



## Annual report 2006/7

United Bristol Healthcare



NHS Trust

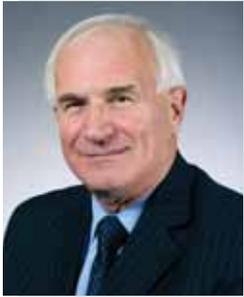


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# Foreword



## Chair's foreword

In this, my first contribution to the annual report, I want firstly to pay tribute to my predecessor, Phil Gregory, who served the Trust in an exemplary manner and who worked far beyond the duties that could have been expected.

As a newcomer, I have been particularly struck by the amazing range and dedication and the great quality of the work carried out by the whole team of Trust employees. I believe that all should be justly proud of each contribution.

This year we apply to become a foundation trust in the belief that this will bring us closer to the community, with the potential for more formal involvement for those who wish to be active in shaping the management and future of our service. It will also allow us greater freedom with our resources and how we develop our services.

The Trust's job is to serve the people of greater Bristol and beyond. We want particularly to spread the message about our work and aspirations and to excite interest in future possibilities. Most of all, we are about well-being: keeping people well, healing and mending when necessary, and demonstrating, with others, a much wider concept of care in the daily lives of citizens and visitors that a thriving community deserves and needs.

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

John Savage CBE





## Chief Executive's introduction

This has been a successful year for the Trust, with achievements in a number of key areas, including delivering financial balance for the fourth year running.

We also delivered on key clinical targets, including Accident and Emergency waiting times, the 31-day wait for cancer treatment and the percentage of patients being offered an appointment at a rapid access chest pain clinic within two weeks of urgent GP referral. You can read more about how the Trust performed and the way clinical teams care for our patients elsewhere in this annual report.

The year has brought major news on the redevelopment front, with projects including completion of a new-build ward at the Children's Hospital to accommodate general acute paediatrics for the city, approval to build a new regional centre for adult heart and chest treatment and surgery, and the start of a major refurbishment of the Dental Hospital.

Our vision is to provide core services as the major specialist provider for Bristol and the South West in cardiac, cancer, paediatrics, ophthalmology and dental services, to provide emergency services and general children's inpatient services for the whole of Bristol, North Somerset and South Gloucestershire, to provide obstetric and neonatal services, and to provide other services necessary to support these specialties.

We have made tremendous progress but the year also brings challenges. The Trust has received the support of the Strategic Health Authority to apply for foundation trust status, based on the Healthcare Commission's Annual Health Check for 2005/06 in which we achieved a score of 'good' for quality of services and a fair rating for use of resources. We prepared for a formal consultation with patients, staff and local people to ask for their views on our foundation trust application. The 12-week consultation began in April 2007.

We believe that becoming a foundation trust will bring us more control and the chance to look at the services we provide, ensuring they are tailored to what people really want from their local health services.

We hope that as many local people as possible will take the opportunity to join the Trust on that journey by becoming members.

I myself will be leaving the Trust later this year to take up a new post as Chief Executive of Guy's & St Thomas' NHS Trust in London. This was a difficult decision and there are few challenges that would draw me away.

My priority between now and when I leave will be to ensure that the Trust continues to make progress on the key issues for the future, including our bid to become a foundation trust. I am planning to continue to live in Bristol, so will retain a strong interest in seeing the Trust continue to prosper.

We have made great strides to become a genuinely successful organisation with an exciting future. I feel privileged to have been a part of our success story.

I hope you find this annual report, which has been approved by the Board, interesting and informative.

A handwritten signature in black ink, consisting of a stylized 'R' followed by a series of loops and a long horizontal stroke.

Ron Kerr

# Our mission

The Trust's mission is to 'provide patient care, education and teaching of the highest quality'.

We have a newly revised values statement that reflects the Trust Board's emphasis on our corporate social responsibility. These values are:

- We put patients first
- We develop staff to work to the best of their abilities
- We innovate and change for the benefit of patients
- We pursue excellence in everything we do
- We respect others and treat everyone equally
- We work in partnership to improve the health and well-being of our local community
- We are accountable for our use of public resources.

This year the Trust prepared a new strategy to ensure that teaching and learning are brought to the heart of everything we do to deliver, improve and innovate across all areas of operations.

## The specific aims of the teaching and learning strategy are to:

- Ensure that staff providing direct clinical care services provide safe, effective and high-quality patient care, upholding the core values of the NHS, and that staff working in support services provide efficient, customer-focused services to the same high standards of quality and governance
- Develop existing partnerships with education providers and partner organisations, ensuring that curricula are fit for purpose and that students receive an excellent teaching and learning experience, both in the formal learning environment and during placement
- Foster a climate in which staff of all disciplines embrace personal and organisational development, are committed to working and learning in multi-disciplinary teams, and are given real opportunities to progress
- Encourage innovation and a 'can do, will do' culture across the organisation
- Support the Trust in being an employer of choice for people seeking work in both the local community and nationally

"We pursue excellence in everything we do."



## Case study

Valentino Oriolo (left) joined the Trust as a staff nurse in 1997. He has pursued professional development in his own job through academic and on-the-job training, and helped develop the skills of others across the Trust.

His first step after joining the Trust was to start a nursing degree at the University of the West of England. The degree took four years part-time, with the Trust allowing Valentino to attend one of his four college days a month in work time.

Meanwhile he'd moved from a medical ward to the Bristol Royal Infirmary's intensive therapy unit where he was trained in intensive therapy and critical care. He also took a course in life support in his own time.

The next step was taking the instructor's course, which enabled Valentino to teach fellow staff life support and resuscitation skills.

Still based in the intensive therapy unit, Valentino was promoted to a development senior staff nurse role and then into a permanent senior staff nurse post. Consequently, he split his time between working in the unit and as a resuscitation officer, sharing his resuscitation and life support skills throughout the Trust and attending cardiac arrest calls.

He says, *"I always enjoyed the acute part of my job but being able to do the teaching as well gave me real variety and was so rewarding. I actually left for a year to be a nurse specialist in a private company, but I missed the teaching, the team and the patient contact so much that I came back."*

Valentino returned as a critical care outreach nurse, following up patients who have left the intensive care or the high dependency units with the aim of preventing readmission to critical care, as well as working to stabilise other patients at risk of deteriorating.

Deciding he needed a Masters to further his development, he is now studying advanced practice and is allowed a day a week to attend lectures.

*"The Masters course includes nurse prescribing, which will allow me to become an independent prescriber within the Trust and which will be another string to my bow."*

**"Studying has been hard work at times but if you have a goal in mind and you really want to achieve it, it's worth the effort."**



# Who we are

United Bristol Healthcare NHS Trust was formed in October 1991 as a 'first wave' NHS trust, from the former Bristol & District Health Authority. It is one of the largest acute NHS trusts in the country and the major teaching and research centre for the South West of England.

We provide acute care to the local community: namely central and south Bristol, with a population of around 300,000 and to Bristol, North Somerset and South Gloucestershire and surrounding counties, with a population of about 2.4 million. The Trust also provides a range of specialist services across a region that extends from Gloucestershire to Cornwall, with a population of around five million.

## Hospital and outpatient services are based at eight sites:



### **Bristol Royal Infirmary**

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



### **Bristol Eye Hospital**

Is the region's leading ophthalmology centre.



### **Bristol Royal Hospital for Children**

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



### **Bristol General Hospital**

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



### **Homeopathic Hospital**

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



### **Bristol Haematology & Oncology Centre**

The regional specialist centre for cancer and blood disorders.



### **St Michael's Hospital**

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



### **University of Bristol Dental Hospital**

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





Ian and Molly Lamb in one of the spacious new cubicles in ward 38 at Bristol Royal Hospital for Children

# During the year

## **Latest children's heart surgery results – excellent once again**

The latest results of heart surgery carried out on hundreds of children at Bristol Royal Hospital for Children and young adults (aged over 18) at Bristol Royal Infirmary again demonstrate an extremely high survival rate. The latest audit shows that the death rate for heart patients coming to Bristol continues to decrease.

## **Regional Heart Centre**

The Trust received approval to go ahead with a major new adult cardiac centre at the Bristol Royal Infirmary as part of a £61 million joint scheme with North Bristol NHS Trust to improve adult cardiothoracic services.

## **Safer Patients**

United Bristol Healthcare Trust and North Bristol Trust successfully applied to join one of the country's most prestigious programmes in recognition of our commitment to improving safety for patients. Both trusts received £165,000 plus a tailored support package of a similar value through the Safer Patients Initiative run by the independent charity, The Health Foundation. Both trusts are working together on the safety improvement work and will receive support from patient safety experts

## **Ward 38**

Building work was completed and staff and patients moved into a new £6 million ward extension to Bristol Royal Hospital for Children. This allowed the transfer of general paediatric services from Southmead Hospital as the first stage in the centralisation of acute paediatrics in Bristol, part of the Bristol Health Services Plan. The new ward is designed to provide a child-friendly environment with spacious cubicles and facilities for parents, including fold-down beds.

## **Patient satisfaction**

Ninety-four per cent of our patients rated their overall care as excellent, very good or good in a survey conducted by the Healthcare Commission. Nearly half (44%) rated their care as excellent. Another 40% rated their care as very good. This response puts the Trust in the top 20% of best performing trusts in the country. There were no areas in which we were rated among the bottom 20% of trusts.

## **Annual Health Check**

The Healthcare Commission's Annual Health Check assessed the Trust's quality of services as 'good' and use of resources as 'fair' (for the year April 2005 to March 2006). The annual health check assessment replaces previous years' 'star ratings' and was the toughest and most detailed independent assessment of the health service to date. In 2006/2007 the Trust improved its performance against a number of the key targets that form part of the Quality of Services assessment. These include the percentage of cancer patients treated within 62 days of urgent referral by their GP, and the percentage of patients being admitted within three months for their heart procedures. It is forecast that the Trust will receive a rating of at least 'good' for its Quality of Services for 2006/2007, achieving at least 10 of the 12 existing national targets.

## **Dental Hospital**

Work began on an extensive £17.1 million refurbishment and expansion programme at the University of Bristol Dental Hospital. The expansion has enabled the number of dental undergraduates to grow from 50 to 75 and improved the hospital's main entrance to make it more accessible for those with disabilities.

## **10th anniversary of Bristol Medical Simulation Centre**

Bristol Medical Simulation Centre, the first centre in the UK to offer medical teams training using computerised realistic mannequins, celebrated its 10th anniversary.

# Patient journeys

## John Dickson

A routine check-up led to lung cancer patient John Dickson taking the first step along the path of care at United Bristol Healthcare Trust.

Former civil servant John, aged 74, had displayed no symptoms of the disease until the visit to his GP.

*"She didn't like the sound of my breathing and sent me for an X-ray,"* said John, of Bedminster Down.

Having had a chest X-ray, John's next step was to be referred to a respiratory consultant by his GP to discuss the results. At his appointment he also saw a lung cancer nurse specialist, who explained the next steps in his diagnosis and who he could contact for further support and advice.

