

NHS

North Bristol
NHS Trust



2016-17

Annual Performance Report

Exceptional healthcare, personally delivered

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Chief Executive's statement



Looking back over the last 12 months I see an organisation growing in confidence through taking control of our issues and driving improvements.

2016/17 saw us being placed in Financial Special Measures by NHS Improvement. This was a difficult time for the Trust, but I am immensely proud of the hard work everyone has put into turning around our financial position.

We have made great in-roads with our finances, particularly our agency staff spending which is now among the lowest in the country and shows that we have developed some good discipline around cost control without affecting the quality of patient care.

We now have a platform to build on at a time when NHS money is challenging and we are in a good position to deal with that.

We have also seen improvements in our ability to deliver on some key national standards. Despite the continuing challenges we and other NHS organisations have faced – particularly with one of the busiest winters on record – we have been able to improve the experience of our patients by moving them through the Emergency Department

faster. The flexibility of the Brunel building has enabled us to continue providing appropriate care to patients even at the busiest of times and we have seen the operations we carry out every day increasing, with our busiest ever day recorded in December.

Patients with cancer are also starting their treatment quicker and we are pleased that we have been able to deliver on this important care standard and more recently across all cancer standards.

We launched our five-year strategy this year, setting out our ambitions as an organisation. This highlights our intentions to be one of the safest trusts in the country, enhancing patient care through research and using technology to innovate. We want to build on our track-record in the training and development of staff to create an exceptional workforce for the future where decisions and changes are made by clinical teams

This year has also seen the launch of Sustainability and Transformation Plans across the country. North Bristol NHS Trust

has much to offer in delivering population-based healthcare and we need to release time for clinical staff to get involved in shaping these plans.

The rest of this annual report gives more details about our progress this year. We are ambitious to be even better, please give us your feedback as staff, patients or family members.

Andrea Young
Chief Executive
North Bristol NHS Trust
June 2 2016

Trust purpose and activities



North Bristol NHS Trust (NBT) is a centre of excellence for health care in the South West in a number of fields as well as one of the largest hospital trusts in the UK with an annual turnover of £532 million. Of this approximately £450 million comes from the three principal clinical commissioning groups of Bristol, North Somerset and South Gloucestershire and for specialist services commissioned by NHS England for direct patient care. Further income is also received from other NHS commissioner organisations and for purposes other than direct patient care.

Our commitment is that each patient is treated with respect and dignity and, most importantly of all, as a person. We aim to deliver excellent clinical outcomes and a great experience for everyone who uses our services: exceptional healthcare, personally delivered. We treat some of the most difficult medical conditions, in an increasingly complex patient population. 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.

For 2016/17 and beyond the Trust Board signed up to focussing on eight key strategic themes that were designed to address the challenges facing the Trust. 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 much less dependency on agency staff, and for sustainable service delivery all within controlled finances.

We are committed to maintaining a culture of openness, transparency and candour in all we do and especially in the way we communicate with our patients and their families. In consultation with staff, the Trust developed a set of values that

represent what we stand for and these will underpin the way we deliver the vision through our strategic themes.

Our values are:

- Putting patients first
- Working well together
- Striving for excellence
- Recognising the person

The Trust Board at North Bristol NHS Trust is committed to creating a strong, vibrant organisation that is at the forefront of healthcare delivery in the West of England. The Trust Management Team is responsible for delivering the strategic vision. Each year, the Trust and Divisional business plans will detail actions that will specify how the strategic themes will be progressed. Implementation of the business plans is overseen by the Trust Management Team and the Board.

During 2016/17 the Trust has begun to produce a set of enabling and supporting strategies to include Quality, Research, Information Management and Technology, Workforce, Estates and Facilities, Communications and Stakeholder. These will provide more detail and support delivery of the overall strategy. Progress on implementation of the strategic themes will be reported annually to the Board.

