



Annual report 2007/8

University Hospitals Bristol **NHS**
NHS Foundation Trust



Contents

Chair's foreword	2
Chief Executive's introduction	3
Who we are	4
During the year	5
Trust Services division	6
Surgery, Head and Neck division	7
Medicine division	8
Specialised Services division	9
Diagnostic and Therapy division	10
Women's and Children's division	11
Performance	12-14
Research and development	15
Looking forward	16-17
Our role in the community	18-19
Listening, learning and improving	20-21
Staff involvement	22
Equality and diversity	23
Operating and financial review	24-30
Remuneration report	31-33
Supporters, volunteers and friends	34-35
Directors' interests	36
Openness and accountability	37

University Hospitals Bristol NHS Foundation Trust is the new name for United Bristol Healthcare NHS Trust, which became a Foundation Trust on 1 June 2008.



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Foreword



Chair's foreword

So much has been going on at the Trust that this year seems to have sped by. I want to pay tribute to former chief executive Ron Kerr for his leadership in transforming the Trust's fortunes during his time with us. We miss him but I am sure that everyone will join me in wishing him well in his new – and prestigious – appointment at Guy's & St Thomas' Foundation Trust, London.

Our application to become a Foundation Trust was a very intensive and demanding process. I am grateful to our senior executives and everyone involved who made it a priority while, at the same time, ensuring the smooth day-to-day running of the Trust.

June 2008 brought the news that we had been successful in our application. This brings us greater control, enabling us to work more effectively towards our goals. Becoming a Foundation Trust also gives us the responsibility to look at our services and tailor them to provide what people really want from local health services.

Other exciting milestones during the year have been the completion of the University of Bristol Dental Hospital refurbishment and the topping out of the Bristol Heart Institute building. Both are tangible examples of highest quality facilities for our patients.

We know that it is the Trust's duty to serve the people of greater Bristol and beyond to the highest standards. I also believe that staff must strive not only to reach our formal targets but also to achieve the results for patients that we would expect for our own loved-ones.

We will meet the challenges of an increasingly competitive environment simply by doing our utmost at all times to be the best.

I offer my thanks to every member of staff and wish you all well.


John Savage CBE





Chief Executive's introduction

I begin by recognising the contribution of my predecessor, Ron Kerr, who was Chief Executive until the end of September 2007.

Ron made an immense contribution to the Trust during his tenure, leading the transformation of our financial situation and of our overall performance.

During his time as Chief Executive, we regained our confidence as a Trust and recovered our pride in our achievements – and rightly so.

It was my great pleasure to take over from Ron from October, having previously been Chief Operating Officer. This is my ideal job and I am proud to have been selected to lead such an important institution.

The process of applying to be a Foundation Trust was a rigorous one, requiring us to spell out our detailed plans for the next five to ten years.

We have renewed our commitment to our mission: providing care, teaching and research of the highest quality.

Now we embark upon a new phase of promoting membership of the Foundation Trust and developing a members' council.

With our Foundation Trust bid having been successful, we have decided to change the name of the Trust to University Hospitals Bristol NHS Foundation Trust. The change reflects our partnerships with our two local universities – the University of Bristol and the University of the West of England.

We take great pride in contributing to the development of new treatments through research and in training the healthcare professionals of tomorrow.

During the year, we were delighted to be given biomedical research unit status in cardiovascular care by the National Institute of Healthcare Research. This is a significant vote of confidence in the quality and importance of the research conducted at the Bristol Heart Institute with our university colleagues.

We made significant progress in reducing waste, duplication and delay in some key areas such as ophthalmology, gynaecology and endoscopy, resulting in services that are more focussed on the needs of our patients. We will be extending this approach to other areas.

The Trust has been rated 'excellent' by the Healthcare Commission for the quality of its services. I believe that with relentless effort and the cooperation of all of our highly-committed staff working in partnership with patients, we can continue to improve.

As we become more efficient, we can invest in modern wards and departments and no longer need rely on some of our older buildings.

I am delighted to have been appointed Chief Executive at such an exciting time for the Trust and look forward to meeting the challenges ahead.

A handwritten signature in black ink that reads "Graham Rich". The signature is written in a cursive, flowing style.

Graham Rich

Who we are

Our mission and values

We will provide patient care, education and research of the highest quality. In pursuit of this mission we will be guided by the following values:

- We will put patients first
- We involve, develop and support staff
- We promote innovation and improvement
- We pursue excellence in everything
- We respect others and treat everyone as equals
- We work in partnership to improve the health and well-being of the community, within a sustainable environment
- We are accountable for our use of public resources.

Hospital and outpatient services are based at nine sites:



Bristol Royal Infirmary

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



Bristol Eye Hospital

The region's leading ophthalmology centre. The hospital is highly respected as a pioneer in research, education and clinical practice and houses one of only two corneal transplant banks in England.



Bristol Royal Hospital for Children

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



Bristol General Hospital

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

United Bristol Healthcare NHS Trust was formed in October 1991 as a 'first wave' NHS Trust, from the former Bristol and District Health Authority. In June 2008 the Trust achieved Foundation Trust status and changed its name to University Hospitals Bristol NHS Foundation Trust. It is one of the largest acute NHS trusts in the UK. It employs nearly 7,500 staff and is the major NHS teaching and research centre for the South West of England. It provides healthcare services to both local people and people from across the South West and further afield.



Homeopathic Hospital

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



Bristol Haematology & Oncology Centre

The regional specialist centre for cancer and blood disorders.



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.



University of Bristol Dental Hospital

A centre of excellence for dental treatment, research and undergraduate and postgraduate teaching.



Central Health Clinic

The site for the Avon Breast Screening Unit and, from July 2008, an extended integrated sexual health service.



The new Bristol Heart Institute takes shape.

During the year

Foundation Trust

The Trust successfully applied to become a Foundation Trust, bringing more control and greater accountability to local people. News of the successful bid came in June 2008, allowing the Trust to change its name to University Hospitals Bristol NHS Foundation Trust. The change reflects our partnerships with our two local universities – the University of Bristol and the University of the West of England.

Patients overwhelmingly satisfied with care at the Trust

Ninety-four per cent of our patients rated their overall care as 'excellent', 'very good' or 'good' in the Healthcare Commission's inpatient survey in results published in May 2008.

The annual health check: best ever results

We achieved our highest ever score in the Healthcare Commission's annual health check (for the year April 2006 to March 2007) with a score of 'excellent' for quality of services and 'fair' for use of resources.

Chooseday

The Trust joined forces with other employers and organisations for a new Bristol initiative which encourages people to leave cars at home and walk, cycle or take the bus to work.

Staff security

NHS Security Management Service figures published in August 2007 revealed that Trust staff are among the safest from violent assault of any hospital workers in the country.

Biomedical research

A successful bid was made this year for £3.8 million of Department of Health funding for ground-breaking research into treatments for cardiovascular disease. The funding will create the Bristol Biomedical Research Unit in Cardiovascular Disease, which will be based at the new £60 million Bristol Heart Institute and run jointly with the University of Bristol.



Chief Medical Officer, Sir Liam Donaldson, visits the bone marrow transplant unit at Bristol Royal Hospital for Children with Dr Jackie Cornish.

Divisional reports

The Trust has five clinical divisions plus a Trust Services division which includes support services such as security, communications, strategic development, finance and information management and technology.



Trust Services division

Justin Archer, Security Officer

Justin Archer has worked for the trust for 15 years, starting in the porter's lodge then moving to hotel services and then finally into security.

Justin receives regular training and has been on a number of courses in first aid and the use of CCTV governed by the Security Industry Authority. He is also studying for an NVQ.

He said: *"I joined the Trust as a member of bank staff and didn't really know where it would take me, but after eight weeks I was given a permanent job. The Trust has given me lots of opportunities to develop my career."*

Justin said he enjoyed the job for its variety. He said: *"Every day is different. I deal with the police, CCTV and with handcuffing and arrests when necessary. I also attend court to give evidence. I enjoy everything about the job and never get bored. The security team have a good rapport with staff across the board."*

There were 13 attacks on staff last year. While every incident is taken very seriously, figures revealed in August 2007 showed that Trust staff are among the safest from violent assault of any hospital workers in the country.

Justin said: *"The number of incidents is tiny when you think about the numbers of patients and visitors who come here every day."*

"The Trust has given me lots of opportunities to develop my career."

Surgery, Head and Neck division



Services

General surgery (breast surgery, vascular surgery, colorectal surgery, upper gastro-intestinal, hepato-biliary surgery), trauma & orthopaedic surgery, thoracic surgery, urology, ear, nose & throat (ENT) surgery, maxillo-facial surgery, ophthalmology, dental services, operating theatres (adult), anaesthesia, critical care & pain services (adult).

Rob Buller, senior staff nurse

Rob Buller joined the Trust as a staff nurse in 2002 and was based on the medical assessment unit on ward 16.

After nine months he moved to ward 72 at St Michael's Hospital where he worked with patients who have undergone maxillofacial, breast or ear, nose and throat (ENT) surgery. He also treated palliative care patients.

The Trust supported Rob's career development, enabling him to attend a number of courses, including a teaching and assessment course at the University of the West of England and an ear, nose and throat course at Wolverhampton University.

The Trust also assisted Rob in becoming a nurse practitioner, a role he carried out for nine months in the ENT outpatients department, as well as educating and teaching staff across the Trust on tracheostomy care and laryngectomy patients.

Rob is also involved in co-ordinating the Trust's tracheostomy study days, which are held four times a year at the education centre.

"Communicating with patients who have had head and neck surgery is a challenge but we have developed ways of using lip reading and signs to communicate effectively," said Rob.

"One of the things that I find most rewarding is that patients come to us from intensive care, when they are often acutely unwell. But after two weeks of intensive rehabilitation they are often well enough to home."

"...we have developed ways of using lip reading and signs to communicate effectively."