John was then referred for surgery and assigned a thoracic nurse specialist with whom he was able to discuss queries about the procedure. The nurse met him on arrival for surgery, visited him regularly during his stay and explained the recovery process.

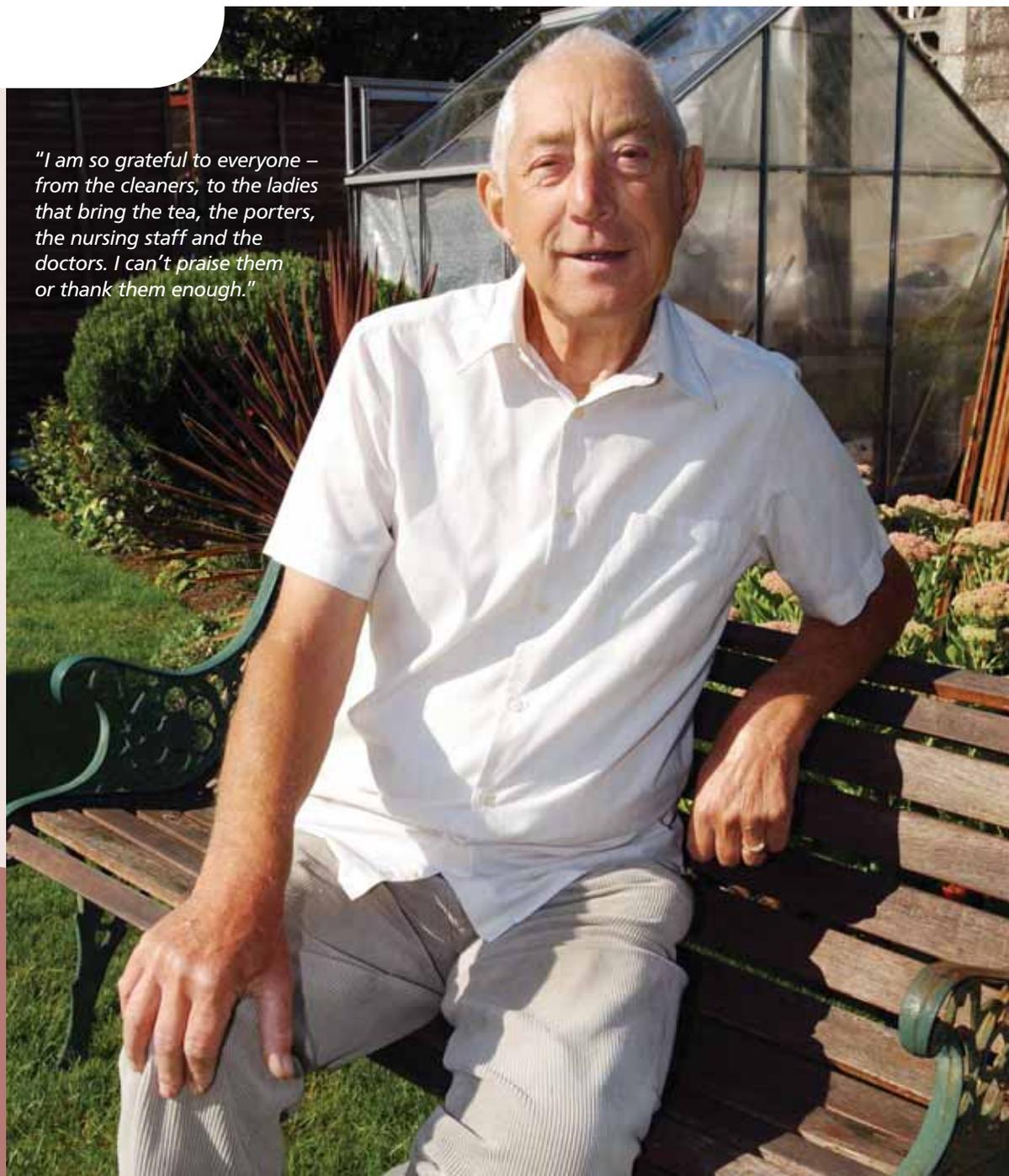
He underwent exploratory surgery and was operated on to remove what was later found to be cancerous tissue on his right lung. The thoracic nurse specialist was able to tell John that his surgery had been a success.

John is now free of cancer but continues to visit the Oncology Centre every three to six months for check-ups.

During 2006/2007 more than 99.9% of patients referred by their GP with a suspected cancer were seen by a specialist within two weeks of referral.

More than 93% of patients referred by their GP with a suspected cancer were treated within 62 days of referral. This is a 6% improvement in treatment times compared with 2005/2006.

*"I am so grateful to everyone – from the cleaners, to the ladies that bring the tea, the porters, the nursing staff and the doctors. I can't praise them or thank them enough."*



# Patient journeys

## Ian Lancaster

What began as a very ordinary day for Ian Lancaster ended up having life-changing consequences.

Ian, aged 41, was at work in central Bristol when he began to feel unwell.

He says, *"I walked out of the office to go and get a sandwich and started to feel really ill. I had a huge pressure on my chest, and just felt generally terrible. My colleagues urged me to go home, but I realised I was unwell enough to need to go to hospital."*

Ian went to the Bristol Royal Infirmary's Emergency Department where a nurse gave him oxygen and performed an ECG (electrocardiogram) to measure the electrical activity of the heart. Ian was also given drugs to break up a blood clot. It was explained to him that he was having a heart attack and would be given an angioplasty.

This is a way of relieving a blockage in an artery. A fine plastic tube called a catheter is inserted into the artery via a small incision in the groin, and a balloon on the catheter is then inflated to open up the blockage.

*"The procedure itself seemed to happen very quickly – there was a pain when they first inserted the needle for the catheter, but after that it was painless. There was a nurse who explained what I was seeing on the monitor and reassured me."*

During 2006/2007 more than 74% of patients received clot-busting drugs within 60 minutes of the 'call' for help, which bettered the national standard.

Last year, all patients needing a planned operation to increase the blood supply to their heart were treated within three months of the decision to treat.



Ian was then admitted to the coronary care unit to recover, and was sent home two days later. His follow-up appointments showed he was recovering well and he attended a weekly cardiac rehabilitation course looking at issues such as exercise and diet.

Several months later, he's made huge changes in his lifestyle.

*"My blood pressure is back to normal and I've gone from smoking 20 a day to giving up. I'm walking five miles every weekday and 10 a day at the weekend, plus I'm planning to join a gym. All in all, it was a wake-up call for me. I can't speak highly enough of the care I had at the Bristol Royal Infirmary, from the moment I walked through the door right through to the cardiac rehab course. Now I just want to do what I can to make sure I don't need to come back!"*

More heart attack patients coming to the hospital are receiving an angioplasty immediately as part of a new service that began this year.

Until recently patients who have suffered a heart attack have been treated with clot-busting drugs (thrombolysis), as Ian was. However, recent studies have found performing an angioplasty has a higher success rate and reduces complications from the heart attack.

Following a successful pilot, heart attack patients coming into the hospital now automatically receive an immediate angioplasty if their condition is suitable for the new approach.

Immediate angioplasty is a key proposal in national heart tsar Professor Roger Boyle's recent report Mending Hearts and Brains, which acknowledged that the procedure should be performed by highly-specialist staff, preferably in a regional centre of excellence.

Heart attack angioplasty is a central part of the strategy for heart attack patients of the Avon, Gloucestershire and Wiltshire Cardiac Network covering 2.3 million people.

# Patient journeys



## Laurence Willshire

Standing at more than 6 feet 7 inches, 16-year-old Laurence Willshire is tall by any standards.

But it was Laurence's weight, not his height, that a year ago was causing him problems.

The Horfield schoolboy now weighs 17 stone 7lbs – but last June he was tipping the scales at almost 21 stone.

Laurence, who has learning difficulties, was frequently bullied at school and, as a result, sought comfort in food. It was when his eating led to problems in finding clothes to fit that Laurence went on a diet and his parents sought help for his weight problem.

Laurence's GP referred him to the Care of Childhood Obesity Clinic at the Bristol Royal Hospital for Children. The clinic, which uses methods pioneered by its consultant paediatrician, Julian Hamilton Shield, is the most successful in the country at treating childhood obesity.

At the clinic, Laurence and his parents discussed the reasons for his obesity, the problems his overeating could cause and ways to stabilise or reduce his weight. The clinic then used medical, dietary and exercise expertise to help him shed his excess pounds.

One example of the clinic's pioneering approach is the Mandometer, where a computer is connected to a set of scales which Laurence fills with food. The computer then records and stores the weight loss from the plate as Laurence eats and shows when he is eating more than he should be.

Laurence said: *"I used to eat very, very fast. I could eat a very large meal in about three minutes. Now I take about 16 minutes.*

*"The Mandometer asks questions when I'm eating, such as whether I am full up and whether I am still hungry. It tells me when I can have my next mouthful and lets me know when I'm eating too quickly."*

The treatment changed not only how and how much Laurence ate, it also introduced him to healthier foods. Laurence's new eating habits – together with a fitness regime which includes exercise on prescription at a gym – have seen him make spectacular progress towards his target weight of 15 stone 5lbs.

