



# 2015-16

Annual Performance Report

# Chief Executive's statement



The Trust has made positive progress over the last 12 months but there have been some significant challenges that our staff have worked hard to address.

The biggest issue for us has been around patient flow and timely discharge which has meant that we have had to reschedule some operations and procedures.

It has been widely documented that since the move into the new hospital, and particularly in recent months, we have seen an increase in the number of patients attending who require a hospital bed.

Many of the patients we see have multiple long-term health needs and as a result require a care package after they leave hospital. This has impacted on our ability to meet national targets – including the four hour waiting time target for patients to be seen, treated and admitted or discharged from our A&E department.

This has led to less surgical work being undertaken than we planned for and has had a direct result on the amount of income we have received. More importantly we are concerned about the experience of patients for whom cancellations or long waits are always distressing.

As a Trust we are determined to improve our position and have plans in place to do this but this may take us longer than we would like. This year we have really made inroads into recruitment into our permanent posts. This has enabled us to build stronger teams and gradually reduce our reliance on agency staffing. This continues into 2016/17.

On behalf of the Board I would like to take this opportunity to thank our hard working staff and volunteers who have contributed to making a difference to the patients and families using our hospitals. They have been outstanding.

The rest of this annual report gives more details about North Bristol and the issues I have outlined.

This report has been taken from the Trust's full annual report and accounts which is available on the website at [www.nbt.nhs.uk](http://www.nbt.nhs.uk) or e-mail [Trust.Secretary@nbt.nhs.uk](mailto:Trust.Secretary@nbt.nhs.uk) or write to Trust Secretary, Trust Headquarters, Learning and Research Centre, Southmead Hospital, Southmead Road, Westbury-on-Trym, Bristol BS10 5NB.

The Trust's auditors' gave unqualified opinions on the accounts and the consistency with the accounts of the Performance and Accountability Reports of the full annual report.

This Performance Report has been prepared correctly to the best of my knowledge and belief and reflects a true representation of the Trust's performance in 2015/16.

**Andrea Young**  
Chief Executive  
North Bristol NHS Trust  
June 2 2016

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# Trust purpose and activities



North Bristol NHS Trust (NBT) is a centre of excellence for health care in the South West region in a number of fields as well as one of the largest hospital trusts in the UK with an annual turnover of £544 million (including £33m related to the Community Children’s Health Partnership). Sixty five per cent of our income for patient care comes from the three principal clinical commissioning groups of Bristol, North Somerset and South Gloucestershire. Most of the rest is received for specialist services commissioned by NHS England.

Our commitment is that each patient is treated with respect and dignity and, most important of all, as a person. We aim to provide “exceptional healthcare personally delivered” by offering services of exemplary quality, ensuring no unnecessary waits or delays, giving care in high quality facilities and having well trained and caring staff. Our vision is to be the provider of choice for patients needing our specialist care. We want to deliver innovative services with excellent clinical outcomes in the most appropriate setting for our patients.

In May 2014 the vast majority of the Trust’s inpatient services were centralised at Southmead Hospital Bristol when the new Brunel building opened its doors. Services from both Frenchay and Southmead hospitals were moved across during that month.

For 2015/16 the Trust Board signed up to focussing on three key strategic themes that were designed to address the challenges facing the Trust following the move. In addition, the Board wanted to focus on providing services for our patients which were safely delivered with an enhanced experience and made progress on meeting the constitutional standards. There was recognition of the need to have a stable workforce, with less dependency on

agency staff, and for sustainable service delivery all within controlled finances. It was also important to conclude the major site redevelopment programme at Southmead.

The key themes of our plan in 2015/16 were:

- Delivering our core offer
- Being a healthy organisation
- Creating a future.

The actions to deliver these themes, their progress and outcomes are set out later in this report and in the performance analysis table.



# Overview of the last 12 months

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## Care Quality Commission assessments



Two years on from the move to the new hospital and despite significant challenges, many of which are being faced by colleagues in the majority of NHS hospitals across the country, we are pleased to report some real progress.

The latest report from the Care Quality Commission (CQC) was published in April 2016 and is a truly reflective chronicle of the journey we have been on since May 2014. Although the Trust is still rated overall as "requires improvement", the significant progress that has been made across the Trust has been recognised – nowhere more so than our A&E department which increased its rating from "inadequate" to "good."

This is a reflection of the hard work of all staff within the department and we know they are justifiably proud of the new rating. It shows that the changes that have been made since the last report are working – particularly around patients receiving more timely assessment on arrival at A&E.

In addition, we are particularly proud of the improvement to "good" in the ratings for Maternity and women's health services and critical care, reflecting the high quality care delivered in both areas.

More work needs to be completed on tightening up security around paper records, particularly in the theatres and outpatient departments and around increasing the number of staff undertaking mandatory training.

There have also been a higher than acceptable number of cancelled operations and long waiting times for some procedures. Some cancellations have been due to winter pressures and capacity in the hospital and clear plans are in place to restore long waits to national standards. This has, however, also been a national capacity issue in some of our specialities.

## Outstanding practice

There were a number of areas of outstanding practice highlighted by the CQC including our regional Major Trauma Centre which has the best survival rates of any trauma unit in England and our work around dementia care, inspectors noted that not only did we have good plans but that dementia practice was high quality at every level in the organisation.

Inspectors noted that frontline staff continued to be passionate about providing high quality care with a continual drive for improvement.

Another key area that saw a marked improvement was around services being well led – where the Trust was ranked as "good." This is reflective of our strong culture of promoting high quality, patient centred care with improved governance systems and clear visibility of risks at Trust Board level.

Improvements were also recognised in terms of patient flow throughout the hospital – which, when slow puts additional pressure on the beds we have available for people coming through A&E and our medical admissions unit – but more work needs to be undertaken as bed occupancy was consistently high and there were a large number of delayed transfers of care.



## Improving patient flow and working with partners

We continue to work with our partners to improve the flow of patients through the hospital and increase the numbers of patients cared for in the community, freeing up hospital beds where appropriate. The introduction of the discharge lounge in October 2015, the embedding of the Complex Assessment and Liaison Service in Brunel and the implementation by our partners of three "Discharge to Assess" pathways based on the complexity of the patient helped to improve discharge processes.

# Overview of the last 12 months

## (continued)

### Progress on site

Works to complete the redevelopment of the Southmead site are currently underway and by summer 2016 our new multi-storey car park – which links directly into the atrium of the Brunel building – will be open. In addition, the main square area directly outside the main entrance will be finished – providing much more space and three additional bus stops. This is nine months behind the original schedule for this stage of the project due largely to the constant identification of asbestos when buildings were being demolished in 2014 and 2015.

Staff moved into the new Pathology Building that is connected to the first Pathology building completed in 2009, over the spring and summer of 2016. This is nearly six months behind the originally scheduled time because of construction issues and has impacted on the completion date for the new access road into the Southmead site from the Southmead Road. Final completion of all the redevelopment plans will be in 2017.

### Goodbye to Community Children's Health Partnership



Since its launch in 2009, the Community Children's Health Partnership (CCHP) has been delivering invaluable and innovative specialist community services for some of the local area's most vulnerable children and young people. With effect from 1 April 2016, CCHP left the Trust and a new group of providers took over the responsibility for delivering these services. CCHP has given us much to be proud of over the last seven years and has gained considerable positive recognition, including an "outstanding" rating from the CQC in a previous report. We know the teams will continue to excel and evolve over the coming years and look forward to following their future successes. We thank them all for their fantastic contribution and we wish them well for the future.

### Thank you to volunteers and fundraisers



No annual review would be complete without a heart-felt thank you to our tireless volunteers who give up hours of their own time to support us every week and those who raise funds for us. These include, of course, our famous and fantastic army of Move Makers who welcome patients and visitors into the new hospital. The 120 volunteers worked 22,572 hours between April 2015 and March 2016 and transported almost 30,000 patients on the new atrium buggy (financed half by the League of Friends and half by the Trust's charitable funds) since it arrived in July 2015. Thank you also to the League of Friends at Cossham and Southmead. We are extremely thankful for everyone's hard work and dedication. What they bring to this organisation is truly remarkable.

### Finance

As with many other NHS providers NBT has ended the year with a deficit that it had not forecast at the beginning of the year. 2015/16 was the second year of the Trust's financial recovery plan with the aim of reducing the underlying deficit from £34m to £26m in year. The outturn for the year was a deficit of £51.6m due to:

- Additional Pay costs of £8.1m, specifically nursing and medical expenditure and the impact of additional agency costs
- Income underperformance of £16.2m. Operational pressures had reduced the elective activity particularly over the first six months but there was also the impact of Commissioner penalties and receipt of only marginal tariffs for national specialist commissioned services of £8.9m
- Non pay additional costs of £4.1m
- Under delivery of cost improvement plans by £1.9m.



## Finance continued

The NHS Trust Development Authority (now NHS Improvement) undertook a governance review of the Trust's planning assumptions and delivery following the financial deterioration which became apparent mid-year. Its findings included overly optimistic growth assumptions at the beginning of the year and a need for tighter contractual agreements and greater visibility of the capacity imbalance between commissioner and provider. Actions such as a review of the utilisation of theatres are being put in place for 2016/17.

## Patient Safety

Throughout the year the Trust has consistently recorded a much lower than average mortality rate overall, whether measured by the Hospital Standardised Mortality Ratio or the Summary Hospital-level Mortality Indicator, than the national average. Included in these measures is the adult Major Trauma Centre (MTC) for the Severn region. Patients who are treated here benefit from expertise including a 24/7 consultant-led trauma team, access to the best diagnostics, emergency theatres and intensive care facilities and highly specialist orthopaedic, neuro, surgical, nursing and therapy teams. This team gives adults with multiple life-threatening or life-changing injuries the best possible chance of survival, with experts always on hand to ensure they receive the right care as soon as possible. It is thanks to the hard work and collaboration of these specialists that NBT's MTC has reported the best survival rates of any Major Trauma Centre in England and Wales since the beginning of 2014.

The Trust has worked on improving patient safety for many years having been involved in wave two of the national Safer Patients Initiative and members of our staff have taken a leadership role in the subsequent Safer Patients South West Programme and in the West of England Academic Health Science Network patient safety collaborative. In 2014 we signed up to the national 'Sign up to Safety' campaign with an objective to reduce avoidable harm by 50 percent within three years. North Bristol NHS Trust was one of the first 12 "pathfinder" organisations who signed up to the campaign and its pledges. The campaign is designed to help realise the ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement.

Our main safety goal is to reliably deliver care that is the right care, every time and with no avoidable harm. To achieve this we aim to:

- Reliably deliver the fundamentals of ward care
- Improve identification and care for patients at risk of deterioration
- Provide harm free operating theatres
- Minimise diagnostic errors
- Provide reliable, harm free emergency and critical care

- Provide a safe maternity service
- Provide safe and reliable handovers of care across all interfaces
- Provide sufficient staff of appropriate skills at the point of care.

We report on each of these issues on a monthly basis in the Integrated Performance Report to the Board and publish this on our website and, of course, the CQC takes these elements into account in its inspection regime. Various tools are used to measure (safety thermometer) and predict (QUESTT) potential safety issues at ward level. The latter is a monthly submission by wards regarding issues such as vacancies, sickness, completion of appraisals, complaints, review of key quality indicators, unfilled shifts and unusual demands. If a ward scores above a certain threshold the head of nursing ensures early appropriate support is given. In addition all inpatient wards except midwifery now record patient acuity and dependency twice daily using software on the health roster system.

## Patient Administration System



The implementation of the Lorenzo patient administration system to replace Cerner was the first stage in the plan to move to a full electronic patient record. The second stage, to move all relevant and active clinical paper forms to Lorenzo is underway but has been delayed due to an extended stabilisation stage. The switch between systems was successfully accomplished over a weekend in November 2015 and all parts of the Trust were live within five days. Nearly 200 issues, none of them with a great impact, had been identified prior to the switch as needing resolution and were transferred to a

# Overview of the last 12 months

## (continued)

### Patient Administration System continued

stabilisation stage after go-live. A number of financially impacting system, usability and operational issues were also identified after go-live and some of these remained to be resolved until the end of May 2016. Of greatest concern had been the possibility that data on some patients on a request queue in Cerner were not migrated to Lorenzo and also the time it was taking for Emergency Department staff to input data into the new system. The former was resolved by the end of March 2016 with no evidence to date of any harm to patients although regrettably some experienced delays in outpatient appointments. The latter was expected to be resolved in April 2016. Data quality issues have impacted on planning for 2016/17 and forced the Trust to produce a draft business plan for 2016/17 that will need validation with fresh data from the first three months of the year.

### National Targets



The performance summary paper which follows shows achievement against some of the higher priority national targets. The Trust also has a number of patients who have been waiting over a year for treatment in the areas of neurosurgery, epilepsy and orthopaedic spinal surgery. A trajectory to reduce these numbers was agreed with the Clinical Commissioning Groups, NHS England, Specialised Commissioning and the national Planned Care Intensive Support Team and these have more than been met. Epilepsy is due to eliminate any over one year waiters by quarter three 2017/18, neurosurgery by quarter three 2017/18 at the latest and orthopaedic spinal surgery by quarter four 2016/17.

The Trust's performance of 89 percent was better than its agreed trajectory towards the national target of 92 percent of patients being treated within 18 weeks referral to treatment times (RTT).

The specialties of general surgery and gastroenterology, however, have recently failed to achieve their individual targets. The former has been due to higher than expected elective referrals, growth in emergency demand and loss of clinical capacity and the latter through loss of consultant capacity which we have been unable to replace despite three recruitment campaigns.

### Vascular Services

In October 2014 North Bristol assumed the role of the major arterial centre (MAC) for Bristol, South Gloucestershire and North Somerset, Bath & North East Somerset and parts of Wiltshire. The Network has at its "hub" the MAC, hosted at Southmead Hospital. The three "spoke" networked Trusts are University Hospitals Bristol NHS Foundation Trust, the Royal United Hospital Bath NHS Foundation Trust and Weston Area Health NHS Trust. At the centre of the model are 11 consultant vascular surgeons. The consolidation has enabled the introduction of a consultant of the week, delivering and ensuring continuity of care for patients through a formalised and visible role allocated to the specialist 32-bed vascular ward, who provides a daily review of all inpatients. In conjunction with the consultant of the week, a daily consultant on call creates a single point of access to manage admissions and improve hospital flow.

Compared to the previous scattered service the new network provides quicker review of ward referrals at the spoke sites, a reduction in the time for urgent cases to access theatre, a reduction in length of stay for patients by more than 25 percent and an increased number of patients treated.

