University Hospitals Bristol NHS
NHS Foundation Trust

Annual Report 2011-2012

University Hospitals Bristol NHS Foundation Trust

Annual Report and Accounts 2011-2012

Presented to Parliament pursuant to Schedule 7, paragraph 25(4) of the National Health Service Act 2006

1. Chairman's Statement

Welcome to the Annual Report and Accounts, including the Quality Report for University Hospitals Bristol NHS Foundation Trust for the year from 1 April 2011 to 31 March 2012.

The Trust Board of Directors was pleased to welcome two new Executive Directors in the year, Dr Sean O'Kelly as Medical Director, and James Rimmer as Chief Operating Officer. These appointments completed the Board's recruitment plan and enabled us to maintain a committed and balanced Board of Directors throughout the year. The Trust, under the leadership of the Chief Executive, Robert Woolley, has achieved a vast amount of progress during the year, as you will see outlined in this report.

At the close of the year, the Trust was in a strong financial position with a financial risk rating of four, and reporting an amber-green governance risk rating to Monitor, the Foundation Trust regulator.

The Board approved business cases for an extension of the Bristol Royal Hospital for Children and a new ward block for the Bristol Royal Infirmary—work on both projects has subsequently progressed well. The extension to the children's hospital will enable all specialist paediatric services to be located together in Bristol. The new ward block for the Bristol Royal Infirmary allows us to move out of the Old Building and the King Edward Building and allows us to co-locate clinical services to provide care in the best possible hospital environment.

The closure of Bristol General Hospital was a time of mixed emotions for the Trust and for the many people who have been associated with the hospital over its 180 year history. The Trust held a number of events to commemorate the work of the hospital's staff, including a tea party for retired staff, a public open day, a decommissioning service for the chapel and a ball for staff, past and present. Whilst closing a hospital is a sad occasion, in April we became the lead provider of services at the new purpose-built South Bristol Community Hospital where care is provided much closer to home for patients, and the spirit of the Bristol General lives on.

The Trust remains enormously grateful to the Above & Beyond charity, which this year donated in excess of £1.48 million to our hospitals, and to the Grand Appeal which ran the very successful and high-profile 'Cots for Tots' fundraising campaign, to raise over £1 million for the Neonatal Intensive Care Unit at St Michael's Hospital. We are also very grateful to all our other charitable partners, both large and small who contributed to the life and work of our hospitals.

The Trust's commitment to providing excellent, compassionate care to the people of Bristol and beyond is evidenced by the wide range of successes and noteworthy milestones achieved in 2011/12, including:

- Professor Dame Sally Davies opened the Bristol Biomedical Research Unit in cardiovascular disease and we secured £11.5 million government funding for research projects into 'obesity and the heart';
- Professor Sarah Hewlett of the University of the West of England, whose clinical practice is based at the Bristol Royal Infirmary, was elected a Fellow of the Royal College of Nursing;
- We celebrated ten years of the new Bristol Royal Hospital for Children, and recognised significant demonstrable improvements in clinical outcomes for patients;
- Alan McKenzie, retired director of medical physics and bioengineering at the Trust was awarded an OBE for services to medicine in the Queen's Birthday Honours;

- We welcomed more than 1,500 people who visited the Trust during open days. The Bristol Heart Institute was part of the 'Bristol Doors Open Day' in September; the Bristol Eye Hospital ended its bicentenary year with a successful open day, and; the Bristol General Hospital held its final open day. These were wonderful opportunities for the public to gain insights into the working of our hospitals, and to talk informally to staff about their work;
- We were the first acute hospital Trust to erect a 1950s-style pop-up 'reminiscence room' to help patients with dementia. Funded generously by the WRVS, this innovative idea has since been replicated at other hospitals;
- St Michael's hospital successfully delivered Britain's most premature triplets, Max, Harvey and Lucas Udell, who were born at 15 weeks early and went home safely 11 days before their due date;
- We submitted planning applications to Bristol City Council for the exciting new extension and welcome centre for the Bristol Royal Infirmary, and look forward to transforming this hospital into a welcoming and comfortable facility for our patients and their families and carers.

As Chairman of University Hospitals Bristol NHS Foundation Trust, I offer my sincere thanks to the Trust Board of Directors, and to every member of the Trust's staff who work hard every day to provide the best possible care to our patients. I am also grateful to the Trust's Governors and members for their continued support and efforts in ensuring we provide the type and standard of services our patients need. All of these contributions help to shape improved health care for the people of Bristol and beyond.

John Savage CBE

Chairman, 29 May 2012

2. Chief Executive's Foreword

I am very pleased to report that University Hospitals Bristol NHS Foundation Trust continues to go from strength to strength despite the challenging economic environment.

In this annual report, you will find details of our progress last year on a number of fronts including the quality of the care we give, which has led us to be named by health intelligence company CHKS for the third year running as one of the 40 best hospitals in the country.

Recognising the need to demonstrate increasing financial efficiency at the same time as improving service quality, we established a major change programme last year called 'Transforming Care'. The programme is based on the fundamental belief that redesigning services to give the best care to patients is the route to making the taxpayers' resources go further and that clinical teams across the Trust are best placed to identify opportunities for improvement and to lead the changes.

There are six themes inside 'Transforming Care' all of which have seen significant progress in 2011/2012.

2.1 Delivering Best Care

The Trust continued to report lower than expected mortality rates, overall and in specific high-risk areas such as adult heart surgery and stroke care. We halved the number of drug-related clinical incidents and we launched our campaign for 'Being the Best' at reducing in-hospital falls and hospital-acquired pressures sores. We declared compliance against all the Care Quality Commission Outcome standards in-year, having addressed a number of concerns about our nutritional care. We were pleased that a Care Quality Commission review of histopathology services found that we were meeting all the essential standards of safety and quality which they reviewed. We ended the year declaring an amber-green rating for governance risk to the Foundation Trust regulator, Monitor. We surveyed over 12,000 patients about their experience of our services: 98% said they would recommend us to others.

2.2 Improving Patient Flow

Time that patients spend waiting for test results, clinical decisions or consultations, or transport or discharge arrangements is un-productive time which gives little patient benefit for the resources being consumed. Providing expeditious care is a key part of our ambition to improve quality. Last year, we changed the way we managed stroke patients and reduced the time they needed to stay in hospital as a result. We did the same for patients with dementia following a major awareness-raising programme inside the Trust. Our enhanced surgical recovery programme has delivered spectacular benefits for thoracic surgery patients and is now being rolled out across other departments. We completed a diagnostic review of our outpatient services and have committed to streamlining our appointments system to make it more responsive to patient needs.

2.3 Delivering Best Value

As a publicly-funded institution, we have a duty to use our resources wisely and efficiently. The Trust delivered a better than planned financial surplus of £9m last year which is a welcome contribution towards our future funding commitments, especially towards the upgrading of our facilities, and to our strong cash position and balance sheet. We delivered £22m of savings through a variety of schemes which are pre-assessed to ensure that risks to the quality of care are properly mitigated.

2.4 Renewing our Hospitals

We have made great strides towards our vision of a modern, fit for purpose, welcoming hospital estate, starting work on the £80m redevelopment of the Bristol Royal Infirmary and the £30m extension to the Bristol Royal Hospital for Children, closing the Bristol General Hospital and moving services to the new South Bristol Community Hospital. We invested in new and improved facilities for specific departments too, including the adult intensive care unit, the medical assessment unit, a dedicated stroke ward, reconfigured adult surgical wards and new cots on the neonatal intensive care unit at St. Michael's. We have also adopted new computer systems and successfully migrated 125 million items of patient data to a new technology platform.

2.5 Building Capability

The Trust aims to recruit the best staff and to help those staff give their best. We have simplified our induction, performance appraisal and recruitment processes with that aim in mind and to ensure that our organisational values are properly reflected in all our dealings with staff. We also took 150 of our key clinical and managerial staff through a bespoke leadership development programme to equip them with the tools, techniques and understanding necessary to transform care in their own areas of influence. We consulted with our nursing staff over changes to working practices and have agreed to give our ward sisters and charge nurses a fully supervisory role to help develop clinical leadership across the Trust. We were pleased that the national staff survey puts us in the top 20% of Trusts for the quality of our engagement with staff.

2.6 Leading in Partnership

As a major teaching, research and tertiary service provider, we have an important role to play in working with other institutions, both in Bristol and across the South West and further afield, to design and operate the most effective health system. I am particularly pleased that together with key University and NHS partners in Bristol, we have brought forward academic health science collaboration, called Bristol Health Partners, to drive real improvements in the health of local people through combining our strengths in service provision, in research and innovation and in teaching and training. Our academic partnership with the University of Bristol School of Medicine and Dentistry bore fruit last year in the award of two Biomedical Research Units, continuing our programme of research into cardiovascular disease and starting a new programme of research into nutrition and obesity, with total funding from the National Institute of Health Research of £11.5m.

These achievements leave us well-placed to meet the challenges of the year ahead, as the NHS reforms gather pace and the pressure to provide even better care with fewer resources is maintained. We remain ambitious on behalf of our patients and staff, committed to take forward the vision behind our 'Transforming Care' programme, and grateful as always to our members, our Governors, our charitable partners and our health community colleagues for their vital support.

Robert Woolley

Chief Executive, 29 May 2012

3. Directors' Report

3.1 Principal activities of the Trust

University Hospitals Bristol NHS Foundation Trust is a Public Benefit Corporation authorised by Monitor, the Independent Regulator of NHS Foundation Trusts on 01 June 2008. The Trust provides services in the three principal domains of clinical service provision, teaching & learning, and research & innovation. The most significant of these with respect to income and workforce is the clinical service portfolio consisting of local, non-specialised services and specialised services.

For local provision, services are directed to the population of central and south Bristol and the north of North Somerset, serving a population of about 350,000 patients. A comprehensive range of services, including all typical diagnostic, medical and surgical specialties are provided through outpatient, day care and inpatient models. These are largely delivered from the Trust's own city-centre campus with the exception of a small number of services delivered in community settings such as those recently introduced with the opening of the South Bristol Community Hospital in March 2012.

In contrast, the portfolio of specialist services is delivered locally, throughout the South West and beyond, serving populations typically between one and five million people. The main components of this portfolio are children's services, cardiac services and cancer services as well as a number of smaller, but highly specialised services, some of which are nationally commissioned services.

Whilst not significant income generators in contrast to clinical service provision, the Trust places great importance on its role as a teaching hospital and research centre recognising the value of these in their own right but equally importantly, the value they add to the clinical services we provide. The Trust has strong links with both of the city's universities and teaches students from medicine, nursing and professions allied to health. Research plays an increasingly important role in the Trust's business, with plans to significantly increase research activities in the next three years through the development of our academic health sciences collaboration, 'Bristol Health Partners'.

3.2 Directors of the Trust

The Trust Board of Directors, which is accountable for the performance of the Trust, consists (at the time of drafting this Annual Report) of the Chairman, Chief Executive, seven Non-Executive Directors and five Executive Directors as follows:

Non-executive Directors	Executive Directors
John Savage – Chairman	Robert Woolley – Chief Executive
Emma Woollett – Vice Chair	Paul Mapson – Director of Finance
Iain Fairbairn – Senior Independent Director	Alison Moon – Chief Nurse
Kelvin Blake – Non-executive Director	Steve Aumayer – Director of Workforce and Organisational Development
Paul May – Non-executive Director	Deborah Lee – Director of Strategic Development
Lisa Gardner – Non-executive Director	Sean O'Kelly – Medical Director
Selby Knox – Non-executive Director	James Rimmer – Chief Operating Officer
John Moore – Non-executive Director	

Biographies of the members of the Board are provided at "Appendix A – Biographies of Members of the Trust Board of Directors" on page 71 of this report.

3.3 Independence of the Non-executive Directors

The Trust Board of Directors has formally assessed the independence[1] of the Non-executive Directors and considers all of its current Non-Executive Directors to be independent in that there are no relationships or circumstances that are likely to affect their judgement as evidenced through their declarations of interest.

3.4 Statement as to Disclosure to Auditors

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

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

3.5 Business Review

(a) Our performance in 2011/12 (an overview of regulatory risk ratings)

During 2011/12 the Trust attained a Green or Amber-Green Governance Risk Rating in three quarters, which was within the rating forecast in the Annual Plan. The review undertaken by the Care Quality Commission during quarter 1 resulted in the Trust taking further actions to fully comply with the standards for nutrition. This resulted in an Amber-Red rating during a quarter in which all other standards were met. A comparison between 2010/11 and 2011/12 for both the Governance Risk Rating and the Finance Risk Rating is set out in the table below:

	Annual Plan 2010/11	Q1 2010/11	Q2 2010/11	Q3 2010/11	Q4 2010/11
Financial Risk Rating	4	3	4	4	4
Governance Risk Rating	AMBER-GREEN	AMBER-GREEN	GREEN	GREEN	AMBER-GREEN

	Annual Plan 2011/12	Q1 2011/12	Q2 2011/12	Q3 2011/12	Q4 2011/12
Financial Risk Rating	3	3	3	4	4
Governance Risk Rating	AMBER-RED	AMBER-RED	AMBER-GREEN	GREEN	AMBER-GREEN
Standards declared at risk/not met	A&E 4-hour maximum wait and *Clostridium difficile*	Care Quality Commission (CQC) Compliance actions	Cancer standards: 62-day screening	None	A&E 4-hour maximum wait

[1] As defined in the Foundation Trust Code of Governance provisions at A.3.1

(b) Review of quarterly performance

As part of the 2011/12 Annual Plan two standards were declared as being at risk. These were the Accident & Emergency 4-hour maximum wait 95% standard, with specific risks to the winter period identified, and the *Clostridium difficile* infection target, which required a significant reduction in cases relative to the 2010/11 out-turn.

All of the standards in Monitor's 2011/12 Compliance Framework were met in the first and third quarters of the year. In the second quarter, the Trust met all standards with the exception of the 62-day cancer screening standard. This standard had not been flagged as a risk in the Annual Plan due to the actions already being taken to reduce the risk of delays within the bowel screening pathway, which had previously been identified as the key risk area for this standard. However, during the second quarter there was a change to clinical practice within the breast cancer pathway. The change was introduced to allow the type of treatment the patient needs, to be more accurately defined and planned. This resulted in increased demand for theatre slots and a requirement for the clinical team to accommodate the biopsy procedure within a short space of time. For these reasons, the treatment of three patients who would otherwise have been treated within the 62 day standard breached the national target. The 90% screening standard would have been achieved in the quarter had these additional breaches not occurred.

The remaining national cancer standards were met in full in each quarter of 2011/12. In quarters 3 and 4 in particular, the 62-day cancer standards were achieved with a significant margin, reflecting the work the Trust undertook during the year to embed improvements in cancer pathway management.

A high standard of performance was also maintained against the in full 4-hour maximum wait, with the standard being met in full for the first three quarters and for the year as a whole. However, following two outbreaks of *Norovirus* in quarter 4 and a significant increase in delayed discharges (i.e. patients fit to leave whose discharge was delayed for other reasons – for example, awaiting a placement in a residential home), the Trust failed achieve the 95% national standard during the period.

All other standards were met, resulting in an Amber-Green rating being declared in the final quarter of the year.

During the year the Trust continued to make strong progress in reducing levels of healthcare associated infections, meeting the quarterly trajectories for both *Clostridium difficile* infections and Methicillin Resistant *Staphylococcus aureus* bacteraemias. *Clostridium difficile* had been flagged as being at risk in the Annual Plan due to the need to reduce levels if *Clostridium difficile* infections by 32% over the previous year. However, the target levels of reductions were surpassed, with the Trust reporting 54 cases against a target of fewer than 64 for the year.

The Trust will continue to analyse the reasons for failures to achieve the national cancer waiting times standards for individual patients on a quarterly basis, and use this to inform its on-going cancer improvement plan. Achievement of the 4-hour Accident and Emergency standard was judged to be at risk in the 2011/12 Annual Plan due to the historical difficulties encountered in achieving the 4-hour standard in

the fourth quarter of each year. The Trust is undertaking a review of the causes of the failure to achieve the 95% standard in order to further inform the actions needed in the 2012/13 operating plan to mitigate the risks to achievement of the 4-hour standard in future years.

(c) Annual performance against national access standards

In addition to the standards included in Monitor's Compliance Framework, the Trust continued to achieve a range of performance standards which were formerly in the Care Quality Commission's (CQC) Quality of Services Assessment. This included two key standards of stroke care and genito-urinary medicine 48-hour access standard. Improvements in Primary Percutaneous Coronary Intervention reperfusion times were realised in 2011/12, even though the 90% standard was not achieved for the year.

Although the Trust did not achieve the national standard for last-minute cancelled operations, significant progress was made in reducing these short-notice cancellations, from 1.31% in 2010/11 to 0.87% in 2011/12.

Improvements were also made in readmitting patients within 28 days of a last-minute cancellation, with readmission increasing from 91.0% in 2010/11 to 93.3% in 2011/12. Achievement of these standards, along with the 4-hour maximum wait, remains the focus of a significant programme of work on patient-flow and bed availability in 2012/13.

The table below sets out annual performance against key national standards in 2010/11 and 2011/12. Requirements are shown as per the 2010/11 and 2011/12 NHS Operating Frameworks.

National Standard	Target	2010/11	2011/12
A&E maximum wait of 4 hours[2]	98% / 95%	Achieved (98%)	Achieved (95%)
MRSA bloodstream cases against trajectory	Trajectory	Achieved	Achieved
Clostridium Difficile infections against trajectory	Trajectory	Achieved	Achieved
Cancer – 2-week wait (urgent GP referral)	93%	Achieved	Achieved
Cancer – 2-week wait (symptomatic breast cancer not initially suspected)	93%	Achieved	Achieved
Cancer – 31-day diagnosis to treatment (First treatment)	96%	Achieved	Achieved
Cancer – 31-day diagnosis to treatment (subsequent surgery)	94%	Achieved	Achieved
Cancer – 31-day diagnosis to treatment (subsequent drug therapy)	98%	Achieved	Achieved
Cancer – 31-day diagnosis to treatment (subsequent radiotherapy)	94%	Achieved	Achieved
Cancer – 62-day referral to treatment (urgent GP referral)	85%	Achieved	Achieved
Cancer – 62-day referral to treatment (screenings)	90%	Achieved	Achieved

[2] This target changed from 98% for 2010/11 to 95% for 2011/12

National Standard	Target	2010/11	2011/12
18 weeks referral to treatment admitted (95th percentile)	23 weeks	Target not in effect	Achieved
18 weeks referral to treatment non admitted (95th percentile)	18 weeks	Target not in effect	Achieved
GUM offer of appointment within 48 Hours	98%	Achieved	Achieved
Number of last minute cancelled operations	0.80%	Not achieved	Not achieved
28 day readmissions	95%	Not achieved	Not achieved
Primary PCI – 150 minutes call to balloon time	90%	Achieved (target 75%)	Not achieved (target 90%)
Stroke care – 90% stay on a stroke unit	80%	Achieved (target 60%)	Achieved (target 80%)
Stroke care – High Risk Transient Ischaemic Attack treated within 24 hours	60%	Achieved	Achieved

(d) An overview of quality

The safety of our patients is central to everything we want to achieve as a provider of healthcare services and we will continue to focus on avoiding and preventing any harm to patients whilst they are in our care or from the treatment we provide.

All our patients are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We will ensure that each patient receives the right care for them, according to scientific knowledge and evidence-based assessment.

The Trust's commitment to providing the highest quality patient care can be summed up in the following statements from the 2011/12 Quality Report, which is included at Appendix C – Quality Report 2011/12.

This document includes a review of progress against quality objectives for 2011/12 and details of agreed quality objectives for 2012/13. The structure of the Quality Report is based around Lord Darzi's model for quality (patient safety, patient experience and clinical effectiveness), and incorporates guidance issued by the Department of Health and Monitor.

(i) Clinical effectiveness

University Hospitals Bristol continues to have a low overall Hospital Standardised Mortality Ratio (HSMR) and was listed in the Dr Foster Hospital Guide 2011 as having a significantly 'lower than expected' ratio. The Summary Hospital-level Mortality Indicator (SHMI – a different way of measuring overall mortality) was published for the first time in 2011/12 – by this measure, the Trust's mortality rate was also statistically 'lower than expected'. In other words, the Trust prevents deaths in hospital that would be considered likely to occur statistically.

Provisional adult cardiac surgery data for 2011/12 shows the Trust's mortality rate to be better than the national average, with volumes of surgery increasing.

The Dr Foster Hospital Guide 2011 placed University Hospitals Bristol in the top five trusts in the country for low mortality following a stroke. In 2011/12 we opened a dedicated stroke unit at the Bristol Royal Infirmary.

We made significant strides towards improving the care of people with dementia, based on the NICE Quality Standard and standards of care for dementia patients agreed for the South West of England.

We also achieved a Commissioning for Quality and Innovation target for increasing the proportion of women who have a spontaneous vaginal birth.

For clinical effectiveness, 2012/13 will be a year when we seek to extend our understanding of patient mortality data to service level. We will continue to focus on stroke and dementia care. We will also develop the use of enhanced recovery for all surgical areas and ensure that patients with specific identified needs (such as a learning disability) receive a risk assessment and patient-centred care plan.

(ii) Patient Safety

Our lower than expected HSMR is demonstration that University Hospitals Bristol is a safe place to receive treatment and care.

In 2011/12, we have continued to implement the recommendations of the Independent Inquiry into Histopathology Services in Bristol. The Inquiry found no evidence that the Trust provided anything other than a safe service. Our response has included new quality assurance and governance arrangements for the service, a review of workforce requirements, and selective process redesigns.

We reduced the number of 'moderate', 'major' and 'catastrophic' medication-related clinical incidents by 52%.

We are confident of achieving one of our two Commissioning for Quality and Innovation (CQUIN) targets for reducing patient falls (final data has yet to be confirmed): more than 95% of patients aged 65 and over will have had a falls assessment whilst in hospital. Disappointingly, we did not achieve our second objective to reduce the number of actual falls amongst patients aged 65 and over (there were 317 reported falls in Quarter 4 of the year, against a target of 211).

We carried out a major staff awareness and training programme for the management of pressure ulcers and we now have significantly increased confidence in the quality of our data. However, a related consequence is that we did not achieve our Commissioning for Quality and Innovation target to reduce numbers of pressures sores at grade 2 and above. 14.59 pressures ulcers were reported per 10,000 bed days, against a target of 6.51 (a target based on data which we now believe to have provided an unreliable baseline against which to measure progress).

Encouragingly, an independent survey in October 2011 detected a 50% reduction in pressure sore prevalence compared to February 2011.

For patient safety in 2012/13, we will bring a fresh focus on our participation in the South West Quality and Safety Programme and will implement and develop local use of the NHS Patient Safety Thermometer. We will continue to embed high quality nutritional care across the Trust and will continue to implement a proactive clinical audit programme for histopathology services.

As in previous years, we will focus on reducing patient falls, pressure sores, medication errors and hospital acquired thrombosis. Finally, we will seek reductions in recorded complication, misadventure and readmission rates following gynaecology surgery.

(iii) Patient experience

The Trust Board of Directors has approved a new three-year Patient Experience and Involvement Strategy which confirms our commitment to ensuring a first-class experience of care for our patients.

In 2011/12, we extended our methods for obtaining and acting upon patient feedback to cover outpatient areas: in total, more than 12,000 patients gave us their views about our services.

98% of patients said that they would recommend the Trust based on their experience of care.

We agreed a new Carers' Charter in a joint initiative with North Bristol NHS Trust.

We achieved the Commissioning for Quality and Innovation targets for patient-reported noise at night on our wards and patient-reported help at mealtimes.

We have developed new 'bedside' information for patients on our wards with input from our Governors and based upon those elements that our patients have told us matter to them.

We have also developed a new customer care training programme based on the Trust's Values.

For patient experience, 2012/13 will be a year when we revisit some fundamentals of care: ensuring that patients are treated with kindness and understanding; ensuring that we communicate well with patients so that they know how long they will have to wait in clinic and that they know who to speak to if they have worries or concerns, and; ensuring that if people have cause to complain about our services, we respond promptly, fully and to their satisfaction.

(e) Contractual performance

As part of the 2011/12 contract with lead commissioners, NHS Bristol and the South West Specialised Commissioning Group, the Trust committed to the achievement of a number of 'stretch targets' under the Commissioning for Quality and Innovation

scheme. Financial rewards were attached to achievement of targets. There were also a number of national penalties for non-achievement of key national standards, such as *Clostridium Difficile*, 18-week Referral to Treatment Time standards and Accident and Emergency 4-hour maximum wait; together with penalties for some locally agreed indicators, such as ambulance handover times and high risk transient ischemic attack patients treated within 24 hours.

The CQUIN targets included a range of quality improvement indicators, ranging from the national Venous Thromboembolism risk assessment and patient experience measures, to local dementia action plan implementation, improving the experience of patients on the end of life pathway, reduction in medication errors, and the reduction of coagulase negative staphylococcal infections in neonates. The final figures confirm the Trust achieved nine of the 18 Commissioning for Quality and Innovation standards in full and three in part, as follows:

- Venous Thromboembolism risk assessment
- Delivery of learning disabilities action plan
- Implementation of the end of life care tool
- Increase in the proportion of spontaneous vaginal deliveries
- Reduction in medication errors
- Reduction in neonatal coagulase negative staphylococcal infections
- Improved targeting of clotting factor prophylaxis for patients with severe Haemophilia
- Reduced lengths of stay for patients undergoing two key procedures in Thoracic Surgery
- Smoking-cessation – referrals to cessation service
- Improved patient experience (part – reduced noise at night and assistance at mealtimes – local goals)
- Improved outcomes for patients with dementia (part – mandatory training)
- Improved outcomes for patients with falls (part – falls assessments)

The financial reward associated with these improvements in clinical quality will be in the order of £3.363 million for 2011/12 (subject to finalisation of the out-turn), compared to potential Commissioning for Quality and Innovation income of £5.677 million.

At the time of this report (based on Month 11 performance, updated for known month 12 penalties), the Trust was expecting financial penalties of £0.37 million due to the non-achievement of certain national and local quality standards, including ambulance handover times, last-minute cancelled operations, fractures post fall in hospital and diagnostics six-week wait. In addition, the Trust was forecasting a £4.366 million loss due to the impact of contract limiters around the level of emergency re-admissions (following both elective and non-elective admissions) and

the value of outpatient procedures. This figure is net of the emergency admission marginal tariff adjustment.

At the end of the second quarter of the year the Trust received a performance notice from NHS Bristol. This was in respect of performance against the last-minute cancelled operations standard for the first six months of the year. A remedial action plan was agreed in response which included a target trajectory for improvements in performance. This improvement trajectory was delivered in full. The 0.8% national standard was achieved in March 2012 as planned, despite the challenges posed by the pressures of emergency admissions during a busy quarter 4. There will be a continued focus on reducing levels of cancelled operations in 2012/13, to ensure improvements are sustained against this important indicator of both patient experience and service efficiency.

(f) Financial performance

The key highlights for University Hospitals Bristol NHS Foundation Trust's financial performance during 2011/12 include:

- Delivery of an income and expenditure surplus of £8.985m;
- A financial risk rating of '4';
- An EBITDA[3] (operating surplus) of £34.3m (6.7%);
- Achievement of cash releasing efficiency savings of £21.6m;
- Expenditure on capital schemes of £41.9m;
- A healthy cash position (£41.5m) and a strong Balance Sheet.

The results for 2011/12 confirm we have delivered the fourth year of our financial strategy as a Foundation Trust. In summary, this is a good result for 2011/12 but with much of work to be done in 2012/13 particularly on the managing of service level agreement activity and cash releasing efficiency savings to ensure the Trust's strategic objectives are progressed.

(i) Statement of Going Concern

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

(ii) Statement of Comprehensive Income (formerly Income and Expenditure)

University Hospitals Bristol reported a surplus, of £8.985m for the year. The out-turn position is £0.849m better than the Annual Plan EBITDA surplus for the year.

[3] Earnings Before Interest Taxation Depreciation and Amortisation

Items	Plan for Year	Actual Year ended 31 March 2012	Variance Favourable / (Adverse)
	£'m	£'m	£'m
Operating Income	491.610	530.259	38.649
Operating Expenses	(458.174)	(495.974)	(37.800)
EBITDA	33.436	34.285	0.849
Depreciation	(17.974)	(18.106)	(0.132)
Trust Debt Remuneration	(9.129)	(8.983)	0.146
Profit/(loss) on disposal	-	0.082	0.082
Interest receivable	0.218	0.361	0.143
Interest payable	(0.418)	(0.419)	(0.001)
Impairment (Losses) / Reversals	(0.132)	1.060	1.192
Donated Assets - Gifted	-	0.705	0.705
Net Surplus for Year	6.001	8.985	2.984

(iii) Cash Releasing Efficiency Saving (CRES) plans

University Hospitals Bristol NHS Foundation Trust achieved cash releasing efficiency savings of £21.562m in 2011/12. Income generation schemes contributed £6.946m. Reductions in pay costs of £8.4m were achieved and a further £6.216m was saved on supplies and services.

(iv) Statement of Financial Position (formerly Balance Sheet)

The Trust has a healthy statement of financial position which shows net working capital of £12.5m. The reduction over the year reflects the income and expenditure surplus (before exceptional items) achieved by the Trust offset by the use of Trust cash balances to fund the Capital Programme.

(v) Cash flow

The Trust ended the year with a cash balance of £41.5m. The cash flow statement in the Annual Accounts shows a £11.5m decrease in cash over the year. This is due to the following factors:

	£'million
Net cash flow from operating activities	34.2
Net cash flows from investing and other financing activities	5.2
Capital expenditure	(41.9)
Public Dividend Capital dividend payment	(9.0)
Decrease in cash balance 2011/12	**(11.5)**

(vi) Better Payment Practice Code

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

	Year ended 31 March 2012	
Items	**Number**	**Value £'m**
Total non NHS trade invoices paid in the period	153,674	169.618
Total non NHS trade invoices paid within target	141,275	154.629
Percentage of non NHS trade invoices paid within target	91.9%	91.1%
Total NHS trade invoices paid in the period	4,828	56.007
Total NHS trade invoices paid within target	4,199	52.412
Percentage of NHS trade invoices paid within target	87.0%	93.6%

In addition to upholding the Code, the Trust is playing its part in supporting the local business community in the light of the economic downturn by paying invoices for small businesses within 10 days where possible.

No payments were made from claims made under the Late Payment of Commercial Debts (Interest) Act 1998 in 2011/12 (2011: £nil). No other compensation was paid to cover debt recovery cost under this legislation.

(vii) Capital

University Hospitals Bristol incurred capital expenditure of £41.887m. The table that follows shows a breakdown of funding and expenditure on major schemes.

	Year Ended 31 March 2012		
	Plan	**Actual**	**Variance** Favourable/ (Adverse)
	£'000	£'000	£'000
Sources of Funding			
Donations	770	772	2
Retained Depreciation	17,026	16,867	(159)
Sale of Property	1,808	1,987	179
Grant – University of Bristol	600	600	-
Cash balances	21,521	21,661	140
Total Funding	**41,725**	**41,887**	**162**

	Year Ended 31 March 2012		
	Plan	Actual	Variance Favourable/ (Adverse)
Expenditure			
Strategic Schemes	(26,211)	(26,059)	152
Medical Equipment	(1,463)	(1,407)	56
Information Technology	(4,090)	(4,596)	(506)
Roll Over Schemes	(1,906)	(2,184)	(278)
Refurbishments	(2,765)	(2,705)	60
Operational / Other	(5,290)	(4,936)	354
Total Expenditure	**(41,725)**	**(41,887)**	**(162)**

The Trust has secured a loan in the sum of £70m from the Foundation Trust Financing Facility to partially fund the capital costs of the scheme to facilitate the centralisation of specialist paediatric services and the Redevelopment of the Bristol Royal Infirmary. The loan is to be drawn down in 2012/13 (£45m) and 2013/14 (£25m).

The Trust has secured an offer of a loan in the sum of £4.95m from the Foundation Trust Financing Facility to fund the capital costs of the Welcome Centre scheme. The scheme provides for the replacement of essential hospital accommodation such as main reception, waiting areas and Patient Advice and Liaison Services, coupled with a retail provision to meet the needs of patients, visitors and staff. The Comprehensive Business Case for the Welcome Centre was approved by the Board in December 2011. The loan will be drawdown in 2012/13.

(viii) Private Patient Cap (see Note 3.3 of the Annual Accounts)

Section 44 of the 2006 Act requires that the proportion of private patient income to total patient related income should not exceed the proportion that was achieved whilst the body was an NHS trust in 2002/03, which was 1.1%. The table below summarises our performance against this requirement.

Item	Year ended 31 March 2012
Private patient income	£2.448m
Total patient income	£398.411m
Private patient income as a proportion of total patient related income	0.61%

University Hospitals Bristol NHS Foundation Trust operated within the Private Patient Cap in 2011/12.

(ix) Prudential Borrowing Limit (PBL)

The Trust is also required to comply and remain within the Prudential Borrowing Limit which is set by Monitor. For 2011/12 this was set at £140.0m. This represents maximum long term borrowing of £102.5m and an approved working capital facility of up to £37.5m. A Working Capital Facility of £37.5m was put in place for two years from 1 September 2010.

The Trust uses the Education Resource Centre under a Finance Lease arrangement. The liability of £6.141m is a first call against the Prudential Borrowing Limit of the Trust.

The Trust's performance against the key ratios on which the Prudential Borrowing Limit is based, is as follows:

Financial ratio	Actual ratios Year ended 31 March 2012	Approved PBL Tier 1 ratios
Minimum dividend cover	3.9x	>1x
Minimum interest cover	83x	>3x
Minimum debt service cover	59x	>2x
Maximum debt service to revenue	0.1%	<2.5%

At 31 March 2012, University Hospitals Bristol NHS Foundation Trust is performing within all of the approved Prudential Borrowing Limit ratios (see Note 23 of the Annual Accounts).

(x) Financial Risk Rating

Financial risk is assessed by using Monitor's scorecard. A rating of '5' reflects the lowest level of financial risk and a rating of '1' the greatest. The assessment takes account of four factors:

Achievement of plan	Underlying performance
Financial efficiency	Liquidity

The risk rating is forward-looking and is intended to reflect the likelihood of an actual or potential financial breach of the foundation trust's terms of authorisation. The table below sets out the Trust's performance against the criteria. The overall rating of 4 is a good result and reflects the sound financial position of the organisation.

Financial Criteria	Metric to be scored		31 March 2012
Actual			Rating
Achievement of plan	EBITDA[4] Margin	6.5%	3

[4] Earnings before interest, tax, depreciation and amortisation

Financial Criteria	Metric to be scored		31 March 2012
Underlying performance	EBITDA Achieved	102.5%	5
Financial efficiency	Return on Capital Employed	5.0%	4
Financial efficiency	I&E Surplus Margin	1.6%	3
Liquidity	Liquid Ratio	25.7 days	4
Overall rating	4 (actual weighted score = 3.65)		

The above table shows the Trust's weighted financial risk score is 3.65 and the overall financial risk rating is 4.

The Trust's activities are incurred under legally binding contracts with PCTs, which are financed from resources voted annually by Parliament. The Trust also has the potential to fund its capital expenditure from funds obtained from within the Prudential Borrowing Limit. The Trust is not exposed to any significant liquidity risks and financial instruments, such as they exist, do not have the ability to change the level of risk we face.

(xi) Financial outlook

We are planning to achieve the following for 2012/13:

- A surplus on the Statement of Comprehensive Income which represents an EBITDA rate of 7%;
- A planned surplus of £5.7m;
- A planned cash balance at the year-end of £34.3m;
- A savings programme of £27.6m;
- A capital programme of £76.9m;
- A Financial Risk Rating weighted score of 3.45 leading to an overall rating of 3.

This position will be challenging but is deliverable. The planned cash balance needs to be seen in the context of the medium term financial plan which provides for:

- Support for the Capital Programme to undertake major schemes of improvement;
- Management of substantial strategic change in Bristol over the next few years;
- Maintenance of a strong on-going trading position which allows for management of potential downside scenarios in future years.

To achieve the planned surplus the following are required:

- Delivery of the planned savings for 2012/13;
- Conversion of non-recurring savings from 2011/12, into recurring savings;

- Continued maintenance of strict cost control;
- Delivery of National Performance targets and in particular the avoidance of Service Level Agreement fines;
- Delivery of clinical performance within agreed Contract Limiters to avoid non-payment of activity by Commissioners;
- Proper recording and coding of activity leading to full income recovery;
- Achievement of significant clinical service improvement in a planned and effective manner using lean methodology to enable the delivery of savings; and,
- Delivery of CQUIN targets agreed with Commissioners.

The year is likely to be affected by the external environment as well as pressures from within the NHS including:

- Primary Care Trusts are experiencing financial difficulties due to large increases in both elective and emergency activity. Attempts to restrict/cap payment to Trusts are becoming common. Over-performance on Service Level Agreements cannot necessarily be assumed to be funded from Commissioners in future;
- Pressures on spending and delivery of CRES are intensifying and firm control is required to avoid the Trust's current financial position and its medium term plans being undermined.

Management Costs[5]	Year ended 31 March 2012 £'000	Year ended 31 March 2011 (restated) £'000
Management costs	18,281	18,509
Income	533.739	529.884
Percentage of Income	3.4%	3.5%

Analysis by Segment	2011/12			2010/11 (restated)		
	UH Bristol[6] £'000	Skills for Health £'000	Totals £'000	UH Bristol £'000	Skills for Health £'000	Totals £'000
Management costs	17,009	1,272	18,281	17,068	1,441	18,509
Income	506.827	26,912	533.739	498.271	31,613	529.884
Percentage of Income	3.4%	4.7%	3.4%	3.4%	4.6%	3.5%

[5] 'Management costs' are as defined as those on the Management Costs Website: www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en

[6] University Hospitals Bristol NHS Foundation Trust

(xii) Retirements due to ill health

During the year ended 31 March 2012 there were 11(2011: 11) early retirements from the Trust on the grounds of ill health. The estimated additional pension liabilities of these ill-health retirements will be £0.885m (2011: £0.485m). The cost of these ill health retirements will be borne by the NHS Business Services Authority – Pensions Division.

(xiii) Policies on counter-fraud and corruption

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

The Trust encourages members of staff to report reasonable suspicions of irregularity as set out in its Speaking Out Policy (commonly known as a 'whistle-blowing policy') and in the Standing Financial Instructions, and has declared that there will be no adverse consequences for an individual member of staff who genuinely does so.

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

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

The Trust works closely with local counter-fraud specialists to implement the Counter-fraud and Security Management Service's national strategy on countering fraud in the NHS and to ensure the Trust is working with the local counter-fraud specialist in fully complying with Secretary of State's directions.

Work is carried out across the seven areas of counter fraud activity of creating an anti-fraud culture, deterrence, preventing fraud, detecting fraud, investigation, sanctions, and redress.

(xiv) External Audit

The Trust's External Audit function was undertaken during 2011/12 by the Audit Commission. The auditor's fee in relation to the statutory audit of the Trust's Accounts for the year ended 31 March 2012 was £59,760. The fee for performing an independent assurance exercise for the Trust's Quality Report was £7,000.

The Audit Commission carried out additional work related to 'Whole Government Accounting' whilst completing their audit of the 2011//12 statutory accounts. This incurred fees of £2,880.

(g) Research and innovation

This year's successes in the field of research and innovation are underpinned by strong collaborations with universities, NHS trusts, charities and commercial partners.

During 2011/12 University Hospitals Bristol NHS Foundation Trust National Institute for Health Research grant funding increased by £500K above the previous year. University Hospitals Bristol NHS Foundation Trust was awarded two prestigious and competitive National Institute for Health Research Biomedical Research Units, allowing us to build on our existing internationally recognised Cardiovascular Research, led by Professor Gianni Angelini, for a further five years and to commence a new Nutrition and Obesity themed BRU, led by Professor Andy Ness. The research will be designed and delivered by collaborative teams of NHS and academic staff, and the new BRUs commenced in April 2012 and will bring in a total of £11.5m over the next five years.

Demonstrating Bristol's world class research in retinal disease, one of the three themes of Moorfields Eye Hospital's Biomedical Research Centre is led from Bristol by Professor Andrew Dick, translating laboratory research into novel treatments for retinal disease. These successes were showcased at our University Hospitals Bristol NHS Foundation Trust Research Day in 2011. Other new National Institute for Health Research grant successes include two Research for Patient Benefit awards and one Service Delivery Organisation grant, and we await the outcome of a range of applications for National Institute for Health Research funding in a number of new areas of research that are central to our research strategy.

To facilitate delivering our research strategy, the Research and Innovation department has worked with our transformation team to change and then deliver the way research is undertaken in the Trust. A major focus is on making research available to more patients, maximising research income and streamlining our approvals and governance processes. These new systems have led to an increase in the number of patient-centred clinical research studies we have open and are recruiting to. We are also working more closely with our partner universities to manage our Grants and Innovation activities.

University Hospitals Bristol NHS Foundation Trust's commitment to excellence in research, teaching and patient care was marked this year with the launch of Bristol's Academic Health Science collaboration, 'Bristol Health Partners', which the Trust hosts. This landmark development signified the maturation of existing partnership working between Bristol's NHS trusts and universities and a real commitment to changing the way health care is delivered in Bristol. It built on the previous year's work as part of Bristol Research and Innovation Group for Health and was led by the Joint Director of Research across University Hospitals Bristol NHS Foundation Trust and North Bristol NHS Trust, Professor David Wynick.

This year we launched a unique research training fellowship scheme in Bristol. We awarded clinical PhDs to four high calibre applicants from a very strong field of applicants. University Hospitals Bristol NHS Foundation Trust, supported by its partners, the University of Bristol and the University of the West of England, will supervise these exciting new posts over the next three years to deliver important clinical research and develop our clinical research workforce.

The joint appointment with the University of the West of England of a Professor of Clinical Nursing, Margaret Fletcher is supporting the development of nurse and Allied Health Professional-led research. A symposium held in May was well attended and generated much discussion about future research collaborations.

Commercial research income exceeded £1m, and our success in bringing commercial trials to Bristol was reflected by securing two significant agreements with multinational contract research organisations to act as preferred providers for commercial trials. This will increase our opportunities to offer patients the latest treatments being developed by industry.

The Clinical Research and Imaging Centre welcomed the first patients through its doors after the launch last year of the University of Bristol facility, which is supported and hosted by the Trust. Our newly redeveloped Eye Hospital Research Unit also opened its doors this year. Led by NHS and University clinicians, and managed by an experienced research manager it will support the delivery of the retinal BRC theme and bring together all our ophthalmic clinical research in a dedicated unit which works seamlessly with the clinical services in the hospital.

Our innovation activities have increased via the 'Bright Ideas' competition which was sponsored and supported by our charitable partners, Above & Beyond and The Grand Appeal, and drew 36 applicants. Awards were made to six innovators to allow them to take their ideas forward, and a further two were highly commended. Our Innovation Manager has supported previous Bright Ideas winners by securing commercial partners to market their product and we are close to a world-wide licensing deal which will draw investment back into the Trust.

(h) Teaching and learning

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

When a member of staff joins us they attend a comprehensive induction programme and agree a personal, annual development plan with their manager. This covers essential training requirement as well as personal and professional development needs. We are developing a talent-management framework to support the development of current and future leaders

As one of the UK's leading teaching hospital Trusts, closely linked to academic institutions locally, nationally and worldwide, we are well–placed to develop clinical skills and careers. The Trust positively encourages under and post-graduate study and research with active continuous professional development programmes that include workshops, seminars and e-Learning to keep professionals up to date with the latest clinical developments. Through the Qualifications and Credit Framework, the Trust offers a wide range of training and learning opportunities for non-clinical members of staff.

Strong partnerships exist with the Severn Deanery, University of Bristol, University of West of England, North Bristol NHS Trust and other NHS organisations. Further education partnerships are being strengthened, including collaborative working with the City of Bristol College and involvement in the South Bristol Academy and

Bristol Health Partners. We value these partnerships highly and will continue to develop them. There are many other partnerships which support the teaching and learning culture we foster, including partnerships with Bristol City Council, other higher and further education providers, universities such as Keele, Exeter and Bath for leadership development, new independent sector providers, and the voluntary sector.

(i) About our staff

Regular consultation with staff takes place through both informal and formal groups, including the Trust Consultative Committee, a Policy Group, the Industrial Relations Group and the Local Negotiating Committee (medical and dental staff). Staff and management representatives consult on change programmes, terms and conditions of employment, policy development, pay-assurance and strategic issues.

Over the past year, the Trust has consulted with staff on a number of key service changes, including two major projects: Transforming the Nursing Workforce and, the Allied Health Professionals Review.

The Trust also consulted on changes to terms and conditions of employment for staff covered by the national employment contracts. Financial pressures faced by this trust, alongside every other Trust, mean it is likely that there will be further consultation on service changes in the coming year.

The Trust takes part in the Annual Staff Attitude Survey and subsequently develops an action plan to improve staff experience.

(i) Summary of performance – NHS staff survey

Questionnaires were sent to a random sample of 813 staff across the Trust, including staff employed directly by the Trust, and excluding staff working for external contractors and bank-only staff.

490 staff at University Hospitals Bristol NHS Foundation Trust took part in this survey, equating to a response rate of 60% which is in the highest 20% of acute Trusts in England, and compares with a response rate of 59% in this Trust in the 2010 survey.

By comparison, the top acute Trust this year received a response rate of 70% and the bottom acute Trust received a 32% response rate.

(ii) The Trust's 4 top-ranking scores

	2011/12		2010/11		
Top 4 Ranking Scores	**Trust**	**National Average for Acute Trusts**	**Trust**	**National Average for Acute Trusts**	**Improvement/ Deterioration**
Fairness and effectiveness of incident reporting procedures	3.56	3.46	3.54	3.45	Increase by 0.02

	2011/12		2010/11		
Top 4 Ranking Scores	**Trust**	**National Average for Acute Trusts**	**Trust**	**National Average for Acute Trusts**	**Improvement/ Deterioration**
Perception of effective action from employer towards violence and harassment	3.67	3.58	3.63	3.56	Increase by 0.04
Percentage of staff receiving job-relevant training, learning or development in last 12 months	81%	78%	78%	78%	Increase by 3%
Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell	20%	26%	22%	26%	Decrease by 2%

(iii) The Trust's 4 bottom-ranking scores

	2011/12		2010/11		
Top 4 Ranking Scores	**Trust**	**National Average for Acute Trusts**	**Trust**	**National Average for Acute Trusts**	**Improvement/ Deterioration**
Percentage of staff saying hand washing materials are always available	52%	66%	53%	67%	Decrease by 1%
Staff witnessing potentially harmful errors, near misses or incidents in the last month	39%	34%	39%	37%	No change
Percentage of staff receiving health and safety training in the last 12 months	75%	81%	77%	80%	Decrease by 2%
Percentage of staff experiencing physical violence from staff in the last 12 months	2%	1%	1%	1%	Increase by 1%

The Trust scored in the **best 20%** of acute Trusts in 9 areas:

- % agreeing their role makes a difference to patients;

- Quality of job design;
- % receiving job-relevant training, learning or development in last 12 months;
- Support from immediate managers;
- Fairness & effectiveness of incident reporting procedures;
- Perceptions of effective action from employer towards violence and harassment;
- % reporting good communication between senior management and staff;
- % able to contribute towards improvements at work;
- % feeling pressure in last 3 months to attend work when feeling unwell;
- overall staff engagement.

The Trust's scored **better than average** in a further 14 areas:

- % feeling valued by their work colleagues;
- Effective team working;
- % using flexible working options;
- % feeling there are good opportunities to develop their potential at work;
- % appraised in last 12 months;
- % having well-structured appraisal in last 12 months;
- % suffering work related injury in last 12 months;
- Impact of health & wellbeing on ability to perform work or daily activities;
- Staff job satisfaction;
- Staff intention to leave jobs;
- Staff recommendation of the Trust as a place to work or receive treatment;
- Staff motivation at work;
- % believing the Trust provides equal opportunities for career progression or promotion;
- % suffering work related stress in last 12 months.

The Trust's scores were **average** in 6 areas:

- % feeling satisfied with the quality of work and patient care they are able to deliver;
- Trust commitment to work-life balance;

- % working extra hours;
- % appraised with personal development plans in last 12 months;
- % experiencing harassment, bullying or abuse from staff in last 12 months;
- % having E&D training in last 12 months.

The Trust's scores were **worse than average** in 7 areas:

- Work pressure felt by staff;
- % receiving health & safety training in last 12 months;
- % reporting errors, near misses or incidents witnessed in the last month;
- % experiencing physical violence from patients/relatives in last 12 months;
- % experiencing physical violence from staff in last 12 months;
- % experiencing harassment, bullying or abuse from patients/relative in last 12 months;
- % experiencing discrimination at work in last 12 months.

Trust scores were in the **worst 20%** in 2 areas:

- % witnessing potentially harmful errors, near misses or incidents in the last month;
- % of staff saying hand-washing materials always available.

(iv) Key priority areas for improvement

The Trust has developed an action plan to ensure we build on the positive movement we have in our scores while tackling the areas where our staff have told us that we need to improve. This plan will be fully integrated with the Trust values.