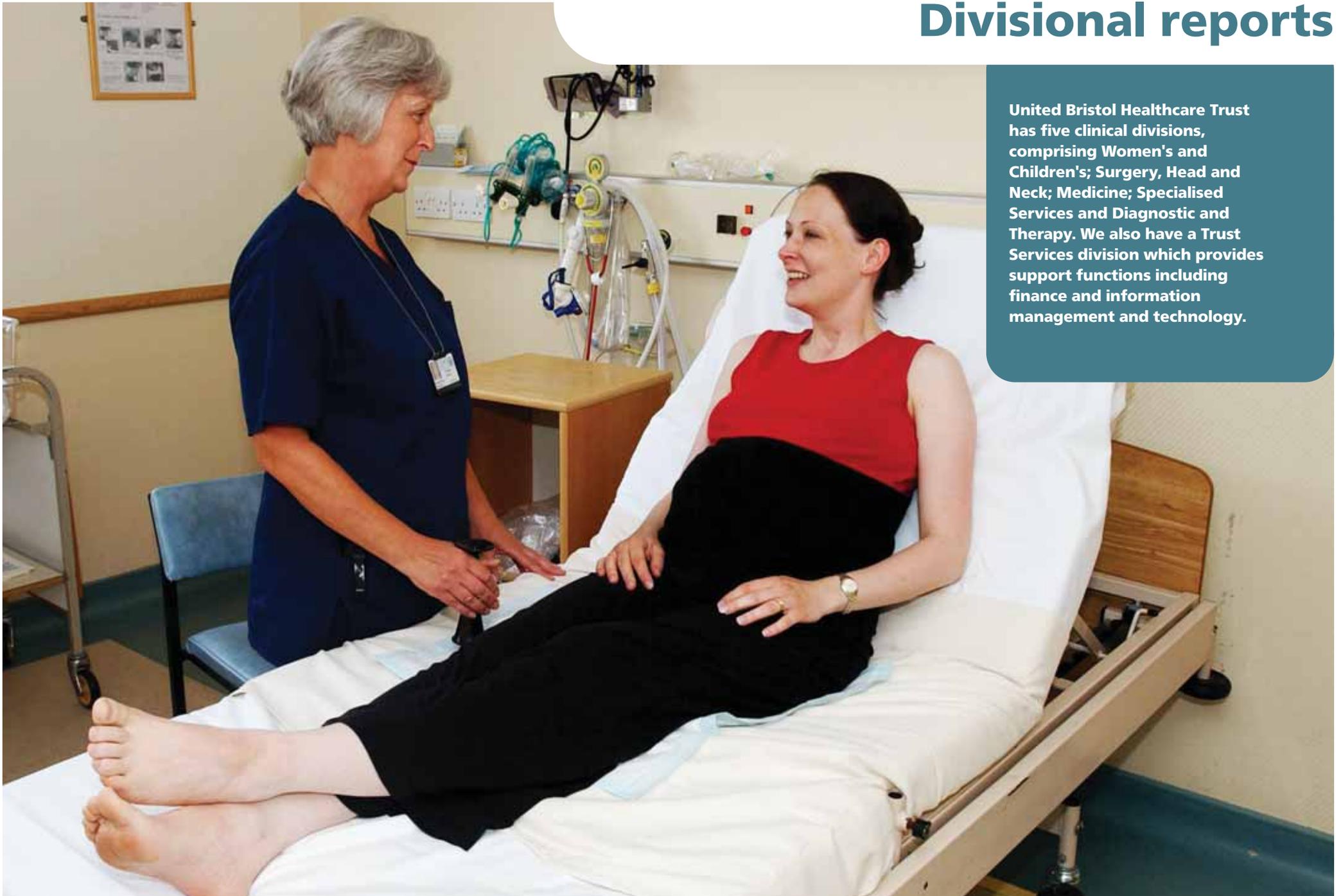
*"The treatment has given me so much confidence – I feel very, very good about myself now. Every week I go out with my friends to town and walk up Park Street – which is something I just wasn't fit enough to do before. I can even climb Cabot Tower,"* he said.

The Care of Childhood Obesity Clinic received the BUPA Foundation's Clinical Excellence Award in 2006.

Eighty-three per cent of children attending the clinic managed to reduce their body mass index, a measure of body fat based on height and weight.

# Divisional reports

United Bristol Healthcare Trust has five clinical divisions, comprising Women's and Children's; Surgery, Head and Neck; Medicine; Specialised Services and Diagnostic and Therapy. We also have a Trust Services division which provides support functions including finance and information management and technology.



# Women's and Children's division

## Services

Children's services, reproductive medicine, paediatric anaesthesia, paediatric intensive care, neonatology, obstetrics and gynaecology



## Key achievements

### **BUPA award for childhood obesity clinic**

The Children's Hospital's Care of Childhood Obesity Clinic received the BUPA Foundation's Clinical Excellence Award. Set up in 2000, the clinic uses its medical, dietary and exercise expertise to place the emphasis on not only the children but also their families. The team then encourages all to make fundamental changes in their lifestyle and behaviour. The results have been dramatic, with 83% of those attending the clinic managing to reduce their body mass index, a measure of body fat based on height and weight.

### **Milestone for cochlear implants**

The West of England cochlear implant programme reached a milestone as it celebrated its 200th implant. This service is based at North Bristol Trust and Bristol Children's Hospital.

## Future strategy

### **Maternity and newborn services review**

Contribute to the maternity and neonatal services review being led by Bristol Primary Care Trust as part of the Bristol Health Services Plan. The outcome of this review will have implications for the obstetric, midwifery and neonatal services provided by United Bristol Healthcare Trust.

### **Community child health**

The division is involved with Bristol Primary Care Trust's review to determine the best ways of providing community child health and child and adolescent mental health services. The services are currently provided by several different organisations including UBHT.



Consultant paediatric urologist Mark Woodward (left), part of the team offering a new keyhole surgery service at Bristol Royal Hospital for Children.

### **Ward 38**

Building work was completed and staff and patients moved into a new £6 million ward extension to Bristol Royal Hospital for Children. This allowed the transfer of general paediatric services from Southmead Hospital as the first stage in the centralisation of acute paediatrics in Bristol, part of the Bristol Health Services Plan. The new ward was designed to provide a child-friendly environment with spacious cubicles and facilities for parents, including fold-down beds.

### **New surgery technique means faster recovery for children**

Surgeons at Bristol Royal Hospital for Children launched a new keyhole surgery service for the first time in the region. The keyhole, or laparoscopic, technique means operations can be performed on younger children, with faster recovery times and less scarring than normal surgery.

### **Latest children's heart surgery results – excellent once again**

The latest results of heart surgery carried out on hundreds of children at Bristol Royal Hospital for Children and young adults (aged over 18) at Bristol Royal Infirmary again demonstrate an extremely high survival rate. The latest audit shows that the death rate for heart patients coming to Bristol continues to decrease.

# Surgery, Head and Neck division



Refurbishment underway at University of Bristol Dental Hospital.

## Services

Breast surgery, urology, orthopaedics, maxillo-facial surgery, thoracic surgery, ophthalmology, dental, operating theatres (including general and cardiac), day surgery unit, St Michael's theatres, central sterile services, integrated critical care service incorporating intensive care and outreach, anaesthetics (excluding cardiac and paediatric anaesthesia), adult ear, nose and throat

## Key achievements

### Paperless patient monitoring

A state-of-the-art paperless patient monitoring system has been installed in the Bristol Royal Infirmary's intensive care unit. The new system includes 13 bedside monitors and computerised touch screens so that all notes about a patient's progress are recorded automatically and fed into a national database. Previously, all information had to be recorded manually on paper charts.

### New team for high dependency post-operative care

Intensive care and theatre recovery teams were amalgamated this year to create a post-operative recovery area for high dependency patients, with the aim of reducing cancellations.

### Macmillan nurse

A successful bid was made for a new head and neck oncology nurse specialist, funded by MacMillan Cancer Support. Donna Graham will support and advise patients from the time that cancer is suspected or diagnosed, co-ordinate their care pathway and provide the link between hospital and community.

### Breast surgery transfer

Inpatient breast surgery transferred to St Michael's Hospital as the first phase of the project to centralise all breast surgery across Bristol, while still retaining local outpatient services here and at North Bristol Trust. Local organisations and patients have been involved in the plans and are working with the project team.

## Future strategy

### One-stop admissions pilot

Pilot a one-stop clinic for patients needing bowel surgery that will mean they are admitted on the day of their operation. The aim of the pilot, which may be rolled out across all surgical specialities, is to streamline the service, by reducing the number of appointments before surgery and by enabling most patients to go home earlier.

### Surgery move

Move low-dependency surgery from the Bristol Royal Infirmary site and centralise the most acutely ill patients within the hospital – this will mean completing the transfer of breast surgery to St Michael's Hospital by moving day case surgery from the Bristol Royal Infirmary, and working towards providing facilities for major gynaecology surgery at the Bristol Royal Infirmary.

### Performance

During 2006/2007, more than 95% of patients whose operation was cancelled at the last minute were re-admitted within 28 days, which was more than the year before. The focus during 2007/2008 will be to limit the number of operations cancelled in the first place.

### Dental Hospital refurbishment

The £17.1 million (including nearly £3 million from the Higher Education Funding Council for England) refurbishment, reconfiguration and expansion of Bristol Dental Hospital is well underway and some sections have been completed. The changes will allow the training of 29 additional dental students, hygienists and dental nurses.

### Surgical and trauma assessment

A surgical and trauma assessment unit was expanded to take orthopaedic patients. Patients referred by their GP go directly to the unit instead of going via the Emergency Department. The unit also takes patients sent up from Emergency. The service may be expanded to operate out-of-hours. The seating area has been improved and a separate triage area has been created.

# Medicine division



## Services

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

## Future strategy

Continue to improve surroundings for patients by, for example, building screens and creating cubicles where appropriate.



## Key achievements

### New home for sexual health clinic

Preparations began for the move of the Milne Centre to the Central Health Clinic in a £2.2 million move funded by the Department of Health.

### Road safety project targets teenagers

The Emergency Department took part in a hard-hitting road safety film aimed at teenagers. The education programme was a joint partnership between agencies including Avon Fire & Rescue Service, Great Western Ambulance Service and Avon & Somerset Police. Staff took part in filming, which showed the treatment of accident victims, and went to schools events to talk to pupils first-hand about their experiences of dealing with this type of incident.

### Walk-in Centre pilot

The Bristol City Gate Walk-in Centre moved to the Bristol Royal Infirmary's Emergency Department for a trial period in May. After a review, it was decided to move the centre back to its original base in Broad Street for the time being. The Trust is working with the Primary Care Trust to design a new urgent care centre co-located with the Emergency Department.

### Binge-drinking research

Dr Jonathan Benger, of the Emergency Department, led research to help develop intervention strategies to reduce incidents related to binge-drinking. The report, produced together with the University of the West of England, identifies the reasons why people need treatment in emergency departments after drinking too much and suggested ways of working with pubs and clubs to reduce future problems.

### First UK Chair in Rheumatology Nursing

Dr Sarah Hewlett, of the University of the West of England (UWE), has been appointed to the first UK chair in rheumatology nursing. Professor Hewlett's team of University of the West of England researchers are based at the Rheumatology Unit at the Bristol Royal Infirmary. There they work with Trust clinical staff and University of Bristol researchers to provide integrated care, education and research.

### Chest pain service

A new one-stop diagnostic service for patients admitted with low-risk chest pain started in the Emergency Department.

# Specialised Services division



## Services

Cardiac surgery, cardiology, cardiac anaesthesia, cardiac intensive care, oncology, clinical haematology, homeopathy

## Key achievements

### Regional heart centre

The Trust received approval to go ahead with a major new adult cardiac centre at the Bristol Royal Infirmary as part of a joint £61 million scheme with North Bristol NHS Trust to improve adult cardiothoracic services.

### Bristol cardiologists pioneer 'freezing balloon' to correct irregular heartbeats

Doctors at Bristol Royal Infirmary have become the first in the UK to use a new 'freezing balloon' technique to treat the main arteries in the heart and correct irregular heartbeats.

### Bristol Royal Infirmary becomes heart attack centre

A new system for the treatment of heart attacks was introduced at Bristol Royal Infirmary. Following a successful pilot, heart attack patients coming into the hospital will now automatically receive an immediate angioplasty if their condition is suitable for the new approach. The aim is to reduce complications from the heart attack and cut the time patients need to stay in hospital.

### Expanded stereotactic radiotherapy service

The stereotactic radiotherapy service at Bristol Haematology and Oncology Centre treated a record number of 30 patients this year. Stereotactic

## Future strategy

### Primary angioplasty

Expand the primary angioplasty service to cover a wider population.

