged when they are medically fit to leave hospital, to help ensure we deliver best care to our patients. We also understand and recognise that access to services is an integral part of our patients' experience.

During 2017/18 the whole NHS faced growing demand for services and in Bristol we experienced this too. Despite these challenges, we made good progress to improve the flow of patients through our hospitals and our performance against key access targets improved, although we still have work to do. Areas that require further focus in 2018/19 include our performance against the national standards to treat 92% of patients within 18 weeks of their referral and to treat or discharge 95% of patients attending our emergency departments within four hours.

During the year all of our wards participated in work to improve patient flow by establishing good daily routines around ward rounds and board rounds to ensure we plan the discharge of our patients early. We made progress in the use of Estimated Dates of Discharge (EDD) in planning the discharge of our patients, and we increased the use of our discharge lounge. As a result the number of discharged patients leaving hospital before midday increased steadily, which resulted in both greater availability of beds for patients waiting to be admitted to a ward and patients getting home at a better time for them and their families.

The efficient flow of patients through our hospitals was also supported by the use of real-time information from our IT systems. During 2017/18 we rolled out electronic ward whiteboards to most of our inpatient wards. This gives staff greater visibility of information and ensures the information we use is more accurate. Alongside this, a paperless reporting project has ensured this data is used in more of our daily patient flow meetings, making these meetings more efficient and enabling us to make better decisions more quickly. We have also introduced a Clinical Utilisation Review (CUR) tool which provides daily information about every patient to ensure we are caring for them in the right setting.

We planned extensively for the colder months but, like hospitals all around the country, our services came under sustained pressure. Despite this, we maintained the quality of our care during these difficult months and even improved access to some services. For example, we achieved the 62 day GP cancer waiting time standard during the third quarter of the year and we achieved the six week diagnostic waiting standard in February. However, the high demand meant that the experience of some patients was not as good as it should have been and the long period of extensive pressure also took its toll on our staff. We are now planning extensively for winter 2018/19, including increasing our capacity to help us care for greater numbers of patients.

Delivering best value

There is a direct correlation between delivering best care to our patients and managing finances well. Having good financial management and governance processes in place enables us to keep control of our money and to continue investing for the benefit of both patients and staff.

Here at UH Bristol, despite the significant challenges we faced, we delivered a financial surplus for the 15th year in a row in 2017/18 while maintaining our focus on staff well-being and the quality of our care. This excellent result is thanks to the hard work of all staff across the Trust.

Despite the increasing demand for hospital services, we delivered a surplus of £19.903 million excluding technical items. This included receipt of £18.960 million Sustainability and Transformation core funding. Excluding the Sustainability and Transformation funding the surplus was £0.943 million compared to the planned deficit of £0.356 million.

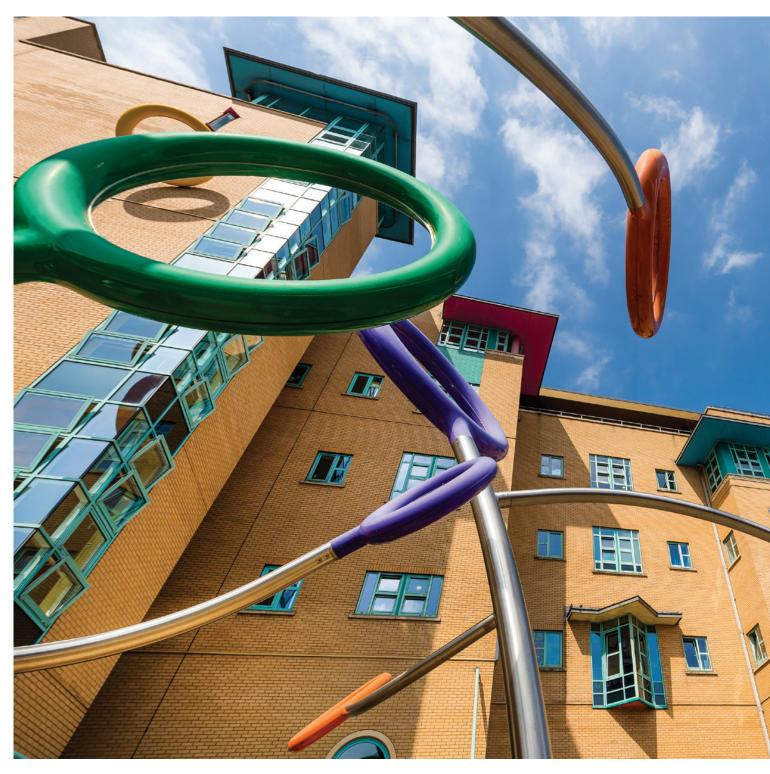
Our ability to deliver efficiency savings and control costs for 15 years has enabled us to deliver major investments in our hospital infrastructure, which puts us in an excellent position to continue improving the care we provide into the future. In 2017/18 we delivered efficiency savings of £12.121 million and we invested £25.402 million into the Trust's buildings, equipment and information technology infrastructure.

