

ANNUAL REVIEW

2012/13

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

University Hospitals Bristol NHS Foundation Trust (UH Bristol) is one of the largest acute hospital trusts in the country...

The Trust runs eight hospitals in Bristol (Bristol Royal Infirmary, Bristol Royal Hospital for Children, Bristol Haematology and Oncology Centre, Bristol Heart Institute, Bristol Eye Hospital, St Michael's Hospital, University of Bristol Dental Hospital and South Bristol Community Hospital) and has over 8,000 staff who run over 100 different clinical services from neonatal intensive care to care of the elderly.

The Trust's annual turnover in 2012/13 was £528 million. We have strong links to the University of Bristol and the University of the West of England, and are a major research centre in the region. The Trust is the largest centre for all clinical training in the South West.

The Trust has approximately 1,000 beds and in 2012/13, we cared for 130,000 hospital admissions made up of 57,000 day cases, 16,000 planned inpatient procedures and 57,000 unplanned inpatients.

In 2012/13 an average of 321 patients attended our emergency departments a day. In total 117,000 people came to one of our emergency departments – 32,000 to the department in the children's hospital, 22,000 to the Eye Hospital and 63,000 to the adults' emergency department at the BRI. The Trust also cares for many people who come for outpatient appointments – 432,000 in 2012/13.

Around 5,000 babies came into the world at St Michael's Hospital.



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Introduction from the Chairman

Welcome to the annual review for University Hospitals Bristol NHS Foundation Trust (UH Bristol). In these pages we set out the challenges and achievements that our staff faced together during the year - and then look towards 2014 and beyond.

2012/13 was a defining year for the NHS. A necessary spotlight was shone on the quality of care across the NHS with the publication of two reports: the Department of Health's report on events at Winterbourne View and the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, chaired by Robert Francis QC.

Here at UH Bristol, the quality of care that we provide, and the experience of our patients, is the most important part of our work. The Board has reviewed all of Francis's recommendations to see what further improvements we can make to ensure that the interest of the patient is at the centre of all we do, and that our shared Trust values translate into compassionate care at all times.

In reality it is in the practical and the mundane and the specialist work of all of our staff that the delivery of care in the broadest sense of the word is achieved. In recent discussions we have been attempting to better understand the special difference that leads people to earn

their living by giving service to others. Most of us need to work to ensure the safety and survival of our families, the achievement of our hopes, but the hospital environment challenges individuals to give a wider commitment. In truth, the expectations that we have of staff go far beyond the contract of employment. The deal that the Trust has with each individual is more than a record of duties, expectations and recompense; in my view it establishes a deeper covenant that we need to recognise, encourage and celebrate and we need to find better ways of publicising the immense value of that difference.

Our joint aim to improve care, treat our patients with dignity and respect, is at the heart of all that we do, whether it be to ensure our hospitals operate as efficiently as possible, to support staff, build new modern facilities, work in partnership across greater Bristol or maintain the financial health of our organisation. Together we reached landmarks in all these areas and you can read more about these in the pages of this annual review.



Of course, the coming year presents more challenges but also some exciting opportunities. We must ensure that we respond to the national criticism of the NHS by doing our very best for our patients, responding with candour and learning from the occasions when we get things wrong. The way in which the NHS is organised has changed, we have new partners, and our governors, who add such value to the Trust, have an expanded role.

In these times of austerity, we are increasingly grateful to our charities for their support. As Chairman of University Hospitals Bristol, I would

like to offer my sincere thanks to all the charities that have contributed to our funding in the year, most particularly Above & Beyond, The Grand Appeal, Friends of the Bristol Haematology and Oncology Centre, and the Teenage Cancer Trust. I thank my fellow board members, the Council of Governors, all staff and our army of dedicated volunteers for their contribution to achieving our overarching mission to provide patient care, education and research of the highest quality.

John Savage CBE
Chairman



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Delivering best care

The safety of our patients, the effectiveness of the care they receive, and how they perceive the quality of their treatment by our staff and services, is of paramount importance to the Trust. In 2012/13 we made significant progress in some areas but have more work to do in others such as reducing the incidence of pressure ulcers and falls in adult patients.