### Complementary therapies

Develop a complementary therapy centre based at Bristol Homeopathic Hospital.

radiotherapy is a highly sophisticated technique to treat small brain tumours with very finely focused beams of radiation. This ensures that the tumour receives a very high dose but the dose to the surrounding normal tissues is minimized, reducing both short- and long-term side-effects.

### Performance

The division achieved its key performance targets, including the percentage of patients being seen in the rapid access chest pain clinic within two weeks of urgent GP referral and the percentage of patients admitted for their operation to improve blood flow to the heart within three months of the decision to treat. Significantly more patients referred with a suspected cancer by their GP were treated within 62 days of referral than in 2005/2006.

### New co-ordinator role improves outpatient clinics

The pilot role of clinic co-ordinator at the Bristol Haematology and Oncology Centre has greatly improved how outpatient oncology and haematology clinics are run, ensuring medical notes and test results are ready for patients when they arrive. The role has meant nurses are able to spend more time with patients because they are not drawn into administration, and has reduced the number of appointments having to be rescheduled because results are not ready. The nursing team are now using the opportunity to look at new ways of working, including the introduction of nurse-led follow-up clinics, and to spend more time supporting patients.

# Diagnostic and Therapy division

## Services

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



## Key achievements

### Virtual Pathology Laboratory System

Work has continued to develop the potential of the virtual pathology laboratory system, an electronic test result system implemented last year. The system has been linked to others that support infection control, oncology and pharmacy services. A significantly improved central server has been introduced. Further improvements are planned by the introduction of an electronic ordering and reporting system to support both primary and secondary care services.

## Future strategy

To develop training programmes for more efficient and effective diagnostic services to patients. An example of this is the training of assistant and technician grade practitioners within Radiology to help provide services such as dating scans for pregnant women at St Michael's Hospital.

Work will continue with other divisions to develop diagnostic and therapy services that can help reduce patients' length of stay, for example, by basing pharmacists on wards.

### New digital system for patient scans

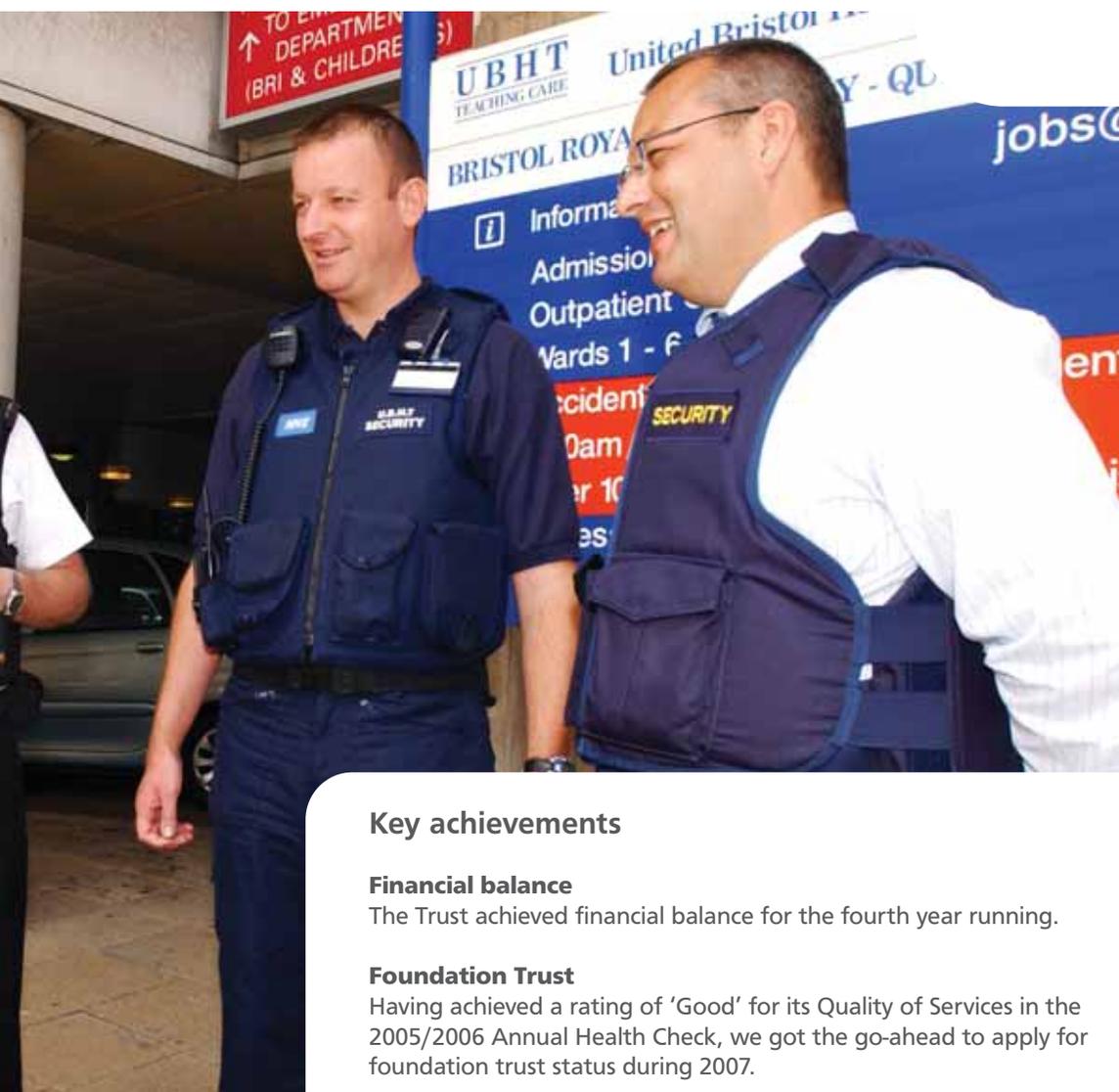
In November 2006 a new information technology system was launched to capture, store and electronically send radiology images and reports such as X-rays and scans. This replaces the traditional method that used film and paper reports. The twin information technology systems, PACS (picture, archiving and communications system) and RIS (radiology imaging system) give clinicians immediate access to scanned images, along with the diagnostic reports of those images, resulting in more rapid and easier diagnosis.

### Performance

Radiology achieved its key national targets of 13-week waits for all types of scans, such as computer tomography (CT) and magnetic resonance imaging (MRI), X-rays and ultrasound.



# Trust Services division



## Services

Trust Services was established as a new division during the year, encompassing 'support' areas including facilities and estates, human resources, finance, information management & technology and professional leads for clinical staff.

## Future Strategy

Become a foundation trust.

Deliver a new public website.

Develop a paperless recruitment process so that job application forms can be submitted online.

Deliver the Trust's new teaching and learning strategy.

## Key achievements

### Financial balance

The Trust achieved financial balance for the fourth year running.

### Foundation Trust

Having achieved a rating of 'Good' for its Quality of Services in the 2005/2006 Annual Health Check, we got the go-ahead to apply for foundation trust status during 2007.

### Safer Patients

United Bristol Healthcare and North Bristol NHS trusts were invited to join one of the country's most prestigious programmes in recognition of their commitment to improving safety for patients. We are working together on the safety improvement work and will receive support from patient safety experts at the US-based Institute for Healthcare Improvement.

### Information

In order to support the Trust's equal opportunities policy, the Human Resources team improved the way employee information is recorded.

### Training

The number of Trust staff undergoing health and safety training was improved.

### Guarding Gold award for UBHT security team

The security team at United Bristol Healthcare Trust has retained its prestigious National Security Inspectorate Premier Guarding Gold award. We became the first hospital trust to receive the Premier Gold level award in any National Security Inspectorate category in 2005 and the first public sector organisation to be awarded Gold Premier for security guarding and vetting. A regular audit by the inspectorate has reaffirmed the high standard of work of the Trust's security officers, particularly in the Bristol Royal Infirmary precinct.

# United Bristol Healthcare Trust in the Community

This year we launched 'United Bristol Healthcare Trust in the Community' – an important programme recognising the impact of the Trust and its own community of nearly 7,000 employees. As one of Bristol's major employers, we want to manage our business in a way which produces a positive impact locally, supporting the city's exciting new developments and helping to improve overall quality of life.

Projects are numerous and diverse and include areas such as sustainable transport, energy and purchasing, liaising with schools and colleges, linking education and business, improving the patient environment and city landscape, improving patients' experience through art, and volunteering both locally and overseas.

Some of the projects we have been involved with this year include:

## Linking education and business – the United Bristol Healthcare Trust-Whitefields partnership

The Trust is part of an innovative scheme in the city which aims to promote excellence in Bristol schools by linking them with businesses. The Trust is the first healthcare organisations in Bristol to be linked with a school as part of the scheme. Other businesses taking part include Rolls-Royce, Airbus and General Electric.

Whitefield Fishponds Community School was partnered with the Trust because of its close inner city location and because of the school's multi-ethnic community. The vision for the partnership is to make Whitefields the secondary school of choice within its local communities. Some immediate similarities between the Trust and the school have been identified, for example we are both undertaking a programme of building works to ensure we have modern new facilities.

## Overseas work – United Bristol Healthcare Trust links with Mbarara University of Science and Technology, Mbarara, Uganda

There has been a link between the University of Bristol Medical School and Mbarara University for five years supporting postgraduate education in medicine and paediatrics through intensive teaching on key subjects and student placements at Bristol hospitals. A need to widen the link to include all healthcare staff was identified.

The Trust has now established its own link with Mbarara Teaching Hospital with commitment to develop long-term links between professional leads in as many disciplines as possible in Bristol and their counterparts in Mbarara.

Five Trust staff visited Mbarara this year to formally establish the new link and report back on their findings with proposals for future exchanges and collaboration.

## Food and nutrition – working with Bristol Schools

Trust dietitians are committed to supporting and helping develop services for the local community. Sharon Sexton has been appointed by the Trust as the transforming school meals co-ordinator and is based at the Council House, College Green. Her post is nationally funded until 2010 to support and evaluate the transformation of food in Bristol's schools.

As a state-registered dietitian, Sharon works with catering providers, head teachers and other school staff, governors, pupils, parents and carers, health promotion specialists and unions. She is supporting this transformation in conjunction with the Education Client Unit, which is part of Children and Young People's Services at Bristol City Council. Her work includes analysing the nutritional quality of the menus on offer in Bristol and monitoring all the new food and nutrient based standards in schools to identify where changes need to be made.



Sharon Sexton, Transforming School Meals Co-ordinator

# United Bristol Healthcare Trust in the Community

## Environment

The Trust recognises its environmental and social responsibilities. It also acknowledges the impact its activities may have on the environment. An updated environmental policy was agreed this year, setting out a strategy for improving the Trust's performance in key areas:

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

The Trust's environmental management group will report annually on progress. Achievements so far include agreeing new parking arrangements to reduce avoidable car use where there are sustainable alternatives, and making three funding applications or projects to help the Trust reduce carbon emissions, including increasing low energy lighting.