This strategy sets out a vision for the future and the themes for work streams that will ensure the vision is realised.

Through this work:
“We will realise the great potential of our organisation by empowering our skilled and caring staff to deliver innovative, high-quality services in state-of-the art facilities. This will ensure excellent clinical outcomes and an outstanding experience for our patients.”

Overview of the last 12 months



Trust Strategy

In the summer we launched the Trust's five-year strategy, outlining our vision for 2016-21.

The strategy assesses our current position and that of the local and national healthcare community and the work we need to do to provide high quality, financially sustainable services to our patients.

We want to build on the foundations that exist and the improvements we have already made to make the organisation the best it can be – providing exceptional healthcare that is personally delivered.

The strategic themes we have set out are:

- Change how we deliver services
- Be one of the safest trusts in the UK
- Treat patients as partners in their care
- Create an exceptional workforce for the future
- Devolve decision-making and empower clinicians to lead
- Maximise the use of technology
- Enhance patient care through research
- Play our part in delivering a successful health and care system.

Care Quality Commission

The Care Quality Commission (CQC) highlighted the Trust's progress in a case study within its State of Care report - an annual assessment of the quality of health and adult social care in England - which was published in October.

The report referred to the significant improvements made within the organisation between the CQC inspections carried out in 2014 and 2015, particularly in emergency and urgent care. It also referred to a "holistic understanding of performance" across the Trust.

Secretary of State visit

Health Minister Jeremy Hunt visited Southmead Hospital in July to find out more about our work around maternity safety. He toured the maternity unit and met with the staff behind PROMPT (Practical Obstetric Multi-Professional Training), which was pioneered by Professor Tim Draycott and Cathy Winter and has been associated with some of the lowest child mortality rates in Europe. The training programme has been taken up by other hospitals in the UK and across the world.

Mr Hunt then highlighted the "outstanding care" provided by Southmead Hospital's maternity unit in a speech in October and outlined plans to roll out multi-disciplinary training packages like PROMPT across England.



Overview of the last 12 months

(continued)

100,000 Genomes Project

We hosted the official launch of the West of England Genomics Medicine Centre at Southmead Hospital marking our position as one of the lead partners in the local partnership. The centre, made up of NHS Trusts, universities and research and science networks across the region, is part of the 100,000 Genomes Project. The project involves collecting and 'decoding' 100,000 human genomes, which are complete sets of people's genes, in the hopes that new and more precise diagnostic tests and personalised treatments could be developed in the future.

Our pathology service is providing the laboratory support for the local partnership, processing all patient samples. We were also among the first of the West of England Trusts to recruit patients to the project, starting in breast cancer in the summer. Over the course of the year this has rolled out to other cancers and now rare diseases.

NHS England's Chief Scientific Officer, Professor Sue Hill, visited Southmead Hospital as part of the launch event.

Brunel building and car park completed

The second phase of the Brunel building was completed with the opening of the patient and visitor car park along with additional office space, seminar rooms, a decontamination unit for surgical equipment and a community arts room. An additional 236 cycle spaces opened for patients and visitors and a cycle centre for staff.

There is now also more space for buses, after an additional three bus stops were installed outside the Brunel building.

The car park, which is located within the Brunel building extension, has more than 400 spaces for patients and visitors to use and provides access directly into the hospital building.

A total of 170 additional parking spaces near Central Delivery Suite and off Dorian Way near Gloucester House are also now available for patients and visitors.

Work on-site continues with additional parking capacity being created and road and landscaping works.

Finance

The Trust planned, with the inclusion of Sustainability and Transformation Funding and the reinvestment of any fines to achieve the control total set by NHS Improvement (NHSI) of a deficit of £22m. The financial run rate up to the end of July, however, suggested the Trust could not achieve this figure. A financial recovery plan was developed but NHSI placed the Trust in Financial Special Measures in September and tasked it with meeting a deficit of £44m.