### Trust Strategy

Much work has been ongoing during the year to develop the Trust's strategy with the Board taking time out on three occasions to discuss the long term aspirations for the Trust. It has looked at detailed analyses of the Trust taking into account activity, quality, performance, outcomes and clinician and staff views. The approach was based on utilising the Monitor framework for assessing robustness of strategic planning in NHS Foundation Trusts. A strategy has now been designed and approved for the period from 2016 to 2021 to provide focus and clarity of direction for the organisation and our partners in health care provision. It was approved in March 2016 at Trust Board and will undergo formal consultation both within the Trust with all staff invited to participate, with external organisations allied to health care and members of the public.

The strategy sets out a vision for the future of the Trust and the objectives that will ensure that the vision is realised. The objectives and the choices that have been made by the Trust Board will deliver a successful, sustainable and resilient health care organisation playing a full part in providing high quality health care for the population it serves.



## Activities

Last year we treated over 106,500 inpatients, including day patients, as well as caring for nearly 84,700 people in our Emergency Departments in Brunel. More than 6,500 babies were born at Southmead, Cossham Hospital, at home or elsewhere in the community and we carried out approximately 111,790 new outpatient appointments. We conducted over 3.8 million pathology panels (a panel may include multiple tests) and treated 1,253 major trauma cases of which 674 were classified as severely injured. During the year we carried out 422,300 imaging examinations.

Numbers of beds tend to fluctuate over any year depending on the demand for emergency admissions but we have had an average of 858 beds at Southmead and have provided inpatient care from Southmead Hospital, Thornbury Hospital and the Riverside Unit, based near Blackberry Hill Hospital. We also provide a wide range of outpatient, therapy, midwifery and diagnostic services from Cossham Hospital in Kingswood and community services from a large number of bases around the area.

The range of acute and community services we provide has included:

General medical and surgical care as well as maternity and specialist paediatric services for a local population of nearly a million people in the Bristol, South Gloucestershire and North Somerset area.

Regional and specialist care for people living in the greater Bristol area as well as Somerset, Gloucestershire, Wiltshire and further afield for services such as neurosciences, orthopaedics, pathology, plastic surgery, renal and transplant services, urology and neonatal intensive care, being the major trauma centre for the Severn region and the lead organisation for the vascular network.

Our Children's Community Health Partnership (CCHP) provided all community child health and child and adolescent mental health services for Bristol and South Gloucestershire.

At any one time we have employed around 8,800 staff.

# How we're performing



## Performance Summary

Standard/Measure	Performance
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Overall performance (89 percent) has been better than the Trust's authorised improvement trajectory towards the national target of 92 percent of patients treated within 18 weeks. Data quality issues and operational difficulties since December 2015, however, have increased the number of patients waiting less than 18 weeks. Action is being taken on capacity to ensure these are dealt with before they reach 18 weeks by June 2016.
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	The Trust began the year with approximately 15 percent of A&E attenders waiting more than four hours. This improved and over the three summer months the national target of no more than 5 percent was achieved. Winter pressures, however, worsened the position and at one point 30 percent of patients were waiting more than four hours. This has improved to 25 percent at the end of March. The main cause of breaches has been waiting for a bed.
All cancers: 62-day wait for first treatment from urgent GP referral for suspected cancer	On a monthly basis the record for all cancers has ranged from 71 percent to 86 percent treated within 62 days against the national target of 85 percent. The failures have largely been the result of issues regarding the urology pathway where there is a long standing mismatch between demand and capacity since the transfer of services from UH Bristol in 2014. This is being addressed by the directorate management team for resolution by the autumn of 2016.
All cancers: 31-day wait from diagnosis to first treatment	Likewise the urology pathway has impacted on the 31 day wait from diagnosis with between 89 percent and 97 percent of patients treated against the national target of 95 percent.
Cancer: two-week wait from referral to date first seen for all urgent referrals	The two week waiting time for urgent cancer referrals met the national target every month except for April 2015 and January 2016. The latter was predominantly due to patients choosing to delay any consultation until the Christmas period was over.
C. difficile: meeting the C. difficile target of a maximum of 43 cases	There have been 51 reported cases of C. difficile infection this year against the target of 43. It has been agreed with the CCG that 20 of those cases did not relate to any lapses of care in hospital.
MRSA: meeting the objective of none	Three cases of MRSA bacteraemia occurred. Root cause analysis pointed to a need for better management of indwelling devices which is a priority for 2016/17.
Mortality ratios	The Trust has remained consistently lower than the nationally expected rate of deaths for a hospital of its size and activity.
Delayed transfers of care	The level of delayed transfers of care has remained consistently well above the national target of 3.5 percent and there is little assurance that our community and social care partners will be able to take actions that will help reduce this level before the end of 2016.
Complaints: reducing overdue responses	Monthly numbers of complaints have fluctuated between 55 and 100 and the large amount of overdue responses (nearly 150) at the beginning of the year was rapidly reduced over the spring and summer of 2015 to just eight. Closure within timescales has now settled at 82 percent (out of 65 to 70 complaints per month). The majority of complaints are about some aspect of clinical care or a communications issue.
Sickness absence: reduction to 3.8 percent	The Trust has set a target of 3.8 percent but it has remained above 4 percent throughout the year. A new streamlined policy has been published with a user guide for staff and training sessions provided to help managers understand it and to provide skills in managing the issue.
Agency usage	Use of agency staff had reduced in the second half of the year particularly for nurses employed through non-framework agencies. Overall expenditure for the year has, however, increased over 2014/15 and fluctuations in demand show that sustaining the reduction is challenging. Framework agencies have refused to accept the national cap levels set in February and for April and a new contract is being retendered.

# How we're performing (continued)

## Performance Analysis

The Trust Board, on a monthly basis, receives the Integrated Performance Report (IPR) which provides overview and detail of the key measures of performance and supporting indicators to ensure that a balanced performance position is understood. It sets out over 100 measures and is posted on the Trust's website. This information is provided for the last month, trending over time, and, where available or relevant, against a benchmark. These key measures are then monitored through the Performance Assurance Framework by the organisation in both static and operational reports provided through the Business Intelligence Unit (BIU). These are monitored through a series of daily, weekly and monthly performance reviews that provide a view of the current and past position as well as a forecast.

Greater details of quality and performance measures are provided by the BIU and are considered by the Quality and Risk Management and Finance and Performance sub-committees and other specialist groups as appropriate. The Board sub-committees provide the Board with assurance that it is receiving correct data and that the right processes are in place to ensure patient safety and performance standards are not only being maintained but also improved. The Business Intelligence Unit also monitors and acts to improve data quality and assurance of reporting throughout the year through comparative measures and audits. During 2015/16 with the implementation of the new Lorenzo system all reporting has gone through a stabilisation period to assure data collection through to reporting is consistent with the relevant data definition and the quantity of data collected.

The IPR is formatted to be based around the CQC's domains of safety, caring, responsiveness, effectiveness and well led. Responsiveness covers a number of national access standards for urgent, elective and cancer treatments, length of stay and cancelled operations. Safety and effectiveness covers issues such as never events, screening standards, infection control, safe staffing, serious incidents and mortality. Measures for caring include friends & family testing results, complaints and concerns whilst well led includes, staff turnover, sickness absence, agency usage and mandatory training. The IPR also covers the latest financial information and a monthly look at the provider licence compliance statements.

Full details on the quality issues are provided in the Trust's 2015/16 Account of the Quality of Clinical Services.

Action	Performance
<b>Delivering the core offer:</b>	
Deliver CQC essential standards and warning notice conditions from December 2014 inspection to be met	<p>Achieved</p> <ul style="list-style-type: none"> <li>All 34 must do actions from 2014 were completed to the satisfaction of the CQC with some recognised as long term aims and consolidated into ongoing operational objectives</li> <li>All warning notice conditions met</li> <li>CQC inspection in December 2015 showed improved results including the rise of the assessment of the Emergency Department from inadequate to good and of critical care and maternity services from requiring improvement to good</li> <li>Delivery of C. difficile trajectory in last six months of 2015/16.</li> </ul>
Ensure patients receive a positive experience	<p>Achieved</p> <ul style="list-style-type: none"> <li>Improved response rate to Friends &amp; Family Test (FFT) surveys</li> <li>Improved FFT results</li> <li>Complaints backlog cleared in June 2015 and sustained at under 25 percent of the April 2015 level</li> <li>Patient experience strategy signed off by the Quality and Risk Management Committee and partners.</li> </ul>
Stabilise workforce, recruit to turnover, reduce vacancy rates, sickness absence and agency usage and improve workforce planning	<p>Partially achieved</p> <ul style="list-style-type: none"> <li>Net increase of substantive staff</li> <li>Turnover reduced from 10.6 percent to 9.9 percent</li> <li>Vacancy rate reduced with approximately 750 more staff in post at the end of the year</li> </ul> <p>But</p> <ul style="list-style-type: none"> <li>Sickness absence increased in 2015/16 to 4.5 percent</li> <li>Agency costs increased with the agency premium of nurses compared to a standard employee costing more than an extra £4m over the year.</li> </ul>

Action	Performance
<b>Delivering the core offer: (continued)</b>	
Build capacity models and capability to sustainably deliver NHS constitutional standards	<p>Partially achieved</p> <ul style="list-style-type: none"> <li>• Quarter one activity figures were used to refresh the Interim Management and Support demand and capacity models (validated by the national Intensive Support Team) and identified that all but the then current neurosurgery and orthopaedic plans were sustainable. New trajectories for these to deliver in 2017 were approved</li> <li>• A&amp;E target delivered for three consecutive months in summer but not sustained and the year has ended at 74.99 percent of patients treated or discharged within four hours</li> <li>• Spinal 52 week trajectory was not achieved because extra patients were referred who would potentially have been referred for neurosurgical spinal surgery and greater numbers of patients from the non-admitted waiting list than expected were converted to decisions to admit. A new trajectory to eliminate 52 week waiters by January 2017 was approved</li> <li>• Embedding of new Lorenzo patient administration system (PAS) has affected progress on capacity models in the last three months and required a review of the first three months activity figures before the Trust finalises its business plan for 2016/17.</li> </ul>
Work with Independent Sector to provide additional capacity	<p>Achieved</p> <ul style="list-style-type: none"> <li>• Contracts developed with Independent Sector Treatment Centre partners although not all capacity has been delivered</li> <li>• Contract to move some surgical work to Emerson's Green from October 2016 agreed.</li> </ul>
Implement Lorenzo PAS and plan to deliver electronic paper record (EPR)	<p>Achieved</p> <ul style="list-style-type: none"> <li>• Lorenzo system deployed in November 2015 and stabilisation stage due to be completed by the end of May 2016</li> <li>• Plan for EPR developed with full business case to be considered in April 2016.</li> </ul>
Deliver financial sustainability programme with a £26m deficit	<p>Not achieved</p> <ul style="list-style-type: none"> <li>• Outturn £51.6m deficit</li> </ul> <p>But</p> <ul style="list-style-type: none"> <li>• Savings of £27m achieved against a target of £29.4m.</li> </ul>
Maximise market share for specialised work	<p>Potentially achieved</p> <ul style="list-style-type: none"> <li>• There has been an increase in patient access times which may be evidence of demand although patient flow may also have affected access.</li> </ul>
Embedding the Complex Assessment and Liaison service	<p>Achieved</p>
Drive transformational change around early supported discharge	<p>Partially achieved</p> <ul style="list-style-type: none"> <li>• Progress was made on new "Discharge to Assess" pathways with community partners but there was little evidence of sustained benefit to the acute bed base over the winter.</li> </ul>
Consolidate and develop the Motor Neurone Disease service	<p>Achieved</p>
Service improvements for Dementia and movement disorder patients as developed by the Health Integration Teams (HITs)	<p>Achieved</p>

# How we're performing (continued)

Action	Performance
<b>Being a healthy organisation</b>	
<b>Workforce:</b>	
Building leadership capacity and capability across the organisation	Partially achieved <ul style="list-style-type: none"> <li>• Progress made by directorates and corporately in leadership teams.</li> </ul>
Increasing engagement of staff	Partially achieved <ul style="list-style-type: none"> <li>• Improved staff survey participation and results.</li> </ul>
Develop sustainable workforce strategy	Not achieved
Become a health promoting hospital	Partially achieved <ul style="list-style-type: none"> <li>• Team was appointed and work reviewed in year.</li> </ul>
<b>Systems and Pathways:</b>	
Develop sustainability plan for years two-five	Not achieved <ul style="list-style-type: none"> <li>• Largely directorate driven in year</li> <li>• Refreshed approach being considered to cover Trust wide projects.</li> </ul>
Develop pathways with Clinical Commissioning Groups (CCGs) for frailty, respiratory, end of life and pain management services	Partially achieved <ul style="list-style-type: none"> <li>• Increased partnership working between clinicians and at a corporate level.</li> </ul>
Exploit our strengths in Research and Innovation	Achieved <ul style="list-style-type: none"> <li>• West of England partnership was selected to be a Genomics hub.</li> </ul>
<b>Place:</b>	
Complete Phase 2 of the Brunel development	Not achieved <ul style="list-style-type: none"> <li>• Delays to final delivery of Phase 2, impacting on Sterile Supplies Department and car parks.</li> </ul>
Completion of Jigsaw schemes (capital schemes enabling the redevelopment of the Southmead site)	Partially achieved <ul style="list-style-type: none"> <li>• Elgar works complete for joint service with Sirona</li> <li>• Other jigsaw projects completed</li> </ul> <p>But</p> <ul style="list-style-type: none"> <li>• Pathology Phase 2 construction delays resulting in dispute escalation to arbitration.</li> </ul>
Sale of Frenchay site	Not achieved <ul style="list-style-type: none"> <li>• Frenchay Park House contract exchanged</li> </ul> <p>But</p> <ul style="list-style-type: none"> <li>• Frenchay land awaiting town and village green settlement to complete sale.</li> </ul>
Review of residual estate and establish future priorities for improvement	Partially achieved <ul style="list-style-type: none"> <li>• Development of the Estates strategy draft shared with Trust Board.</li> </ul>
<b>Creating our future:</b>	
Develop partnerships with community partners	Achieved <ul style="list-style-type: none"> <li>• Developed working relationships with social enterprises and CCGs</li> <li>• Working towards, and achievement of, Community Child Health Partnership service transfer to Sirona and Avon and Wiltshire Mental Health Partnership on 31 March 2016.</li> </ul>
Develop rehabilitation services with Better Care fund	Partially achieved <ul style="list-style-type: none"> <li>• Planning with Sirona and CCG to understand the future of Thornbury and Frenchay health and social care campus</li> <li>• Joint work on Elgar ward for Sirona to provide Rehab ward at NBT.</li> </ul>



## Operational Issues

Through most of the year the Trust has failed to achieve the NHS standard of seeing, treating, admitting or discharging patients who attend the A&E department within four hours. This has largely been due to a lack of available beds. At the beginning of the year the Trust was also committed to implementing actions in A&E to address the safety issues found by the Care Quality Commission in 2014. This was reflected in the rating being upgraded at a subsequent inspection moving us from "inadequate" to "good".