Hospital and University Bus Shuttle



# Research and effectiveness

Research is one of the three pillars of United Bristol Healthcare Trust's mission, along with patient care and education.

The Trust's research strategy has been formulated to mirror the clinical strategy, moving towards particular support of research in our areas of clinical priority which include:

- Cardiac services
- Cancer
- Oral and dental health
- Children's services
- Emergency services
- Ophthalmology

Other areas of excellent research will continue to be supported where there is a clinical need and in partnership with our academic colleagues.

Over the last year, the Trust has continued to support and lead research by medical and non-medical staff. This has been in collaboration with our local partners, the University of Bristol and the University of the West of England, and with North Bristol and other NHS trusts, along with collaborators nationally and internationally. We have worked with industry partners to develop and bring to market new medicines and devices, helping to make the latest effective treatments available to patients.

In 2006/07, the Trust received more than £7 million in NHS research and development support funding. This has supported clinical research and attracted more than £16 million research funding in many areas across the Trust, ranging from heart and circulatory disease, cancer, eye disease and children's health to research into sexual health, reproduction and birth, joint bone and muscle disorders, hormonal imbalances, and dental research.

This year saw the beginning of the move from the current method of NHS research and development funding towards a more responsive and competitive system. This is being run through the National Institute for Health Research, and the Trust has been awarded one of the institute's first research for patient benefit grants, in conjunction with the University of Bristol. The grant will enable Dr Julian Hamilton Shield to study the best ways to provide obesity services for children.



The Trust supported a successful bid for funding of £1.4 million to help develop medicines specifically for use in children. This led to the formation of the South West Medicines for Children Research Network, which is hosted within the Trust. This is one of six networks across the country forming the Medicines for Children Research Network set up to support and undertake major clinical studies into the safety and effectiveness of medicines for children. This will broaden access for parents and children to clinical trials, often into established medicines previously formulated principally for adults with the aim of providing essential data so that children can safely receive these drugs. The funding bid was led by Professor Adam Finn, of the University of Bristol and Bristol Royal Hospital for Children, on behalf of the universities and NHS trusts in the region.

This year has also seen the start of the Comprehensive Research Networks across England allowing adult patients to enter clinical trials in all areas. The Trust was successful in its bid to host the Western Comprehensive Research Network, which is in the initial stages of being set up.

As the Trust moves towards foundation trust status it will continue to support researchers in excellent research that:

- Addresses NHS priorities
- Is people-based
- Gives value for money
- Improves the health of the population and patient care

# Redevelopment projects

## Bristol Health Services Plan

The plan is a £690 million strategic programme of capital investment in the health infrastructure of Bristol, North Somerset and South Gloucestershire. The plan provides a framework for the Trust's own major development plans. The plan's premise is a strategic shift of resources towards primary and community services to enable substantial numbers of people to be treated in community settings instead of in hospital.

## Our redevelopment plans

Under the aegis of the Bristol Health Services Plan, the Trust has embarked on a major £157 million redevelopment programme, driven by the need to replace old accommodation that is not fit for purpose and to provide new accommodation for the specialist paediatric service due to transfer from Frenchay Hospital in 2011/12.

The first element of the redevelopment project, namely to centralise Bristol-wide inpatient services for children on to the Trust 'precinct', was achieved on with the opening of a new, purpose-built ward at Bristol Royal Hospital for Children.

Other current components of the redevelopment programme comprise:

- Building a new regional adult cardiothoracic centre, to be known as Bristol Heart Centre, on the north side of the Bristol Royal Infirmary central precinct. The centre will greatly improve heart services for patients across the city and beyond. At a cost of £57 million, the new facility will bring services for adult heart and chest patients under one roof in light, spacious surroundings with state of the art technology.

- Work began on an extensive £17.1million (including nearly £3 million from the Higher Education Funding Council for England) refurbishment and expansion programme at the University of Bristol Dental Hospital. The expansion will enable the number of dental undergraduates to grow from 50 to 75 and improve the hospital's main entrance to make it more accessible for those with disabilities.

Longer term plans:

- Transferring patient accommodation from the Old Building into the Queen's Building of the Bristol Royal Infirmary. The Old Building was built in 1735 and the wards are some of the oldest still in use in the country. It was judged by the Commission for Health Improvement in 2002 to offer an unsuitable environment for inpatient care.
- Transfer of paediatric neurosciences, burns care, orthopaedics and plastic surgery from Frenchay Hospital to the Bristol Royal Hospital for Children. Underlying the proposed transfer is a number of national and local standards and recommendations which support bringing together specialist services and expertise onto one site.



Bristol Heart Centre begins to take shape

# Listening, learning and improving

We have continued throughout the year to listen to what our patients and public think of us and to involve them more deeply than ever in our work.

This process continues to be enhanced by our patient and public involvement strategy, which was ratified in 2005, and through the work of the Patient Advice & Liaison Service and our complaints team.

The Patient Advice & Liaison Service has continued to support a large number of patients, their families and carers. During the past 12 months, the service has dealt with 2,068 enquiries, an increase of four per cent on the previous year. The enquiries ranged from requests for information and advice through to the resolution of difficulties and finding support for people with complex needs.

The service now provides easier access for people, especially those wishing to contact the service by telephone. The service now receives an average of 120 such calls per month.

The service also enables people to provide positive feedback and compliments about their treatment.

The Trust has continued to support patients, carers and users of its services when they have raised formal complaints.

We received 579 formal complaints during the year, an increase of 8.6 per cent on the previous year. No one single cause can be identified for this increase. However, of the complaints received, 89.6 per cent were responded to within the set NHS timescale, which has been increased from 20 to 25 working days.

Both the Patient Advice & Liaison Service and the complaints team have contributed to developments and improvements in services and received positive feedback from users.

A close-up photograph of a person's hands holding a silver mobile phone. The background is a dark, textured brick wall. The lighting is soft, highlighting the texture of the brick and the metallic surface of the phone.

“I would like to thank you all for your help, advice and information. It has been priceless.”



# Listening, learning and improving

## Patient Advice & Liaison Service:

### Service Improvements:

- Improvements to hospital signage and wayfinding information
- Development of a protocol for replacement dentures lost during inpatient stay
- Improved care pathway for cancer patients on Ward 17
- Improved communication and liaison between medical staff and patients' relatives
- Increased support and information to parents involved in child protection investigations in collaboration with the Trust child protection team.

### Comments received:

*"Can I just say thanks for a great service and such a quick reply."*

*"Living so far away is stressful in times of crisis. Having someone reply so promptly in the friendly, informative tone in which you write is really appreciated."*

*"I would like to thank you all for your help, advice and information. It has been priceless. I would have not had a clue where to start."*

*"Thank you for the excellent support. This work is time consuming and I was very impressed with the high standard of professional care that you gave."*

## Complaints and compliments:

### Service improvements:

- Introduction of regular spot checks of cleaning on wards, with walkabouts by ward managers, facilities & estates staff and infection control staff
- Surgical matrons to undertake nightshifts to monitor working nights
- Nursing teams in older people's unit at Bristol Royal Infirmary/Bristol General Hospital to receive training about the needs of patients whose first language is not English and who are deaf
- Improved discharge training for nursing staff
- Guidelines produced and disseminated to midwives relating to the administration of expressed milk.

### Comments received:

*"I am writing to express my great appreciation of everybody involved in my care on Ward 6. The Bristol Royal Infirmary is an institution of which people in the region should be rightly proud."*

*"I write to record my deep appreciation of, and gratitude for, the combined professionalism and kindness of all the staff who attended me on Ward 5A."*

*"I visited the X-ray Department... the receptionist was most helpful and polite and the radiologist most efficient and prompt."*

*"I received exemplary courtesy, consideration and care from all the staff without exception, from the consultant down to the most junior nurse."*

# Listening to staff

The Trust is committed to partnership working and has had a number of staff and employee relations groups in place for several years.

These include the Trust's consultative council, a quarterly strategic employee relations group attended by the chief executive and chaired by the director of workforce and organisational development. The local negotiating committee is a joint medical staff and management committee, meeting bi-monthly and chaired by the Trust's British Medical Association representative. The Trust's industrial relations group meets monthly and is the forum for discussing operational issues and their impact on staff.

Staff side (union representatives) hold a monthly joint union committee at which operational and policy issues are discussed. In addition to these forums, staff are consulted via a number of formal and informal methods.

For example, the chief executive holds a quarterly forum which any member of staff can attend to talk about current issues and ask questions. This is very well attended and will be further strengthened as the Trust's intranet is redeveloped, providing dedicated areas for posting important information and answers to frequently asked questions. Communications at Trust level include a weekly email and paper bulletin and a bi-monthly magazine.

Staff involvement will take a further significant step forward through the governance arrangements for foundation trust status, which will include staff members of the council of governors.

The 2006 results for the Trust from the national staff attitude survey said that respondents felt positively about work-life balance, appraisal and personal development and job satisfaction. Respondents also felt that they received good support from immediate managers, had clear goals and were given the opportunity to participate in decision making.

The Trust scored in the top 20% of acute trusts in the country for the following areas:

- Percentage of staff using flexible working options
- Percentage of staff who had been appraised in the last 12 months and had received a well-structured appraisal
- Percentage of staff with a personal development plan
- Percentage of staff receiving training and development in the last 12 months
- Quality of job design
- Support from immediate managers
- Job satisfaction

The Trust also scored well on:

- Extent of positive feeling
- Fairness and effectiveness of procedures for reporting errors and incidents
- Perceptions of effective action in the Trust towards violence and harassment

The Trust has strong results from staff from ethnic minority backgrounds, particularly around access to training and well structured appraisals.



# Listening to staff



## Promoting equal opportunities

Our commitment to equality and diversity underpins all our activities – in our services, employment practices and our involvement with the wider community. The Trust is committed to promoting a supportive and inclusive culture for all staff and stakeholders.

Staff can expect to be treated fairly and without discrimination in an environment where inappropriate behaviour is not acceptable. Staff will be treated with respect and appreciation regardless of age, gender, sexual orientation, marital status, race, colour, nationality or ethnic origin, disability, religious belief, social class or grade.

There are five operational groups in the Trust responsible for managing the cross-divisional equality and diversity programme. These groups report to an equality and diversity steering group. The groups cover age, disability, gender, sexuality and trans-sexuality, race, religion and beliefs and social exclusion.

The Disability Discrimination Act was implemented in December 2006 and a disability equality scheme was produced for the Trust. This is monitored on a regular basis. The patient administration system is being reviewed thoroughly to ensure that particular needs of patients are recorded and flagged appropriately, as a result of patient feedback. A forum for staff with physical or sensory impairments has been re-launched following staff feedback in the annual staff attitude survey.