Key achievements

Dental Hospital refurbishment

The £18 million refurbishment and expansion of Bristol Dental Hospital was completed. The changes will allow the training of 29 additional dental students and a further 12 hygienists and dental nurses.

Hospital stays reduced

A purpose-built surgical admissions suite has opened for patients to attend on the day of surgery rather than staying on a ward the previous night. A successful trial has enabled Bristol Eye Hospital to treat more patients and reduce the time they spend in hospital.

New treatments

The amount of keyhole surgery, including treatment for major abdominal surgery, has further increased. A new method of breast cancer surgery which is less invasive and which reduces complications for patients has been introduced after a two-year trial.

Critical care expansion

The intensive care unit has been modernised and expanded from 12 to 15 beds. Remote monitoring of patients' conditions and a system of paperless record-keeping have also been introduced.

Future strategy

Surgery changes

Deciding the shape of surgical services as part of the Bristol Royal Infirmary redevelopment.

Screening bid

A bid has been submitted as lead provider for a Bristol & Weston consortium (including North Bristol Trust and Weston Area Health Trust) to provide bowel cancer screening to the local population.

Medicine division



Services

Adult emergency department, acute medical care, respiratory medicine, care of the elderly and rehabilitation, gastroenterology, endocrinology, diabetology, general medicine, rheumatology, dermatology, sexual health, neurology.

Key achievements

New home for sexual health clinic

Work progressed to achieve the centralisation of sexual health services on a single site with the transfer (in July 2008) of the Milne Centre sexual health clinic to the Central Health Clinic in a £2.2 million move funded by the Department of Health. The development will also see the opening of The Bridge, a specially-designed regional sexual assault referral unit.

Rheumatology unit

The Academic Rheumatology Unit at the Bristol Royal Infirmary (BRI) celebrated its 20th anniversary. The unit's direct access system beat national competition to earn a coveted Guardian Public Service Award for service delivery for treatment of long-term conditions. The unit also began a study in conjunction with the University of the West of England to see whether TENS machines along with exercise can help people with osteoarthritis manage their condition.

Gastroenterology

The hepatology service, which treats liver conditions, has continued to develop with the appointment of nurse specialists in hepatology, alcohol and drug use. The purchase of a FibroScan scanner has reduced the number of invasive procedures for patients with liver disease. The endoscopy unit has been approved to launch a bowel screening programme, a first for Bristol.

Stroke services

A new model of care, developed in collaboration with Bristol Primary Care Trust, further improved treatment for stroke patients. A stroke thrombolysis service was introduced as a means of reducing the long-term damage caused by a stroke. An outreach rehabilitation service is being piloted to reduce the length of stay in hospital for stroke patients by bringing care to their homes.

Respiratory

A new respiratory hot clinic at the BRI avoids unnecessary admissions of patients with chronic lung conditions into hospital by increasing assessment and care before and on arrival.

Cass Sandmann, alcohol nurse specialist

Cass Sandmann started on the path that was to lead to his current role as the Trust's alcohol nurse specialist after a late career change.

Cass, now aged 44, left engineering in 1993 to take a three-year diploma course in nursing. Once qualified, he joined the Trust as a staff nurse on a vascular surgery ward in 1996 before moving to the emergency department and progressing to senior nurse and then charge nurse.

His experience in the emergency department has proved invaluable since becoming an alcohol nurse specialist. In this role, Cass helps both patients and their families. The post was initially funded by the Above and Beyond Charities and due to its success continues to be funded by the Trust.

He assesses patients for potential alcohol withdrawal and oversees their treatment while they are in hospital and, if necessary, helps them access other specialist care. He also runs a weekly outpatients clinic.

He is also involved in educating patients and staff about issues surrounding alcohol and runs education sessions for a variety of partner organisations, such as Bristol Primary Care Trust.

Cass gained a diploma in critical care medicine, attended advanced trauma nursing courses and gained several other trauma-based qualifications related to specialist emergency nursing.

Cass said: "More recently, I have attended a variety of alcohol-related study sessions. I have also begun a project funded by the primary care trust which is looking at ways of treating alcohol users attending emergency."

Future strategy

Bristol General Hospital (BGH)

The opening of the South Bristol Community Hospital next year will pave the way for the closure of the BGH. Services such as the inpatient rehabilitation beds, which are based at BGH, will be moved to South Bristol, while others, such as the Sleep Unit, will transfer to the BRI. Space will be freed at the BRI's Queen's Building by the opening of the new Bristol Heart Institute and will enable all but two wards at the Old Building to be moved to the Queen's Building.

Specialised Services division

Services

Cardiac surgery, cardiology, cardiac anaesthesia, cardiac intensive care, clinical and medical oncology, clinical haematology, palliative medicine, homeopathy.



Priyanka Mehta, consultant haematologist

Consultant haematologist Priyanka Mehta joined the Trust in January 2007 from Birmingham, where she had trained as a registrar in haematology (the management of blood disorders).

"I was looking for a consultant post and was attracted to the Trust because it is a teaching hospital and there is a lot of scope to do sub specialist work in the department," she said. "The Trust has an infrastructure that helps people to recognise their potential and to reach it."

In addition to her role as a haematologist, Priyanka is also setting up a specialised service for patients with haemoglobinopathies (sickle cell disorder and thalassaemia, an inherited blood disorder that affects the body's ability to create red blood cells).

Priyanka said: *"Setting up a new service is challenging and I am learning a lot in the process."*

"It is interesting to understand how the Trust runs and how I can make a difference to the people of Bristol using its infrastructure. Despite the challenging ground work, it is very enjoyable and I hope it will be a satisfying experience in the long run."

"The Trust has an infrastructure that helps people to recognise their potential and to reach it."

Key achievements

Surgeons celebrate best results ever for adult cardiac surgery

Results of an audit of cardiac surgery at the Bristol Royal Infirmary showed the unit's best ever performance.

Prostate brachytherapy

A new service was offered in the radiotherapy department for men with prostate cancer. Brachytherapy delivers very high internal doses of radiotherapy over two consecutive sessions as an alternative to surgery or several lower doses of radiotherapy. This development was supported by the Friends of Bristol Haematology and Oncology Centre.

Biomedical Research Unit status

The Bristol Heart Institute and cardiac services submitted a successful bid to become one of only three cardiovascular biomedical research units in the country. This reflects outstanding previous research and puts the department in good stead to apply for biomedical research centre status in four years' time.

Penny Brohn partnership

Bristol Homeopathic Hospital @ Penny Brohn clinic was launched. Led by one of the hospital's clinical assistants, this new clinic provides access to expert homeopathic consultation as part of the range of complementary therapy services offered at the Penny Brohn centre in Ham Green.

Future strategy

Sickle cell and thalassaemia service

During 2008/09 patients will be invited to give their views on the service, and see how their experience compares with other such services elsewhere. Patients' views will be used to develop an action plan that will set out the service's future priorities.

Primary angioplasty

During 2008/09 the primary angioplasty service will be expanded across the whole of Bristol and Weston. Angioplasty is a way of unblocking arteries by inserting a tube and inflating a small balloon as an alternative to clot-busting drugs.

Diagnostic and Therapy division

Services

Dietetics, medical physics & bioengineering, MEMO (medical equipment management), occupational therapy, orthotics, pathology, pharmacy, physiotherapy, radiology, speech & language therapy.

Key achievements

Radiology

An external strategic review of radiology services was carried out to provide the basis of a long-term plan for the service. A staff reorganisation and service improvement programme is also underway to reflect increased demand for services.

Pharmacy

The pharmacy team have continued to develop their ward-based service and looked at other ways of working to help improve the patient experience and reduce overall length of stay.

Pathology and radiology

A new software package has been commissioned to improve the way doctors order tests for patients. The system can be used remotely by doctors working outside the Trust, for example, by GPs.

Medal award

Dr Alan McKenzie, the Trust's director of medical physics and bioengineering, received the Silvanus Thompson medal from the British Institute of Radiology for his work on improving the accuracy of radiotherapy.

Breast screening

Avon Breast Screening Unit has continued to deal with an expanding workload due to an increasing number of patients in the target age group. This year saw the unit deliver screening services to 130,000 women in Avon while consistently exceeding clinical goals and achieving waiting times and financial targets.

Future strategy

Meeting needs

The division will continue to develop ways of working with other divisions within the Trust to meet the needs of patients and staff. Key areas include infection control, pharmacy, performance initiatives and service planning.

Equipment

The way in which equipment is replaced and space used in key areas is being rationalised to prepare for changes resulting from the Trust's review of radiology services, and also national initiatives such as the Carter Review of Pathology. Cooperative working with surrounding NHS organisations is fundamental to these processes.

Jessica Metherell, occupational health physiotherapist

Jessica joined the Trust in 2001 and is the occupational health physiotherapy team leader. The occupational health service supports the health of Trust staff.

As well as treating staff in occupational health, Jessica manages Physiotherapy Direct, a telephone advice service for staff suffering from joint or muscle pain.

She is also the Trust's first occupational health musculoskeletal specialist, a role that did not exist before she joined the Trust.

Jessica assesses staff who have musculoskeletal conditions, such as back or neck injuries, and supports them in staying at work or returning to work after a period of sick leave. She also advises managers on options for staff for returning to work.

She said: "I like the variety of the job and I find it challenging. It is satisfying seeing staff get back on track after being away from work."

Jessica has also been on a training course run by the Association of Chartered Physiotherapists in Occupational Health and Ergonomics as well as attending an employment law course.

She is currently studying for a post-graduate course in musculoskeletal physiotherapy, which is run by the Manipulation Association of Chartered Physiotherapists.



Women's and Children's division



"My working week is hugely varied."

Future strategy

Centralisation of inpatient paediatrics as part of the Bristol Health Services Plan

The full business case is being produced for the transfer of specialist paediatric services from Frenchay Hospital to the children's hospital in 2012.