In recognition of the Trust exceeding its financial plan it received £7.344 million of incentive funding on top of the expected £11.616 million Sustainability and Transformation Funding which was able to be added to the Trust's investment plans.

The Trust's financial performance is also measured using a set of rating metrics established by NHS Improvement. The Use of Resources Rating ranges from one, the lowest risk, to four, the highest risk. The rating is designed to reflect the degree of financial concern NHS Improvement has about a provider and the level of regulatory intervention required. At the end of March 2018, the Trust had a risk rating of one.













Renewing our hospitals

We set out over the last decade to renew our hospital infrastructure to ensure our physical environment suitably matches the quality of the care we give to patients, with major estate improvements in the Bristol Royal Infirmary, Bristol Royal Hospital for Children, Bristol Haematology and Oncology Centre and elsewhere.

More recently, we have invested in our computing and information handling capabilities through a programme of digital transformation. In 2016 we were proud to be chosen as one of 16 English acute trusts to become digital exemplars, leading the way in using technology to benefit our patients and improve our working practices. This has allowed us to introduce new digital systems more rapidly than would otherwise be possible, to improve patient care and the working lives of our staff.

By the end of 2017/18 we had implemented a new electronic system in several wards, allowing nurses to record patient observations in real-time using a portable device, and making it much easier for all the professionals involved in a patient's care to act on the most up-to-date information about their condition.

We also introduced an electronic tool (called Clinical Utilisation Review), giving daily updates about the status of every patient in hospital, allowing us to ensure that we are caring for them in the right place and flagging up any delays in moving patients to a more appropriate setting. We are also introducing tools to improve clinical communications – within and between teams within our hospitals, and to teams outside the Trust – to support shared care and better forward planning.

In addition, we have started to introduce electronic prescribing and medicines administration into our wards, which will have benefits in terms of patient safety and improved working practices.

By sharing data electronically, we know that doctors, nurses and other healthcare staff – both inside and outside our hospitals – will find it easier and faster to share information, helping to reduce delays in treatment, improve the safety of our care and ensure that patients need to give us their personal details once and once only.

Building capability

The staff at UH Bristol are at the heart of the services we provide to patients and their families. We want to improve the experience of staff at work and support them to do their roles to the best of their ability and to stay well and healthy. Our training and development activity, health and wellbeing programmes, leadership development and quality improvement programmes support us to do that against the backdrop of our shared Trust values.

With staff at the centre of everything we do, it was encouraging to see from the latest NHS Staff Survey that the measure of how engaged our staff feel at work continues to increase and that we consistently rate higher than other acute trusts on the percentage of staff who agree their Trust is a great place to work and to receive treatment. While there is more work to do, this is a very encouraging step that shows we are bucking the national trend.

This year, we also took steps to improve the quality of leadership across the Trust. We described 'leadership behaviours', based on our Trust values of Respecting Everyone, Embracing Change, Recognising Success and Working Together. Once these are embedded through our hospitals they will help to ensure that there is consistency in how staff are led and managed across the Trust.

We continued working on our administrative transformation programme, which seeks to ensure that we recruit, train and develop our crucial administrative workforce as effectively as possible. We have completed the renewal of training pathways for these staff, ensuring a better quality of off-the-job training before staff take up a patient facing role.

During 2017/18 we launched our Quality Improvement (QI) Academy. Through our 'Bronze' programme the academy provides training in basic QI methods and tools to any member of staff who wishes to learn about them. Alongside this our 'Silver' programme provides support to staff members undertaking a QI project. During the year nearly 200 members of staff completed the Bronze course and our first cohort of seven projects completed the Silver programme.

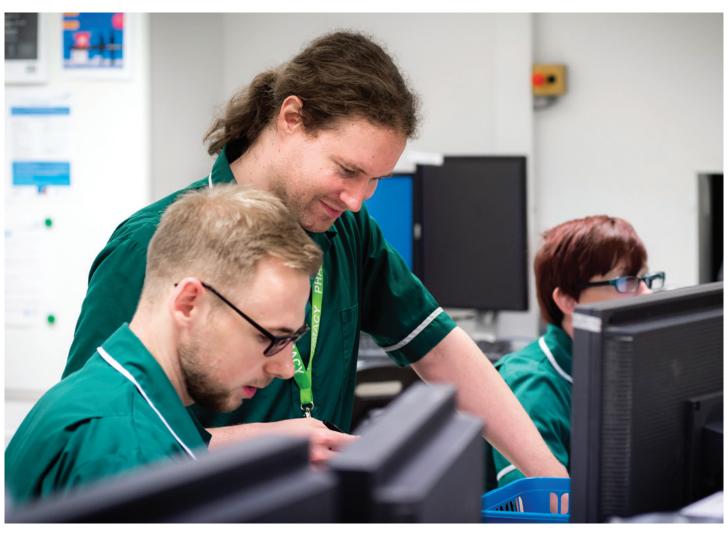
The feedback from participants has been excellent throughout and we will continue to develop these programmes in 2018/19.