The proposed key priority areas for improvement, which at the time of authoring this report were being consulted on, are:

- Work pressure felt by staff – scored at 3.17 (a significant increase against the 2010 score of 3.05) and worse than the acute Trust average of 3.12;
- Percent feeling there are good opportunities to develop their potential at work – 41% which, while better than average for acute Trusts, is a significant decrease against the 2010 survey where 48% of staff felt there were good opportunities to develop;
- Percent receiving health & safety training in last 12 months – 75% - this is 2% lower than in the 2010 survey and lower than the 81% average for acute Trusts and 83% average for all Trusts;
- Percent of staff suffering work-related stress in the past 12 months. The response rate of 27% is the same as for 2010, and this is below

the national average for acute Trusts. However, the percentage is still high. Stress related illness is one of the highest causes of sickness absence in the Trust, and therefore this is being included in the action plan;

- Percent of staff saying that hand washing materials were always available – 1% lower than the 2010 survey response and 14% lower than the average for acute Trusts. This score is in the lowest (worst). Further analysis of the survey data shows that the staff group where concern about the availability of hand washing materials was highest was among administrative and clerical staff, with the lowest percentage (33%) saying that hot water, soap and paper towels, or alcohol rubs, are always available when they are needed by staff, was in the IM&T department;
- Percentage of staff witnessing potentially harmful errors, near misses or incidents witnessed in the last month – 39% - 5% more than the national average of 34%;
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month 96% which is 2% improvement on 2010 survey but marginally less than the national average of just under 96%;
- Percent experiencing physical violence from patients/relatives/public in last 12 months at 8% this is identical to the previous year's survey findings and marginally above (worse than) the average for acute Trusts (just below 8%);
- Percent experiencing physical violence from staff in last 12 months – this scored 2% which is 1% higher than both the national average for acute Trusts and the previous year's University Hospitals Bristol NHS Foundation Trust score. Of the 8 people who stated that they had experienced physical violence from staff in the past 12 months – 2 were from Additional Clinical Services group, 1 from Estates/Ancillary and 5 from Registered Nursing/ Midwifery;
- Percent experiencing harassment, bullying or abuse from patients/relative in last 12 months – at 15% this is identical to the previous year's survey findings, and marginally higher than the average for acute Trusts;
- Percent experiencing discrimination at work in last 12 months – at 15% this is 3% higher than the previous year score and higher than the average for acute Trusts of 13%.

(v) Communication with staff

The Chief Executive holds quarterly open staff meetings which all staff are encouraged to attend. These provide an opportunity for staff to hear about issues affecting the Trust and a chance to contribute their views. This year we introduced the Leadership Forum, a place for senior managers to come together to hear from the directors and leaders of the Trust in a more informal setting. In addition, the weekly Trust email bulletin 'Newsbeat' provides a

mix of staff and Trust news and information, including an update on performance and a message from the Chief Executive.

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

The bi-monthly staff magazine 'Voices' recognises success amongst staff and is a well-received publication, featuring teams, individuals, updates from our charities and news relating to the Trust in an informal and interesting way.

Staff costs and headcount are detailed in the Annual Accounts at Appendix D.

(vi) Living the Values

Our key priority is to ensure that our patients not only receive excellent clinical treatment but are treated respectfully and with dignity and compassion at every stage of their care. It is also vital for us to ensure that our staff are treated, and treat each other with, the same level of dignity and respect that we expect for our patients.

The Trust Values act as an invaluable guide to the standards of behaviour we expect from staff towards patients, relatives, carers, visitors and each other. They are included at recruitment and induction stages and are clearly and regularly communicated.

In 2011/12 the performance management framework, appraisal and recruitment processes were all altered to include the values and to ensure they are embedded in our human resources processes.

'Living the Values' training for all staff will commence in May 2012. This will provide opportunities for reflection on how their behaviour at work impacts on patients and colleagues. The training emphasises that 'living the values' means respecting everyone, communicating effectively, embracing change which results in improved patient care, working together, and, demonstrating a positive and proactive attitude in everything we do.

(vii) Recognising Success

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

(A) Divisional Schemes – Divisions have implemented their own awards for excellence. These schemes encourage nominations and give awards to teams or individual members of staff in recognition and

appreciation of teamwork and commitment which improve services for patients and staff;

(B) Celebration of Service Awards – each year the Trust celebrates the achievement of serving the NHS for 30 years. In recent years this ceremony has been part of the Annual Members Meeting;

(C) International Nurses Day – The Trust celebrates International Nurses' Day annually and bestows scholarships and recognition awards for nursing and midwifery staff.

In addition to these initiatives, the Trust is working on the development and implementation of a Trust-wide annual recognition scheme.

(viii) Statement of approach to equality and diversity

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

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

The Trust has public duties in the domains of race, gender and disability and has prepared for the new public sector general duty to be implemented from 5 April 2011. The Director of Workforce and Organisational Development is the nominated lead director for equality and diversity on the Trust Board.

Implementation of the Equality Act 2010 and the Public Sector Equality Duty associated with the Act, have dominated the Trust's activities during the year. The Trust Board resolved in March 2011 that successful implementation of the NHS Equality Delivery System will be the principle means of fulfilling the Public Sector Equality Duty.

The Public Sector Equality Duty requires the Trust to have due regard to the need to:

- eliminate discrimination, harassment and victimisation;
- advance equality of opportunity between people who share a characteristic and those who do not; and,
- to foster good relations between people who share a characteristic and those who do not.

Two key milestones were reached; the publication of the first report (Specific Duty) profiling our staff and patients on 31 January 2012, and; the publication of the Trust's Equality Objectives as required for statutory compliance with the Act on 6 April.

Key findings in the first of these reports on Trust staff were:

- Only 11% of Trust staff were aged under 25;
- Less than 3% of staff reported a disability, though the true figure may be as high as 18%;
- 21.8% of Trust staff are from a Black or minority ethnic background;
- Black or minority ethnic staff are under-represented in higher pay bands; and,
- Just 1 % of staff identify as lesbian, gay or bisexual, though the national average is around 5%.

(ix) Protected characteristics

The new duty covers nine protected characteristics as defined in the Equality Act. These are Age, Disability, Gender, Gender re-assignment (transgender), Pregnancy and Maternity, Race, Religion or belief, Sexual orientation and Marriage and Civil partnership. The Trust has reported on our data and monitoring of patients and staff and on where there are gaps in our knowledge and how these will be addressed.

(x) Training on the Equality Act

Training managers on the Equality Act has been undertaken across the Trust by the Equality and Diversity Manager. To date some 160 staff have signed up to the training. In addition monthly training on more general equality and diversity awareness has continued.

(xi) The NHS Equality Delivery System

The Trust has been committed to implementing the NHS Equality Delivery System since March 2011. This replaces the Single Equality Scheme which has now been 'archived'.

Evidence of the organisation's performance across the 18 outcomes of the Equality Delivery System has been collected from a range of sources. Evidence collated to support the Trust's declarations of compliance with the Care Quality Commissions Outcomes—has been useful in demonstrating compliance elements of the Equality Delivery System, as has the Trust's Quality Report. Commitments made by the Trust to the principles of the NHS Constitution are also relevant and have been cited where appropriate.

Central to the new system is engagement with patients, carers, staff and local interests. Two dedicated engagement events were organised by a local cluster of five NHS Trusts. The events were both attended by a range of individuals and stakeholders, including local involvement networks and voluntary sector organisations representing people from protected groups. Attendance was

lower than expected and the evidence collected reflects this. It is hoped to achieve better engagement in the next iteration of the Equality Delivery System in 2012-13.

Bristol and South Gloucestershire Local Involvement Networks also contributed reports during 2011 on patients with autism; nutrition and hydration; the Refugee Centre in Bristol and Roma, Gypsy and Travellers healthcare. The findings of these reports have all been utilised. The Patient and Public Involvement officer ran focus groups on patient safety, dementia care, carers and stroke services.

(xii) Equality objectives and statement of compliance with publication duties

The Equality Act requires the Trust to publish its equality objectives by 6 April 2012. The two draft objectives for the Trust are set out below and were published on the Trust website on 03 April.

- We become an acknowledged regional leader in equality and diversity outcomes both for our patients and staff. (This includes specific commitments to staff training, to patient satisfaction levels and to mitigating differential experiences reported in healthcare);
- We become a national exemplar for the NHS Equality Delivery System. (This is a commitment to make the Scheme work for the benefit of all the Trust's patients and staff in 2012/13).

(xiii) Action plans and timeframes to address any shortfalls

The Single Equality Scheme expired at 31 March 2012 and has been superseded by the NHS Equality Delivery System referred to above. Any outstanding actions from the Single Equality System will be incorporated in the action plan for the Equality Delivery System which was being drawn up at the time this report was authored.

(xiv) Summary of performance – workforce statistics:

(A) Staff in post diversity profile (data point April 2012)

	April 2012	
Gender	Total	%
Male	1,895	23.75%
Female	6,084	76.25%
TOTAL	7,979	100.00%

	April 2012	
Ethnicity	Total	%
A - White - British	6,237	78.17%
B - White - Irish	94	1.18%

	April 2012	
C - White - Any other White background	407	5.10%
D - Mixed - White & Black Caribbean	28	0.35%
E - Mixed - White & Black African	18	0.23%
F - Mixed - White & Asian	25	0.31%
G - Mixed - Any other mixed background	41	0.51%
H - Asian or Asian British - Indian	361	4.52%
J - Asian or Asian British - Pakistani	33	0.41%
K - Asian or Asian British - Bangladeshi	6	0.08%
L - Asian or Asian British - Any other Asian background	116	1.45%
M - Black or Black British - Caribbean	125	1.57%
N - Black or Black British - African	228	2.86%
P - Black or Black British - Any other Black background	53	0.66%
R - Chinese	42	0.53%
S - Any Other Ethnic Group	162	2.03%
Z - Not Stated	3	0.04%
TOTAL	7,979	100.00%

	April 2012	
Disability	Total	%
No	7,466	93.57%
Not Declared	279	3.50%
Undefined	0	0.00%
Yes	234	2.93%
Total	7,979	100.00%

	April 2012	
Age Profile	Total	%
16 – 20	63	0.79%
21 – 25	639	8.01%
26 – 30	1,105	13.85%
31 – 35	1,246	15.62%
36 – 40	1,080	13.54%
46 – 50	995	12.47%

	April 2012	
Age Profile	Total	%
51 – 55	880	11.03%
56 – 60	652	8.17%
61 – 65	266	3.33%
Age over 65	63	0.79%
Total	7,979	100.00%

(xv) Analysis of Staff

As at 1 April 2012, the split between male and female staff is 24% and 76% respectively. This figure has not changed from last year.

There has been a reduction of 1.3% in staff declaring themselves to be white British compared to the previous year. The number of black and minority ethnic staff working in the Trust is 21.83% (this figure includes White Irish and White Other backgrounds).

234 staff declared themselves as having a disability as at April 2012, compared to 223 in the previous year. This figure has increased significantly through the Trust encouraging staff to declare any disability or impairment. As a percentage of the workforce this is 2.93% up from 2.77% in the previous year.

The number of staff employed in the age group of 16-25 is 702, a decrease of 42 from the previous year. This group of staff represents 8.80% of the workforce.

The number of staff aged 56 years or above has reduced from 1001 to 981, a reduction of 0.2% in the total workforce.

The management of Trust staff is supported by key performance indicators that are reported to the Board every month.

Key indicators include vacancy and turnover rates, sickness absence rates, appraisal compliance rates, mandatory and statutory training rates and bank and agency usage.

The indicators are analysed and the results are used to ensure compliance with national targets and local action plans.

(xvi) Priorities, monitoring arrangements and targets

A key priority will be to ensure that Equality Impact Assessments continue to be carried out for all new services and service re-designs and reflect the changing needs of the local community. Equality Impact Assessments will however be replaced during 2012 by the new tool of Equality Analysis. Dissemination plans and training to support the change will be put in place.

All new staff undertake online equality and diversity training as part of the induction programme and the aim is to increase coverage year-on-year and to develop further training programmes for managers. The Trust will also develop an action plan to reduce the number of incidents of harassment and bullying.

During 2012 Trust Divisions will be required to identify objectives relating to their services, priorities, and patient needs, which will be used to develop the Trust's work for the Equality Delivery System. In future, equality and diversity will also form part of the performance management mechanism for Divisional Management Boards.

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

The Trust complies with the "Positive about Disabled People" scheme. This scheme commits the Trust to interview all applicants with a disability who meet the minimum criteria for a job vacancy and consider them on their skills, experience and knowledge. All staff must adhere to the Trust Equal Opportunities in Employment policy and Recruitment policy.

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

The Trust is delivering bespoke training for staff who have become disabled, reviewing its approach to this activity and developing it to ensure it is both accessible and delivered in an appropriate way to participants. We are committed to developing all staff and teaching is provided in different ways to ensure access for all.

The Trust has established three staff groups: for black and minority ethnic staff; staff with disabilities and lesbian, gay, bisexual and transgender staff, enabling staff from these groups to raise issues among peers and to contribute to Trust policy.

The Trust is developing its career pathways and succession planning processes as part of the strategy for 2010-12 to ensure transparency and equity of opportunity for all. It is a requirement that all staff are appraised annually.

A range of communication channels are used to inform employees of matters of concern to them. This includes information on the Trust intranet, a weekly e-bulletin Newsbeat and information in the staff magazine Voices, as well as information in payslips.

(xvii) Occupational health service

The Trust works with Avon Partnership NHS Occupational Health Service to provide and integrated occupational health service with the objective of making a positive impact on sickness absence through both healthy working environments and healthy management styles.

The service works proactively, through consensus and evidence based practice, to enable staff to achieve and maintain their full employment potential within a safe working environment, thus enhancing the quality of their working lives.

Avon Partnership NHS Occupational Health Service was formed in October 2001, bringing together a wealth of experience from within the occupational health departments of University Hospitals Bristol NHS Foundation Trust (then United Bristol Healthcare NHS Trust), North Bristol Trust and Weston Area Health NHS Trust. Avon Partnership is now one of the largest fully integrated NHS Occupational Health services within the NHS in England and Wales, and provides comprehensive occupational health care to partner trusts and other organisations. It has been recognised as an exemplar service for its innovation and efficiency and was mentioned in the recent 'Boorman' review of Occupational Health services in the NHS for its 'Physio-direct' service. This service supports staff by telephone with early intervention for musculoskeletal issues. It is also piloting a service to support Trust staff while away from work by signposting appropriate support available within and outside the Trust.

(xviii) A safe working environment

The overall strategy for health and safety in the Trust uses The Health and Safety (Guidance) 65: Successful Health and Safety Management, which is implemented in full as the healthcare model of safety management systems. Health and safety risk assessments, safe systems of work, practices and processes ensure that all key risks to compliance with the legislation have been identified and addressed.

Health and safety is integral to the Trust's Risk Management Strategy, from which the three-year Risk Management Training Plan 2010-2013 has been developed. In January 2012 the Risk Management Training Needs Analysis was replaced by the Essential Training matrix. In addition there is the annually reviewed Risk Management matrix which identifies needs beyond the essential requirements for all staff based on the employee's role e.g. Health & Safety for Executives/ Senior Managers or mandatory departmental needs e.g. Manual Handling Risk Assessors. The annually reviewed Risk Management Training Prospectus and Training Delivery Plan includes all statutory and mandatory, patient safety and risk management training.

Issues and concerns raised by external audit, external enforcement and assessment agencies (including the Health and Safety Executive, the Healthcare Commission, Willis Ltd and the NHS Litigation Authority) are addressed and where possible resolved. The Trust has an objective to comply as far as is reasonably practicable with all Health & Safety Regulations and as

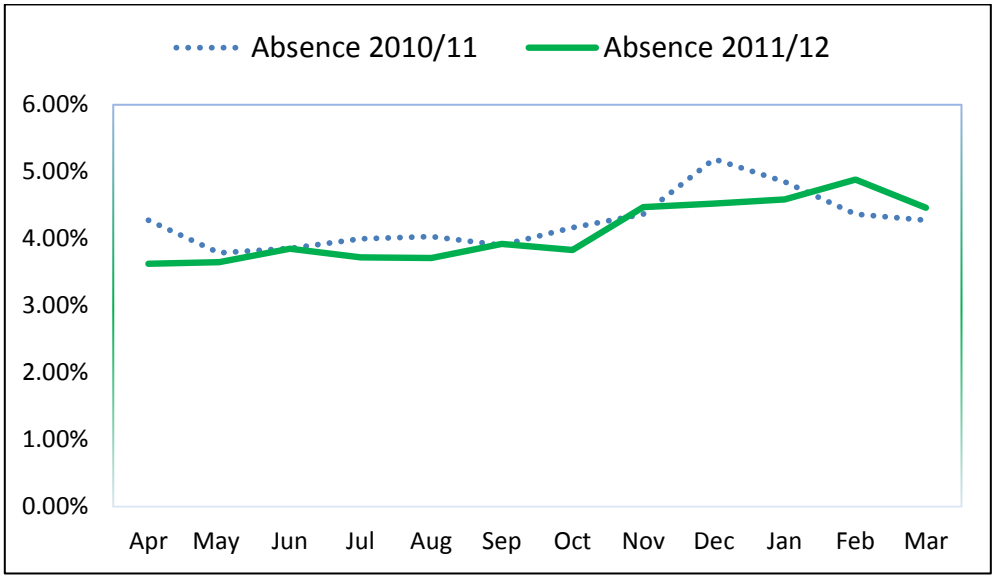
such each Divisional Operating Plan includes a section which covers their Health & Safety concerns and an action plan for compliance.

Where any issues or concerns are outstanding, these matters are taken to the Board with appropriate action plans in place to address the issues. A formal log is kept on the Risk Register in each Division, or depending on impact, the Corporate Risk Register.

(xix) Sickness absence

There was a Trust-wide reduction in sickness absence in the year ended 31 March 2012. We note that the sickness absence pattern tends to be cyclical, and there have been increases in gastro-intestinal related absence due to Norovirus, as well as the usual cold and influenza related absence.

The Trust-wide sickness absence rate was 4.1% for 2011/12 compared with 4.3% for 2010/11 as shown in the graph below.



The average number of days lost to sickness per full time equivalent (FTE) was 9.1 for 2011/12 compared to 9.5 days for 2010/11.

2010/11		2011/12		
Sickness Rate	Days lost per FTE	Sickness Rate	Days lost per FTE	Improvement/ Deterioration
4.3%	9.5	4.1%	9.1	5% Improvement

Whilst the Trust showed an overall reduction in sickness absence, there were increases in the Division of Medicine and the Division of Women's and Children's Services. During 2012/13, these Divisions will be the focus of an early intervention pilot to reduce sickness absence, as part of a Trust-wide sickness reduction programme.

(j) Our wider role and future developments

We are committed to involving and consulting patients and the public in the planning of services, considering service changes and making decisions that affect the way in which services operate. The Trust does so in accordance with Section 242 of the NHS Act 2006 and a detailed report on patient involvement activities during 2011/12 is set out in the 'Experience' section of the Quality Report.

In addition to activities associated with our core patient experience strategy, in 2011/12 the Trust approved a further 42 patient surveys seeking to understand patients' experience of the quality of, and access, to services.

Similarly, with changes to the national landscape in relation to commissioning our services, we are building new relationships with the important stakeholders of the future both locally, with respect to GP commissioners, and nationally with respect to the future National Commissioning Board and the new arrangements for the commissioning of specialised services.

The Transforming Care Programme signals the importance of Leading in Partnership with a wide range of stakeholders and we take this responsibility very seriously. Key relationships include our Charitable Partners, the voluntary sector and individual volunteers who partner us in delivering care and other bodies such as Local Involvement Networks (LINks) and the Local Authority.

Despite the challenging financial climate, the Trust is committed to a number of developments in the coming years, made possible through strong financial stewardship in previous years. These are largely service-related developments, and include four significant redevelopments of our estate.

Service developments planned for the period ahead include:

- The development and expansion of specialist paediatric services for children with Inherited Metabolic Disease and haemophilia to ensure children from the whole of the South West can access these services, when they need to and closer to home wherever appropriate;
- the roll out of national screening programmes for aortic aneurysm and further roll out of the age expansion of the national breast screening programme and the antenatal Down's Syndrome screening programme;
- the closure of the Bristol General Hospital and the transfer of inpatient rehabilitation services to the new South Bristol Community Hospital along with the transfer of a range of outpatient, day surgery and diagnostic services from the main Bristol Royal Infirmary campus;
- the centralisation of head and neck, including ENT, inpatient services at University Hospitals Bristol NHS Foundation Trust and the transfer of management responsibility for all associated outpatient and diagnostics during the year.

Infrastructure developments planned for the period ahead include:

- An £80 million capital scheme to support the redevelopment of the Bristol Royal Infirmary to enable the delivery of new, progressive models of care

from a fit-for-purpose estate. Benefits will include the retirement of all existing nightingale wards, the creation of a 70-bed integrated assessment unit and a significant increase in the proportion of single rooms. The scheme includes the creation of a helipad and much needed improvements to the façade of the Queens Building;

– A £30 million scheme to extend the Bristol Royal Hospital for Children to accommodate the transfer of specialist children's burns and neurosciences services from Frenchay Hospital, operated by North Bristol NHS Trust. This will provide a single, co-located service for children serving the South West and beyond;

– A £16m redevelopment of the Bristol Haematology and Oncology Centre to enable the transfer of Adult Bone Marrow Transplant Services from the Children's Hospital, the creation of a dedicated Teenage and Young Adults Cancer Unit and the development of radiotherapy services; and,

– A £5m Welcome Centre to transform the main entrance to the Bristol Royal Infirmary and provide a range of retail and support services for staff, patients and visitors to the Trust.

(k) Impact on the environment

The Trust has reviewed its environmental campaign and carbon reduction plans and is developing a single sustainability action plan to draw all of the activities of the Trust under the Big Green Scheme, including the development of sustainable models of care, procurement and travel. We are working in partnership with the University of Bristol to pilot the Green Impact awards scheme in the NHS.

We have increased our spend-to-save investment programme to reduce our energy consumption across the estate focussing on improving the efficiency and control of heating, lighting and cooling.

As well as implementing climate-change mitigation measures we continue to work with our partners in the Avon Health Executive Resilience Group to ensure our obligations with regards to emergency preparedness and adaptation under the Climate Change Act are being complied with. Regular exercises to test a range of scenarios have been undertaken and the lessons learned have been incorporated into our reviews and updates.

3.6 Remuneration Report

Details of the remuneration, salaries and allowances for senior managers of the Trust are set out in full starting at paragraph 6.8 on page 26 of the Annual Accounts attached at "Appendix D – Annual Accounts".

The remuneration of Executive Directors is determined annually by the Trust Remuneration Committee using national guidance and market benchmarking analyses.

(a) Remuneration of Executive Directors

The remuneration and allowances, and the other terms and conditions of office of the Executive Directors are determined by the Remuneration Committee which is established by the Board in accordance with Schedule 7 of the NHS Act 2006 (paragraph 18(2)), Schedule 1 of the University Hospitals Bristol NHS Foundation Trust Constitution (paragraph 30.2), and the Monitor NHS Foundation Trust Code of Governance Provision E.2.13. The Committee also reviews the suitability of structures of remuneration for senior management which includes the first layer of management below Board level (in accordance with the Foundation Trust Code of Governance E.2.2.).

The Remuneration Committee consists of not less than three independent Non-executive Directors and the Chairman of the Trust Board of Directors. The Committee is chaired by the Vice Chair of the Trust.

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

In reviewing the suitability of pay and conditions of employment for senior managers, the Committee takes account of national pay awards, comparable employers, and national economic factors.

In addition, the Trust is required to disclose the relationship between the remuneration of the highest-paid director in the organisation and the median remuneration of the organisation's workforce. This 'Hutton Review of Fair Pay is set out at 6.7 on page 25 of the Annual Accounts attached at "Appendix D – Annual Accounts".

(b) Remuneration of Non-executive Directors

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

Members of the Committee are appointed by the Membership Council as set out in paragraph 10 of Annex 7 of the Trust's Constitution (Standing Orders of the Membership Council). The membership includes:

- 4 elected public, patient or carer governors;
- 2 appointed governors; and,
- 1 elected staff governor.

The Committee is Chaired by the Chairman of the Trust (pursuant to Provision C.1.3 of the NHS Foundation Trust Code of Governance, and in his absence, or when the Committee is to consider matters in relation to the appraisal, appointment, re-appointment, suspension or removal of the Chairman, the Senior Independent Non-Executive Director.)

The principal functions of the Committee with regard to remuneration are: to consider and make recommendations to the Membership Council as to the remuneration and allowances and other terms and conditions of office of the Chairman and other Non-Executive Directors, and; on a regular and systematic basis to monitor the performance of the Chairman and other Non-Executive Directors and make reports thereon to the Membership Council from time to time.

The decisions of the Governors Nominations and Appointments Committee are reported to the Membership Council. In determining the remuneration for the Chairman and Non-executive Directors, the Committee takes account of the guidance provided by the Foundation Trust Network.

The Chairman and Non-executive Directors declined any increase in their remuneration in 2011/12 as they did in the previous year.

(c) Assessment of performance

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

No element of the Executive and Non-executive Directors' remuneration was performance-related.

(d) Duration of contracts

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

(e) Early termination liability

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

(f) Other information

Please refer to the notes in the 2011/12 at paragraph 6.8 on page 26 of the Annual Accounts attached at Appendix D to this report in respect of the following:

- Salaries and Allowances;
- Benefits in Kind;
- Changes in Pension at age 60 during 10/11;
- Value of the cash equivalent transfer value at the beginning of the year; and,
- Changes in the cash equivalent transfer value during 10/11.

4. NHS Foundation Trust Code of Governance

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

4.1 Compliance with the Code

The Trust Board of Directors considers that it was fully compliant with the provisions of the NHS Foundation Trust Code of Governance by the end of the year, or had otherwise appropriate arrangements for the governance of the Trust in place.

4.2 Trust Board of Directors

In accordance with the Foundation Trust Code of Governance Main Principle A.1., the Trust is headed by a Board of Directors with collective responsibility for the exercise of the powers and the performance of the Trust. Appointments to the Board both of Executive and Non-executive directors in the reporting period meant that the Board was fully constituted. The Board does not consider that its performance or balance as a whole was significantly impacted during the preceding period of interim arrangements.

The Trust Board of Directors of an NHS Foundation Trust is accountable for the stewardship of the Trust, its services, resources, staff, and assets. The arrangements established by a Board must be compliant with the legal and regulatory framework, protect and serve the interests of stakeholders, specify standards of quality and performance, support the achievement of organisational objectives, monitor performance, and ensure an appropriate system of internal control. Directors are jointly and severally responsible for all of the decisions of the Board.

The University Hospitals Bristol NHS Foundation Trust Foundation Trust Constitution specifies that the Board of Directors shall comprise:

- a non-executive Chair;
- up to 7 other Non-Executive Directors (one of which may be nominated as the Senior Independent Director); and,
- up to 7 Executive Directors.

To ensure the balance and effectiveness of the Board, the Foundation Trust Constitution further requires that:

- one of the Executive Directors shall be the Chief Executive;
- the Chief Executive shall be the Accounting Officer;
- one of the Executive Directors shall be the Finance Director;
- one of the Executive Directors shall be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984);
- one of the Executive Directors shall be a registered nurse or a registered midwife; and,
- the Board of Directors shall at all times be constituted so that the number of Non-Executive Directors (excluding the Chair) equals or exceeds the number of Executive Directors.

The Board is accountable to stakeholders for the achievement of sustainable performance and the creation of stakeholder value. It is responsible for organising and directing the affairs of the Trust and its services in a manner that will promote success and is consistent with good corporate governance practice, and, for ensuring that in carrying out its duties, the Trust meets its legal and regulatory requirements. In doing so, the Board of Directors ensures that the Trust maintains compliance with its terms of authorisation and other statutory obligations.

The Board reserves some responsibilities to itself, delegating others to the Chief Executive and other Executive Directors. Those matters reserved to the Board are set out as a formal schedule which includes approval of:

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

The Trust Board of Directors delegates responsibility to the Chief Executive to:

- enact the strategic direction of the Trust Board of Directors;
- manage risk;
- achieve organisational compliance with the legal and regulatory framework;
- achieve organisational objectives;
- achieve specified standards of quality and performance; and,
- operate within, generate and capture evidence of the system of internal control.

(a) Board of Directors – Disqualification

The following may not become or continue as a member of the Trust Board of Directors:

- A person who has been adjudged bankrupt or whose estate has been sequestrated and who (in either case) has not been discharged;
- A person who has made a composition or arrangement with, or granted a Trust deed for his creditors and who has not been discharged in respect of it;
- A person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him;
- A person who falls within the further grounds for disqualification.

(b) Members of the Trust Board of Directors

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

All of the Non-executive Directors serving on the Trust Board of Directors were considered to be 'independent' as defined in the Foundation Trust Code of Governance when assessed at a formal meeting of the Board on 27 March 2012.

Non-executive Directors	Appointment	1st Term of Office Ends	2nd Term of Office Ends
John Savage, CBE – Chairman	01 June 2008[7]	31 May 2011	31 May 2014
Emma Woollett – Vice Chair	01 June 2008	31 May 2011	31 May 2014
Iain Fairbairn – Senior Independent Director	01 June 2008	31 May 2011	31 May 2014
Lisa Gardner – Non-executive Director	01 June 2008	31 May 2011	31 May 2014
Selby Knox – Non-executive Director	01 June 2008	31 May 2011	31 May 2014
Paul May – Non-executive Director	01 November 2008	31 October 2011	31 October 2014
Kelvin Blake – Non-executive Director	01 November 2008	31 October 2011	31 October 2014
John Moore – Non-executive Director	01 January 2011	31 December 2014	31 December 2017

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

Executive Directors	Appointment	Term of Office Ends
Robert Woolley, Chief Executive	08 September 2010	Not applicable
Paul Mapson, Finance Director	01 June 2008[8]	Not applicable
Deborah Lee, Director of Strategic Development	4 February 2011	Not applicable
Sean O'Kelly, Medical Director	18 April 2011	Not applicable
Alison Moon, Chief Nurse	13 July 2009	Not applicable
Steve Aumayer, Director of Workforce & Organisational Development	25 June 2009	Not applicable
James Rimmer, Chief Operating Officer	04 July 2011	Not applicable
Jane Luker, Acting Medical Director	01 October 2010	30 April 2011

[7] John Savage, Emma Woollett, Iain Fairbairn, Lisa Gardner and Selby Knox previously served on the Board of United Bristol Healthcare NHS Trust as Non-executive Directors. Their terms of office on the Board of University Hospitals Bristol NHS Foundation Trust are calculated from the date of authorisation in accordance with Monitor guidance that: "The time a non-executive director has been appointed is taken from when that trust became an NHS foundation trust".

[8] Paul Mapson and Robert Woolley previously served on the Board of United Bristol Healthcare NHS Trust as Executive Directors. Their dates of appointment to the Board of University Hospitals Bristol NHS Foundation Trust are shown as date of authorisation or subsequent date, whichever is the later office.

Executive Directors	Appointment	Term of Office Ends
Jim O'Connell, Acting Chief Operating Officer	21 February 2011	8 July 2011

Biographies of the Chairman, Chief Executive and Directors are set out at "Appendix A – Biographies of Members of the Trust Board of Directors" on page 71 of this report.

(c) Directors' Interests

Members of the Board of Directors are required to disclose details of company directorships or other material interests in companies held which may conflict with their role and management responsibilities at the Trust. The Trust Secretariat maintains a register of interests, which is available to members of the public by contacting the Trust Secretariat at the address given at "Appendix B – Contact Details" on page 77 of this report.

The register also contains any significant commitments of the Chairman and any changes to these during the year.

(d) Meetings of the Board

The Board met on twenty-three occasions both in public and in private to adequately discharge the duties described above, and to consider a comprehensive annual cycle of reports and business to be transacted. The Chairman of the Board submitted a report to the Membership Council at each meeting, highlighting any issues requiring disclosure to the Membership Council.

4.3 Committees of the Trust Board of Directors

The Board has established the three 'statutory' Committees required by the NHS Act 2006 and the Foundation Trust Constitution. The Directors Nominations and Appointments Committee, the Remuneration Committee and the Audit Committee each discharge the duties set out in the Foundation Trust Constitution and their Terms of Reference as set out below.

The Board has chosen to deploy two additional 'designated' Committees to augment its monitoring, scrutiny, and oversight functions, particularly with respect to quality and financial risk management. These are the Quality and Outcomes Committee and The Finance Committee.

The role, functions and summary activities of the Board's Committees are described below. Membership and attendance at Board and Committee meetings is set out on page 53 of this report.

(a) Directors Nominations and Appointments Committee

The purpose of the Directors Nominations and Appointments Committee is to conduct the formal appointment to, and removal from office, of Executive Directors of the Trust, other than the Chief Executive who shall be appointed or removed by the Non-executive Directors subject to approval by the Members' Council. The Committee also gives consideration to succession planning for Executive Directors,

taking into account the challenges and opportunities facing the Trust, and the skills and expertise that will be needed on the Board of Directors in the future.

As the appointment to office of the two Executive Directors joining the Board in 2011/12 was concluded by the Committee in the previous financial year, the Committee's remaining function was to consider succession planning. When meeting for this purpose, the Committee took into account the potential for churn amongst Executive Directors, as well as contingency planning for unexpected eventualities. The Committee's approach to these circumstances was agreed, and the Chief Executive briefed on preferred procedures.

(b) Remuneration Committee

The Trust is required to appoint a Remuneration Committee in accordance with Schedule 7 of the NHS Act 2006 (paragraph 18(2)), Schedule 1 of the University Hospitals Bristol NHS Foundation Trust Constitution (paragraph 30.2), and the Monitor NHS Foundation Trust Code of Governance Provision E.2.1.

The purpose of the Remuneration Committee is to decide the remuneration and allowances, and the other terms and conditions of office, of the Executive Directors, and to review the suitability of structures of remuneration for senior management.

The Committee met on two occasions in the reporting period to consider changes in remuneration for Executive Directors. The Chair of the Committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

(c) Audit Committee

The Trust's new Audit Committee was formed in 2011 following a review of Board governance arrangements by the Trust Secretary. The Committee, which replaced the 'Audit and Assurance Committee', works in parallel with the newly-established Quality and Outcomes Committee; several non-Executive Directors serve on both committees. This provides the Non-executive Directors with two perspectives on similar or related data, allowing for comparison or 'triangulation' in considering processes as well as outcomes.

Terms of Reference for both committees are published in the public domain. The Audit Committee consists of four Non-Executive Directors and reviews the effectiveness of systems of governance, risk management and internal control across the whole of the Trust's activities. By comparison, the Quality and Outcomes Committee reviews the actions being taken by the Trust to ensure the on-going maintenance of standards of quality of care, and improvements where necessary in the patient experience.

In particular during 2011-12, the Audit Committee reviewed the adequacy of:

– all risk- and control-related disclosure statements, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;

- underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks, the controls in place and the appropriateness of the disclosure statements;
- policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements; and,
- policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the Counter Fraud and Security Management Service.

The committee sought reports and assurances from Directors and managers as appropriate, concentrating on the over-arching systems of governance, risk management and internal control, together with indicators of their effectiveness. Notably, the committee oversaw improvements to the Board Assurance Framework and enhancements to the Risk Register undertaken by the executive Risk Management Group.

Additionally, the Audit Committee reviewed an independent study of the Trust's Estates department following recommendations made in 2011 by the Internal Auditor. The review provided independent reassurance that the recommended corrective actions had been completed.

The Committee met on seven occasions in the reporting period. The Chair of the Committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

(i) Audit Committee Chair's opinion and report

In support of the Chief Executive's responsibilities as Accountable Officer for the Trust, the Audit Committee has examined the adequacy of systems of governance, risk management and internal control within the Trust. From information supplied, we have formed the opinion:

- There is a generally adequate framework of control in place to provide reasonable assurance of the achievement of objectives and management of risk;
- Assurances received are sufficiently accurate, reliable and comprehensive to meet the Accountable Officer's needs and to provide reasonable assurance;
- Governance, risk management and internal control arrangements within the Trust include aspects of excellence as well as aspects in which on-going attention to control improvement is required;
- Financial controls are adequate to provide reasonable assurance against material misstatement or loss;
- The quality of both Internal Audit and External Audit over the past year has been satisfactory.

The Committee discharged its role through the year as follows:

- We reviewed the establishment and maintenance of an effective system of governance, risk management and internal control across the whole of the trust's activities (both clinical and non-clinical).
- We ensured that there was an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Committee. The committee reviewed and approved the internal audit strategy, ensuring that it was consistent with the audit needs of the organisation as identified by the Assurance Framework. We considered the major findings of internal audit's work (and management's response). The Internal Auditor had unrestricted access to the chair of the committee for confidential discussion.
- We reviewed the work and findings of the external auditor and considered the implications and management's response to their work. The External Auditor had unrestricted access to the chair of the committee for confidential discussion.
- We reviewed the Annual Report and financial statements before submission to the Board.
- We ensured the Standing Financial Instructions and Standing Orders were maintained and kept up to date, with an annual review of instances where exceptions to the rules were made (this was not applicable in the reported year 2011/12).
- We reviewed the findings of other significant assurance functions, both internal and external to the organisation, and considered the implications to the governance of the Trust. This included a regular report from the NHS Counter Fraud Service and the independent review of the Estates department.
- Additionally we specifically reviewed the Trust's Information Governance procedures, its Whistle Blowing Policy, and sought assurances regarding the control of data used in the Quality Report.

Due to the necessity to appoint a new External Auditor (as a result of the closure of the Audit Commission), the Committee established an Auditor Selection Panel to enable the Governors to select a new External Auditor. This appointment is to be made in time to ensure a thorough handover from the Audit Commission during 2012/13.

The Committee met on seven occasions during the reporting period. The Chair of the Committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

(d) Quality and Outcomes Committee

The Quality and Outcomes Committee was established by the Trust Board of Directors to support the Board in discharging its responsibilities for monitoring the quality and performance of the Trust's clinical services and patient experience. This includes the essential standards of quality (as determined by Care Quality Commission's registration requirements), and national targets and indicators (as determined by the Monitor Compliance Framework).

The Committee reviews the outcomes associated with clinical services and patient experience and, the suitability and implementation of risk mitigation plans with regard to their potential impact on patient outcomes. The Committee is also required, as directed by the Board from time to time, to consider issues relating to performance where the Board requires this additional level of scrutiny. One example of this role in the year is the Committee's monitoring the progress of the actions set out in the 'histopathology action plan'.

During the course of the year, the Committee has considered:

- The Quality Strategy and associated priorities;
- The Patient Experience Strategy;
- The Volunteer Strategy;
- Divisional quality plans and associated benchmarking;
- Patient surveys;
- An External Audit of the 2010/11 Quality Report and recommendation of the 2011/12 Quality Report to the Board; and,
- The monthly Summary Quality and Performance Report.

Additional reviews have included:

- Serious Incidents;
- Complaints;
- 30 day readmissions after cancelled operations;
- Nutrition;
- Falls;
- Length of stay;
- The Hospital Standardised Mortality Ratio;
- Antibiotic prescribing;
- Stroke services;
- Midwifery; and,
- The 62 day cancer treatment target.

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

(e) Finance Committee

The Finance Committee has delegated authority from the Trust Board of Directors, subject to any limitations imposed by the Schedule of Matters Reserved to the Board,

to review and make such arrangements as it considers appropriate on matters relating to:

– Control and management of the finances of the Trust;

– Target level of cash releasing efficiency savings and actions to ensure these are achieved;

– Budget setting principles;

– Year-end forecasting;

– Commissioning; and,

– Capital planning.

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

(f) Membership and attendance at Board and Committee meetings

The Trust Board of Directors discharged its duties during 2011/12 in twenty-three private and public meetings, and through the work of its Committees. The table below shows the membership and attendance of Directors at meetings of the Trust Board of Directors and Board Committees.

Figures in brackets (3) indicate the number of meetings the individual could be expected to attend by virtue of their membership of the Board or Committee. A figure of zero (0) indicates that the individual was not a member. "C" denotes the Chair of the Board or Committee.

	Trust Board of Directors	Directors Nominations & Appointments Committee	Remuneration Committee	Audit Committee	Quality & Outcomes Committee	Finance Committee
Number of meetings	23	1	2	7	12	12
Chairman						
John Savage	C22(23)	C1(1)	2(2)	0(0)	1(0)	11(0)
Chief Executive						
Robert Woolley	22(23)	0(0)	2(0)	7(0)	0(0)	8(12)
Non-Executive Directors						
Emma Woollett	21(23) (Chaired 2)	1(1)	C2(2)	1(1)	10(12)	9(12)
Iain Fairbairn	21(23)	1(1)	2(2)	4(7)	8(12)	0(0)
Lisa Gardner	19(23)	1(1)	2(2)	5(7)	0(0)	C10(12)
Selby Knox	17(23)	1(1)	2(2)	0(0)	0(0)	8(12)
Paul May	23(23)	1(1)	2(2)	5(7)	C12(12)	1(0)

	Trust Board of Directors	Directors Nominations & Appointments Committee	Remuneration Committee	Audit Committee	Quality & Outcomes Committee	Finance Committee
Kelvin Blake	19(23)	1(1)	1(2)	0(0)	0(0)	7(12)
John Moore	17(23)	1(1)	2(2)	C6(6)	9(12)	1(0)
Executive Directors						
Paul Mapson	21(23)	0(0)	0(0)	6(6)	0(0)	12(12)
Deborah Lee	19(23)	0(0)	0(0)	0(0)	0(0)	3(0)
Sean O'Kelly	22(23)	0(0)	0(0)	0(0)	10(12)	0(0)
Alison Moon	21(23)	0(0)	0(0)	0(0)	9(12)	0(0)
Steve Aumayer	21(23)	0(0)	1(0)	0(0)	1(12)	1(0)
James Rimmer	16(17)	0(0)	0(0)	0(0)	8(9)	6(9)
Acting Directors						
Jane Luker	0(0)	0(0)	0(0)	0(0)	0(0)	0(0)
Jim O'Connell	6(6)	0(0)	0(0)	0(0)	0(3)	1(3)

(g) Performance of the Board and Board Committees

Members of the Board are subject to on-going and regular performance appraisal. Individual Executive Directors are appraised by the Chief Executive. Non-Executive Directors and the Chief Executive are appraised by the Chairman, who is appraised by the Senior Independent Director in conjunction with the Governors Nominations and Appointments Committee.

The Trust Board of Directors undertakes a self-assessment of its performance each year to establish whether it has adequately and effectively discharged its role, functions and duties during the preceding year.

For this year's assessment, an online survey was used to capture directors' responses to a range of questions addressing standards drawn from relevant best practice reference sources. Results of the survey were combined with the findings of the Internal Audit report on the functioning of the Board's Committees to provide a picture of whether the revised governance format introduced by the Board at the beginning of 2011/12 had operated as expected, as well as a view on elements such as Boardroom dynamics, behavioural governance, and the balance between strategic focus and operational accountability.

The Board's performance, taking into account the role, function and work of the Board Committees, was considered to be of the requisite standard. This was attributed to the balance and capability of the Board as a result of having a full complement of carefully selected substantive directors, a comprehensive annual cycle of reporting, a robust Board Assurance Framework and Risk Register, and a development plan undertaken under the guidance of the Chair and Trust Secretary.

The findings of the Internal Audit, combined with the Head of Internal Audit Opinion set out in the Annual Governance Statement, support the Board's conclusion. Some areas for development were identified, including the Board's basis for assurance with regard to some elements of risk; these will be addressed as a priority as part of the Board's development plan for 2012/13.

Similar assessment exercises were undertaken for each of the Committees of the Board, all of which were considered to have fully discharged the duties set out in their Terms of Reference. This assessment was supported by the findings of a formal audit of the Board's Committees by the Internal Auditor.

4.4 Membership Council

The Membership Council is responsible for discharging the duties of a 'Board of Governors' to hold the Trust Board of Directors collectively to account for the performance of the NHS Foundation Trust, including ensuring the Board of Directors acts so that the Trust does not breach the terms of its authorisation.

Governors are also responsible for regularly feeding back information about the Trust's vision and performance to their constituencies and the stakeholder organisations that either elected or appointed them. The Membership Council discharges a set of statutory duties which include appointing and removing the Non-Executive Directors, and approving the appointment and removal of the Trust's Auditor.

It remains the responsibility of the Trust Board of Directors to design and implement the strategy of the Trust, and the Board is accountable to the Membership Council for the performance of the Trust in this regard. The Membership Council and Trust Board of Directors communicate principally through the Chairman who is the formal conduit between the two corporate entities. This relationship is formally extended and augmented by Governors and Directors participation in Governor Working Groups for Strategy, Quality and Membership to ensure constant and clear communication and co-operation between the Board and the Membership Council. Additionally, Directors regularly attend meetings of the Membership Council and Governors regularly attend meetings of the Board.

The Board of Directors may request the Chair to seek the views of the Membership Council on any matters it may determine. Communications and consultations between the Membership Council and the Board include, but are not limited to the following topics:

- The Monitor Annual Plan;
- The Board's strategic proposals;
- Clinical and service priorities;
- Proposals for new capital developments;
- Engagement of the Trust's membership;
- Performance monitoring; and,
- Reviews of the quality of the Trust's services.

The Board of Directors presents the Annual Accounts, Annual Report and Auditor's Report to the Membership Council.

(a) Meetings of the Membership Council

The Membership Council met on a total of six occasions during 2011/12. This included its four Membership Council meetings, the joint meeting of the Membership Council and Trust Board of Directors, and the Annual Members' Meeting at which the Annual Report is presented to the Governors by the Board.

Membership and attendance at Membership Council and Committee meetings is set out in the table on page 59 of this report.

The three Governor Working Groups each met six times during the year. Attendance at meetings of the Governor Working Groups is set out in the table on page 61 of this report.

Further comment on the interaction of the Membership Council and the Trust Board of Directors is provided in the Annual Governance Statement included in "Appendix D – Annual Accounts 2011/12".

(b) Governors Nominations and Appointments Committee

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

(i) Function and Duties

The Committee:

(A) Determines the criteria and process for the selection of the candidates for office as Chairman or other Non-Executive Director of the Trust having first consulted with the Board of Directors as to those matters and having regard to such views as may be expressed by the Board of Directors;

(B) Seeks by way of open advertisement and other means candidates for office; assesses and selects for interview such candidates as are considered appropriate;

(C) Makes recommendation to the Membership Council as to potential candidates for appointment as Chairman or other Non-Executive Director;

(D) Considers and makes recommendations to the Membership Council as to the remuneration and allowances and other terms and conditions of office of the Chairman and other Non-Executive Directors;

(E) Monitors the performance of the Chairman and other Non-Executive Directors;

(F) Gives consideration to succession planning, taking into account the future challenges, risks and opportunities facing the Trust and the skills and expertise required within the Board of Directors to meet them.

(ii) Meetings

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

(c) Membership and attendance at Membership Council and Committee meetings

Figures in brackets (3) indicate the number of meetings the individual could be expected to attend by virtue of their membership of the Membership Council or the Governor Working Group.

A figure of zero (0) indicates that the individual was not a member. "C" denotes the Chair of the Membership Council or Committee.

	Membership Council	Governors Nominations and Appointments Committee
Number of meetings	6	4
Chairman		
John Savage	C6(6)	C4(4)
Governors		
Public South Gloucestershire		
Pauline Beddoes	6(6)	0(0)
Mary Hodges	3(6)	0(0)
Public North Somerset		
Clive Hamilton	4(4)	0(0)
Anne Ford	5(6)	0(0)
Elizabeth Corrigan	2(2)	0(0)
Public Bristol		
Mo Schiller	6(6)	3(4)
Sue Silvey	4(4)	0(0)
Heather England	3(3)	0(0)
Jade Scott-Blagrove	2(6)	0(0)
Ken Booth	2(4)	0(0)
Sian Evans	2(4)	0(0)
Mohsin Sajid	1(2)	0(0)
Patient Governors from tertiary areas		
Neil Auty	6(6)	0(0)
Suzanne Green	6(6)	0(0)
Local patients Governors who live in Bristol, North Somerset and South Gloucestershire		
Anne Skinner	5(6)	0(0)
John Steeds	5(6)	3(4)
Jacob Butterly	5(6)	0(0)
Ken Cockrell	2(6)	0(0)

	Membership Council	Governors Nominations and Appointments Committee
Kylie Murray	0(4)	0(0)
Peter Holt	4(4)	0(0)
Pam Yabsley	2(2)	0(0)
Carers of patients 16 years and over		
Wendy Gregory	3(6)	1(4)
Garry Williams	6(6)	0(0)
Carers of patients under 16 years		
Philip Mackie	4(6)	3(4)
Lorna Watson	4(6)	0(0)
Staff Non-clinical Healthcare Professional		
Alex Bunn	3(4)	0(0)
Jan Dykes	4(6)	0(0)
Chris Swonnell	2(2)	0(0)
Staff Other Clinical Healthcare Professional		
Phil Quirk	5(6)	4(4)
Staff Medical and Dental		
Louise Newall	2(4)	0(0)
Jim Catterall	1(2)	0(0)
Staff Nursing and Midwifery		
Florene Jordan	6(6)	0(0)
Belinda Cox	6(6)	0(0)
Appointed Governors		
Helen Langton	5(6)	0(0)
Tim Peters	5(5)	0(0)
Sylvia Townsend	4(6)	4(4)
David Tappin	1(6)	0(0)
Chris Payne	1(6)	0(0)
James White	0(4)	0(0)
Partnership organisations		
Jeanette Jones	5(6)	4(4)
Joan Bayliss	5(6)	0(0)
Jane Britton	3(6)	0(0)
Maggie Mickshik	3(4)	0(0)
Jessica Burston	1(2)	0(0)

	Membership Council	Governors Nominations and Appointments Committee
Sharon Hinsley	1(2)	0(0)
Frank Palma	2(2)	0(0)
Non-Executive Directors		
Emma Woollett	4(0)	0(0)
Iain Fairbairn	2(0)	3(3)
Paul May	6(0)	0(0)
Kelvin Blake	2(0)	0(0)
Selby Knox	1(0)	0(0)
Lisa Gardner	0(0)	0(0)
John Moore	0(0)	0(0)
Executive Directors		
Robert Woolley	6(0)	0(0)
Alison Moon	4(0)	0(0)
James Rimmer	3(0)	0(0)
Steve Aumayer	3(0)	0(0)
Paul Mapson	2(0)	0(0)
Deborah Lee	2(0)	0(0)
Sean O'Kelly	2(0)	0(0)

(d) Attendance at meetings of the Governor Working Groups

	Strategy Working Group	Quality Working Group	Membership Working Group
Number of meetings	5	7	6
Governors			
Public South Gloucestershire			
Mary Hodges	(0)	4(4)	1(2)
Public North Somerset			
Clive Hamilton	4(5)	5(6)	5(5)
Anne Ford	3(4)	(0)	4(4)
Elizabeth Corrigan	1(1)	(0)	1(1)
Public Bristol			
Mo Schiller	(0)	7(7)	2(2)
Sue Silvey	2(2)	2(2)	4(4)
Heather England	1(2)	(0)	2(2)

	Strategy Working Group	Quality Working Group	Membership Working Group
Ken Booth	(0)	3(4)	(0)
Patient Governors from tertiary areas			
Neil Auty	2(5)	1(0)	1(0)
Suzanne Green	(0)	(0)	6(6)
Local patients Governors who live in Bristol, North Somerset and South Gloucestershire			
Anne Skinner	2(5)	4(7)	(0)
John Steeds	2(5)	(0)	(0)
Jacob Butterly	(0)	(0)	3(6)
Ken Cockrell	1(5)	(0)	(0)
Pam Yabsley	(0)	(0)	1(1)
Carers of patients 16 years and over			
Wendy Gregory	4(5)	6(7)	(0)
Carers of patients under 16 years			
Philip Mackie	(0)	2(2)	(0)
Lorna Watson	(0)	6(7)	(0)
Staff Non-clinical Healthcare Professional			
Alex Bunn	(0)	4(4)	(0)
Jan Dykes	3(5)		(0)
Chris Swonnell	(0)	2(2)	(0)
Staff Medical and Dental			
Louise Newall	(0)	2(2)	(0)
Staff Nursing and Midwifery			
Florene Jordan	(0)	7(7)	5(6)
Partnership organisations	(0)	(0)	(0)
Jeanette Jones	(0)	3(7)	(0)
Joan Bayliss	1(5)	(0)	(0)
Jessica Burston	(0)	1(4)	(0)
Non-Executive Directors			
Paul May	4(0)	3(0)	(0)
Executive Directors			
Alison Moon	(0)	3(0)	(0)
Steve Aumayer	5(0)	(0)	(0)
Deborah Lee	4(0)	(0)	(0)
Sean O'Kelly	(0)	3(0)	(0)

(e) Qualification, appointment and removal of Non-Executive Directors

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

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

(f) Business interests

Governors are required to disclose details of company directorships or other material interests which may conflict with their role as Governors. The Trust Secretariat maintains a register of interests, which is available to members of the public by contacting the Secretariat at the address given at "Appendix B – Contact Details" on page 77 of this report.