Seamless service

Work will continue to strengthen partnership arrangements to develop care closer to home and ensure seamless services throughout primary, secondary and tertiary provision.

Rachel Liebling, consultant in fetal medicine and obstetrics

Rachel joined the Trust as a senior house officer in 1998, moving to Southmead and Bath for further training before returning to St Michael's Hospital.

In 2006, Rachel chose to specialise in maternal and fetal medicine, which she studied for two years before becoming a consultant in May this year.

Her role involves seeing patients whose unborn babies show abnormalities. She also monitors babies in the womb and performs procedures, when necessary. Rachel also runs an ante natal clinic and works on the delivery suite.

Rachel said: "My working week is a hugely varied. It involves practical procedures and a lot of patient interaction. The Trust has been very supportive of my career development and I have been encouraged to expand my interests."

Services

Obstetrics and gynecology, reproductive medicine, clinical genetics, paediatric anaesthesia, paediatric intensive care, neonatology, paediatric medicine, paediatric surgery.

Key achievements

Latest children's heart surgery results – excellent once again

The results of heart surgery carried out on hundreds of children at Bristol Royal Hospital for Children and young adults at Bristol Royal Infirmary again demonstrated an extremely high survival rate. Results for 2006/07 show that surgery for children and grown-up congenital heart patients resulted in a death rate of 1.8 per cent, or 1.6 per cent averaged over the past five years. These results are among the best in the country.

Chief Medical Officer visits bone marrow transplant unit

Chief Medical Officer Sir Liam Donaldson met past and present patients of the bone marrow transplant unit and their families, acknowledging the outstanding and innovative work of the unit in treating cancer.

Maternity survey success

Ninety-two per cent of women who gave birth at St Michael's said their care was 'excellent', 'very good' or 'good' during pregnancy. During labour and birth this figure was 94 per cent, and 84 per cent after the birth – these results are higher than the average for England and reflect the extremely high standards of care at the hospital.

Intensive care retrieval service completes 2,000th mission

The South West Paediatric Retrieval Service, a partnership between the Trust and Great Western Ambulance Service, completed its 2,000th mission. The service delivers specialist emergency care to children at hospitals across the region before bringing them back to the paediatric intensive care unit at the children's hospital.

Performance

Each year the Healthcare Commission, the independent watchdog for healthcare in England, carries out a health check of NHS trusts. This assesses the quality of services a trust provides and how well it uses its resources.

This section looks at how the Trust performed in providing quality services to patients. Our use of resources is dealt with in the operating and financial review.

In 2007/08 the Trust improved its performance against a number of the key performance indicators that form part of the quality of services assessment. The three key strands of the assessment during 2007/08 were:

- Existing national targets.
- New national targets.
- Core Standards for Better Health.

Existing national targets

During 2007/08 the Trust performed well against almost all of the existing national targets, achieving 10 of the 12 standards. Performance improved in a number of areas, including waiting times for treatment for patients referred by their GP with an urgent suspected cancer (62-day target), and the percentage of patients admitted within the maximum waiting time of 26 weeks.



Target	Performance
Cancer: 31 day diagnosis to treatment	99% ■
Cancer: 62 day urgent referral to treatment	95% ■
Cancer: urgent referrals seen in under two weeks	99% ■
Cancelled operations: last minute cancellations	1.2% ■
re-admission within 28 days	93% ■
Implementation of Choose & Book ¹	■
Thrombolysis: call to needle times – % within 60 minutes	89% ■
Delayed transfers of care	0.9% ■
Rapid access chest pain clinic waiting times	100% ■
Total time in A&E: four hours or less	98% ■
Waiting times: elective breaches	99.99% ■
Waiting times: outpatient breaches	99.98% ■
Waiting times: revascularisation breaches	100% ■

■ Green = target achieved ■ yellow = underachieved ■ red = failed

The Trust did not perform so well against the last-minute cancelled operations target and the 28-day readmission standard, with 1.2 per cent of admitted patients being cancelled at the last minute against a target of 0.8 per cent. The target is for 95 per cent of these patients to be readmitted within 28 days, with the Trust scoring 93 per cent.

As part of a programme of improvement for 2008/09, the Trust will be focusing on better planning for varying levels of emergency admissions, in order to avoid last-minute cancellations of elective (planned) surgery. This will also help to ensure the achievement of a maximum waiting time of four hours for more patients who need to be admitted to hospital after coming to an emergency department.

A priority continues to be trying to reduce the length of hospital stays by increasing the range of procedures for which patients can be admitted on the day of surgery, and by ensuring all necessary support services are available to discharge a patient as soon as they are fit enough. This will help reduce the time patients spend in hospital and free up beds for emergencies.

Overall, it is expected that the Trust will be assessed as having 'fully met' this part of the quality of services assessment for 2007/08.
















¹ For the Choose & Book indicator the colour coding is indicative based on 2006/07 published thresholds.

New national targets

The Trust performed well against most of the new national targets, including achieving the 18-week maximum waiting times targets for referral to treatment. The Trust also reduced waiting times for patients contacting the genito-urinary medicine (GUM) service, achieving the March target of all patients being offered an appointment within 48 hours.

While waiting times for most diagnostics tests also fell to well below six weeks, there were a small number of diagnostic tests for which waiting times were still above the national standard at the end of March 2008. Further work will be done in 2008/09 to bring these remaining waiting times down.

Despite achieving an overall reduction in the number of hospital-acquired methicillin resistant staphylococcus aureus (MRSA) bacteraemias (bloodstream infections) compared with the previous year, we had 12 more cases than the target number.

Target	Performance
18 weeks – admitted patients	89% 
18 weeks – non-admitted patients	93% 
18 weeks – diagnostics waiting under six weeks ¹	89% 
Emergency bed days (compared with 06/07) ²	-1.5% 
Ethnic group data quality	85% 
Infant health – breastfeeding rates	77% 
Infant health – not smoking during pregnancy	88% 
Participation in audits	
Patient experience: national inpatient survey	Satisfactory 
Self harm: compliance with NICE guidelines	✓ 
Obesity: compliance with NICE guidance	✓ 
Drug mis-users: information, screening & referral	✓ 
Genito-urinary medicine (GUM) – 48-hour access ³	89% 
MRSA activity – above target trajectory	
Clostridium difficle – data quality	

 Green = target achieved  yellow = underachieved  red = failed⁴

During 2007/08 the Trust embarked on a wide-ranging programme of work on healthcare associated infections. This included continued focus on hand hygiene for both staff and visitors, a revision of the Trust's infection control policies and improvements to the way causes of infections are identified, to help the Trust prevent other cases arising in the future.

The level of performance required by the Healthcare Commission to achieve the new national targets has not yet been published for most areas. However, it is anticipated that the Trust will be assessed over all as having achieved a rating of 'good' for this strand of the quality of services assessment.

Core standards

The Trust declared itself compliant with all Core Standards for Better Health for 2007/08.

The Department of Health has defined a number of core standards with which healthcare providers should comply each year. These cover a range of areas, including patient safety, patient access, how the organisation is governed and the quality of the care environment. Each year trusts make a declaration of compliance against each core standard. This declaration is then supplemented by the Healthcare Commission with feedback from local stakeholders and sources such as patient complaints and patient and staff surveys.

Quality of services

As the threshold for achievement of several of the new national targets has not yet been published, the Trust's overall performance during the last year can only be estimated at this stage. However, it is anticipated that the Trust will achieve a rating of 'good' for its quality of services.

¹ Performance shown is the percentage of patients having their diagnostic test for the 15 key diagnostic tests included in the national monthly report.

² A negative value indicates a reduction in emergency bed days relative to 2006/7.

³ The figure shown is the average percentage of patients offered an appointment within 48 hours over the year.

⁴ National targets were not available in every case at time of publication – this colour coding is therefore indicative, based on the 2006/07 published thresholds.

Performance

Infection prevention and control

The prevention and control of infection is vital in ensuring the safety of patients in our care. The hard work of the infection control team and of all our staff is reflected in the 24 per cent drop we have seen in *Clostridium difficile* cases in patients aged 65 years and over in 2007/08. We have also achieved a 33 per cent reduction in the number of patients who tested positive for an MRSA bloodstream infection linked with their current admission to one of our hospitals.

A key aspect of our preventative work has been to make improvements in hand washing. The Trust has launched a campaign featuring the medical and nursing directors in large posters at all entrances.

We encourage all our patients and visitors to help us achieve 100 per cent hand washing by reminding staff who, on occasions, may inadvertently forget to wash their hands. All of our staff are trained in hand washing techniques and receive regular reminder sessions, including practical demonstrations using hand gels that glow under ultraviolet light.

The cleanliness of our hospitals is of major importance and we have made great efforts to achieve a high standard. Sometimes the fabric of our older buildings may give the impression of lack of cleanliness, even when they have been adequately cleaned. During the next year investment is being made to upgrade some of the older bathrooms and toilets so that they are easier to clean. This year saw additional funding from the Department of Health for extra deep cleaning in hospitals. The Trust completed this extra work in spring 2008 in tandem with our existing rolling programme of specialist cleaning.

Hospitals are not immune to infections that affect the wider community and a number of wards were closed due to outbreaks of viral gastroenteritis (diarrhoea and vomiting) during the winter and spring months. During outbreaks we ask the public not to visit if they are, or have been, ill and to respect our intensified infection prevention measures, including restricting visiting times.

The Trust's work in this area in 2008/09 continues, and will make further reductions in infections through increased screening of patients, changes in prescribing of antibiotics and continued improvements in our ward environments.



Improving our services

In 2007/08, the Trust implemented the first phase of an improvement programme to streamline working practices using 'lean' methodology. This brings together multi-disciplinary teams to review their ways of working and agree how they can improve services for patients. The focus is placed on identifying and removing unnecessary activities that do not add to the quality of the care patients receive.

During the year 'lean' projects were undertaken in ophthalmology, gynaecology, paediatric oncology, endoscopy and cardiology.