Using Hospital Standardised Mortality Ratio as an overall measure of the quality of our services, the Trust compares very well with others. The Trust has a consistently low overall mortality rate which means that fewer patients die than would normally be expected given their condition.

An example of good work across our hospitals was the continued focus on improving care for patients with dementia. Dementia is a growing challenge for families and the NHS, with more than 73,000 people in the South West affected. The Trust is working hard, in partnership with North Bristol NHS Trust, to ensure we support this vulnerable group of patients and that standards are consistent across the city. The Trust has appointed a lead nurse for dementia, has more than a 100 “dementia champions” in

place, has rolled out the “This is me” document to enable a greater understanding of patients’ wishes about their treatment and care and has the ‘Forget me not’ symbol in place to identify patients with dementia or cognitive impairment to ensure that all staff are instantly aware of the enhanced needs of this vulnerable group of patients.

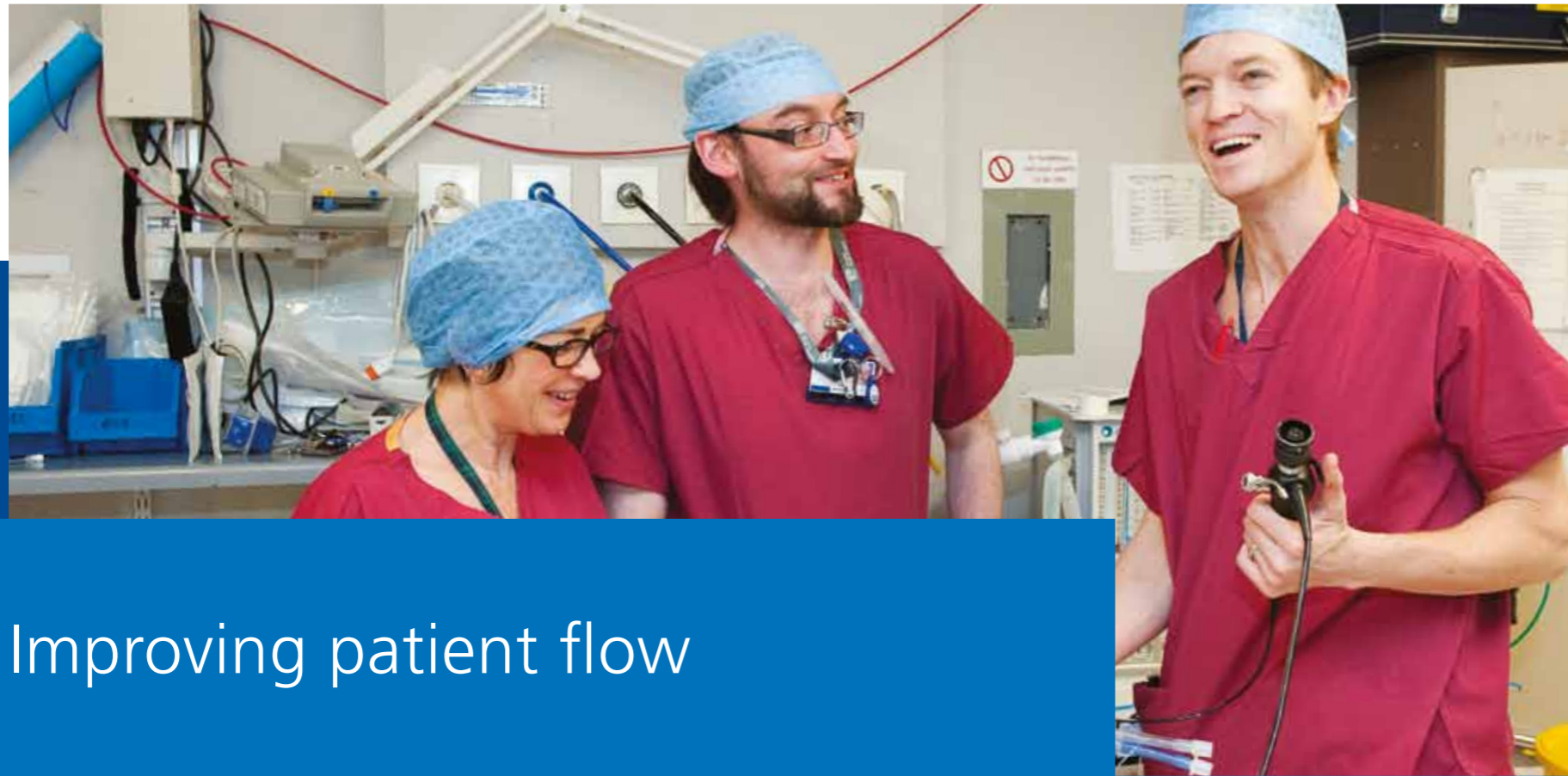
As you would expect, staff in all areas continued to work to prevent healthcare acquired infections and this remains one of our priorities. In 2012/13, we achieved the national targets which we were set for clostridium difficile, reporting 48 infections, six fewer than the target for the year of 54. Disappointingly we did not meet our target of only two cases of MRSA for the year – ten cases were reported.