The recovery plan was implemented in October with oversight from two executives appointed by NHSI and with monthly meetings between NHSI and the Trust Board executives.

The efforts of staff across the Trust meant that we ended the year with a deficit of £42.9m, which was in line with our revised financial recovery plan while maintaining the quality of care we offer our patients and improving our performance against national targets.

As a public body a Trust prepares its accounts on the basis of being a going concern unless informed by a relevant national body of the intention for dissolution without transfer of services or function to another entity. Managers also have to consider whether there are any material uncertainties that cast doubt on its ability to continue as a business. For 2017/18 NHSI has not formally agreed to finance the Trust's deficit but has done so for the first two months of the year. Without formal agreement for the year the Trust has disclosed this as a material uncertainty in the accounts and the auditors have supported it by issuing an 'emphasis of matter' as part of their audit report.

Patient flow

We continue to work with our local partners to improve the flow of patients through the hospital and increase the number of patients cared for in the community, freeing up hospital beds. Initiatives have been held across the Trust to identify the areas where more work can be done to improve efficiencies in the discharge process both within the organisation and outside of it.

The Trust's ability to achieve the NHS standard of seeing, treating, admitting or discharging patients who attend the Emergency Department (ED) within four hours has been challenging since the Summer of 2015. More than half of the patients who have had to wait over four hours have done so because ED and the site management team staff have been unable to identify an available bed. At the beginning of the year around a quarter of those waiting in ED were not dealt with in less than four hours and an improvement trajectory was agreed with our local commissioners. This trajectory was achieved for only a month although by September the Trust was recording about 84% waiting within the four hour standard. Actions were taken with commissioners and community service providers to help the Trust maintain the flow of patients through Southmead Hospital both immediately and over the winter, when extra pressure is always put onto hospitals to admit more patients.

A new improvement trajectory was agreed with the commissioners in December for the four-hour ED standard. The primary issue for having to do so was the numbers of patients occupying beds at any one time. Throughout 2016/17 bed occupancy only dropped below 95% for a handful of weeks. There were also a significant number of weeks when the Trust was forced to open - and staff - beds beyond its normal maximum complement. This was despite the joint work with local authority partners for those patients needing social care after their hospital visit and the initiation of the Proactive Hospital project.

Throughout the year about 18% of beds were occupied at any one time by someone who was medically fit to be discharged. It is recognised nationally that above 85% bed occupancy patient flow is disrupted and admissions to hospital will be difficult.

There were positive sides, however, to the operational performance of the Trust. Over the winter more patients were operated on than the previous year and yet the number of operations cancelled on the day were reduced. The Trust admitted 8% more patients in total during the year and achieved its overall improvement trajectory to reduce referral to treatment times.

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 continue to recognise the need for additional out-of-hospital capacity.

Patient Safety

We have continued to see lower than nationally expected mortality rates across the organisation.

Survival rates for the Severn Major Trauma Centre, hosted by North Bristol NHS Trust, have continued to be among the best in England, with an additional 1.3 people per 100 surviving than expected.

We have embedded safety checks in the Emergency Department and sustained good quality of care for patients, despite pressures around the four-hour performance.

We have seen our lowest C-Diff rates ever – with the number of cases below our trajectory.

We remain on target to reduce the number of pressure injuries over the three-year period 2015/16 – 2017/18, however we have not sustained a reduction of grade 3 and 4 pressure injuries.

Safety is one of the areas reported in the Integrated Performance Report which goes to the Trust board every month.

Read more about safety later in this report.

National Targets

While along with the rest of the NHS we had one of the busiest ever winters to contend with, our performance against national standards has been improving and we were pleased to end the year having met all of the national cancer standards.

As stated above we were not able to achieve our trajectory for performance against the Emergency Department four-hour standard but we finished March with the most improved performance in the South at 88%.

We achieved our Referral to Treatment recovery trajectory, exceeding our predicted year end position and successfully recovered our diagnostic performance to achieve the national target in March.