(g) Performance of the Membership Council

The Membership Council undertakes a self-assessment of its performance each year to establish whether it has adequately and effectively discharged its role, functions and duties during the preceding year.

For this year's assessment, an on-screen survey was used to capture Governors' responses to a range of questions framed in the context of the draft Health and Social Care Bill (subsequently receiving Royal Assent to become the Health and Social Care Act 2012).

Results of the survey were assessed to identify areas of development for the Membership Council as well as priorities to be addressed in the forthcoming year. Pertinently, these included preparation for the new role of Governors established by the Health and Social Care Act 2012, including revisions to the governance structures supporting Governors in discharging their duties. This begins to formally address the new requirement established by the Act that Foundation Trusts equip governors with the skills and knowledge they need to carry out their revised role.

4.5 Foundation Trust membership

The Trust maintains a representative membership of people from eligible constituencies in keeping with the NHS Foundation Trust governance model of local accountability through members and governors. We continue to work to ensure that our membership remains representative of our catchment communities and that members have suitable opportunities to be engaged with the Trust and the work of the Membership Council.

(a) Membership size and variations

The Membership Working Group agreed that membership numbers should be maintained during 2012/13, and that the minimum age for membership should be changed from four to seven years of age. This change meant that our public and

patient membership totalled 11,979 and staff membership was maintained at nearly 100% with only two staff members opting out.

The combined public, patient and staff membership as of 31 March 2012 stands at 20,392. The number of members has been maintained by offering membership to patients and their carers in our hospital outpatient areas, work experience students and members of the public at Trust open events. Membership of the staff constituency is managed on an opt-out basis and all new staff are briefed on their membership eligibility and options during their formal induction.

A total of 116 members were removed from the database during routine data maintenance. These will have included members who have moved out of the catchment area or who were deceased. Patient members who were no longer eligible for the patient constituency were switched to the public constituency if they were eligible.

The public and patient membership target for March 2013 is 12,100. Recruitment activities will continue through outpatient clinics, work experience and at open events.

The changes in membership size throughout 2011/12 and estimated growth for 2012/13 are shown in the table below.

	2011/12 (actual)	2012/13 (estimated)
Public constituency		
At year start (1 Apr 2011)	5,798	5,914
New members	195	50
Members leaving	79	80
At year end (31 March 2012)	5,914	5,884
Patient constituency		
At year start (1 Apr 2011)	5,664	6,065
New members	438	188
Members leaving	37	37
At year end (31 March 2012)	6,065	6,216
Staff constituency		
At year start (1 Apr 2011)	8,128	8,298
New members	1,243	1,050
Members leaving	1,073	1,350
At year end (31 March 2012)	8,298	7,998

(b) Analysis of current membership

The profile of the Trust's membership at the end of March 2012 is shown in the table below.

Constituency	Number of members	Eligible membership
Public constituency		
Age (years)		
0-16	364	171,779
17-21	510	67,813
22+	4,786	693,460
Unknown	254	0
Ethnicity		
White	5,063	775,326
Mixed	78	10,894
Asian/Asian British	154	13,391
Black/Black British	136	9,971
Other	483	123,470
Socio-economic groupings		
ABC1	3,457	366,093
C2	1,020	118,997
D	1,100	84,968
E	337	25,904
Unknown	0	337,090
Gender		
Male	2,512	465,526
Female	3,276	467,526
Unknown	223	0
Patient constituency		
Age (years)		
0-16	473	46257
17-21	220	27702
22+	5,372	317738

(c) Developing a representative and engaged membership

The Governors Membership Working Group monitors and promotes the recruitment and engagement of Foundation Trust members. Our Membership Plan is regularly revised to reflect current opportunities for engaging members, maintaining

membership numbers and supporting governors to discharge their duties with respect to communicating with members.

Our aim is to focus on developing new membership in under-represented groups such as carers, children and young people to ensure that our membership remains representative as the demographic changes.

The number of members in the under sixteen year old group decreased as a result of the change of membership age from four to seven. Young members growing-up has boosted the seventeen to twenty-one year old group from 516 to 728 members.

Targeted recruitment of younger members continues through the Trust's work experience programme and school career events, and the Youth Council remains instrumental in attracting younger members.

(d) Engagement

We proactively support the involvement of our Governors in a wide range of activities within the Trust to assist them in completing their statutory responsibilities, and in particular, for engaging with members.

The focus for engaging members continues through a number of channels, including the activities of the Youth Council which meets each month and provides reports to the Governors Membership Working Group and to the Membership Council. Members are offered opportunities to be involved in service improvements such as patient environment action team audits, and our regular Governors' Medicine for Members events have proved very popular.

(e) Elections

Governor elections were conducted between March and May 2012. Electoral Reform Services Ltd was appointed as the independent Returning Officer for the elections. The elections were run in accordance with the Trust's Rules for Elections as set out in the Foundation Trust Constitution. The election was successful in filling all the governor seats. Voting turnout was largely aligned with the national figures published by Monitor:

- Public Bristol turnout – 18.1%;
- Public North Somerset – uncontested;
- Local Patients turnout – 26.7%;
- Carers of patients 15 years and under – 7.4%;
- Staff Non-Clinical Healthcare Professional constituency – was 18%;
- Staff Medical and Dental – uncontested.

(f) Membership commentary and strategy

The University Hospitals Bristol NHS Foundation Trust has five membership constituencies:

- Public Bristol;

- Public North Somerset;
- Public South Gloucestershire;
- Patient constituency with four groups: Patients from tertiary areas, local patients, carers of patients 16 years and over and carers of patients under 16 years; and,
- Staff constituency with four groups: Medical and Dental, Nursing and Midwifery, Other Clinical Healthcare Professionals and Non-Clinical Healthcare Professionals.

Progress of the three-year approved membership plan has been monitored by the Governor's Membership Working Group and reported to the Membership Council. Agreed priorities include:

- To complete the Membership Council Annual Assessment and populate the Membership Plan for 2012-2013;
- To revise the governance framework for Governors to meet their responsibilities outlined in the new Health and Social Care Act 2012;
- To update the Trust's Constitution to transfer Volunteer members to public or patient constituency as recommended by the governors;
- To achieve an increase in membership of new public and patient constituencies by 355. These include replacing those members who have left membership estimated at 117 and increasing new members by 238. The target is to maintain public and patient membership at 12,100. We will continue to focus on recruiting membership in under-represented groups, specifically carers, children and young people;
- To maintain staff membership at 95% or higher;
- To continue to engage our members by providing a range of involvement opportunities, including medicine for member's events, Trust open days and service improvement opportunities linked with members' special interests;
- Elections will take place in 2013 for 13 seats;
- To support governors in completing their statutory duties and by providing a programme of training and development opportunities.

(i) Public Constituencies

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

(ii) Patient constituency

The patient constituency is open to all those who are recorded on the Trust's Patient Administration System as having attended as a patient within the preceding three

years, and who are neither eligible to become a member of the staff constituency nor are less than seven years of age.

There are four groups within this constituency: patients from tertiary areas, local patients, carers of patients 16 years and over, and carers of patients under 16 years. However, once eligibility for patient membership has expired, members can be switched to the public constituency if they are eligible. Patient membership is by opt-in.

(iii) Staff constituency

The staff constituency is made up of people who are employed under a contract with the Trust for at least 12 months, or, are employed by the Trust and whose place of work is at the Trust, or are contractor's staff working full-time at the Trust, and are at least 16 years of age.

The staff constituency has four groups:

– Medical and Dental;

– Nursing and Midwifery;

– Other Clinical Healthcare Professionals;

– Non-Clinical Healthcare Professionals.

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

(g) Members communicating with governors

Governors communicate with members through regular newsletters, invitations to be involved in services that members are interested in, 'Medicine for Members' events, Membership Council and Annual Members Meetings.

Members wishing to communicate with Governors or Directors, or anyone interested in finding out more about membership, should contact the Trust Secretariat at the address given at "Appendix B – Contact Details" on page 77 of this report.

(h) Governors by constituency – 1 April 2011 to 31 March 2012

Constituency	Name	Tenure	Elected Appointed Partnership
Public Governors			
Public South Gloucestershire	Pauline Beddoes	June 2010 to May 2013	Elected
Public South Gloucestershire	Mary Hodges	June 2010 to May 2013	Elected
Public North Somerset	Clive Hamilton	June 2011 to May 2014	Elected
Public North Somerset	Anne Ford	June 2008 to May 2014	Elected
Public Bristol	Jade Scott-Blagrove	June 2010 to May 2013	Elected

Constituency	Name	Tenure	Elected Appointed Partnership
Public Bristol	Heather England	November 2011 to May 2013	Elected
Public Bristol	Mo Schiller	June 2008 to May 2014	Elected
Public Bristol	Sue Silvey	June 2011 to May 2014	Elected
Public Bristol	Ken Booth	June 2011 to May 2014	Elected
Public North Somerset	Elizabeth Corrigan	June 2008 to May 2011	Elected
Public Bristol	Sian Evans	June 2010 to October 2011	Elected
Public Bristol	Heather England	June 2008 to May 2011	Elected
Public Bristol	Mohsin Sajid	Oct 2010 to May 2011	Elected
Patient Governors			
Patient Governors from tertiary areas (who live in the rest of England and Wales)	Suzanne Green	June 2010 to May 2013	Elected
Patient Governors from tertiary areas (who live in the rest of England and Wales)	Neil Auty	June 2010 to May 2013	Elected
Local patients Governors who live in Bristol, North Somerset and South Gloucestershire	Kylie Murray	June 2011 to May 2014	Elected
Local patients Governors who live in Bristol, North Somerset and South Gloucestershire	Anne Skinner	June 2008 to May 2014	Elected
Local patients Governors who live in Bristol, North Somerset and South Gloucestershire	John Steeds	June 2010 to May 2013	Elected
Local patients Governors who live in Bristol, North Somerset and South Gloucestershire	Ken Cockrell	June 2010 to May 2013	Elected
Local patients Governors who live in Bristol, North Somerset and South Gloucestershire	Jacob Butterly	June 2010 to May 2013	Elected
Local patients Governors who live in Bristol, North Somerset and South Gloucestershire	Peter Holt	June 2011 to May 2014	Elected
Carers of patents 16 years and over	Wendy Gregory	June 2008 to May 2013	Elected
Carers of patents 16 years and over	Garry Williams	June 2010 to May 2013	Elected
Carers of patients under 16 years	Philip Mackie	June 2008 to May 2014	Elected
Carers of patients under 16 years	Lorna Watson	June 2008 to May 2014	Elected
Local patients Governors who live in Bristol, North Somerset and South Gloucestershire	David Aldington	Oct 2009 to May 2011	Elected
Local patients Governors who live in	Pam Yabsley	June 2008 to May 2011	Elected

Constituency	Name	Tenure	Elected Appointed Partnership
Bristol, North Somerset and South Gloucestershire			
Staff Governors			
Medical and Dental	Louise Newall	June 2011 to May 2014	Elected
Nursing and Midwifery	Florene Jordan	June 2010 to May 2013	Elected
Nursing and Midwifery	Belinda Cox	June 2010 to May 2013	Elected
Non-clinical Healthcare Professional	Alex Bunn	June 2011 to May 2014	Elected
Non-clinical Healthcare Professional	Jan Dykes	June 2008 to May 2014	Elected
Other Clinical Healthcare Professional	Phil Quirk	June 2010 to May 2013	Elected
Non-clinical Healthcare Professional	Chris Swonnell	July 2009 to May 2011	Elected
Medical and Dental	Jim Catterall	June 2008 to May 2011	Elected
Appointed Governors			
University of Bristol	Tim Peters	March 2011 to May 2014	Appointed
University of the West of England	Helen Langton	Oct 2010 to May 2014	Appointed
Bristol City Council	Sylvia Townsend	June 2009 to May 2014	Appointed
Bristol Primary Care Trust	David Tappin	June 2008 to May 2014	Appointed
South Gloucestershire Primary Care Trust	Chris Payne	June 2008 to April 2012	Appointed
North Somerset Primary Care Trust	James White	June 2008 to Oct 2011	Appointed
Partnership organisations			
Avon and Wiltshire Mental Health Trust	Jane Britton	June 2008 to May 2014	Partnership
Great Western Ambulance Trust	Jessica Burston	October 2011 to May 2014	Partnership
Joint Union Committee	Jeanette Jones	June 2008 to May 2014	Partnership
Community groups	Joan Bayliss	Jan 2011 to May 2014	Partnership
Voluntary groups	Maggie Mickshik	June 2011 to May 2014	Partnership
Voluntary groups	Frank Palma	June 2008 to May 2011	Partnership
Great Western Ambulance Trust	Sharon Hinsley	August 2010 to August 2011	Partnership

5. Appendix A – Biographies of Members of the Trust Board of Directors

5.1 John Savage – Chairman

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

In September 1994 he became Chief Executive of Business West, the joint operating company of the Chamber and Business Link West. He was awarded the CBE for service to Business and Regeneration in the 2006 New Year Honours List. He is Chairman of the Churches Council for Social Responsibility, a board member of the Regional Development Agency and was Chairman of the South West Learning and Skills Council from inception until its closure. He has gained a broad range of business experience over a period of more than 40 years.

John is Chairman of the Trust Board of Directors, Membership Council, Nomination and Appointments Committee and Remuneration Committee.

5.2 Robert Woolley – Chief Executive

Robert has been Chief Executive since 2010. He joined the Trust in 2002 as Director of Performance Management, responsible for service delivery and the achievement of key patient access targets. He took the Corporate Development portfolio in 2004, overseeing the £18 million expansion and refurbishment of the Bristol Dental Hospital, the construction of the new £60 million Bristol Heart Institute and the development of the Trust's 10 year strategic plan. He was project director for the Trust's successful application for Foundation status in 2008.

Robert joined the NHS as a planner at the Royal London Trust in 1992. At Barts and the London NHS Trust, he was head of strategic planning and assistant director for the redevelopment of the Royal London Hospital before becoming general manager for children's services across the City and East London in 1996 and later of clinical support services across St Bartholomew's, the Royal London and the London Chest Hospitals. Robert was educated at Lincoln College, Oxford, and holds an MBA with distinction from Bath University.

5.3 Non-executive Directors

(a) Emma Woollett – Vice-Chair

Emma was appointed as a Non-Executive Director[9] in January 2006 and was subsequently reappointed as Vice-Chair for three years from January 2010. She has worked in both the private and public sectors and has held senior management positions in marketing and business development. She was marketing director for Kwik Save Stores, following its merger with retailer Somerfield plc.

Emma left Somerfield in 2001 to set up a freelance management consultancy practice, providing analytical advice to NHS organisations on capacity planning and waiting list management. Prior to joining Somerfield, Emma spent a number of years

[9] To the Board of the United Bristol Healthcare NHS Trust (University Hospitals Bristol NHS Foundation Trust's NHS predecessor)

as a management consultant for PricewaterhouseCoopers, working worldwide on projects for utility companies looking to develop more commercial approaches within a public sector environment. She started her career in the oil industry and has degrees in physics and international relations from Cambridge University. Emma is Chair of the Remuneration Committee, and member of the Finance and Quality and Outcomes Committees.

(b) Lisa Gardner – Non-Executive Director

Lisa Gardner was appointed as a Non-Executive Director[10] on 1 June 2007. She has acquired a broad range of business experience over 20 years; the posts held during that time include finance director of both Aardman Animations Limited and Business West Bristol. She qualified as a chartered accountant in 1992 after gaining a BA Honours degree in accounting and finance at Kingston University. Her current role is as an associate in a local chartered accountant's practice.

Lisa is Chair of the Finance Committee at the Trust and sits on the Audit Committee. She also sits on the Watershed's Trust and Trading Companies Boards. She has served as a Parent Governor at Westbury Park Primary School, where she was also Chair of the Finance Committee, was the financial director at Aardman Animations Limited for 11 years and since then has worked in the finance director role at Business West and in the retail industry before returning to practice.

(c) Iain Fairbairn – Senior Independent Director

Iain Fairbairn was appointed as a Non-executive Director[11] on 1 December 2007. He is currently the Senior Independent Director for University Hospitals Bristol NHS Foundation Trust, a member of the Audit Committee, and a member of the Clinical Ethics Advisory Group.

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

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

(d) Selby Knox – Non-Executive Director

Professor Knox was appointed as a Non-executive Director[12] on 1 February 2008 as a Non-Executive Director of the NHS Trust. Selby retired in August 2008 from the position of Pro Vice-Chancellor of the University of Bristol where he was a member of the University's senior management team, with responsibility for oversight of

[10] To the Board of the United Bristol Healthcare NHS Trust (University Hospitals Bristol NHS Foundation Trust's NHS predecessor)
[11] To the Board of the United Bristol Healthcare NHS Trust (University Hospitals Bristol NHS Foundation Trust's NHS predecessor)
[12] To the Board of the United Bristol Healthcare NHS Trust (University Hospitals Bristol NHS Foundation Trust's NHS predecessor)

finance and estates, and the Faculties of Medicine and Dentistry and Medical Sciences.

Selby was chair of the budget and capital prioritisation committees, and a member of the University Council and its finance, estates and audit committees. He obtained a BSc in 1966 and a PhD in 1969, both from the University of Bristol. He returned there as lecturer in 1972 after postdoctoral research at the University of California, Los Angeles, and was awarded a Doctor of Science degree by the University of Bristol in 1985. He was promoted to Reader in 1983 and to Professor in 1990 and from 1992 to 2001 was Head of the School of Chemistry.

From 1996 to 2004, Professor Knox held the Alfred Capper Pass Chair of Chemistry, which he relinquished on being appointed Pro Vice-Chancellor. Professor Knox's research in organometallic chemistry attracted several awards from the Royal Society of Chemistry and visiting professorships in North America and Europe.

(e) Paul May – Non-Executive Director

Paul May is a public sector strategic consultant who brings 30 years' experience at the highest levels in local government and further education. He was the Chief Executive of Wansdyke District Council, and then North Somerset Council for nearly 20 years. He was also the Executive Director of the Learning and Skills Council in the West of England, and Chief Executive of the Further Education Bureaucracy Reduction Group for England.

Paul's projects as a consultant include working on the framework for excellence quality system for further education and re-shaping the structure of the South West's Learning and Skills Council. He also took a lead role for the Sexual Assault Referral Centre (SARC) for Avon and Somerset, helping agencies to work more closely together to improve the experience for victims of this crime. He then helped Devon and Cornwall and Dorset for their community approaches to the creation of their SARCs.

(f) Kelvin Blake – Non-Executive Director

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

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

Kelvin is also a trustee of two charities. The Vassal Centre Trust is a local charity that manages barrier free workspace in Bristol primarily for the use of organisations that provide services to disabled people. And the Spinal Injuries Association (SIA) is the leading national charity for spinal cord injured people.

Kelvin is a former Bristol City Councillor. He represented Filwood ward, in the south of the city, and during his time as a councillor he was Chair of Regeneration and a member of the cabinet. Kelvin is a member of the Finance Committee and also chairs the Organ Donation Committee.

(g) John Moore – Non-Executive Director

John was appointed as a Non-executive Director on 01 January 2011. He is an experienced managing director and Trustee, supporting strategic change throughout organisations. He has multi-sector industrial experience (aerospace, defence, automotive, utilities) together with the public and third sectors.

Following 12 years international corporate life (working with BP, ICI, Avon Rubber, Wavin and Raychem), and having sold a medium sized business, John has begun undertaking Non-Executive Director roles, including University Hospitals Bristol NHS Foundation Trust, and Carbotech Wheels GmbH Austria.

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

5.4 Executive Directors

(a) Steve Aumayer – Director of Workforce and Organisational Development

Steve joined University Hospitals Bristol in July 2009 and brought with him a wealth of senior human resources experience from a variety of sectors. Over the course of his career Steve worked extensively within consulting, retail banking and the telecommunications sectors.

Prior to joining University Hospitals Bristol NHS Foundation Trust, Steve spent eight years working in telecoms, as the Managing Director of Human Resources for COLT, a major European business telecoms provider, as UK Human Resources Director at Orange, and jointly leading a venture between Orange and Vodafone working on network sharing.

Steve also held roles as a Director at Deloitte and Touche, at Hay Management Consultants and at Bristol and West. Steve's career started with a commission in the Royal Navy where he graduated from Britannia Royal Naval College in Dartmouth and then went on to be a navigation officer.

(b) Paul Mapson – Director of Finance

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

Paul has ten years of experience at Board level including significant experience in the management of capital projects, specialised commissioning, systems development, information technology and procurement.

Prior to joining the Trust in 1991 as Deputy Finance Director, Paul held posts in Somerset, Southmead and Frenchay hospitals. He was appointed Director of Finance in February 2005.

(c) Alison Moon – Chief Nurse

Alison joined the NHS in 1980 and qualified as a Registered Nurse at Frenchay Hospital, Bristol.

She has a wealth of experience as a clinician and leader in both secondary and primary care and has previously held roles of Director of Nursing and Clinical Governance at Yeovil District Hospital NHS Foundation Trust and at Bristol North Primary Care Trust.

Alison has a proven record and passion for ensuring the patient experience and voice is at the centre of all services and improving standards of care, delivering service improvements, influencing change and pioneering new roles both locally and nationally. Alison was awarded an MA in Management in 1999 from the Bristol Business School. Alison has also completed the Leading Strategic Change programme at INSEAD, France (2005).

In addition to her role at University Hospitals Bristol NHS Foundation Trust, Alison has also taken on the Regional Clinical Champion role for improving care for people with dementia in acute hospitals.

(d) Sean O'Kelly – Medical Director

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

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

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

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

(e) Deborah Lee – Director of Strategic Development

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

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

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

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

(f) James Rimmer – Chief Operating Officer

James Rimmer is an experienced Healthcare Director and has worked in the NHS for over 15 years. James has a breadth of Director level experience having been a Board member in both the provider and commissioner sectors. James' qualifications include a BSc Honours in Psychology from the University of Bristol and a Masters in Evidence Based Health Care from the University of Oxford. James has also completed the European Health Leadership Programme at INSEAD, France (2006).

James has worked at an operational and strategic level having led a successful early wave application to become a Foundation Trust and the delivery of a double Excellent Annual Health Check performance rating. James has also led major capital and IM&T programmes. James started his career in health service research at the University of Bristol and later had an honorary contract at the University of the West of England leading a Department of Health funded study across three organisations. James' research focused on user involvement in service development and on moving research into practice.

6. Appendix B – Contact Details

The Trust Secretariat can be contacted at the following address:

Trust Secretariat
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BS1 3NU

Telephone: 0117 342 3702

Email: Trust.Secretariat@UHBristol.nhs.uk

Quality Report 2011/12

Statement from the Chief Executive

Welcome to University Hospitals Bristol NHS Foundation Trust's Quality Report for 2010/11. This is the fourth year that the Trust has published an annual report about the quality of its services.

As Chief Executive, I believe passionately in our Trust's mission to provide patient care, education and research of the highest quality. I am also committed to our core organisational values: respecting everyone, embracing change, recognising success and working together. These are the values I expect our staff to live and breathe as we seek to deliver world class healthcare for the people of Bristol and the South West of England. Our annual Quality Report is one of the ways that we recognise success. For the second year running, University Hospitals Bristol was listed in the Dr Foster *Hospital Guide* as having lower than expected overall mortality: this means that the clinical services we provide are significantly safer and more effective than those provided by most NHS hospital Trusts. The same Dr Foster report placed University Hospitals Bristol in the best five Trusts for low mortality for patients who have suffered a stroke. Elsewhere, our rates of healthcare acquired infections are the best they have been since this data has been available – although every case of healthcare acquired infection is one too many and there is no room for complacency.

In last year's Quality Report, we set ourselves a large number of specific quality objectives – 16 in all. I am pleased to report that we met 10 of these objectives in full and partially met four more. However, there were two areas where we did not achieve our goals and we will remain focussed on these in 2012/13.

Twelve months ago, we said that 2011/12 would be a 'year of learning' for the Trust. I believe this report demonstrates how we have been learning from reported patient safety incidents, clinical outcome data, patient feedback and complaints. Every month, our Trust Board receives a report about the quality or our services which begins with a patient's story. Sometimes these stories are about things we have done well; sometimes they describe occasions when we have let patients down; but in every case, the focus of Board discussion is on what we can learn to make things better for all our patients in the future. The work of the Board is now supported by a non-executive Quality and Outcomes Committee which has been established to monitor of quality and performance, and to ensure that every member of staff who has contact with patients, or whose actions directly affect patient care, is motivated and enabled to deliver effective, safe and person centred care. We have also established a new Quality Intelligence Group: this is a management group which has responsibility for monitoring external clinical benchmarking data (including outcomes of care) and initiating investigations if potential areas of concern are identified. Through this vigilant approach to reviewing data, we aim to detect potential issues as early as possible.

Through the work of the Membership Council and its various working groups, our governors continue to make a significant and valued contribution to our efforts to deliver clinical excellence. You will find a report from the governors, including their views on our performance in 2011/12, in an appendix to this Quality Report. A number

of our governors are actively involved in carrying out patient surveys and interviews, providing invaluable insight to complement our core feedback systems. This year, over 12,000 people gave us detailed feedback via a post-discharge survey about what it is like to be a patient at University Hospitals Bristol: the Patient Experience section of this report describes the key findings and some of our plans for improvement. I am encouraged by the fact that 98% of outpatients and 96% of inpatients say they would recommend the Trust to their friends and family.

As we go forward, in common with all NHS organisations, we face the challenge of making financial savings whilst at the same time improving the quality of our services. I want you to know that we are committed to a programme of change and service improvement to effect improvements in quality, productivity and economic efficiency across the Trust and I look forward to telling you more about how our 'transforming care' programme is making a difference in future Quality Reports.

Finally, I would like to put on record my thanks to our external stakeholders for their input into this report. You can read their thoughts and feedback at the end of this document.

Robert Woolley
Chief Executive, 18 May 2012

Contents:

Introduction

In every interaction we have with patients, there is an opportunity for learning, both from things that have gone well and those we wish were better. Throughout this report, you will find examples of how we have learned – from patient feedback, from complaints, from clinical incidents and from monitoring outcomes of care.

This is the fourth year we have produced an annual Quality Report. Quality Reports and Accounts are a requirement of the Department of Health and Monitor. All NHS Trusts are required to report on their progress in delivering safe and effective treatment – and to demonstrate that they have done this in a way which reflects a humanity of care.

This year's Quality Report follows the format we have used previously: discrete sections of the report deal with each key dimension of quality in turn, explaining how we performed against specific objectives we set ourselves for 2011/12 and a summary of other important developments during the year. You will also find here our objectives for Patient Safety, Patient Experience and Clinical Effectiveness for the year ahead. Our governors have debated, contributed to and ultimately approved, all our objectives; the objectives have also been presented in public session of the Health Overview and Scrutiny Committees of our local authorities, and have been discussed in a facilitated workshop with our Local Involvement Networks.

The clinical themes within our Quality report are broadly similar to last year, with a focus on continuity for the purpose of transparency and to enable the reader to draw comparisons.

In February 2012, the Department of Health and Monitor announced a new set of quality indicators which will become mandatory content for Quality Accounts and Quality Reports in 2012/13, with an invitation to Trusts to consider including these indicators in 2011/12 reports. We have included all eight indicators – the table below lists them and explains where they can be found in this report.

Table 1

Mandatory indicator for 2012/13	**Section of UH Bristol Quality Report**	**Page no.**
Venous thromboembolism	Patient Safety	Page 13
Clostridium difficile	Patient Safety	Page 19
Rate of patient safety incidents and % resulting in severe harm or death	Patient Safety	Page 23
Responsiveness to inpatients' personal needs[1]	Patient Experience	Page 33
Percentage of staff who would recommend the provider	Patient Experience	Page 42

[1] This is the national patient experience CQUIN

Mandatory indicator for 2012/13	Section of UH Bristol Quality Report	Page no.
Summary Hospital-level Mortality Indicator	Clinical Effectiveness	Page 51
Patient Reported Outcome Measures	Clinical Effectiveness	Page 53
Emergency readmissions within 28 days of discharge	Key national priorities	Page 57

Appendix A of this report contains a range of mandated content which the Trust is required to report on. This includes summary statements on clinical audit, research, data quality and our status with the Care Quality Commission.

Only an organisation which constantly strives to improve and learn from the experiences of its patients can truly call itself 'patient-centred'. We hope you will agree that this report demonstrates our progress towards that place.

Overview of quality objectives for 2011/12

Last year, we set ourselves 16 quality objectives: we fully achieved 10 of these and partially achieved four more. For the two objectives we did not meet, there is nonetheless evidence of progress to report.

In 2011/12 we chose significantly more objectives than in the previous year, and with more specific targets. Our decision to select a larger number of objectives reflected a desire to ensure that the priorities of patients, staff, governors, commissioners and other 'third parties' could be included, and to ensure that patient experience and clinical effectiveness objectives received sufficient focus alongside high-profile patient safety goals.

In the pages which follow, you will be able to read a detailed account of how we got on. Each objective has been assigned a 'traffic light' rating (Red = not met; Amber = partially met; Green = fully met) to give the reader an idea of the progress we have made. Table 1, below, provides an overview.

Table 2

We wanted to…		**How did we get on?**
1	Meet our targets for participation in the NHS South West Quality and Safety Improvement Programme	Red
2	Reduce Hospital Acquired Thrombosis by improving levels of screening	Green
3	Reduce medication errors	Green
4	Reduce numbers of inpatient falls	Amber
5	Reduce the incidence of pressure ulcers	Red
6	Continue to implement the findings of the Independent Inquiry into Histopathology Services in Bristol. Specifically to: • produce a joint plan with North Bristol NHS Trust for an integrated pathology service across Bristol; • finalise a review of histopathology multidisciplinary team meetings and implement agreed developments; • and build upon work begin in 2010/11 to involve patients and their carers to develop histopathology aspects of care pathways	Green
7	Continue our core patient experience strategy and extend this into outpatient clinics	Green
8	Create a range of opportunities for carers to provide feedback about their experience at UH Bristol, with a particular focus on carers of patients with dementia	Green
9	Reduce patient-reported noise at night	Green
10	Ensure patients are receiving the assistance they need to eat their meals	Green
11	Review the provision of ward-based information	Green

We wanted to…		How did we get on?
12	Develop new customer care training for our staff	Green
13	See progress in one year survival rates for colorectal, breast and lung cancer	Amber
14	Achieve improvements in Dr Foster ratings for stroke care. In particular, to establish a specialist stroke unit, with a target that at least 90% of patients who suffer a stroke spend at least 90% of their time in this unit	Amber
15	Increase the proportion of spontaneous vaginal births	Amber
16	Improve services for people with dementia	Green

PATIENT SAFETY

Our commitment

The safety of our patients is central to everything we want to achieve as a provider of healthcare. We are committed to continuously improve the safety of our services and will focus on avoiding and preventing harm to patients from the care, treatment and support that is intended to help them. We will do this by conducting thorough investigation and analysis when things go wrong, identifying and sharing learning and making improvements to prevent or reduce the risk of a recurrence. We will be open and honest with patients and their families when they have been subject to a patient safety incident and will strive to eliminate avoidable deaths as a consequence of care we have provided. We will also work to better understand and improve our safety culture and to successfully implement proactive patient safety improvement programmes. We were disappointed that we did not achieve the milestones we set ourselves in all the work streams of the five year NHS South West Quality and Safety Improvement Programme as described below, and will refocus and adjust our plans to enable us to achieve the overall objectives of the programme by 2014.

Report on our safety objectives for 2011/12

Objective 1

We wanted to meet our targets for participation in the NHS South West Quality and Patient Safety Improvement Programme

Why we chose this

The Trust has been participating in this regional patient safety programme for adult services since 2009. Working with partners from the Institute for Healthcare Improvement (Boston, USA), the programme aims to deliver sustainable improvement over a five year period. The overall objectives to be achieved by October 2014 are that patient mortality will be reduced by 15% (as measured using the Hospital Standardised Mortality Ratio) and adverse events will be reduced by 30% compared with the start of the programme in 2009. A 15% reduction in mortality rate (from a baseline HSMR of 86.83 to 73.81) means that approximately one further death will be avoided out of every ten expected, which is challenging in a Trust with lower than average mortality rates at the start of the programme. There is further detail regarding adverse events and mortality later in this report.

Within the programme, there are five work streams each focusing on a number of specific patient safety improvement measures. Each work stream contains a number of components (68 in total across the programme) against which improvement is measured.

1. Leadership work stream. The leadership of the Executive team is vital to improving patient safety across the Trust and this is enacted through Executive Director walk rounds to clinical areas to check aspects of patient safety and to listen and respond to concerns and challenges facing front line staff in providing safer care. These walk rounds are followed up by monitoring completion of actions identified during the visit.

2. Peri-Operative work stream. This work stream focuses on providing safer care of patients before, during and after surgery and includes the use of the World Health Organisation Surgical Safety Checklist to prevent harm from, for example, wrong site surgery.

3. General Ward work stream. This work stream is challenging as it has the largest number of components (28) and improvements need to be spread across the greatest number of areas i.e. all adult general wards rather than being restricted to a specific specialty. Examples of components include: conducting safety briefings so that staff are clear at the start of each working day about which patients are at highest risk of harm; and implementing measures to identify deteriorating patients earlier and escalate to a more senior member of staff for review and action through clear structured communication.

4. Medicines work stream. Medication errors are recognised by the National Patient Safety Agency (NPSA) as one of the more common patient safety incidents in acute Trusts: this is also reflected in our own incident reports. This work stream focusses on reducing harm from anticoagulants and in ensuring, among other things, that medicines being taken by patients are reconciled with the correct prescription on admission.

5. Critical Care work stream. Patients receiving intensive care are among our most vulnerable due to the requirement for invasive treatment and monitoring and ventilatory support at a time when the body's natural defences are significantly compromised. A number of the components of this work stream focus on improving safety in these areas.

We said we would…

Achieve our target by reaching a milestone score of 3.5 out of a possible 5.0 on a scale of improvement defined for the programme.

To achieve a score of 3.5, we needed to achieve improvements in all five work streams.

How did we do?

At the end of 2011/12, the Trust had achieved an overall score of 1.5 points out of a possible 5 on the programme's assessment scale, against a score of 3.5. Disappointingly, we have therefore not met our target. This was because we did not make the planned level of improvement in the majority of components in all five the work streams.

Milestones Achieved 2011/12:

1. Leadership work stream. The milestone was exceeded as we can demonstrate sustained improvement across the organisation for all components. We have completed at least six Executive Director-led walk rounds each month to proactively identify safety issues in clinical areas and engage Executive Directors in their resolution. Issues identified during these walk rounds have reached and sustained the target of at least 80% being completed within two months.

2. Peri-Operative work stream. The milestone was exceeded as we can demonstrate sustained improvement across all operating theatres for the majority of components and our plans are on track to reach our target for 2012/13. Examples of achievements include:
   - 98%+ compliance (for a sustained period of at least three months) in all theatre settings for the use of the World Health Organisation Safety Checklist - this safety checklist is used within the theatre setting and is completed for each patient undergoing surgery.
   - 95%+ compliance (for a sustained period of at least three months) with best practice guidance to reduce the incidence of the Surgical Site Infection following a surgical procedure.

Milestones Underachieved 2011/12

1. General Ward work stream. This work stream underachieved because 10 of the 28 measures are still in the pilot phase and there has been difficulty in capturing data consistently and accurately. We have however demonstrated sustained improvement in a further 10 out of 28 components; for example we achieved 95%+ compliance in following best practice guidance for the insertion of Peripheral Vascular Catheters and the on-going care required after insertion on all adult wards, and we can demonstrate that a further eight measures have been spread across the organisation, but are not yet showing sustained improvement.

2. Medicines work stream. This work stream underachieved because we have not sufficiently progressed testing for patients with International Normalised Ratios (INRs)[2] above 6.0. We can show sustained improvement or spread across the Trust in the remaining components. An example of an improvement is the introduction of “green bags” by the Medicines Reconciliation Team working in partnership with Great Western Ambulance Service. The green bag is intended to act as a visual cue for the Ambulance Service and NHS staff to identify a patient’s own drugs and re-use them in hospital avoiding delay in essential therapy. It also ensures any medicine prescribed in the hospital setting corresponds to that which patient was prescribed before admission

[2] INR is a measure of blood clotting or how thin the blood is. An INR of around 1.0 is normal for someone who is not taking anticoagulants. Patients taking anticoagulants would aim for an INR of more than 1.0 depending on their condition, but an INR of 6.0 is too high.

3. Critical Care work stream. This work stream underachieved because there are four out of 22 components where we are unable to demonstrate sustained improvement, three of which relate to central and peripheral and venous catheter insertion and care, and one which relates to care of patients receiving supported ventilation. However, an example of sustained improvement in 2011/12 is that we achieved 95%+ compliance in following best practice guidance for the insertion of central lines within the adult Critical Care Unit.

To address the underachievement in three of the work streams we will refocus and adjust our plans to enable us to achieve the overall objectives of the programme by 2014. In particular, we will ensure strong leadership, engagement of all relevant professions, and robust data collection in order to demonstrate improvements based on data analysis.

For the Medicines and Critical Care work streams, we need to keep going and build on the extensive work completed to date. For the General Ward work stream we will extend multi-professional engagement and will champion a monthly safety day to focus on patient safety improvements.

Objective 2
We wanted to Reduce Hospital Acquired Thrombosis by improving levels of screening

Why we chose this
This was a continuation of an objective we set ourselves in 2010/11. Venous Thromboembolism (VTE) is a significant cause of mortality, long term disability and chronic ill health. It is estimated that there are 25,000 deaths from VTE each year in hospitals in England: reducing incidence of VTE is a national quality priority within the NHS Outcomes Framework.

We said we would…
Ensure that at least 90% of inpatients would be assessed for risk of developing a VTE.

This was a national CQUIN[3] target which we agreed with our commissioners.

How did we do?
The Trust achieved the 90%+ target in every month during 2011/12. For the year as a whole, 97.4% of inpatients received a risk assessment. This compares with 82.7% in 2010/11.

With a full VTE risk assessment now integrated within the prescription chart, we have managed to sustain risk assessment compliance as documented above. It is used Trust-wide with the exceptions of Day surgery, Gynaecology and ante and postnatal admissions where speciality specific risk assessments have been agreed. The prescription chart also includes an area for documentation of re-assessment which has seen a recent increase in use which is encouraging. Where a patient is identified not to

[3] Commissioning for Quality and Innovation

have been risk assessed, the VTE project nurses will raise this with the ward managers through weekly and monthly data reporting.

VTE prevention training continues for medical, nursing, midwifery and allied health professionals in-house and staff are also required to complete online training via the Kings Thrombosis Centre e-VTE tool. This tool provides a shorter and more focussed e-VTE programme and has been made available via the Trust's intranet site which makes it easier to access for busy ward staff. The Trust also continues to cover a basic understanding of VTE on the Foundation Programme for medical staff.

The VTE Project Nurse role was extended for a further year in April 2011 and increased to full time, allowing for additional audits looking at the appropriateness of thrombo-prophylaxis and accuracy of risk assessment completion. Regular smaller audits of appropriate thrombo-prophylaxis have shown compliance levels of above 90% Trust wide and there will be a continued focus for the coming year to ensure that thrombo-prophylaxis administered reflects the quality of the risk assessments themselves.

Finally, we have also started to gather data relating to rates of actual hospital acquired thrombosis. We have initially done this through interrogation of the PACS imaging system. In 2012/13, we will take steps to develop the accuracy of our reporting; we are also proposing to undertake a retrospective audit to identify any patterns in reported thromboses over recent years.

Objective 3
We wanted to reduce medication errors

Why we chose this
This was a continuation of an objective we set ourselves in 2010/11. According to the National Patient Safety Agency's *Safety in Doses* report (2009), incidents involving medicines account for one in every eleven incidents reported nationally, and closer to one in seven incidents reported by our Trust. The vast majority (97%+) of such incidents at our Trust are of low harm, or no harm, but medication incidents have the potential for causing severe harm. The reduction of medication errors causing serious harm is a national quality priority within the NHS Outcomes Framework.

We said we would…
Reduce the proportion of medication incidents classified as 'moderate', 'major' or 'catastrophic' harm by 15%.

In 2010/11, of 1255 medication related incidents reported, 42 were classified as moderate, major or catastrophic harm (3.35%). The CQUIN target agreed with our commissioners for 2011/12 was therefore that less than 2.84% of medication incidents should be classified as moderate, major or catastrophic harm.

How did we do?

For the year 2011/12, 1.61% (21 out of 1301) of medication related incidents resulted in moderate, major or catastrophic harm. We therefore achieved our objective.

In 2011/12, there was one medication related incident resulting in major harm and one incident that resulted in catastrophic harm. In the previous year, there was one medication incident resulting in major harm and none resulting in catastrophic harm.

During the past year, in order to achieve improvement, there have been regular monthly multidisciplinary reviews of reported incidents and engagement with Divisional patient safety leads. Divisions responded to issues raised and lessons learned were shared via the Medicine Governance Group. Medication safety bulletins have been produced and circulated amongst clinical staff, and improvements have been implemented to reduce the potential for patient harm. We have employed a safer medicines management co-ordinator to help us review, understand and learn from the medication incidents that occur within the Trust. We will continue to monitor the proportion of medication related incidents that are classified as causing moderate, major or catastrophic harm and will remain proactive in ensuring that the proportion of incidents causing moderate harm or greater does not increase.

We have also focused on high risk areas of medication use in conjunction with the South West Quality and Safety Improvement Programme, implementing ongoing improvements in medicines reconciliation (getting medicines right when a patient is admitted to hospital) and anticoagulant prescribing. Alongside this work we implemented guidance from the National Patient Safety Agency and introduced a revised inpatient medication chart.

Looking ahead to 2012/13, we will continue to prioritise this indicator as the patient safety measure of the 'Transforming Care; Delivering Best Value' medicines workstream of the South West Quality and Safety Improvement Programme. To improve further, we are continuing to review and learn from all reported medication related incidents, engaging on a multidisciplinary basis and cascading learning through the Trust. We will also be continuing to focus on avoidance of 'missed doses', medicines reconciliation and implementing improvements in transfer of care when patients are discharged.

Objective 4

We wanted to reduce numbers of inpatient falls

Why we chose this

Patient falls are the most commonly reported safety incident in NHS inpatient setting and occur in all adult clinical areas. Falls in hospital lead to injury in about 30% of cases, with 1-5% leading to serious injury[4].

[4] Healey, F. et al (2008) Falls in English and Welsh Hospitals in *Quality and Safety in Healthcare;*17: 6, 424–430

We said we would…
Achieve a total number of reported patient falls of less than the national average of 5.6 per 1,000 bed days (National Patient Safety Agency data).

We also agreed related CQUIN targets with our commissioners: one target relating to falls assessments for patients aged 65 years and over (95% to be completed in Quarters 3 and 4 of 2011/12); and another relating to numbers of falls in patients in this age group (10% reduction in Quarter 4 2011/12 compared with Quarter 2 2011/12).

How did we do?

The rate of reported patient falls for 2011/12 was 5.01 per 1,000 bed days, therefore achieving our overall objective. We achieved the CQUIN target for falls assessment (>95% measured in Quarters 3 and 4), however we did not achieve the target for reduced falls in patients aged 65 and over (317 falls in Quarter 4 against a target of 211).

The accuracy of our reporting of patient falls data in our 2010/11 Quality Report was criticised by our auditors. In 2011/12, we have therefore focussed on this area and are confident of the figures we are reporting. The total number of reported falls in 2011/12 was 1429 compared to 1345 in 2010/11. In 2011/12, 15 falls were recorded as Serious Incidents involving fractures sustained, the same number as in 2010/11.

In September 2011, the Trust launched "Being the Best", a 90 day project designed to focus all staff on reducing and preventing falls and pressure ulcers for all our patients. Weekly ward audits during this period demonstrated that falls risk assessments were being completed on all adult patients upon admission. Falls care plans have been introduced where required - relevant actions include medication review and 'Intentional Rounding' (a formal checklist used by nursing staff to check patients every 1-2 hours).

Following evaluation of the initial 90 day project, it was agreed that the project team would continue meeting fortnightly until further notice. Validation of data and incident forms is undertaken monthly by Divisional patient safety leads and an appropriate clinician to ensure accurate data is reported within the Trust.

Objective 5
We wanted to reduce the incidence of pressure ulcers

Why we chose this
Pressure ulcers range from being small areas of sore or broken skin to the more serious type of skin damage that can lead to life-threatening complications. Our focus on pressure sore prevention and management reflects the priorities of our staff, carers, governors and commissioners. The reduction of newly acquired grade 3 and 4 pressure ulcers is a national quality priority within the NHS Outcomes Framework.

We said we would…
Reduce the number of reported patients with pressure ulcers of grade 2 and above by 25%.

Our target was therefore to reduce the number of reported pressure ulcers to an average of no more than 6.51 per 10,000 patient bed days[5]. We agreed this target with our commissioners as part of the annual CQUIN scheme.

How did we do?

The number of patients identified as having pressure ulcers increased in 2011/12. 422 pressure sores (grade 2 and above) were reported, with 34 of these patients having the more severe category three and four ulcers. In total, this equated to 14.59 pressure ulcers per 10,000 bed days.

During 2011/12, we undertook a significant staff awareness and training programme[6] which led us to the conclusion that pressure ulcers had previously been under-reported and that our target for 2011/12 was therefore based on an under-estimation of pressure ulcer prevalence.

An independent survey carried out in October 2011 identified 39 patients with pressure ulcers acquired in the Trust (5.2% prevalence) compared to 63 patients in the previous equivalent survey in February 2011 (8.5% prevalence). The October survey also showed improved practice in assessment of pressure ulcer risk and subsequent planning of care, turning protocols to ensure pressure is relieved for patients who cannot do this for themselves, and the correct use of pressure relieving mattresses and cushions.

Actions we have already taken to reduce the incidence of hospital acquired pressure ulcers include:

- A review of Trust policy to ensure this incorporated the latest national recommendations
- Staff now identify and report on all category 1 pressure ulcers with the aim of preventing any further skin deterioration
- Wards and departments identified as areas of concern through monitoring are actively supported by the Tissue Viability Team in changing practice where this is required

In 2012/13, we will continue to the focus on pressure ulcer prevention through our 'Being the Best' improvement programme, ensuring that all patients are checked regularly throughout the day and night, patients at risk of pressure ulcers are known to staff and the correct actions to prevent pressure ulcers is put in place. Adoption of the NHS Patient Safety Thermometer in 2012/13 (see our Patient Safety objectives for the year ahead) should also enable us to report our pressure ulcer rates compared with other NHS Trusts in the future.

It should be noted that comprehensive national comparative data for pressure ulcers is not currently available. However, with the implementation of the NHS Safety

[5] This is how the pressure ulcer incidence is calculated in the NHS

[6] This included on-line training and 'micro teaching' sessions. Micro teaching provides ward staff with succinct teaching on areas of concern - these sessions are well received by staff as training relates to directly to the patients in their clinical areas.

Thermometer, we will for the first time be able to benchmark ourselves against hospitals across the country, and have the opportunity to learn from each other.

Objective 6

We said we would continue to implement the recommendations of the Independent Inquiry into Histopathology Services in Bristol

Why we chose this

In our Quality Report for 2010/11, we gave an update on initial actions we had taken in response to the publication in December 2010 of the recommendations of an Independent Inquiry into allegations of serious misdiagnosis in histopathology services at the Trust. The exhaustive Independent Inquiry found no evidence to suggest that the histopathology department at University Hospitals Bristol provides anything other than a safe service. However, we wanted make to make improvements in response to the recommendations of the Independent Inquiry and knew we needed commitment and leadership to sustain focus in order to make things better for patients. Therefore, as reported in 2010/11, one of the first priorities was the appointment of Dr Rob Pitcher as the clinical lead for histopathology for UH Bristol and North Bristol NHS Trust.

We said we would…

Produce a joint plan with North Bristol NHS Trust for an integrated pathology service across Bristol; finalise a review of multi-disciplinary team meetings and implement agreed developments; and build upon work begun in 2010/11 to involve patients and their carers to develop histopathology aspects of care pathways.

How did we do?