To address the inability to admit patients from A&E many actions were taken to quicken the pace with which inpatients that were medically fit for discharge, were actually discharged. This entailed joint work with local authority partners for those patients needing social care after their hospital visit. The maintenance of patient flow through the hospital is vital for the achievement of the A&E standards and for the referral to treatment times (RTT) of elective patients.

Over the summer of 2015 both standards were being achieved but despite the efforts put in by all local organisations and the input of national advisors the numbers of emergency patients admitted over the winter meant that the hospital was often operating at 100 percent capacity even with extra beds opened on many wards. It is acknowledged nationally that operating at over 93 percent capacity reduces the ability of a hospital to maintain the flow of patients and, therefore, reducing its ability to achieve the A&E and RTT standards and raises the number of elective patients who have the stressful experience of having their operation postponed.

The reduction in elective episodes has been reflected in lower income than planned from our clinical commissioning groups and fines for the non-achievement of targets agreed at the beginning of the year have contributed to the greater than planned deficit.

As a Trust we sympathise with patients and their families and acknowledge this shortcoming. We continue to work with our community and local authority partners

and to improve our own processes to try to ensure that patient flow is maintained. We recognise the need for additional out-of-hospital capacity.



# Finances



## The financial statements have been prepared on a going concern basis of accounting.

The public sector interpretation of International Accounting Standard One means that unless NHS services are being transferred out of the public sector then the financial statements should be prepared on a going concern basis. Management is also required to consider whether there are any material uncertainties that cast doubt on the Trust's ability to continue as a business. The Trust has done this and concluded that there are no material uncertainties. In addition, the Trust has received assurance from the NHS Trust Development Authority that the Department of Health will make sufficient cash financing available over the next 12 months to fund all essential operational liabilities.

### Funding

The Trust's main source of finance is from contracts with other public sector bodies, in particular NHS commissioning bodies. In addition, the Trust also receives funding in the form of Public Dividend Capital (PDC) and credit arrangements including loans. The most significant credit arrangement is currently the liability in respect of the Private Finance Initiative (PFI) hospital. The Trust recorded a deficit of £51.6m in year which was significantly higher than the planned position of £26m at the beginning of the year. As a result of this, financing from the Department of Health was received in the year of £46.2m. The Trust has also entered into managed-service arrangements relating to IT services with embedded finance leases of £5.9m at the year end. Details of credit arrangements are disclosed in note 27 to the Annual Accounts.

### Financial duties and financial performance

The Trust has three key financial duties:

- To break-even on income and expenditure taking one year with another
- Not to overspend its capital resource limit (a limit on capital expenditure set to an agreed plan with the Department of Health)

- Not to overshoot its external financing limit (a cash limit set by the Department of Health).

The table below sets out the Trust's performance against these targets in 2015/16 and in the previous four years of the Trust.

	2011-12 £m	2012-13 £m	2013-14 £m	2014-15 £m	2015-16 £m
Break-even in year position – surplus/(deficit)	9.0	7.0	5.6	(19.7)	<b>(51.6)</b>
Break-even cumulative position	(8.5)	(1.5)	4.1	(15.6)	<b>(67.2)</b>
External financing limit	Achieved	Achieved	Achieved	Achieved	<b>Achieved</b>
Capital resource limit	Achieved	Achieved	Achieved	Achieved	<b>Achieved</b>

The break-even performance excludes impairments, accounting for donated assets and the effect of accounting for PFI.

The following table reconciles the retained deficit in the accounts to the deficit recorded for break-even purposes reported above.

Trust results	£m
Retained deficit for the year	(41.4)
Add back:	
Impairments	1.9
Less:	
Reversal of impairments	(10.7)
Donated assets	(1.4)
<b>Deficit recorded for break-even</b>	<b>(51.6)</b>

Notes:

1. Impairments and reversals arose following a revaluation of the Trust's land and buildings by the district valuer
2. The adjustment in respect of donated assets removes the net impact of depreciation on assets previously donated to the Trust and income from donations received in the year.

The deficit of £51.6m is £27.1m adverse to plan and despite delivering £25.6m of savings is an outcome that needed significant financing as highlighted above.

Capital expenditure for the year was £23.4m and was funded primarily from internally generated resources. Major areas of expenditure included £4.1m on the new Pathology building, £8.7m in IT investment and £1.9m on medical equipment.

# Finances (continued)

## Forward look to 2016/17

The Trust's financial forecast for 2016/17 shows a deficit (as measured for break-even duty purposes) of £48m, which requires savings of £22m. Of the £22m of savings, £16.3m has been identified to date. The Trust has a financial sustainability group which will be reviewing the schemes identified and has identified the work streams to develop the programme fully. This will include the development of the Lord Carter recommendations for improved efficiency.

The forecast deficit, combined with the unplanned deficit from 2015/16 mean that the Trust has a significant cash shortfall in 2016/17 and cash support from the Department of Health is essential. The Trust has secured assurances from the NHS Trust Development Authority that sufficient cash financing will be made available over the next 12 months to enable the Trust to meet all essential operational liabilities.

Given the risks that the data from the new patient administration system have not been completely accurate, the Trust will be refreshing its business plan estimates of activity and income for 2016/17 after the information from the first three months has been assessed.

The sale of the land at the former Frenchay hospital is progressing and it is anticipated that this will be completed during 2016/17.

## Remuneration Report

Name and title	2015-16				2014-15			
	Salary (Bands of £5,000)	Expense payments (taxable) (to the nearest £100)	All pension realised benefits (taxable) (Bands of £2,500)	Total (Bands of £5,000)	Salary (Bands of £5,000)	Expense payments (taxable) (to the nearest £100)	All pension realised benefits (taxable) (Bands of £2,500)	Total (Bands of £5,000)
	£'000	£'00	£'000	£'000	£'000	£'00	£'000	£'000
<b>Non-Executive Directors</b>								
Peter Rilett - Chairman	15-20	1	-	15-20	20-25	-	-	20-25
Andrew Willis - Non Executive Director Started 1/12/14	5-10	41	-	10-15	0-5	-	-	0-5
Liz Redfern - Non Executive Director Started 1/12/14	5-10	25	-	5-10	0-5	-	-	0-5
John Everitt - Non Executive Director Started 1/10/15	0-5	2	-	0-5	-	-	-	-
Ken Guy - Non Executive Director Left 31/03/16	5-10	-	-	5-10	5-10	-	-	5-10
Mark Lawton - Non Executive Director Left 31/08/15	0-5	-	-	0-5	5-10	-	-	5-10
Nishan Canagarajah - Non Executive Director	5-10	-	-	5-10	0-5	-	-	0-5
Robert Mould - Non Executive Director	5-10	3	-	5-10	5-10	-	-	5-10
David Taylor - Associate Non Executive Director Started 01/09/15, Left 31/12/15	0-5	-	-	0-5	-	-	-	-
Nick Patel - Non Executive Director Left 31/12/14	-	-	-	-	0-5	-	-	0-5
Avril Waterman Pearson - Non Executive Director Left 31/12/14	-	-	-	-	0-5	-	-	0-5

## Remuneration Report continued

Name and title	2015-16				2014-15			
	Salary (Bands of £5,000) £'000	Expense payments (taxable) (to the nearest £100) £'00	All pension realised benefits (taxable) (Bands of £2,500) £'000	Total (Bands of £5,000) £'000	Salary (Bands of £5,000) £'000	Expense payments (taxable) (to the nearest £100) £'00	All pension realised benefits (taxable) (Bands of £2,500) £'000	Total (Bands of £5,000) £'000
<b>Executive Directors</b>								
Andrea Young - Chief Executive	185-190	1	12.5-15	200-205	185-190	-	15-17.5	205-210
Catherine Phillips - Director of Finance	140-145	1	17.5-20	155-160	140-145	-	12.5-15	150-155
Chris Burton - Medical Director	130-135	2	22.5-25	155-160	130-135	-	15-17.5	140-150
Kate Hannam - Director of Operations Started 15/12/14	115-120	-	75-77.5	195-200	35-40	-	10-12.5	45-50
Sue Jones - Director of Nursing & Quality	110-115	-	2.5-5	115-120	110-115	-	22.5-25	135-140
Jeremy Tozer - Interim Director of Operations Started 19/9/14, Left 28/12/14.	-	-	-	-	140-145	-	-	140-145
<b>Corporate Directors</b>								
Anne Robson - Interim Director of People & Organisational Health Started 01/05/15, Left 31/08/15	105-110	-	-	105-110	-	-	-	-
Harry Hayer - Director of People & Organisation Health	90-95	1	0	90-95	120-125	2	5-7.5	125-130
Paul Jones - Interim Director of People & Organisational Health Started 01/09/15	135-140	-	-	135-140	-	-	-	-
Neil Darvill - Director of Informatics Started 01/12/15	45-50	-	50-52.5	100-105	-	-	-	-
Sasha Karakusevic - Director of Strategy & Transformation	125-130	1	10-12.5	135-140	125-130	-	-	125-130
Simon Wood - Director of Estates, Facilities & Capital Planning	110-115	1	2.5-5	110-115	110-115	1	125-127.5	235-240
Michael Coupe - Director of Strategy and Planning Left 20/04/14	-	-	-	-	-	5-10	-	-

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3 percent to 2.8 percent. This rate affects the calculation of CETV figures in this report.

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are

based on the previous discount rate and have not been recalculated.

Expense payments within the Trust largely relate to taxable mileage expenses and some telephone rental expenses.

The Medical Director was seconded to Dorset CCG from 1 April 2013 to 31 March 2016 for 2.5 days per month. This offset the cost to the Trust up to that period. His full salary in 2014/15 and 2015/16 falls within the band £150–155k.

The Director of People and Organisational Health had long term sickness in year, resulting in the change in salary paid in year.

The interim Directors of People and Organisational Health were in place during the year to cover the absence of the substantive Director due to sickness.

No directors are paid any bonuses, benefits in kind or other remuneration.

# Our people



## Promoting equality and diversity

Once again the Trust has demonstrated a high standard and built on its positive reputation over the last year. This work was externally assessed and found to have improved its rating to the grade of "achieving" under the Equality Delivery System. There are also very positive results on the Workforce Race Equality Standard. Both of these are further explained on the Trust website.

During 2015 a number of Board members agreed to become champions to lead on different areas of equality. These cover: disability, black and ethnic minority, gender and religion and belief. They join the member for lesbian, gay, bisexual and trans and a member of staff who covers deaf people.

Following concerns raised by staff, the Chief Executive signed a statement on respect and diversity which protects patients, staff and visitors. Guidelines on religion and belief were also drawn up to clarify the rights and responsibilities of staff which are being piloted in the Facilities Directorate.

Equality events are organised throughout the year to raise awareness and promote understanding of race, disability (including mental health), sex, sexual orientation and gender identity. Chinese New Year and World Mental Health Day were also marked.

The Two Ticks Disability scheme was appraised by Jobcentre Plus and re-awarded.

The results of our staff attitude survey show that disabled and black and minority ethnic staff were the most dissatisfied staff groups but were also the most engaged. Action plans have been drawn up for both these groups to ensure that improvements are made. Members of staff chair these staff groups which ensure that the Trust deals with their issues in a positive manner.

A full report about the equality work can be found on the Trust website.

## Staff engagement

Following a disappointing result from the staff survey in 2014 the Trust set in motion several actions including:

- Ensuring that examples of good innovation and safe practice were promoted
- Awareness and discussion with staff of the action plan to implement the CQC recommendations and requirements
- Working with staff to examine ways open plan offices could be used effectively
- Ensuring each directorate had three or four commitments aligned with the actions from the survey and
- To understand all management capacity and capability issues.

Much greater effort was put into anticipating vacancies and recruiting in a timely way and for new staff, preceptorship, mentoring and buddying were offered. Focus was put on personal and team development and appropriate training for jobs. Staff were engaged more in decisions that affected them and empowered and encouraged to put forward ways to deliver safer services. The results have been shown in a much improved 2015 national staff survey, in the inpatients survey and in many more staff reporting in the Friends & Family Test that they were likely to recommend North Bristol as a place to work.

## Health and safety risks

Further work has been taken by the Trust's Health and Safety Committee and subgroups towards all of the Trust's significant health and safety risks.

This year also saw the launch of the Trust's "Don't Walk By" worker engagement initiative in partnership with Carillion – our PFI partners – who have their own campaign. The aim of the campaign is to encourage staff to identify and challenge things that they think are unsafe and suggest improvements thereby creating a health and safety culture of awareness

and openness in which people have the confidence to speak out.

## Health and safety performance

No enforcement action for health and safety non-compliance has been brought against the Trust within this report period.

The results of the Directorate audits have shown a good improvement from their last audits but individual wards and departments undertaking self-monitoring of their compliance still remain poor.

The Trust's Health and Safety Service has completed 71 percent of its objectives, 21 percent are in progress and 8 percent were not achieved, this is a good improvement on 2014/15 when 67 percent were completed, 12 percent were in progress and 21 percent were not achieved.

## Learning and education

### Leading edge education delivery

The NBT team has a reputation for innovation and business sense as well as excellent delivery of national education contracts. We have achieved a standing which attracts business and enables us to invest further in the education delivery in NBT.

### Our Apprenticeship Centre

The Trust is a leading organisation for the education and training of health care and hospital staff with programmes for apprentices and work experience along with partnerships with Jobcentre Plus and education providers. We see our apprenticeship programme as the start for many people who will go onto fruitful health care careers at all levels both with NBT and the wider health and social care economy. There are 300 apprentices at the Trust at any time in roles as diverse as housekeepers, administrative staff and health care.

# Our people (continued)

Speaking at a recent Department of Health event about the NHS Apprenticeship Scheme, Health Minister, Ben Gummer encouraged other organisations to learn and follow on from the experiences of NBT's Learning & Development team.

## The North Bristol National Skills Academy for Health Excellence Centre

NBT is one of six national centres which have gone through a selection process and been designated as a result of the reputation, innovation and excellence in education delivery. The North Bristol National Skills Academy Excellence Centre now has 30 employer partners working together to promote entry into NHS careers and support apprenticeships, work based learning and role development.

## Health Education England Talent for Care

Following the Higher Education South West audit of Talent for Care – the national Bands 1-4 strategy – NBT scored Gold for

demonstrating best practice and the quality of the work programme. We work closely with the national Health Education England (HEE) team in Talent for Care and Shape of Caring, influencing future workforce strategy and ensuring our voice – that of the employer – drives the programmes and investment that will support workforce development.

## Innovation projects

The 'In-situ human factors and simulation' led by our first Nurse Fellow, aims to reduce patient harm by promoting and raising awareness of human factors in education. It has been well received on the wards and we continue to develop the faculty to further promote this programme.

The 'Improving Patient Enablement and Continuity of Care by Enhancing Professional and Organisational Interfaces and Education (IPECC)' is making progress in supporting interfaces with the Patient Flow Project Group, especially the Health Care Assistant training re rehab/reablement led by our Innovation project lead.