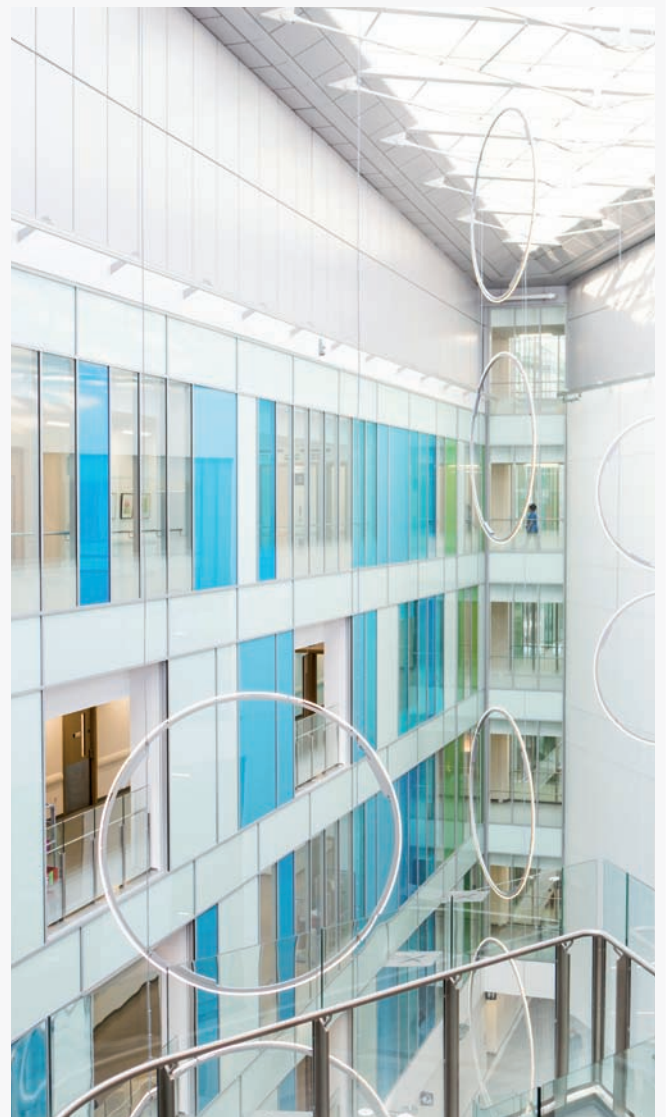
In Neurosurgery and Epilepsy we met our improvement trajectories.

Read more about our performance later in the report.

Volunteers

We are extremely grateful to our 450 volunteers who give up their own time to support patients, staff and visitors around our hospitals. Thank-you for everything you do. We really appreciate your support and know it makes a difference to the people who use our services.

Read more about our volunteers later in this report.