During 2011/12, we have implemented a comprehensive action plan in conjunction with North Bristol NHS Trust and NHS Bristol in response to the Inquiry recommendations. The progress of the action plan has been publically reported in both Trusts' Board papers throughout the year and to our governors, local Health Overview and Scrutiny Committees, NHS Bristol, the Care Quality Commission and Monitor. A summary of a few key areas of work covered by our histopathology action plan is provided below.

In 2011/12 the work, led by Dr Pitcher, has focussed on building on the foundations for a single integrated cellular pathology service for Bristol. This has included introducing new quality and governance arrangements for the service, reviewing workforce requirements, process redesign and increasing joint working across the city. Since the Independent Inquiry report, two new consultant posts have been set up and five new consultants have been appointed into new or existing vacancies, including in the speciality areas of respiratory and paediatric pathology.

Within the last year, a review of the operation of Multidisciplinary Team meetings has taken place. Improvements have been made, working jointly with North Bristol NHS Trust, such as providing clearer information for patients about Multidisciplinary Team meetings and setting standards for attendance by contributing disciplines which exceed those required by the National Cancer Peer Review process. The operation of these

meetings is subject to on-going audit which is reported internally as well as by exception to the Cancer Board.

We have also worked to better understand the expectations of our patients and the public in relation to tests and diagnoses through a range of patient and public involvement work such as focus groups and surveys, working with our commissioners, governors and Local Involvement Network. The results are being fed into the development of the integrated service and to commissioners and other providers as well as within UH Bristol to improve patients' experiences of care pathways.

In May 2011, the Care Quality Commission carried out a responsive review of our histopathology services and found that the Trust was meeting all the essential standards of quality and safety they reviewed. They made three recommendations to maintain the quality of our histopathology services, our responses to which are reflected in the progress made in key areas described above.

As the year drew to an end, the Independent Inquiry Panel returned to the Trust at our invitation to review progress in response to their recommendations. The panel visited the histopathology department and talked to patients, relatives and staff from both Trusts. The panel congratulated the Trust on achievements to date and they said that they had seen real evidence of a genuine commitment to implement their recommendations and evidence of real progress. They recommended maintaining momentum of change and improvement with continued focus on the key areas in our action plan. These further recommendations will be incorporated into the development of the future single integrated service.

Review of patient safety 2011/12

This section explains how the Trust performed during 2011/12 in a number of other key areas relating to patient safety, which are in addition to the specific objectives that we identified.

Healthcare acquired infections

Last year, fewer patients acquired a healthcare associated infection in our Trust than in the previous year. In 2011/12, we achieved national targets for MRSA and *Clostridium difficile*: four cases of MRSA (two below our target and one less than last year) and 54 cases of *C. difficile* (10 below our target and 40 less than last year) were reported. The number of Methicillin sensitive *Staphylococcus aureus* (MSSA) blood stream infections acquired in the Trust was 39, representing a 13.3% reduction on 2010/11, although this fell short of the 20% reduction target agreed with our commissioners.

The focus on preventing infections has remained a key priority for the Trust in 2011/12. We continue to train all our staff in infection prevention and control - 88% of our staff were compliant with initial or update training at the end of March 2012. Hand hygiene has remained a priority: regular auditing on wards has shown that hand cleaning takes place on 97.7% of occasions when it is needed (meeting our 95%+ target, as per

2010/11). In March 2012, we changed the alcohol hand gel we use and as the bottle holders are designed to stop removal and accidental or deliberate spills and drinking, later in 2012 we will be re-installing gel bottles at the immediate entrances to wards and departments in response to requests from the public and visitors.

A review of Norovirus prevention carried out by the Health Protection Agency in 2011 and the relocation of wards from the Bristol Royal Infirmary Old Building has helped us to reduce the number of complete ward closures and patients affected by Norovirus. In the three months between January and March 2012, there were ten full and seven partial ward closures where Norovirus was detected, with 49 patients confirmed to have the infection, compared to 123 patients in the previous year.

In 2012/13 we will maintain compliance to the Hygiene code and Care Quality Commission Outcome 8. We will meet our targets for reducing infections, in particular: no more than two MRSA cases; no more than 54 C. difficile cases; and no more than 29 MSSA cases. We plan to establish an in-house infection prevention and control master class training programme and to implement a programme for sharps injury prevention.

Nutritional Care

National minimum standards of nutritional care are clearly laid out in the Care Quality Commission (CQC) *Essential standards for quality and safety* which all providers of health and social care in England should meet. At the initial point of registration with the CQC (from April 2010), the Trust self-declared non-compliance with the standard relating to meeting nutritional needs, known as 'Outcome 5'. Throughout 2010/2011 the Trust demonstrated improvements in nutritional care. Protected mealtimes (where patients are protected from unnecessary interruptions during the lunchtime meal) were rolled out and adapted cutlery made available, however ward-based nutrition audit data demonstrated that further improvements were required in the completion of nutritional screening and nutritional care planning in order to declare compliance. These improvements were the subject of an internal action plan.

On 5 May 2011, the CQC conducted an unannounced nurse-led 'Dignity and Nutrition Inspection'. This included site visits to Ward 17 at the Bristol Royal Infirmary Queen's Building and Ward 23 at the Bristol Royal Infirmary Old Building. The Trust received a written formal report on 28 July 2011: the CQC noted that they had observed improvements in nutritional care, but that these improvements had not been sufficiently rapid or consistently applied. The CQC concluding that there were 'Moderate Concerns', noting that:

- Whilst there was a space to record food likes and dislikes on nutrition care plans for those who were at risk of malnutrition, there was nowhere to record this information for patients who were not at risk.
- Whilst a large number of staff had received informal teaching on nutrition, not all staff had received formal training on how to use the nutrition screening tool used by the Trust.
- Patients were not routinely offered the opportunity to wash their hands before a mealtime.

The Trust produced a 12 week recovery plan, detailing the measures to be taken in order to achieve compliance. These included:

- Fortnightly ward-based nutrition audits (increased from quarterly) with results fed back to the relevant Head of Nursing, matron and ward sister.
- Daily presence of Heads of Nursing and matrons on wards to follow up areas of non-compliance identified in the audits.
- Systematic peer review of nutrition practice to complement the fortnightly audits. This would be conducted by Heads of Nursing, matrons, members of the senior nursing team and governor representatives.
- The 'Quality in Care'[7] tool would be used in parallel with the peer reviews noted above.
- Over 80% of all nursing staff working with adult inpatients would complete the BAPEN nutritional e-learning tool.

The required improvements were observed and the Trust subsequently declared compliance with Outcome 5 to the CQC. The CQC visited the Trust again on 14 December 2011, this time visiting five wards: two at the Bristol Royal Children's Hospital and three wards at the Bristol Royal Infirmary. The CQC agreed that the Trust was compliant with the relevant regulations of the Health and Social Act: patients had reported they received the assistance required when eating meals, and they felt they could ask for additional food if they were hungry; the CQC also found that screening patients for risk of malnutrition had improved. The following 'Minor Concerns' were identified in relation to ensuring continued compliance:

- Nutritional care plans were not always fully completed
- The availability of religious and cultural menus was not always communicated to patients

Further steps were taken by the Trust in response, including a review of nutrition care plan paperwork and setting up an internal website page for staff to raise awareness of the availability of religious and cultural diets.

Ward-based nutrition audits continue to take place on a fortnightly basis. The latest available audit results (for March 2012) show that:

- protected mealtimes were observed (using observational audit) on 87% of adult wards and 100% of children's wards
- 88% of adults and 80% of children were being fully nutritionally screened within 24 hours of admission[8]

[7] The Quality in Care tool provides assurance that nursing standards are being maintained based on observation of environment, documentation and patient experience. Wards are assessed against a range of benchmarks resulting in an automatically generated score. The tool has been adapted for all adult wards, paediatrics and maternity care.

[8] In previous Quality Reports, we have reported whether nutritional screening of adult patients had been attempted (94% for 2010/2011), not whether it was fully completed (88% in 2011/12, compared to 75% in 2010/11). The system in the Children's Hospital is slightly different: we audit whether patients have had a nutritional flow chart completed to ascertain whether further screening is needed (80% in most recent fortnightly audit, March 2012) and whether further nutritional screening has been completed if required (60% in same audit).

- 90% adult patients were given the opportunity to wash their hands before a meal
- 93% of adult patients had their food likes and dislikes recorded

National Patient Safety Agency Alerts

UH Bristol, like all other NHS organisations, reports patient safety incidents to the National Patient Safety Agency (NPSA). The NPSA uses this information to develop advice for the NHS that can help to ensure the safety of patients: this advice is issued as 'alerts' to the NHS when patterns are identified. At the end of 2010/11, we reported that we had seven NPSA alerts that were overdue for implementation; we also reported our plans to improve timeliness in implementing NPSA alerts as a result of an internal audit. We have since implemented a new protocol for managing NPSA alerts. During 2011/12, seven further NPSA alerts reached their due date for implementation and we completed the required actions for twelve alerts. At the end of the year, two alerts therefore remain which have breached their due date.

The first of these alerts (2011/RRR/001 Essential care after an in-patient fall) requires specialist equipment to be available to assist in safely moving patients who have sustained injuries subsequent to a fall. We have purchased all of the specialist equipment required are awaiting the imminent delivery of a final few items, our specialist manual handling team are available to advise and assist in such manoeuvres, and we have the required protocols and a training plan in place. As soon as the final items of specialist equipment arrive, we will close alert.

The second of these alerts (SPN 14 "Right Patient, Right Blood") requires individual assessment of competency of the safety aspects in taking blood and administration of a blood transfusion. We are working towards achieving acceptable level of competency assessment compliance by August 2012 in order to consider closure of this alert.

Adverse Event Rate

In addition to routine analysis of reported patient safety incidents and near misses, the Trust has a proactive system in place for identifying adverse events, from which we can identify learning and implement risk reduction measures. The NHS South West Quality and Patient Safety Improvement Programme has a target to reduce adverse events by 30% over a five year period from 44.95 per 1000 patient days to 31.74 (baseline taken as an average of the six months leading up to the start of the programme in October 2009). In 2011/12, we have continued our monthly review of a sample of 20 adult inpatient case notes to look for adverse events relating to patient safety. This follows a standardised proforma (the Global Trigger Tool) used by the Trust's Patient Safety Team to identify potential harm events (called 'triggers') and is followed by a medical review of each case to determine: whether the trigger is linked to an adverse event for the patient; the nature of the adverse event; and the extent of harm sustained.

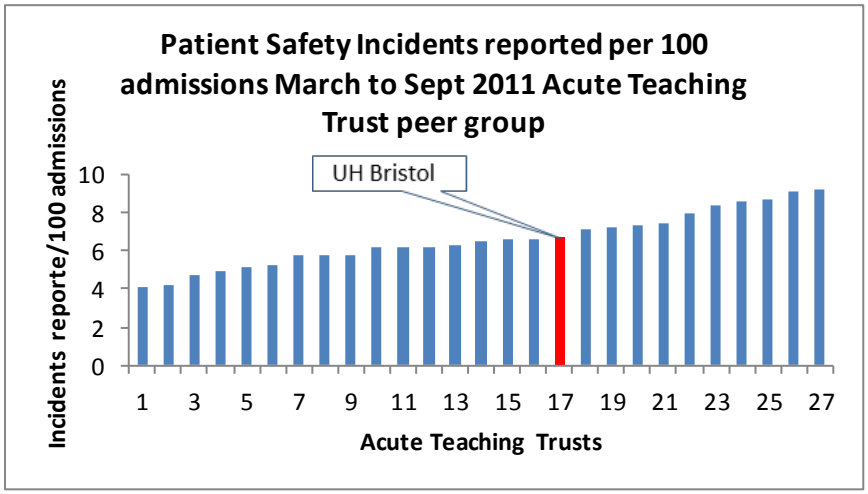
In 2010/11 we reported a sustained low adverse event rate. In 2011/12 we have secured engagement of additional doctors in participating in the monthly audits and have found this change in practice has led to variable reported adverse event rates throughout the year. During 2011/12 we have achieved an adverse event rate of below 31.74 month on month apart from in January and February 2012 when we saw an increase, which could be due to normal variation.

In 2012/13, we will continue to monitor our adverse event rate each month and plan to develop the process of case note review further to obtain a better proactive understanding of safety issues which are affecting our patients.

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

Based on the latest available data from the National Patient Safety Agency for the six month period March to September 2011, the rate of patient safety incidents reported at University Hospitals Bristol is 6.66 per 100 admissions. Our incident reporting rate has shown a steady increase since 2009/10 and has also moved up the ranking with other acute teaching Trusts in our peer group and is currently within the top 50% as shown below. Higher levels of reporting are generally indicative of an effective safety culture.

Figure 1

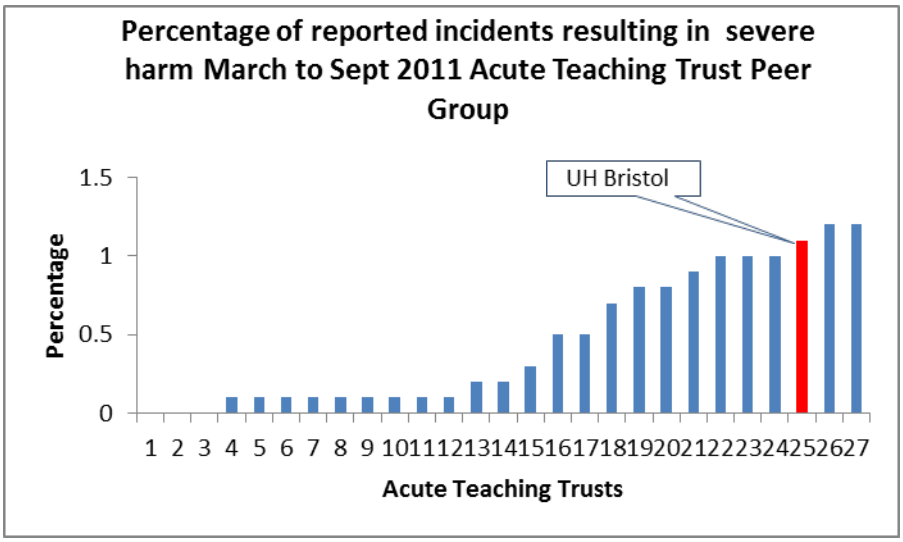


Source: National Patient Safety Agency

The percentage of reported incidents resulting in severe harm is 1.1% and is ranked near the top of our peer group (see Figure 2). This equates to 47 incidents in the six month period. The NPSA advises caution when benchmarking levels of harm as there can be differing assessments of levels of harm between Trusts, and where individual Trusts report no or very low levels of severe harm incidents, this should be considered in the light of their reporting culture. When we look at the trend within UH Bristol, there has been an increase in reported severe harm incidents since 2009/10 which could be explained by a number of factors such as: overall increased incident reporting; increased reporting of pressure ulcers as incidents (a grade 4 pressure ulcer would be classed as a severe harm incident); or the quality of the data at the time of submission to the NPSA (shortly after the incident occurring and prior to completion of any investigation). There

will come a time when increases in reporting trends will plateau and we would expect to see a reduction in severe harm incidents.

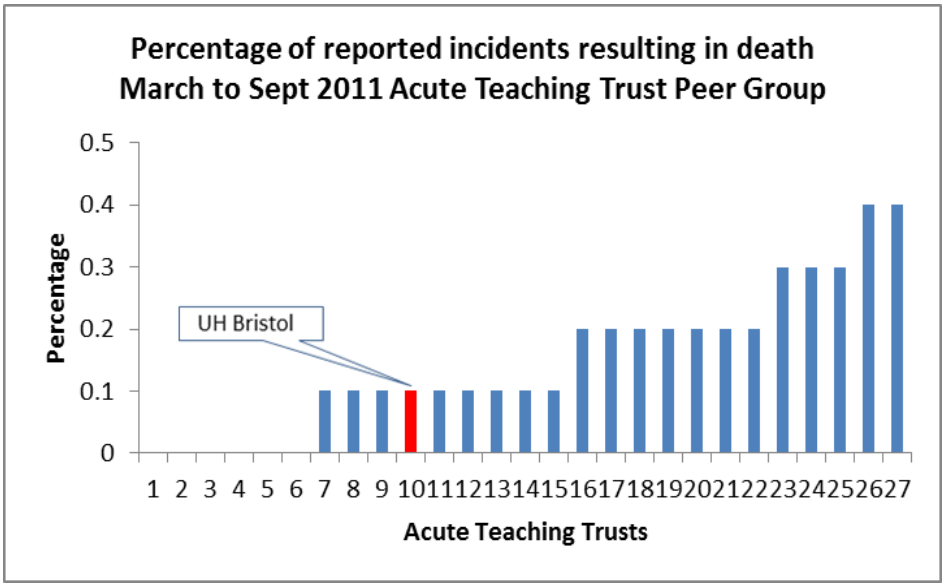
Figure 2



Source: National Patient Safety Agency

The percentage of reported incidents resulting in death is 0.1% and we are ranked near the bottom of our peer group (see Figure 3). This figure for UH Bristol represents three deaths in the six month reporting period. Incidents resulting in death or severe harm are subject to a thorough root cause analysis investigation to identify what happened, what we can learn, to put in place actions to reduce the risk of a repeat of the incident, and to share the learning across the organisation. In 2011/12 we have strengthened our response to the most serious of incidents by introducing a new process whereby a panel is constituted, which may include an external expert, to review the broader organisational aspects of the incident and identify wider learning.

Figure 3



Source: National Patient Safety Agency

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. They are incidents where there is clear potential for causing severe harm or death. “Never” is an aspiration: these errors should not happen and all efforts must be made to prevent these mistakes from being repeated. This means that the overriding concern for the NHS in implementing the national Never Event policy framework is to discuss these events when they occur and to learn from the mistakes that were made (Department of Health 2010). For 2011/12, the list of serious incidents which constitute a never event was expanded from eight incidents to 25.

Two never events occurred in University Hospitals Bristol in 2011/12. In the first case, a ward based patient had a chest drain inserted on the wrong side. It is normal practice for some chest drains to be inserted into patients whilst they are located in ward areas. The mistake was realised shortly afterwards and the drain was removed and a new one re-inserted on the correct side. The patient was informed of the error and came to minimal harm, but underwent an unnecessary procedure on the wrong side. The Trust has fully implemented the World Health Organisation Surgical Safety Checklist (National Patient Safety Agency 2009) as required in its operating theatres and other areas designated to carry out interventional procedures. In response to this incident, a new chest drain insertion guideline has now been produced to be used across the Trust. This includes a check list which requires the clinician to confirm the site on the patient’s x-ray prior to chest drain insertion. This and other learning from this incident has been shared widely within the organisation and within NHS South West.

In the second case a patient was found to have an air embolism on post mortem. This is when a significant amount of air is inadvertently introduced into the vascular system usually via an intravenous cannula or similar device. At the time of writing (May 2012) this incident is under investigation. The patient’s family have been informed of the incident.

Safeguarding

One of the fundamental responsibilities of providing healthcare services of the highest quality is that children and adults are protected whilst in our care. This is an important responsibility for every member of staff which is highlighted through mandatory safeguarding training. Safeguarding training also promotes the ‘Think Family’[9] agenda and the need for a joined up approach to safeguarding, across both adult and children’s services. The Trust has in place robust safeguarding arrangements, which include clear lines of accountability, policies and procedures as well as experienced teams of safeguarding practitioners providing advice, support and supervision to a wide range of staff. The Trust’s safeguarding steering groups monitor activities, such as training compliance and audit data as well as reports submitted for Serious Case Review and the resulting action plans. External governance is through NHS Commissioning and Local Safeguarding Boards. An annual safeguarding report detailing activity, for both children and adults, is produced by the Trust for internal and external scrutiny.

[9] Think Family is a Department for Children Schools and Families initiative for improving support for families at risk

Patient Safety objectives for 2012/13

- We will continue to participate in the NHS South West Quality and Patient Safety Improvement Programme. The commitment we made in our Quality Strategy 2011-2014 is that in 2012/13 we will achieve the spread of all key changes relating to the programme in one to three (breadth) work streams with at least 50% penetration (depth) into other applicable patient populations and areas. Through participation in the programme, we will continue to see improvements in key areas including:

  - Patient falls
  - Pressure ulcers
  - Medication errors
  - Hospital Acquired Thrombosis

- We will implement and develop local use of the NHS Patient Safety Thermometer (the Thermometer records data about patient falls, pressure ulcers, hospital acquired thrombosis and catheters with Urinary Tract Infections, as well as other data determined by the Trust), focusing on the core elements, contributing to national benchmarking and learning from best practice.

- We will continue to embed high quality nutritional care across the Trust as part of the follow up to Care Quality Commission inspections in 2011.

- We will implement a proactive clinical audit programme for histopathology, building upon learning from the Independent Inquiry into the Trust's histopathology services.

- We will seek reductions in recorded complications, misadventure[10] and readmissions rates for gynaecological surgery.

These themes reflect a continuation of previous commitments, integration of new developments, learning from previous inquiries and inspections, and learning from internal scrutiny or patient safety data.

The Chief Nurse and Medical Director will be the Executive Directors responsible for achieving these objectives. Progress will be monitored by the Trust's Clinical Quality Group and by the Quality and Outcomes Committee of the Board.

[10] unintentional injury caused by medical error, for example an unintentional cut made during a procedure

PATIENT EXPERIENCE

Our commitment

We want all our patients to have a positive experience of healthcare. All our patients and the people who care for them, are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support. Our staff should be afforded the same dignity and respect by patients and by their colleagues. Our commitment to 'respecting everyone' and 'working together' is enshrined in the Trust's Values. Through our core patient surveys, we have a strong understanding of the things that matter most to our patients: these priorities continue to guide our choice of quality objectives. Our clinical Divisions continue to be focused on providing a first class patient experience.

Report on our patient experience objectives for 2011/12

Objective 7
We wanted to continue with our core methods of gathering and responding to inpatient feedback and extend these to outpatient clinics.

Why we chose this
To provide the highest quality care, we have to understand the experience of the people who use our services and learn from this. The majority of people who use our services do so as outpatients. We had established a very successful model for measuring patient feedback in inpatient settings and it was a logical development to extend this into outpatient clinics.

We said we would…
- Maintain our core inpatient feedback systems (surveys, comments cards, interviews, and qualitative activities)
- Introduce a robust outpatient survey
- Extend the use of comments cards to outpatient clinics
- Introduce a programme of on-site patient interviews
- Carry out qualitative work (e.g. focus groups, mystery shopping) to gain a more in-depth understanding of outpatient services

How did we do?
With the support of funding from the Above and Beyond charity (Trustees to the University Hospitals Bristol), we were able to achieve all the aspects of this objective. We continued our inpatient core methodologies and extended them into Outpatients.

For the second year running, over 10,000 inpatients have given us feedback about their experience of care. The feedback we received in 2010/11

enabled us to set an accurate baseline from which to measure our progress. Data from the survey throughout 2011/12 has enabled us to track progress with many of the patient experience objectives and targets described in this report.

In 2011/12, we also carried out a robust outpatient postal survey in which 2,250 outpatients (including parents of 0-11 year olds) took part. This has given us a detailed view of outpatient experience across the organisation, and provided a benchmark against which we can assess the impact of service improvement initiatives in 2012/13. Comments cards and boxes have been purchased and are being installed in all outpatient clinics. We have held focus groups with patients about their experience of having tests and receiving the results in Outpatients. The Trust's Youth Council has carried out 'mystery shopping' in outpatient areas and we have piloted the use of data from our governors' outpatient interview programme to provide clinic managers with rapid-time feedback.

Objective 8

We wanted to create a range of opportunities for carers to provide feedback about their experience at University Hospitals Bristol, with a particular focus on carers of patients with dementia.

Why we chose this

Carers have a unique and valuable role to play in the provision of healthcare, particularly if the person they care for is in hospital. Carers are in effect our "expert partners in care".

Examples of what our patients told us in our monthly survey:

"[Staff] did not take on board my advice about my mum."

"My daughter has learning difficulties, I was pleased that staff listened to me with regards to managing her behaviour. Many thanks to all involved in her care."

We said we would….

- Ensure that there are processes in place for carers to tell us about their experience at the Trust and shape service delivery
- Ensure that there are Trust systems and processes in place to support the role of carers as "expert partners in care"
- Ensure that carers have access to the information and support that they need about our Trust

How did we do?

Engaging carers is an ongoing process which we remain firmly committed to as an organisation. A number of important initiatives were progressed during 2011/12 as follows:

A Carers Reference Group has been successfully established. The members of this group are carers. The group has played a key role in developing the new Carers' Charter, which has been a joint initiative between the Trust and North Bristol NHS Trust, setting out our commitment to Carers and their role in the patient's care. The Carers Reference Group provides a "carer's view" to the Trust on a range of relevant issues. We carried out an in-depth analysis of carer responses to our monthly inpatient postal survey which identified strong themes that have helped inform the work of the Trust's Carers Strategy Group (a management group which oversees developments in this area). We piloted the introduction of a Dementia Carers Lay Reference Group, which comprised carers for people with dementia and acted as an advisory group to the Dementia Strategy Implementation Group – however, after three meetings the group decided that its objectives could be met by merging with the Trust's Carer's Reference Group.

In addition:

- We have developed an approach to interviewing carers about their experience at University Hospitals Bristol during home visits by the Occupational Therapy team - this is currently being piloted and if successful will become an established survey during 2012/13.
- The Trust took an active role in the Alzheimer Society, LINk and South West Dementia Partnership 'Living with Dementia' programme - specifically, the Trust took part in and helped facilitate workshops that explored both the carer's and patient's experience of acute care.
- We are currently developing a process whereby both the patient's carer and clinical staff will be able to record relevant information about the patient in a shared document.
- To help provide practical information and support, a carers' webpage is now available on the Trust internet site and a written leaflet for carers has been produced. We have also included a carers' page in our new Welcome Guide.

Objective 9

We wanted to achieve measurable reductions in the number of inpatients who are disturbed by noise at night from ward staff.

Why we chose this

This was a key issue raised by patients through our feedback systems.

Examples of what our patients told us in our monthly survey:

"It was impossible to sleep at night due to constant noises. Doors banging shut, telephones ringing and people walking through the ward."

We said we would…

Focus on reducing the amount of noise at night with new initiatives being carried out across the Trust during the year.

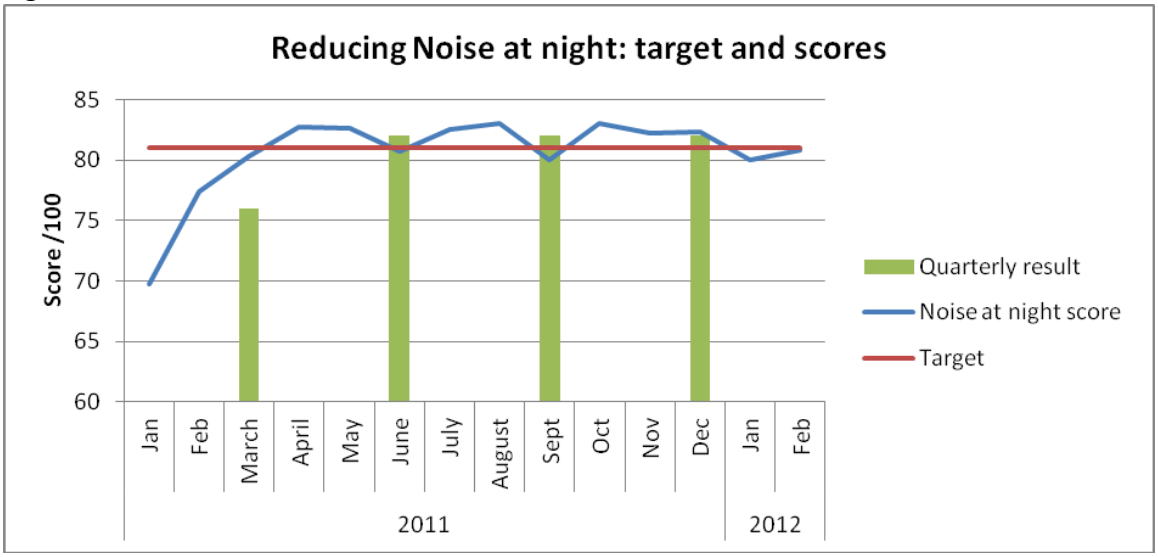
The CQUIN target agreed with our commissioners was a survey score of 81 points out of 100[11], measured in Quarter 3 of the financial year via out inpatient survey. This target represented a statistically significant improvement compared with the baseline score of 78 points.

How did we do?

We achieved a score of 82 points, therefore exceeding the CQUIN target agreed with our commissioners.

Ward staff played a key role in identifying improvement initiatives. For example, some areas purchased silent closing bins, whilst others worked closely with our Facilities Department to reduce noise from equipment, doors, etc. We recognise that more needs to be done and so we have agreed to focus on this issue again during 2012/13, and are in the process of setting a new CQUIN target with our commissioners.

Figure 4



Source: UH Bristol monthly postal survey (patients aged 16 and over). The CQUIN calculation was based on the aggregated Quarter 3 (October to December) result.

Objective 10

We wanted to ensure that patients are receiving the assistance they need to eat their meals.

Why we chose this

This was a key issue identified through our patient feedback systems. The Trust was also committed to improving nutritional care following CQC inspections.

We said we would…

Focus on ensuring that patients have the help that they need to eat meals.

[11] Results were based on respondents aged 16+. Scores are derived from a weighting applied to each of the response options to a survey question (e.g. 'Yes, definitely' = 100; 'Yes, to some extent' = 50; 'No' = 0). This ensures that service improvement is measured across all possible responses (i.e. a change in the proportion moving from "no" to "yes, to some extent" is recognised, albeit at a lower rate that from "yes, to some extent" to "yes, definitely"). This follow the approach used in national patient surveys.

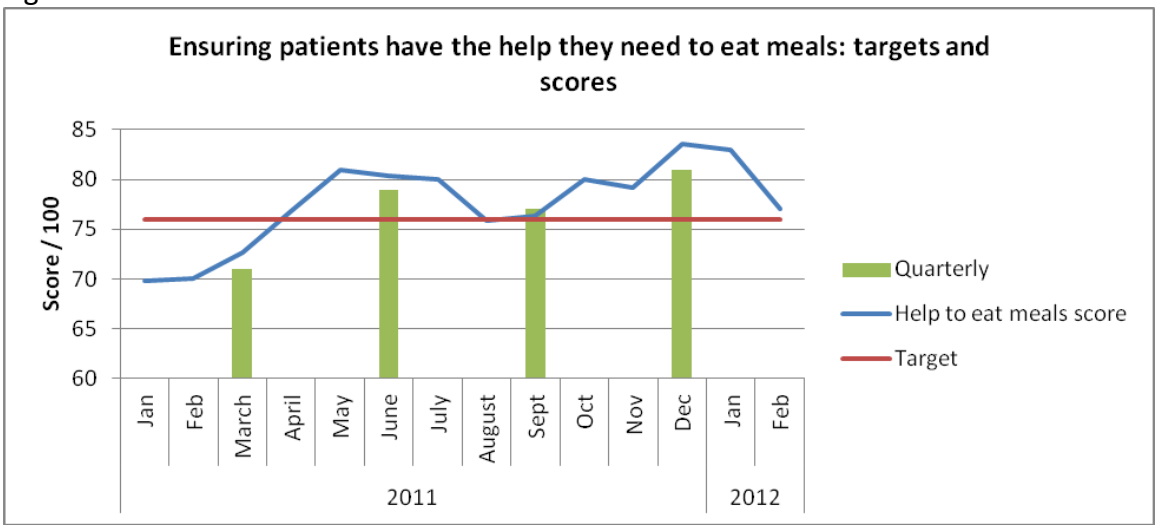
The CQUIN target agreed with our commissioners was a survey score of 76 points out of 100, measured in Quarter 3 of the financial year via out inpatient survey. This target represented a statistically significant improvement compared with the baseline score of 71 points.

How did we do?

We achieved a score of 81 points, therefore exceeding the CQUIN target agreed with our commissioners.

There was sustained operational focus on nutritional care throughout 2011/12. A team of volunteers has also been trained to go onto our wards to help patients eat their meals. More information about how we have been improving nutritional care can be found on page 20 of this report.

Figure 5



Source: UH Bristol monthly postal survey (patients aged 16 and over). The CQUIN calculation was based on the aggregated Quarter 3 (October to December) result.

Objective 11

We wanted to review the provision of ward-based patient information, ensuring that this meets our patients' needs.

Why we chose this

Ensuring that patients receive clear information about the ward where they are staying is essential for a positive patient experience. The Trust provides a huge range of literature (over 1,000 leaflets) providing patients with essential information about their clinical condition and treatment, however our previous external contract for the provision of generic 'bedside' information (the kind of information that would be helpful to anyone staying in one of our hospital beds) had expired and feedback from our patients was telling us that we needed to improve the quality of generic ward-based information.

Examples of what our patients told us in our monthly survey:

"It would be a vast improvement if staff informed patients of where to get food on arrival to the ward."

(Our new Welcome Guide will signpost patients to the food service information which is available to patients)

We said we would...

- Ask patients what information it is useful to be given about the ward they are staying on, and use this information to develop a new 'Welcome Guide' for inpatients
- Increase awareness of the ways that patients can raise concerns and tell us about their experience

How did we do?

We carried out patient interviews to find out what patients thought about communication on our wards. A new Welcome Guide has been developed and will available on our wards from June 2012. We will be seeking early patient feedback about the Welcome Guide and will use this to fine-tune the design and content in future print runs. New posters have also been produced explaining how people can raise issues and give feedback – these are also in the process of being printed for distribution.

Objective 12

We wanted to develop new customer care training for staff in response to what our patients tell us matters to them.

Why we chose this

This objective was agreed with our governors, who expressed a strong desire to see the introduction of systematic customer care training for our staff.

We said we would...

Design and launch new customer care training, drawing on real patient stories, feedback and complaints to enable staff to understand the role of the Trust's values and expected behaviours in improving patient care.

How did we do?

A new 'immersion' and induction programme called *Living the Values* has been designed for all staff and starters, and has been successfully trialled. A customer care trainer is joining the Trust on secondment in April 2012, and the roll-out of training is due to commence in May.

Living the Values will provide training and opportunities for reflection for all staff about how their behaviour at work impacts on patient experience and on their colleagues. The emphasis of the training is that living the values means respecting everyone, communicating effectively, embracing change which results in improved patient care,

working together and demonstrating a positive and proactive attitude in everything we do. These values are then linked directly to the experience of patients, carers, relatives and other members of staff teams through the examination of complaints, compliments and feedback to see where our Values have been demonstrated effectively, resulting in improved care and experience for our service users and staff, and where improvements can be made.

Review of patient experience 2011/12

This section explains how the Trust performed during 2011/12 in a number of other key areas relating to patient experience, which are in addition to the specific objectives that we identified.

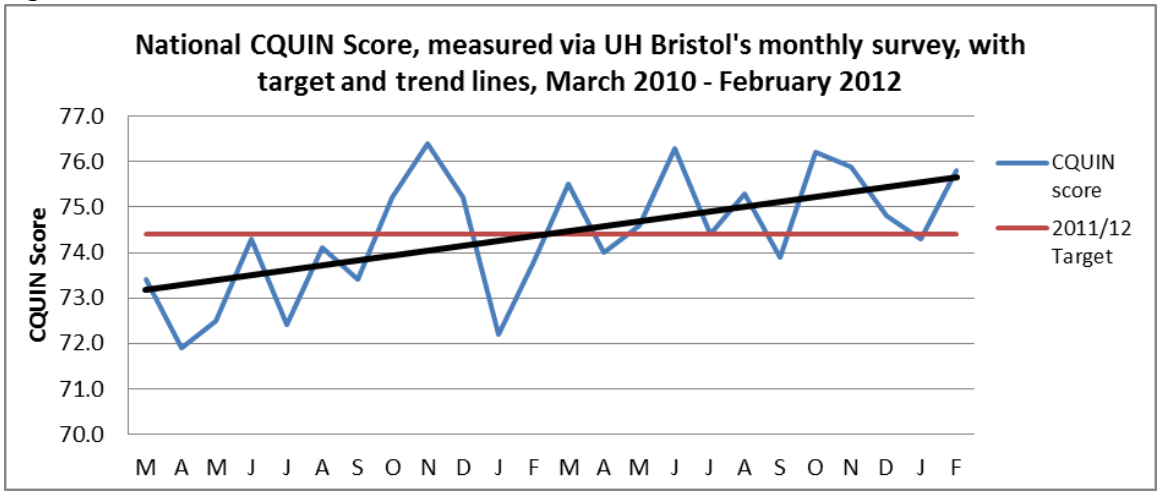
National Patient Experience CQUIN

The Commissioning for Quality and Innovation (CQUIN) payment framework is a developmental process which enables commissioners to reward excellence by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals. A national patient experience CQUIN measure was set for all NHS providers in 2011/12, based on the results of the annual National Inpatient Survey. The CQUIN consists of an aggregate score across five questions:

- Were you involved as much as you wanted to be in decisions about your care and treatment?
- Did you find someone on the hospital staff to talk to about your worries and fears?
- Were you given enough privacy when discussing your condition and treatment?
- Did a member of staff tell you about medication side effects to watch for when you went home?
- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

The Trust was set a target of achieving a score of between 72.4 and 74.4 points. Our score, measured using data from the National Inpatient Survey 2011, was 69.9. This compares with a score of 70.4 in 2011/12 (there is no material difference in these results when statistical margins of error are taken into account). Since March 2010, our Trust Board has been tracking the progress of this indicator using monthly data produced by our own inpatient survey. We know from the analysis of the data that our own survey tends to produce slightly higher satisfaction scores than the National Inpatient Survey; however Figure 6 below indicates that amongst the natural data variation there is an upward trend in our score. We are committed to building on this promising progress 2012/13.

Figure 6



Source: UH Bristol Monthly inpatient survey; over 17,000 patients surveyed in the period shown.

Overall patient satisfaction

Examples of what our patients told us in our monthly survey:

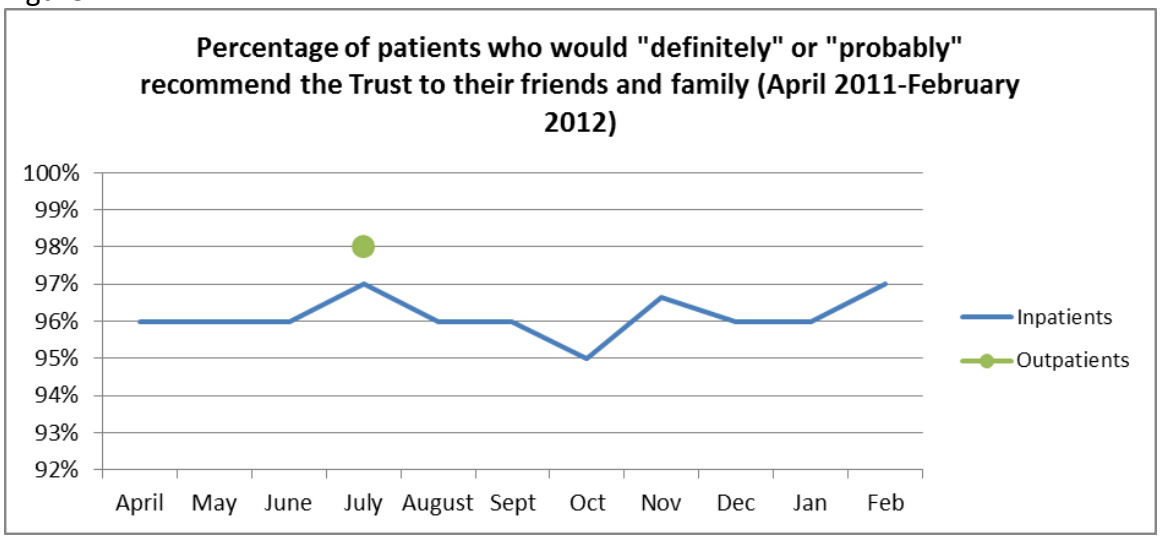
"Every single person from health care assistant to consultant was kind, caring and compassionate. I was treated as a person not a condition, and should I have to go back in to hospital I would ask to go to the BRI.

"I was treated with dignity and respect at all times and it was a pleasant stay. All the staff worked very hard to make me comfortable and I am very grateful for the care I received."

"I would recommend your hospital to everybody I know."

Overall, patients of the University Hospitals Bristol rate the service they received very highly. This is reflected in the proportion of patients who say that they would recommend the Trust to friends and family (see Chart below). The Trust Board receives monthly data on the proportion of inpatients who would recommend us: if this figures should fall below an agreed level (91%), this would act as a warning sign that patient experience standards have fallen significantly and that we need to take action to address this. This has never happened to date.

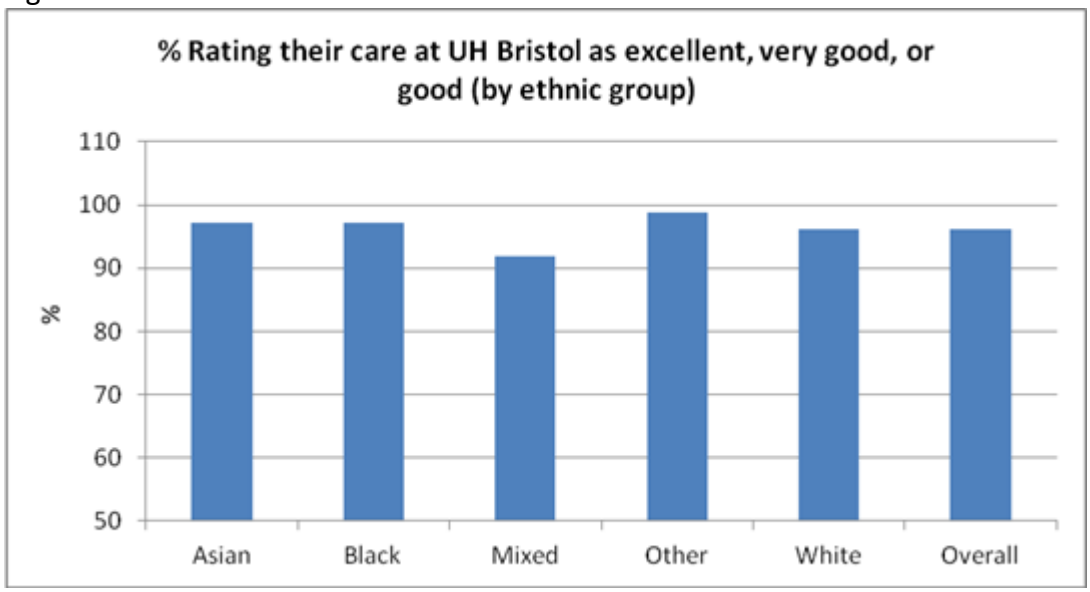
Figure 7



Source: Trust inpatient and outpatient surveys (or parents of 0-11 year olds).
Our inpatient survey took place every month; our outpatient survey captured the views of patients seen in July 2011 only (this outpatient survey will be repeated twice in 2012)

Data from the Trust's surveys showed that 98% of outpatients and 96% of inpatients would "definitely" or "probably" recommend us based on their experience. Similarly, 96% of inpatients described their overall experience of care as "excellent", "very good" or "good". Figure 8 below provides a degree of assurance that this experience of care is shared across different ethnic groups (the differences in reported experience are not statistically significant), although we recognise that non-English speaking patients will be under-represented in this data. A focus of our new *Patient Involvement and Engagement Strategy 2012-15* (see below) will be to carry out qualitative face-to-face engagement activities, with a particular focus on people who can't or don't access our main patient feedback systems. We are also keen to develop our understanding of the experience of patients with protected characteristics as defined in the Equality Act 2010 (including for example, religion, disability and sexual orientation) and to develop our ongoing ability to monitor their experience through our core patient feedback channels.

Figure 8



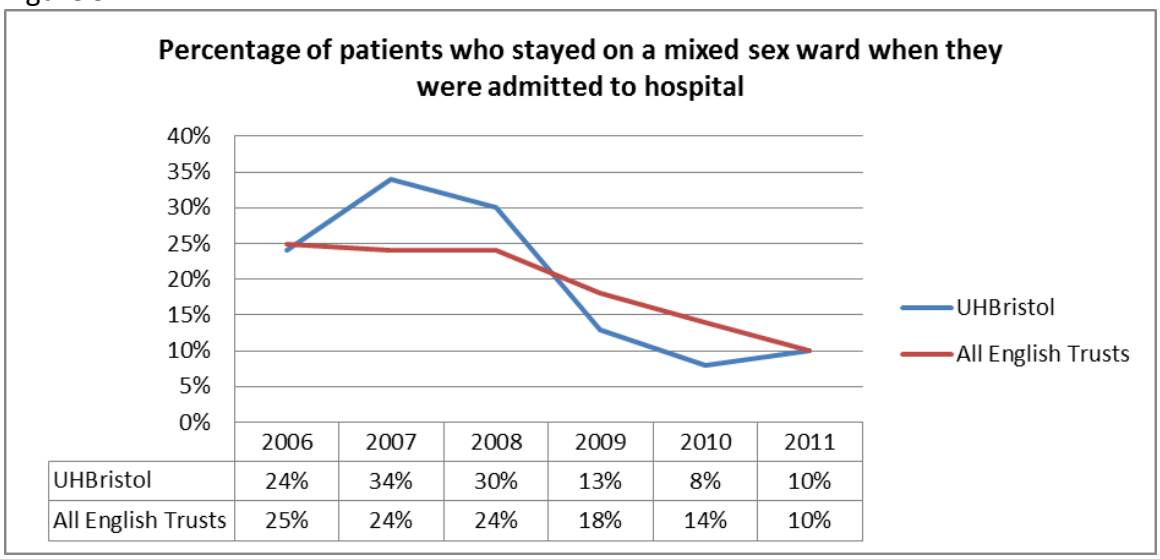
Source: UH Bristol Monthly inpatient survey (April 2011 – January 2012)

Compliance with single sex accommodation

In November 2010, a change in national standards created an expectation that all NHS trusts eliminate mixed sex accommodation. The Trust was required to carry out a detailed assessment against this new, more stringent standard, with a view to making a formal declaration regarding compliance. In last year's Quality Report we explained that the Trust Board had declared non-compliance with a number of issues around mixed sex accommodation. A significant amount of work was undertaken during 2011/12 and we are pleased to report that the Trust has declared compliance with the Government's requirement to eliminate mixed-sex accommodation. The declaration can be read on the Trust website and has been re-confirmed for 2012/13.

An expansion of beds in the Medical Assessment Unit has taken place to enable the Trust to manage operational pressures and so eliminate mixed sex accommodation completely. The Observation Unit is currently being upgraded: when it re-opens, it will be fully single sex compliant (the current temporary location for the Observation Unit is also compliant). Figure 9 shows that patient-reported experience of mixed-sex accommodation at University Hospitals Bristol was similar to the national average as reported in the 2011 National Inpatient Survey.

Figure 9



	2006	2007	2008	2009	2010	2011
UHBristol	24%	34%	30%	13%	8%	10%
All English Trusts	25%	24%	24%	18%	14%	10%

Source: National Inpatient Survey.

Linking patient feedback to service improvement

During 2011/12, we have continued to promote the use of patient feedback as a key service improvement tool for all staff. Ward-level survey data and comments cards are now publically visible on the wards via a display board. Patient survey ratings of each ward's cleanliness, overall patient satisfaction with care and privacy and dignity ratings are displayed along with a comparison of how the scores for that ward have changed over time and how they compare to the Trust as a whole.

The Trust's focus on collecting outpatient experience data during 2011/12 allowed us to identify key service improvement issues that patients feel are important. In the main, these revolved around what could broadly be called 'administration and efficiency' issues, such as ensuring appointments are not cancelled, that it is easy to contact someone at the hospital for information if you need to, and that clinics run to time. The issues we identified through patient feedback have now become key improvement objectives in a major Trust outpatient improvement project (the Productive Outpatient project). Furthermore, patient survey results will play a key role in assessing progress against these objectives. In other words, patients will have been involved both in the development of the objectives and the evaluation of them.

Developing a new strategy for Patient Experience and Involvement

The Trust's *Patient and Public Involvement Strategy 2010-12* led to the successful introduction of robust systems to capture patient experience and use this to drive service improvement. In March 2012, the Trust Board approved our new *Patient Experience and Involvement Strategy 2012-15.* The key aims of our new strategy are as follows:

1. To continue to refine our core patient experience tools; extending their use, prominence and influence
2. To recognise that not all patients can or will respond to surveys and comments cards, and so ensure that we employ alternative methods to engage with these groups
3. To develop a more systematic approach to our qualitative patient and public engagement methods, such as focus groups and interviews
4. To use these qualitative methods as a springboard to developing a culture of genuine collaboration with patients and the public in service delivery and development

Complaints

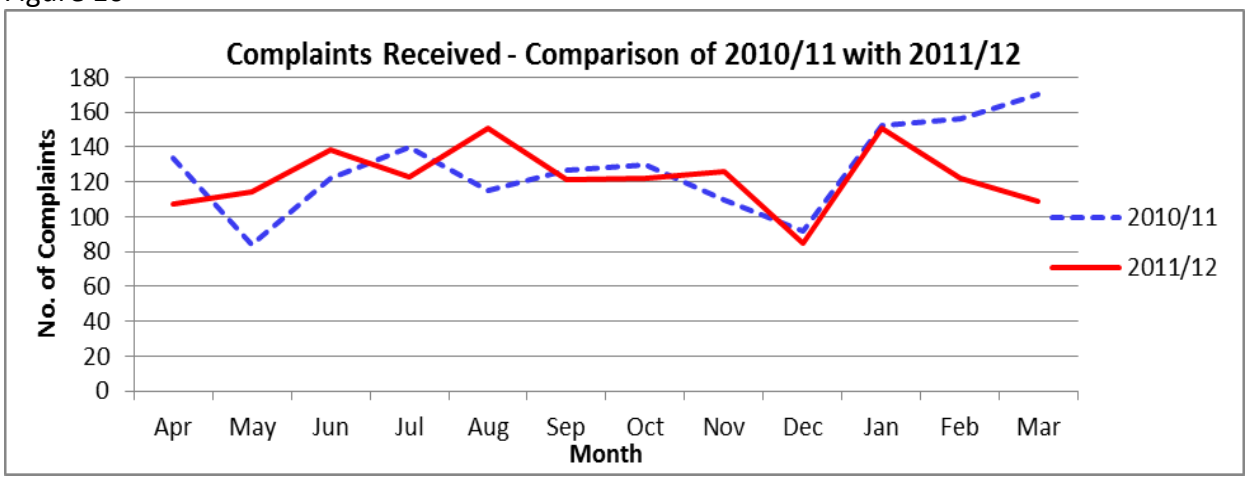
The Trust's Patient Support and Complaints Team is responsible for the management of our complaints and 'PALS'[12] functions and provides another important source of information about the experience of patients and those who care for them.