Early results demonstrate quality improvements for patients: better access to services and information, less time waiting on-site for consultations or procedures as well as performance improvements for the Trust that include better use of staff and other resources. Each project has developed skills within the clinical teams so they can continue to improve services for patients.

In 2008/09 the Trust will expand the programme to include pharmacy, radiology, theatres, outpatients and other services.

Research and development



Research and development funding in the NHS is undergoing a sea change. The Trust is riding the wave of change and embracing new approaches to supporting its researchers. It is focusing on excellence in research and exploiting its strengths, along with nurturing new and emerging areas in which research can show real benefits to patients.

The Trust has seen the arrival of a new Chief Executive who is explicit in his support of good research and his determination to raise Bristol's national research profile. To this end, the Trust is working with local partners, including the University of Bristol, University of West of England, Bristol Primary Care Trust and North Bristol NHS Trust, to explore and exploit national research opportunities.

The Trust was successful in its bid to host the Western Comprehensive Local Research Network. A core team is now in place, identifying, exploiting and expanding the research capacity in the South West, alongside its partner network.

The network has £7 million to award to NHS organisations in the West for research staff and services necessary to delivering quality, patient-focussed research.

Clinical and academic partners in the Bristol Heart Institute have scored successes in securing funding from two of the new large funding schemes set up by the National Institute for Health Research: for the cardiac biomedical research unit, and for a programme to investigate blood conservation in surgery (£3.8 million and £1.6 million respectively). These two large awards demonstrate the Trust's commitment to the translational research agenda – work that moves discoveries made in laboratories into clinical care of patients. The Trust has also been awarded funding for a new cardiac MRI machine which will enable imaging researchers in the Trust to take their work to a new level.

The National Institute for Health Research (NIHR) Medicines for Children Research Network (MCRN) was created to improve the co-ordination, speed and quality of randomised controlled trials and other well-designed studies of medicines for children and adolescents, including those for prevention, diagnosis and treatment.

The South West Local Research Network for MCRN is hosted by the Trust with staff based in Bristol and at the Royal Devon and Exeter NHS Foundation Trust, facilitating clinical research across the region. Trust staff have worked with clinical teams to recruit to 12 non-commercially sponsored studies and two industry sponsored studies this year as well as being involved in the set-up phase for a further 11 studies and responding to requests from industry partners. They have worked with a number of different specialties and units and launched a families' network in order to gather the views of children and their families on research into children's medicines.

The research and development department have been relocated to custom-built offices in the Education Centre, ensuring that they are now more easily accessible to all researchers and potential researchers. The department continues to offer high-level support to all researchers at all stages as well as providing robust research governance for the Trust.

Our research priorities are aligned to our clinical priorities and particular support is provided to research in cardiac services, children's services, cancer, emergency services, oral and dental health, ophthalmology and acute care.

Looking forward

Moving towards Foundation Trust status

The Trust began the process of applying to become a Foundation Trust, a new type of NHS organisation, in April 2007. Foundation Trust status was granted on 1 June 2008, allowing the Trust to change its name to University Hospitals Bristol NHS Foundation Trust. The change reflects our partnerships with our two local universities – the University of Bristol and the University of the West of England.

Achieving Foundation Trust status gives the Trust more freedom to involve patients, the public and staff in its plans and in further improving its services.

Foundation Trusts are allowed to borrow money to develop services. The Trust will also be able to invest any money saved at the end of a financial year in improving the Trust's current, or developing new, services. The process began after the application gained Strategic Health Authority approval with a 12-week formal public consultation. Staff were also asked their views.

As part of the process, a 10-year integrated business plan was developed and the Trust began recruiting patients, carers and the public to join as members to have a say in how its hospitals are run.

By September 2007, the Trust was delighted that 6,503 people had joined as patient and public members. All staff are members unless they opt out. In December, the Secretary of State gave approval to progress to the final stage of the application, which is assessment by the independent regulator, Monitor.

In early 2008, the Trust held elections for governors to sit on the membership council, the governing body which influences the Trust's plans. All 27 public, patient and staff elected seats were contested following the unprecedented interest shown by our members.

During 2008 the Trust will work closely with the new governors so that membership reflects the wider Bristol community and ensure members are listened to when shaping our services for the future.



**Anne Skinner,
Patient governor**

Former nurse Anne Skinner is one of the new patient governors of the Foundation Trust who will represent the members' views and help shape the Trust's future plans.

"I am passionate about the Trust and its hospitals."

Anne trained as a nurse at both the Bristol Royal Infirmary (BRI) and the Bristol Eye Hospital during the 1960s. She is currently a patient at the BRI and can bring to the role of governor, the experience of someone who uses the services provided by the Trust.

Anne said: *"I feel an affinity with the Trust and consider it an honour and privilege to act as an ambassador for patients. As an ex-nurse, who has recently been both an inpatient and an outpatient at St Michael's and the BRI, I can represent the needs and views of patients."*

"I am passionate about the Trust and its hospitals. I would like to help the people of Bristol and surrounding area to see the Trust as a centre of excellence."

Recruitment team at work



Redevelopment plans

Bristol Heart Institute

This year has seen major strides towards the construction of the new Bristol Heart Institute (BHI) which is on track to be fully operational by the middle of 2009.

The project increases clinical space on the Bristol Royal Infirmary site by more than 9,000 square metres and will bring together all cardiac services, including intensive care, catheterisation laboratories and theatres, outpatients and inpatient wards, to provide improved care and efficiency for the service.

The building is designed around a welcoming central atrium flooded with natural light which will feature glazed bridges, trees, artwork, seating and refreshment areas.

The Above and Beyond Charities have fully supported the BHI and are well on the way to achieving a fundraising target of £800,000 which will support an arts programme, enhance the building's public areas and purchase additional specialist medical equipment, for this state-of-the-art building.

The arts programme, which has been fully integrated into the design of the building, includes pieces by seven different artists from Bristol, Sussex, Wales, London and Yorkshire developing works in conjunction with staff and patients.

The artworks include a suspended sculpture for the four-storey atrium, an outpatients' reception desk and pieces for patient and visitor areas. A lighting commission to add visual and wayfinding impact to the front of the new building is also being created.



Artist's impression of the Bristol Heart Institute

Bristol Health Services Plan

The Trust's strategy to support the Bristol Health Services Plan passed significant milestones during the year, including the approval of outline business cases for two projects from commissioners and the South West Strategic Health Authority.

These business cases set out the Trust's plans to deliver a new integrated children's service and to move patient care from out-dated wards in the BRI's Old Building.

The centralisation of specialist paediatrics will deliver the second phase of the transfer of children's services across Bristol to the Bristol Royal Hospital for Children. The first phase saw the successful transfer of the acute paediatric service from Southmead to the newly-built ward 38 in April 2007.

The second phase, which will bring the transfer of specialist paediatric burns, plastics, orthopaedic and neuroscience services from the Barbara Russell Unit at Frenchay Hospital, requires a major re-organisation of the children's hospital.

Work is planned to start in 2010 and will result in a fully-integrated children's service with on-site access to paediatric intensive care facilities.

The BRI redevelopment project is driven by the need to replace old patient accommodation in the Old Building and to provide new accommodation for emergency adult patients to meet future demand.

The project will be delivered in two phases. The first phase is co-ordinated with the transfer of existing cardiac services into the new Bristol Heart Institute.

Wards from the Old BRI building will transfer into the space this creates within the Queen's and King Edward buildings. Part of the Old Building will remain in use until 2013 when a new clinical block on the current Terrell Street site will be completed.



Our role in the community

As a major city centre employer, the Trust aims to manage its business in a way that has a positive impact for the local community and wider society. Our programme for corporate social responsibility includes many diverse projects, from greener travel to improving nutrition in local schools.

The Trust's Schools Liaison programme continues to support the 'learning and achievement' work of the Bristol Partnership, a city-wide initiative bringing together key public and voluntary organisations.

In 2007 the Trust launched its Ambassadors network programme, which is linked closely with the recruitment and retention strategy. More than 100 Trust staff are members of the network and use their knowledge and talent to promote NHS careers and support young people's skills and employment potential in the community.

The network's size has enabled the Trust to increase the number of events with schools from 10 a term in 2006 to 26 in a similar period in 2007. Due to the growing number of requests from schools for more placements and events, the Trust is working in partnership with North Bristol NHS Trust to increase the overall involvement from the acute health sector.

The Trust is encouraging young people's interest in science. Our 'Taste of Science in Health' events for Key Stage Three students aim to strengthen knowledge of how science is used in the workplace, while allowing the

opportunity to hear about of the variety of careers offered within the Trust. The events provide an exciting opportunity for students to get hands-on experience and talk to healthcare professionals from areas including pathology, food and nutrition, and infection control.



Our commitment to the environment

Environmental policy

The Trust recognises its environmental and social responsibilities. It also acknowledges the impact its activities may have on the environment. Our environmental policy sets out our strategy for improving the Trust's performance in key areas, including:

- Energy procurement and use
- Waste production and disposal
- Transport and car parking
- Purchasing and contract arrangements.

Carbon positive

The Trust is committed to reducing its carbon footprint but the age of some of its buildings makes it challenging to introduce energy-saving measures. Modern medicine is a high energy user, and there is increasing clinical use of computers and electrical equipment.

The Trust is working hard to meet these challenges while continuing to expand its services to the local and wider community and has just been named a winner in the Carbon Positive awards by Business in the Community for its progress to date.

Power

All of the Trust's buildings have already either met or exceeded NHS targets for energy performance, even though these are not due to take effect until 2010. The Trust measures carbon emissions from its energy use, including those from its power plant and the energy taken from the electricity grid.

There was a three per cent rise in carbon emissions from this direct energy consumption from 2006/07 to 2007/08 due partly to increased use of electrical equipment but also to a rise in fuel prices which made it more economical for the Trust to use mains electricity than to generate its own – using mains electricity results in more emissions.