These projects are funded and closely monitored by HEE with interface with the Academic Health Science Network and South West Patient Safety Network and have achieved national recognition.

## NHS Leadership Academy

The LIFT programme – a regional leadership development programme that benefits NBT participants was developed through the NBT educational partnership with the Academy (developed and led by Jane Hadfield) and UWE Bristol Business School. It has received a positive impact evidenced through recent excellent evaluation responses from managers giving 100 percent satisfaction.

The NBT team is instrumental in influencing the regional coaching network and is active in the local and regional leadership development network in promoting shared purpose and best practice. We also provide system wide leadership and consulting services to other employers and to HEE both regionally and nationally.





# Listening to and working with our patients



# Listening to and working with our patients (continued)

## Patient experience

The experience of our patients and carers is at the heart of our work. What patients and carers tell us makes a difference to the services we provide. To help with this work this year we have appointed a Head of Patient Experience to lead this aspect.

The experience and satisfaction of our patients is monitored and measured in a range of ways. This includes complaints, concerns and compliments, national surveys, local surveys, the Friends and Family Test, social media and online patient feedback.

## Inpatient survey (general)

This survey is part of a national survey programme. A random sample of 850 patients who stayed in our Trust in July 2015 were invited to take part. There was a response rate of 49.9 percent.

Patients were asked 62 questions about different aspects of their experience. The overall outcomes are summarised below showing that we are the second most improved trust of the 81 who also used Picker Europe Ltd to undertake their survey. In terms of overall outcomes we have more work to do to better national averages as can be seen in the second table.

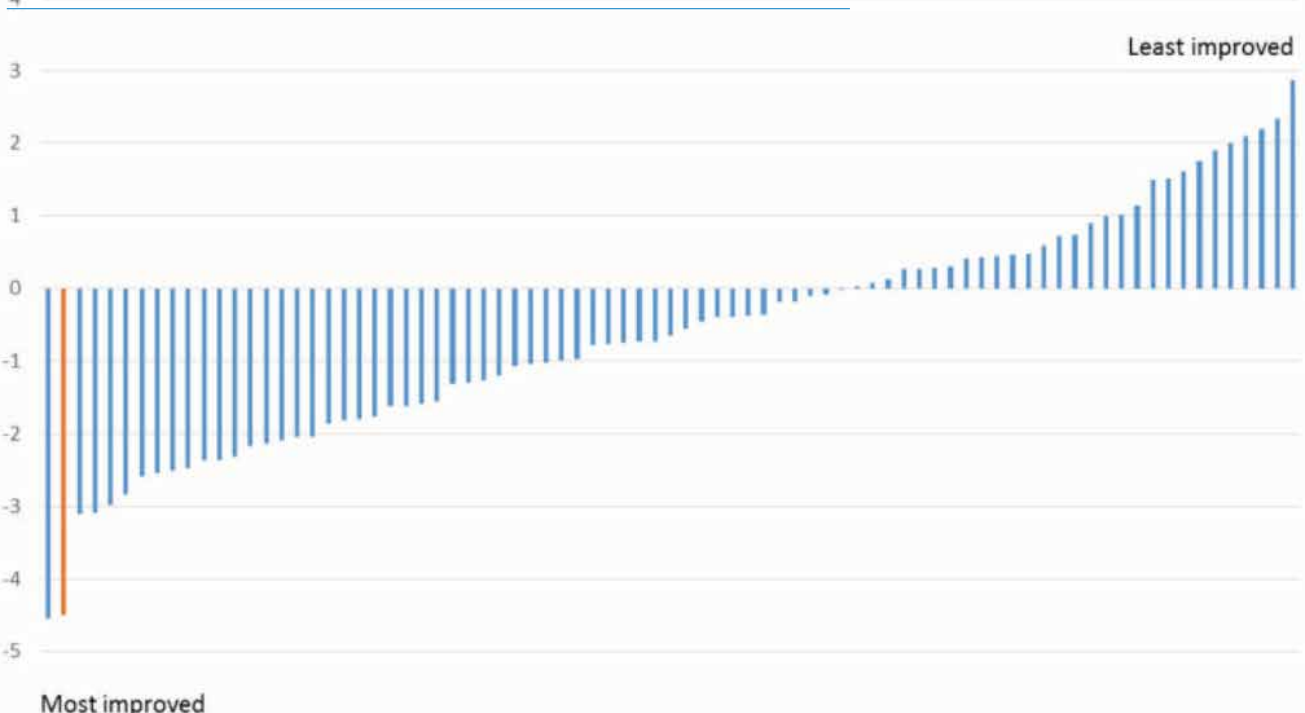
The orange line indicates the Trust's position in relation to 81 other Trusts.

The Trust scored significantly better on 19 questions with no change on 40 questions. We scored significantly worse than last year for three questions.

Aspects of care that improved significantly include:

- Patients feeling of being well looked after by staff
- Having privacy when being examined or treated in the emergency department
- Involvement in decisions about care and treatment
- Quality and choice of food.

## Average problem score change 2014 – 2015



## Inpatients Survey 2015 Overall problem score summary



Work is already ongoing to the three areas where we scored worse than last year which are single sex sleeping accommodation, access to single sex bathroom facilities and where staff did not discuss the need for further health or social care services.

The following aspects of the reported experience of patients have been agreed by the Patient Experience Group as the focus for improvement in 2016/17:

- Involvement in decisions about discharge from hospital and notice of discharge
- Involvement of family and home situation taken into account
- Written or printed information on what should do and should not do after leaving and what to look out for
- Who to contact if concerned after leaving hospital
- Ensuring a plan is in place for continuing care if required

- How to take medication, its purpose and side effects
- Discussion of the need for health and social care services
- Involving, as much as the patient wishes to be, in decisions about care and treatment – this will link with our progress on empowering patients in shared decision making through “Ask 3 Questions”
- Providing time for patients to discuss concerns
- Staff to provide emotional support
- Informing patients how they are likely to feel after their operation or procedure

These aspects had the highest problem scores and were supported by evidence from other feedback such as complaints and Healthwatch. We look forward to working with our partners such as Healthwatch as well as patients and carers to improve these aspects of the patient experience.

## National Maternity Survey

The national survey of maternity services was published by the Care Quality Commission in December 2015. This survey is undertaken every two years. The overall response rate for North Bristol NHS Trust was 53 percent (the overall national response rate was 41 percent). Both the Cossham and Southmead Maternity facilities were included in the survey.

The survey data was reviewed with other information from patient complaints and the Friends & Family Test. Whilst there are many compliments and positive comments from our mothers the need to improve communication was noted and action has been taken on this matter which includes a training session within a regular study day for midwives, doctors and maternity care assistants on communication, customer care and scenarios of poor communication.

# Listening to and working with our patients (continued)

Other areas for improvement from the survey area were:

- Ensuring patients were involved as much as they want to be in decisions about care in labour and birth
- Ensuring mothers have enough information about emotional changes that may be experienced postnatally
- Ensuring all mothers are always treated with kindness and understanding
- Ensuring mothers are able to get help from a member of staff within a reasonable time after birth
- Enabling anyone close to the patient to be able to stay as long as possible (for example: recliner chairs, funded by the Southmead Friends have been purchased for all postnatal and antenatal beds)
- To seek to improve access to breast feeding advice during evenings, nights and at weekends
- Full discussion of infant feeding during pregnancy at antenatal classes
- Receiving consistent advice on breast feeding and support and encouragement after birth.

## Friend & Family Test (FFT)

The FFT is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

It asks people if they would recommend the service they have used to their family and friend if they ever needed to use it. There are a range of responses available including the opportunity to explain why they have given that response.

The opportunity to give feedback should be provided to all patients attending outpatient clinics; those who are inpatients and those attending the emergency department. Maternity service offer the opportunity to their mother and mums to be at four points of their care.

Response rates:

The overall response rate against the required target by these services is provided

in the Table below as well as the percentage of patients that would recommend the service to their family and friends.

## Overall percentage response rates against required levels and percentage of respondents recommending the service

Area	Response Rate		Mths ach.	% Recommend	
	Target	NBT		NBT	National avge.
Inpatients	30%	22%	2	96.0%	95.0%
ED	20%	10%	0	93.1%	87.0%
Outpatients	5%	3%	1	93.7%	92.0%
Maternity	15%	13%	4	95.5%	95.3%

We continue working to improve our response rates and to ensure everyone has the opportunity to give us feedback. Please do give us feedback if you attend the hospital. Your commentary is vital to help us make improvements and celebrate what we are doing well.

The overwhelming feedback in 2015/16 was of a really positive experience, emphasising the importance of good communication, kindness, compassion and respect.

Themes and their frequency from the comments analysis from the year 2015/16 are provided below.

## Frequency of themes of reported experience through FFT across the Trust for 2015/16

Positive experience themes	Number of comments	Negative experience themes	Number of comments
Staff	7030	Waiting/delays	210
General quality of care	3830	Food/catering	185
Food/catering	738	Staff	165
Facilities	604	Facilities	135
Cleanliness	589	TV	126
Information	358	Noise	90
Environment	286	General quality of care	72
Comfortable	157	Staffing levels	59
Nursing care	75	Information	55
Waiting/delays	72	Environment	47
Communication between staff	51	Communication between staff	37
Involving family/carers	26	Parking	28
Privacy	25	Moving wards	25
TV	19	Discharge	22

The benefit of FFT is that the feedback is about that immediate experience. Whilst it is anonymous, actions can be taken to help improve matters for all patients.

### Feedback from Healthwatch

We continue to receive feedback via the Healthwatch organisations in Bristol, South Gloucestershire and North Somerset of the experience of members of the public who have used our services. We respond to the feedback and link this to our patient experience improvements actions and report them to the Patient Experience Group.

In August and November 2015 Healthwatch Bristol visited Southmead and sought the views and experiences of those passing through the Brunel building and those from inpatients on a number of wards. The full report of this feedback and the recommendations and actions being taken can be found through the following link to the report:

<http://healthwatchbristol.co.uk/wp-content/uploads/2015/01/Healthwatch-Bristol-visit-to-Southmead-Hospital-November-2015-summary-reportCL.pdf>

The key aspects of the report were:

- Parking and transport
- The positive attitude of staff and volunteers
- Information provision and understanding treatment
- Getting in contact with the right department and people
- Getting around the hospital – the atrium buggy was greatly valued, signage and way finding could be improved in certain areas
- Single rooms – enjoyed by some, but some older people found them lonely. The new TVs have helped considerably
- Food – quality and choice had improved, more choice for those on special diets was requested.

The feedback is greatly valued by the Trust and has strengthened our relationship with Healthwatch.



### 'Ask 3 Questions' – developing shared decision making.

As part of a local CQUIN (Commissioning for Quality and Innovation) initiative with Bristol Clinical Commissioning Group, NBT started to trial an initiative called 'Ask 3 questions' in three Outpatient specialities (Rheumatology, Colorectal and Vascular Surgery) from February 2016. Patients attending outpatient appointments in these areas were given 'Ask 3 Questions' leaflets and postcards to encourage them to become more involved in understanding their treatment options and making choices that are right for them. Asking the three questions helped start the conversation.

The three questions are:

1. What are my options?
2. What are the possible benefits and risks of those options?
3. What help do I need to make my decision?

Two short videos were played in the outpatient area to help patients understand the 'Ask 3 Questions' approach. They were also given a post card that explained the 'Ask 3 Questions' approach and had additional space for writing any other questions they might have.

# Listening to and working with our patients (continued)

## Advice, Complaints and Compliments

Overall the numbers of formal complaints reduced by approximately 17.5 percent in 2015/16, from the figure recorded last year when many issues arose from the then on-going closure of Frenchay and the redevelopment of Southmead.

The numbers of complaints where response timeframes were not met also fell significantly reaching a low point of eight cases in June 2015. Since this time the number of overdue complaints has again increased to approximately 40 cases, due to the work pressures directorates are experiencing. Eradicating all overdue cases remains an important Trust objective.

There are two key measures for NHS Complaints: to acknowledge all complaints with three working days and to conclude all cases within six months. During the year the acknowledgement target was achieved in every month except April, September and October. The average overall compliance was 99.84 percent. During the year four cases remained unresolved within six months; these dated back to 2014/15 and once cleared in June 2015 all cases have been concluded within this timescale.

### Activity Levels

The Trust received 821 formal complaints, 289 less than last year. 796 concerns were also raised and acted upon and this represented an increase of 225 over 2014/15. These figures reflect the increase in worries and anxieties related to the on-going site redevelopment and the interruption to the smooth scheduling of appointments that resulted from the introduction of the replacement Patient Administration System (Lorenzo). In general, the stabilisation of services delivered from within the Brunel building accounted for the reduction in formal complaints.

The three highest categories of formal complaint were:

- All aspects of clinical care 283
- Lack of communication 212
- Attitude of staff 99

The three highest categories of concern were:

- Lack of communication 333
- All aspects of clinical care 159
- Delay/cancellation outpatient 81

## Compliments

6,618 compliments were received during 2015/16. Some examples include:

### Lessons Learned

The number of Local Resolution Meetings undertaken again increased from 65 to 99, reflecting how directorates are seeking to resolve more cases through interactive dialogue which generally provides an improved patient experience and outcome. Arising from these meetings and any written responses, Action Plans, raised for all concerns and complaints and supplied to directorates to assist in their monitoring, are updated to record and track the learning.

"I had my pre-op appointment this morning with a nurse at Gate 36. I felt like I was sat with a friend she was so warm, friendly and professional. I felt so at ease. She made it a pleasure to go to hospital. Thank you!"

"I would like to thank everyone who treated and cared for me at Southmead Hospital. First impressions of the hospital could not be any better. Patient check in is hassle free but there was plenty of volunteer help if I needed it. Every appointment was on time or even early on one occasion. As a day patient for a minor operation, and outpatient for after care, I received exceptional and professional healthcare of the highest standard at all times. The cleanliness of the hospital is superb and I cannot praise your service enough. Thank you again, especially to my consultant Paul Wilson and his team – a hospital service that the NHS should be proud of."

"I cannot express enough thanks to all staff concerned with my AAA operation in June. The consultant and his team, the operation staff and all staff in the ICU were extremely pleasant, friendly and informative. I also congratulate the care and help from staff on ward 33B, who were all very helpful and friendly. Once again, my extreme thanks to all concerned throughout my seven days in what I would call a wonderful hospital."

"I was admitted as an emergency to ICU with bacterial meningitis. I spent two days there before transferring to Ward 8a. I have nothing but praise for the way I was diagnosed and treated throughout my stay. The medical, nursing and support staff were excellent. The facilities in the new hospital are superb. My grateful thanks to everyone involved in my care."

"Would just like to say a huge thank you to all the staff on Gate 6 at Southmead for making my recent stay as comfy as possible, and a special thank you to Gill the healthcare assistant who was a pillar on Tuesday evening. You guys are amazing!"