The total number of complaints received by the Trust in 2011/2012 was 1465, averaging 122 per month. By comparison, the total number of complaints received in 2010/2011 was 1532, averaging 128 per month. This decrease in reported complaints is largely attributable to a significant reduction in reported complaints during February and March 2012, however in eight out of 12 months, our internal target of no more than 120 complaints was exceeded.

A monthly comparison between complaints received in 2010/2011 and 2011/2012 is shown in Figure 10.

[12] Patient Advice and Liaison Service

Figure 10



Source: UH Bristol Ulysses Safeguard system

Each complaint we receive is categorised so that we can identify emerging patterns and learn lessons for the future. The three most common reasons why people complained to us in 2011/12 were as follows:

1. clinical care provided to patients both from medical and nursing staff
2. attitude of staff (across all staff groups) and poor communication with patients
3. our appointment and admission systems (delay or cancellation of outpatient appointments and admission to the hospital for surgery)

Bristol Eye Hospital and the Bristol Royal Infirmary Trauma and Orthopaedic Department continue to be areas where we receive the highest number of complaints about delayed or cancelled appointments: these issues are being addressed through the 'transforming care' programme currently underway at the Trust. In 2011/12, Urology and Lower and Upper Gastrointestinal services received the largest number of complaints about cancelled or delayed surgery. Complaints regarding car parking and catering have decreased in the last 12 months, reflecting the improvements which have been made within these services.

During the year, our performance in managing patient complaints has not met the high standards we aspire to: 91.1% of complaints were resolved within the timescale agreed with the complainant, against an internal target of 98%. Acknowledging the need to improve performance, the Trust commissioned an external review of the Patient Support and Complaints function, leading to the agreement of a detailed plan with our Divisions in October 2011. The plan has been directed at improving the efficiency of systems for managing complaints and performance in relation to both timeliness and quality of complaint responses. We have been encouraged to see improved performance in last two months of 2011/12, both in terms of the number of complaints received (see Figure 10 above) and also timeliness of responses. The action plan, which includes a significant focus on learning and service improvement following complaints, was fully implemented by April 2012.

Training for front line staff to resolve complaints within their own areas has taken place during 2011/12 and will be rolled out to more staff during 2012/2013. Training has also been delivered to senior staff to improve the quality and timeliness of responses to written complaints – this will now become a regular training programme offered to staff across the Trust.

National Staff Survey 2011

As in previous years, as per the recommendations of the Department of Health, we are including in our Quality Report a range of indicators from the annual National Staff Survey which have a bearing on quality of care. Relevant results from the 2011/12 survey are presented below. Questionnaires were sent to a random sample of 813 staff across the Trust (this includes only staff employed directly by the Trust): 490 staff at UH Bristol took part in this survey, representing a response rate of 60% which is in the highest 20% of acute Trusts in England.

A key priority for the Trust is to ensure that our patients not only receive excellent clinical treatment but are treated respectfully and with dignity and compassion at every stage of their care. It is also vital for us to ensure that our staff are treated and treat each other with the same level of dignity and respect which we expect for our patients.

The Trust's Values (respecting everyone, embracing change, recognising success and working together) are a guide to our staff about how they are expected to behave towards patients, relatives, carers, visitors and each other. The Values are embedded in recruitment and staff induction and are clearly and regularly communicated.

Key ways we support staff include performance management, development and training, taking effective steps to tackle bullying and harassment, and improving our communications. The 2011 staff survey showed improvements against the previous year's survey results in the following areas:

- staff receiving job-relevant training, learning or development (best 20%)
- staff having an appraisal, which is well-structured, and a personal development plans
- staff experiencing harassment, bullying or abuse from other staff
- perceptions of effective action from employer towards violence and harassment (best 20%)
- good communication between senior management and staff (best 20%)

Staff experience of discrimination

Despite improved scores in the areas of staff reporting that they had had Equality and Diversity training in the past 12 months and 92% of staff (better than national average) saying that they believed that the Trust provides equal opportunities for career progression or promotion, it was deeply concerning that 14% of respondents said that

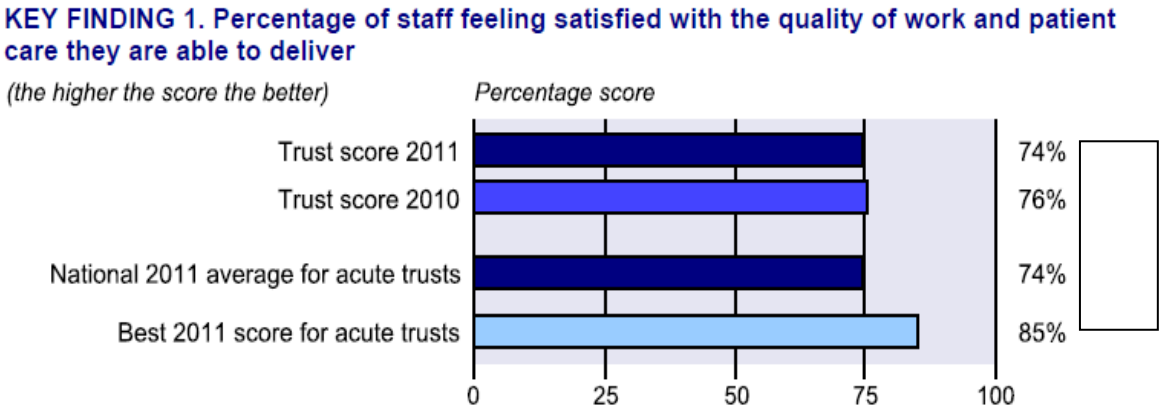
they had experienced discrimination at work in the last 12 months. This is an increase of 3% against the previous year's survey and is above (worse than) the national average.

8% of respondents stated that they had experienced discrimination[13] at work from patients / service users, their relatives or other members of the public. 11% said that they had experienced discrimination at work from their manager / team leader / colleagues. We are committed to taking action to improve the experience of our staff by reducing the incidence of discrimination at work. This issue will be addressed through training in Trust Values for all staff, continuing equality and diversity training, use of clear signage to communicate to patients and visitors the expectation to treat staff appropriately and with respect and through strengthened processes, procedures and policies to tackle harassment and bullying in the workplace.

Percentage of Staff feeling satisfied with the quality of work and patient care they are able to deliver

74% of staff agreed or strongly agreed with at least two of the following three statements: "I am able to do my job to a standard I am personally pleased with"; "I am satisfied with the quality of care I give to patients / service users"; "I am able to deliver the patient care I aspire to". The Trust's score was average when compared with Trusts of a similar type and equated to a 2% decrease on our score last year.

Figure 11



Source: 2011 NHS Staff Survey

Percentage of staff agreeing that their role makes a difference to patients

92% of staff agreed that their role made a difference to patients/service users. This score was in the highest (best) 20% of NHS Trusts of a similar type, and was an identical response percentage to the 2010 survey.

[13] on the basis of their ethnicity, gender, age, sexual orientation, disability, or for another reason

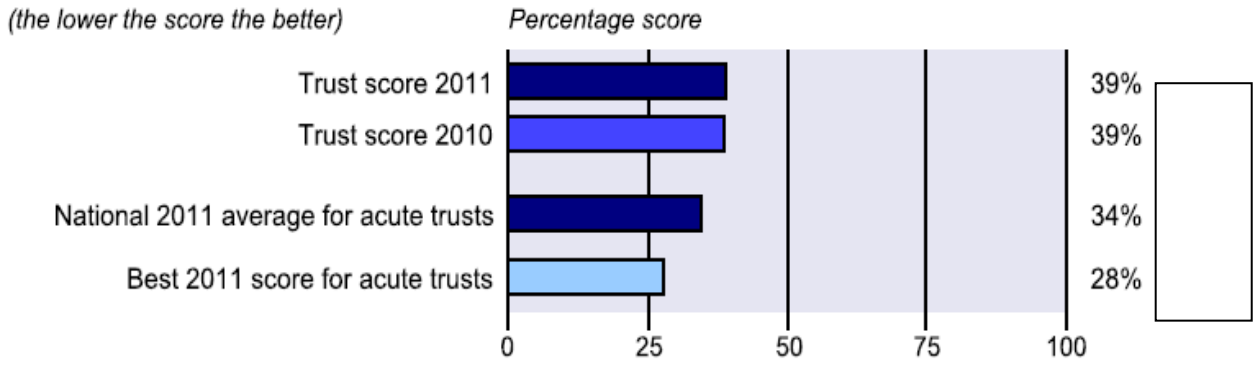
Figure 12

Source: 2011 NHS Staff Survey

Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month

39% of respondents said that they had *witnessed* potentially harmful errors, near misses or incidents the last month. This response rate is 5% higher than the national average of 34%, identical to the Trust's 2010 score, and in the worst 20% of acute Trusts.

Figure 13



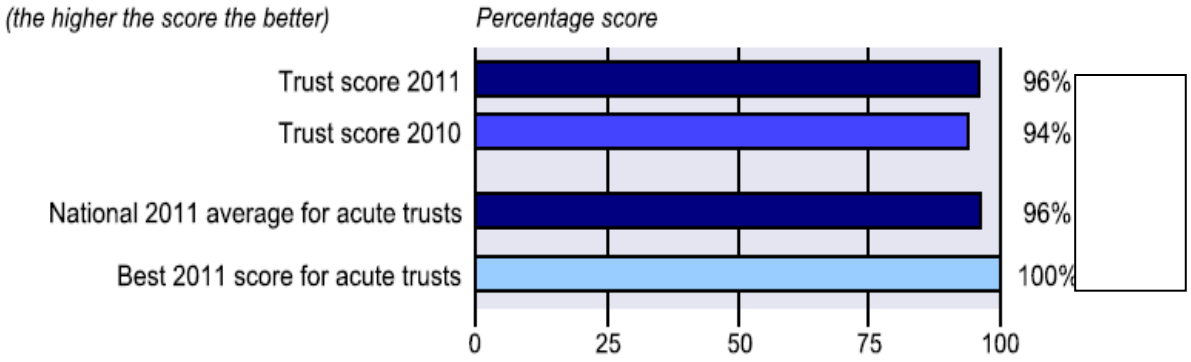
Source: 2011 NHS Staff Survey

Percentage of staff reporting potentially harmful errors, near misses or incidents witnessed in the last month

The percentage of staff *reporting* errors, near misses or incidents witnessed in the last month had increased to 96% against the previous year's score of 94% but remained slightly lower than the national average for acute Trusts of just over 96%.

Figure 14

KEY FINDING 21. Percentage of staff reporting errors, near misses or incidents witnessed in the last month



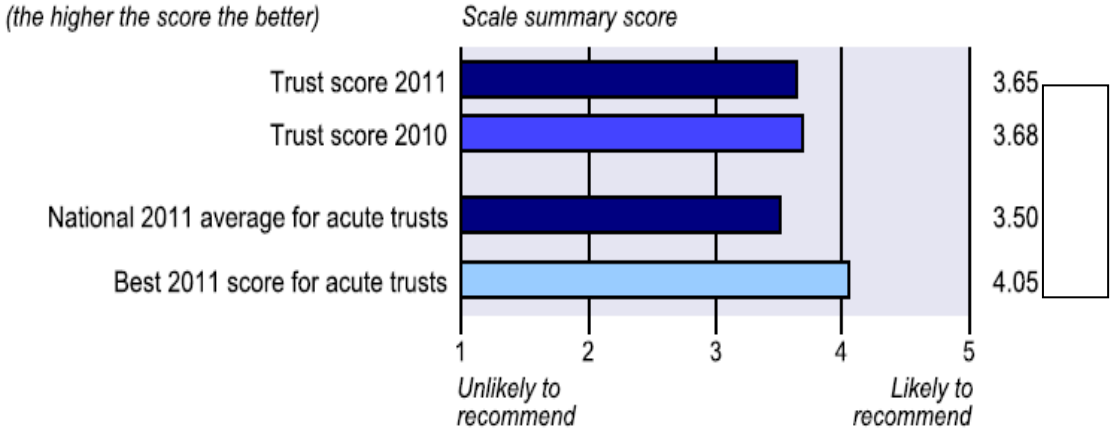
Source: 2011 NHS Staff Survey

Staff recommendation of the Trust as a place to work or receive treatment

Staff were asked whether or not they thought care of patients and service users was the Trust's top priority, whether or not they would recommend the Trust to others as a place to work and whether they would be happy with the standard of care provided by the Trust if a friend or relative needed treatment. The Trust's score of 3.65 out of 5 was better than average when compared with Trusts of a similar type and a small decrease since 2010, when the Trust scored 3.68.

Figure 15

KEY FINDING 34. Staff recommendation of the trust as a place to work or receive treatment

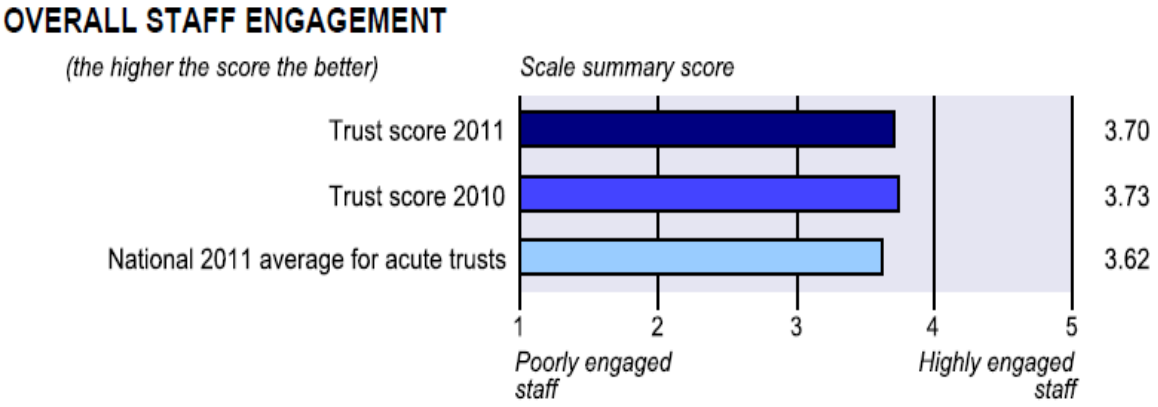


Source: 2011 NHS Staff Survey

Staff Engagement

The Trust's score of 3.70 was in the highest (best) 20% when compared with Trusts of a similar type. This score is reached by analysing responses to questions in the areas: "Staff ability to contribute towards improvement at work"; staff recommendation of the Trust as a place to work or receive treatment" and "staff motivation at work".

Figure 16



Source: 2011 NHS Staff Survey

Patient experience objectives for 2012/13

- We will implement the first year of our Patient Experience and Involvement Strategy for 2012-2015. As part of our work plan, this year we will focus on improving the experience of care amongst the following groups in particular:
  - Children
  - Frail elderly patients, including patients with dementia and those in end of life care
  - Patients with Learning Difficulties
  - Carers
  - Emergency patients

- We will reduce patient-reported noise at night

- We will ensure that patients are treated with kindness and understanding

- We will improve communication with patients: in particular about waiting times in clinic and making sure patients know who to speak to if they have worries or concerns

- We will reduce numbers of reported complaints; and where people do complain, we will provide a full response as quickly as possible

- We will improve the experience of our staff by reducing the incidence of discrimination at work both from patients / service users and from managers / team leaders / colleagues.

These themes reflect a continuation of previous commitments, learning from what our patients have told us matters to them, common themes arising from discussion with our Clinical Divisions and the views of our governors. The objective to ensure that patients

are treated with kindness and understanding stems from an indicator in the National Maternity Survey which we monitor locally for maternity services but wish to extend across all services. At the request of our Non-Executive Directors, we have also included an objective which is directed at improving the well-being of our staff.

The Director of Human Resources and Organisational Development will be responsible for achieving the staff objective relating to incidence of discrimination. Progress will be reported to the Human Resources Board and Industrial Relations Group.

For all the other objectives listed here, the Chief Nurse will be the responsible Executive Director. Progress will be monitored by the Trust's Clinical Quality Group and by the Quality and Outcomes Committee of the Board.

CLINICAL EFFECTIVENESS

Our commitment

We will ensure that the each patient receives the right care, according to scientific knowledge and evidence-based assessment, at the right time in the right place, with the best outcome. This commitment reflects our core Values of 'working together', 'embracing change' and 'recognising success'.

Report on our clinical effectiveness objectives for 2010/11

In addition to our overall goal to maintain low overall mortality ratings (see page 50), we set ourselves four specific Clinical Effectiveness objectives in 2011/12.

Objective 13
We wanted to see progress in one year survival rates for colorectal, breast and lung cancer

Why we chose this:
Improving cancer survival is one of the key objectives of the NHS Outcomes Framework and an aspiration shared by the Trust.

We said we would…
- Improve our organisational knowledge of survival rates for colorectal, breast and lung cancer
- Implement the recommendations of *Improving Outcomes: a strategy for cancer* (Department of Health, 2011)
- Review our respiratory MDT to improve outcomes for lung cancer patients

How did we do?

Data we have received from the South West Public Health Observatory indicates that one year survival for patients treated by the Trust for colorectal, breast and lung patients is better than the national average for England. We are however taking a cautious approach to this new data and hence have assigned an amber rating to this objective. Our ongoing work to improve cancer treatment and care is fully aligned with the national cancer strategy.

Cancer survival data sits within the realms of public health – the data is complex and outcomes cannot be solely attributed to the Trust's clinical interventions. During 2011/12, we have worked closely with the South West Public Health Observatory to establish baseline survival data for colorectal, breast and lung patients. To date, we have received one year relative risk-adjusted survival data for patients diagnosed in the period 2007-2009. Our baseline data is promising (consistently better than the national

average). We will continue to monitor these cancer outcomes year on year to understand changes in our performance relative to the rest of the NHS in England, and also relative to our own previous performance. We will also seek to widen the data we receive to include five year survival statistics which may be more relevant measures depending upon the cancer type. Once we are confident in the data, our intention is to publish this in future Quality Reports.

The national *Improving Outcomes* cancer strategy underpins the strategic direction of the Trust's cancer services. To briefly address four of the key themes within the national strategy:

Information and choice
The Trust is doing a great deal of work on cancer data quality, focusing on completeness and accuracy. We are striving to improve our submissions to national audits and are working to implement the new Systemic Anti-Cancer Therapy dataset. We offer a good range of choices of treatment including those highlighted in the national strategy as not being available in some areas of the country.

Prevention and earlier diagnosis
We have actively planned to meet the increased demand associated with national campaigns for lung and bowel cancer, and also participated in a regional urological cancer campaign. The Trust offers direct access to GPs for all the test types mentioned in the national strategy. We have significantly improved our performance against waiting time standards in the last year and are working to maintain that.

Quality of life and patient experience
The Trust has been selected as a pilot site for Macmillan's 1:1 support workers. Many multi-disciplinary team (MDT) core members have attended Advanced Communication Skills training. The University Hospitals Bristol is taking part in a pioneering project around survivorship for teenage and young adult cancer survivors (called 'On Target'): the Trust has also set up an aftercare MDT for childhood cancer survivors. We have applied for funding to undertake research in self-reporting of symptoms via the internet post surgically. We have also put in place a comprehensive action plan in response to the results of the most recent National Cancer Survey.

Better treatment
We have introduced enhanced recovery[14] in many areas and are developing an acute oncology service that will help to reduce admissions and length of stay. We offer LAPCO[15] for relevant patients and robotic prostatectomy is undertaken at North Bristol NHS Trust (we send our patients there). We are working towards implementation of the chemotherapy dataset and continue to participate fully in peer review. Our radiotherapy services are highly rated and we have made full use of the cancer drugs fund. We participate fully in peer review and are working hard to improve our submissions to all national cancer audits. We have introduced an extensive MDT quality audit process to ensure the quality of our MDT meetings, as part of the histopathology

[14] Enhanced recovery, often referred to as rapid recovery, is a new, evidence-based model of care that creates fitter patients who recover faster from major surgery. It is the modern way for treating patients where day surgery is not appropriate
[15] National Training Programme for Laparoscopic Colorectal Surgery

review. A recent audit of MDTs carried out by the Internal Audit department returned positive results with actions suggested which we are now implementing.

Objective 14

We wanted to achieve improvements in Dr Foster ratings for stroke care. In particular, to establish a specialist stroke unit, with a target that at least 90% of patients who suffer a stroke spend at least 90% of their time in this unit.

Why we chose this:

Improving the care of stroke patients is a national priority within the NHS Outcomes Framework. We know from research that treating stroke patients in dedicated stroke facilities is critical to their clinical outcome.

We said we would…

- Improve our Dr Foster ratings for stroke care
- Establish a specialist stroke unit
- Treat at least 90% of stroke patients on this unit for at least 90% of their time in hospital

How did we do?

A dedicated stroke unit has been established in Ward 12 of the Bristol Royal Infirmary. The Trust featured prominently in the annual Dr Foster Hospital Guide, with one of the best stroke mortality rates in the NHS. However, we did not achieve our ambition that 90% of stroke patients should spend 90% of their time on the stroke unit.

The new stroke unit opened on 4 August 2011. Benefits have included:

- Daily consultant presence on ward and board round
- Therapy gym in close proximity to the ward
- Highly effective TIA (Transient Ischaemic Attack) clinic co-located and integrated within the ward.
- Provision of intravenous thrombolysis for patients assessed to be suitable as per commissioned hours (8am-11pm, Monday-Friday).
- Research team co-located with the acute ward to enable increasing numbers of acute and hyperacute patients entering Stroke Research Network portfolio adopted studies.

Our agreement with NHS Bristol for 2011/12 was that we would ensure that at least 80% of stroke patients should spend 90% of their time on the stroke unit. We achieved this target in nine out of 12 months: our overall performance for the year was 80.5%. However this means that we did not achieve our more stretching ambition that 90% of stroke patients should spend 90% of their time on the stroke unit[16].

We have worked hard to ensure that stroke beds are available for patients who have had a stroke, however this has not always been possible on a consistent basis (for example, due to winter norovirus). In 2012/13, we will be seeking to improve our

[16] This means that approximately 50 stroke patients did not spend at least 90% of their time on the stroke unit.

performance against the 90% target through targeted work to reduce discharge delays and enable patients to be discharged earlier in the day.

Some of the stroke indicators published by Dr Foster in 2011 differed from those published in 2010, limiting our ability to make direct comparisons, however the Trust's headline standardised mortality rate from stroke was 70.54 against an average of 100, placing University Hospitals Bristol in the top five Trusts nationally.

Objective 15

We wanted to increase the proportion of spontaneous vaginal births

Why we chose this:

Women and users of the service have expressed a wish for the maternity service to concentrate on reducing the number of caesarean sections and operative deliveries. A focus on normalising birth results in better quality, safer care for mothers and their babies with an improved experience. Increasing normal births and reducing caesarean section deliveries is associated with shorter (or no) hospital stays, fewer adverse incidents and admissions to neonatal units and better health outcomes for mothers.

We said we would…

Increase spontaneous vaginal births as a proportion of all births by 1% from a baseline of 63.4%, as measured in the final quarter of the year. This target was agreed with our commissioners through the CQUIN scheme.

How did we do?

For the year as a whole, the rate of spontaneous vaginal births was 63.31%. In the final quarter of 2011/12 however, the rate of spontaneous vaginal births increased to 65.09%, and we therefore achieved the CQUIN target. The figure for the final month of the year was 66.67%.

During the year, a number of important steps were taken to move us towards our goal, which enabled us to achieve the related CQUIN:

- the maternity service set up a multi-disciplinary normal birth working party chaired by the practice development midwife;
- midwives are attending normal birth study days;
- the unit is developing the ante natal education given to women to prepare them better for birth and in particular the latent phase;
- posters have been displayed around the unit explaining the importance of normal birth and what women can do to try to achieve one e.g. use of water as pain relief, being as mobile as possible for as long as possible, having the appropriate fetal monitoring etc;
- and the service also purchased some telemetry fetal heart monitoring machines so that women requiring continuous monitoring could be mobile.

Objective 16
We want to improve services for people with dementia

Why we chose this
The term Dementia covers a range of progressive, terminal brain conditions which affects more than 73,000 people in the South West of England. This number is set to increase by 40% to 102,000 by 2021. There is increasing national recognition of the importance of ensuring the highest possible standards of assessment and care for patients with dementia in hospital.

We said we would…
- Implement our action plan in response to the NICE Quality Standard for Dementia
- Deliver a range of specific actions relating to agreed standards of care for dementia care in the South West of England

How did we do?
We have made significant progress in relation to the three statements in the NICE Quality Standard for Dementia which are of particular relevance to the Trust (1, 5 and 8). We have also made implemented a range of actions relating to the South West Standards (details below). In October 2011, the Trust received a very positive Dementia Peer review site visit.

Statement 1 of the NICE Quality Standard states that people with dementia should receive care from staff who have been appropriately trained in dementia care. The Trust has been working in collaboration with North Bristol NHS Trust to develop a mandatory Dementia training matrix, together with a priority list of staff to be trained. The aim of this collaborative work is to ensure that people with dementia in Bristol receive care that is consistent across the city and not dependant on which hospitals they are admitted to. The training matrix was approved at the Joint Bristol Hospitals Dementia Strategy Group. Level 1 training, 'An Hour to Remember' has already been delivered to a number of staff including newly identified Dementia Champions. A pilot has taken place looking at Level 2 e-learning dementia modules with very positive feedback; plans to roll this out are in place. The plan for 2012/13 is to roll-out training to all members of staff identified in the matrix.

Statement 5 states that people with dementia, while they still have capacity, and their carer/s, will have discussed and made decisions about the use of: advance statements; advance decisions to refuse treatment; Lasting Power of Attorney; Preferred Priorities of Care**.** The Trust has appropriate policies and protocols in place to support these issues, which are also addressed via patient safety updates and corporate induction for all staff, plus Level 2 Safeguarding Adults training.

Statement 8 states that people with suspected or known dementia using acute and general hospital inpatient services or emergency departments have access to a liaison service that specialises in the diagnosis and management of dementia and older people's mental health. The Trust fully meets this standard. As a result of an enlarged multidisciplinary team that supports both of the acute Trusts in Bristol, there is now

increased access to the Older Adult Mental Health Team, including a Consultant Psychiatrist.

Progress in relation to the South West standards during 2011/12 has included the following key areas:

- 'This is Me' documentation has been systematically rolled out across the Trust with positive feedback about its benefits, which include greater understanding of patients' wishes about their treatment and care.
- A role description for 'Dementia Champions' has been agreed between University Hospitals Bristol and North Bristol NHS Trust. A joint training and awareness day was held in December 2011 with 60 participants attending, including carers and people with dementia. Additional champions are being recruited with a further joint champions' day planned for May 2012.
- A new policy has been approved to minimise ward moves for patients with dementia.
- Funding has been secured to introduce appropriate signage in communal areas used by patients with dementia.
- Special clocks and calendars have been purchased and installed on wards.
- A joint training plan and matrix has been agreed between the two Trusts and is being delivered. A dedicated dementia training lead will be appointed shortly as a fixed-term post, with the objective of developing a sustainable programme for the future[17].

Review of clinical effectiveness 2011/12

This section explains how the Trust performed during 2011/12 in a number of other key areas relating to clinical effectiveness, which are in addition to the specific objectives that we identified.

Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-Level Mortality Indicator (SHMI)

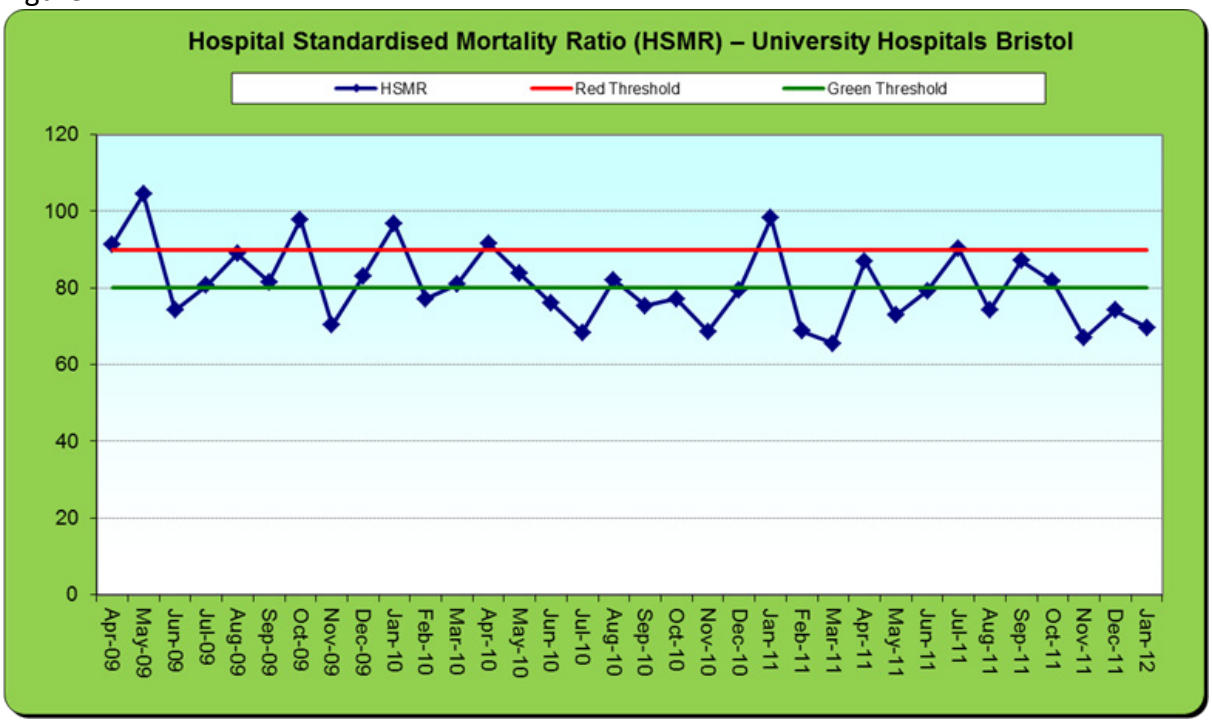
The Hospital Standardised Mortality Ratio is a calculation used to monitor death rates in hospitals. Based on a subset of diagnoses which give rise to 80% of in-hospital deaths, the HSMR is a broad measure covering the majority of hospital activity where risk of death is significant. As such, it is an effective screening tool for identifying where there may be problems with avoidable mortality. HSMR is calculated using routinely collected Hospital Episode Statistics: this data is analysed by Imperial College London, who publish a benchmark mortality standard which Trusts can compare against. Data is available two months in arrears to allow for this benchmarking process to take place. The data is also scrutinised by the Care Quality Commission, who issue alerts to individual trusts if unexpectedly high mortality figures are detected. It should be noted that the HSMR

[17] Training targets are due to be agreed at a meeting of the Trust's Dementia Steering Group in June 2012 and are likely to follow the recommendations of Dementia Professor Alistair Burns who advocates that 10% of staff should be dementia experts, 50% dementia trained and 95% dementia aware.

does not provide definitive answers: rather it poses questions which Trusts have a duty to investigate.

In simple terms, the HSMR 'norm' is a score of 100 – so scores of less than 100 are indicative of Trusts with lower than average mortality. University Hospitals Bristol continues to have a very low overall HSMR and in 2011 was once again listed in the annual Dr Foster *Hospital Guide* as having 'lower than expected' HSMR. The Trust's latest HSMR (January 2012 data) is 69.6.

Figure 17

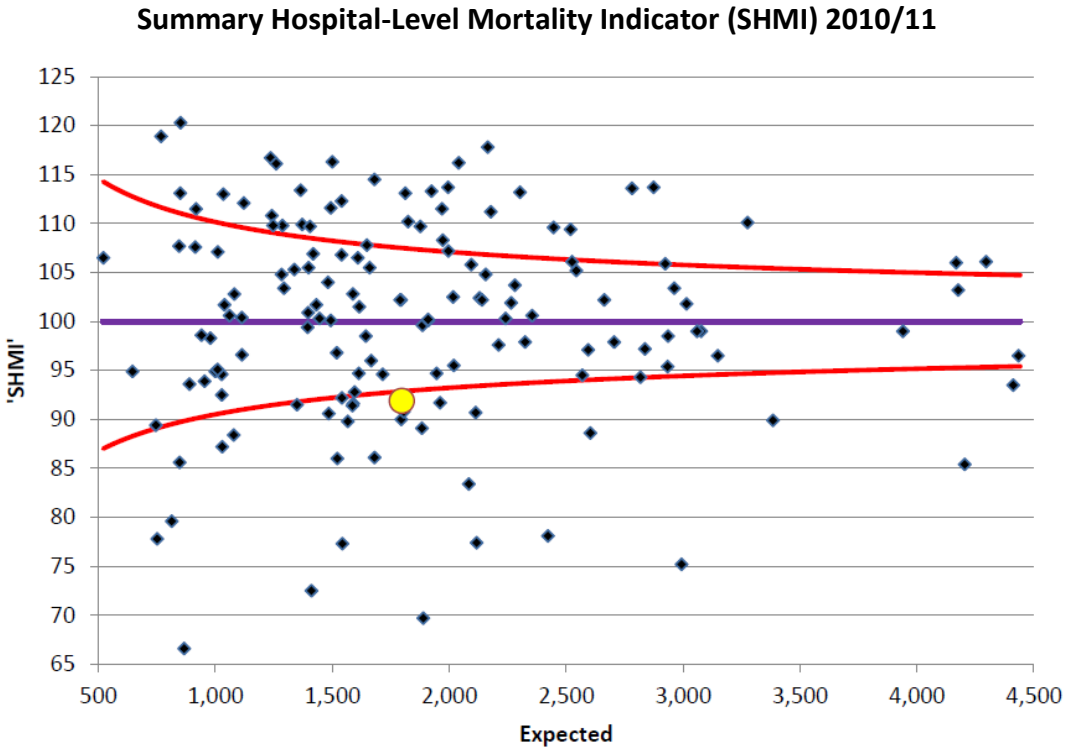


Source: Imperial College London – derived from HES data. The upper (red)and lower (green) thresholds are set by the Trust.

The Trust's HSMR rose briefly to 90.2 in July 2011 – this was subsequently investigated via the Trust's Quality Intelligence Group and a coding error was identified whereby palliative care patients had been coded as unexpected deaths. Assurances were provided to the Board via its Quality and Outcomes Committee and the Trust has since appointed an expert clinical coder to avoid any similar recurrences in the future.

In 2011/12, a second headline mortality indicator, the Summary Hospital-Level Mortality Indicator, has become widely available to Trusts. Unlike HSMR, the dataset used to calculate SHMI includes all deaths in hospital, plus those deaths occurring within 30 days after discharge from hospital. As per HSMR, the 'norm' is represented by a figure of 100, with scores of less than 100 representing better outcomes. The dataset for 2010/11, published in October 2012, gave the University Hospitals Bristol a headline SHMI figure of 92, which is statistically 'lower than expected' at 99.8% confidence limits (red lines in Figure 18). Figure 18 below plots the Trust's SHMI score relative to all other acute, non-specialist Trusts in England.

Figure 18



Source: Dr Foster intelligence. University Hospitals Bristol is represented by the large yellow dot on the graph. The x-axis 'Expected' represents the number of expected patient deaths based on statistical modelling.

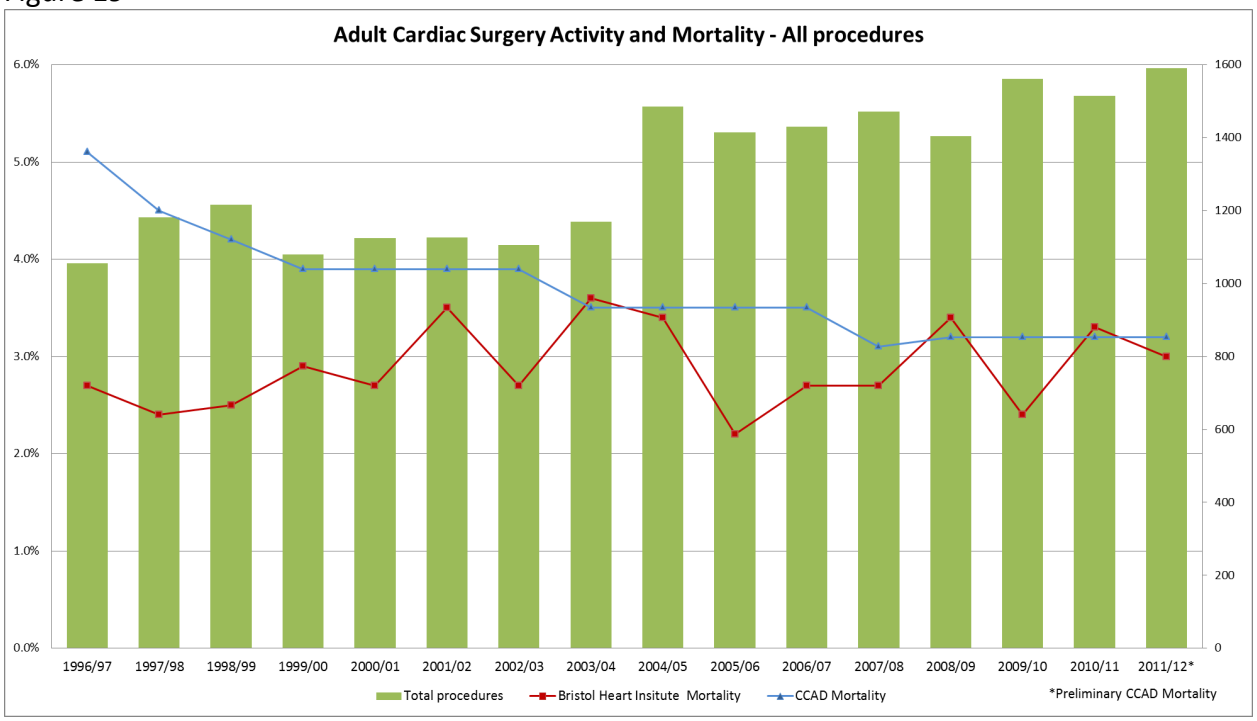
Adult Cardiac Surgery Outcomes

The Trust has maintained a comprehensive cardiac surgery database for the past 15 years, enabling comparison of outcomes for patients undergoing adult cardiac surgery against national and international benchmarks. Cardiac surgery outcomes at the Trust have been openly published since the 1990s: with rare exceptions, the Bristol Heart Institute's mortality figures have been better than the UK average for all procedures since data has been available.

In August 2011, a fourteenth year of comprehensive risk stratified outcomes data for the BRI adult cardiac surgical unit was successfully completed. The full published report can be viewed in detail on the Trust's website in the 'Key Publications' section at www.uhbristol.nhs.uk.

This year, in response to previous comments from third parties and our auditors, our Quality Report includes preliminary benchmarked CCAD mortality data for the year 2011/12 (this data is generally available one year in arrears): the reader should note that this data has yet to be validated by the national CCAD team. In 2011/12, the Bristol Heart Institute performed in excess of 1500 adult heart surgeries for the second year in succession. Figure 19 below shows a pattern of increasing levels of surgical activity, and a combined mortality rate which is below the national average.

Figure 19



Source: Central Cardiac Audit Database / Patient Analysis Tracking System

Patient Reported Outcome Measures (PROMs)

Since 2009, Patient Reported Outcome Measures (PROMs) have been collected by all NHS providers for four common elective surgical procedures: groin hernia surgery, hip replacement, knee replacement and varicose vein surgery. Two of these procedures - groin hernia surgery and varicose vein surgery - are carried out at the Bristol Royal Infirmary, part of the University Hospitals Bristol.

PROMs comprise questionnaires completed by patients before and after surgery to record their health status. Outcomes are measured in three ways: a tool called the 'EQ-5D index' asks patients questions about things like mobility, activities and pain levels; patients also rate their health on a scale of 0-100 using a 'visual analogue scale'; and finally (in the case of varicose veins) patients are asked questions about the specific condition for which they are having surgery.

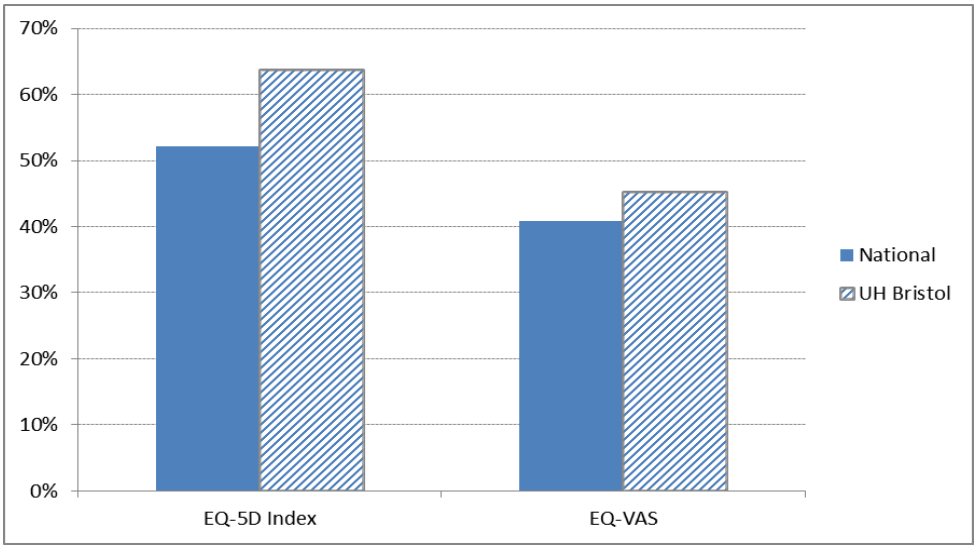
Between April 2011 and September 2011 (the latest available data at the time of writing), there had been fewer than 30 patients treated by University Hospitals Bristol for varicose vein surgery. No modelled scores were therefore available from the Health and Social Care Information Centre due to the unreliability of the statistical models when presented with a small number of results.

Results for groin hernia surgery (see Figure 20 below) show that 64% of UH Bristol patients reported improvements in their quality of life according to the EQ-5D index, following surgery. This compares favourably with a national rate of 52% and represents an improvement from the data we published last year. In the previously reported

period, April 2009 – July 2010, 47% of UH Bristol patients reported improvements in their quality of life according to the same index, compared with 50% nationally. Results for individual Trusts should however be read with caution as the number of patients per Trust is relatively small with wide margins of statistical error associated with the data: for example, for the Groin Hernia EQ-5D index, of 7,553 patients in England who completed the PROM in this six month period, only 33 were patients of University Hospitals Bristol.

Figure 20

Percentage of scores that improved for groin hernia surgery and scoring mechanism National scores compared to University Hospitals Bristol: April 2011 - September 2011



Source: Health and Social Care Information Centre

Clinical effectiveness objectives for 2012/13

- We will ensure that at least 90% of patients are treated for at least 90% of the time on a dedicated stroke ward.

- We will develop our use of service-specific standardised mortality ratios to monitor clinical outcomes.

- We will continue to implement our Dementia action plan.

- We will ensure that patients with an identified special need, including those with a Learning Disability have a risk assessment and patient-centred care plan in place.

- We will develop the use of enhanced recovery[18] for all surgical areas.

- We will re-focus on ensuring compliance with published NICE guidance including targeted use of clinical audit.

These themes reflect a continuation of previous commitments and common themes arising from discussion with our Clinical Divisions. The objective relating to use of service-specific mortality ratios reflects our desire to enhance our ability to monitor high level indicators of clinical quality throughout the Trust.

The Medical Director will be the Executive Director responsible for achieving these objectives. Progress will be monitored by the Trust's Clinical Quality Group and by the Quality and Outcomes Committee of the Board.

[18] See note on page 46

PERFORMANCE AGAINST KEY NATIONAL PRIORITIES

Summary of performance against national access standards

The Trust's performance against the national access standards continued to improve in 2011/12. The improvements included meeting challenging target reductions in levels of MRSA (*Methicillin Resistant Staphylococcus Aureus*) bacteraemias and *C. diff* (*Clostridium difficile)* infections. Key national waiting time standards for the Accident and Emergency maximum wait within four hours (95% standard), cancer and 18-week Referral to Treatment Times (RTT) were also achieved for the year as a whole.

The consistency of performance across quarters also improved, although the Trust failed to achieve the 95% Accident and Emergency four-hour standard in the fourth quarter of the year. All of the cancer standards were achieved in three quarters, with one standard (62-day wait for treatment for patients referred from a screening programme), not being achieved in Quarter 2. The 18-week RTT standards for admitted and non-admitted patients were achieved in each month of the year.

Year-on-year improvements were also seen in a number of other access standards, including the target time spent on a stroke unit, reperfusion times for patients suffering a heart attack (call to balloon times), last-minute cancelled operations and 28-day readmissions. Although the Trust did not achieve the national standard for operations cancelled at the last minute for non-clinical reasons, significant reductions in levels of cancellations were achieved in the latter half of 2011/12. Improvements were also made in re-admitting a greater proportion of patients within 28 days of their procedure being cancelled, than in the previous year.

Full details of the Trust's performance in 2011/12 compared with 2010/11 are set out in the table below, which shows the cumulative year-to date performance. Further commentary regarding the 18 week RTT, Accident and Emergency 4 hour, cancer, cancelled operations and other key targets is provided in Appendix B to this Quality Report.

Table 3 – Performance against national standards

National standard	2010/11	2011/12 Target	2011/12 to date	Notes
A&E maximum wait of 4 hour	96.6%	98%	96.0%	Target met in 3 quarters in 2011/12 (not Q4)
A&E Time to initial assessment (minutes) 95th percentile within 15 minutes		15 mins	26	Target met in 3 quarters in 2011/12 (not Q1)
A&E Time to Treatment (minutes) median within 60 minutes		60 mins	20	
A&E Unplanned re-attendance within 7 days		< 5 %	1.7%	
A&E Left without being seen		< 5%	1.0%	
MRSA Bloodstream Cases Against Trajectory	5	Trajectory	4	
C Difficile Infections Against Trajectory	94	Trajectory	54	
Cancer - 2 Week wait (urgent GP referral)	95.6%	93%	95.9%	Target met in every quarter in 2011/12
Cancer – 2 Week wait (symptomatic breast cancer not initially suspected)	93.3%	93%	98.2%	Target met in every quarter in 2011/12
Cancer - 31 Day Diagnosis To Treatment (First treatment)	98.2%	96%	98.1%	Target met in every quarter in 2011/12
Cancer - 31 Day Diagnosis To Treatment (Subsequent Surgery)	95.5%	94%	96.7%	Target met in every quarter in 2011/12
Cancer - 31 Day Diagnosis To Treatment (Subsequent Drug therapy)	99.8%	98%	99.9%	Target met in every quarter in 2011/12
Cancer - 31 Day Diagnosis To Treatment (Subsequent Radiotherapy)	99.7%	94%	99.3%	Target met in every quarter in 2011/12
Cancer 62 Day Referral To Treatment (Urgent GP Referral)	86.2%	85%	87.0%	Target met in every quarter in 2011/12
Cancer 62 Day Referral To Treatment (Screenings)	90.9%	90%	94.4%	Target met in 3 quarters in 2011/12 (not Q2)
Referral to treatment time admitted patients (95th percentile – 23 weeks)[19] -	/	23 weeks	22.0	Target met in every month in 2011/12
Referral to treatment time non-admitted patients (95th percentile – 18 weeks)	/	18 weeks	14.9	Target met in every month in 2011/12
GUM Offer Of Appointment Within 48 Hours	100%	98%	100%	
Number of Last Minute Cancelled Operations	1.31%	0.80%	0.87%	
28 Day Readmissions	91.0%	95%	93.3%	
Primary PCI - 150 Minutes Call To Balloon Time[20]	80.4%	90%	84.0%	Target as per 09/10 Operating Framework
Infant Health - Mothers Initiating Breastfeeding	76.3%	76.3%	76.2%	
Stroke Care – Percentage of patients spending at least 90% of their time on a stroke unit	78.5%	80%	80.5%	Target met in 3 quarters in 2011/12 (not Q4)
Stroke care - High Risk TIA Patients Starting Treatment Within 24 Hours	66.1%	60%	64.4%	
Adult patients who receive a VTE (Venous thrombo-embolism) Risk Assessment	82.7%	90%	97.4%	

Achieved for the year and each quarter

Achieved for the year, but not each quarter

Not achieved for the year

Target not in effect

[19] New target came into effect in 2011/12 for the 95th percentile waiting times of 23 weeks for admitted and 18 weeks for non-admitted patients.

[20] The Primary Percutaneous Coronary Intervention (PCI) standard for 2011/12 only applies to direct admissions to hospital. Target changed to 90% from 75% in 2010/11.

Appendix A to Quality Report – Statements of assurance from the Board

1. Review of services

During 2011/12, University Hospitals Bristol NHS Foundation Trust provided clinical services in 65[21] specialties via five clinical Divisions (i.e. Medicine; Surgery Head & Neck Services; Women's & Children's Services; Diagnostics and Therapy; and Specialised Services).

During 2011/12, the Trust Board has reviewed selected high-level quality indicators (e.g. infection control, HSMR) as part of monthly performance reporting. The data reviewed covered the three dimensions of quality i.e. patient safety, patient experience and clinical effectiveness. Sufficient data was available to provide assurance over the services provided by the Trust. The Trust also receives information relating to the review of quality of services in all specialties via, for example, the Clinical Audit Annual Report. The income generated by University Hospitals Bristol NHS Foundation Trust services reviewed in 2011/12 therefore, in these terms, represents 100% of the total income generated from the provision of NHS services by the Trust for 2010/11.