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	Given the numbers of patients who were approaching the 18 week threshold in the first quarter of 2016/17 the Trust was predicting an overall performance (87 percent) that was authorised by the local CCGs even though it was not as good as the previous year. Actual performance has been slightly better than predicted (87.2 percent) as the Trust's improvement trajectory moves towards the national target of 92 percent of patients treated within 18 weeks. The actual numbers target was to complete the year with 3,680 patients waiting over 18 weeks and the Trust has finished with 3,648.
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	The Trust began the year with up to 25 percent of A&E attenders waiting more than four hours. Over the Summer this improved and by September only 15 percent were not achieving the target. Most of the breaches were due to lack of available beds and high percentages of delayed transfers (both internally and externally caused). The high bed occupancy (never less than 95 percent except over Christmas and over 100 percent on many occasions) experienced throughout the Autumn and Winter, however, worsened the position and at one point had reverted to 25 percent of patients waiting more than four hours again. The end of the year, however, has seen the greatest improvement of any Trust in the South region with over 88 percent of patients seen admitted, transferred or discharged within four hours in March 2017.
All cancers: 62-day wait for first treatment from urgent GP referral for suspected cancer	The improvement trajectory to achieve the national target of 85 percent was exceeded at the start of the year (achieving over 83 percent by June) but due to delays in pathology processing over the summer the rate of improvement slowed. The target, however, was briefly achieved in August before a failure to achieve the 31-day wait impacted on it and performance dropped in the early Autumn. Actions taken meant that the Trust achieved the highest percentages (90) for three years by December 2016 and this has been sustained to the end of the year.
All cancers: 31-day wait from diagnosis to first treatment	The 31-day target was achieved in the first quarter of 2016/17 but due to a lack of bed availability, marginally failed over the summer. Since the autumn, however, the target of 95% has been achieved or exceeded.
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 briefly during the summer, because of patient choice and in November because of increased demand. The target has since been achieved.
C. difficile: meeting the C. difficile target of a maximum of 43 cases	There have been 33 reported cases of C. difficile infection this year against the target of 43.
MRSA: meeting the objective of none	Six cases of MRSA bacteraemia were recorded. An action plan has been agreed with the commissioners and NHSI with the focus on screening and the management of indwelling devices, such as catheters and cannulas.
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 began the year at 6.9 percent and gradually dropped to below the national target of 3.5 percent by October. For the Winter the local target was agreed at just 2.5 percent to maintain the flow of additional patients through the hospitals. A weekly ward toolkit was rolled out in November to help identify early any potential internal delays. The stretch target, however, was never achieved and finished the year at over 3.5 percent.
Complaints: reducing overdue responses	Monthly numbers of complaints and concerns have ranged between 37 and 75 for the former and 48 and 78 for the latter. The large reduction in overdue responses in 2015/16 continued at the beginning of the year (from 48 to 6 in August) but increased again over the very busy Winter. By the end of 2016/17 it was reducing again and finished at 23. Closure within timescales has now settled at 75 percent (out of 40 to 60 complaints per month). The majority of complaints are about some aspect of clinical care, a communications issue or delays.
Sickness absence: reduction to 4.2 percent	With sickness absence running at over 4.5 percent a new target (higher than the previous year) of reducing it to 4.2 percent was set at the beginning of the year. A reduction in the numbers of staff with short term sickness early in the year allowed the Trust to reach this. For the remainder of the year, however, sickness absence stayed above the target and reached over 5 percent in the winter followed by the usual seasonal fall. A new sickness absence policy was established in January 2017. Anxiety, stress and depression were the main reasons for long term sickness. A central absence reporting line for all types of sickness has been introduced latterly in three areas after success in reducing sickness in the Facilities directorate.
Agency usage	Backed by national demands the use of agency staff and expenditure reduced considerably during the year. Appointments to substantive posts and to the Bank along with work with temporary staff agencies brought down demands from services and the costs of employment. Contracts with a direct engagement model for medical staff and new contracts for nursing and AHP agencies were issued. By December, expenditure stopped reducing, reflecting a level at which temporary specialist staff were still required and demand in a few specific areas increased in January 2017. By the end of the year expenditure on bank staff was running at the same level as at the beginning whilst agency staff expenditure was £500,000 less per month
Cancelled Operations	The national requirement is to maintain the number of cancelled on the day operations at below 0.8 percent of daily operations. The Trust began the year at a fairly constant level of 2 percent which lessened over the Summer to 1.5 percent and due to switching elective operations to less complex day cases to cope with Winter pressures lessened even further to 1.1 percent. The switch back to more complex operations in March meant that the Trust completed the year at 1.7 percent.
Bed Occupancy	The flow of patients through hospitals is recognised nationally to be affected when bed occupancy rises above 85 percent. From May to November 2016 the weekly figures for NBT showed bed occupancy (measured at midnight) between 96 and 101 percent. From the beginning of November until 31 March 2017 it was 97 to 102 percent with eight weeks when the hospital was over 100 percent occupied. The extra beds were placed in clinical areas such as the Interventional Radiology Department and Medi-Rooms in the theatres complex.