However, a steady process of change across the organisation means a great deal is being done to reduce our emissions. Indeed, there has been a 13 per cent overall reduction in carbon emissions from direct energy consumption since 1990.

Receiving the Carbon Positive Award



Our role in the community



The Trust's biggest measure to cut emissions is the combined heat and power plant which, since it was installed in 1998, has produced on average 25 per cent of the precinct's electricity demand. Emissions from the plant fell from 11,530 tonnes in 2005/06 to 10,377 in 2007/08.

This year the Trust was able to trade a surplus of 3,372 tonnes as part of the European Union Energy Trading Scheme, with the money invested in a range of energy-saving schemes, including installing more than 1,000 energy-efficient lightbulbs.

Other steps to manage carbon emissions include building efficiency into new developments:

- The new ward extension in the Bristol Royal Hospital for Children completed in April 2007 and the new Bristol Heart Institute, currently under construction, have both been given an 'excellent' rating under the NHS Environmental Assessment Tool and both are expected to produce an 'A' rated (best) energy performance indicator
- The Bristol Heart Institute will have its own generator for use in case of power failure which can be operated in parallel with the mains supply to reduce the amount of power taken from the national grid at peak usage times.

People

With more than 7,500 staff, the Trust has a key role to play in influencing how people travel to work. Work to encourage staff, patients and visitors to find alternative methods of transports to cars this year includes:

- Investment in a third bus for the Hospital and University Bus Shuttle (HUBS)
- Consulting with the city council and local bus companies to improve services, resulting in extended Park and Ride services

- The provision of an extra 35 cycle spaces, taking the total to 325 at sites around the precinct
- The promotion of a tax benefit cycle scheme allowing staff to buy a bicycle at reduced cost
- A pledge to support 'Choseday', a Bristol initiative aiming to find innovative ways to encourage the people to leave their cars at home on a Tuesday and find alternative ways to travel. The Trust has named 20 'travel champions' who will set a positive example and encourage their colleagues to find new ways to commute.

Purchasing

The Trust has encouraged its suppliers to reduce their carbon footprints. This has been achieved by:

- Reducing the overall number of suppliers to the Trust
- Simplifying distribution and reducing the amount of supplies held in stock
- Encouraging deliveries on a monthly basis to an offsite warehouse instead of daily or weekly to hospitals.

Waste and recycling

The Trust has a range of recycling measures and is looking at ways of increasing this to improve long-term sustainability. Action includes:

- Cardboard recycling has been successfully introduced into the BRI and, despite an increase in recycling costs due to higher fuel charges, it is still cheaper than disposing of cardboard through normal mixed waste. For example, in the 12 months to February 2008, 60 tonnes of cardboard was recycled at the BRI at a cost of £31.73 a tonne, compared with £75 a tonne for disposal through normal domestic waste. Using a static compactor, cardboard recycling has been extended to St Michael's Hospital
- A trial began in February 2008 to boost paper recycling across the Trust. The first collection yielded an extra third of a tonne in addition to the existing quantity of paper recycled. Costs are similar to those for normal disposal but there is a reduction in the amount of waste sent to landfill.

Listening, learning and improving

The Trust has continued throughout the year to listen to what patients and the public think and to involve them in the work of the Trust.

This process has been previously coordinated via the patient and public involvement strategy. This year, the Trust strengthened its public and patient involvement activities through the 8,500 members who were recruited during the year, ready for Foundation Trust status. Many of these members are already involved in the Trust's activities and their views will be invaluable in improving and shaping services.

Feedback from patients comes through a variety of routes. These include the Patient Advisory and Liaison Service (PALS), the formal complaints system, focus groups, patient surveys and by involving patients or members of the public in a range of committees. In particular, patient and public involvement in redevelopment projects, such as the Bristol Heart Institute, has been well-received.

The Trust received 541 formal written complaints during 2007/08, a fall of more than six per cent on the previous year. This reduction reflects the emphasis that has been placed on resolving issues, either through the PALS service or through the increased presence of matrons in patient areas.

The Trust responded to 98 per cent of complaints received within the NHS target time of 25 working days. This was an improvement on 2006/07, when the figure was 89.6 per cent.

The Trust has a Complaints and PALS policy, which adheres to the NHS Litigation Authority's requirements, and the Parliamentary and Health Ombudsman's Principles for Remedy.



Listening, learning and improving

The Trust has continued throughout the year to listen to what patients and the public think...

Acting on your comments:

Service improvements following a complaint or contact with PALS include:

- New chairs and digital information board bought for clinic two of the Bristol Royal Infirmary (BRI)
- The hours of the specialist colorectal nurse have been increased to enable more patients to be treated
- Clearer information for claimants at the BRI cashier's desk
- Improved communication with patients who need transport to get to cataract operations
- Raising awareness that parking permits are available for long-term patients at Bristol Haematology and Oncology Centre
- Feedback notice boards in all the main entrances of the Trust.

Compliments:

"The journey from diagnosis to laparoscopic surgery and then support for recovery has been outstanding. At each stage I have been well informed and properly consulted and this has enabled me to make informed choices that I am pleased to report has resulted in an excellent outcome."

"I was treated with respect, dignity and care at all times, every member of staff I came into contact with was bright and bubbly and they truly helped make my stay at the Bristol Royal Infirmary as pleasant and stress free as could possibly be."

"The theatre staff were extremely professional and skilled. They talked to me throughout, reassuring me and keeping me informed about what was happening. I have the highest regard for them."

"Please pass my thanks to ... the nurses of the coronary care ward and ward 18, the doctors and domestic staff. All members of staff have consistently show compassion and professionalism; they have answered all our questions and provided much needed reassurance."

Staff involvement

Listening and responding to staff is essential for the Trust to achieve its goals.

Staff are consulted via a range of formal and informal methods. For example, the Chief Executive holds briefing sessions about the Trust's progress for all staff so they can ask questions. The Trust's intranet is also being redeveloped, providing dedicated areas for posting information for staff. Regular communications also include a weekly email and paper bulletin and a bi-monthly magazine.

There are also formal employee relations groups, including:

- The Trust's consultative council, a quarterly strategic employee relations group attended by the Chief Executive and chaired by the director of workforce and organisational development
- The local negotiating committee, a bi-monthly joint medical staff and management committee
- The industrial relations group, a monthly forum at which operational issues and their impact on staff are discussed
- Staff side (union representatives) monthly joint union committee, where operational and policy issues are discussed.

Staff involvement is taking a further significant step with the move Foundation Trust status, with six staff elected by their colleagues to serve as members of the council of governors.

The 2007 staff survey revealed that the Trust is viewed as a good place to work, with results placing the Trust in the top 20 per cent of acute trusts nationwide for job satisfaction. The Trust is also in the top 20 per cent of acute trusts in England in the following areas:

- Quality of work life balance
- Staff who have been appraised in the last 12 months, and the number of staff having well-structured appraisals
- Quality of job design
- Perceptions of effective action from the Trust to deal with violence and harassment.

The Trust also scored above the average for acute trusts for the following:

- Staff using flexible working options: 73 per cent (71)
- Staff receiving relevant training, learning or development in the previous 12 months: 78 per cent (76)
- Staff receiving health and safety training: 78 per cent (73).

(National average for acute trusts in brackets)

The survey also revealed that the number of staff intending to leave their jobs was below average and that the number of staff working extra hours had significantly decreased with fewer staff experiencing work pressure.

The Trust also had positive results from staff from black and minority ethnic backgrounds, particularly around well-structured appraisals and job-relevant training, learning or development.



Equality and diversity



The Trust's commitment to equality and diversity underpins all our activities.

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

In 2007/08, the Trust had equality schemes for disability, gender and race. These have been brought together as a single equality scheme. The scheme includes an action plan of key objectives affecting equality and diversity in terms of patient care and employment over the next three years.

There are five operational groups in the Trust responsible for managing the cross-divisional equality and diversity programme. These groups report

to an equality and diversity steering group. The groups cover age, disability, gender, sexuality and trans-sexuality, race, religion, beliefs and social inclusion.

The operational groups have encouraged Trust-wide changes to support our diverse local community, leading to improvement in the quality of patient care and increased staff satisfaction.

Some of the developments in equality and diversity include improving our patient administration systems so that individual patient care needs are recognised and met. The Trust consulted with minority groups to ensure this measure met their needs. The Physical and Sensory Impairment group has been advising the Estates Department on the audit and upgrade of facilities to make them more accessible for people with disabilities.

The Quiet Space in the Bristol Royal Infirmary was adapted to make it suitable for prayers for Muslim patients and staff. The Trust has also developed a chaperoning policy and re-established the staff forum for staff with physical or sensory impairments.

The Trust was pleased to support the Bristol Primary Care Trust with the Black and Minority Ethnic Customer Service Project. The project aimed to bring forward the concerns and issues of Black and Minority Ethnic NHS service users. Project workers liaised closely with managers and with the PALS teams to improve services. The project provided an easy point of contact for Black and Minority Ethnic people to register their concerns in relation to hospital services and ensure their issues were satisfactorily resolved. Issues concerned communication, food, appointments and information.

The Trust is committed to promoting a supportive and inclusive culture for all patients, staff and stakeholders.

Operating and financial review

Introduction

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

Operating Environment

Identified key markets

The Trust provides services to three key markets, namely:

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

Key operating risks

The Trust faces a number of significant challenges in the coming year. The Trust has successfully applied to become a Foundation Trust, with authorisation from Monitor, the Foundation Trust regulator, in June 2008. The performance in 2007/08 has placed the Trust in a strong position to continue delivering high standards of clinical care to the local population.

The Trust also faces the challenge of meeting the national 18-week maximum waiting time target from GP referral to treatment, achieving a maximum four-hour wait for patients attending the emergency department and meeting targets for infection control.