2. Participation in clinical audits and national confidential enquiries

For the purpose of the Quality Account (Report), the National Clinical Audit Advisory Group (NCAAG) has published a list of national audits and confidential enquiries, participation in which is seen as a measure of quality of any Trust clinical audit programme. This list is not exhaustive, but rather aims to provide a baseline for Trusts in terms of number of percentage participation. The detail which follows relates to this list.

During 2011/12, 47 national clinical audits and four national confidential enquiries covered NHS services that University Hospitals Bristol NHS Foundation Trust provides.

During that period University Hospitals Bristol NHS Foundation Trust participated in 77% (36/47) national clinical audits and 100% (4/4) national confidential enquiries of which it was eligible to participate in.

The national clinical audits and national confidential enquiries that University Hospitals Bristol NHS Foundation Trust was eligible to participate in during 2011/12 are as follows:

Table 4

Title of audit	**Eligible**	**Participated**
Peri and Neonatal		
Neonatal intensive and special care (NNAP)	Yes	Yes

[21] Based upon information in the Trust's Statement of Purpose, which is in turn based upon the Mandatory Goods and Services Schedule of the Trust's Terms of Authorisation with Monitor.

Children		
Paediatric pneumonia (British Thoracic Society)	Yes	No
Paediatric asthma (British Thoracic Society)	Yes	Yes
Pain management (College of Emergency Medicine)	Yes	Yes
Childhood epilepsy (RCPCH National Childhood Epilepsy Audit)	Yes	Yes
Paediatric intensive care (PICANet)	Yes	Yes
Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)	Yes	Yes
Diabetes (RCPCH National Paediatric Diabetes Audit)	Yes	Yes
Acute care		
Emergency use of oxygen (British Thoracic Society)	Yes	No
Adult community acquired pneumonia (British Thoracic Society)	Yes	No
Non-invasive ventilation (NIV) - adults (British Thoracic Society)	Yes	No
Pleural procedures (British Thoracic Society)	Yes	No
Cardiac arrest (National Cardiac Arrest Audit)	Yes	Yes
Severe sepsis and septic shock (College of Emergency Medicine)	Yes	Yes
Adult critical care (ICNARC Case Mix Programme)	Yes	Yes
Potential donor audit (NHS Blood & Transplant)	Yes	Yes
Seizure Management (National Audit of Seizure Management)	Yes	No
Long term conditions		
Diabetes (National Diabetes Audit)	Yes	No
Heavy menstrual bleeding (RCOG National Audit of HMB)	Yes	Yes
Chronic pain (National Pain Audit)	Yes	Yes
Ulcerative colitis and crohn's disease (National IBD Audit)	Yes	Yes
Parkinson's disease (National Parkinson's Audit)	Yes	Yes
COPD (British Thoracic Society/European Audit)	Yes	Yes
Adult asthma (British Thoracic Society)	Yes	No
Bronchiectasis (British Thoracic Society)	Yes	No
Elective procedures		
Hip, knee and ankle replacements (National Joint Registry)	Yes	Yes
Elective surgery (National PROMs Programme)	Yes	Yes
Cardiothoracic transplantation (NHSBT UK Transplant Registry)	No	N/A
Liver transplantation (NHSBT UK Transplant Registry)	No	N/A
Coronary angioplasty (NICOR Adult cardiac interventions audit)	Yes	Yes
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	Yes	Yes
Carotid interventions (Carotid Intervention Audit)	Yes	Yes
CABG and valvular surgery (Adult cardiac surgery audit)	Yes	Yes
Cardiovascular disease		
Acute Myocardial Infarction & other ACS (MINAP)	Yes	Yes
Heart failure (Heart Failure Audit)	Yes	Yes
Acute stroke (SINAP)	Yes	No
Cardiac Arrhythmia (Cardiac Rhythm Management Audit)	Yes	Yes
Renal disease		
Renal replacement therapy (Renal Registry)	Yes	Yes
Renal transplantation (NHSBT UK Transplant Registry)	Yes	Yes
Cancer		
Lung cancer (National Lung Cancer Audit)	Yes	Yes
Bowel cancer (National Bowel Cancer Audit Programme)	Yes	Yes
Head & neck cancer (DAHNO)	Yes	Yes

Oesophago-gastric cancer (National O-G Cancer Audit)	Yes	Yes
Trauma		
Hip fracture (National Hip Fracture Database)	Yes	Yes
Severe trauma (Trauma Audit & Research Network)	Yes	No
Psychological conditions		
Prescribing in mental health services (POMH)	No	N/A
National Audit of Schizophrenia (NAS)	No	N/A
Blood transfusion		
Bedside transfusion (Comparative Audit of Blood Transfusion)	Yes	Yes
Medical use of blood (Comparative Audit of Blood Transfusion)	Yes	Yes
Health promotion		
Risk factors (National Health Promotion in Hospitals Audit)	Yes	Yes*
End of life care		
Care of dying in hospital (NCDAH)	Yes	Yes*
National Confidential Enquires		
Perinatal mortality (formerly CEMACH)	Yes	Yes
Patient Outcome and Death (NCEPOD) - Cardiac Arrest Procedures	Yes	Yes
Patient Outcome and Death (NCEPOD) - Peri-operative Care	Yes	Yes
Patient Outcome and Death (NCEPOD) - Surgery in Children	Yes	Yes
Suicide and Homicide by People with Mental Illness	Yes	N/A

* Organisational aspects only

Of those national audits that the Trust did not participate in, the reasons/details of future participation are outlined below:

- British Thoracic Society audit programme – participation agreed for 2012/13, data entry for a number of audits is already underway.
- Seizure Management (National Audit of Seizure Management) – there are no indications that this national study has taken place and it is not part of the mandatory National Clinical Audit and Patient Outcome Programme.
- Severe trauma (Trauma Audit and Research Network) – participation for 2012/13 has been agreed as part of the Trust's designation as a Trauma Unit.
- National Diabetes Audit – limited resources within the Diabetes Team have meant that the Trust has not participated. A way forward to enable future participation is under discussion.
- Acute stroke (SINAP) – the Avon, Gloucester, Wiltshire and Somerset Stroke Clinical Reference Group took a decision not to participate in the SINAP programme, instead focusing on developing its own local dataset (including a number of key clinical indicators not included in SINAP). The Trust has agreed to become a pilot site in 2012 for the Stroke Sentinel National Audit Programme (SSNAP)

The national clinical audits and national confidential enquiries that University Hospitals Bristol NHS Foundation Trust participated in, and for which data collection was completed during 2011/12 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 5

Title of audit	% Cases Submitted
Peri and Neonatal	
Neonatal intensive and special care (NNAP)	100% (703/703)
Children	
Paediatric asthma (British Thoracic Society)	100% (14/14)
Pain management (College of Emergency Medicine)	100% (50/50)
Childhood epilepsy (RCPCH National Childhood Epilepsy Audit)	100% (60/60)
Paediatric intensive care (PICANet)	100% (686/686)
Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)	100% (614/614)
Diabetes (RCPCH National Paediatric Diabetes Audit)	100% (379/379)
Acute care	
Cardiac arrest (National Cardiac Arrest Audit)	60*
Severe sepsis and septic shock (College of Emergency Medicine)	100% (30/30)
Adult critical care (ICNARC Case Mix Programme)	
Potential donor audit (NHS Blood & Transplant)	100% (8/8)
Long term conditions	
Heavy menstrual bleeding (RCOG National Audit of HMB)	36% (64/180)
Ulcerative colitis and crohn's disease (National IBD Audit)	100% (40/40)
Parkinson's disease (National Parkinson's Audit)	100% (20/20)
COPD (British Thoracic Society/European Audit)	100% (25/25)
Elective procedures	
Hip, knee and ankle replacements (National Joint Registry)	30*
Elective surgery (National PROMs Programme)	74% (92/124)***
Coronary angioplasty (NICOR Adult cardiac interventions audit)	100% (1089/1089)
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	100% (120/120)
Carotid interventions (Carotid Intervention Audit)	100% (43/43)
CABG and valvular surgery (Adult cardiac surgery audit)	100% (1496/1496)
Cardiovascular disease	
Acute Myocardial Infarction and other ACS (MINAP)	866*
Heart failure (Heart Failure Audit)	157% (379/240)**
Cardiac Arrhythmia (Cardiac Rhythm Management Audit)	100% (312/312)
Renal disease	
Renal replacement therapy (Renal Registry)	100% (60/60)
Renal transplantation (NHSBT UK Transplant Registry)	100% (12/12)
Cancer	
Lung cancer (National Lung Cancer Audit)	94% (169/180)
Bowel cancer (National Bowel Cancer Audit Programme)	91% (167/182)
Head & neck cancer (DAHNO)	52*
Trauma	
Hip fracture (National Hip Fracture Database)	100% (347/347)
Blood transfusion	
Bedside transfusion (National Comparative Audit of Blood Transfusion)	100% (80/80)
Medical use of blood (National Comparative Audit of Blood Transfusion)	100% (40/40)
National Confidential Enquires	
Perinatal mortality (CEMACH)	
Patient Outcome and Death - Cardiac Arrest Procedures	100% (4/4)
Patient Outcome and Death - Peri-operative Care	100% (6/6)
Patient Outcome and Death - Surgery in Children	38% (8/21)

* unable to establish baseline from HES data
** only 20 cases required per month according to the terms of the audit
*** provisional six month data (April - September) supplied by the NHS Information Centre

The reports of ten national clinical audits were reviewed by the provider in 2011/12 and University Hospital Bristol NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National cancer audits

- The Somerset Cancer Register has recently been upgraded. The new version provides clearer indications of where to enter data and better reporting tools for monitoring and improving data quality. Guidance for inputting data (including outlining key mandatory fields) is in development.
- A demonstration on good practice in data entry by the Somerset Cancer Register team is planned for the Lung SSG (Site Specific Group) in 2012.
- The results of national audits will continue to be included within the national 'peer review process'; actions will be agreed within specific cancer group annual reports.

National Sentinel Audit of Stroke

- Continuous monthly audits have been instigated. These have demonstrated improvement across all 12 key indicators.
- The Trust has agreed to become a pilot site for the Stroke Sentinel National Audit Programme (SSNAP)

Neonatal intensive and special care (NNAP)

- A standard pathway regarding breast feeding for premature babies being transferred from NICU to Ward 76 is to be developed. The process of support during breast feeding will be examined further.

National Cardiac Arrest Audit (NCCA)

- Having not participated previously, the Trust will be using this data to help understand and benchmark current practice. Results/reports will be reviewed on a quarterly basis by the Trust's Transfusion Group.

Potential donor audit (NHS Blood & Transplant)

- Increased donor activity over the year has been acknowledged by the NHSBT who have re-categorised the Trust as a Level 1 hospital.
- The Trust aims to continue to achieve 100% identification and referral of all potential organ donors.
- An update of Trust documentation is planned, including the creation of hospital policy to incorporate NICE guidance.
- The introduction of a collaborative approach for consent for Donation after Circulatory Death (DCD) will be explored.
- Helping to ensuring that organ/tissue donation is offered to every family as part of their end of life care will continue through educational programmes. Teaching sessions for new doctors at the beginning of their rotations will be established.
- The presence of a Senior Nurse for Organ Donation will be established on Cardiac Intensive Care Unit.

National Hip Fracture Database

- During 2011/12, a specialist hip fracture nurse was appointed to streamline processes, improve patient care and improve data quality. Working closely with the Clinical Lead, this is a major development and is crucial to improving the service provided.
- Indicators around the proportion of hip fracture patients operated on within 36 hours, seen by an orthogeriatrician within 72 hours and achieving Best Practice Tariff continue to be monitored on a quarterly basis and reported as part of the Trust Board quality dashboard.

National Falls and Bone Health Audit

- A combined risk assessment, including cognitive function, has been introduced.
- Further amendments to the hip fracture clerking proforma are in progress.

National comparative re-audit of platelet transfusion

- Minor amendment to local guidelines will be made to explicitly specify that a platelet transfusion is not required routinely prior to bone marrow aspiration and biopsy; or as routine prophylaxis in stable patients with long term bone marrow failure.

The reports of 153 local clinical audits were reviewed by University Hospital Bristol NHS Foundation Trust in 2011/12; summary outcomes and actions reports were reviewed on a quarterly basis by the Clinical Audit Group. Summary details of the changes and benefits of these projects will be published within the 2011/12 Annual Report. This will be publically available via the Trust website in July 2012.

3. Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by University Hospitals Bristol in the period 1 April 2010 to 31 March 2012 that were recruited during that period to participate in research approved by a research ethics committee was 8,846.

4. CQUIN framework (Commissioning for Quality and Innovation)

The amount of potential income in 2011/12 for quality improvement and innovation goals was £5.677 million, based on 2011/12 actual outturn (forecast). It is forecast that associated payment in 2011/12 will be in the order of £3.363 million (subject to finalisation of outturn). The final position has yet to be validated by commissioners (as of May 2012).

An explanation of the factors contributing to the failure to earn all of the potential CQUIN rewards is provided at the end of this section. A proportion of University Hospitals Bristol Foundation Trust's income in 2011/12 was conditional upon achieving quality improvement and innovation goals agreed between University Hospitals Bristol Foundation Trust and any person or body they entered into a contract, agreement or

arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. The delivery of the CQUINs is overseen by the Trust's Clinical Quality Group. Further details of the agreed goals for 2011/12 and 2012/13 are available electronically at http://www.uhbristol.nhs.uk/about-us/how-we-are-doing/ .

The CQUIN goals were chosen to reflect both national and local priorities. Eighteen goals were agreed, including two nationally specified goals - Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE), and Improve responsiveness to personal needs of patients. The Trust has achieved nine of the eighteen goals in full and three in part, as follows:

- VTE risk assessment
- Delivery of learning disabilities action plan
- Implementation of the end of life care tool
- Increase in the proportion of spontaneous vaginal deliveries
- Reduction in medication errors
- Reduction in Neonatal CONS (coagulase negative staphylococcal) infections
- Improved targeting of clotting factor prophylaxis for patients with severe Haemophilia
- Reduced lengths of stay for patients undergoing two key procedures in Thoracic Surgery
- Smoking cessation – referrals to cessation service
- Improved patient experience (part – reduced noise at night and assistance at mealtimes – local goals)
- Improved outcomes for patients with dementia (part – mandatory training)
- Improved outcomes for patients with falls (part – falls assessments)

CQUINs which are not expected to be achieved include GP discharge summaries, improved cancer pathway efficiency and recording of cancer patient outcomes on databases, nutritional assessments, and improved utilisation of patient transport services, and a reduction in hospital acquired pressure ulcers.

A new electronic system for discharge letters was rolled out across the Trust during 2010/11, with work continuing to embed it in 2011/12; however, experience from other providers has shown that such systems can take a number of years to become fully embedded. Whilst there was sustained progress during 2011/12, performance did not meet the level required to achieve the CQUIN. Our cancer related CQUINs were linked primarily to improvements in recording and whilst some progress was made during the year it did not meet the level required. Two of the indicators remain in place for 2012/13 including time to receiving antibiotics for patients with neutropenic fever and database recording compliance.

There has been an on-going concerted effort across the Trust to improve the nutritional care for patients. This has included a strong focus on the CQUIN with the number of patients receiving a nutritional assessment increasing significantly as the year has progressed. The CQUIN for 2011/12 was not quite achieved and will remain in place in 2012/13. The patient transport services CQUIN was always known to be challenging to deliver: the Trust had raised concerns about the likelihood of full delivery of this CQUIN at the outset as it did not have full confidence in the integrity of the booking data held

outside our organisation, or the way that activity is allocated to hospital Trusts. Performance did not reach the required levels to achieve the CQUIN despite measures implemented across the Trust to reduce the levels of aborted PTS journeys. There has been an improved awareness in the Trust regarding pressure ulcers, due in part to the *Being the Best* programme and the introduction of detailed processes for assurance over the accuracy of pressure ulcer data. As a result of this improved reporting, a reduction on 2010/11 pressure ulcer rates was achieved, but the CQUIN threshold was not met. This remains an area of focus for the Trust, and forms part of the NHS Safety Thermometer national CQUIN in 2012/13.

(Also see page 33 for information regarding the national Patient Experience CQUIN).

5. Care Quality Commission registration and reviews

University Hospitals Bristol NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'registered without compliance conditions'. The CQC has taken enforcement action against University Hospitals Bristol in 2011/12 in respect of Outcome 5 (Meeting nutritional needs).

The Trust received a Dignity and Nutrition Inspection from the CQC on 5 May 2011. The Trust was found to be Compliant with Outcome 1 (Respecting and involving people who use services), however the CQC's judgement was that there were 'Moderate Concerns' in relation to Outcome 5 (Meeting nutritional needs). Details of the CQC's concerns and actions taken by the Trust can be found on page 20 of this report. The Trust declared compliance to the CQC on 6 October 2011 and this position was subsequently supported by the CQC following a further inspection on 13 December 2011.

During the year 2011/12, the Trust was in the position of being self-declared as non-compliant with the following CQC Outcomes: 7 (Safeguarding people who use services from abuse), 11 (Safety, availability and suitability of equipment), 14 (Supporting staff) and 21 (Records).

The Trust declared non-compliance with Outcome 7 on 13 April 2011 because we recognised the need to improve the proportion of staff who had received appropriate levels of safeguarding training. We declared compliance to the CQC on 8 November 2011 having achieved our target of 80% compliance with all levels of training for safeguarding adults and child protection.

We declared non-compliance with Outcome 11 on 13 April 2011 in response to concerns we identified around equipment maintenance records and recorded staff training competencies. Concerns were addressed and we subsequently declared compliance on 21 December 2011.

We declared non-compliance with Outcome 14 at the point of registration with the CQC and although the reasons for this were addressed, we continued to declare non-compliance in 2011/12 to reflect our position on safeguarding training and also because we were not meeting our internal target for staff appraisal (at any time, 80% of staff

should have had an appraisal within the previous 12 months). We declared compliance to the CQC on 8 November 2011 having achieved our targets.

We declared non-compliance with Outcome 21 at the point of registration with the CQC and although the reasons for this were addressed, we continued to declare non-compliance in 2011/12 because of concerns about the quality of clinical record keeping identified by the CQC and internally through audits. We declared compliance to the CQC on 21 December 2011 having implemented our recovery plan.

On 18, 19 and 27 May 2011, the CQC made planned visits to the Trust as part of a responsive review of histopathology services. The CQC found that the Trust was meeting all the essential standards of quality and safety they reviewed. Further detail can be found in the Patient Safety section of this report.

On 20 March 2012, a CQC inspection team carried out an unannounced inspection in relation to the Abortion Act. At the time of writing (April 2012), the CQC's report is awaited.

On 28 March 2012, the CQC carried out a planned registration inspection prior to the opening of the new South Bristol Community Hospital and the closure of the Bristol General Hospital. Clinical services subsequently commenced on 30 March 2011 following CQC approval.

The Trust has yet to receive a CQC Planned Review (now known as a Scheduled Inspection).

During 2011/12, the Trust received one Outlier Alert from the CQC. Outlier Alerts are triggered when data received by the CQC suggests that a healthcare provider's clinical performance (typically mortality or complication rates following surgery) is found to be significantly different to that of other providers. An Alert does not draw conclusions – it is a prompt for the provider to make further investigations. On 4 August 2011, we received a maternity outlier alert for 'puerperal sepsis and other puerperal infections within 42 days of delivery'. On 31 August 2011, the Trust formally responded to the CQC advising that we had undertaken a detailed case note review of 30 women with a diagnosis of 'pyrexia of unknown origin following delivery', as per recommendations made by the CQC. An action plan was agreed with the CQC and implemented. Ongoing clinical quality performance across a range of indicators is monitored by the Trust's Quality Intelligence Group.

6. Data quality

University Hospitals Bristol NHS Foundation Trust is taking the following actions to improve data quality:

- Following an internal audit of data quality in 2010/11, in 2011/12 the Trust developed a new Data Quality Assurance Programme and Strategy.
- The Data Quality Assurance Programme involves a number of regular data quality checks and audits throughout the year including checking against

patient notes. This takes place across the Trust and follows up all issues with data quality and reports these to the Trust's Information Governance Management Group

University Hospitals Bristol NHS Foundation Trust submitted records during 2011/12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.2% for admitted patient care;
- 99.7% for outpatient care; and
- 95.6% for accident and emergency care. (Improved scores on 2010/11 for all areas)

The percentage of records in the published data which included the patient's valid General Practice code was:

- 100% for admitted patient care;
- 100% for outpatient care; and
- 100% for accident and emergency care.

(This is the first time the Trust has achieved 100% in all areas)

Data source: NHS Information Centre, SUS Data Quality Dashboard, April 2011 – February 2012 as at Month 11 inclusion date.

UH Bristol's Information Governance Assessment Report score for 2011/12 was 69% with one requirement achieving level 3 (the highest level). The score was 65% in 2010/11. The Trust has run an extensive training programme in Information Governance which has included face-to-face sessions, an Information Governance booklet distributed to all staff and on-line training.

UH Bristol was subject to a Payment by Results clinical coding audit during the reporting period 2011/12 arranged by the Audit Commission. This external audit reviewed 200 sets of notes: 100 from General Medicine and a further 100 from a variety of specialties. The error rates reported were:

- Primary procedures coded incorrectly: 7%
- Primary diagnoses coded incorrectly: 14%

As this was a very small sample it is not possible to extrapolate from these findings to draw wider conclusions.

UH Bristol also commissioned an external company to provide an Information Governance Clinical Coding audit of 200 Finished Consultant Episodes. The audit focused on three areas of surgery: General surgery, Trauma and Orthopaedics and Paediatric surgery.

- Primary procedures coded incorrectly: 8%
- Primary diagnoses coded incorrectly: 10%

Appendix B to Quality Report – Additional information

Extended narrative about national access targets

18 weeks Referral to Treatment (RTT)
The Trust achieved an 18-week referral to treatment time (RTT) for over 90% of admitted patients and 95% of patients not requiring an admission as part of their treatment, in every month in 2011/12. In addition, the Trust achieved the 95th percentile standards of 23 weeks and 18 weeks for admitted and non-admitted pathways respectively. In so doing, the Trust met the 18-week RTT standard in Monitor's 2011/12 Compliance Framework.

A&E 4-hour maximum wait
The Trust achieved the four-hour maximum wait from arrival in an Emergency Department to discharge, admissions or transfer, for over 95% of patients during the year, but failed to achieve the standard in the fourth quarter of the year. The reason for the failure to achieve the 95% standard was primarily due to a lack of ward beds to admit emergency patients to. There was a significant increase in length of stay for emergency medical patients within the Bristol Royal Infirmary during Quarter 4, with an increase in delayed discharges (i.e. patients medically fit for discharge but needing support services, such as a care package, or placement in a residential home). There was also a significant increase in the number of over 75 year olds attending the Bristol Royal Infirmary Emergency Department during quarter 4, alongside an increase in the number of diagnostic investigations required. Further analysis is being undertaken to understand whether this apparent increase in the patient acuity resulted in longer lengths of stay and a worsening of bed availability. A better understanding of these new patterns of demand for beds, combined with an ability to forecast further changes, will help to ensure the 4-hour wait can be consistently achieved in the future.

Levels of *norovirus* within the community remained a challenge for the Trust, with wards having to be closed during two periods in the last quarter of the year, during which the 95% standard failed to be achieved. The Trust's improvement plans for 2012/13 will continue to focus on enhancements to emergency care pathways to reduce admissions and lengths of stay, and ways of improving the Trust's responsiveness to meet fluctuations in levels of emergency demand. Work is also continuing on the A&E quality of care indicators, and to understand what improvements need to be made to best serve our patients' needs.

Cancer
Further improvements were made in performance against the national cancer standards in 2011/12, building on the improvement work undertaken in the previous year. Across the year as a whole, every standard was achieved. The standards were also achieved in each quarter of the year, with the exception of Quarter 2, when the 62-day screening standard failed to be met. During the second quarter of the year there was a change to clinical practice within the breast cancer pathway. This involved patients undergoing a separate biopsy procedure. The change in practice was introduced to allow the type of treatment the patient needs to have to be more accurately defined and planned. However, this change also meant an increased demand for theatre slots and

requirement for the clinical team to accommodate the biopsy procedure within a short space of time. As a result, three patients who would otherwise have been treated within the 62 day standard breached the national target. The 90% standard would have been achieved in Quarter 2 had these additional breaches not been incurred.

A significant improvement in performance was achieved against the two-week wait standard for symptomatic breast patients. During 2010/11, which was the first full year of this standard's introduction, the Trust initially struggled to consistently meet this standard. This was mainly due to the difficulties posed by having a relatively small team of consultants that provide this service. However, following a review of service capacity and subsequent changes to service provision, the two-week wait standard was routinely met in the latter part of 2010/11. Through the daily review of service capacity and demand, these improvements in performance were sustained in 2011/12, and the national standard was achieved, with a good margin, every quarter.

To consolidate the achievements against the cancer standards, the Trust will continue to carry-out quarterly reviews of the reasons why the cancer standards were not met for individual patients. This will inform the quarterly improvement plans. Being a specialist provider of cancer treatment, the Trust receives many complex cases each year. These patients are often managed across a number of providers (hospitals and other facilities) and may require more tests to diagnose and treat their cancer, which can introduce delays. The Trust will therefore continue to focus on ways of minimising delays to cancer patient pathways which are within the control of the Trust, to ensure the cancer waiting times standards continue to be met despite the inevitable challenges that our patient group brings.

Cancelled operations

During 2011/12, the Trust cancelled 0.9% of operations on the day of the procedure for non-clinical reasons. This represents a significant improvement on 2010/11 when 1.3% of operations were cancelled on the day. At the end of the second quarter of the year, the Trust received a performance notice from NHS Bristol. A remedial action plan was agreed in response, with a target trajectory for improvements in performance. The actions taken included the establishment of a robust process for escalating potential cancellations of surgery to the Divisional Management teams, and regular reviews of the viability of the planned theatre lists.

The escalation process proved to be very effective in reducing the levels of cancellations by supporting bed managers and theatre staff in finding ways of avoiding the cancellation. This, in conjunction with the ongoing work to improve bed availability within the Bristol Royal Infirmary, helped the Trust to achieve the agreed improvement trajectory for reducing cancelled operations, in full. The 0.8% national standard was achieved in March 2012 as planned, despite the challenges posed by the pressures of emergency admissions during a busy Quarter 4. There will be a continued focus on reducing levels of cancelled operations in 2012/13, to ensure improvements are sustained against this important indicator of both patient experience and service efficiency.

Being able to readmit patients with 28 days of their operation being cancelled is very dependent upon the level of cancellation of operations at any point in time. In line with

the reduction in the number of cancelled operations, the Trust's performance against the 28 day readmission standard improved to 93.3% during 2011/12. However, this was still just short of the national standard of 95%. In 2012/13 there will be further focus on the close management of 28 day readmissions to try to ensure the 95% standard is achieved.

Other standards
Performance against the Call to Balloon times 150 minute reperfusion standard improved during 2011/12 compared with performance in 2010/11. The Call to Balloon time measures the time from the call for professional help for a suspected heart attack, through to the time when the reperfusion treatment commences (i.e. balloon inflation in the blood vessel). Although there was an improvement in performance in 2011/12, the 90% national standard wasn't achieved. Two thirds of the breaches of standard occurred out of hours (i.e. either overnight or at the weekend). Often, the delay in carrying out the procedure was due to another patient already being in the catheter laboratory having a reperfusion procedure. Also, in a significant proportion of cases the reason for the procedure not being carried out within 150 minutes was clinical (e.g. complex case, electrocardiograph (ECG) recorded in the ambulance was non diagnostic, or the patient was having a cardiac arrest). Despite not achieving the standard for the overall Call to Balloon times, the 90 minute standard for Door to Balloon times (i.e. arrival of the patient in the Bristol Heart Institute through to balloon inflation) was achieved, which shows that the internal waiting times were meeting the national standard.

In 2011/12 there was a slight deterioration in performance in the percentage of mothers initiating breast feeding. In 2012/13 there will be a continued focus within the service to encourage mothers to breast feed. But it is recognised that breast feeding rates are highly dependent on patient choice. Further details of performance against the other national standards can be found elsewhere in the Quality Report. This includes the Stroke and the VTE Risk assessment standards, which can be found in the Clinical Effectiveness and Patient Safety sections of this report respectively. Further information on the Trust's improvements in performance against the MRSA (*Methicillin Resistant Staphylococcus Aureus*) bacteraemias and *C. diff* (*Clostridium difficile)* infections targets can also be found in the Patient Safety section.

Board engagement with Quality

Each month, the Trust Board receives a comprehensive report describing the quality of patient services. This report begins with a patient's story, some months describing where things have gone well, but on other occasions highlighting aspects of care where we have let patients down. The focus is always on organisational learning and the report acts as a reminder to the Board of whom the Trust exists to serve. Randomly selected patient comment cards are also displayed at every public Board meeting.

The monthly Board quality report includes a detailed Quality Dashboard covering the three core dimensions of Quality. If performance fails to meet agreed targets, exception reports describe the relevant issues and the steps being taken by management to recover the position. The dashboard continues to be a key tool for the Board to

understand, scrutinise and challenge the quality of service provision and as such supports compliance with Monitor's Quality Governance Framework. During 2011/12, the Trust has developed equivalent quality dashboards at the level of our clinical Divisions, enabling Divisions to track performance against their own annual quality objectives[22].

At the beginning of 2011/12, following a technical review of Corporate Governance which was reported in last year's Quality Report, a new Quality and Outcomes Committee of the Board was established. This Non-Executive Committee focuses on significant quality themes which emerge during the year, providing in-depth scrutiny to support the Board to discharge its responsibilities for Quality. In recent months, the Quality and Outcomes Committee has, for example, reviewed detailed reports on: the experience of patients attending Outpatient services; serious reported incidents; 30 day post-emergency discharge readmissions to hospital; falls; pressure ulcers; stroke services; and dementia care.

[22] Corporate and Divisional quality objectives are developed jointly as part of annual Operating Plans. Divisions are given broad guidance by the Trust (for example, prior commitments made in the Trust's Quality Strategy; national quality ambitions described in the NHS Outcomes Framework; topics which our patients and governors have asked us to prioritise, etc) and a shared model for developing SMART objectives, but otherwise have freedom to set objectives which are the most meaningful for their patients. The discussion between Divisions and the Trust is two-way, so that common themes identified by Divisions may also be elevated to become corporate objectives. This year, the inclusion of objectives for enhanced recovery and risk assessment of patients with specific needs are examples of this.

Appendix C to Quality Report – Assurance statements from 'third parties'

Statement from the Membership Council of the University Hospitals Bristol NHS Foundation Trust

The Membership Council welcomes the opportunity to make comment on the Trust's Quality Report. The content is the result of extensive consultation, auditing and assurance processes under the leadership of the Chief Nurse and the Medical Director. It demonstrates the Trust's commitment to public accountability in pursuit of the achievement of the highest standards of care in patient safety, patient experience and clinical effectiveness for all users of its services.

During the year, the Trust has established a Quality and Outcomes Committee of non-executive directors to drive strategic quality assurance and improvement, a move that the Membership Council feels will enhance the objective of putting quality at the heart of everything the Trust does. The Trust also runs a set of care improvement programmes such as The Quality in Care Tool, Transforming Care (which is also a cost improvement programme) and "Being the Best". We are impressed by the Trust's determined and proactive approach to quality improvement at a time when financial pressures are high.

Governor involvement during 2011/12:
The Trust's Membership Council (Council of Governors) has received regular reports from its governor working groups. One of these, the Quality Working Group meets every two months to progress issues placed before it by the Trust's membership, patient and carer representative groups, the Trust Board and Executives and the public. Input from this working group is one of the main drivers for improvement and change when holding the Trust Board to account for its quality of care agenda. The governor group represents various constituency groups of members and has the full support of the Trust in facilitating access to service users at outpatient surgeries, attendance at executive walk rounds, presence on peer review teams and participation in P. E. A. T. (Patient Environment Action Team) NHS annual national surveys. Governors also exercise a level of scrutiny at Public Trust Board meetings where they attend as observers but are able to comment and question with the permission of the chair.

Format and Readability:
The Governors' Quality Working Group reviewed last year's report and recommended that it should be produced in the same format to achieve consistency and aid comparisons.

Comment on progress with the quality objectives in the Quality Report

Patient Safety:
It is essential that the Trust is committed to learning from mistakes and that it has a policy of openness and honesty with patients and their families when things go wrong.

We share the disappointment on failure to meet all the targets specified as part of the **NHS South West Quality and Safety programme** but note that a plan to achieve the objectives by 2014 is being put in place.

Hospital acquired Thrombosis prevention has been subject of sustained effort in our Trust for a number of years. We note the significant progress made with achievement of the inpatient V.T.E. assessment target being exceeded and the setting up of an audit to accurately assess the rate of hospital acquired thrombosis.

There were mixed results from the objective of reducing **inpatient falls** with the overall objective achieved but a substantial increase in quarter 4 of falls in 65+ year old patients. The last quarter of the year has also shown up quality issues in other areas of patient safety compliance and we are asking the Trust about its position on bed availability pressures, staffing levels and budgetary controls. A similar situation exists with the objective of reduction in the incidence of **hospital acquired pressure ulcers** where the Trust failed to meet its target. We know that the Trust has responded with initiatives such as intentional rounding, "Being the Best", improved assessment processes and awareness training and we will be monitoring progress and resourcing.

The governor groups have had considerable involvement in issues resulting from criticism of the Trust's **histopathology service** and the subsequent Independent Inquiry. We have monitored progress on the Inquiry recommendations and are satisfied with the progress so far which has been based on an action plan shared with our histopathology service partners at North Bristol NHS Trust. We hope for full integration of services in 2013. During the year, the Care Quality Commission gave their approval to the service improvements and the Trust invited the Inquiry panel back to review progress which again resulted in encouraging feedback.

The Trust has achieved its targets in the maintenance of the lowest ever levels of **hospital acquired infections in the Trust.** The Membership Council congratulates the Infection Control Team for their results in this discipline.

We have been encouraged by the steady progress the Trust has made in meeting **the nutritional needs of patients.** The Care Quality Commission has been monitoring the Trust's position in relation to Outcome 5 of the standard on a regular basis and there has been gradual but sustained improvement with good audit scores on protected mealtimes, nutritional screening, and recording systems. Coupled with this is the patient experience of help at mealtimes and it is encouraging to see the progress made in achieving the CQUIN target agreed with commissioners for mealtime assistance and to note a move towards a better co-ordinated approach to using trained volunteers.

We note that there have been delays in implementing **National Patient Safety Agency** alerts although actions are pending for compliance by August 2012. It is noted that the number of patient safety issues reported by the Trust has increased in part due to an increase in Grade 4 pressure ulcers.

Patient Experience:
Our Trust has a comprehensive system for gathering **patient and carer feedback** which includes focus groups, surveys, comments cards and "mystery shopping". The Governors have a contributed to real time feedback in outpatient areas by interviewing outpatients while they wait and passing on their significant findings to clinic managers. The Trust has run a special project to improve communication with **carers** with particular emphasis on those who look after patients with Dementia and this is a particularly welcome initiative.

Another welcome patient environment initiative is a project to **reduce night time noise in wards.** The Trust achieved its target reduction as agreed with the commissioners with the staff very much engaged in silencing measures. It is good to note that this work will continue in the coming year's programme.

Governors have noted the importance of comprehensive and accurate information for service users so the revision of the **ward based patient information booklet** and its introduction in the coming year is reassuring. Coupled with this we see that the concerns that governors and service users have raised in relation to staff communication attitudes or **"customer care"** has led to a Trust-wide training programme entitled *Living the Values* specifically based on the Trust value of Respecting Everyone.

The governors are able to draw on their experiences of contact with patients and relatives and can confirm that they usually indicate a high level of satisfaction with the care received and overall there was a decrease in the number of complaints. There are still issues relating to administration and efficiency in such areas as waiting time in outpatients, cancelled appointments and communication failures. We hope that the **Productive Outpatient Project** will address these failures.

The NHS is undergoing a period of dramatic change. Many of the changes impact on the staff through alterations in ways of working and improving efficiency at the same time as pushing to improve the quality of care. The Governors' Quality Working Group recognises the importance of **staff engagement** in this process and have, through the Membership Council, asked the Trust to concentrate on devising processes and systems which help to make their jobs easier. An example has been the drive to standardise and reduce paperwork systems. It is worth noting that the Non-Executive Directors of the Trust have asked that an objective of **improving the well-being of staff** be added to the coming year's list.

Clinical Effectiveness:
Overall, we find that the Trust has been successful in meeting its chosen objectives for the year. There is encouraging data for one year survival rates in **colorectal, breast and lung cancer** patients being better than the national average and there have been significant improvements in meeting waiting time targets. We did not achieve our stretch target of 90% of **stroke patients** spending 90% of their time on a stroke unit but we do have one of the best stroke mortality rates, placing us in the top five Trusts.
The drive towards **increasing the proportion of vaginal births** as opposed to Caesarean section has been motivated by the need to reduce adverse incidents, facilitate better health outcomes and consequently, reduced length of stay in hospital. We note that the Trust achieved its Commissioning for Quality and Innovation target for the year.

A great deal of effort has been channelled into improvements in **dementia care** as this area of medicine is going to face increasing demand in the years to come. We are aware that there are national priorities in dementia care so the Trust should be well placed to deal with future challenges. The **Hospital Standardised Mortality Ratio** is used as a general guide to clinical effectiveness and safety in healthcare and we are pleased to see that the Trust's ratio is consistently below national average.

Performance against national priorities:
There is a good record of achievement here with most waiting time targets being met during the year. This is somewhat overshadowed by the fourth quarter of the year when the emergency four hour target was exceeded together with other quality measures such as incidence of inpatient falls and pressure ulcers. We know that this quarter carries an annual risk of underachievement in some standards due to ward closures, staff sickness and a higher level of activity. We make the comment that there should be greater attention paid to planning for this period of the year to ensure that it is sufficiently resourced and that we should not take the view that it is a problem for all Trusts and therefore acceptable.

Summary

We commend this report for its transparency and thoroughness and believe that it is an accurate representation of the Trust's position on quality issues. We think that substantial progress has been achieved during the year but would like to see more attention paid to demand management in the fourth quarter in the year to come. We recognise that managing demand depends to some extent on our healthcare partners providing the infrastructure to enable us to achieve our targets and this is especially the case with patients waiting to be discharged to community healthcare providers.

17 May 2012

Statement from Bristol Local Involvement Network

Bristol LINk welcomes the opportunity to comment on the draft Quality Report prepared by University Hospital Bristol. The LINk notes with satisfaction the record of progress being made by University Hospitals Bristol in to seeking to provide a clean, safe and recuperative environment for patients. Bristol LINk also acknowledges a positive and constructive working relationship between the LINk and the Trust, and also the willingness of the Trust to discuss issues raised by LINk's participants, as illustrated by the LINk's work plan.

With regards to the overall tone of the Trust's Quality Report, LINk congratulates the Trust on the openness and honesty of the Report, as reflected also in the discussions about the Quality Report, which have already taken place. Improvements have clearly been made and recorded, for example in infection control, but the areas where the Trust considers they have not been so successful are equally detailed, including the identification of future strategies to improve performance in those areas.

The issues that have concerned the LINk over the past year are mainly falls, dementia, stroke services, infection control, and nutrition and hydration.

The incidences of falls by patients while in hospital, particularly involving elderly patients is an issue, which is of considerable concern to both the Link Acute Hospitals and Older People's Working Groups. Falls in more senior patient can be difficult to control and to anticipate due to frailty, levels of confusion, mental capacity and mobility. Therefore, while the LINk is disappointed that the Trust feels that it did not achieve its target, we are pleased that, in acknowledging this, the Trust has responded by identifying and in some cases already implementing strategies and measures designed to produce better outcomes in the short term and also in the next year. LINk hopes that these measures, such as falls care plans, medication review and 'Intentional Rounding' will also help to improve the prevention of pressure ulcers in this age group of patients. Acknowledging that serious falls can result in significant injury, we note that a dedicated hip fracture nurse has been appointed and we hope that this step will yield at least in part the improvement, for which the Trust is aiming. The LINk is aware that the incidence of pressure ulcers is taken very seriously and that nursing staff are being held to a higher bar of accountability, with ward sisters given overall clinical leadership and reporting to the Chief Nurse in cases where Stage 3 and 4 pressure ulcers have occurred.

Dementia is another area of concern for the LINk, particularly with the number of sufferers projected to increase in the foreseeable future. The LINk takes cognizance of the work currently under way in ensuring staff are trained appropriately in the care of dementia patients, and in collaborating with North Bristol NHS Trust, to ensure that care is consistent across Bristol. With regards to training it would be helpful if the number of staff trained at each level could be given and the program of training for the coming year given the modest nature of level 1 training. In addition, the LINk notes that the Trust takes into consideration the wishes, needs and dignity of dementia patients, while they have the ability to express themselves, as to their future care and treatment. While we note that the Trust meets the standard for accessing the service that specializes in the diagnosis and management of dementia and older people's mental health, LINk considers that the appointment of a dedicated dementia training lead will enhance the future provision of care.

Bristol LINk is pleased that the Trust has established a dedicated stroke unit within the BRI, but notes that they did not achieve their ambition that at least 90% of patients should spend 90% of their time there. LINk hopes that improved and more efficient management of beds will bring about a rapid improvement in achieving this target, although we would not like to see this measure put at risk the safe discharge of patients back into the community.

With respect to the infection control measures now in place within the Trust, LINk Bristol is very pleased to see that the Trust has more than met the targets set for the incidences of both MRSA and C. diff, with an improving result for MSSA. LINk notes that attention has been given to improving training and regular auditing to prioritise hand hygiene. LINk is pleased to note that in response to patients and visitors, improvements are being made to the provision, installation and location of alcohol gel.

In the case of Norovirus, the LINk is aware that outbreaks have an impact on the management of wards, admissions, cancelled operations and finances. With the

likelihood that, as shown by the previous year, this infection shows no signs of diminishing in the near future, we feel that this is something hospital Trusts cannot deal with on their own and more strenuous efforts should made by the appropriate agencies to control it in the community as a supplementary measure.

With regard to nutrition, the issues brought out in the LINk's Nutrition and Hydration Report, submitted in April 2011, were (a) high nutritional standard, particularly to the older patient if they were in danger of malnourishment, (b) the importance of recognizing how important mealtimes are to the care of the patient, (c) offering help to eat where necessary, and (d) making sure that appropriate food was available to the different ethnic communities within the Bristol area. These issues were largely confirmed by the CQC visit in May 2011 and, as a result the Trust produced a plan to improve the nutrition audits on the wards and to ensure that all relevant staff received training to use the nutrition screening tool. The LINk was, therefore, disappointed to learn that, at the subsequent CQC visit in December 2011, it was found that nutritional care plans were still not always completed and the ready availability of religious and cultural menus was still not always communicated to patients. However, note has been taken of the fact that further steps have been taken to improve paperwork and staff awareness, and the LINk hopes that this will result in more satisfactory results.

Finally, LINk would like to comment on a number of issues in addition to those listed above. Firstly there is the issue of the targets in the NHS South West Quality & Safety Improvement Programme, where the Trust have stated that they did not achieve in 2010/11 those targets, i.e. Work Streams in General Wards, Medicines and Clinical Care. These areas are all of potential harm to patients and the LINk hopes that measures that will be in place, with sound leadership and engagement for 2011/12, which will produce the results that the Trust aims for and that this will be reflected in next year's Quality Report. Secondly members of the LINk had the opportunity during a workshop to discuss ways in which the statistical information given in the report could be improved and presented to a lay audience, in particular that when percentages are given absolute numbers should be also given in brackets.

The LINk noted that discharge and planning has not been included in this year's Quality Report. LINk has already commenced work in this area and will be continuing in the coming year and looks forward to commenting on this in next year's Quality Report. Bristol LINk very much appreciated the workshop with University Hospitals Bristol and particularly the information shared and explained further by the Chief Nurse the Assistant Director for Audit and Assurance and the Public Involvement Project Lead.

21 May 2012

Statement from South Gloucestershire Local Involvement Network

South Gloucestershire LINk welcomes the opportunity to comment on the draft Quality Report prepared by University Hospital Bristol. South Gloucestershire LINk notes the record of progress being made by University Hospitals Bristol in to seeking to provide a hygienic, safe and recuperative environment for patients.

South Gloucestershire LINk hope that this coming year will see a stronger relationship built between University Hospitals Bristol and the LINk working group on Health Services.

The LINk noted that discharge and planning has not been included in this year's Quality Report. The Joint Bristol and South Gloucestershire LINk has already commenced work in this area and will be continuing in the coming year and looks forward to commenting on this in next year's Quality Report. South Gloucestershire LINk appreciated the workshop with University Hospitals Bristol and particularly the information shared and explained further by the Chief Nurse, the Assistant Director for Audit and Assurance and the Public Involvement Project Lead.

21 May 2012

Statement from South Gloucestershire Health Scrutiny Select Committee

The Committee was pleased to welcome University Hospitals Bristol's Medical Director, Dr Sean O'Kelly and the Assistant Director for Audit and Assurance, Chris Swonnell to a meeting on 18 April 2012 to present the key themes of the Trust's draft Quality Report for 2011-12. The Trust's full draft Quality Report was emailed to members on 26 April.

After the presentation there was a helpful Question & Answer session. The main topics of discussion were as follows:

- There was a discussion about patient reported support at mealtimes and a feeling that the target of 76 was not that high. In response it was explained that there was clear evidence in national research that subjective patient-reported measures were difficult to achieve. At the time the target was agreed between the Trust and NHS Bristol, the target of 76 was felt to be stretching but achievable, based on the previous year's data. The Select Committee was reassured that as part of focused work on the target, the Trust had introduced a team of volunteers whom provided support at mealtimes.
- The Trust provided some information on its complaints procedure and the Committee was satisfied that there is a robust system in place for addressing complaints. The Trust uses complaints as learning opportunities and it carries out an annual survey of all people who have complained during the year to gauge their satisfaction.
- The Trust was commended on its dementia action plan.
- In relation to recent articles in the national press about patients being discharged from hospital at night, the Trust representatives said that they were not aware of this being an issue at UH Bristol.

- The Trust provided a summary of its performance against last year's objectives, which included a Patient Safety Objective to "Implement the histopathology action plan". The Trust put a 'tick' against this objective and highlighted it as 'green'. The Committee felt that this gave the wrong impression because whilst a lot of work in the Action Plan had been completed, some actions were ongoing. It was suggested, therefore, that it would be more accurate to have some text against the objective explaining this.

In addition to the presentation on 26 April during 2011-12 the Committee undertook a specific piece of scrutiny on the outcome of the Independent Inquiry into Histopathology Services in Bristol and the implementation of the histopathology action plan by UH Bristol and the North Bristol NHS Trust. The item was added to the Committee's work programme following issues raised in a public submission, and the subsequent meeting was carefully planned to ensure that the NHS provided a comprehensive report. The meeting went smoothly and enabled a full and frank exchange of views in a public setting, followed by detailed questioning by members of the Committee. As a result of this in February 2012 the Committee submitted eight recommendations to the hospital Trusts, and agreed to undertake follow up work with the Bristol Health & Adult Social Care Scrutiny Commission, which was already receiving regular reports on the Action Plan. The first meeting with the Bristol Commission took place at the end of April 2012, and it ran smoothly and was well attended. The hospital Trusts provided a detailed response to the Committee's recommendations explained how they were implementing the Action Plan and answered members' questions. A further meeting will be held in a few months' time.

Statement from Bristol City Council Health and Adult Social Care Scrutiny Commission

At its meeting on 16 April 2012, the Scrutiny Commission heard a presentation from UH Bristol officers on the key themes in the draft UH Bristol Quality Report for 2011/12, and proposed objectives for 2012/13. Members subsequently received the full Quality Report document by email.

At the meeting, questions were asked about staff training around patient care and patient experience; the systems in place for dealing with pressure ulcers; and clarification around stroke care. The Commission requested a separate briefing on Stroke Services across Bristol.

Members were in general agreement with the priorities and objectives identified by the Trust and had no specific comments or concerns about the information provided.

Statement from NHS Bristol, North Somerset and South Gloucestershire Primary Care Trust

NHS Bristol, North Somerset and South Gloucestershire have reviewed the NHS University Hospitals Bristol NHS Foundation Trust Quality Report document for 2011–2012 and believes that it provides a fair reflection of the work of the Trust and includes the mandatory elements required.

We have reviewed the data presented and are satisfied that this gives an overall accurate account and analysis of the quality of services. This is in line with the data supplied by University Hospitals Bristol NHS Foundation Trust for 2011/12 which is reviewed as part of their performance under the contract during the year.

We continue to work with the Trust to ensure that patient safety, data accuracy and information governance at all levels remains a key priority.

The account identifies significant progress in relation to:

- The sustained reduction of HCAI; MRSA and clostridium difficile levels
- Achieving all cancer wait targets for 2011-12
- Achieved the 18 week referral to treatment wait times for both admitted and non-admitted patients for every month in 2011-12

We will continue to work closely with University Hospitals Bristol NHS Foundation Trust to implement the joint action plan for Bristol that was produced in December 2010 following the Independent Inquiry into Histopathology Services in Bristol to improve cancer care.

NHS Bristol, North Somerset and South Gloucestershire will continue to work with University Hospitals Bristol NHS Foundation Trust to raise the profile for quality improvement. The ongoing engagement of clinicians close working with primary care will remain crucial in monitoring standards and improving services for local people. The Trust is commended for its ongoing work with the South West Quality and Safety Improvement Programme.

This Quality Report follows the Quality Accounts toolkit framework.

Part 1 Statement on quality from Chief Executive, senior employee, stating document is accurate	Statement, signed by CEO and senior clinical staff provided stating report content is accurate
Part 2 Information Provided on Priorities for improvement	For 2012-13: 17 priorities for improvement defined, have set clear goals and have provided evidence of how these will be monitored and measured
8 Mandatory Quality Measures	Compliant
Review of Services	Compliant: 16 key priorities for 2011/12, and 10 were achieved
Participation in Clinical Audits	Compliant

National Audit	Compliant
Participation in Clinical Research	Compliant
CQUINs (commissioning for quality Improvement scheme)	Compliant
Care Quality Commission	Compliant
Data Quality	Compliant
Information Governance Toolkit	Compliant

Deborah Evans
Chief Executive
NHS Bristol

Date: 14 May 2012

Appendix D to Quality Report – Statement of Directors' Responsibilities

2011/12 STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that Foundation Trust boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:

  Board minutes and papers for the period April 2011 to May 2012;

  Papers relating to Quality reported to the Board over the period April 2011 to May 2012;

  Feedback from the commissioners dated 14/05/2012

  Feedback from governors dated 17/05/2012;

  Feedback from Bristol LINk dated 21/05/2012;

  Feedback from South Gloucestershire LINk dated 21/05/2012;

  The Trust's complaints data as reported to the Board for the period April 2011 to March 2012.