Patients waited longer in our Emergency Departments to be treated and discharged or admitted than we would have liked and we continue to work closely with our partners to understand and respond to patterns of increasing demand on Emergency Department services, both in Bristol and beyond.

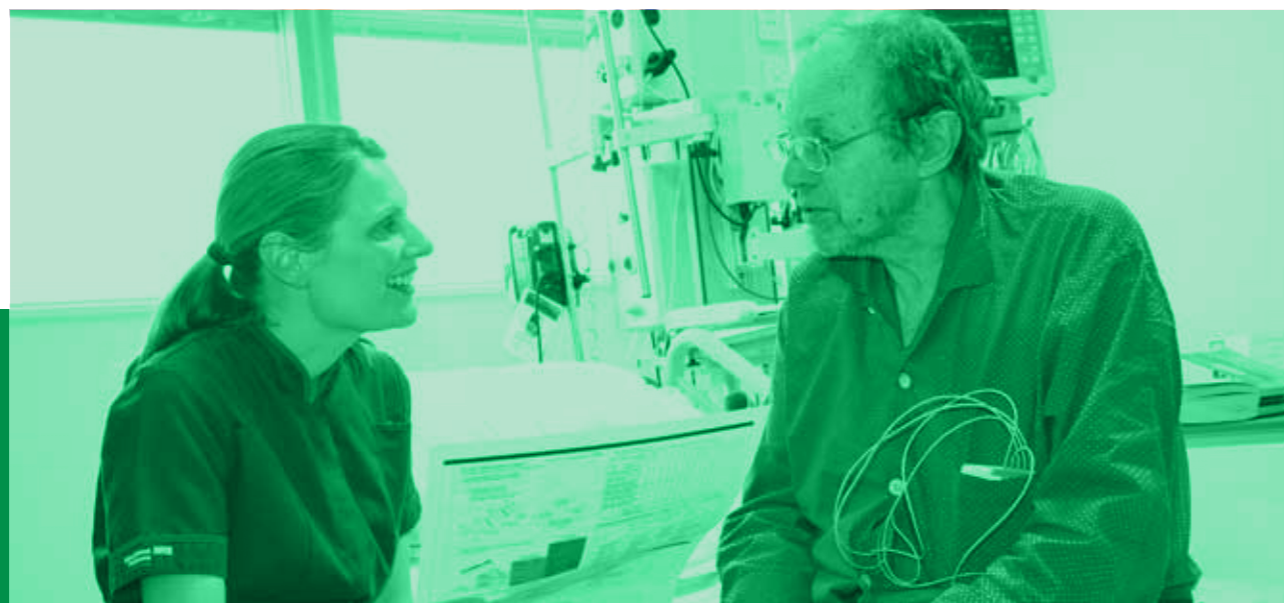
It was therefore particularly pleasing that the Bristol Royal Infirmary Emergency Department was rated as one of the top 5 of 147 trusts in the Care Quality Commission’s Accident and Emergency Patient Survey Report for 2012. This highlighted that the department was among the best nationally in ratings from patients for the quality of their care and treatment, for the doctors and nurses and their communication and listening skills, and for levels of information about aftercare.