Financial Review

Income and expenditure

For the financial year ended the 31 March 2008, the Trust received income of £414.7 million and generated a surplus of £12.8 million on its Income and Expenditure Account. This represents three per cent of turnover.

This is another good result for the Trust and represents the fifth year in a row that a breakeven or better financial position has been achieved. In achieving the surplus position the Trust also delivered a savings programme of £16.2 million, in line with the plan.

The 2006/07 comparator figures are shown as restated in respect of debtors and income due to the change in accounting policy for valuing income due to partially completed patient treatment spells of activity. The March 2007 value for partially completed spells was £3.459 million.

Liquidity

The key indicators in measuring the Trust's liquidity position are the cash balance and the External Financial Limit (EFL).

The Trust's cash position improved from £1.9 million to £8.2 million. This position included the following main contributory factors:

- Income and Expenditure surplus of £12.8 million.
- The repayment, without penalties, of £12.8 million of the Department of Health loan taken up in 2006/07 (£20.3 million). The balance of the loan will be repaid in full by March 2010.
- Slippage on major capital schemes.

The Trust is set an EFL by the Department of Health, primarily a cash target, which it is permitted to undershoot, but not overshoot. The EFL was £10.374 million and this was achieved with an under shoot of £0.102 million.

Operating and financial review

Capital

The Trust had a capital resource limit (CRL) of £56.4 million, which it is not permitted to overspend. The charge against the CRL was £48.1 million, an underspend of £8.3 million.

The total capital investment for the year includes £49.2 million expenditure on schemes, income from asset disposals of £0.5 million and donations towards the acquisition of fixed assets of £0.6 million.

The significant capital schemes in the year are the Bristol Heart Institute (£21.9 million) and Dental School expansion (£7.3 million).

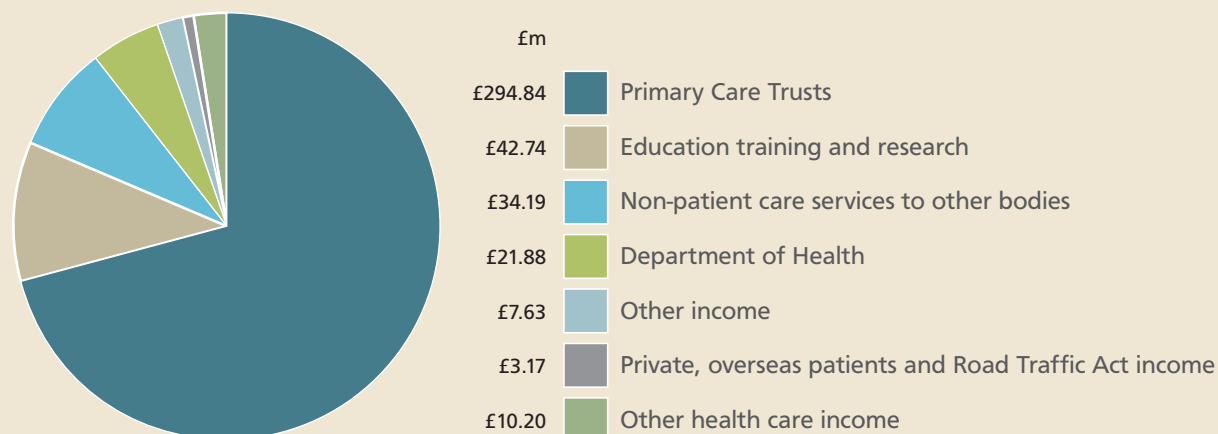
Summary financial statement:

This is a summary financial statement and may not contain sufficient information for a full understanding of the Trust's financial position and performance. This summary financial statement relates to the 2007/08 accounts of United Bristol Healthcare NHS Trust, which changed its name on 1 June 2008 to University Hospitals Bristol NHS Foundation Trust. The full accounts and statement of internal control are available from Paul Mapson, Director of Finance, at Trust Headquarters, Marlborough Street, Bristol BS1 3NU.

Summary Income and Expenditure Statement

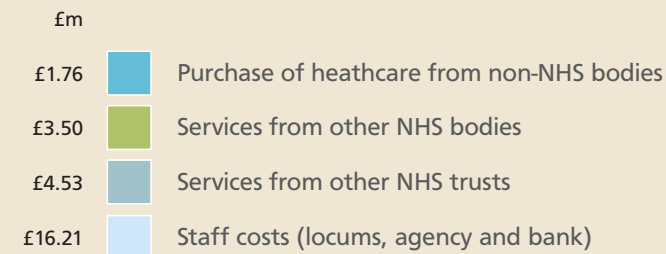
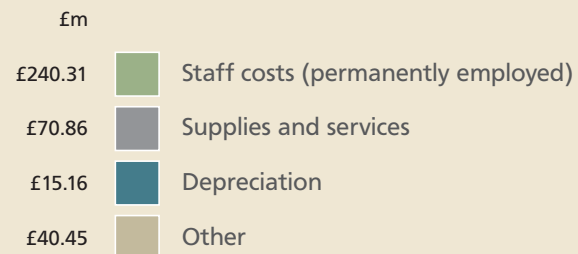
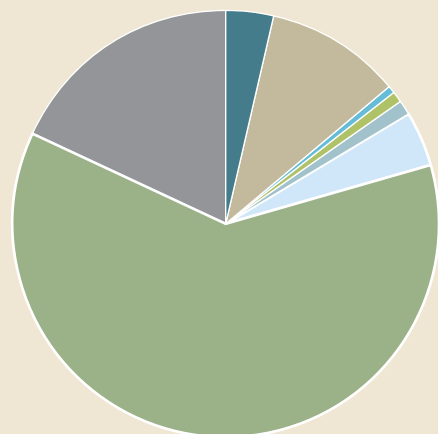
	2007/08	2006/07 (Restated)
	£000	£000
Income	414,654	375,985
Expenses	(392,784)	(363,205)
Operating surplus	21,870	12,780
Cost of fundamental re-organisation/re-structuring	-	-
Profit/(loss) on disposal of fixed assets	66	(35)
Interest receivable	1,337	547
Interest payable	(1,484)	(557)
Other finance costs	(38)	(38)
Public Dividend Capital dividend	(8,942)	(8,124)
Retained surplus/(deficit)	12,809	4,573

Operating income by source



Operating and financial review

Operating expenditure by type



Breakeven performance

	Surplus/(Deficit) £000	Prior Year Adjustment £000	Adjusted Surplus/(Deficit) £000
B/fwd 1997/2003	(18,767)	1,427	(17,340)
2003/04	80	-	80
2004/05	52	-	52
2005/06	3,285	-	3,285
2006/07	1,114	3,459	4,573
2007/08	12,809	-	12,809
Cumulative surplus/(deficit)			3,459
2007/08 Surplus as % of turnover			3.1%

Operating and financial review

Income generation schemes

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

Summary balance sheet

	2007/08	2006/07 (Restated)
	£000	£000
Fixed assets	358,411	307,579
Stocks	5,247	4,845
Debtors	25,725	23,724
Investments	312	292
Cash	8,243	1,929
Current liabilities	(38,529)	(22,784)
Net current assets	998	8,006
Liabilities over one year	(9,062)	(25,939)
Provisions for liabilities and charges	(2,472)	(3,633)
Total assets employed	347,875	286,013
Financed by:		
Public dividend capital	169,015	138,838
Revaluation reserve	134,615	120,350
Donated asset reserve	14,476	14,231
Government grant reserve	278	166
Income and expenditure reserve	29,406	12,342
Other reserves	85	86
Total capital and reserves	347,875	286,013

Statement of total recognised gains and losses

	2007/08	2006/07 (Restated)
	£000	£000
Surplus for the year before dividends	21,751	9,238
Fixed asset impairment losses	(2,646)	
Fixed asset revaluations/indexation	22,068	16,626
Increase in donation reserve	869	903
Reduction to other reserves	1	-
Total gains for the year	42,043	26,767
Prior period adjustment	-	3,459
Total gains recognised	42,043	30,226

Summary cash flow statement

	2007/08	2006/07
	£000	£000
Cashflow from operations	45,238	17,780
Interest received	1,312	497
Interest paid	(1,540)	(600)
Dividends paid	(8,942)	(8,124)
Management of liquid resources	(20)	3
Net capital investment	(46,917)	(27,962)
Net cash from pdc/donated capital receipts	17,951	18,486
Increase/(decrease) in cash equivalents	7,082	80

Operating and financial review

Performance against external financing limit (EFL)

The Trust is set an External Financing Limit (EFL) by the Department of Health, primarily a cash target, which it is permitted to undershoot, but not overshoot. This was achieved with an undershoot of £0.102 million.

	2007/08	2006/07
	£000	£000
External financing limit set by the Department of Health	10,374	17,745
Achieved by:		
Cashflow financing	10,849	18,409
Finance Leases taken out in year	-	-
Other capital receipts	(577)	(741)
External financing requirement	10,272	17,668
(Over)/undershoot against EFL	102	77

Performance against capital resource limit (CRL)

The Trust is set a capital resource limit (CRL) by the Department of Health, which places a limit on capital spending.

	2007/08	2006/07
	£000	£000
Capital resource limited set by the Department of Health	56,427	34,274
Gross capital expenditure	49,233	33,216
Less book value of assets disposed of	(566)	(2,483)
Plus losses on disposal of donated assets	-	-
Less capital grants	-	-
Less donations	(577)	(741)
Charge against CRL	48,090	29,992
(Over)/underspend against CRL	8,337	4,282

The underspend of £8.337 million against the capital resource limit is due to the retention of cash from expected slippage in the Trust's capital programme.