Age discrimination legislation was introduced in October 2006. Particular progress has been made in terms of supporting Age Concern's Hungry to be Heard campaign, identifying patients who may be at risk of malnourishment on admission. The needs of young adults whose care is transferred from the Bristol Royal Hospital for Children to the Bristol Royal Infirmary have been audited and there has been concentrated work on ensuring that entry points to employment or voluntary work at the younger end of the age scale are appropriate.

The Trust is building on its race equality scheme action plan and continues to encourage and strengthen its partnerships and joint working. For example, in conjunction with North Bristol Trust, we are supporting Bristol Primary Care Trust with funding for two community link workers who are gathering local people's views and experiences of local health services. We continue to support the Bristol Race Equality Partnership, and the chair of the Trust's black and minority ethnic workers forum joined with counterparts from other trusts in the area to develop strategies to ensure closer working relationships and shared goals.

**Staff can expect to be treated fairly and without discrimination in an environment where inappropriate behaviour is not acceptable.**

# Operating and financial review

## Introduction

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

## Operating Environment

### Identified key markets

The Trust provides services to three key markets, namely:

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

### Key operating risks

We face a number of significant challenges to making progress in the coming months. Two key risks will affect our performance.

Firstly, the need to save almost £16m in 2007/08 to remain financially stable. The scale of these savings will affect how we are able to develop our services. The executive directors will closely manage divisions' progress on their savings plans. We will continuously review our strategy for developing services, balancing it against the need to meet the target on savings.

Secondly, the Trust has major challenges ahead to ensure we meet the national 18-week maximum waiting time target from GP referral to treatment, and also to maintain current targets, including maximum waits for cancer, for accident and emergency and for sexual health services. In order to help ensure we meet these targets, we have launched a new internal programme to drive forward improvements to services.

## Financial Review

### Income and expenditure

For the financial year ended the 31 March 2007, the Trust received income of £372.5m and generated a surplus of £1.114m on its Income and Expenditure Account. This represents 0.3% of turnover.

After taking into account non recurring or one off income and costs the Trust achieved a £0.5m normalised surplus.

This is another good result for the Trust and represents the fourth year in a row that a breakeven or better financial position has been achieved. In particular, the Trust delivered a savings programme of £13m, as well as achieving non-financial performance targets.

### Liquidity and capital

The Trust has balanced its cash position and achieved its external financial limit (EFL) by a variety of measures. These include slippage on capital schemes (£4.2m) using internal resources such as the income and expenditure account and obtaining an interest bearing Working Capital loan from the Department of Health (£20.3m).

Total capital investment for year was £30.768m, this includes £33.216m expenditure on schemes and income from asset sales of £2.448m.

The Trust has taken up an interest-bearing loan of £20.3m from the Department of Health to cover its historic debt and other accumulated cash deficits. This will be repaid over 20 years from planned income and expenditure surpluses. At the end of this period the Trust will be free of debt and have a sustainable balance sheet without any need for external assistance.

### Summary financial statement

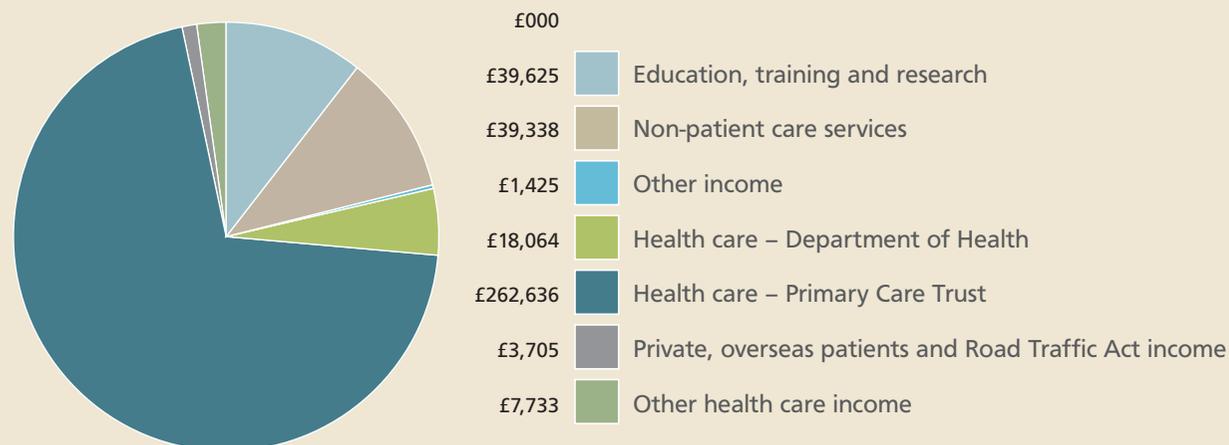
The summary financial statement is set out on pages 27 to 31. Full accounts are available from Paul Mapson, Director of Finance, at UBHT Headquarters, Marlborough Street, Bristol BS1 3NU or online at [www.ubht.nhs.uk](http://www.ubht.nhs.uk)

# Operating and financial review

## Summary Income and Expenditure Statement

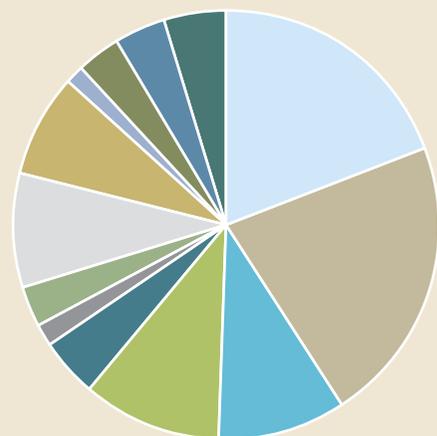
	2006/07 £000	2005/06 £000
Income	372,526	350,667
Expenses	(363,205)	(340,259)
<b>Operating surplus</b>	<b>9,321</b>	<b>10,408</b>
Cost of fundamental re-organisation/re-structuring		-
Profit/(loss) on disposal of fixed assets	(35)	392
Interest receivable	547	520
Interest payable	(557)	(555)
Other finance costs	(38)	(195)
Public Dividend Capital dividend	(8,124)	(7,285)
Retained surplus/(deficit)	1,114	3,285
Note:		
Retained surplus/(deficit) for the year	1,114	3,285
Less financial support included in returned surplus/deficit for the year		-
<b>Retained surplus/deficit for the year excluding financial support</b>	<b>1,114</b>	<b>3,285</b>

## Operating income by source



# Operating and financial review

## Operating expenditure by type



£000		
£70,186	Medical and dental staff	
£78,648	Nursing, midwifery & health visiting staff	
£35,578	Scientific, therapeutic & technical staff	
£38,458	Management, admin & clerical	
£15,731	Other staff	
£6,178	Services from NHS organisations	
£11,198	General supplies and services	

£000	
£31,334	Drugs
£27,791	Other clinical supplies & services
£5,643	Establishment costs
£12,177	Premises costs
£13,442	Depreciation
£16,841	Other non pay expenditure

## Breakeven performance

	Surplus/(Deficit) £000	Prior Year Adjustment £000	Adjusted Surplus/(Deficit) £000
1997/98	200	903	1,103
1998/99	(554)	458	(96)
1999/00	(323)	66	(257)
2000/01	(1,150)	-	(1,150)
2001/02	(7,659)	-	(7,659)
2002/03	(9,281)	-	(9,281)
2003/04	80	-	80
2004/05	52	-	52
2005/06	3,285	-	3,285
2006/07	1,114	-	1,114
Cumulative surplus/(deficit)			(12,809)
As % of turnover			3.44%

# Operating and financial review

## Income generation schemes

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

## Summary balance sheet

	2006/07	2005/06
	£000	£000
Fixed assets	307,579	276,120
Stocks	4,845	4,847
Debtors	20,265	19,913
Investments	292	295
Cash	1,929	2,069
Current liabilities	(22,784)	(25,390)
Net current assets	4,547	1,734
Liabilities over one year	(25,939)	(6,657)
Provisions for liabilities and charges	(3,633)	(3,255)
<b>Total assets employed</b>	<b>282,554</b>	<b>267,942</b>
Financed by:		
Public dividend capital	138,838	141,393
Revaluation reserve	120,350	108,701
Donated asset reserve	14,231	13,912
Government grant reserve	166	225
Income and expenditure reserve	8,883	3,625
Other reserves	86	86
<b>Total capital and reserves</b>	<b>282,554</b>	<b>267,942</b>

## Statement of total recognised gains and losses

	2006/07	2005/06
	£000	£000
Surplus for the year before dividends	9,238	10,570
Fixed asset impairment losses	-	-
Fixed asset revaluations/indexation	16,626	5,937
Increase in donation reserve	903	978
Reduction to other reserves	-	(1)
<b>Total gains for the year</b>	<b>26,767</b>	<b>17,484</b>
Prior period adjustment	-	-
<b>Total gains recognised</b>	<b>26,767</b>	<b>17,484</b>

## Summary cash flow statement

	2006/07	2005/06
	£000	£000
Cashflow from operations	17,780	25,649
Interest received	497	512
Interest paid	(600)	(575)
Dividends paid	(8,124)	(7,285)
Management of liquid resources	3	-
Net capital investment	(27,962)	(20,660)
Net cash from public dividend capital/donated capital receipts	18,486	2,412
<b>Increase/(decrease) in cash equivalents</b>	<b>80</b>	<b>53</b>

# Operating and financial review

## Performance against external financing limit (EFL)

The Trust is set an external financing limit (EFL) by the Department of Health, primarily a cash target, which it is permitted to undershoot, but not overshoot. This was achieved with an undershoot of £0.077m.

	2006/07 £000	2005/06 £000
<b>External financing limit set by the Department of Health</b>	<b>17,745</b>	<b>1,908</b>
Achieved by:		
Cashflow financing	18,409	2,359
Finance Leases taken out in year	-	-
Other capital receipts	(741)	(504)
<b>External Financing Requirement</b>	<b>17,668</b>	<b>1,855</b>
<b>(Over)/undershoot against EFL</b>	<b>77</b>	<b>53</b>

## Performance against capital resource limit (CRL)

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

	2006/07 £000	2005/06 £000
<b>Capital resource limited set by the Department of Health</b>	<b>34,274</b>	<b>31,133</b>
Gross capital expenditure	33,216	20,948
Less book value of assets disposed of	(2,483)	(2,016)
Plus losses on disposal of donated assets	-	-
Less capital grants	-	-
Less donations	(741)	(504)
<b>Charge against CRL</b>	<b>29,992</b>	<b>18,428</b>
<b>(Over)/underspend against CRL</b>	<b>4,282</b>	<b>12,705</b>

The underspend of £4.282m against the capital resource limit is due to the retention of cash from expected slippage in the Trust's capital programme.