Finally, best care is reliant on research and innovation. Collaboration between clinicians and scientists at the Bristol Heart Institute enabled us to pioneer new techniques in treatment this year. In May 2012, as part of a clinical trial designed to discover a further treatment option for heart failure patients, our thoracic surgery team successfully implanted the first two patients in the UK with a vagal nerve stimulator – over a million adults in the UK suffer from heart failure so new treatments like this are needed to improve patients’ symptoms and improve life expectancy. In December 2012, a team of cardiologists at the Institute were the first doctors in the South West of England to use neat alcohol to induce a controlled heart attack, allowing them to perform a procedure called ethanol ablation to treat a life threatening heart rhythm.



3 Improving patient flow

It is essential that our patients receive the right care, at the right time and in the right place – to achieve this, it is essential that our hospitals run as efficiently as possible. No matter how careful we are, by their nature hospitals can never be entirely risk-free environments, and hospital stays that are longer than they need to be can themselves lead to further complications for patients.



At University Hospitals Bristol NHS Foundation Trust (UH Bristol) multi-disciplinary teams of clinicians and managers have worked together to design and implement models of care which aim to ensure that patients are assessed and diagnosed as quickly as possible, admitted only when necessary into the appropriate environment for their condition, receive care that is proactive and well managed at every stage and enjoy a well-planned, timely discharge from hospital. This work is central to the quality of care patients receive, how they experience that care, and the efficient running of the Trust's hospitals.

An innovative programme which actively involves patients in their own recovery, has delivered spectacular results for thoracic (chest) surgery patients and is now being used in most surgical specialties. The Trust started the pilot of Enhanced Recovery after Surgery (ERAS) in August 2010 and found that patients recovered more quickly after surgery, spent less time in hospital and got back to normal activities sooner. Now every patient who comes in for thoracic surgery, around 800-900 patients a year, goes through this programme.

Consultants, nurses, anaesthetists, GPs and patients all work together to ensure that patients are in the best possible physical

condition before surgery. They have the optimal surgical and anaesthetic technique to reduce the stress on their body during the procedure and then after the operation, the focus is on enabling the patient to be comfortable enough to get moving and eat normally, as soon as possible.

Dr Neil Rasburn, lead for Enhanced Recovery After Surgery, says: "The aim of the programme is to give the patients the best possible, safe pathway through their treatment. As a by-product of this, the patients are spending less time in hospital and we are not seeing an increase in the number of patients being readmitted." The Trust is also working to improve the booking process for outpatient appointments through communicating better with patients and thereby reduce the number of patients who do not attend appointments. The Trust has begun to centralise booking arrangements for outpatient appointments so that patients increasingly experience a uniformly high standard of communication about their appointments.

We have implemented our new patient administration and electronic patient record system, Medway. The system brings together patient information from different clinical computer systems across the Trust into one place. This allows clinicians and managers quick and easy access to information that relates to the patient in one place - known as the clinical 'portal'. The system's reporting tools help clinical staff make more timely and better informed decisions which ultimately improve clinical outcomes and the quality of care provided to patients.



medical equipment and developments such as the new Medway clinical information system.

Our current buildings programme will cost around £130m and the surplus we have made over recent years has enabled us to save £40m of our own money to put into these schemes; this means the 'mortgage' we have taken out is much smaller than it might otherwise have been at £75m. Of course, the money borrowed must be paid back, and so going forward surpluses will need to continue to be made to pay the mortgage as well as building up funds to support the on-going refurbishment of the parts of our estate that will not be touched by the four major building schemes underway.

4 Delivering best value

The economic downturn has been well documented and there is ongoing debate and discussion on the size of the financial challenge facing the NHS. What is certain is that the NHS must make best use of its resources in order to meet demand from a growing elderly population, cope with lifestyle issues such as obesity, absorb the increasing cost of drugs and support new medical advances.