  The 2010 National Inpatient Survey published 24/04/2012;

  The 2010 National Staff Survey published 23/03/2012;

  The Head of Internal Audit's annual opinion over the Trust's control environment dated 22/05/2012;

  Care Quality Commission quality and risk profile dated 02/04/2012;

- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and

- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual)).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

John Savage, Chairman
29 May 2012

Robert Woolley, Chief Executive
29 May 2012

Appendix E to Quality Report – External audit opinion

Independent Assurance Report to the Membership Council of University Hospitals Bristol NHS Foundation Trust on the Annual Quality Report

I have been engaged by the Board of Governors of University Hospitals Bristol NHS Foundation Trust to perform an independent assurance engagement in respect of University Hospitals Bristol NHS Foundation Trust's Quality Report for the year ended 31 March 2012 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter
The indicators for the year ended 31 March 2012 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- MRSA (Methicillin-resistant Staphylococcus aureus)
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

I refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the Directors and auditors
The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").
My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified in *Monitor's Detailed Guidance for External Assurance on Quality Reports 2011/12* ; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

I read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for my report if I became aware of any material omissions.

I read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2011 to March 2012;
- Papers relating to quality reported to the Board over the period April 2011 to April 2012;
- Feedback from Bristol Health and Adult Social Care Scrutiny Commission dated 15 May 2012

- Feedback from NHS Bristol, North Somerset and South Gloucestershire Primary Care Trust dated 14 May 2012
- Feedback from LINks dated 21/05/2012;
- The national patient survey dated 24 April 2012;
- The national staff survey dated 23 March 2012;
- Care Quality Commission quality and risk profiles dated 2 April 2012;
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 22/05/2012; and
- Any other information included in our review.

I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with those documents (collectively the "documents"). My responsibilities do not extend to any other information.
I am in compliance with the applicable independence and competency requirements of the Association of Chartered Certified Accountants (ACCA) Code of Ethics and Conduct. My team comprised assurance practitioners and relevant subject matter experts.
This report, including the conclusion, has been prepared solely for the Board of Governors of University Hospitals Bristol NHS Foundation Trust as a body, to assist the Board of Governors in reporting University Hospitals Bristol NHS Foundation Trust's quality agenda, performance and activities. I permit the disclosure of this report within the Annual Report for the year ended 31 March 2012, to enable the Board of Governors to demonstrate that it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Board of Governors as a body and University Hospitals Bristol NHS Foundation Trust for my work or this report save where terms are expressly agreed and with my prior consent in writing.

Assurance work performed
I conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). My limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- Making enquiries of management;
- Testing key management controls;
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the Quality Report; and
- Reading the documents listed above.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations
Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.
In addition, the scope of my assurance work has not included governance over quality or non-mandated indicators which have been determined locally by University Hospitals Bristol NHS Foundation Trust.

Conclusion
Based on the results of my procedures, nothing has come to my attention that causes me to believe that, for the year ended 31 March 2012:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified in *Monitor's Detailed Guidance for External Assurance on Quality Reports 2011/12* ; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

Wayne Rickard
Officer of the Audit Commission

3-4 Blenheim Court
Matford Business Park
Lustleigh Close
Exeter
EX2 8PW

29 May 2012

Appendix D – Annual Accounts 2011/12 – including the 'Annual Governance Statement'

Accounts for the year ended 31 March 2012

Paul Mapson
Director of Finance CPFA

Trust HQ
Finance Department
Marlborough Street
PO Box 1053
BRISTOL BS99 1YF

UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

Accounts for the year ended 31 March 2012

FOREWORD TO THE ACCOUNTS

These accounts for the year ended 31st March 2012 have been prepared by the University Hospitals Bristol NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Services Act 2006.

Signed ……
Robert Woolley,
Chief Executive

Statement of Comprehensive Income for the year ended 31 March 2012

	Note	Year ended 31 March 2012 £'000	Restated Year ended 31 March 2011 £'000
OPERATING INCOME			
Income from activities	3	398,411	393,085
Other operating income (Restated)	4	135,328	136,799
TOTAL OPERATING INCOME		**533,739**	**529,884**
Operating expenses (Restated)	5-6	(515,713)	(507,105)
OPERATING SURPLUS		**18,026**	**22,779**
FINANCE COSTS			
Finance income	9.1	361	296
Finance costs	9.2	(411)	(435)
Finance expense unwinding discount on provisions	18	(8)	(9)
Public dividend capital dividends payable		(8,983)	(8,519)
Net finance costs		**(9,041)**	**(8,667)**
SURPLUS (DEFICIT) FOR THE YEAR/PERIOD		**8,985**	**14,112**
OTHER COMPREHENSIVE INCOME/(EXPENDITURE)			
Revaluation losses on property plant and equipment (Restated)		(2,959)	(1,056)
Revaluation gains (Restated)		5,323	4,032
Revaluation losses on intangible assets			
Other recognised gains and (losses)		58	47
Other reserve movements			
TOTAL COMPREHENSIVE INCOME/(EXPENDITURE) FOR THE PERIOD/YEAR		**11,407**	**17,135**

Please note:

a) All income and expenditure is derived from continuing operations.

b) The notes on pages 6 to 55 form part of these Accounts.

Statement of Financial Position as at 31 March 2012

	Note	31 March 2012 £'000	Restated 31 March 2011 £'000	Restated 1 April 2010 £'000
NON CURRENT ASSETS				
Intangible assets	10	4,504	3,083	2,129
Property, plant and equipment	11	311,451	292,207	284,415
TOTAL NON CURRENT ASSETS		**315,955**	**295,290**	**286,544**
CURRENT ASSETS				
Inventories	12	7,118	7,029	5,782
Trade and other receivables	13	17,851	20,063	24,798
Other financial assets	14.1	146	146	146
Assets Held for Sale	14.2	7,482	1,470	0
Cash and cash equivalents	19	41,481	53,015	41,231
TOTAL CURRENT ASSETS		**74,078**	**81,723**	**71,957**
CURRENT LIABILITIES				
Trade and other payables	15	(43,723)	(39,546)	(34,980)
Borrowings and bank overdrafts	17	(188)	(164)	(3,530)
Provisions	18	(6,666)	(784)	(625)
Tax & Social Security Payable	15	(6,508)	(6,948)	(6432)
Other liabilities	16	(4,449)	(12,270)	(12,574)
TOTAL CURRENT LIABILITIES		**(61,534)**	**(59,712)**	**(58,141)**
TOTAL ASSETS LESS CURRENT LIABILITIES		**328,499**	**317,301**	**300,360**
NON CURRENT LIABILITIES				
Trade and other payables	15	-	-	-
Borrowings	17	(5,953)	(6,142)	(6,306)
Provisions	18	(236)	(256)	(286)
TOTAL NON CURRENT LIABILITIES		**(6,189)**	**(6,398)**	**(6,592)**
TOTAL ASSETS EMPLOYED		**322,310**	**310,903**	**293,768**
TAXPAYERS' EQUITY				
Public dividend capital		191,011	191,011	191,011
Revaluation reserve (Restated)		69,773	71,746	71,951
Other reserves		85	85	85
Income and expenditure reserve (Restated)		61,441	48,061	30,721
TOTAL TAXPAYERS' EQUITY		**322,310**	**310,903**	**293,768**

Please note:
The accounts on pages 2 to 55 were approved by the Board on 29 May 2012 and signed on its behalf by:

Signed ..... Date 29 May 2012
Robert Woolley, Chief Executive

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2012

Changes in Taxpayers' equity in the current year	Public Dividend Capital £000	Restated Revaluation Reserve £000	Donated Asset Reserve £000	Other Reserves £000	Income & Expenditure Reserve £000	Total £000
Taxpayer's Equity at 01 April 2011 – as previously stated	191,011	71,416	12,984	85	35,407	310,903
Prior period adjustment	-	330	(12,984)	-	12,654	-
Taxpayer's Equity at I April 2011 - restated	**191,011**	**71,746**	**-**	**85**	**48,061**	**310,903**
Surplus (deficit) for the period	-	-	-	-	8,985	8,985
Revaluation losses on property plant and equipment and intangible assets	-	(2,959)	-	-	-	(2,959)
Revaluation Gains	-	5,323	-	-	-	5,323
Asset disposals	-	-	-	-	-	-
Other recognised gains and losses	-	-	-	-	58	58
Transfers between reserves		(4,337)	-	-	4,337	-
Other reserve movements	-	-	-	-	-	-
Taxpayers' Equity at 31 March 2012	**191,011**	**69,773**	**-**	**85**	**61,441**	**322,310**

Changes in Taxpayers' equity in the current year	Public Dividend Capital £000	Restated Revaluation Reserve £000	Donated Asset Reserve £000	Other Reserves £000	Income & Expenditure Reserve £000	Total £000
Taxpayer's Equity at 01 April 2010 – as previously stated	191,011	71,685	10,847	85	20,140	293,768
Prior period adjustment	-	266	(10,847)	-	10,581	-
Taxpayer's Equity at I April 2010 - restated	**191,011**	**71,951**	**-**	**85**	**30,721**	**293,768**
Surplus (deficit) for the period	-	-	-	-	14,112	14,112
Revaluation losses on property plant and equipment and intangible assets (Restated)		(1,057)	-	-	-	(1,057)
Revaluation Gains (Restated)	-	4,033	-	-	-	4,033
Asset disposals	-	-	-	-	-	-
Other recognised gains and losses	-	-	-	-	47	47
Transfers between reserves		(3,181)			3,181	-
Other reserve movements		-	-	-	-	-
Taxpayers' Equity at 31 March 2011	**191,011**	**71,746**	**-**	**85**	**48,061**	**310,903**

Please note:
The prior period adjustment relates to a change in accounting policy in respect of donated assets (IAS 20), whereby the donation is credited to income, rather than the donated asset reserve, unless the donor imposes a condition. The donated assets are subsequently accounted for in the same manner as other items of property, plant and equipment.
The 2010/11 and 2011/12 opening balances have been adjusted to move the net revaluation gains on the Donated Asset Reserve to the Revaluation Reserve and the balance to the Income and Expenditure Account.

Other reserves comprise a non-distributable reserve relating to the non cash transfer of Engineering Stock from NHS Supplies (South & West), now NHS Supply chain in 1993/94. No transfers are made to this reserve.

Statement of Cash Flows Year Ended 31st March 2012

	Note	Year ended 31 March 2012	Restated Year ended 31 March 2011
		£000	£000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating surplus from continuing operations (Restated)		18,026	22,779
OPERATING SURPLUS		**18,026**	**22,779**
NON CASH INCOME AND EXPENDITURE			
Depreciation and amortisation	10-11	18,107	17,372
Impairments (Restated)	11	1,356	5,870
Reversal of impairment (Restated)		(2,187)	(1,657)
Movements in balances			
(Increase)/decrease in trade and other receivables	13	2,279	4,709
(Increase)/decrease in other assets	14	-	-
(Increase)/decrease in inventories	12	(89)	(1,247)
Increase/(decrease) in trade and other payables	15	968	5,033
Increase/(decrease) in other liabilities	16	(8,174)	(304)
Increase/(decrease) in provisions	18	6,143	129
Other movements in operating cash flows (Restated)		(2,131)	(5,258)
NET CASH GENERATED FROM OPERATIONS		**34,298**	**47,426**
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received		360	299
Purchase of property, plant and equipment	11	(36,578)	(22,404)
Purchase of intangible assets	10	(2,521)	(1,094)
Sales of property, plant and equipment		-	-
NET CASH USED IN INVESTING ACTIVITIES		**(38,739)**	**(23,199)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Public dividend capital received		-	-
Public dividend capital repaid		-	-
Loans repaid		-	-
Capital element of finance lease rental payments		(164)	(140)
Other capital receipts		2,550	-
Interest paid		(1)	-
Interest element of finance leases		(411)	(435)
Donations Received (Restated)		-	(5,759)
PDC dividends paid		(9,067)	(8,478)
Cash flows from other financial activities			-
NET CASH GENERATED USED IN FINANCING ACTIVITIES		**(7,093)**	**(9,053)**
INCREASE IN CASH AND CASH EQUIVALENTS		**(11,534)**	**15,174**
***CASH AND CASH EQUIVALENTS AT START OF YEAR**	19	**53,015**	**37,841**
***CASH AND CASH EQUIVALENTS AT END OF YEAR**	19	**41,481**	**53,015**

Notes to the Accounts

1. Accounting policies

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the *Foundation Trust Annual Reporting Manual (FT ARM)* which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the *FT ARM 2011/12* issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (*FReM)* to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred. Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract. Income from partially completed spells is calculated on a pro-rata basis based on the expected length of stay.

1.3 Expenditure on Employee Benefits

Short term - employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements.

An assessment of annual leave owing to staff at 31st March 2012 has been calculated using a sample of 400 staff across all staff groups. As staff have personal annual leave years, the number of hours taken has been compared with the pro-rated allocation of hours to the 31st March. The average annual leave owed to staff groups in the sample has been used to calculate the total number of hours owed to all staff in post in March 2012. An average hourly cost has been applied to each staff group to calculate the cost of annual leave owed.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found at the NHS Pensions website www.pensions.nhsbsa.nhs.uk. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for any NHS foundation trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due. Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.5 Property, Plant and Equipment

Recognition
Property, Plant and Equipment is capitalised where:

- individually its cost is in excess of £5,000; or
- it forms a group of similar assets with an aggregate cost in excess of £5,000 (where the assets have an individual cost in excess of £250, are functionally interdependent, have broadly similar purchase dates, are expected to have similar lives and are under single management control); or
- it forms part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of individual or collective cost; ***and***
- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential is provided to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably.

Where a significant asset, for example a building, includes a number of components with different economic lives, then these components are treated as separate assets within the buildings classification and depreciated over their own useful economic lives.

Measurement (Valuation)
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at fair value.

Land and buildings
All land and buildings are revalued using professional valuations every five years and in addition in a year of where assets are subject to significant volatility annual valuation is also carried out. Internal reviews and additional valuations (if appropriate) are completed in the intervening years. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

In accordance with guidelines issued from the Department for Health any new valuations carried out post 1 April 2008 are completed on a Modern Equivalent Assets (MEA) basis.

Assets in the course of construction are initially recorded at cost and then valued by professional valuers as part of the five year review, or when they are brought into use.

Other assets
Assets with estimated economic lives of less than 10 years are considered to be short life assets. These are held at depreciated historical cost which is considered to be an appropriate proxy for current value.

Assets with estimated economic lives of more than 10 years are considered to be medium/long life assets. These are initially recorded at cost and then their values are updated annually using appropriate indices to reflect fair value (net current replacement cost).

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment, which have been reclassified as 'Held for Sale', cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in 'off-balance sheet' (Statement of Financial Position) PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Buildings, installations and fittings are depreciated on their current value over the estimated remaining useful life of the asset as assessed by the NHS Foundation Trust's professional valuers. Leaseholds are depreciated over the primary lease term. Other items of property, plant and equipment are depreciated on a straight line basis over their estimated remaining useful lives, as assessed by the Trust. The remaining maximum and minimum economic lives of property, plant and equipment assets held by the Trust are as follows

Asset Type	**Minimum Life**	**Maximum Life**
Buildings excluding dwellings	4 years	42 years
Dwellings	11 years	33 years
Plant and machinery (incl medical equipment)	1 year	10 years
Transport equipment	1 year	7 years
Information technology	1 year	8 years
Furniture and fittings	1 year	9 years

In a year of revaluation the accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset, and the net amount is restated to the revalued amount of the asset.

Revaluation gains and losses

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, in which case they are recognised in operating income. Decreases in asset values and impairments are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

The Trust will transfer the difference between depreciation based on the historical amounts and revalued amounts from the revaluation reserve to retained earnings.

Impairments

In accordance with the FT ARM, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;
  - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant funded plant property and equipment assets are capitalised at their current value on receipt. The donation/grant is credited to income at the same time unless the donor has imposed a condition that the future economic benefits are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.6 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised where they have a cost in excess of £5,000, where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated intangible assets such as goodwill, brands, customer lists and similar items are not capitalised. Expenditure on research is not capitalised. Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software
Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement
Intangible assets (except for emission allowances – see note below) are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Subsequently intangible assets are measured at fair value.

Intangible assets with estimated economic lives of less than 10 years are considered to be short life assets. These are held at amortised historical cost which is considered to be an appropriate proxy for fair value. Intangible assets with estimated economic lives of more than 10 years are considered to be medium/long life assets. These are initially recorded at cost and then their values are updated annually using appropriate indices to reflect fair value. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment.

Allowances granted under the EU green house gas emission scheme are held at fair value. Changes to fair value are recognised in the Statement of Comprehensive Income as an item of "other comprehensive income", except for impairments which are recognised in operating income.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation
Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits (except for emission allowances – see below).
The remaining maximum and minimum economic lives of intangible assets held by the Trust are as follows:

Asset Type	Minimum Life	Maximum Life
Software (purchased)	1 year	7 years
Other (purchased)	1 year	1 year

Purchased computer software licences are amortised over the shorter of the term of the licence and their estimated economic lives. Emission allowances are not amortised as they are used to extinguish liabilities arising under the scheme.

1.7 Government grants

Government grants are grants from Government bodies other than income from primary care trusts or NHS trusts for the provision of services. Grants from the Department of Health are accounted for as Government grants. Where the Government grant is used to fund revenue expenditure, it is taken to the Statement of Comprehensive Income to match that expenditure.

1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to current cost due to the high turnover of inventories.

1.9 Financial instruments (financial assets and liabilities)

Recognition
Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described in note 1.10 below.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

De-recognition
All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement
Financial assets are categorised as 'Fair value through income and expenditure', loans and receivables or 'Available-for-sale financial assets'. Financial liabilities are classified as 'Fair value through income and expenditure' or as 'Other financial liabilities'.

Financial assets and financial liabilities at 'Fair value through income and expenditure'
Financial assets and financial liabilities at 'fair value through income and expenditure' are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless

they are designated as hedges. Derivatives which are embedded in other contracts but which are not 'closely-related' to those contracts are separated-out from those contracts and measured in this category. Assets and liabilities in this category are classified as current assets and current liabilities. These financial assets and financial liabilities are recognised initially at fair value, with transaction costs expensed in the income and expenditure account. Subsequent movements in the fair value are recognised as gains or losses in the Statement of Comprehensive Income.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments with are not quoted in an active market. They are included in current assets. The Trust's loans and receivables comprise: cash and cash equivalents, NHS debtors, accrued income and 'other debtors'. Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset. Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets which are either designated in this category or not classified in any of the other categories. They are included in long-term assets unless the Trust intends to dispose of them within 12 months of the Statement of Financial Position date. Available-for-sale financial assets are recognised initially at fair value, including transaction costs, and measured subsequently at fair value, with gains or losses recognised in reserves and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'. When items classified as 'available-for-sale' are sold or impaired, the accumulated fair value adjustments recognised are transferred from reserves and recognised in 'Finance Costs' in the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability. They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities. Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to 'Finance Costs'. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Determination of fair value

For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from quoted market prices where possible, otherwise by appropriate valuation techniques.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset. For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of an allowance account/bad debt provision. The allowance/provision is then used to write down the carrying amount of the financial asset, at the appropriate time, which is determined by the Trust on a case by case basis.

1.10 Leases

Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS Foundation Trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability. The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to 'finance costs' in the Statement of Comprehensive Income.

Operating leases
Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.11 Provisions

The NHS Foundation Trust provides for legal or constructive obligations that are of uncertain timing or amount at the Statement of Financial Position date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rate of 2.2% in real terms, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 2.8% in real terms.

Clinical negligence costs
The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS Foundation Trust is disclosed at note 18.3.

Non-clinical risk pooling
The NHS Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.12 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 22.1 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 22.2, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.13 Public Dividend Capital

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the NHS Foundation Trust's predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32. A charge, reflecting the forecast cost of capital utilised by the NHS Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS Foundation Trust. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets, (ii) net cash balances held with the Government Banking Services and (iii) any PDC dividend balance receivable or payable. Average relevant net assets are calculated as a simple average (mean) of opening and closing relevant net assets.

1.14 Value Added Tax

Most of the activities of the NHS Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.15 Corporation Tax

NHS foundation trusts are potentially liable to corporation tax in certain circumstances. A review of other operating income is performed annually to assess any potential liability in accordance with the guidance on the HM Revenues and Customs website. As a result of this review, the Trust has concluded that there is no corporation tax liability for the period ended 31 March 2012.

1.16 Financial Risk

IFRS 7, 'Financial Instruments: Disclosures', requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities (see note 27).

The Trust's activities expose it to a variety of financial risks: market risk (including interest rate risk, and foreign exchange risk), and credit risk. The risk management is carried out by the Trust's Treasury Management Department under policies approved by Trust Board.

a) Market Risk

(i) Interest-rate risk

All of the Trust's financial liabilities carry nil rates of interest. In addition, the only elements of the Trust's assets that are subject to variable rate are short-term cash investments. The Trust is not, exposed to significant interest-rate risk. These rates are reviewed regularly to maximise the return on cash investment.

(ii) Foreign currency risk

The functional and presentational currencies of the Trust are sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the

transaction. Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

The Trust has negligible foreign currency income and expenditure.

b) Credit Risk

Credit risk arises from cash and cash equivalents and deposits with financial institutions, as well as outstanding receivables and committed transactions. The Trust operates primarily within the NHS market and receives the majority of its income from other NHS organisations. This means that there little risk that one party will fail to discharge its obligation with the other. However disputes can arise, around how amounts are calculated, particularly due to the complex nature of the Payment by Results regime. For financial institutions, only independently rated parties with a minimum rating (Moody) of P-1 and A1 for short-term and long-term respectively are accepted.

c) Liquidity Risk

The Trust's net operating costs are incurred under annual service agreements with local Primary Care Trusts, which are financed from resources voted annually by Parliament. The Trust is also required to comply and remain within the Prudential Borrowing Limit set by Monitor. For 2011/12 this was set at £140m. This represents maximum long term borrowing of £102.5m and an approved working capital facility of up to £37.5m. A working capital facility of £37.5m was put in place for two years from 1 September 2010. Therefore the Trust has little exposure to liquidity risk.

1.17 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in note 28 to the accounts, in accordance with the requirements of HM Treasury's *Financial Reporting Manual*.

1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on a cash basis with the exception of provisions for future losses.

1.19 Accounting standards that have been issued but not yet been adopted

The following accounting standards, amendments and interpretations have been issued by the International Accounting Standards Board (IASB) and International Financial Reporting Interpretation Committee (IFRIC) but not yet required to be adopted.

Change published	Published by IASB	Financial year for which the change first applies
IFRS 7 Financial Instruments: Disclosures - amendment Transfers of financial assets	October 2010	Effective date of 2012/13 but not yet adopted by the EU.
IFRS 9 Financial Instruments Financial Assets: Financial Liabilities:	November 2009 October 2010	Uncertain. Not likely to be adopted by the EU until the IASB has finished the rest of its financial instruments project.
IAS 12 Income Taxes amendment	December 2010	Effective date of 2012/13 but not yet adopted by the EU.
IFRS 10 Consolidated Financial Statements	May 2011	Effective date of 2013/14 but not yet adopted by the EU
IFRS 11 Joint Arrangements	May 2011	Effective date of 2013/14 but not yet adopted by the EU
IFRS 12 Disclosure of Interests in Other Entities	May 2011	Effective date of 2013/14 but not yet adopted by the EU
IFRS 13 Fair Value Measurement	May 2011	Effective date of 2013/14 but not yet adopted by the EU
IAS 1 Presentation of financial statements, on other comprehensive income (OCI)	June 2011	Effective date of 2013/14 but not yet adopted by the EU
IAS 27 Separate Financial Statements	May 2011	Effective date of 2013/14 but not yet adopted by the EU
IAS 28 Associates and joint ventures	May 2011	Effective date of 2013/14 but not yet adopted by the EU

The Trust has not adopted early any new accounting standards, amendments or interpretations. Also the impact of these new standards will have on the Trust's financial statements in the period of initial application is not known at this stage.

1.20 Critical accounting estimates and judgements

Estimates and judgments are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical judgements in applying the entity's accounting policies
The Trust has made no judgements in applying the accounting policies other than those involving accounting estimates.

Critical accounting estimates and assumptions
The Trust makes estimates and assumptions concerning the future. The resulting accounting estimates will, by definition, seldom equal the related actual results. The estimates and assumptions that have a significant risk of

causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are addressed below.

a) Depreciation
Depreciation is based on automatic calculation within the Trust's Fixed Asset Register which is calculated on a monthly basis throughout the year. When an asset is added to the Fixed Asset Register, it is given a useful economic life by the capital accountant, depending on the class of asset (i.e. vehicle, IT equipment etc). Buildings can be assigned a useful economic life of up to 50 years by the District Valuer as part of their valuations, depending on their state of repair and intended use. Useful economic life can be adjusted on the Fixed Asset Register if required, for example where an external valuation by the District Valuer report identifies a change in existing useful life.

b) Holiday Pay Accrual (see 1.3)

c) Revaluation
Indexation is used in the 2011/12 Accounts, based on indices provided to the Trust by the District Valuer. The District Valuer is an expert, therefore a high degree of reliance on an expert.

d) Impairment
Impairments are based on the District Valuer revaluations on application of indices or on revaluation of individual assets e.g. when brought into operational use, or identified for disposal. Assumptions and judgments are that indices or valuations used are applicable to the Trust's circumstances.

e) Partially completed spells
This is an estimate of income due in relation to patients admitted before the year end, but not discharged. It is calculated at spell level and is based on the actual number of unfinished days at the end of the financial year. If, due to the timing of the final accounts this figure is not available, then the PCT and the Foundation Trust agree a realistic estimate. Note: the day of admission counts as an unfinished day.

The rates are regularly reviewed to ensure they are consistent with the proportion of actual income that is received. In calculating the proportion of actual income, the first two days of each spell will attract a disproportionate amount of the income in recognition that some costs are heavily weighted towards the beginning of the spell. For surgical specialties 45% of the income should be allocated to the first 2 days with the remaining 55% apportioned equally over the total length of stay, for medical specialties the figures are 25% and 75% respectively. The income is accrued and agreed with local PCTs.

1.21 Changes in accounting policy

Foundation Trusts may change an accounting policy only where it is required by a new standard or interpretation (including any revisions to the FT ARM) or voluntarily only if it results in the Trust's financial statements providing reliable and more relevant information about transactions, events, conditions, or the financial position, financial performance or cash flows.

The changes arising from the introduction of a new standard or interpretation will be implemented in accordance with the specific transitional provisions, if any, of that standard or interpretation. Where no such specific transitional provisions exist, or where the Trust changes an accounting policy voluntarily, the changes will be applied retrospectively i.e. through a prior period adjustment. In accordance with IAS 8 any prior period adjustments will be effected by restating each element of equity (reserves) at the start of the prior year as if the accounting policy had always applied.

Notes to the Accounts

2. Segmental Analysis

The Trust has two reportable operating segments: Healthcare and Skills for Health.

The Healthcare segment delivers a range of healthcare services, predominantly to primary care trusts and to the South West Strategic Health Authority Specialist Commissioning Group. The Trust has a number of directorates, all of which operate in the healthcare segment. These directorates are used for internal management purposes and divide the healthcare and other services of the Trust into various medical and surgical specialties. While these are reported on internally for financial and activity purposes, they have been consolidated, as permitted by IFRS 8 paragraph 12, into Trust wide figures for these accounts.

Skills for Health is the sector skills council for the health sector, ensuring that a skilled, flexible and productive workforce is developed, to improve the quality of health and healthcare. All income is received from external customers, i.e. there is no intra segment trading. The significant majority of income for Healthcare is derived from primary care trusts. The significant majority of income for Skills for Heath is received from the Department of Health. The aggregate income, retained surplus and net assets for the two segments reconciles to the Trust's primary statements.

	Healthcare £000	Skills for Health £000	Total £000
Year ended 31 March 2012			
Income	506,827	26,912	533,739
Retained surplus (deficit) for year	8,980	5	8,985
Net assets at 31 March 2012	322,310	-	322,310
Year ended 31 March 2011			
Income (restated)	498,271	31,613	529,884
Retained surplus (deficit) for year (restated)	14,100	12	14,112
Net assets at 31 March 2011	310,903	-	310,903

Skills for Health has agreed with the Trust that the current hosting arrangement of the Sector Skills Council by UHBFT will cease as at 31st March 2013. Further details are given in note 21.

Notes to the Accounts

Income

3.1 Income from activities

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Acute trusts:		
Elective income	80,037	81,894
Non elective income	105,619	103,531
Outpatient income	68,414	61,215
Accident and emergency income	11,224	11,240
Other NHS Clinical income *	121,557	127,834
All Trusts:		
Private patients	2,191	2,524
Other non-protected clinical income	9,369	4,847
TOTAL	398,411	393,085

*Significant items comprise:	£000	£000
Critical care bed days	32,962	31,866
'Payment by results' exclusions	14,324	23,024
Bone marrow transplants	6,907	8,093
Excess bed days	7,105	9,302
Radiotherapy Inpatient Treatments	7,531	7,717
Diagnostic imaging	2,297	1,605
Direct access	5,049	7,084
Regular day and night attenders	1,766	2,744
'At cost' contracts	4,847	10,917
Rehab	5,826	8,459

3.2 Income by type

	Year ended 31 March 2012 £000	Restated Year ended 31 March 2011 £000
Income from activities		
NHS Foundation Trusts	-	17
NHS Trusts	122	60
Strategic Health Authorities	13	514
Primary Care Trusts	384,839	380,094
Local Authorities (restated)	2	42
Department of Health	-	-
Non-NHS Private Patients	2,191	2,521
Non-NHS Overseas Patients	257	289
NHS Injury Scheme	803	819
Other (restated)**	10,184	8,729
Total	398,411	393,085

**Significant items comprise:	£000	£000
Territorial Bodies (Health Commission Wales)	8,968	8,371
Bodies outside of Whole of Government Accounts	145	297
National Commissioning Group	1,072	-

Notes to the Accounts

3.3 Mandatory and non mandatory split of income from activities

The majority of the Trust's income should be derived from prior agreements, including contracts and agreed intentions to contract with service commissioners. This is described as mandatory income. Of the total income from activities, £387.4m (2011 £381.3m) is mandatory and £11.0m (2011 £11.8m) is non-mandatory.

3.4 Private patient cap

Section 44 of the 2006 Act requires that the proportion of private patient income to total patient related income should not exceed the proportion that was achieved whilst the body was an NHS trust in 2002/03, which was 1.1%.

	Year ended 31 March 2012	Year ended 31 March 2011
	£000	£000
Private patient income	2,448	2,820
Total patient income	398,411	393,085
Proportion	0.6%	0.7%

The Trust's private patient cap was not exceeded in the year ended 31 March 2012 or the prior year ended 31 March 2011.

4. Other operating income

	Year ended 31 March 2012 £000	Restated Year ended 31 March 2011 £000
Research and development	29,301	23,366
Education and training	39,821	39,706
Charitable and other contributions to expenditure	887	686
Donated Assets – PPE (Restated)	1,479	5,759
Non-patient care services to other bodies	41,280	44,854
Reversal of impairment of property, plant, and equipment (Restated)	2,416	1,657
Gain on disposal of assets held for sale	190	-
Salary Recharges (restated)	4,850	6,107
Other*	15,104	14,664
TOTAL	135,328	136,799

*The 'Other' category above comprises mainly:	£000	£000
Distinction awards granted from the Department of Health	3,595	3,555
Patient transport	0	1,738
Income generation (restated)	2,156	3,904
Rental income from operating leases	699	901
Catering	802	824
Staff accommodation rentals	288	454
Car Park income	802	856
Childcare Vouchers	1,410	967

Notes to the Accounts

Other operating income has been restated for three reasons:

- Following revised guidance on the treatment of salary recharges, unless agreed with the other organisation, income received in respect of salary recharges is no longer netted off against staff expenditure, but shown as operating income.

- Following a change in accounting policy in respect of donated assets (IAS 20), donations are now credited to income, rather than the donated asset reserve, unless the donor imposes a condition.

- Following discussion with the Department of Health, income received from them for the Western Comprehensive Local Research Network which is passed directly to partner organisations is now shown as the Trust's income rather than netted off the invoices from those organisations.

The Trust's income includes an element that might be classified as 'commercial' and might be subject to corporation tax in future years. This income totals £2.958m and comprises mainly of the operations of the Medical Equipment Management Organisation (£0.972m), Pharmacy income (£1.184m) and car park receipts (£0.802m).

4.1 Operating lease income

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Rents recognised as income	699	901
TOTAL	699	901

4.2 Future minimum lease payments due to the Trust

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Future minimum lease payments due		
- not later than one year	549	237
- later than one year but not later than five years	484	497
- later than five years	1,529	427
TOTAL	2,562	1,161

Notes to the Accounts

5. Operating Expenses

5.1 Operating expenses comprise:

	Year ended 31 March 2012 £000	Restated Year ended 31 March 2011 £000
Services from other NHS Foundation Trusts	479	429
Services from NHS Trusts	1,151	3,206
Services from other NHS bodies	96	3,529
Services from non NHS bodies	4,393	1,836
Purchase of healthcare from non NHS bodies	1,812	821
Executive directors costs	1,209	1,099
Non executive directors costs	168	152
Staff costs (restated)	310,498	310,751
Drug costs	53,069	41,095
Supplies and services:		
- Clinical	41,562	49,844
- General	6,934	7,343
Establishment	4,961	5,933
Transport	386	608
Premises	15,763	14,226
Bad debts	2,475	691
Depreciation of property plant and equipment	17,304	16,775
Amortisation of intangible assets	803	597
Impairment of property plant and equipment (Restated)	1,356	5,870
Impairment of intangible fixed assets		-
Auditor's remuneration;		
- Audit services – statutory audit	70	61
- Other services	-	29
Clinical negligence	6,687	6,505
Loss on disposal of property, plant & equipment (Restated)	108	501
Other*	44,429	35,204
TOTAL	515,713	507,105

*Other expenditure includes the following:	£000	£000
External contractors	1,971	2,243
Training, courses and conferences	5,616	10,510
Research costs	18,573	13,792
Redundancy Costs	5,126	1,251
Liability re transfer of Skills for Health to successor body 2012/13	6,175	-
Pre-Employment Scheme	341	1,217
Childcare Vouchers	1,301	967
Early retirement costs (NHSPA)	252	-

There is no limitation of liability in respect of audit services.

Operating expenditure has been restated following revised guidance on the treatment of salary recharges, accounting for WCLRN partnership costs and a change in accounting policy for donated assets. Unless agreed with the other organisation, income received in respect of salary recharges is no longer netted off against staff expenditure, but shown as operating income. Donated assets are now depreciated in the same manner as other items of property plant and equipment.

Notes to the Accounts

5.2 Operating Leases

Operating expenses include:

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Operating lease payments	1,146	978
	1,146	978

There are no non-cancellable operating leases for land and buildings. Future minimum lease payments due under other non-cancellable operating leases are as follows:

Future minimum lease payments	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Not later than one year	1,144	681
Later than one year but not later than five years	3,598	1,517
Later than five years	3,468	3,296
TOTAL	8,210	5,494

The Trust leases various equipment and buildings. The most significant is 78-100 St Michaels's Hill with an annual charge of £234k (expires June 2030). The old Bristol Children's Hospital and associated premises at St. Michaels Hill were sold to the University of Bristol on 28 February 2002. The Trust continues to occupy the following areas under 'peppercorn' operating leases with the University of Bristol.

Premises	Lease Term	Termination Date
Residential Family Accommodation Royal Fort Road, Bristol	25 years	28 February 2027

6. Staff Costs and Numbers

6.1 Staff Costs:

	Year ended 31 March 2012 £000	Restated Year ended 31 March 2011 £000
Salaries and wages (restated)	256,750	258,935
Social security costs (restated)	21,911	20,865
Employer contributions to NHS Pension Scheme (restated)	29,568	28,710
Termination benefits	5,378	1,251
Income in respect of salary recharges netted off (restated)	(2,291)	(2,334)
Agency contract staff	5,769	5,674
TOTAL	317,085	313,101

Staff costs have been restated following revised guidance on the treatment of salary recharges. Costs are shown gross unless the income from recharges is agreed with the other organisation.

In 2011-12, the Trust made £130k (2011, £114k) contributions to the NHS Pension Scheme in respect of executive directors.

Notes to the Accounts

6.2 Average Number of Employees

	Year ended 31 March 2012 Number	Year ended 31 March 2011 Number
Medical and dental staff	983	936
Ambulance staff	-	-
Administration and estate staff	1,579	1,703
Healthcare assistant & other support staff	766	694
Nursing, midwifery & health visiting staff	2,598	2,593
Nursing, midwifery & health visiting learners	6	6
Scientific, therapeutic and technical staff	1,118	1,130
Social care staff	-	-
Bank and agency staff	362	402
TOTAL	7,412	7,464

Numbers are expressed as average whole time equivalents for the period.

6.3 Employee Benefits

There were no non-pay benefits that were not attributable to individual employees.

6.4 Management Costs

	Year ended 31 March 2012 £000	Restated Year ended 31 March 2011 £000
Management costs	18,281	18,509
Income (restated)	533,739	529,884
Percentage of Income (restated)	3.4%	3.5%

Analysis	2011/12			Restated 2010/11		
	University Hospitals Bristol	Skills for Health	Totals	University Hospitals Bristol	Skills for Health	Totals
	£'000	£'000	£'000	£'000	£'000	£'000
Management costs	17,009	1,272	18,281	17,068	1,441	18,509
Income (restated)	506,827	26,912	533,739	498,271	31,613	529,884
Percentage of Income	3.4	4.7	3.4	3.4	4.6	3.5

Management costs are as defined as those on the Management Costs Website: www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en.

6.5 Retirements due to Ill Health

During the year ended 31 March 2012 there were 11 (2011: 11) early retirements from the Trust on the grounds of ill health. The estimated additional pension liabilities of these ill-health retirements will be £0.89m (2011: £0.49m). The cost of these ill health retirements will be borne by the NHS Business Services Authority – Pensions Division.

Notes to the Accounts

6.6 Staff Exit Packages

Exit Package Cost Band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	11 (9)	31 (11)	42 (20)
£10,000 - £25,000	10 (10)	23 (14)	33 (24)
£25,001 - £50,000	8 (3)	21 (9)	29 (12)
£50,001 - £100,000	2 (5)	14 (4)	16 (9)
£100,001 - £150,000	3 (2)	8 (4)	11(6)
£150,001 - £200,000	1 (0)	3 (5)	4 (5)
>£200,001		1 (0)	1 (0)
Total number of exit packages by type	**35 (29)**	**101 (47)**	**136 (76)**
Total resources cost	**£1,218,138 (£913,984)**	**£3,908,187 (£2,247,918)**	**£5,126,325 (£3,161,902)**

Analysis	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Skills for Health			
Total number of exit packages by type	28 (19)	47 (42)	75 (61)
Total resources cost	£949,487 (£563,083)	£2,279,099 (£2,195,733)	£3,228,586 (£2,758,816)
University Hospitals Bristol Healthcare			
Total number of exit packages by type	7 (10)	54 (5)	61 (15)
Total resources cost	£268,651 (£350,901)	£1,629,088 (£52,185)	£1,897,739 (£403,086)

The table above shows the number of staff exit packages and costs (termination benefits). Termination benefits are payable when employment is terminated by the Trust before the normal retirement date, or whenever an employee accepts voluntary redundancy in exchange for these benefits. The Trust recognises termination benefits when it is demonstrably committed to either: terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal; or providing termination benefits as a result of an offer made to encourage voluntary redundancy.

Comparative figures for 2010/11 are shown in brackets.

6.7 Hutton Review of Fair Pay

The Trust is required to disclose the relationship between the remuneration of the highest-paid director in the organisation and the median remuneration of the organisation's workforce.
The annualised banded remuneration of the highest-paid director in the financial year 2011/12 was £195k-£199k (2010/11, £195k-£199k). This was 7.1 times (2010/11, 7.1) the median remuneration of the workforce, which was £27,839 (2010/11, £27,534). In 2011/12, 1 (2010/11, nil) employee received remuneration in excess of the highest-paid director. Remuneration ranged from £13.9k to £196.7k.
Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The figures exclude bank and agency staff.

	2011/12	2010/11
Band of highest paid Directors total remuneration (£'000)	195-199	195-199
Median Total remuneration (£)	27,839	27,534
Ratio	7.1	7.1

Notes to the Accounts

6.8 Directors' Remuneration

Salaries and Allowances	12 Months to 31 March 2012 (bands of £5,000) £000	12 Months to 31 March 2011 (bands of £5,000) £000
Chair		
John Savage	50-54	50-54
Executive Directors		
Robert Woolley, Chief Executive	170-174	170-174
Paul Mapson, Director of Finance	135-139	135-139
Steve Aumayer, Director of Workforce and Organisational Development	105-109	110-114
Alison Moon, Chief Nurse and Director of Governance	110-114	110-114
Deborah Lee, Director of Strategic Development on secondment from 17 May 2010 (substantive from 4 February 2011)	110-114	94-99
Sean O'Kelly, Medical Director (from 18 April 2011)	184-189	n/a
James Rimmer, Chief Operating Officer (from 4 July 2011)	84-89	n/a
Jane Luker, Acting Medical Director (from 1 October 2010 until 30 April 2011)	4-9	74-79
Jim O'Connell, Acting Chief Operating Officer, on secondment (from 21 February 2011 to 8 July 2011)	35-39	15-19
Tony Ranzetta, Acting Chief Operating Officer (from 1 August 2010 to 20 February 2011)	n/a	110-114
Irene Gray, Chief Operating Officer (until 31 July 2010)	n/a	35-39
Jonathan Sheffield, Medical Director (until 30 September 2010)	n/a	90-94
Non-executive Directors		
Emma Woollett	15-19	15-19
Kelvin Blake	10-14	10-14
Iain Fairbairn	15-19	15-19
Lisa Gardner	15-19	15-19
Selby Knox	10-14	10-14
Paul May	15-19	10-14
John Moore (from 1 January 2011)	15-19	0-4
Sarah Blackburn (until 31 March 2010)	n/a	0-4

No Directors received any other remuneration or benefits in kind during 2011/12. No Directors received any exit packages during either period. Aggregate salary cost for 2011/12 was £1,113k (2010/11, £1,045k). The aggregate employer contribution to the pension scheme was £136k (2010/11, £105k). The total number of Directors to whom benefits are accruing under defined benefit schemes is 7 (2010/11, 6).

Pension Benefits for the year ended 31 March 2012

Name and title	Real increase in pension at age 60 at 31 March 2012	Real increase in lump sum at age 60 at 31 March 2012	Total accrued pension at age 60 at 31 March 2012	Lump sum at age 60 related to accrued pension at 31 March 2012	Cash Equivalent Transfer Value at 31 March 2012	Cash Equivalent Transfer Value at 31 March 2011	Real Increase in Cash Equivalent Transfer Value	Employer funded contribution to growth in CETV
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	£000	£000	£000	£000
Robert Woolley, (Chief Executive)	2.5-4.9	10-12.4	35-39	115-119	724	608	95	66
Paul Mapson, Director of Finance	(0-2.4)	(0-2.4)	55-59	170-174	1,206	1,117	51	35
Steve Aumayer, Director of Workforce and Organisational Development	0-2.4	n/a	5-9	n/a	69	41	27	19
Alison Moon, Chief Nurse and Director of Governance	0-2.4	0-2.4	35-39	110-114	646	552	75	52
Deborah Lee, Director of Strategic Development (substantive from 4 February 2011)	0-2.4	2.5-4.9	15-19	50-54	303	243	51	36
Sean O'Kelly, Medical Director (from 18 April 2011)	0-2.4	5-7.4	50-54	150-154	942	796	113	79
Jane Luker, Acting Medical Director (from 1 October 2010 until 30 April 2011)	0-2.4	0-2.4	55-59	165-169	864	896	(5)	(4)
James Rimmer, Chief Operating Officer (from 4 July 2011)	2.5-4.9	10-12.4	30-34	90-94	497	342	107	75
Jim O'Connell, Acting Chief Operating Officer (from 21 February 2011 to 8 July 2011)	(0-2.4)	(0-2.4)	35-39	105-109	623	555	13	9

This table includes details for the Directors who held office at any time in 2011/12.

Real increases and Employer's contributions are shown for the time in post where this has been less than the whole year. Figures in (brackets) indicate reductions.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

Notes to the Accounts

Pension Benefits for the year ended 31 March 2011

Name and title	Real increase in pension at age 60 at 31 March 2011	Real increase in lump sum at age 60 at 31 March 2011	Total accrued pension at age 60 at 31 March 2011	Lump sum at age 60 related to accrued pension at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2010	Real Increase in Cash Equivalent Transfer Value	Employer funded contribution to growth in CETV
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	£000	£000	£000	£000
Robert Woolley, Chief Executive	0 - 2.4	5.0 - 7.4	30 - 34	100 – 104	608	590	(13)	(9)
Paul Mapson, Director of Finance	2.5 – 4.9	7.5 – 9.9	50 - 54	160 – 164	1,117	1,089	(31)	(21)
Steve Aumayer, Director of Workforce and Organisational Development	0 – 2.4	n/a	0 - 4	n/a	41	29	10	7
Alison Moon, Chief Nurse and Director of Governance	0 - 2.4	2.5 – 4.9	35 – 39	105 - 109	552	571	(49)	(34)
Deborah Lee, Director of Strategic Development)on secondment from 17 May 2010, substantive from 4 February 2011)	0 – 2.4	2.5 – 4.9	15 – 19	45 - 49	243	241	(9)	(6)
Jane Luker, Acting Medical Director (from 1 October 2010)	5.0 – 7.4	15.0 – 17.4	45 - 49	145 – 149	896	803	25	18
Jim O'Connell , Acting Chief Operating Officer (From 21 February 2011)	n/a	n/a	35 – 39	110 – 114	555	n/a	n/a	n/a
Tony Ranzetta, Acting Chief Operating Officer (from 1 August 2010 to 20 February 2011)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Irene Gray, Chief Operating Officer (until 31 July 2010)	(0 – 2.4)	(5.0 - 7.4)	50 - 54	150 - 154	n/a	1,124	n/a	n/a
Jonathan Sheffield, Medical Director (until 30 September 2010)	0 - 2.4	0 – 2.4	75 - 79	235 - 239	1,487	1,547	(71)	(50)

Real increases and Employer's contributions are shown for the time in post where this has been less than the whole year. Figures in (brackets) indicate reductions.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

Jim O'Connell was seconded from the South Central Strategic health authority. the figures for the movement in pension values are not available.

Notes to the Accounts

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme, or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. In some cases, the real increase in the CETVs show a significant difference, when comparing this year's values with last year's. This difference is due to a change in the factors used to calculate CETVs, which came into force on 1 October 2008 as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations. These placed responsibility for the calculation method for CETV's (following actuarial advice) on Scheme Managers or Trustees. Further regulations from the Department for Work and Pensions to determine cash equivalent transfer values (CETV) from Public Sector Pension Schemes came into force on 13 October 2008.

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

Signed ……
Robert Woolley,
Chief Executive

Notes to the Accounts

7. Better Payment Practice Code

7.1 Measure of Compliance

	Year ended 31 March 2012		Year ended 31 March 2011	
	Number	Value £000	Number	Value £000
Total Non NHS trade invoices paid in the period	153,674	169,618	147,973	152,223
Total Non NHS trade invoices paid within target	141,275	154,629	132,096	133,608
Percentage of Non NHS trade invoices paid within target	91.9%	91.1%	89.3%	87.8%
Total NHS trade invoices paid in the period	4,828	56,007	4,445	58,133
Total NHS trade invoices paid within target	4,199	52,412	4,061	54,506
Percentage of NHS trade invoices paid within target	87.0%	93.6%	91.4%	93.8%

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

7.2 The Late Payment of Commercial Debts (Interest) Act 1998

Included within Finance Costs (note 9.2) is £nil (2011: £nil) arising from claims made under this legislation. No other compensation was paid to cover debt recovery cost under this legislation.

8. Loss on Disposal of Fixed Assets

The surplus on the disposal of fixed assets of £0.081m (2011: loss of £0.480m) related exclusively to non-protected assets. There were no protected assets disposed of during the period.

9. Finance

9.1 Finance Income

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Interest on loans and receivables	361	296
Other	-	-
TOTAL	361	296

9.2 Finance costs

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Bank charges	1	
Finance leases	410	435
TOTAL	411	435

Notes to the Accounts

9.3 Impairments

Net impairment of property plant and equipment and intangibles	Year ended 31 March 2012 £000	Restated Year ended 31 March 2011 £000
Loss or damage from normal operations (Restated)	1,356	5,870
Changes in market price	2,088	1,057
Reversal of impairments (Restated)	(2,187)	(1,657)
TOTAL	1,257	5,270

Impairments occur when the carrying amount of property, plant and equipment are reviewed by the District Valuer on application of indices or external valuation. This review is undertaken annually through a revaluation to ensure assets reflect the fair value, when they are brought into use, or assets are identified as assets held for sale. The impairments relate to the following:

Property, plant and equipment	Land (£000)	Buildings (£000)	Total (£000)
Bristol General Hospital	567	1356	1,923
Bristol Eye Hospital	-	837	837
Queens Building	-	684	684
Total	**567**	**2,877**	**3,444**

Of the total impairments arising during the year £2.088m (2011: £1.057m) was charged to the revaluation reserve and £1.356m (2011: £5.870m) was charged to the operating expenses within the Statement of Comprehensive Income. The reversal of impairments of £2.187m (2011: £1.657m) is credited to operating income.