## Management costs

	2006/07 £000	2005/06 £000
Total Trust income*	370,037	350,667
Management costs	14,436	11,692
Percentage of income	3.9%	3.3%
*Excluding income to offset fixed asset impairments charges to operating expenses of:	2,489	0

## Capital investment

	2006/07 £000
Major X-ray, scientific and medical equipment	2,110
Refurbishments and replacements	2,321
Capital Schemes:	
- Bristol Heart Centre	9,268
- Ward extension to Bristol Royal Hospital for Children	3,665
- Dental student expansion	6,255
- Milne Centre	33
- Bristol Surgery Transfer	213
- Centralisation of paediatric ear, nose and throat surgery	116
- Enabling schemes for Bristol Royal Infirmary redevelopment	1,132
Minor alterations and equipment replacement	2,343
Information management & technology (IM&T)	5,760
<b>Gross expenditure</b>	<b>33,216</b>
Less income	2,448
<b>Net expenditure</b>	<b>30,768</b>

# Operating and financial review

## Better Payments Practice Code – measure of compliance

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

### Non-NHS trade invoices

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

<b>2005/2006</b>	<b>Number</b>	<b>Value £000</b>
Total bills paid	141,157	112,608
Total bills paid within target*	102,180	82,288
Percentage of bills paid within target*	72%	73%

### NHS trade invoices

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

<b>2005/2006</b>	<b>Number</b>	<b>Value £000</b>
Total bills paid	4,340	26,667
Total bills paid within target*	987	9,794
Percentage of bills paid within target*	23%	37%

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

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

## Financial key performance indicators (KPIs)

Financial key performance indicators (KPIs) show that United Bristol Healthcare Trust is a high performing organisation. They include:

- Income and expenditure – four years' breakeven (surpluses of £3.3m in 2005/06 and £1.1m in 2006/07)
- Cost efficiency – the National Reference Cost Index shows the Trust as 6% below the national average (2001/02 was 16% above average)

## Other key performance indicators

In 2006/2007 the Trust improved its performance against a number of the key performance indicators that form part of the Quality of Services assessment carried out by the Healthcare Commission. The three key strands of the Quality of Services assessment during 2006/2007 were:

- Existing National Targets
- New National Targets
- Core Standards for Better Health

# Operating and financial review

## Existing national targets

During 2006/2007 the Trust performed well against all existing national targets. For at least 10 of the 12 targets we achieved the required level of performance set by the Healthcare Commission. The full-year performance against the remaining two targets, the 62-day cancer waiting times standard and the maximum waiting time for elective admissions, is still to be confirmed. It is expected though that the Trust will be assessed as having 'fully met' (excellent) this strand of the quality of services assessment.

Target	Performance
Cancer: 31 day diagnosis to treatment	99% 
Cancer: 62 day urgent referral to treatment	93% 
Cancer: urgent referrals seen in under two weeks	100% 
Cancelled operations: last minute cancellations	0.9% 
Cancelled operations: re-admission within 28 days	97% 
Choice: elective and outpatient booking	100% 
Thrombolysis: call to needle times – % within 60 minutes	74% 
Delayed transfers of care	0.9% 
Rapid access chest pain clinic waiting times	99% 
Total time in A&E: four hours or Less	98% 
Waiting times: elective breaches	0.09% 
Waiting times: outpatient breaches	0.01% 
Waiting times: revascularisation breaches	0.00% 

 Green = target achieved  
 yellow = underachieved  
 red = failed

## New national targets

The level of performance required by the Healthcare Commission to achieve the new national targets has not yet been published for most targets. However, it is anticipated that the Trust will be assessed as having achieved a 'good' overall standard, for this strand of the quality of services assessment. The Trust performed well against most of the new targets. Despite achieving an overall reduction in the number of hospital acquired methicillin resistant staphylococcus aureus (MRSA) bacteraemias compared with the year before, we had three more cases than the target number. The Trust failed to improve on 2005/2006 performance for the 48-hour access to genito-urinary medicine (sexual health) services. However, significant progress was made in reducing maximum waiting times for new outpatient appointments, elective admissions and diagnostic tests.

Target	Performance
18 weeks – new outpatients under 11 weeks	100% 
18 weeks – electives under 20 weeks	97% 
18 weeks – diagnostics waiting under 13 weeks <sup>1</sup>	94% 
Emergency bed days (compared with 05/06) <sup>2</sup>	- 6% 
Ethnic group data quality	82% 
Infant health – breastfeeding rates	74% 
Infant health – not smoking during pregnancy	87% 
Participation in audits	✓ 
Patient experience: national inpatient survey	Satisfactory 
Self harm: compliance with NICE guidelines	✓ 
Smoke free NHS	✓ 
Drug mis-users: information, screening & referral	✓ 
Genito-urinary medicine (sexual health) – 48-hour access	32% 
MRSA activity – above target trajectory	6% 
Stroke patients spending time in a stroke unit	75% 

 Green = target achieved  
 yellow = underachieved  
 red = failed<sup>3</sup>

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

<sup>2</sup> A negative value indicates a reduction in emergency bed days relative to 2005/6.

<sup>3</sup> National targets were not available in every case at time of publication – this colour coding is therefore indicative, based on the 2005/06 published thresholds

# Operating and financial review

## Core standards

The Trust declared itself compliant with 22 of the 24 Healthcare Commission core standards for better health for 2006/2007. As the Trust was non-compliant with fewer than four standards, and in both cases the failure to comply was addressed before the end of the year, it is expected the Trust will have 'fully met' this part of the quality of service assessment. The two standards which the Trust Board on balance judged the Trust not to be compliant with for the full year were:

- C11 b<sup>4</sup> – Mandatory and statutory training
- C22<sup>5</sup> – Environment

The level of mandatory and statutory training greatly improved over the year. However, it was not until December 2006 that it was felt a satisfactory level of compliance had been attained. Performance will continue to be monitored closely during 2007/2008 to ensure these improvements are sustained.

The declaration of the Trust's failure to comply with the standard relating to the quality of the Trust's hospital buildings did not reflect the cleanliness of the Trust's hospitals, but the condition and age of the estate. A significant programme of work to improve the quality of the environment commenced during the year, including risk-based prioritization of the backlog maintenance programme, aimed at speeding-up improvements, the closure of old estate at Keynsham Hospital, capital investment in ward refurbishment, and a continued range of activities under the 'smarten up' initiative. The major re-development projects are still in place to address some of the older areas of the Trust such as the Old Building. The amount of work undertaken in 2006/07 was sufficient to achieve compliance by the year end. So, as for mandatory and statutory training, compliance with this standard is expected in 2007/2008.

## Quality of services

As the threshold for achievement of several of the new national targets has not yet been published, the Trust's overall performance during the last year can only be estimated at this stage. However, it is anticipated that the Trust will achieve a rating of 'good' for its quality of services as in 2005/2006.

<sup>4</sup> Standard C11b – "Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes," Healthcare Commission.

<sup>5</sup> Standard C21 – "Healthcare services are provided in environments which promote effective care and optimize health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises," Healthcare Commission.

## Activity during the year

### Admissions (first finished consultant episodes [FFCEs]):

Inpatient: 60,212  
Day case: 56,018  
Deliveries: 4,739  
Emergencies: 32,071 (subset of inpatient total).

The deliveries are excluded from the inpatient total, however the inpatient total will include the corresponding births.

### Outpatient attendances

New: 112,717  
Follow-up: 269,197

### A&E attendances

New: 100,098  
Follow-up: 7,169

### Waiting list (end of March 2007)

Elective total list (non-planned): 6,594  
Elective total list (planned): 2,780

New outpatients total list (GP/general dental practitioners [GDP] – referred): 7,880  
New outpatients total list (non GP/GDP-referred): 5,467  
Follow-up outpatients total List: 76,240

Outpatient list excludes non-consultant specialties.

## Other performance priorities

With regard to other key business objectives, the Trust made significant progress towards the delivery of its estate development strategy by transferring services to the Bristol General Hospital from Keynsham Hospital (which then passed into the ownership of Bath and North-East Somerset Primary Care Trust). The Trust also received approval and started construction on the refurbishment and expansion of the Bristol Dental Hospital and began development of a new £61m regional heart centre at the Bristol Royal Infirmary.

# Operating and financial review

## Financial Outlook

At the end of 2006/07 the Trust was in recurring balance ie its monthly income matched its monthly expenditure. The Trust will ensure that this underlying position is maintained in future years.

The Trust faces a number of major challenges in 2007/08, including the need to achieve £16m recurring savings. This is within the context of achieving ever more stringent performance targets, as set out in the NHS Plan.

Over the longer term the Trust is creating a service and financial plan which will facilitate the delivery of its key service priorities and achieve performance targets whilst maintaining financial stability.

## Legal advisors

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

## External auditors

The Trust's auditors are the Audit Commission. Work undertaken by the auditors during 2006/07, at a cost of £0.233m, related solely to 'Audit Services', that is, the statutory audit and services carried out in relation to the statutory audit.

Statement of Directors' responsibility in respect of Internal Control.  
The statement of Directors' responsibility can be found in the Trust's statutory, audited accounts on the website: [www.ubht.nhs.uk](http://www.ubht.nhs.uk)

## Annex

Independent Auditor's Report to the Directors of the Board of the United Bristol Healthcare NHS Trust on the Summary Financial Statement.

## Independent auditors' statement to the directors of the Board of United Bristol Healthcare NHS Trust

I have examined the summary financial statement set out on pages 27 to 31.

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

### Respective responsibilities of directors and auditors

The directors are responsible for preparing the annual report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the annual report with the statutory financial statements.

I also read the other information contained in the annual report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

### Basis of opinion

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

### Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2007.

**Richard Lott**  
Audit Commission  
Westward House  
Lime Kiln Close  
Stoke Gifford  
Bristol BS34 8SR



# Remuneration report



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

The remuneration of senior managers is determined annually by the Remuneration Committee using guidance issued by the Department of Health. In 2006/07 the uplift applied was 1% of salary from April 2006 and a further 1.2% of salary from November 2006.

Remuneration was based on national guidance, not on performance.