Management costs

	2007/08	2006/07
	£000	(Restated) £000
Total Trust income*	412,571	373,496
Management costs	15,075	14,436
Percentage of income	3.7%	3.9%
*Excluding income to offset fixed asset impairments charges to operating expenses of:	2,084	2,489

Capital investment

	2007/08
	£000
Major X-ray, scientific and medical equipment	4,054
Refurbishments and replacements	2,506
Capital Schemes: -	
- Bristol Heart Institute	21,924
- Ward 38 – extension to Bristol Royal Hospital for Children	494
- Information management and technology hub	660
- Dental student expansion	7,256
- Milne Centre	2,047
- Electrical sub-station	876
- BRI Redevelopment	364
- Purchase Eugene Street flats	3,228
Change in capital definition	157
Minor alterations and equipment replacement	2,456
Information management & technology	2,634
Total Expenditure	48,656

Operating and financial review

Better Payments Practice Code – measure of compliance

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

Non-NHS trade invoices

2007/2008	Number	Value £000
Total bills paid	148,422	146,005
Total bills paid within target*	125,762	125,277
Percentage of bills paid within target*	85%	86%

2006/2007	Number	Value £000
Total bills paid	145,369	130,073
Total bills paid within target*	123,835	111,406
Percentage of bills paid within target*	85%	86%

NHS trade invoices

2007/2008	Number	Value £000
Total bills paid	3,918	31,277
Total bills paid within target*	3,133	25,299
Percentage of bills paid within target*	80%	81%

2006/2007	Number	Value £000
Total bills paid	4,307	33,280
Total bills paid within target*	1,937	14,424
Percentage of bills paid within target*	45%	43%

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

Improvements to invoice authorisation and dispute resolution processes have resulted in increased compliance with the Better Payments Practice Code for NHS Trade Invoices.

Financial key performance indicators (KPIs)

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

- Income and Expenditure – five years' breakeven with a surplus of £12.8 million in 2007/08
- Cost Efficiency – the National Reference Cost Index shows the Trust as three per cent below the national average.

Non-financial key performance indicators are dealt with in the 'performance' section of this report.

Financial outlook

The Trust looks to build on the financial achievements of 2007/08. The financial plan for 2008/09 includes:

- Planned surplus on the income and expenditure account of £10.58 million
- Savings programme of £12.4 million
- Capital programme of £43.4 million
- Planned cash balance at year end of £9.6 million
- £5 million repayment of the historic debt loan leaving only £2.5 million outstanding from the original £20.3 million at year end.

This position will again be challenging but is deliverable. The planned surplus needs to be seen in the context of the medium-term financial plan which in addition to providing for the repayment of the historic debt loan and support for the capital programme provides for the management of substantial strategic change in Bristol over the next few years and the maintenance of a strong on-going trading position.

Legal advisors

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

External auditors

The Trust's auditors are the Audit Commission. Work undertaken by the auditors during 2007/08, at a cost of £0.247 million, related solely to Audit Services, that is, the statutory audit and services carried out in relation to the statutory audit.

Statement of directors' responsibilities in respect of internal control

The statement of directors' responsibilities can be found in the Trust's statutory, audited accounts on the website: www.uhbristol.nhs.uk

Operating and financial review

Independent auditor's statement to the Board of Directors of the United Bristol Healthcare NHS Trust

I have examined the summary financial statement, which comprises the Summary Income and Expenditure Account, the Summary Balance Sheet, the Summary Cashflow Statement, the Statement of Total Recognised Gains and Losses, and related notes as set out on pages 25 to 29 and the Remuneration Report as set out on pages 32 to 33.

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

Respective responsibilities of directors and auditor

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 statement within the Annual Report 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 statement.

Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2008.

Richard Lott

Engagement Lead
(Officer of the Audit Commission)

Westward House, Stoke Gifford, Bristol BS34 8SR
August 2008



Remuneration report



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

The remuneration of senior managers is determined annually by the Remuneration Committee using guidance issued by the Department of Health. In 2007/08 the uplift applied was 1.3 per cent of salary from April 2007. Remuneration was based on national guidance, not on performance.

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

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

Chief Executive (to 30 September 2007)	Ron Kerr
Chief Executive (from 1 October 2007)	Graham Rich
Medical Director	Jonathan Sheffield
Chief Nurse and Director of Governance	Lindsey Scott
Director of Finance	Paul Mapson
Director of Workforce and Organisational Development	Anne Coutts
Director of Corporate Development	Robert Woolley
Chief Operating Officer (to 30 September 2007)	Graham Rich
Acting Director of Operations (1 October 2007 to 10 March 2008)	Xanthe Whittaker
Chief Operating Officer (from 11 March 2008)	Irene Scott

Remuneration report

Salaries & Allowances

Name and title	2007/2008			2006/2007		
	Salary (bands of £5,000)	Other remuneration (bands of £5,000)	Benefits in kind (rounded to the nearest £5,000)	Salary (bands of £5,000)	Other remuneration (bands of £5,000)	Benefits in kind (rounded to the nearest £5,000)
	£'000	£'000	£'000	£'000	£'000	£'000
Chair						
John Savage	20-24	Nil	Nil	5-9	Nil	Nil
Executive Directors						
Ron Kerr - Chief Executive (left 30/09/2007)	95-99	Nil	Nil	165-169	Nil	Nil
Graham Rich – Chief Executive (from 01/10/2007)	80-84	Nil	Nil	Nil	Nil	Nil
Jonathan Sheffield – Medical Director	165-169	Nil	Nil	160-164	Nil	Nil
Anne Coutts – Director of Workforce and Organisational Development	105-109	Nil	Nil	95-99	Nil	Nil
Lindsey Scott – Chief Nurse and Director of Governance	105-109	Nil	Nil	95-99	Nil	Nil
Paul Mapson – Director of Finance	120-124	Nil	Nil	95-99	Nil	Nil
Non-Executive Directors						
Richard Daly (left 30/11/2007)	0-4	Nil	Nil	5-9	Nil	Nil
Iain Fairbairn (from 1/12/2007)	0-4	Nil	Nil	Nil	Nil	Nil
Lisa Gardner (from 01/06/2007)	0-4	Nil	Nil	Nil	Nil	Nil
Patsy Hudson	5-9	Nil	Nil	5-9	Nil	Nil
Selby Knox (from 01/2/2008)	0-4	Nil	Nil	Nil	Nil	Nil
Emma Woollett	5-9	Nil	Nil	5-9	Nil	Nil
Gareth Williams (left 30/09/2007)	0-4	Nil	Nil	5-9	Nil	Nil
Other Directors						
Robert Woolley – Director of Corporate Development	95-99	Nil	Nil	95-99	Nil	Nil
Graham Rich – Chief Operating Officer (became Chief Executive 30/09/2007)	60-65	Nil	Nil	115-119	Nil	Nil
Xanthe Whittaker – Acting Director of Operations (from 01/10/2007 to 10/03/2008)	25-29	Nil	Nil	Nil	Nil	Nil
Irene Scott – Chief Operating Officer (from 11/03/2008)	5-9	Nil	Nil	Nil	Nil	Nil

Remuneration report

Pension Benefits

Name	Title	Real increase in pension at age 60 (Bands of £2,500)	Lump sum at aged 60 related to real increase in pension (Bands of £2,500)	Total accrued pension at age 60 at 31 March 2008 (Bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2008 (Bands of £5,000)	Cash equivalent transfer value at 31 March 2008 £'000	Cash equivalent transfer value at 31 March 2006 £'000	Real increase in cash equivalent transfer value £'000
Chair								
John Savage	Chair	-	-	-	-	-	-	-
Executive Directors								
Ron Kerr	Chief Executive	10-12.4	70-74.9	95-99.9	285-289.9	1,750	1,285	163
Graham Rich	Chief Executive / Chief Operating Officer	5-7.4	17.5-19.9	35-39.9	105-109.9	506	401	73
Jonathan Sheffield	Medical Director	0-2.4	2.5-4.9	60-64.9	180-184.9	953	900	37
Anne Coutts	Director of Workforce and Organisational Development	2.5-4.9	10-12.4	30-34.9	100-104.9	542	474	48
Lindsey Scott	Chief Nurse and Director of Governance	2.5-4.9	12.5-14.9	30-34.9	100-104.9	506	432	52
Paul Mapson	Director of Finance	7.5-9.9	25-27.4	40-44.9	130-134.9	724	563	113
Other Directors								
Irene Scott (from 11/03/2008)	Chief Operating Officer	0-2.4	5-7.4	40-44.9	120-124.9	672	612	2
Xanthe Whittaker (from 01/10/2007 to 10/03/2008)	Acting Director of Operations	0-2.4	5-7.4	5-7.4	15-19.9	70	47	7
Robert Woolley	Director of Corporate Development	0-2.4	2.5-4.9	20-24.9	60-64.9	293	280	9
Non-Executive Directors								
Richard Daly (left 30/11/2007)		-	-	-	-	-	-	-
Iain Fairbairn (from 1/12/2007)		-	-	-	-	-	-	-
Lisa Gardner (from 01/06/2007)		-	-	-	-	-	-	-
Patsy Hudson		-	-	-	-	-	-	-
Selby Knox (from 01/2/2008)		-	-	-	-	-	-	-
Emma Woollett		-	-	-	-	-	-	-
Gareth Williams (left 30/09/2007)		-	-	-	-	-	-	-

Supporters, volunteers and friends

A wide range of groups support the Trust, including:

League of Friends, Bristol Royal Infirmary
Guild of Friends, Bristol Royal Hospital for Children
Headstart, Bristol Oncology & Haematology Centre
Radio Lollipop, Bristol Royal Hospital for Children
British Red Cross
Bristol Hospital Radio Service
Friends of Bristol Eye Hospital
Bosom Buddies, Bristol Royal Infirmary
Cardiac Support
Friends of Bristol Haematology and Oncology Centre
Friends of Bristol General Hospital
Multiple Sclerosis Society
Bristol & District Flower Club
Clifton Garden Society
Women's Royal Voluntary Services
Bristol & Southwest Children's Heart Circle,
Bristol Royal Hospital for Children
National Ankylosing Spondylitis Society
Cub Scouts, Bristol Royal Hospital for Children
Avon Ambulance Voluntary Car Drivers
CLIC, Bristol Royal Hospital for Children
Ronald McDonald House
BRI Rheumatology Patient Advice Group
Arthritis Care in South West England
Sam's House
CLIC Sargent

More than 600 individuals regularly give up their time to volunteer in the Trust's hospitals.