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 to the Trust's website to allow for public scrutiny of the position. 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.

Other details of quality and performance measures are provided by the BIU and are considered by the Executives at weekly meetings. The Quality and Risk

Management, Finance and Performance and Workforce sub-committees and other specialist groups also review their specific appropriate elements from the IPR. These 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 BIU also monitors and acts to improve data quality and assurance of reporting throughout the year through comparative measures and audits. With the implementation of the new Lorenzo patient administration system in 2015/16 all reporting went through a stabilisation period to assure data collection through to reporting was consistent with the relevant data definition and the quantity of data collected. During 2017/18 greater focus by the BIU, with resources released from Lorenzo implementation and Paper-lite projects, will provide the Committees with more bespoke and detailed data, particularly in the case of the Finance & Performance Committee, to allow predictive information.

Executives view information on recent performance on admissions, outpatient attendances, bed occupancy, A&E four-hour standard, identification of savings and agency usage. 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, cancelled operations and Emergency Department performance. Safety and effectiveness covers issues such as never events, screening standards, infection control, safety triggers, serious incidents, medicines management 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 quality are provided in the Trust's 2015/16 Quality Account.

Performance against Objectives 2016/17

Objectives	Summary of year end performance
Improve delivery of services by managing our resources more efficiently, changing how we deliver care and prioritising achievements against national and local targets	
Update and implement pay, non-pay and income controls to ensure income recovery and costs are incurred only where essential to delivery of the services	Achieved <ul style="list-style-type: none"> • Pay controls and purchase ordering reviewed and updated • SFI updated and process implementation reviewed • Recovery plan trajectory achieved
Update and approve Financial Recovery Plan to reduce the deficit and improve overall financial performance	Achieved <ul style="list-style-type: none"> • Plan developed and approved by Trust Board • Recovery plan trajectory achieved • Plan achieved
Develop and deliver the Lord Carter efficiency programme at NBT aligned to the medium term financial recovery plan	Achieved <ul style="list-style-type: none"> • Response to Carter Report actions completed and put into Trust work plan • Work streams set up with delivery and implementation timelines
Reduce agency expenditure from the start of the financial year	Achieved <ul style="list-style-type: none"> • Reduction in agency expenditure as a percentage of turnover has exceeded the national requirement
Secure sale of Frenchay land	Achieved <ul style="list-style-type: none"> • Sale completed by year end