"I would like to say a big thanks to all the staff who looked after me during my recent stay on the ward. From the guys and girls who served me tea and meals, to Georgina the student nurse, Anna the nurse and all the other nursing staff, your pleasant manners and attitude helped make my stay a pleasant experience."

"I have never been treated so well in an NHS hospital as I was treated at Southmead. From the first time I went to the pre-op exam, to the time I went for my operation, all of the staff were courteous and efficient and, more importantly, on time. The only other time I have received service like this was when I was in the forces at a military hospital. Please pass on my thanks and congratulations to Mr Wright and all the team."

"I was treated in room 19 after a hip replacement operation and would like to thank all the nursing staff, day and night, for their compassion and excellent care. Also the staff who woke me up in the mornings with cheery smiles and a welcome cup of tea and served me all my meals. I thank each and every one of them."

# Research and Innovation

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## We are committed to research and innovation that improves our patients' health outcomes and their experience of our services.

We had 531 active research studies this year with 3,617 patients recruited and a further 4,190 patients seen as part of ongoing research projects. Recruitment was 29 percent higher than last year and demonstrates North Bristol NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

This year we have carried out research in more clinical areas than ever before with 44 departments across all clinical directorates running research studies. Thirty percent of patients recruited to research in 2015/16 are from the Trust's six major specialities.

Strong internal relationships and a commitment to delivering research have made us one of the fastest Trusts in the

country to set up new research studies. Patients have had the opportunity to participate in 89 percent of studies within 70 days of us receiving a request to open a new study.

NBT remains a leader in health research that aims to answer important clinical questions. We are currently managing £24.5 million grants awarded to deliver new programmes of research.

This year has been notable for new partnerships in research. NBT is leading the way for research to be delivered at all the major maternity units in the west of England by building new relationships and sharing new ways of working together. NBT is also working with a number of leading life science companies to improve health and

answer key questions about dementia, diabetes, musculoskeletal issues and cancer.

Patients and members of the public are a key part of shaping how we do research. They have helped make decisions on what research to fund through our charitable fund scheme Springboard and have sat on our panels reviewing tender bids for services we use.

In December 2015 NBT announced a partnership with UH Bristol, RUH and Gloucester to become one of 13 NHS Genomic Medicine Centres (GMC), in a major national initiative (the 100,000 Genome Project) that aims to transform diagnosis and treatment for patients with cancer and rare diseases.



# Sustainability



On sustainable issues the Trust has both executive (the Director of Facilities) and non-executive sustainability champions and they chair and sit on a Sustainable Development Steering Group that ensures the Trust is meeting its sustainability objectives and approves both the Environmental Plan and Sustainability Annual Report. During 2015/16 we:

- Improved our Good Corporate Citizen score to 43 percent (up from 20 percent in 2014–15) – we publish our results and benchmark ourselves against other acute providers and out-perform them in eight out of the nine categories that we assess against
- Were shortlisted in four categories of the 2016 NHS Sustainability Awards (we were shortlisted for two last year and received highly commended in the travel category and won the food one). Our work, along with others shortlisted will be presented to the Carter Review Team as examples of best practice showcasing how sustainability can deliver triple figure bottom line savings for the NHS
- Set objectives for the year to establish a new baseline across areas such as travel, energy, waste, water, carbon, biodiversity and food following the opening of Brunel with actual targets to be set this year
- Launched a staff award scheme called Green Impact in October 2015 and recruited 25 teams – a joint award ceremony was due to be held with UH Bristol and The University of Bristol (who are also running Green Impact schemes) in June 2016. We anticipate we have already achieved estimated savings of £8,501 from the TLC (Turn off, Lights out, Close the door) campaign element of the award scheme, with total expected savings of £18,416 by the end of the Green Impact year. In addition to financial savings, the Carbon Trust calculator anticipates we have already saved 54.3 tonnes of carbon and are expected to achieve 117.6 tonnes of carbon saved by the end of the year
- Surveyed staff for attitudes and behaviour around sustainability and will re-survey annually to measure progress
- Maintained a Silver Star award for our travel plan in the Travel West Travel Plan Accreditation Scheme back in January 2016
- Published our annual Sustainable Development Management Plan (required by the NHS Sustainability Strategy) which was approved by the Board in October 2015
- Began planning for the introduction of the international environmental management system ISO14001 within the Facilities Directorate
- Have increased recycling by eight percent and decreased the volume of waste for autoclaving by nine percent since the new hospital building opened
- Have reduced water consumption by approximately 90,000m<sup>3</sup> (25 percent reduction) since Brunel opened
- Won a silver and a gold in the 2016 Southwest Fairtrade Business Awards
- Gained a Bronze Food For Life Catering Mark from the Soil Association for staff meals and maintained the Silver for patient meals
- Begun development of a Food and Drink Strategy.



# Fundraising, Fresh Arts and volunteers



## Our volunteers



During 2015 Voluntary Services recruited over 200 new volunteers across all areas of the Trust and the Trust regularly receive complimentary letters about volunteers from members of the public. Our 120 Move Maker volunteers alone contribute 2,000 hours per month and many more are provided by the Southmead League of Friends, particularly from their Coffee Shop in Brunel, and by the members of the Cossham and Thornbury Leagues. The atrium buggy, driven by Move Makers and generously paid for jointly by the Southmead League and the hospital's charity, was introduced in July 2015 and transports over 3,000 passengers per month. Move Maker services were extended into the Central Delivery Suite and Cossham Hospital and in the Bristol Post Health and Care Awards 2016, Move Makers were shortlisted in two categories and received Highly Commended in both 'Hospital Team of the Year' and 'Together We Achieve'.

In addition, the Arts and Crafts volunteers from Rosa Burden have recently received the NBT Heroes Award for their work in 2015/16, Jill Randall who leads the Move Makers won the Unsung Hero Award in the Exceptional Healthcare Awards 2015.



## Southmead Hospital Charity

Southmead Hospital Charity covers over 300 different charitable funds throughout the hospital and much has been done during the past twelve months to increase the profile of the charity both within the hospital and across the area we serve, building lasting relationships with local businesses, increasing the amount of direct fundraising activity and encouraging staff to take up their own challenges in support of the Charity.

We launched our Do Something Super for Southmead campaign which aims to inspire staff and the public to get involved in fundraising. The campaign features a set of superheroes designed exclusively for Southmead Hospital Charity to represent the different areas of fundraising that you can get involved in running, swimming, skydiving, a challenge event or doing something creative like a bake sale.

The Charity gave over £2.6 million to Southmead Hospital to support a wide variety of projects including over £1.35 million for patient welfare and amenities and over £400k to fund research projects. Working with internal partners such as the Move Makers and the Southmead League of Friends, we have not only been able to make a significant financial contribution to the Trust but also make a very real difference people's lives.



# Fundraising, Fresh Arts and volunteers (continued)

## Highlights from the past year

### New family room in maternity

A new family room has been built to create an open space where families, and especially parents with older children, can bond with their new babies. The £120,000 family room has been funded through the Thousand Smiles appeal, a balloon mural, where parents of babies born at Southmead Hospital can add their child's name and date of birth to a mural of Bristol and support from the John James Bristol Foundation.

### Guy Jordan Memorial Fund



Southmead Hospital Charity launched the Guy Jordan Memorial Fund in May with a magnificent fundraising gala at the Royal West of England Academy in Bristol. Guy's family, friends and colleagues joined 180 guests for a five course gala dinner, interactive ipad auction and raffle, raising over £22,000 to launch the fund. A Consultant in Anaesthesia and Intensive Care medicine, Guy died at Frenchay Hospital following a cycling accident in November 2013. The new fund aims to make an impact by supporting those areas of the hospital in which Guy worked including emergency medicine, intensive care and anaesthetics.

### Atrium buggy



Patients and visitors can now hop on board a new motorised buggy to catch a lift through the main Brunel building atrium thanks to Southmead Hospital Charity and Southmead Hospital League of Friends who jointly funded the £26,500 project. Patients and visitors with mobility problems or who struggle with walking long distances are able to flag down the buggy, which seats six, if they need a lift to their gate.

### Christmas at Southmead



Southmead Hospital Charity launched its first ever Christmas Appeal to help patients staying in hospital during the festive period. Christmas concerts took place in the Brunel building throughout December and John Lewis provided a magnificent festive display. Everyone who was in hospital on Christmas Day received a gift and in partnership with the Southmead Hospital League of Friends, we gave out £50,000 to departments, wards and services across the Trust to spend on equipment as part of the annual Christmas Cracker scheme. 18 teams received one-off grants funded by generous donations made by patients, their families and local businesses.

#### Organ donor recognition

Southmead Hospital Charity recognised the altruistic act made by organ donors and their families and the life changing impact a transplant has for benefitting patients by supporting artwork commissioned through North Bristol NHS Trust's Fresh Arts Programme. Working with local textile artist Penny Leaver Green, *A Few Words* focuses on the impact organ donation has both on the families of those patients who became organ donors and the recipients of transplanted organs.

#### Interactive sensory room for babies

Southmead Hospital's Neo-natal Intensive Care Unit (NICU) has opened a new family sensory room, funded by the Charity. This means that for the first time families can interact with their babies in a non-clinical environment yet still within the NICU unit, which is vital for infection control. The room has specialist sensory equipment, as well as reclining chairs where mums can relax in and enjoy important skin to skin contact time with their babies. There is also play equipment for older children who can find it difficult being on a highly medicalised ward. Babies who need long term care on NICU can also benefit from the baby play mats where they can enjoy some tummy time and sensory equipment to aid their development.

#### Medical research through Springboard

Southmead Hospital Charity has funded new medical research projects to provide new treatments and better understandings in neonatal medicine, cancer, orthopaedics and fertility. The Charity has provided £62,000 for the five research projects through their Springboard scheme. The scheme makes annual grants to clinicians and academics at North Bristol NHS Trust to support high quality research projects with the potential for a wide impact within the NHS. The Springboard Fund was set up by the charity in 2006 and has funded 60 projects to a total of more than £610,000.

#### Televisions

Southmead Hospital Charity made its largest donation to date in recent years to improve and enhance patient's stay in the Brunel building by purchasing more than 1,000 televisions at bedsides across the hospital which are completely free for patients to use.



#### Thank you ...

We receive support and donations from thousands of people, companies and community associations – unfortunately we have insufficient space to thank everyone individually but we would like to give a special mention to: John Lewis, The Mall at Cribbs Causeway, Emily McGuinness and Sarah Boyce.

#### Our future plans

Following the Government's commissioning of the Sir Stuart Etherington report on fundraising self-regulation, Southmead Hospital Charity has reviewed its internal policies and procedures to ensure best practice is consistent across all charitable activities and will continue to monitor and evaluate these processes over the coming 12 months.

The Charity has also aligned our spending policies to that of the Trust so that we can support the Hospitals within NBT to maximum effect. The imminent arrival of the Trust's new five year strategy will enable us to align and review our own five year plan which will allow us to support staff and patients more effectively in the long term.

More specifically during 2016/17 we aim to support men's health with a Prostate Cancer Care Appeal which will include the purchase of additional pioneering robotic equipment for use in surgery and we will increase our support of the Fresh Arts Programme and research, through a rejuvenated Southmead Hospital Charity Research Fund.

# Fundraising, Fresh Arts and volunteers (continued)

## Fresh Arts

It's been a busy year for NBT's Fresh Arts programme! Some of the highlights include:

- The "Knit With Me" programme included the world's first knitted wisdom machine which dispensed 3,100 words and encouraged 620 patients, family, staff and community knitters to make 196 wonky eyed teddies for NICU, over 300 Twiddlemuffs for patients with dementia and dozens of squares and pompoms to cover the knitted bus stop
- The Lifelines creative writing project created 119 conversations and 155 'lifelines' poems by patients and staff
- The live music programme welcomed 19 professional musicians into 86 locations in wards, clinics, waiting areas and Brunel atrium at Southmead and Cossham hospitals
- 46 skilled volunteers stepped up to play the grand piano purchased in July
- The second Fresh Arts festival welcomed a group of students and professors from Tsukuba University, Japan, to run workshops and design enhanced spaces for our patients with dementia. Over two days 2,332 people took part in or observed 46 workshops, performances, activities and exhibitions delivered by 146 local artists
- A Few Words is an artwork by artist Penny Leaver Green to raise awareness of organ donation and to encourage people to sign up to the national Donor Register



- Two local artists refurbished the paediatrics outpatient clinic creating an underwater wonder world for the waiting room
- Make Your Mark is an ongoing visual arts project with patients in complex care wards; over the initial 18-week pilot study, 72 patients took part in three wards.







# Accountability Report

## Corporate Governance Report

### Directors

Non-Executives	Executives
<b>Mr Peter Rilett, Chairman</b>	<b>Ms Andrea Young, Chief Executive</b>
<b>Prof Nishan Canagarajah</b>	<b>Dr Chris Burton, Medical Director</b>
<b>Mr Ken Guy</b>	<b>Ms Kate Hannam, Director of Operations</b>
<b>Mr Robert Mould</b>	<b>Ms Sue Jones, Director of Nursing</b>
<b>Ms Liz Redfern</b>	<b>Ms Catherine Phillips, Director of Finance</b>
<b>Mr Andrew Willis</b>	
<b>Mr Mark Lawton</b>	
<b>Mr John Everitt</b>	
<b>Mr David Taylor</b>	

\* The register of interests of these members can be found at: [www.nbt.nhs.uk/sites/default/files/attachments/Trust%20Board%20Papers%20March%202015.pdf](http://www.nbt.nhs.uk/sites/default/files/attachments/Trust%20Board%20Papers%20March%202015.pdf)

### Public Sector Payment Policy – Better Payments Practice Code

In accordance with the Better Payments Practice Code and government accounting rules, the Trust's payment policy is to pay creditors within 30 days of the receipt of the goods or a valid invoice (whichever is the later) unless other terms have been agreed.

The Trust paid 78% of non-NHS invoices within 30 days compared with 86% in the previous year. Further details of compliance with the Code are contained in note 10 to the Annual Accounts. The Trust has not signed up to the Prompt Payment Code.

### External auditors' remuneration

The Trust's auditors are Grant Thornton. During the financial year they were paid £97,000 for statutory audit services to the Group (£93,000 for the Trust). A further £12,000 of non-audit work has been undertaken in 2015/16 in relation to the Trust's quality accounts.

### Fraud

The Trust has a Counter Fraud policy reapproved by the Audit Committee in 2015 that sets out the arrangements

for deterring, preventing, detecting and investigating instances of fraud, corruption or bribery against the Trust or the wider NHS. In implementing this policy the Trust has contracted with Mazars LLP to provide counter fraud services.

### Audit Committee

The Audit Committee members have been Mr Ken Guy, Chairman, Prof Nishan Canagarajah, since 1 February 2015, Mr Mark Lawton until 31 August 2015 and Mr David Taylor, Associate Non Executive from 1 October to 31 December 2015.