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

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

Chief Executive	Ron Kerr
Medical Director	Jonathan Sheffield
Director of Nursing	Lindsey Scott
Director of Finance	Paul Mapson
Director of Workforce and Organisational Development	Anne Coutts
Chief Operating Officer	Graham Rich
Director of Corporate Development	Robert Woolley

# Remuneration report

## Salaries & Allowances

Name and title	2006/2007			2005/2006		
	Salary (bands of £5,000) £'000	Other remuneration (bands of £5,000) £'000	Benefits in kind (rounded to the nearest £5,000) £'000	Salary (bands of £5,000) £'000	Other remuneration (bands of £5,000) £'000	Benefits in kind (rounded to the nearest £5,000) £'000
<b>Chair</b>						
John Savage (started 01/12/2006)	5-9	Nil	Nil	Nil	Nil	Nil
Philip Gregory (left 30/11/2006)	10-14	Nil	Nil	20-24	Nil	Nil
<b>Executive Directors</b>						
Ron Kerr – Chief Executive	165-169	Nil	Nil	160-164	Nil	Nil
Jonathan Sheffield – Medical Director	160-164	Nil	Nil	155-159	Nil	Nil
Anne Coutts – Director of Workforce and Organisational Development	95-99	Nil	Nil	95-99	Nil	Nil
Lindsey Scott – Director of Nursing	95-99	Nil	Nil	95-99	Nil	Nil
Paul Mapson – Director of Finance	95-99	Nil	Nil	95-99	Nil	Nil
<b>Non-Executive Directors</b>						
Richard Daly	5-9	Nil	Nil	5-9	Nil	Nil
Patsy Hudson	5-9	Nil	Nil	5-9	Nil	Nil
John Teller (left 30/09/2006)	0-4	Nil	Nil	5-9	Nil	Nil
John Savage (became Chair 30/11/2006)	0-4	Nil	Nil	0-4	Nil	Nil
Emma Woollett	5-9	Nil	Nil	0-4	Nil	Nil
Gareth Williams	5-9	Nil	Nil	5-9	Nil	Nil
<b>Other Directors</b>						
Graham Rich – Chief Operating Officer	115-119	Nil	Nil	115-119	Nil	Nil
Robert Woolley – Director of Corporate Development	95-99	Nil	Nil	90-94	Nil	Nil

# Remuneration report

## Pension Benefits

Name	Title	Real increase in pension at age 60 (Bands of £2,500)	Lump sum at aged 60 related to real increase in pension (Bands of £2,500)	Total accrued pension at age 60 at 31 March 2007 (Bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2007 (Bands of £5,000)	Cash equivalent transfer value at 31 March 2007 £'000	Cash equivalent transfer value at 31 March 2006 £'000	Real increase in cash equivalent transfer value £'000
<b>Chair</b>								
John Savage (started 01/12/2006)	Chair	-	-	-	-	-	-	-
Philip Gregory (left 30/11/2006)	Chair	-	-	-	-	-	-	-
<b>Executive Directors</b>								
Ron Kerr	Chief Executive	0-2.4	2.5-4.9	70-74.9	210-214.9	1254	1212	42
Jonathan Sheffield	Medical Director	0-2.4	2.5-4.9	55-59.9	175-179.9	878	830	48
Anne Coutts	Director of Workforce & Organisational Development	0-2.4	2.5-4.9	30-34.9	90-94.9	463	435	
Lindsey Scott	Director of Nursing	0-2.4	2.5-4.9	25-29.9	85-89.9	422	396	26
Paul Mapson	Director of Finance	0-2.4	0-2.4	30-34.9	100-104.9	549	522	28
<b>Other Directors</b>								
Graham Rich	Chief Operating Officer	0-2.4	2.5-4.9	25-29.9	85-89.9	392	358	33
Robert Woolley	Director of Corporate Development	0-2.4	5-7.4	15-19.9	55-59.9	273	233	40
<b>Non-Executive Directors</b>								
Richard Daly		-	-	-	-	-	-	-
Patsy Hudson		-	-	-	-	-	-	-
John Teller		-	-	-	-	-	-	-
Gareth Williams		-	-	-	-	-	-	-
Emma Woollett		-	-	-	-	-	-	-
John Savage		-	-	-	-	-	-	-

# Supporters, volunteers and friends

Hundreds of people offer their time and skills on a voluntary basis to benefit our patients and staff. We are extremely grateful for the huge contribution they make. Many individuals provide services such as welcoming patients and visitors at our main entrances or supporting the play team in the Bristol Royal Hospital for Children. Others belong to organisations that enrich the services provided by the Trust, including:

League of Friends Bristol Royal Infirmary  
Guild of Friends Bristol Children's Hospital

Headstart

Radio Lollipop

British Red Cross

Bristol Hospital Radio Service

Friends of Bristol Eye Hospital

Bosom Buddies

Cardiac Support Group –  
Bristol Royal Infirmary

Friends of Bristol Oncology &  
Haematology Centre

The League of Friends of Bristol  
General Hospital

Multiple Sclerosis Society

Bristol & District Flower Club

Clifton Garden Society

Women's Royal Voluntary Services

Grand Appeal

Bristol & Southwest Children's Heart Circle

National Ankylosing Spondylitis Society

Cub Scouts – Bristol Children's Hospital

Avon Ambulance Voluntary Car Drivers

Ronald McDonald House

Bristol Royal Infirmary Rheumatology  
Patient Advice Group

Bristol Eye Hospital Outpatients –  
Visual Impaired Information Desk

Sam's House

CLIC Sargent

Swain Fund

Pat - Dog

Eye Hospital Outpatients –  
Visual Impaired Information Desk

The Care Forum

Cystic Fibrosis Trust

Children's Hospice South West

Contact a Family

Friends for Parents

Jessie May Trust

Off the Record

Rainbow Centre

Supportive Parents



# Supporters, volunteers and friends

## The Above and Beyond Charities

The Above & Beyond Charities is the umbrella organisation covering all the charitable funds for the various wards and departments within the United Bristol Healthcare NHS Trust. The past year saw many changes, including a change of name from 'The Charitable Trusts for the United Bristol Hospitals' to the 'Above & Beyond Charities' to reflect the aim of the charity's work funding projects to enhance facilities above and beyond what the NHS is able to provide.

More than £2.2 million in total has been awarded in grants throughout our eight hospitals in 2006/2007. The purpose of all projects funded by the Above & Beyond Charities is to make a real difference to patient care. This is achieved through funding projects that enable us to:

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

Some of the highlights of the past year include:

- A contribution of £117,000 to the new Ward 38 at Bristol Royal Hospital for Children to provide, among other things, pull-down beds which allow parents to stay with their children during treatment
- £19,000 to fund a cutting-edge ultrasound scanner for the community consultant clinic in Hartcliffe
- £25,000 towards the development of the new palliative care unit to be based at St Michael's Hospital
- The establishment of a one-stop gynaecological clinic revolutionising the way women visiting the unit are diagnosed
- A total of more than £730,000 to fund innovative research projects ensuring that the Trust is at the forefront of the country's medical research.

The Above & Beyond Charities are proud of the role they play in every aspect of life within our hospitals. Looking to next year, a major £800,000 appeal is planned in aid of the new regional adult cardiothoracic centre which will enhance the facilities there and fund an innovative arts programme to create a welcoming and bright environment for patients, visitors and staff.

Above & Beyond continues to work alongside the many other charities, groups of Friends and other organisations to ensure that collectively they can help enhance the lives of patients and make our hospitals even better.

To find out more about the work of the Above & Beyond Charities and how you can be involved, please visit [www.aboveandbeyond.org.uk](http://www.aboveandbeyond.org.uk) or telephone **0117 9277120**.



Above and Beyond Team taking part in the 2006 Bristol Rotary Dragon Boat Festival

# Directors' interests

## Chair (since December 1 2006)

### John Savage

Relevant business interests: Regional chairman, Regional Learning and Skills Council

Other interests: Executive chairman, Business West; director, Connexions; chairman, Broadmead Board Ltd; chairman, Destination Bristol; director, Business Link West; member, South West Regional Assembly; member, West of England Partnership; director, Bristol Cultural Development Partnership; chairman, Churches Council for Industrial & Social Responsibility; treasurer, Enuresis Resource & Information Centre.

## Chair (until November 30 2006)

### Phil Gregory

Relevant business interests: Member, Employment Tribunal; company secretary and non-executive, Lockleaze Neighbourhood Trust.

Other interests: none

## Non-Executive Director

### John Teller (until September 2006)

Relevant business interests: Director, Avon & Tributaries Angling Association Ltd; director, Community Mentors Ltd; board member, Avon & Somerset Probation Area.

Other interests: none

## Non-Executive Director

### Patsy Hudson

Relevant business interests: Board member, Avon & Somerset Probation Area; chair, Victim Support, Avonvale.

Other interests: none

## Non-Executive Director

### Emma Woollett (since January 2006)

Relevant business interests: Freelance management consultant

Other interests: none

## Non-Executive Director

### Richard Daly

Relevant business interests: none

Other interests: none

## Non-Executive Director

### Professor Gareth Williams

Relevant business interests: none

Other interests: none

## Chief Executive

### Ron Kerr

Relevant business interests: none

Other interests: none

## Director of Finance

### Paul Mapson

Relevant business interests: none

Other interests: none

## Director of Human Resources & Organisational Development

### Anne Coutts

Relevant business interests: Board member, Skills for Health; member, NHS Assembly.

Other interests: none

## Director of Nursing

### Lindsey Scott

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

Other interests: Chair, Mary Elton Primary School Home School Association, Clevedon.

## Medical Director

### Dr Jonathan Sheffield

Relevant business interests: none

Other interests: none

## Chief Operating Officer

### Dr Graham Rich

Relevant business interests: none

Other interests: none

## Director of Corporate Development

### Robert Woolley

Relevant business interests: none

Other interests: none



Trust Board



Philip Gregory



Gareth Williams



John Teller

# Openness & accountability



- 1 Lindsey Scott
- 2 John Savage
- 3 Emma Woollett
- 4 Anne Courtts
- 5 Ron Kerr
- 6 Jonathan Sheffield
- 7 Paul Mapson
- 8 Patsy Hudson
- 9 Richard Daly
- 10 Dr James Catterall (Chair of Hospital Medical Committee)
- 11 Graham Rich
- 12 Lisa Gardner (appointed in June 2007)
- 13 Robert Woolley

## Freedom of Information

The Trust supports the principle of sharing all information within the framework of the Freedom of Information Act. We have a designated Freedom of Information officer who provides written responses to all requests.

## Board Meetings

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

## Annual public meeting

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

## Tell us what you think

We welcome comments, views questions and praise about our services. A feedback form can be found in the patient information section of our website ([www.ubht.nhs.uk](http://www.ubht.nhs.uk)) by clicking on 'Something to say?' Work is underway to redevelop the Trust's website to make it more user-friendly and informative.

Alternatively, write to the Chief Executive, at United Bristol Healthcare Trust Headquarters, Marlborough Street, Bristol BS1 3NU.  
Tel **0117 928 3602** or email [emma.smith@ubht.nhs.uk](mailto:emma.smith@ubht.nhs.uk)

## Emergency preparedness

The Trust is currently reviewing its contingency planning arrangements to be compliant with the Civil Contingencies Act 2004 and the NHS Emergency Planning Guidance 2005. Efforts are continuing to ensure that the Trust meets its statutory duty and has in place robust arrangements to respond effectively, and in partnership with local agencies, to a range of potentially disruptive events. Accordingly, the Trust's existing major incident plan is being revised to form a set of procedures:

- mass casualty plan
- chemical, biological, radiological & nuclear plan
- pandemic influenza (infectious diseases) plan
- evacuation plans
- business (service) continuity plans

The Trust's pandemic flu plan is complete. For information regarding the Trust's contingency planning/emergency management arrangements, please contact Julian Williams, Trust emergency planning co-ordinator. ([julian.williams@ubht.nhs.uk](mailto:julian.williams@ubht.nhs.uk)).

United Bristol Healthcare Trust Headquarters, Marlborough Street, Bristol BS1 3NU Tel: **0117 923 0000**