For staff who work at any one of our eight hospitals, or in the back office functions that support our clinical services, the challenge is clear – we must examine everything that we do, ask ourselves whether we should be doing them, ensure that we do things in the most efficient way possible and make the best use of the public funds at our disposal.

We are doing this through our Transforming Care programme which aims to improve the quality, efficiency, effectiveness, and sustainability of patient care which in turn will deliver opportunities for financial savings. It is our firm belief that by providing the most effective treatments, providing treatment efficiently and ensuring that it is of the best possible quality, that patients recover quickly and no harm such as hospital-acquired infections or pressure ulcers occur, the savings will naturally follow.

Despite the national challenges that we share, the Trust maintained a healthy financial position and a strong balance sheet for 2012/13. We were particularly pleased to achieve an income and expenditure surplus of £6.635m, financial savings of £22.6m, a healthy cash position of £35.1m and a strong balance sheet resulting in a Monitor financial risk rating of '3'.

It may sound contradictory to aim to make savings in these times of financial pressure, but we deliberately plan to do this to enable us to make significant, strategic investments in our future including new buildings, state of the art





In April 2012, staff, patients and families said farewell to the Bristol General Hospital, which had served Bristol for over 170 years, and services moved to the modern environment of South Bristol Community Hospital. Located in the south of the city, the opening has allowed more people in south Bristol to access diagnostic tests, therapy services and surgical procedures closer to home.

During 2012/13, the landscape continued to change as building work on new facilities took place across the city centre campus. The construction of the £80m new ward block at the Bristol Royal Infirmary literally reached its highest point in January. The new ward block, which is due to open in 2014, will see all clinical services move out of the Trust's oldest estate, the 1735 'Old Building' in due course.

Work began on the creation of a Welcome Centre which will transform the entrance to the BRI for patients, visitors and staff. The changes will transform the entrance and reception area, improve circulation routes into the hospital and make it easier for patients to find their way around. It will house an outpatient booking service, patient support services, information area for patients and retail facilities including a café, newsagent, pharmacy and grocery store.

The Trust is investing £31m to bring together all specialist children's services in Bristol under one roof at the Bristol Royal Hospital for Children, making it one of the largest children's hospitals in England. The first phase of this project included the opening of a new hospital ward, uniquely designed for 11 to 16 year olds with a variety of complex health issues.

Work also began on the £16m expansion to the Bristol Haematology and Oncology Centre to enable us to offer the very best in cancer care for patients. The expansion will create an integrated adult Bone Marrow Transplant (BMT), haematology and apheresis unit and enable the transfer of adult BMT services from the children's hospital.

Finally, in September 2012 the Trust announced that it would work in partnership with the Helicopter Emergency Landing Pads Appeal to develop an onsite helipad at the Bristol Royal Infirmary, which will open in 2014.

None of these improvements, which will have such a positive impact on the care patients receive, would be possible without the enormous contribution our charitable partners make, in particular the Above & Beyond, The Grand Appeal, the Teenage Cancer Trust and the Friends of Bristol Haematology and Oncology Centre.

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Renewing our hospitals

The Trust is investing in buildings and equipment that will enable staff to transform the way services are delivered to patients in the years to come.



Staff, wherever they work and whatever their roles, are the lifeblood of the Trust. When patients praise our services they never fail to mention the staff members who cared for them and shared a kind word. The Trust cannot face the challenges of the future without the thoughts, ideas and hard work of the over 8,000 people who work for us.

In November 2012 we celebrated our first annual staff awards – aptly named the Recognising Success Awards, which were generously supported by Above & Beyond. We took time to recognise, celebrate and share what is great about our staff and volunteers. Over 180 nominations were

received and more than 200 staff members enjoyed a special evening of celebration and acknowledgement of their achievements.

Our Trust values were developed by speaking to our staff and this year we took them a step further when we rolled out our



Living the Values training scheme to all staff groups, providing them with an opportunity to discuss and debate our shared values in a unique forum.