9.4 Restatement of Prior Year Impairments

There has been a change in accounting policy in respect of the treatment of Donated Assets and Donated Asset Reserve (IAS 20). The donation is credited to income, rather than the donated asset reserve, unless the donor imposes a condition on the asset. The donated assets are subsequently accounted for in the same manner as other items of property plant and equipment.

In 2010/11 movements on the donated asset reserve included impairments of £2.614m and reversal of previous impairments of £247k.

The 2010/11 comparative figures have been restated to reflect the change in accounting policy. The £2.614m impairment is now charged to operating expenses with the reversal of previous impairments crediting £184k to operating income and £63k to the revaluation reserve.

10. Intangible assets

	Software licences £000	Other £000	Assets Under Construction £000	Total £000
Cost at 1 April 2011	4,445	563	-	5,008
Additions	163	111	2,358	2,632
Disposals	-	-	-	-
Reclassifications	286	-	(286)	-
Revaluations	-	(342)	-	(342)
Disposals	-	(66)	-	(66)
Fair value adjustment	-	-	-	-
Cost at 31 March 2012	**4,894**	**266**	**2,072**	**7,232**
Accumulated amortisation at 1 April 2011	1,864	61	-	1,925
Impairments	-	-	-	-
Charged during the year	803	-	-	803
Accumulated amortisation at 31 March 2012	**2,667**	**61**	**-**	**2,728**
Net book value at 31 March 2011				
Purchased	2,581	502		3,083
Donated	-	-		-
Funded from Government Grant	-			
Restated net book value at 31 March 2012	**2,581**	**502**		**3,083**
Net book value at 31 March 2012				
Purchased	2,227	205	2,072	4,504
Donated				
Funded from Government Grant				
Total net book value at 31 March 2012	**2,227**	**205**	**2,072**	**4,504**

Other intangibles assets are emission allowances granted under the EU Emissions Trading Scheme. These allowances are held at fair value.

11. Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction & payments on account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2011 – as previously stated	28,779	213,088	4,435	16,647	71,724	503	15,506	2,233	**352,915**
Adjustment to reflect FTC format	713	23,889	844	-	-	-	-	-	**25,446**
Cost or valuation at 1 April 2011 - Restated	**29,492**	**236,977**	**5,279**	**16,647**	**71,724**	**503**	**15,506**	**2,233**	**378,361**
Additions – purchased	-	525	-	36,279	1,284	104	1,173	-	**39,365**
Additions – donated	-	-	-	-	678	-	28	-	**706**
Impairments charged to Revaluation Reserve	(567)	(1,521)	-	-	-	-	-	-	**(2,088)**
Reclassifications	-	9,187	18	(11,546)	1,610	-	721	10	**-**
Transferred to assets held for sale	(2,772)	(4,124)	(586)						**(7,482)**
Revaluations	164	(10,766)	-	-	-	-	-	-	**(10,602)**
Disposals	-	-	-	-	(2,615)	-	(23)	-	**(2,638)**
Cost or Valuation at 31 March 2012	**26,317**	**230,278**	**4,711**	**41,380**	**72,681**	**607**	**17,405**	**2,243**	**395,622**
Accumulated Depreciation at 1 April 2011 – as previously stated	-	8,074	143	-	42,401	217	8,250	1,623	**60,708**
Adjustment to reflect FTC format	713	23,889	844						**25,446**
Accumulated Depreciation at 1 April 2011 - Restated	**713**	**31,963**	**987**	**-**	**42,401**	**217**	**8,250**	**1,623**	**86,154**
Charged during the year	-	8,765	180	-	6,288	75	1,799	197	**17,304**
Impairments charged to Operating expenses	-	1,152	204	-	-	-	-	-	**1,356**
Reversal of Impairments charged to Operating expenses	-	(2,187)	-	-	-	-	-	-	**(2,187)**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Revaluations	-	(15,926)	-	-	-	-	-	-	**(15,926)**
Disposals	-	-	-	-	(2,507)	-	(23)	-	**(2,530)**
At 31 March 2012	**713**	**23,768**	**1,371**	**-**	**46,181**	**292**	**10,026**	**1,820**	**84,171**
Net book value at 31 March 2012									
Purchased	25,604	189,938	3,340	41,380	24,349	315	7,347	422	**292,695**
Donated	-	10,877	-	-	2,151	-	32	1	**13,061**
Finance leases	-	5,695	-	-	-	-	-	-	**5,695**
Total at 31 March 2012	**25,604**	**206,510**	**3,340**	**41,380**	**26,500**	**315**	**7,379**	**423**	**311,451**
Net book value at 31 March 2011									
Purchased	28,779	188,434	4,292	16,647	27,013	286	7,250	582	**273,283**
Donated	-	10,640	-	-	2,310	-	6	28	**12,984**
Finance leases	-	5,940	-	-	-	-	-	-	**5,940**
Total at 31 March 2011	28,779	**205,014**	**4,292**	**16,647**	**29,323**	**286**	**7,256**	**610**	**292,207**

The format of this note reflects the Foundation Trust Consolidation (FTC) forms submitted to Monitor. Impairments charged to operating costs are included within accumulated depreciation, with those charged to reserves reducing asset cost. This treatment is derived from the standard IAS16 paragraph 73d.

The Trust's property, plant and equipment was last valued on 1st April 2009 on a depreciated replacement cost, Modern Equivalent Asset Valuation (MEA) basis by the District Valuer. For 2011/12 the value of these assets has been estimated by using valuation indices for the year provided by the District Valuer. This has resulted in a net increase of the Trust assets by £7.180m.

Land and dwellings transferred from property, plant and equipment to assets held for sale amount to £7.482m. See note 14.2 for further details regarding assets held for sale.

Depreciation expense of £17.304m has been charged to operating expenses (note 5) within the Statement of Comprehensive Income

The Bristol Dental Hospital buildings are owned by the University of Bristol. The Trust's ongoing access to the healthcare facilities provided by the hospital and future economic benefits from the Trust's capital investment in the hospital have been confirmed by the University of Bristol in a Memorandum of Understanding.

Notes to the Accounts

11.1 Net book value of assets held under finance leases

The net book value of assets held under finance leases and hire purchase contracts was:

Buildings excluding dwellings	**Year ended 31 March 2012 £000**	**Year ended 31March 2011 £000**
Cost or valuation at 1 April	6,270	5,374
Reclassifications	86	-
Revaluations		896
Cost or valuation at 31 March	**6,356**	**6,270**
Accumulated depreciation at 1 April		-
Provided during the year	331	330
Revaluation surplus		-
Accumulated depreciation at 31 March	**661**	**330**
Net Book Value at 31 March	**5,695**	**5,940**

11.2 Net book value of land building and dwellings

The net book value of land, buildings and dwellings comprises:

	Year ended 31 March 2012 £000	**Year ended 31 March 2011 £000**
Freehold	229,759	232,145
Long leasehold	5,695	5,940
TOTAL	235,454	238,085

11.3 Protected and non-protected assets

Details of value of property, plant and equipment which are protected/non-protected are as follows:

	Total	**Land**	**Buildings**	**Dwellings**	**AUC**	**P&M**	**Transport**	**IT**	**F&F**
Protected (£000)	203,168	20,365	182,803	-	-	-	-	-	-
Non-protected (£000)	108,283	5,239	23,707	3,340	41,380	26,500	315	7,379	423
Total at 31 March 2012	**311,451**	**25,604**	**206,510**	**3,340**	**41,380**	**26,500**	**315**	**7,379**	**423**

	Total	**Land**	**Buildings**	**Dwellings**	**AUC**	**P&M**	**Transport**	**IT**	**F&F**
Protected (£000)	196,975	20,740	176,235	0	0	0	0	0	0
Non-protected (£000)	95,226	8,039	28,768	4,292	16,647	29,328	286	7,265	610
Total at 31 March 2011	**292,201**	**28,779**	**205,003**	**4,292**	**16,647**	**29,328**	**286**	**7,265**	**610**

11.4 Net book value of land building and dwellings – where the Trust is the lessor

The Trust leases out certain buildings or parts of buildings under operating leases. The carrying amount of buildings leased out in part, or their entirety was as follows:

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Cost	943	2,257
Depreciation	(51)	(71)
Net book value	892	2,186
Depreciation charged for the year	25	71

12 Inventories

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Raw materials and consumables	7,118	7,029
TOTAL	**7,118**	**7,029**
Inventories recognised as an expense in the year	78,935	76,207
Impairments		-
TOTAL	**78,935**	**76,207**

Notes to the Accounts

13. Trade and Other Receivables

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Amount falling due within one year:		
NHS receivables	12,226	11,888
Other receivables	8,697	9,801
Provision for impaired receivables	(5,639)	(3,568)
PDC receivable		-
Prepayments	2,006	1,579
Accrued income	561	363
Total falling due within one year:	**17,851**	**20,063**
Amount falling due after one year		
Other receivables	-	-
Provision for impaired receivables	-	-
Total falling due after one year	**-**	**-**

Provision for irrecoverable debts (impairment of receivables):	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Balance at start of year (period)	**3,568**	**3,111**
New Provisions	3,081	1,378
Utilised in year	(404)	(234)
Reversed in year	(606)	(687)
Balance at end of year (period)	**5,639**	**3,568**

Ageing of impaired receivables	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
By up to three months	1,869	1,873
By three to six months	1,465	531
By more than six months	2,305	1,164
TOTAL	**5,639**	**3,568**

Ageing of non-impaired receivables past their due date		**£000**
By up to three months	1,670	1,258
By three to six months	-	2,132
By more than six months	626	284
Total	**2,296**	**3,674**

14. Other assets

14.1 Other financial assets

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Amount falling due within one year	146	146
TOTAL	**146**	**146**

14.2 Assets Held for Sale

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Assets Held for Sale	7,482	1,470
TOTAL	**7,482**	**1,470**

The assets held for sale relate to Bristol General Hospital, Horfield Road land and the Brentry site following the approval of the Finance Committee. The completion dates for these transactions are expected by August 2012.

15. Trade and Other Payables

	Year ended 31 March 2012 £000	Restated Year ended 31 March 2011 £000
Amount falling due within one year:		
NHS payables	3,301	6.944
Capital payables	4,698	1,911
Other payables	16,692	18,307
Related parties (restated)	3,782	3,971
Accruals	21,758	15,361
TOTAL	**50,231**	**46,494**
Amounts falling due after one year:		
Loans	-	-
TOTAL	**-**	**-**

Outstanding pension contributions of £3.559m (2011: £3.542m) are included within the NHS payables totals and £3.540m for PAYE (2011: £3.970m) and National Insurance £2.968m (2011: £2.978m) has been included in Other payables.

16. Other liabilities

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Amount falling due within one year:		
Deferred income	4,133	12,240
Deferred government grants	316	30
TOTAL	**4,449**	**12,270**

17. Borrowings

17.1 Amount falling due within one year:

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Finance lease obligations	188	164
TOTAL	**188**	**164**

17.2 Amounts falling due after one year:

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Finance lease obligations	5,953	6,142
TOTAL	**5,953**	**6,142**

17.3 Finance Lease Obligations

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Payable:		
Not later than one year	575	575
Later than one year but not later than five years	2,300	2,300
Later than five years	6,564	7,140
Sub-Total	**9,439**	**10,015**
Less finance charges allocated to future periods	(3,298)	(3,709)
Net Obligation	**6,141**	**6,306**

The finance lease arrangement relates to the Education Centre which will expire in June 2028.

17.4 Net Finance Lease Obligations

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Payable:		
Not later than one year	188	164
Later than one year but not later than five years	994	898
Later than five years	4,959	5,244
Net Obligation	**6,141**	**6,306**

17.5 Finance Lease Commitments

There are no finance lease commitments at 31 March 2012 (31 March 2011 Nil)

18. Provisions for Liabilities and Charges

	Legal Claims £000	Other £000	Total £000
At 1 April 2011	499	541	1,040
Arising during the period	170	6,349	6,519
Utilised during the period	(145)	(355)	(500)
Reversed unused	(57)	(108)	(165)
Unwinding of discount	8	-	8
At 31 March 2012	**475**	**6,427**	**6,902**
At 1 April 2010	627	284	911
Arising during the period	125	257	382
Utilised during the period	(146)	-	(146)
Reversed unused	(116)	-	(116)
Unwinding of discount	9	-	9
At 31 March 2011	**499**	**541**	**1,040**

The expected timing of any resulting outflows of economic benefits, analysed between 'not later than one year', between 'one and five years' and 'later than five years' is set out in the table below.

Timing of economic outflow	Legal Claims £000	Other £000	Total £000
Not later than one year	239	6,427	6,666
Later than one year but not later than five years	101		101
Later than five years	135		135
Total	**475**	**6,427**	**6,902**

18.1 Legal Claims

The provision for legal claims at 31 March 2012 includes the following:

a) Provision for Staff Injuries
A staff injuries provision of £0.263m, (2011: £0.283m) in respect of staff injury allowances payable to the NHS Pensions Agency.

b) Provision for Liabilities to Third Parties
A provisions for liabilities to third parties of £0.213m (2011: £0.217m) representing the excess payable by the Trust, under the NHS Litigation Authority (NHSLA) Liabilities to Third Parties Scheme.

18.2 Other Provisions

Other provisions at 31 March 2012 of £6.427m (2011: £0.540m) relate to the charge for carbon emissions under the EU Emissions Scheme (£0.252m) and the liability re transfer of Skills for Health to successor body in 2012/13 (£6.175m). The EU Emission provision is stated at market value.

18.3 Clinical Negligence

The NHS Litigation Authority has included a £49.510m provision, in its accounts (2011: £50.224m) in respect of clinical negligence liabilities of the Trust.

19. Cash and cash equivalents

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Cash with the government banking service	40,905	52,876
Commercial cash at bank and in hand	576	139
Total cash and cash equivalents	**41,481**	**53,015**

20. Capital Commitments

Commitments under capital expenditure contracts at 31 March 2012 were £92m (2011:£2m), comprising:

- Bristol Royal Infirmary Redevelopment - £65.5m
- Centralisation of Specialist Paediatrics - £26.5m

Notes to the Accounts

21. Post-Statement of Financial Position (SoFP) Events

University Hospitals Bristol has secured a loan in the sum of £70m from the Foundation Trust Financing Facility to partially fund the capital costs of the scheme to facilitate the centralisation of specialist paediatric services and the Redevelopment of the BRI. The loan is to be drawn down in 2012/13 (£45m) and 2013/14 (£25m).

University Hospitals Bristol has secured an offer of a loan in the sum of £4.95m from the Foundation Trust Financing Facility to fund the capital costs of the Welcome Centre scheme. The scheme provides for the replacement of essential hospital accommodation such as main reception, waiting areas and Patient Advice and Liaison Services coupled with a retail provision to meet the needs of patients, visitors and staff. The Comprehensive Business Case for the Welcome Centre was approved by the Board in December 2011. The loan will be drawdown in 2012/13.

Skills for Health
Skills for Health has agreed with the Trust that the current hosting arrangement of the Sector Skills Council by UHBFT will cease as at 31st March 2013. The intention is that all remaining staff attributable to Skills for Health will TUPE transfer to a separate legal entity as at 31st March 2013 under their existing terms and conditions which will include accrued redundancy and superannuation rights under the NHS Pension Scheme.
The assets and liabilities relating to Skills for Health will transfer to the separate legal entity before the 31st March 2013. The cessation of the hosting arrangement will be financially neutral to UH Bristol NHS Foundation Trust.

22. Contingencies

22.1 Contingent Assets

The Trust has no contingent assets at 31 March 2012 (2011: £nil).

22.2 Contingent Liabilities

Contingent liabilities at 31 March 2012 comprise:

Bristol Education Centre Reviewable Rent
The Trust pays an annual rent of £0.575m for the lease of the Bristol Education Centre. In addition, an annual "reviewable" rent, equal to 5% of the Market Rental Value of the premises is payable (currently £0.034m per annum). This rent is reviewed periodically in accordance with the lease terms. This was last reviewed in August 2008 and the next review is due in August 2013 (2013/14). The Market Rental Value of the premises over the remaining period of the lease and hence the Trust's financial liability cannot be determined with any certainty.

Equal Pay Claims
The NHS Litigation Authority is co-ordinating a national approach to the litigation of equal pay claims and is providing advice to the Trust. The likely outcome of these claims and hence the Trusts financial liability, if any, cannot be determined until these claims are resolved.

Other Contingencies
The Trust has contingent liabilities in relation to any new claims arising under the NHS Litigation Authority's "Liability to Third Parties" and "Property Expenses" schemes. The contingent liability will be limited to the Trust's excess for each new claim.

Notes to the Accounts

23. Prudential Borrowing Code

The Trust is required to comply and remain within the Prudential Borrowing Limit (PBL). This is made up of two elements:

a) the maximum cumulative amount of long-term borrowing. This is set by reference to the four ratio tests set out in Monitor's Prudential Borrowing Code. The financial risk rating set under Monitor's compliance framework determines one of the ratios and therefore can impact on the long term borrowing limit.
b) the amount of any working capital facility approved by Monitor.

Further information on the Prudential Borrowing Code and Compliance Framework can be found on the website of Monitor, the Independent Regulator of Foundation Trusts.

At the 31 March 2012 the Trust's Prudential Borrowing Limit was £140.0m (2011: £109.4m). This represents maximum long term borrowing of £102.5m (2011: £71.9m) and an approved working capital facility of £37.5m (2011: £37.5m). At 31 March 2012 the Trust had £6.141m (2011: £6.306m) outstanding for long term borrowings, and had utilised £nil (2011: £nil) funds from its working capital facility.

The Trust's performance against the key ratios on which the Prudential Borrowing Limit is based, was as follows:

Financial ratio	Actual ratios year ended 31 March 2012	Approved PBL ratios year ended 31 March 2012	Actual ratios year ended 31 March 2011	Approved PBL ratios year ended 31 March 2011
Minimum dividend cover (multiple)	3.9x	>1x	4.8x	>1x
Minimum interest cover (multiple)	83x	>3x	91x	>3x
Minimum Debt service cover (multiple)	59x	>2x	70x	>2x
Maximum debt service to revenue	0.1%	<2.5%	0.1%	<2.5%

At 31 March 2012 the Trust was performing within all of the approved Prudential Borrowing Limit ratios.

24. Related Party Transactions

The University Hospitals Bristol NHS Foundation Trust is a Public Benefit Corporation authorised under the National Health Service Act 2006.

During the year none of the Board members or members of the key management staff or parties related to them has undertaken any material transactions with the University Hospitals Bristol NHS Foundation Trust.

All bodies within the scope of Whole Government Accounting are related parties to the Trust. This includes the Department of Health and it's associated departments. Entities where income or expenditure, or outstanding balances as at 31 March 2012, exceeded £500,000 are listed below.

Notes to the Accounts

	31 March 2012 £m		2011/12 £m		2010/11 (Restated) £m	
	Receivables	Payables	Income	Expenditure	Income	Expenditure
Avon and Wiltshire Mental Health Partnership NHS Trust			0.93	0.55	0.89	0.61
NHS Bath and North East Somerset			13.13		13.18	
NHS Birmingham East and North			0.95		0.87	
NHS Bristol	4.89		256.88		255.01	
Central Manchester University Hospitals NHS Foundation Trust			0.92		0.82	
NHS Cornwall and the Isles of Scilly			0.92		1.14	
NHS Devon			1.91		2.10	
NHS Dorset			0.76		0.79	
East of England SHA			0.95			
NHS Gloucestershire	0.53		10.56		8.96	
Great Western Ambulance Service NHS trust						0.94
Great Western Hospitals NHS FT				0.71		
Gloucestershire Hospitals NHS FT				1.55		0.91
NHS Hampshire			0.88		0.83	
Pennine Acute Hospitals NHS Trust						0.56
Health Protection Agency				2.81		3.06
NHS Blood and Transplant				6.89		6.43
NHS Litigation authority				6.71		6.50
North Bristol NHS Trust	1.13	1.51	4.88	7.74	3.07	5.84
NHS North Somerset	0.55		45.80		44.39	
London SHA			1.27		0.58	
North West SHA			6.96		7.88	
Liverpool Community Health NHS Trust				0.51		0.59
Poole Hospital NHS FT				1.09		0.89
Bristol City Council				1.82		
Royal Bournemouth & Christchurch Hospitals NHS FT				1.22		0.95
Royal Liverpool and Broadgreen University Hospital						0.68
Royal National hospital for Rheumatic Diseases NHS FT				0.53		
Royal United Hospital Bath NHS Trust				1.32		0.79
Royal Devon and Exeter Foundation Trust				0.55		
NHS Somerset			15.57		15.14	
NHS South Gloucestershire			34.04		34.48	
Salisbury NHS FT				0.63		0.56
South West SHA			39.34		0.58	
South Gloucestershire Council				0.60		0.55
NHS Swindon			2.26		1.95	
Taunton and Somerset NHS Foundation Trust				1.24		0.88
Welsh Assembly	0.78		8.77		6.65	
Weston Area Health NHS Trust			1.51	1.09	1.11	0.89
Yeovil District Hospitals NHS FT				0.79		0.57
NHS South East Essex					0.69	
NHS Wiltshire			7.99		7.10	
East Lancashire NHS Trust						0.54
UK Commission for Employment & Skills			2.181			
Dept of work and pensions			0.80			
Department of Health		1.13	35.50	0.65	23.97	
NHS Pension Scheme		3.80		30.84		30.23

2010/11 figures restated following the alignment project during 2011/12 and to reflect the grossing up of the WCLRN payments.

In addition the Trust pays HM Revenue and Customs for employees' tax and national insurance and employers' national insurance which totalled £70.22m in 2011/12 (£72.45m in 2010/11). The Trust also pays the NHS Pension Scheme for employees' contributions which totalled £9.95m in 2011/12 (£13.14m in 2010/11). employers' contributions to the pension scheme are included in the above table.

The Trust has also received income from a number of charitable funds, including Above and Beyond and the Grand Appeal. One of the Trust's Board members serves as a Trustee for Above and Beyond. Transactions in 2011/12 relating to Above and Beyond were receipts of donated assets (£536k), income (£1.481m) and expenditure (£212k). Transactions relating to the Grand Appeal were receipts of donated assets (£931k), income (£601k) and expenditure (£5k).

The Audited Accounts of Above and Beyond Charities can be obtained from:
Above and Beyond Charities,
The Abbot's House,
Blackfriars,
Bristol, BS1 2NZ

25. Private Finance Transactions

At 31 March 2012 the Trust has no PFI schemes (2011: none).

26. Financial Instruments

26.1 Financial Instruments by currency

Financial Assets	**31 March 2012**	**31 March 2011**
	£000	**£000**
Currency		
Denominated in Sterling	57,005	71,645
TOTAL	**57,005**	**71,645**

	31 March 2012	**31 March 2011**
Financial Liabilities		
Currency	**£000**	**£000**
Denominated in Sterling	54,435	43,921
TOTAL	**54,435**	**43,921**

The Trust has negligible foreign currency income or expenditure.

26.2 Financial instruments by category

Financial assets per Statement of Financial Position	31 March 2012 £000	31 March 2011 £000
Loans and receivables:		
NHS trade and other receivables	10,511	9,610
Other trade and other receivables	4,867	8,874
Other financial assets	146	146
Cash at bank and in hand	41,481	53,015
Total	**57,005**	**71,645**

Loans and receivables are held at amortised cost.
Provision for NHS debtors is included within other trade receivables as it is part of a general provision.

Financial liabilities per Statement of Financial Position	31 March 2012 £000	31 March 2011 £000
NHS trade and other payables	3,786	8,681
Non NHS trade and other payables	46,112	30,847
Finance lease obligations	4,537	4,393
Total at 31 March	**54,435**	**43,921**

Financial liabilities are held at amortised cost.

26.3 Fair Values

At 31 March 2012 and 31 March 2011 there was no significant difference between the fair value and the carrying value of any of the Trust's financial instruments.

26.4 Maturity of financial assets

At 31 March 2012 and 31 March 2011 all financial assets were due within one year.

26.5 Maturity of financial liabilities

	Year ended 31 March 2012 £000	Year ended 31 March2011 £000
Less than one year	50,087	39,687
In more than one year but not more than two years	205	175
In more than two years but not more than five years	704	617
In more than five years	3,439	3,442
Total	**54,435**	**43,921**

27. Third Party Assets

At 31 March 2012 the Trust held £nil (2011: £nil) cash at bank and in hand which relates to moneys held by the Trust on behalf of patients.

28. Intra-Government Balances

	Receivables: amounts falling due within one year £000	Receivables: amounts falling due after more than one year £000	Payables: amounts falling due within one year £000	Payables: amounts falling due after more than one year £000
At 31 March 2012				
Foundation Trusts and NHS Trusts	2,737		3,092	
Department of Health	346		1,125	
Strategic Health Authority	275		143	
Primary Care Trusts	8,731		258	
NHS WGA bodies	313		424	
TOTAL NHS	**12,402**		**5,042**	
Other WGA bodies	1,540		10,311	
TOTAL at 31 March 2012	**13,942**		**15,353**	

	Receivables: amounts falling due within one year £000	Receivables: amounts falling due after more than one year £000	Payables: amounts falling due within one year £000	Payables: amounts falling due after more than one year £000
At 31 March 2011 (Restated)				
Foundation Trusts and NHS Trusts	2,463	-	3,816	-
Department of Health	-	-	731	-
Strategic Health Authority	318	-	23	-
Primary Care Trusts	9,107	-	932	-
NHS WGA bodies		-	970	-
TOTAL NHS	**11,888**	**-**	**6,472**	**-**
Other WGA bodies	542	-	11,575	-
TOTAL at 31 March 2011	**12,430**	**-**	**18,047**	**-**

Figures for 2011 have been restated following the alignment project carried out in 2011/12.

29. Losses and Special Payments

There were 352 cases of losses and special payments totalling £0.179m paid during the period ended 31 March 2012 (2011: 496 cases totalling £0.247m).

Statement of the Chief Executive's responsibilities as the Accounting Officer of University Hospitals Bristol NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed the University Hospitals Bristol NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of University Hospitals Bristol NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Signed 

Robert Woolley, Chief Executive Date: 29 May 2012

Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of University Hospitals Bristol NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in University Hospitals Bristol NHS Foundation Trust for the year ended 31 March 2012 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Leadership

The strategic direction of the Trust Board of Directors is the key driver for addressing risks associated with achieving its stated strategic and corporate objectives. The Board also retains responsibility for determining the nature and extent of the significant risks it is willing to take in achieving its strategic objectives. The strategic direction set by the Board is documented in the strategic and corporate objectives which it approves each year.

The Board's attitude towards risks associated with the achievement of these objectives is defined in the 'risk appetite' specified by the Board after due consideration of opportunities and threats within the operation and performance of the Trust. This position is set out in the Risk Management Strategy which is revised annually, or when a change is required due to changing circumstances.

The Board monitors the achievement of its objectives, and the management of associated risks, through the annual cycle of Board reporting— including the Quality and Performance Report, Board Assurance Framework, Risk Register reports and quarterly reports supporting self-certifications to Monitor.

Whilst the Board retains accountability for ensuring that risk is effectively addressed throughout the Trust's operations, responsibility for the management of risk is delegated to the Chief Executive. This duty is discharged through the formal leadership and management measures established by the Chief Executive as part of the system of internal control, including the Trust's risk and performance management arrangements.

To ensure a comprehensive and effective system of risk management, I commissioned a review of patient safety and risk management—at the beginning of the current reporting period—to assess the strengths and weaknesses of existing patient safety and risk management systems and processes with a view to identifying areas for improvement. This thorough diagnostic evaluation was supported by an internal audit of Divisional risk management arrangements. I used the results of these two assessments to make revisions and improvements to practice which were effected through a formal action plan. All of the actions were completed within the year and are formally embedded in revised and strengthened risk management systems, procedures and standards.

The Board deploys two committees to augment its monitoring of risk management. The Audit Committee reviews the establishment and maintenance of an effective system of governance, risk management and internal control across the whole of the organisation's activities; the Quality and Outcomes Committee reviews the suitability and implementation of risk mitigation plans with regard to their potential impact on patient outcomes.

The review of Board governance conducted by the Internal Auditor in 2011-2012 confirmed that the system of Board monitoring and scrutiny of risk management as set out in the terms of reference for both of these committees was operated to a standard that did not attract any audit recommendations for improvement.

Risk Training and Awareness

Whilst considering priorities for action in relation to strengthening risk and patient safety arrangements, the Trust Management Executive recognised that a pervasive culture of risk-awareness and good practice throughout the Trust are key factors in ensuring the achievement of strategic aims and key performance targets. The Executive established and ran a broad programme of staff training and awareness throughout the year, providing suitable training to staff depending on their responsibilities and authority with regard to risk.

Risk reporting protocols and guidance were refreshed and re-issued as part of this programme, and subsequent statistics indicate a linked increase in risk and incident reporting through the year. Increased risk reporting supports the Trust's approach to learning from experience and demonstrates increased risk awareness in practice.

The risk and control framework

The 'Risk Appetite' defined by the Trust Board of Directors is set out in the Risk Management Strategy and takes into account organisational risk across potential areas of risk exposure including: strategy, employment, clinical practice, environment, financial, operations, information and regulatory compliance.

In determining its risk appetite, the Board's overarching objective is to achieve maximum sustainable value from all the activities of the Trust. In particular, the Board considers maintenance of the quality, safety and sustainability of services to patients in the context of exacting cash releasing savings to be the most significant potential source of risk. Having taken this into account, the Trust Board of Directors has defined its Risk Appetite as:

(a) The Trust Board of Directors has zero tolerance for harm to patients and staff through the actions or omissions of the Trust[1,]

(b) The Trust will consider strategic and operational decisions in the context of risk-assessed strategies, business cases and projects to allow for these decisions to be taken with due regard to the quality, safety and sustainability of services to patients,

(c) The Trust Board of Directors requires the reporting of risk exceptions of high and extreme risks to the Board by quarterly presentation of the Corporate Risk Register and the Board Assurance Framework.

The Trust Risk Management Group, consisting of the Executive Directors supported by specialist risk advisers and risk management leads, takes overall responsibility for the co-ordination of risk management across the Trust in accordance with the Risk Management Strategy. This formal management group, chaired by the Chief

[1] Where clinical risks are known to be associated with treatment, these risks will be professionally assessed, understood, and discussed in full with patients and/or carers prior to commencement of any such treatment or procedure.

Executive, and reporting to the Trust Management Executive, is supported by the Service Delivery and Clinical Quality Groups which respectively address risks to operations and clinical quality as described in the their Terms of Reference and those of the Risk Management Group.

The Service Delivery Group oversees the management of operational service provision, including the management of operational risk. The Clinical Quality Group is tasked with ensuring the continuation of good clinical and risk management practices in all clinical services, ensuring required standards are achieved, investigating and taking action on sub-standard performance, planning and driving continuous improvement, identifying, sharing and ensuring delivery of best-practice, and, identifying and managing risks to quality of care.

Named senior officers of the Trust, including each of the Executive Directors and the Heads of Division, have personal responsibility for the management of risk. Heads of Division discharge these responsibilities through the Divisional risk management provisions, including Divisional Management Boards and local Risk Management / Governance groups. Standardised terms of reference for Divisional Boards with regard to risk management have been adopted by all of the Divisional Boards.

These 'hub and spoke' arrangements are systematically linked into the Trust-wide management groups with standardised risk registers, risk reporting arrangements and risk calculation algorithms. The hub and spoke model allows for the identification, evaluation and control of changing risk profiles. Examples of this identification and control process include: the use of a standard Clinical Risk Impact Assessment employed during any proposed change to services, such as during a transformation programme, and; the inclusion of standard Equality Impact Assessments during any proposed change to procedural documentation (i.e. strategy, policy, procedure and protocol documents).

The Risk Escalation Protocol sets out provisions for the escalation of risks from a 'hub' to the 'centre' under circumstances where this is either warranted or required. The performance of Divisional risk management arrangements is conducted by the Chief Executive during regular Divisional reviews.

To complement the risk management strategy and management provisions, the Trust Board of Directors maintains comprehensive standards for the governing of quality in the Trust. These standards are reported at each of the public meetings of the Board in the regular Quality and Performance Report. Statistical variances are identified through trend analysis and are addressed through agreement of priorities for action.

The quality of performance information used by the Board is regulated as described in the Data Quality Strategy which sets out the responsibility of individuals and groups within the Trust for ensuring the reliability of data used in performance monitoring and reporting. Data contained in reports to the Trust Board of Directors, including quarterly Monitor certifications, is revised for accuracy at specified of the Board reporting process.

Key data for Monitor compliance submissions are prepared as part of the Trust management reporting process and is incorporated into the regular Board reporting schedule. Data is extracted by experienced analysts directly from the Trust's management systems, including the patient administration system and the general ledger. Draft reports are revised for consistency by the Trust Management Executive Group. The Finance Committee and the Quality and Outcomes Committee each review the sections of performance reports and Monitor submissions for which they have oversight. Reports and Monitor submissions are amended if necessary to take into account the Board Committee and Trust Management Executive reviews.

A narrative account of a patient experience is also considered by the Board at each meeting. These accounts are presented and discussed to place patients' experiences of our services at the centre of the Board's focus and to identify organisational learning, both from errors and omissions, and from successes.

In seeking additional assurance as to the suitability and efficacy of its provisions for governing quality, the Board commissioned the Quality and Outcomes Committee to conduct a comprehensive assessment using the Monitor Quality Governance Framework as a guide to good practice. Monitor developed the Quality Governance

Framework in response to the findings of their internal audit report into the lessons learned from the failings at Mid Staffordshire NHS Foundation Trust. It is used by Monitor to assess NHS Trusts seeking authorisation as NHS Foundation Trusts; it also forms the basis for Foundation Trust Boards' quarterly self-certification for Quality Governance as set out in the Compliance Framework 2011-12.

The Quality and Outcomes Committee report to the Board concluded that the Trust demonstrated 95.2% compliance with the framework and the Committee was confident in management's capacity to achieve 100% compliance within a reasonable timeframe. None of the 4.8% of indicators rated as 'amber-green' was considered likely to pose a significant threat to the management of quality.

Whilst the Quality and Outcomes Board Committee is deployed by the Board to augment its own monitoring and scrutiny of quality, the management of quality is addressed through the management arrangements established by the Trust Management Executive. The Clinical Quality Group, which reports to the Trust Management Executive, takes overall responsibility for the co-ordination of quality management across the Trust.

The role of the Clinical Quality Group is to discharge the responsibility of the Trust Management Executive to manage clinical quality and risk to achieve the best possible outcomes for patients, their families, carers, and staff. Its function is to ensure the continuation of good clinical and risk management practices in all clinical services so that required standards are achieved. It conducts investigations into and takes action on sub-standard performance whilst planning and driving continuous improvement, identifying, sharing and ensuring delivery of best practice, and identifying and managing risks to the quality of care.

The Clinical Quality Group oversees the work of a set of sub-groups with responsibility for providing specialist management functions for: quality intelligence, patient safety, patient experience, clinical effectiveness, clinical audit, infection prevention and control, quality in care, safeguarding adults and children, clinical record keeping, mental health, resuscitation, medicines, cancer services, dementia, end of life, and, regulatory compliance.

Each of these specialist functional areas is monitored and co-ordinated through a rolling programme of quality and compliance reporting to the Clinical Quality Group. For example, the Regulatory Compliance Group assesses compliance with the sixteen Care Quality Commission (CQC) Judgement Framework (registration) requirements, and reports to the Clinical Quality Group on compliance with these each quarter. Reports are generated by the operational leads for each of the sixteen requirements who actively monitor and test operational compliance within the Divisions. The consistency of data used in quality reporting is tested in accordance with audit recommendations to ensure that it is accurate, up to date, and fit for purpose.

Prominent Risks

a) The Risk and Control Framework addressed a number of prominent clinical and non-clinical risks during 2011/12. For example, risks to the achievement of Cash Releasing Efficiency Savings could have compromised the achievement of the planned income and expenditure surplus. These risks were mitigated through the active engagement of Executive Directors in close monitoring of achievement versus plan throughout year and the proactive risk-assessment of any schemes under development. Control of staff vacancies and procurement were both monitored at monthly performance meetings.

b) The Cash Releasing Efficiency Savings risk remains prominent in 2012/13. Our savings targets are challenging—but the Trust has developed capacity to achieve these through a programme of service transformation. Outcomes will be assessed through monthly reports to the Finance Committee and exception reports will be made to Trust Board of Directors.

c) Risk of sub-optimal midwifery care associated with lower-than-recommended levels of maternity staffing were mitigated through the flexible deployment of staff, investment in additional midwives, escalation plans with neighbouring units, and demand-management for out of area births.

d) The maternity staffing risk continues into 2012/13. Capital projects to increase capacity, and transformation of the model of care are planned as additional mitigation actions. Outcomes will be assessed through quarterly risk register reports to the Trust Board of Directors with monthly monitoring by the Trust Management Executive and Risk Management Groups.

e) The seasonal risk that patients may receive sub-optimal care whilst waiting to be seen in the Emergency Department was escalated in 2011/12 due to the increased incidence of ambulance-queuing. This was mitigated through an agreement with Great Western Ambulance NHS Trust to ensure appropriate care for patients in waiting ambulances, initial assessment by Emergency Department staff of all patients awaiting handover, and prioritising of high risk or deteriorating patients for transfer to the Emergency Department.

f) The Emergency Department risk remains in 2012/13. We continue to work with our partners and other stakeholders across the healthcare system in and around Bristol to reduce the incidence on ambulances queuing. Outcomes will be measured through monthly quality and performance reports, and quarterly risk register reports to the Trust Board of Directors with on-going monitoring by the Trust Management Executive and Risk Management Groups.

g) During 2011/12 the risk of harm to patients due to the acquisition of pressure ulcers or from falling whilst in hospital has been recorded in risk registers. Mitigation of these risks continues to be a focus of the Trust Board of Directors when considering standards of care. A rapid-spread improvement programme was undertaken to ensure the use of appropriate specialist equipment, enhanced levels of staff training, and the use of specialist and senior nurses to guide and monitor standards of care. Outcomes will be measured through the implementation of the NHS Safety Thermometer in 2012/13. This will enable accurate benchmarking and learning from best practice. Progress in the South West Quality and Patient Safety Improvement Programme will also support the provision of safer care which will be measured and reported in the quality and performance reports to the Trust Board of Directors.

h) Looking ahead, and in addition to those risks continuing from 2011/12, a key new risk for 2012/13 is that activity could exceed the levels agreed in contracts and anticipated in the operating plan. This might arise as a result of demographic pressures and/or unsuccessful demand-management. The result would be a negative impact on the ability of the Trust to maintain performance in key areas such as Accident and Emergency, cancer pathways and cancelled operations. We will mitigate this risk through robust assessment of activity against plan in monthly reviews with commissioners. Outcomes will be assessed through quarterly risk register reports to the Trust Board of Directors and monthly monitoring by the Trust Management Executive and Risk Management Groups.

Care Quality Commission (CQC) Registration

At the time of drafting the Annual Governance Statement, the trust was fully compliant with the registration requirements of the Care Quality Commission.

Involvement of Public Stakeholders

The Trust Membership Council maintained its interaction with the Trust Board of Directors in this reporting period, with a regular attendance of Governors at meetings of the Trust Board of Directors and a complementary attendance of Executive Directors at meetings of the Membership Council. Additionally, the Membership Council deployed its three Governor Working Groups to extend its involvement in strategy, quality and membership engagement.

Each of these Governor Working Groups was attended by relevant Executive Directors and other senior managers of the Trust to ensure on-going dialogue and collaboration between Governors and senior leadership. These interactions were in addition to the formal joint meetings of the Membership Council and the Trust Board of Directors. In addition, the Chairman hosted regular Chair's meetings to encourage open dialogue between the

Membership Council and the Trust Board of Directors. These meetings encourage the exchange of views and ideas in a spirit of openness and accountability.

The Trust continued to build on previous public and patient involvement mechanisms and worked actively with a number of groups involving patient and public representatives in the design and planning of its services. This engagement is designed to reduce risks associated with the design or re-design of services, and to ensure that any blind spots where services may not be meeting the needs of patients are illuminated through direct feedback.

Public and patient stakeholder engagement has been extended through significant participation in consultations and other dialogues between the Trust, the public, voluntary organisations, staff, Local Involvement Networks, and Overview and Scrutiny Committees.

The Trust Board of Directors has continued to pursue the principles set out in its' Membership Strategy and continues to maintain and develop systems to involve the public and particularly, members of seldom heard groups. A number of membership engagement activities were attended by staff, governors, members and the public in this reporting period, including the popular 'medicine for members' events.

In December 2011, the Trust launched a new charter that aims to promote the role carers play within hospitals. The charter sets out a number of commitments, including ensuring that carers are involved in the planning and delivery of services.

Information Governance

The Trust is a data controller as defined by the Data Protection Act 1998 and takes its responsibility for the security of personal and corporate data very seriously. We remain compliant with the Data Protection Act 1998 and the Freedom of Information Act 2000.

The Information Governance Management Group, chaired by the Medical Director, who is the Senior Information Risk Owner, oversaw the Trust's plan to demonstrate compliance with the requirements of the Information Governance Toolkit.

For version 9 of the Information Governance Toolkit, we declared and published our out-turn position as at 31 March 2011 of 68%, compared to 65% in 2010-2011. However, the percentage improvement compared with Version 8 masks the fact that the requirements for this reporting year changed between versions. Although an improved percentage of compliance has been reported, the Trust is required to achieve Level 2 for all 45 requirements of the Toolkit and failed to do so on 2 requirements this year. This resulted in a continued 'red' rating as calculated by the Information Governance Toolkit. Action plans are in place to address this shortfall in 2012-2013 and these will be reviewed and monitored by the Information Governance Management Group.

The information risk ownership structure continues to be consolidated in line with the requirements of the Information Governance Toolkit, and significant emphasis has been placed on ensuring that all staff receive Information Governance training.

One reportable Information Governance incident occurred during 2011-2012. A laptop computer used to process patient data was mislaid. The computer hard disk was encrypted in accordance with the Trust's information security standard, and the likelihood of a breach of confidentiality was considered minimal. The Office of the Information Commissioner was informed, and sought no further action.

Climate Change

University Hospitals Bristol NHS Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

In January 2012, the Trust was recognised for Environmental Practice at the 2011 Health Business Awards. The Trust is piloting 'Green Impact Hospitals' to help reduce the negative impact on the environment.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Trust Board of Directors continues to adopt a structured approach to ensuring the economy, efficiency and effectiveness of the use of resources, the importance of which is underscored by the scale of medium-term cost savings required in the current economic and operating environment. This structured approach emphasises the importance we place on taking a transformational approach to the way the Trust provides patient care. The Trust has a well-developed approach to service transformation, having first established an innovation team in 2006, formalising these arrangements in 2009 as the Making Our Hospitals Better programme with revised governance arrangements agreed in 2010, and a rolling programme of innovation and transformation pursued in 2011-2012.

I established the Transformation Programme Board in 2011 to lead, oversee and coordinate the programme of change and service improvement to achieve improvements in quality, productivity and economic efficiency across the Trust. It is authorised by me to commit and deploy resources to the programme of work within the limits of the authority delegated to the Chief Executive in the Scheme of Delegation and other provisions of the Standing Financial Instructions. This authority extends to the deployment of the transformation budget as set out within the Annual Operating Plan of the Trust. The Transformation Programme Board reports to the Trust Management Executive and I provide a quarterly update report (or an immediate exception report where significant) to the Trust Board of Directors on the progress of the transformation programme.

The Transformation Programme aims to achieve improvements in efficiency, effectiveness and sustainability whilst supporting a wider programme of cash releasing efficiency savings, which are monitored routinely by the Finance Committee and the Trust Board of Directors.

The Internal Auditor has reviewed and reported upon control, governance and risk management processes, based on an audit plan approved by the Audit Committee. The work included identifying and evaluating controls and testing their effectiveness, in accordance with NHS Internal Audit Standards. Where scope for improvement was identified during an internal audit review, appropriate recommendations were made and action plans were agreed for implementation. In my previous report, I undertook to take the findings of Internal Audit reviews of the Trust's Facilities and Estates service into account when considering the management of this function during 2011-2012. A follow-up review during this period has confirmed that concerns have been addressed through improvements made to the use and management of information and reporting systems.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

Whilst these reporting requirements contribute to ensuring that the content of the Quality report presents a balanced view of the quality of services provided by the Trust, we also take steps to ensure that appropriate controls are in place to ensure the accuracy of the data upon which we base our statements on quality. These controls are undertaken in accordance with the Quality Strategy (2011-2014) and the Data Quality Strategy which describe the standards of data quality assurance required for data supporting information used by the Board and for public reporting. Examples of data accuracy controls for the Quality Report include: five randomly selected metrics from the report are checked to ensure that reported data is consistent with data reported to the Board during the year, and; the External Auditor examines the accuracy of three of the indicators, two mandated and one local.

The Clinical Quality Group monitors the progress of quality objectives at quarterly intervals during the year; this monitoring is reported to the Board. This process ensures there is continuity throughout the production of Quality Reports, and any inconsistencies are challenged by the Clinical Quality Group.

Our Governors are instrumental in agreeing the content of sections of the Quality Report in which we have freedom to report other key quality themes from the past year. The Governors undertake this work formally under the auspices of the Governors' Quality Working Group.

We follow good practice guidance such as those issued by the Kings Fund by ensuring a wide degree of continuity for clinical themes reported from one year to the next. This ensures that we remain demonstrably committed to ensuring transparency as well as keeping the Quality Report current and fresh.

We invite third parties to comment on an early draft of the Quality Report and listen to requests to amend content or introduce any new quality themes which those third parties feel might be necessary to achieve a fair and balanced view of quality during the year.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality and Outcomes Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Prior to the beginning of this financial year we conducted a detailed review of corporate governance provisions to assess compliance with the Foundation Trust Code of Governance. This review was supported by two additional audits and a review of the Trust Executive's management arrangements, including the provisions for the management of risk and patient safety. The results of both of these reviews were taken into account by the Board in revising its corporate governance, accountability and reporting arrangements to take effect from 01 April 2011.

The Board's review of corporate governance indicated areas where the Board could establish clearer lines of accountability, particularly with regards to risk management. This resulted in the formal delegation of responsibility for risk management to the Chief Executive. The Board also established the Quality and Outcomes Committee, and refocused the Audit and Assurance Committee in a revised format as the Audit Committee.

I introduced revised Executive management and accountability arrangements to coincide with the revised Board governance arrangements. These are described in more detail earlier in this Annual Governance Statement under the 'risk and control framework'. These revised management arrangements are considered by the Trust Board of Directors, and the Trust Management Executive, to ensure a robust treatment of any identifiable risks to quality and safety. This is a conclusion we have reached having derived significant assurances as to the efficacy of the system of internal control from a range of internal and external sources which are summarised in reports received by the Board throughout the year. These are recorded in the Board Assurance Framework document, the corporate risk register, the reported work of the Trust Management Executive and Risk Management Group, reports of the Board Committee Chairs, and the results of a number of external visits, inspections and accreditations. These have included Monitor, the Care Quality Commission and the NHS Litigation Authority.

The effectiveness of the system of internal control is constantly assessed by the Trust Management Executive through the work of the Risk Management Group, and by the Board through the work of the Audit Committee and the Quality and Outcomes Committee. The overall effectiveness of the Assurance Framework and its ability to support the system of internal control is reviewed as part of the work of internal audit.

Another significant source of external assurance relating to internal control is the Care Quality Commission's review of histopathology services after the Independent Inquiry into Histopathology Services at University Hospitals Bristol NHS Foundation Trust had reported. The CQC found that the Trust was meeting all six of the essential standards of quality and safety which it reviewed (and made recommendations to assist sustained compliance in three of the six areas). I subsequently invited the Independent Inquiry panel back to the Trust to undertake a review of the progress made by the Trust to implement their recommendations in this regard. The panel congratulated the Trust on the progress made and commented that they found a genuine commitment to implement their recommendations and evidence of real progress, while urging the Trusts to continue to keep up the momentum of visible change.

The Board's revised governance arrangements were assessed by the Internal Auditor who, having concluded that there were no significant concerns to report, provided the Head of Internal Audit Opinion as follows:

"*Significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls put the achievement of particular objectives at risk*."

I also consider the views of Monitor with respect to Board governance and the successful achievement of NHS Litigation Authority (NHSLA) Level 2 accreditation as external indicators of a competent and responsive systems of internal control.

Conclusion

No significant internal control issues have been identified. I consider the revised corporate governance, accountability, management and reporting arrangements to have significantly improved provisions for risk management, patient safety, internal control and Board assurance, and will continue to develop the system of internal control by addressing any inconsistent application of controls where this is identified.

Signed Chief Executive Date: 29 May 2012

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERSHIP COUNCIL OF UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

I have audited the financial statements of University Hospitals Bristol NHS Foundation Trust for the year ended 31 March 2012 under the National Health Service Act 2006. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. These financial statements have been prepared under the accounting policies set out in the Statement of Accounting Policies.

I have also audited the information in the Remuneration Report that is described as having been audited.

This report is made solely to the Membership Council of University Hospitals Bristol NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. My audit work has been undertaken so that I might state to the Membership Council those matters I am required to state to it in an auditor's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Foundation Trust as a body, for my audit work, for this report or for the opinions I have formed.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

My responsibility is to audit the financial statements in accordance with applicable law, the Audit Code for NHS Foundation Trusts and International Standards on Auditing (UK and Ireland). Those standards require me to comply with the Auditing Practice's Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements. In addition, I read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view of the state of affairs of University Hospitals Bristol NHS Foundation Trust's affairs as at 31 March 2012 and of its income and expenditure for the year then ended; and

- have been properly prepared in accordance with the accounting policies directed by Monitor as being relevant to NHS Foundation Trusts.

Opinion on other matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by Monitor as being relevant to NHS Foundation Trusts; and

- the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

I report to you if, in my opinion the Annual Governance Statement does not reflect compliance with Monitor's requirements. I have nothing to report in this respect.

Certificate

I certify that I have completed the audit of the accounts of University Hospitals Bristol NHS Foundation Trust in accordance with the requirements of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Wayne Rickard
Officer of the Audit Commission

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Matford Business Park
Lustleigh Close
Exeter
EX2 8PW

29 May 2012