Jean Dash

Jean Dash became a volunteer 10 years ago. She greets patients and visitors at the main reception desk at the Bristol Royal Infirmary and provides help or a shoulder to cry on at Bristol Haematology and Oncology Centre's information and support office.

Jean, a retired teacher, wanted to play a part in the life of the Trust after her husband Len was treated for cancer of the oesophagus.

Sadly, Len died but Jean was moved by the care he received.

She says, "There was kindness all around. When Len was down there was always someone to cheer him up and when I needed it there was always someone to support me. Some of the nurses even came to the funeral, I can't describe how much it meant to me."

Jean retired from teaching but soon got bored and began to wonder how she could find a role where she could make a difference. At first she helped in the Trust library and the chaplaincy service, before moving to the reception and information roles.

She says, "It's great getting to meet so many people. I feel that if I can help someone or send one person away with a smile on their face, then that's my job done. The way people treated me and my husband meant a lot to me, and now I feel I can give a little bit back."



Supporters, volunteers and friends



The Above and Beyond Charities

Above and Beyond Charities is the leading charity which supports patients, visitors and staff across the nine sites where the Trust operates. The charity is unique in that it holds a separate fund for each ward and department within each hospital. This enables the charity to confirm how and where individual donations are used, ensuring that every gift is used in accordance with the wishes of individual donors.

The charity made grants of over £2.2 million during 2007/08. The purpose of all projects funded by the Above and Beyond Charities is to make a difference for patients and staff care. This is achieved through funding projects that:

- Improve the environment for patients and staff
- Further medical knowledge through research
- Support staff development and training
- Fund equipment above and beyond that provided by the NHS.

The charity continues to work alongside the many other charities, groups of Friends and other organisations to ensure that together the lives of patients are enhanced and our hospitals are made even better.

Heart of Bristol Appeal

Last year saw the launch of the Heart of Bristol Appeal. The appeal aims to raise £800,000 to help create a positive healing environment at the new Bristol Heart Institute and to enhance medical equipment there.

The appeal has made an excellent start and has already raised £600,000 thanks to hundreds of people taking part in sponsored events from zip-wiring to sponsored steam train adventures.

What your contributions helped to fund

Key grants made by Above and Beyond Charities included:

- £7,925 to fund an innovative touch-screen interactive reception desk at Bristol Eye Hospital
- £14,572 to fund two part-time massage coordinators to further develop the complementary therapies service within the bone marrow transplant service and paediatric oncology

- £50,000 towards the provision of state-of-the-art gastroscopes and colonoscopes for the Queen's Day Unit at the Bristol Royal Infirmary
- £24,000 to fund arts projects for the redevelopment of Bristol Dental Hospital and the refurbished Central Health Clinic
- £35,615 to help fund the expansion of the research work of Dr Zoë Winters and her team into the quality of patients' lives following treatment for breast cancer.

To find out more about the work of Above & Beyond Charities and the Heart of Bristol Appeal and how you can be involved please visit www.aboveandbeyond.org.uk or telephone **(0117) 9277120**.

The Grand Appeal



Wallace & Gromit's Grand Appeal fundraises exclusively for the Bristol Children's Hospital and the Neonatal Intensive Care Unit (NICU) at St Michael's to provide comforts and facilities for patients and their families. Since raising £12 million towards the new building for the Bristol Children's Hospital, The Grand Appeal has continued to support the hospital and NICU.

In 2007/08 the appeal supported a variety of projects and services including music and play therapy, an extensive arts and entertainment programme, bereavement services and support for the refurbishment of the renal unit as well as a range of equipment for various wards in the hospital.

Our most recent project focuses on providing two new cot spaces and refurbishment of parent and family facilities at NICU. We are able to achieve this thanks to the amazing support of the people of Bristol and the South West.

The Appeal operates a wide and diverse range of fundraising opportunities to suit everyone – from adventure treks to regular giving via our unique Guardian Angels scheme, corporate fundraising or leaving a legacy in your will. To support us visit www.grandappeal.org.uk or call **0117 927 3888**.

"The way people treated me and my husband meant a lot to me, and now I feel I can give a little bit back."

Directors' interests

Chair (since December 1 2006)

John Savage

Relevant business interests: Regional chairman, Learning and Skills Council; board member, South West Regional Development Agency; member, South West Regional Assembly.

Other interests: Executive chairman, Business West; director, Connexions; chairman, South West Learning and Skills Council; chairman, Broadmead Board Ltd; chairman, Destination Bristol Ltd; director, Business Link Northern Arc; vice-chairman, West of England Partnership; director, Bristol Cultural Development Partnership; chairman, Churches Council for Industrial and Social Responsibility; treasurer, Enuresis Resources and Information Centre; director, Price Associates Limited; board member, South West Chambers of Commerce.

Non-Executive Directors

Richard Daly (until November 2007)

Relevant business interests: none

Other interests: none

Patsy Hudson

Relevant business interests: none

Other interests: Chair, Victim Support and the Witness Service, Avonvale.

Gareth Williams (until September 2007)

Relevant business interests: none

Other interests: University of Bristol employee.

Emma Woollett

Relevant business interests: Freelance management consultant.

Other interests: none

Iain Fairbairn (since December 2007)

Relevant business interests: Joint owner H&I Partnership Limited (a consultancy in the field of care and accommodation of the elderly).

Other interests: Minor shareholding in Tribal Group Ltd.

Professor Selby Knox (since February 2008)

Relevant business interests: Pro vice-chancellor, University of Bristol, with responsibility for resources (finance and estates) and oversight of the faculties of Medicine and Dentistry and of Medical and Veterinary Sciences.

Other interests: none

Lisa Gardner (since June 2007)

Relevant business interests: none

Other interests: Parent governor, Westbury Park Primary School; director, Watershed Arts Trust.

Chief Executive

Ron Kerr (until September 2007)

Relevant business interests: Chair, Association of UK University Hospitals; Board member (on behalf of NHS), UK Clinical Research Collaboration.

Other interests: none

Dr Graham Rich (since October 2007)

Relevant business interests: Wife is a consultant senior lecturer in the Department of Primary Care at the University of Bristol.

Other interests: none

Medical Director

Dr Jonathan Sheffield

Relevant business interests: none

Other interests: none

Director of Human Resources and Organisational Development

Anne Coutts

Relevant business interests: Board member, Skills for Health.

Other interests: none

Chief Nurse and Director of Governance

Lindsey Scott

Relevant business interests: Trustee, Abbeyfield Sheltered Housing, Weston-super-Mare.

Other interests: Chair, Mary Elton Parent Teacher Association, Clevedon.



Ron Kerr



Professor Selby Knox

- 1 Paul Mapson
- 2 Irene Scott
- 3 Lindsey Scott
- 4 Emma Woollett
- 5 Robert Woolley
- 6 Patsy Hudson



Openness & accountability



Anne Coutts

Director of Finance

Paul Mapson

Relevant business interests: none

Other interests: none

Chief Operating Officer

Graham Rich (appointed as Chief Executive from October 2007) see above

Acting Director of Operations from October 2007 to March 2008

Xanthe Whittaker

Relevant business interests: none

Other interests: none

Chief Operating Officer from March 2008

Irene Scott

Relevant business interests: none

Other interests: Honorary positions: professor of nursing, Wolverhampton University; professor of nursing, South Bank University; professor of nursing, Kings College, London; trustee, Florence Nightingale Foundation.

Director of Corporate Development

Robert Woolley

Relevant business interests: none

Other interests: none

Tell us what you think

We welcome comments, views, questions and praise about our services. A feedback form can be found in the patient information section of our website at www.uhbristol.nhs.uk

Alternatively, write to the Chief Executive, Dr Graham Rich, at University Hospitals Bristol NHS Foundation Trust, Marlborough Street, Bristol BS1 3NU. Telephone **(0117) 928 3602** or email graham.rich@uhbristol.nhs.uk

To receive this report in other formats or languages, please call the Trust's Communications Office on **(0117) 928 3718**.

Freedom of information

The Trust supports the principle of sharing all information within the framework of the Freedom of Information Act. We have a designated freedom of information officer who responds in writing to all requests.

Board meetings

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

Annual public meeting

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

Foundation Trust

Local people, patients, carers and staff can all become Foundation Trust members. Being a member means you can attend member events, be consulted on Trust plans, vote in Foundation Trust elections or stand as a Governor. Membership forms are available on our website www.uhbristol.nhs.uk or by calling the Foundation Trust membership office on **(0117) 928 3764**.

Data and Confidentiality

Trusts are required to include details of serious untoward incidents involving data loss or breach of confidentiality in their annual reports. There are no such incidents which need to be included in this report.

Emergency preparedness

The Trust has during 2007/08 reviewed the coverage and appropriateness of its existing business continuity plans. These have been developed to ensure the core work of the Trust can continue in the event of an interruption in one of the services or resources we rely on, such as a shortage of linen supplies or computer system failure. Several of these plans have been tested in exercises during the year and outcomes used to further improve our contingency planning.

Work has also been undertaken to update several of the Trust's contingency and major incident plans – for a mass casualty incident, for example – as a result of routine planning and emergency exercises during the year. This is part of an ongoing programme to ensure the Trust can respond to any eventuality while still providing essential healthcare services.

- 7 Jonathan Sheffield
- 8 Lisa Gardner
- 9 Paul May
(independent member)
- 10 Graham Rich
- 11 John Savage



Trust Board

University Hospitals Bristol NHS Foundation Trust, Trust Headquarters, Marlborough Street, Bristol BS1 3NU Tel: **0117 923 0000**