Only by developing leadership skills and improvement at every level of the organisation can we give ourselves the best chance of delivering the ambition to transform the care we provide and successful engagement with staff is one of our highest priorities. To aid this, divisional leadership arrangements have changed with new Clinical Chairs leading divisions jointly with new Divisional Directors to strengthen the fundamental partnership between clinicians and managers to deliver the best care possible while providing the best value to the taxpayer.

It must also be acknowledged that 2012/13 was an unsettling year for some staff as the Trust formed part of the South West Pay Terms and Conditions Consortium. This Trust spends more than 60% of its annual budget on staff costs. This single cost is the Trust's largest – and therefore it is essential that we look at the money we spend on staff as part of our work to make the best use of public funds. The Trust's aim is to review whether our existing overall staff packages reflect how we recognise high-performing staff and also meet the financial pressures all trusts face in coming years.

Finally, the Trust responded positively to the new requirements of the General Medical Council (GMC) regarding medical revalidation. This is a process by which all doctors with a licence to practise in the UK need to satisfy the GMC at regular intervals that they are fit to practise and should retain that licence. We have a new programme led by the medical director and as part of this we have enhanced the appraisal process of medical practitioners to enable us to make the right assessments. Patient feedback is taken into account as part of the process.



6 Building capability

As a major teaching, research and tertiary service provider, the Trust plays an important role working in partnership with other organisations to design and operate the most effective health system for greater Bristol and the South West region.



In 2012/13 Bristol Health Partners (BHP) was born - a dynamic collaboration between this Trust, the two universities in Bristol, Bristol City Council, North Bristol NHS Trust, Avon and Wiltshire Mental Health Partnership NHS Trust, and primary care. BHP exists to share ideas and find ways to transform the understanding of, and approach to, key health problems in Bristol and beyond. A lot of work has been done to establish the partnership and the official launch took place in April with the TEDMEDLive Bristol event in which clinicians, researchers and managers shared ideas and discussed important topics such as the role of the patient, dementia care, innovation, and prevention.

The Trust has also played its part to establish an Academic Health Science Network for the West of England. We have worked with partners across the West of England to identify our strengths, challenges and common interests and a proposal was submitted to the Department of Health in February 2013 and approved in August.

Clinical and managerial staff from the Trust worked with staff from North Bristol NHS Trust, from primary and social care as part of the Bristol Acute Services Review to look at what changes are needed to ensure that the two acute trusts in Bristol can deliver high quality, safe and accessible care to patients for the long term. The review began by looking at hospital services but the clear message we received from clinical staff was that the scope of the review needed to be expanded and we agreed this change with the three local clinical commissioning groups.

The review undertook a detailed analysis of eleven specialities across the two Trusts, a

review of the whole urgent and emergency care pathway in the greater Bristol area and consideration of options for addressing the significant financial challenges ahead.

Smaller scale partnerships have also enjoyed great outcomes. In February 2013 the Bristol Surgical Trials Centre was opened, based at the University of Bristol. Led by Jane Blazeby, Professor of Surgery at the University, and honorary consultant surgeon at the Trust, this new centre will enable surgeons to learn more about how to deal with a range of conditions, assess new surgical techniques, and discover surgical breakthroughs to help deliver better care to thousands of patients in Bristol.

We took steps this year to embrace social media and web developments for our patients. In September 2012, we launched a new social network for teenagers and young people with cancer in the South West. We partnered with the Young Cancer Trust and Teenage Cancer Trust, and, with the help of the University of Bath, created a virtual platform where young people with cancer could interact with each other and share their experiences in real-time.



7 Leading in partnership

Join University Hospitals Bristol NHS Foundation Trust

Membership is free and gives you the opportunity to help us improve care for our patients. For more information please contact the membership office on (0117) 342 3764, by post to Freepost, UH Bristol FT Office, Bristol, BS1 3NU or email foundationtrust@uhbristol.nhs.uk

If you need this Annual Review in another format, contact the communications team on (0117) 342 3629.