### Personal Data

There has been one personal data incident reported to the Information Commissioner's office regarding records held by the Bristol Centre for Reproductive Medicine. During a routine inspection by the Human Fertilisation and Embryology Authority it was discovered that a box of records believed by the BCRM to be in a secure storage facility was missing. On further investigation two more boxes were also found to have been mislaid between the BCRM and the secure storage facility. All the boxes were part of a consignment that had been asked by BCRM to be retrieved and sent back by the secure storage facility in 2010. These boxes held 32 sets of records.

A further audit of all boxes held at the storage facility and at BCRM revealed a total of eight missing boxes holding 97 records that could not be found at either the storage facility or at BCRM. Of these a duplicate set for 32 had been completed and the remainder were being partially duplicated. Processes for sending and receiving archive boxes between BCRM and the storage facility have been made more robust and plans approved for scanning historic and current patient records.

The Directors state that at the date that this report is signed:

- So far as each director is aware, there is no relevant audit information of which the Trusts' auditors is unaware; and
- Each officer has taken all the steps that they should have taken as a director in order to make him/herself aware of any relevant audit information and to establish that the Trust's auditors is aware of that information.

### Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- Value for money is achieved from the resources available to the Trust
- The expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them

- Effective and sound financial management systems are in place
- Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer and:

- As far as I am aware there is no relevant audit information of which the Trust's auditors are unaware and;
- I have taken all steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

I believe that the annual report and accounts as a whole is fair, balanced and understandable and I take responsibility for the judgements required for determining it so.

*Andru Young*

Chief Executive ..... Date ..... June 2 2016



# Annual Governance Statement 2015/16



## 1. Introduction

The NHS Trust Development Authority Chief Executive, in his capacity as an Accounting Officer for NHS Trusts in the Department of Health, requires the Accountable Officer (AO) for the North Bristol NHS Trust to give him assurance about the stewardship of his organisation.

For the North Bristol NHS Trust the Accountable Officer is Ms Andrea Young, Chief Executive.

## 2. Scope of Responsibility

The Trust Board is accountable for internal control and as Chief Executive and Accountable Officer of the Trust my responsibilities are set out in the Accountable Officers' Memorandum issued by the Department of Health. These include ensuring that;

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- Value for money is achieved from the resources available to the Trust
- The expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them

- Effective and sound financial management systems are in place
- Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

In addition I have responsibility for;

- Maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives
- Ensuring the services provided by the Trust are of exemplary quality and safety, giving patients the best possible experience.

The Trust meets regularly with the Trust Development Authority (TDA) and commissioners (NHS England, South Gloucestershire, Bristol and North Somerset Clinical Commissioning Groups) to review quality, financial and operational performance. The Trust has also contributed to overview and scrutiny processes in South Gloucestershire, Bristol and North Somerset, in particular for urgent and emergency care, system flow, the development of Severn Pathology

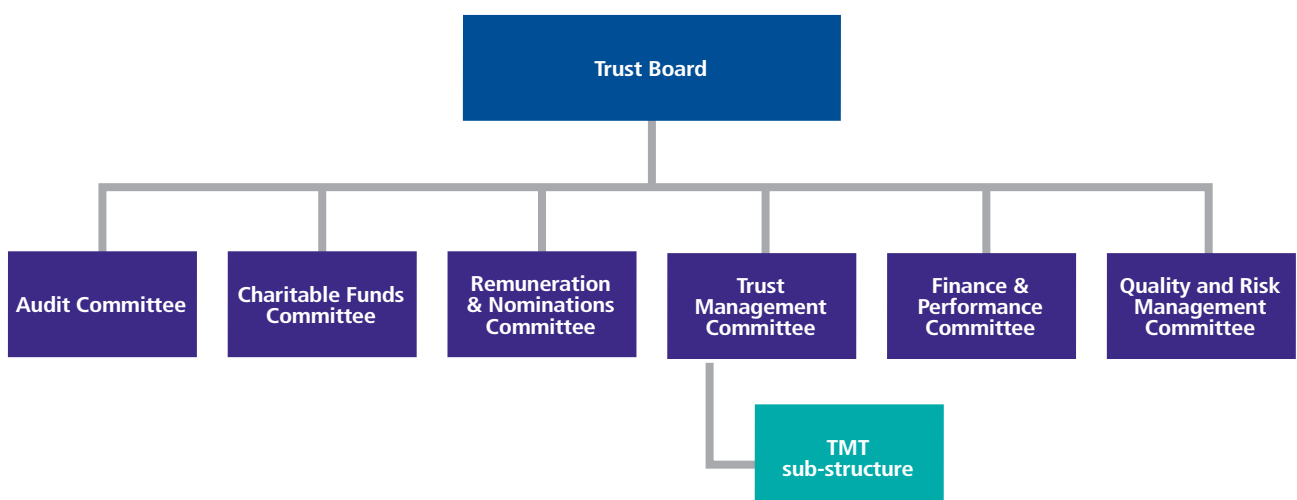
and creation of a single histopathology service, scrutiny of children's service provision and review of the Care Quality Commission's review of the Emergency Department. As a member of the South Gloucestershire Health & Wellbeing Board I have participated in the development and implementation of the Health & Wellbeing Strategy for the area.

## 3. Governance Framework of the Organisation

### Corporate Governance

The Trust Board maintains overall accountability for the effectiveness of the system of internal control. As a large and complex organisation a supporting infrastructure is required to fulfil these responsibilities effectively. Authority is delegated by the Board to various board committees and the role and terms of reference of these are regularly reviewed with the aim of clarifying how all aspects of the Trust's business were delivered.

The Board approved terms of reference for each of the committees in the structure are available on the Trust's website. The Committee structure of the Trust is shown below



# Annual Governance Statement

## 2015/16 (continued)

The key committees in terms of supporting the system of internal control are;

Committee	Reporting Area
<b>Trust Board</b>	<ul style="list-style-type: none"> <li>The Trust Board maintains overall accountability for the effectiveness of internal control. It primarily discharges this responsibility through the receipt and review of;</li> <li>Quarterly reports on the Assurance Framework to ensure key risks are identified and controls or assurance gaps are being addressed with more detailed reporting to each meeting of the Quality and Risk Management Committee.</li> <li>An Integrated Performance Report providing internal assurances at monthly intervals on quality, finance, activity and workforce measures and other quarterly and six monthly measures on quality and safety and commissioning and clinical governance.</li> <li>External assurance sources, including the External Auditors review of the Trust's Quality Account and financial year end accounts and VFM opinion and reports from the Care Quality Commission and other external regulators as appropriate according to their risk impact and actions required.</li> </ul>
<b>Audit Committee</b>	<ul style="list-style-type: none"> <li>The Audit Committee provides independent and objective scrutiny of Trust activities through its membership, which consists of three Non-Executive directors. Executive Directors, senior managers, Internal and External auditors attend and provide input.</li> <li>It is responsible for ensuring there are arrangements for the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical).</li> <li>This supports the achievement of the organisation's objectives and ensures compliance with regulatory, legal and code of conduct requirements.</li> <li>In carrying out this work the Committee primarily utilises the work of Internal Audit, External Audit and other assurance functions, as well as seeking reports and assurances from directors and managers as appropriate.</li> </ul>
<b>Quality and Risk Management Committee (Q&amp;RMC)</b>	<ul style="list-style-type: none"> <li>The Quality and Risk Management Committee (Q&amp;RMC) is the assurance committee responsible for overseeing the management of Risk, Governance and Assurance for the Trust on quality issues.</li> <li>It comprises two non-executives (one of them as chair) and five of the executives and is responsible for ensuring that effective quality governance, risk management and regulatory compliance systems are in place and that effective actions are taken to identify and address deficiencies should they arise.</li> <li>This also includes overseeing the system of control around directorates' clinical and non-clinical risk registers including escalation to the Trust risk register.</li> <li>Furthermore, it is responsible for identifying all the cross cutting themes arising from executive and non-executive walkrounds.</li> <li>Other sources of assurance are reports and presentations from specialist staff as requested by the Committee in 'deep dives', performance of systems against key performance indicators, progress against action plans to address identified gaps and internal or external audit reports.</li> </ul>
<b>Finance &amp; Performance Committee (F&amp;PC)</b>	<ul style="list-style-type: none"> <li>The Finance and Performance Committee (F&amp;PC) is the assurance committee responsible for overseeing the management of the Trust's finance and performance in the context of the Trust's strategy.</li> <li>It comprises the chairman of the Trust, two non-executives (one of them as chairman) and three of the executives and is responsible for ensuring the Trust's mechanisms for monitoring its finance and performance are robust and integrated.</li> <li>Responsibilities include the review of the long term financial plan to seek assurance that the annual budgets are aligned with it and that it informs the annual business planning cycle</li> <li>It also considers the risks to achieving forecast positions, maintains an overview of the activity and workforce models and that the measures within the Integrated Performance Report meet the requirements of external stakeholders</li> </ul>
<b>Trust Management Committee (TMT)</b>	<ul style="list-style-type: none"> <li>All delivery groups report through the TMT to the Trust Board. It focusses on: <ul style="list-style-type: none"> <li>Business Planning;</li> <li>Performance Management;</li> <li>Recovery &amp; CRES Delivery, (finance);</li> <li>Capital;</li> <li>Quality;</li> <li>Health &amp; Safety;</li> <li>IM&amp;T;</li> <li>Programme Management;</li> <li>Workforce;</li> </ul> </li> <li>It comprises all the executive directors and all the clinical directors of the Trust</li> </ul>

## Committee Member Attendance Records

Member	Trust Board		Audit Committee	Quality and Risk Management	Finance and Performance	Charitable Funds	Remuneration and Nominations
	2014/5	2015/6					
		2014/5	2015/6	2015/16	2015/16	2015/16	2015/16
C Burton	11/11	<b>11/13</b>	–	<b>6/6</b>	–	–	–
N Canagarajah	1/2	<b>11/13</b>	<b>4/4</b>	–	–	–	<b>3/8</b>
N Davill (Dir. of Informatics – joined Nov. 2015)	–	<b>5/6</b>	–	–	<b>1/2</b>	–	–
J Everitt (NED – joined Sept. 2015)	–	<b>5/8</b>	–	–	–	–	<b>3/4</b>
K Guy	10/11	<b>12/13</b>	<b>4/4</b>	–	<b>6</b>	<b>4/4</b>	<b>8/8</b>
K Hannam	3/3	<b>11/13</b>	–	<b>1/6</b>	<b>7/10</b>	–	–
H Hayer (sickness absence from Apr. 2015)	10/11	<b>0/13</b>	–	<b>0/6</b>	–	–	–
P Jones (Interim Dir. of HR – joined Sept. 2015)	–	<b>7/7</b>	–	<b>3/4</b>	–	–	<b>3/3</b>
S Jones	10/11	<b>12/13</b>	–	<b>6/6</b>	–	<b>4/4</b>	–
S Karakusevic (Dir. of Strategy – seconded from Oct. 2015)	10/11	<b>4/6</b>	–	<b>1/3</b>	–	–	–
M Lawton (NED – left Jul. 2015)	8/11	<b>1/5</b>	<b>1/2</b>	–	<b>2/4</b>	–	<b>0/4</b>
R Mould	11/11	<b>13/13</b>	<b>1</b>	<b>5/6</b>	<b>1</b>	–	<b>8/8</b>
N Patel (NED – left Dec. 2014)	8/8	–	–	–	–	–	–
C Phillips	10/11	<b>11/13</b>	<b>4/4</b>	–	<b>9/10</b>	<b>2/4</b>	<b>2</b>
E Redfern	2/3	<b>11/13</b>	–	<b>5/6</b>	<b>1</b>	–	<b>7/8</b>
P Rlett	11/11	<b>12/13</b>	–	–	<b>8/10</b>	–	<b>7/8</b>
A Robson (Interim Dir. of HR – May to Aug. 2015)	–	<b>4/4</b>	–	<b>2/2</b>	–	–	<b>3/3</b>
D Taylor (Assoc. NED – Sept. to Dec. 2015)	–	<b>1/3</b>	<b>1/1</b>	–	–	–	–
J Tozer (interim Dir. of Ops – left Dec. 2014)	3/3	–	–	–	–	–	–
A Waterman-Pearson (NED – left Dec. 2014)	7/8	–	–	–	–	–	–
A Willis	3/3	<b>12/13</b>	–	<b>1</b>	<b>9/10</b>	–	<b>8/8</b>
S Wood	10/11	<b>12/13</b>	–	<b>5/6</b>	<b>8/10</b>	–	–
A Young	9/11	<b>12/13</b>	–	<b>4/6</b>	<b>7/8</b>	–	<b>7/8</b>

# Annual Governance Statement

## 2015/16 (continued)

### Board and Principal Committee Reports

The Audit Committee, Quality and Risk Management Committee and the Finance & Performance Committee are the key risk management and assurance committees underpinning the Trust Board's overall responsibility for internal control in 2015/16. The Board and committees have work plans which support the forward planning of assurance activities and target their work to key areas of risk, underperformance or areas of concern identified by the Board. The work of the committees is reported to the Board after each meeting in the form of a summary report. The committees also work together to ensure that the scrutiny of issues is targeted by the committee with the best combination of skills and experience, for example quality issues resulting from performance failures are scrutinised by the Quality & Risk Management Committee. A summary of the key reports is presented below:

Committee	Functions
<b>Board</b>	<ul style="list-style-type: none"> <li>• Integrated Performance Report (IPR)</li> <li>• Frenchay Hospital Site Disposal</li> <li>• Quality Account</li> <li>• Accountability Framework and TDA statements (within IPR)</li> <li>• Trust Objectives</li> <li>• Annual Governance Statement</li> <li>• Year-end Financial Accounts</li> <li>• Corporate governance arrangements</li> <li>• Specific service reports</li> <li>• Patient Administration System Project Governance</li> <li>• Finance and Capital Budget</li> <li>• Inpatient survey results</li> <li>• Business plan</li> <li>• Safe staffing</li> <li>• Patient Stories</li> <li>• Annual Report</li> <li>• CQC Reports and action plans</li> <li>• Board Risk and Assurance Framework</li> <li>• Staff Attitude Survey results</li> <li>• Strategy development</li> </ul>
<b>Audit Committee (Independent assurance)</b>	<ul style="list-style-type: none"> <li>• Head of Internal Audit Opinion</li> <li>• Audit Findings Report</li> <li>• Counter fraud work plan, Updates and Annual Report</li> <li>• Standing orders / Standing financial instructions / Detailed scheme of delegation</li> <li>• Accounting policies</li> <li>• 2014/15 Financial Accounts</li> <li>• Trust Annual Report</li> <li>• Annual Governance Statement</li> <li>• Overview of Trust Board Committee roles</li> <li>• Effectiveness Survey and review of terms of reference</li> <li>• Patient Administration System governance</li> <li>• Internal audit work plan, updates and annual report</li> <li>• Independent governance review</li> <li>• Annual Audit letter</li> </ul>
<b>Finance and Performance Committee (F&amp;PC)</b>	<ul style="list-style-type: none"> <li>• Performance Assurance Framework</li> <li>• RTT recovery plans and progress updates</li> <li>• Year end outturn</li> <li>• Business Plan 2015/16 Review</li> <li>• Outline and full business cases</li> <li>• Financial sustainability plan updates</li> <li>• Reference Cost Assurance</li> <li>• Service Line Reporting updates</li> <li>• Spinal Surgery Waiting Times</li> <li>• Pathology Phase 2 Issues</li> <li>• Finance Reports</li> <li>• Long term financial model</li> <li>• ITFF application</li> <li>• Tender approvals</li> <li>• Remedial Action Plans</li> <li>• PFI contract issues</li> <li>• PAS Replacement project</li> <li>• CRES Programme Deep dives</li> <li>• Independent Sector Treatment Centre Agreement</li> <li>• Capacity and demand planning</li> <li>• CQUINs and Fines Update</li> <li>• Draft Estates Strategy</li> <li>• Committee effectiveness</li> </ul>
<b>Quality and Risk Management Committee (Q&amp;RMC)</b>	<ul style="list-style-type: none"> <li>• CQC inspection reports and action plans</li> <li>• Jimmy Savile Lessons Learnt Report Mortality Screening</li> <li>• Extreme risks</li> <li>• Freedom to speak up actions</li> <li>• Kirkup Report</li> <li>• CQC assurance development plan</li> <li>• Inpatient survey results, action plans and monitoring</li> <li>• Leadership walkround policy and organisation</li> <li>• Clinical incident independent review</li> <li>• Deep dives of specific services e.g. Emergency Department, Workforce Planning and Cancer Services and End of Life Care</li> <li>• Patient Experience Development Programme</li> <li>• Quality Account development plan</li> <li>• Dementia Carers Surveys</li> <li>• Never Events Review</li> <li>• Clinical audit update</li> <li>• Independent Sector quality due diligence</li> </ul>



### Changes to the Trust Board

There were two changes to the personnel of the Board in 2015/16. Mark Lawton, Non-Executive Director, resigned his post and was replaced by John Everitt. The Trust also appointed a Director of Informatics, Neil Darvill, who came into post on 1 November 2016.

The NHS Trust Development Authority supported the Board with all Board level appointments during the year. Appropriate due diligence was undertaken on all appointments including consideration of the Fit and Proper Persons Test requirements which came into force during 2014. All Board members were asked to undertake a self-certification with the results reported to the Remuneration & Nominations Committee. The Trust then commissioned an external, independent agency, Experian, to undertake more detailed checks on the Executive Directors. These checks included financial,

identity, disqualified director, sanctions, occupational history and education checks. The outcome of the checks was reported to the Remuneration & Nominations Committee in March 2016.

The Director of People and Organisational Health was on long term sick leave for the whole of the year and interim cover was provided by the Deputy Director of HR&D and two interim Directors of People and Organisational Health.

The Director of Strategy & Transformation took a secondment to the Nuffield Trust for a period of six months from October 2015. His functions were absorbed into the Medical Director's remit for the period.

### Board Development

During the year, the Board has worked with a Board development partner, Co Company, to support its development as a unitary board and development of the Trust's strategy. The focus of development

activities was split equally between those which were behavioural and those which related directly to the management of the business. An assessment of the work undertaken by Co Company was presented to the Trust Board in February 2016 alongside a proposal for the following year. This assessment demonstrated significant progress made by the Board during the year. The Board recognised the need for further support in 2016/17 and has agreed the framework for this including time allocation, headline objectives and key areas of focus.

In accordance with the TDA accountability framework the Board submitted a one year operational plan in April 2015. The Long Term Financial Model was then reviewed in June 2015 to ensure that the impact on the Trust's long term sustainability was understood. Work has been ongoing during 2015/16 to develop a robust strategic plan which was approved by the



# Annual Governance Statement

## 2015/16 (continued)

Board in March 2016. The Strategy was developed by the Board through a number of Board development sessions undertaken during 2015, and through the work of a Board task and finish group.

The Board has continued to maintain its connection with the quality of patient care with direct examples of patient stories presented at the beginning of each Board meeting in public. The Director of Nursing has, with the agreement of a patient and his or her family, read out the experience of being treated and cared for by NBT staff. The Board has been exposed, therefore, to both positive and negative experiences felt by patients and their families sometimes in their own words, which has helped to maintain a focus of Board discussions and deliberations on achieving the best possible outcomes for patients.

The Board has also continued to refine an Integrated Performance Report capturing all the key factors of quality, operational, financial, human resource and regulatory issues. This gives it an informed view across its whole range of services rather than concentrating on a particular issue and allows easier access to themes that may be affecting more than one area.

### Quality Governance

The quality governance arrangements for the Trust are reviewed operationally through the Quality Committee and its sub committees. For example:

- The Clinical Effectiveness Committee oversees NICE Quality Standards, Guidance and Technology Appraisals
- The Clinical Risk Committee reviews all Root Cause Analyses for Serious Incidents and Never Events
- The Clinical Audit Committee oversees National and Local Clinical Audits
- The Quality Surveillance Group reviews mortality data and delivery of and outcomes from the Mortality Screening review process for every patient death.

Other key areas are overseen directly by the Quality Committee, for example the CQC

Inspection Action Plan. These committees and others, forming the sub-structure to Quality Committee, provide highlight reports into each Quality Committee meeting, which in turn reports to the Trust Management Team. In addition more in depth reviews are undertaken into specific areas of concern commonly referred to as "Deep Dives".

Performance against the Trust's Quality Improvement Programme is reviewed at every Quality Committee and includes various components such as CQUIN schemes, Quality Account priorities, Sign up to Safety priorities, other national priorities and those agreed internally.

Independent assurance is provided through the Trust's internal audit programme which picks up individual components. The outcomes are reported through the usual route to the Audit Committee but also operationally to the Quality Committee and, if appropriate, the Quality & Risk Management Committee. Examples in 2015/16, reported by the internal auditors, KPMG, were CQC inspection preparation, Serious Incident Reporting and Risk Management.

### Compliance with the Corporate Governance Code

Within the context of being part of the National Health Service the Board complies with the Corporate Governance Code with the exception of the following:

- The Trust Development Authority appoints the non-executives negating the need for a formal nomination committee but a Remuneration and Nominations Committee has met several times to discuss and approve senior appointments and remuneration of senior posts. If authorised as an NHS Foundation Trust this will change in future years.

### Statement on Modern Slavery and Human Trafficking

The Modern Slavery Act 2015 became statutory law from October 2015. The Trust has reviewed the controls it has in place

to comply with the law and is assured that these are adequate. The controls in place include:

- Employment checks of individuals and of agencies which supply temporary staff
- Use of NHS General Terms and Conditions of Contract for Goods and Services which cover all suppliers to the Trust including medicines.

In addition, NHS Supply Chain has written to all its suppliers in early 2016, which fall within the £36million threshold for reporting, to request that they share their disclosure with NHS Supply Chain and advise when this is likely to be published on their website. Finally the Trust is creating a new Procurement Sustainability Policy which will address ethical procurements including issues related to child and forced labour.

### Statutory Functions

The Quality and Risk Management Committee oversees all statutory compliance functions. This is facilitated through its monitoring of external agency reviews and the regular reports it receives. I can confirm that the Trust has checked for any irregularities and that all statutory functions are legally compliant.

### Data Quality

In November 2015 the Trust replaced its patient administration system with Lorenzo. As part of the Lorenzo implementation project the Data Quality workstream lead worked with specialities six months prior to go live to ensure that a number of known data quality issues were corrected on the system through validation of data. This process ensured the data accuracy of patient pathways and avoided records being rejected at the point of data migration.

As part of the Lorenzo implementation the Trust appointed a dedicated Data Quality Project Manager to work alongside Specialities to review data quality issues that have a direct impact on performance, finance, clinical risk and accuracy of patient pathways. The Data Quality team included



up to 30 data entry staff to validate migrated data, as well as new data being added to the system to ensure its accuracy. In addition, the Trust purchased a web based data quality dashboard covering 95 KPIs across outpatient and inpatient metrics. Weekly meetings are held with each speciality to review data quality issues using the Trust's data quality dashboard.

#### Review of Elective Data

Weekly performance meetings are held with each speciality and the Deputy Director of Operations to monitor Referral to Treatment (RTT) performance and the Trust's overall progress against its RTT recovery plan. Standard Operating Procedures are in place to be followed by clinical leads and senior management teams for the clinical validation of patients who have waited over national standards. Administration validation of patients is actioned on a daily basis by speciality data validation teams led by the speciality Performance Manager. Any risks identified through validation due to data inaccuracies

are identified, escalated to the Data Quality manager/speciality performance manager and appropriate action made i.e. appointment booked/treatment data arranged.

#### 4. Risk and Control Framework

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives
- Evaluate the likelihood of those risks being realised and the impact should they be realised and to manage them efficiently, effectively and economically.

Risk management is embedded throughout the Trust through a risk management framework that is made up of committee structures, risk staff leads familiar with patient safety and risk management and risk management tools e.g. the risk register Risk Web system. The Trust's risk strategy and objectives are to ensure a pro-active approach to risk management by engaging staff at all levels, in efforts to resolve risk locally wherever possible. Formal escalation and moderation systems at a more senior level of management are in place where necessary. All extreme risks, identified at directorate level, are primarily escalated to one of three Trust-wide risk committees; Clinical Risk, Health and Safety and Risk and Compliance committees and, where required, are escalated to the Quality and Risk Management Committee for review. QRMC has oversight of the entire escalation process for all risks originally scored as extreme. The Finance and Performance Committee oversee risks to performance.

# Annual Governance Statement

## 2015/16 (continued)

### Leadership given to the risk management process

The overall responsibility for managing risk rests with the Chief Executive and assurance to the Board is provided through the Quality and Risk Management (QRMC) and Finance and Performance Committees chaired by non-executives. Reports from these Committees, which include six of the Executive Directors and four of the Non-Executive Directors of the Trust, are made to the Board at its next available meeting. Risk management receives significant attention at Board level and this is cascaded throughout the organisation.

The Board maintains oversight of the risk management system and reviews the Board Assurance Framework on a quarterly basis. QRMC in particular reviews the top scoring risks at each of its meetings and the Trust Management Team now monitors the work of its supporting committees on a quarterly basis with reports including an assessment of the risks within their remit.

### 5. Risk Assessment

The Board Assurance Framework (BAF) defines and assesses the principle strategic risks to the Trust's objectives and sets out the controls and assurances in place to mitigate these. The BAF was revised in April 2015 to align to the emerging Trust Strategy, and the known strategic objectives. Following approval of the Strategy the BAF will be reviewed again to ensure that the risks remain valid.

#### Strategic Risks

The BAF considers the key strategic risks against each of the objectives, and considers the current controls and assurances in place to mitigate the risks occurring. Further controls and assurances are then identified which are translated into actions. The BAF is reviewed by the Board in an ongoing quarterly cycle with key risk changes highlighted. The BAF is also used to inform the Internal Audit Work Programme which now overtly cross references the risks to the audits. The risks are also used to inform the work programmes for the Quality & Risk

Management Committee (Q&RMC) and Finance & Performance Committee (F&PC) to ensure they are focusing on the key risks to the delivery of the Trust's Strategy.

#### Project and Directorate Risks

Programmes and projects are expected to manage risks within the context of their objectives and deliverables. Overall risks to the organisation arising from key programmes and projects are considered for inclusion within the Trust's Risk register, RiskWeb.

All clinical and corporate directorates have a risk lead responsible for ensuring risks are recorded onto the RiskWeb system and the clinical directorates and the majority of corporate directorates have a forum where risk is discussed. This is either a specific risk group or it is part of another group as a standing agenda item e.g. Clinical Risk Committee or Health and Safety Group. At these groups the directorate identifies risks and reviews incidents, taking action to minimise risk and learn lessons from incidents. Risk assessments are used at all levels of the Trust, from service planning to assessing day-to-day risks. The Risk Management Strategy/Policy gives guidance on scoring risks.

Risk assessments can be clinical and non-clinical. Risks that cannot be controlled

adequately at local level are escalated to directorate level and used to populate their directorate risk register. Directorate risk registers are reviewed at Directorate governance meetings and are also used to inform/prioritise the budget setting process.

Risk register entries are collected, reviewed and updated electronically. This facilitates risk moderation and escalation more efficiently and is driving greater transparency and appreciation of risks at all levels of the organisation. This system has matured during 2015/16. During the year the Q&RMC has reviewed the highest risks and tracked progress on them at each meeting and, where necessary, has reviewed with clinical directors and general managers the reasons for scoring of specific risks.

#### Incident reporting

The Trust has a comprehensive single incident reporting system, which is well established in the organisation. Reports from incidents are provided to the directorates and specific Trust committees as an aid to planning future improvements and thus preventing similar incidents from re-occurring. Incidents are reviewed and investigated accordingly and for those that are graded serious, a Root Cause Analysis (RCA) is undertaken.



Reports of these RCA's and action plans are considered at the Clinical Risk and Trust Health and Safety Committees. The Q&RMC receives an incident report and dashboard on a quarterly basis. The Trust Board receives a monthly Integrated Performance Report which includes details of new serious incidents and progress of actions of previous serious incidents. In the months where the Board only meets in private, the Integrated Performance Report is published on the

Trust website to maintain transparency of information to the public. All patient safety incidents are reported electronically to the NHS Commissioning Board via the National Reporting & Learning Scheme (NRLS). Serious incidents are also reported to the Trust Development Authority and Clinical Commissioning Groups. The Local Area Team and the CCGs have agreed on a standard understanding of which incidents need reporting at national level. Incidents meeting the criteria of

the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995 (RIDDOR) are reported to the Incident Contact Centre.