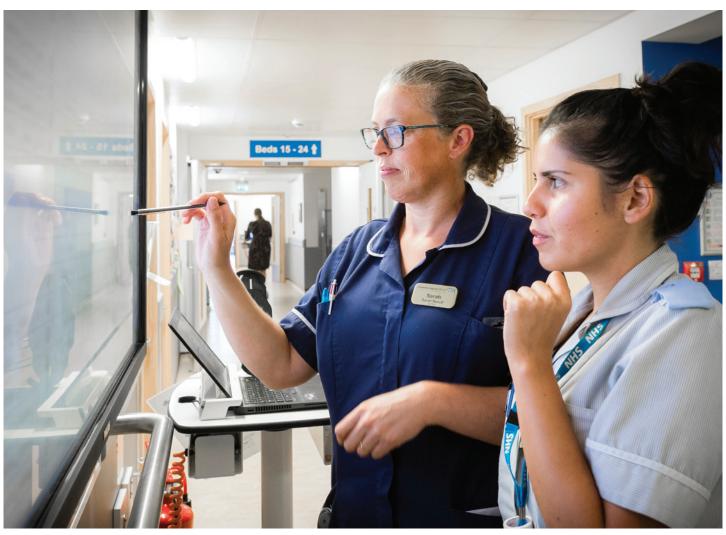


As one of the UK's leading teaching hospital trusts, closely linked to academic institutions locally, nationally and worldwide, we have an extremely successful history of developing clinical skills and careers. The Trust supports a range of undergraduate and postgraduate education placements such as medical, dental, nursing and healthcare scientists, and positively encourages postgraduate study and research for nursing, allied health care professionals, health care scientists, medical and dental staff.

We have also focussed on the development and implementation of a robust apprenticeship offer for both new and existing staff, aligned to the regional transformation priorities for clinical and non-clinical roles and progression pathways. We are placing particular emphasis upon recruiting apprentices as new staff going into a job role as we believe it will enable us to provide a wide range of training and learning opportunities for all staff, whilst also improving recruitment and retention of staff in the future.

As we move into 2018/19, support and development of staff remains one of our key strategic priorities, ensuring we attract, retain, develop and support staff to provide best care to our patients.





Leading in partnership

UH Bristol does not work in isolation. We recognise that, in our role as a major specialist centre for the South West and a key provider of local acute services in central and south Bristol, it is essential that we work in collaboration with other health and care organisations and that we are prepared to help design and lead new partnership and networking arrangements for patient benefit.

Over the past 12 months, we have also worked with Taunton and Somerset NHS Foundation Trust to develop a clinical genetics service and a dermatology service for the people of Somerset. We have continued to host important partnerships focussed on advancing care through clinical research, including Bristol Health Partners, and the Clinical Research Network, Collaborative for Leadership in Applied Health Research and Care, and Genomic Medicine Centre for the West of England.

Local areas across England have begun to develop bold plans to meet the challenges of increasing demand and an ageing population. Throughout 2017/18, UH Bristol took a leading role in 'Healthier Together', the Sustainability and Transformation Partnership for Bristol, North Somerset and South Gloucestershire (BNSSG). Robert Woolley, our chief executive, continues to lead Healthier Together, jointly with Julia Ross, the chief executive of the BNSSG Clinical Commissioning Group (CCG). This partnership has set out a vision for enabling people to stay healthy and independent in their local communities, supported by resilient and accessible general practice, greater disease prevention and support for self-care, and significant integration between physical and mental health services, and between health and social care.

In line with this vision, the Trust strengthened its partnership with Weston Area Health NHS Trust (WAHT), signing a formal partnership agreement in May that built on our long-standing, positive working relationships. We put in place a number of collaborative service models and joint clinical and managerial posts and we continue to work closely with the Weston and North Bristol trusts inside the CCG's Healthy Weston Programme, which is considering options for how care should be provided for North Somerset patients in the future. In January 2018, we announced our intention to pursue an organisational merger with WAHT with the support of our Council of Governors and the WAHT Board itself.









- have your say in how we run our hospitals
- become part of a focus group
- vote for governors
- receive invitations to member events
- stand for election to be a governor
- join our youth council
- receive our community magazine.

Membership is free and gives you the opportunity to help us improve care for patients. For more information please contact the membership office.

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Email: foundationtrust@uhbristol.nhs.uk

If you need this annual review in a different format, contact the communications team on (0117) 342 3629.

University Hospitals Bristol NHS Foundation Trust

Bristol Royal Hospital for Children



University Hospitals Bristol NHS
Foundation Trust



Respecting everyone Embracing change Recognising success Working together Our hospitals.