### Organisational Risk Profile

During the 2015/16 financial year the following extreme internal strategic risks have been identified for Board or Committee review within the Board Assurance Framework, as outlined below;

Extreme Strategic Risks	Key Actions to Reduce Risk	Risk Mitigated at Year End?
Reduction in flow through the hospital results in patients waiting longer in hospital than necessary, slows admissions from the Emergency Department, impacts on the quality of services and reduces the capacity available to undertake elective work.	<ul style="list-style-type: none"> <li>Delivering the Urgent Care action plan</li> <li>Revise Bed Management Policy</li> <li>Full development of RTT reporting</li> <li>Complete the PAF</li> <li>Bed Model</li> <li>Integrated Discharge Service</li> <li>Implement the Proactive Hospital Phase 1 – Medicine</li> <li>Review of the Emergency Department workforce</li> <li>Remedial Action Plans in place for all constitutional standards</li> </ul>	<ul style="list-style-type: none"> <li>Risk mitigation plans in place and updated throughout year including further support from outside agencies and regular TDA monitoring.</li> <li>CQC report 2016 provided evidence of care quality improvement but elective RTT delivery remains below national standards.</li> </ul>
A lack of engagement with staff, leads to a lack of clarity about decision making and forward direction, resulting in inefficient use of resources, a lack of coordinated activities, increase in performance problems and adverse impact on quality	<ul style="list-style-type: none"> <li>Internal communications function</li> <li>Senior leaders events</li> <li>Staff side structure and meetings</li> <li>Medical Advisory Committee</li> <li>Safety walkabouts – Non-Executive Director and Executive</li> <li>Mid-level leadership programme</li> <li>Joint Management/Trade Union Induction Programme</li> <li>Develop and implement a Strategy consultation plan</li> <li>Staff engagement in developing improvement actions resulting from 2015 staff survey</li> <li>Development of approach to Service Line Management</li> </ul>	<ul style="list-style-type: none"> <li>Risk mitigation plans in place and assurance of improvement through 2015 Staff Survey and Friends &amp; Family Test results. Actions will continue into 2016/17.</li> </ul>
If the Trust does not invest in and use technology to its full potential or ensure IM&T remains fit for purpose there is a risk that required improvements in quality, productivity and efficiency will not be delivered.	<ul style="list-style-type: none"> <li>IM&amp;T Board and sub-structure</li> <li>Director of IM&amp;T appointed 2015</li> <li>Lorenzo implementation project</li> <li>Technology capital schemes</li> <li>Business case and benefits review processes</li> <li>Use of technology work stream (Part of Sustainability Programme)</li> <li>Electronic document management system – plan, business case and procurement</li> <li>IM&amp;T Look Forward – capacity &amp; capability assessment</li> </ul>	<ul style="list-style-type: none"> <li>Risk mitigation plans in place and delivered Lorenzo implementation, with post go live stabilisation programme in progress.</li> <li>Further prioritisation of plans required for 2016/17 to align to Trust Strategy approved March 2016.</li> </ul>
Through not delivering the required improvements in productivity and efficiency there is a risk that the Trust does not deliver its sustainability programme, national targets and the required financial improvements.	<ul style="list-style-type: none"> <li>5 year sustainability programme (Approved by Trust Board)</li> <li>Sustainability Programme Board (Reporting to TMT) and sub-structure</li> <li>Project leads identified – including clinical leads</li> <li>Directorate Performance Meetings</li> <li>Corporate governance committees/working groups</li> <li>Referral to Treatment Trajectories</li> <li>Demand and capacity modelling</li> <li>Length of stay targets for directorates</li> <li>Membership of the NHS Benchmarking Network</li> <li>Independent Sector contracting and agreements</li> </ul>	<ul style="list-style-type: none"> <li>Risk mitigation plans in place however delivery remains challenging, with financial outturn 15-16 adverse to original plan.</li> <li>Revised plans to be established for 2016/17 delivery, including contracting agreements with commissioners, internal efficiency targets and broader system wide capacity work.</li> </ul>

# Annual Governance Statement

## 2015/16 (continued)



### Information Governance

As Accountable Officer I receive comprehensive and reliable assurance from a range of sources including managers, internal audit and periodic external audits that information governance risks are being managed effectively.

There have been 33 incidents reported against the Information Commissioners Office (ICO) Incident Reporting guidelines during 2015/16. These mainly relate to information disclosed in error or non-secure disposal of paperwork. The Caldicott Guardian was advised of all incidents. One incident relating to the loss of patient records was reported to the ICO by the Trust.

The Trust has completed its self-assessment against the NHS Information Governance Toolkit and has identified that it has only achieved level 1 compliance in six of the 45 standards. This gives the Trust an overall rating of level 1 which is deemed not to be satisfactory. The Trust will develop an action plan to address the identified gaps and return, as a minimum, to an overall score of level 2 for 2016/17.

### 6. Review of Effectiveness of risk management and internal control

As Accountable Officer, I have reviewed the effectiveness of the system of internal control. Firstly, I can confirm that the system of internal control has been in place in North Bristol NHS Trust for the full year ended 31 March 2016 and up to the date of approval of the Annual Report and Accounts.

The detail of my review is informed in a number of ways, as follows;

- Executive directors and managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.
- The Head of Internal Audit provides me with an opinion (the 'HIAO') based on
  - An assessment of the design and operation of the underpinning Assurance Framework and supporting processes; and

- An assessment of the range of individual assurances arising from the risk-based internal audit assignments that have been reported throughout the period. This assessment takes account of the relative materiality of these areas.

- The HIAO states that *“Significant assurance with minor improvements can be given on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control.”*
- The BAF and operational risk register itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.
- The Trust’s Quality Account is subject to review by a formal External Auditor’s opinion; the outcome of which is reported to the Audit Committee. The external audit is also reported to the Quality Committee. Ongoing assurance on performance and data quality against the Trust’s aims for Quality Improvement is obtained through their inclusion in the monthly Integrated Performance Report. This information is also reviewed at the Trust’s Quality Committee with Clinical Directors and forms part of directorate performance reviews with the executive team in the monthly Executive Review meetings.
- Each month the Board reviews the Monitor Provider Licence Compliance Statements and Board Compliance Statements that are submitted to the TDA. It has consistently agreed positive responses to all statements with the exception of its ability to be satisfied that its plans are sufficiently robust enough to ensure ongoing compliance with existing targets. The Board has responded negatively to this for the whole year and awaits evidence that the implementation of its plans are on trajectory.

A range of internal and external assurances are considered, key examples being;

Type	Assurance Source
<b>External Assurances</b>	<ul style="list-style-type: none"> <li>• External Audit reports on the Trusts annual financial accounts, which were unqualified for 2014/15.</li> <li>• Annual patients' survey and delivery of action plan</li> <li>• Annual staff survey improved results and delivery of action plan</li> <li>• Care Quality Commission – planned review programme reports received for all in and outpatient facilities. A warning notice was placed on the Emergency Department with subsequent confirmation that the conditions had been met in year</li> <li>• Peer review visits</li> <li>• Local Authorities – Health Overview and Scrutiny Committees</li> <li>• National Clinical Audit reports</li> <li>• Medicines and Healthcare Products Agency</li> <li>• Joint Advisory Group</li> <li>• Management Systems Organisations accreditation reviews, such as the British Standards Institute</li> <li>• Intensive Care Support Team reports to Board</li> <li>• Patient Stories</li> </ul>
<b>Internal Assurances</b>	<ul style="list-style-type: none"> <li>• Reports received from internal audit</li> <li>• Clinical audit reports</li> <li>• Clinical Audit Assurance report to Audit Committee</li> <li>• Annual Clinical Audit Report to Audit Committee</li> <li>• (Integrated) Performance Management reports to the Trust Board incorporating Patient Experience and Friends and Family Patient and staff results</li> <li>• Financial Sustainability reports to the Trust Board</li> <li>• Annual Quality Account</li> <li>• Safer Staffing reports to Trust Board</li> <li>• Quality &amp; Risk Management Committee Assurance reports to Board</li> <li>• Audit Committee reports to Board</li> <li>• Finance and Performance Committee reports to Board</li> <li>• Medical Staff appraisal progress reports to Trust Board</li> <li>• Annual Equality Report</li> </ul>

## 7. Significant Issues

Taking the guidance provided on the disclosure of 'significant issues' within the '2015/16 annual governance statement guidance' letter issued by Robert Alexander, TDA Chief Executive on 14 January 2016, the Trust has outlined below information where this applies.

### Business Planning

Following the implementation of Lorenzo, the subsequent issues with data quality, and coupled with significant case mix change, the Trust has found it difficult to baseline the 2016/17 business plan. These issues with data and activity have impacted on the financial position of the Trust and have contributed to the deficit of £51.6m. The NHS Trust Development Authority (now NHS Improvement) was briefed on the position during the year and facilitated cash support to the Trust to ensure it met its financial duties.

The Trust is investing in additional capacity and capability following the appointment of a Director of Informatics in November 2015, and is currently reviewing the infrastructure which supports the analytics team. Further training is also being given to managers through internal expertise and from the Intensive Support Team to ensure managers understand demand and capacity modelling, and forecasting. Finally the Trust is seeking additional external support to undertake scenario modelling exercises using a wide range of variables to help identify if any changes in productivity, efficiency or physical capacity are required to maintain the sustainability of the organisation.

### Productivity and Efficiency Improvements

The Trust has not yet delivered the expected improvements in productivity and efficiency that it had forecast when the Southmead and Frenchay hospitals were combined into

the new Brunel building. The main areas where improvements have yet to be realised include length of stay, theatre productivity and utilisation, and Outpatient productivity. This has impacted on the ability of the Trust to deliver its sustainability programme, deliver national targets and has contributed to the Trust's deficit position for the year.

Work is underway to address patient flow issues which impact on the ability of the Trust to realise productivity and efficiency improvements. The Trust is finalising its core methodology to be implemented to support service and quality improvement change.

### Delivery of Operational Targets

The Trust has not consistently delivered against key operational performance standards including the 4 Hour A&E, 18 weeks Referral to Treatment, and Diagnostics targets. The cause of the failure to meet the targets relate to issues with patient flow through and out of the

# Annual Governance Statement

## 2015/16 (continued)

Trust, high levels of delayed discharges and medically fit patients awaiting placement, a system imbalance between demand and capacity and a lack of internal capacity to manage demand. The Trust started the year with a significant number of patients waiting over 52 weeks in the spinal and epilepsy services.

The Trust is working with its system partners to improve flow and reduce length of stay, as well as to identify different clinical pathways and additional capacity to address the imbalance. The number of patients waiting over 52 weeks has now significantly reduced and the Trust is meeting the majority of its improvement trajectories.

There has been significant improvement in relation to the assessment of the Trust by the Care Quality Commission (CQC). The CQC returned to the Trust and reviewed changes made within the Emergency Department. Based on this review the CQC confirmed that the conditions of the Warning Notice, applied following their inspection in November 2014, had been met. The CQC then undertook a fuller inspection of the Trust in December 2015, the results of which showed significant improvement to the areas of Urgent & Emergency Care (from Inadequate to Good), Critical Care (from Requires Improvement to Good) and Maternity & Gynaecology (from Requires Improvement to Good). Examples of outstanding practice were noted in relation to Major Trauma outcomes, the focus of staff and managers on the patient and the practice of the Dementia care team.

### Never Events

There have been three Never Events reported during the year relating to a retained foreign object, wrong site surgery and wrong route medication. The three incidents were unrelated, and were subject to thorough investigation and were reported to the Trust Board during the year. More details of the incidents, including the root cause and learning points, are published in the Quality Account 2015/16.

### Lorenzo implementation

The Trust implemented the Lorenzo patient administration system in November 2015, to replace the previous Cerner Millennium system. The project was delivered without impact to patients however the stabilisation phase, immediately after the implementation phase, took longer than anticipated to achieve its goals.

The key issues have been the accurate and timely reporting of activity information, compliance with standard operating procedures (SOPs) and the usage of the system in line with agreed practice. This has impacted on the level of income received by the Trust, the accurate forecasting of activity to support business planning for 2016/17, increased breaches against the 4 Hour A&E target and additional coding activity to confirm the accuracy of data within the system.

Mitigations include additional staff training and checking of compliance with SOPs, reviewing the use of Lorenzo within the Emergency Department and further work to ensure that all activity is accurately captured on the system and translated to income.

### Workforce Planning

A workforce plan was agreed in April 2015 to address the known shortfall in substantive staffing and to address the high usage of temporary staff, predominantly bank and agency. Whilst there has been some success in recruiting to the establishments set to provide safe care, the systems and processes which support robust workforce planning have been identified as requiring improvement.

This includes ensuring there is alignment of the financial and workforce systems, there is confidence in the number of vacancies, and that future staffing requirements are understood based on changes to activity and acuity.

A fitness for purpose review of the Human Resources directorate has concluded in a number of changes at senior level and the identification of a need for further enhanced workforce planning leadership

and expertise. This extra capacity and capability will work alongside the clinical directorates to understand forecast need, ensure recruitment to substantive posts and consider alternative ways of filling workforce gaps where there are shortfalls in supply.



Signed .....

**Catherine Phillips,**  
Acting Chief Executive  
North Bristol NHS Trust

Date: ..... June 2 2016 .....



# Statement of Comprehensive Income

	Trust		Group	
	2015/16	2014/15	2015/16	2014/15
	£000s	£000s	£000s	£000s
Gross employee benefits	-359,298	-346,110	-359,298	-346,110
Other operating costs	-190,925	-201,280	-193,693	-202,934
Revenue from patient care activities	468,262	457,645	468,262	457,645
Other operating revenue	75,376	95,266	76,958	96,581
Operating surplus (deficit)	-6,585	5,521	-7,771	5,182
Investment revenue	53	76	342	403
Other gains and (losses)	0	0	-283	516
Finance costs	-34,713	-32,893	-34,713	-32,893
(Deficit) for the year	-41,245	-27,296	-42,425	-26,792
Public dividend capital dividends payable	-160	-81	-160	-81
Retained (deficit) for the year	-41,405	-27,377	-42,585	-26,873
<b>Other Comprehensive Income</b>	<b>2015/16</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2014/15</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Net gain on revaluation of property, plant and equipment	5,069	24,492	5,069	24,492
Total Other Comprehensive Income	5,069	24,492	5,069	24,492
Total comprehensive income for the year	-36,336	-2,885	-37,516	-2,381
Financial performance for the year				
Retained (deficit) for the year	-41,405	-27,377		
IFIRC 12 adjustment (including IFIRC 12 impairments)	0	-9,382		
Impairments/(impairment write-backs)	-8,819	17,286		
Adjustments in respect of donated assets	-1,337	-267		
Adjusted retained (deficit)	-51,561	-19,740		

The Trust's retained deficit is adjusted for the following:

- Impairments to non-current assets are not considered part of the Trust's financial performance for the year.
- The incremental revenue expenditure resulting from the application of IFRS to the accounting for PFI assets. The revenue cost of bringing PFI assets onto the Statement of Financial Position needs to be aligned with the guidance issued by HM Treasury for measuring departmental expenditure. Therefore any cost which does not have a cash impact and is not chargeable for overall budgeting purposes, is reported as a technical adjustment. Any such net cost is not considered part of the Trust's overall financial performance. This is represented by the IFIRC 12 adjustment above.
- When donated assets are received, income will be recognised equivalent to their value in the Trust's entity accounts. The value of the asset will then be depreciated over its useful economic life by means of a charge to the Statement of Comprehensive Income (SoCI). Over the life of the asset, the net effect on the Trust's SoCI will be nil, but in any particular year there may be a financial impact. This impact on the SoCI is not considered part of the Trust's performance for the year.








If you require a summary of this information in another language or format please contact:

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