Objectives	Summary of year end performance
Improve delivery of services by managing our resources more efficiently, changing how we deliver care and prioritising achievements against national and local targets	
Work in partnership with the system to clarify demand and capacity required externally to ensure effective flow through the hospital and no delay for patients for ongoing care	<p>Not Achieved</p> <ul style="list-style-type: none"> • Occupancy levels consistently above 95% • DTOCs only dropped below 3.5% in three months • Over 14 day length of stay patients consistently above 400 <p>But</p> <ul style="list-style-type: none"> • Target of over 85% of patients waiting less than four hours achieved in March 2017
Work in Partnership with stakeholders and the IST to develop capability internally to support sustained delivery of RTT and cancer performance	<p>Partially Achieved</p> <ul style="list-style-type: none"> • Overall RTT improvement trajectory achieved • RTT backlog improvement trajectory achieved • National standard for diagnostic waits achieved at end of March 2017 • Reduction in over 52 week waiters greater than planned • All national cancer standards achieved <p>But</p> <ul style="list-style-type: none"> • Musculo-Skeletal and Gynaecology failed RTT improvement trajectory due to patient choice to delay their surgery • Orthopaedic Spines 52 week waiters failed improvement trajectory
Implementation of the Proactive Hospital to support effective flow through emergency and elective capacity	<p>Partially achieved</p> <ul style="list-style-type: none"> • Proactive Hospital implemented <p>But</p> <ul style="list-style-type: none"> • Occupancy levels consistently above 95% • Four hour ED performance below 95% in every month of 2016/17 • Cancelled operations on the day consistently above 0.8% • Over 14 day length of stay patients consistently above 400
Implementation of the elective recovery programme (including theatre productivity, scheduling, cancelled ops)	<p>Partially Achieved</p> <ul style="list-style-type: none"> • Planned cases per day achieved • Improved scheduling achieved <p>But</p> <ul style="list-style-type: none"> • Cancelled operations on the day consistently above 0.8% • Rebooking of all cancelled ops within 28 days achieved only in two months, but recovery trajectory achieved in every month of 2016/17
Review of critical care function - ITU capacity, critical care outreach, HaN	<p>Achieved</p> <ul style="list-style-type: none"> • No cancellations due to lack of beds in ITU • Delays of patients transferred from ITU reduced
Successful completion of the Southmead Hospital Redevelopment Project and deliver Pathology 2 to a fully operational building (conclude contract variances)	<p>Partially Achieved</p> <ul style="list-style-type: none"> • Handover plan agreed • All build elements of Phase 2 complete, building commissioned and services moved in
<p>Maximise use of the Trust Estate by:</p> <ul style="list-style-type: none"> – developing a Trust Estate Strategy: – ensuring effective contract management – ensuring effective PFI contract management 	<p>Partially Achieved</p> <ul style="list-style-type: none"> • Contract management strategy drafted • Schedule of all contracts in place and review schedule agreed • PFI performance trajectory agreed • PFI performance measured against trajectory and exceeded <p>But</p> <ul style="list-style-type: none"> • Estates strategy not completed pending Trust clinical strategy being finalised
Establish robust governance and management processes for equipment including a 5 year maintenance/ management/ replacement programme	<p>Achieved</p> <ul style="list-style-type: none"> • 2016/17 Equipment replacement programme approved • Five year equipment plan in place
Provide a comprehensive energy, utility and sustainability service to support the Trust and the NHS drive towards maximising energy efficiency, minimising energy consumption across the estate	<p>Achieved</p> <ul style="list-style-type: none"> • Energy performance baseline established • Energy strategy approved • Implementation plan milestones achieved
Actively develop the safety culture	
Improve management of sepsis by early screening in ED and AMU and by following the 'sepsis six'	<p>Achieved</p> <ul style="list-style-type: none"> • All emergency patients have standard screening tool applied
Strengthen quality governance at specialty level	<p>Achieved</p> <ul style="list-style-type: none"> • All specialties and directorates have formal and effective clinical governance arrangements in place

Objectives	Summary of year end performance
Actively develop the safety culture. (continued)	
Develop safety culture through education, mentoring, incident reporting, complaints based learning and team based learning	Partially achieved <ul style="list-style-type: none"> • Participation rates in safety culture surveys increased • Incident reporting rates increased • Overdue complaints responses reduced
Clinically review every patient death. Publish avoidable mortality in line with guidance from NHSE.	Not Achieved <ul style="list-style-type: none"> • Only 42% of deaths reviewed to the end of February 2017
Sustain good quality HSMR and SHMI mortality outcomes	Achieved <ul style="list-style-type: none"> • Both measures show NBT consistently below the expected mortality outcome
Robustly review and act upon NICE quality standards and guidance	Achieved
Sustain improvement in ED safe care	Achieved <ul style="list-style-type: none"> • SHINE audit measures consistently participated in • Quality dashboard completed
Improve end of life care through wider hospital and community engagement	Partially achieved <ul style="list-style-type: none"> • Community representatives included on End of Life Group • Earlier identification of people approaching end of life
Carry out review of theatres: safety and operational challenges	Partially Achieved <ul style="list-style-type: none"> • NHSI review of orthopaedic theatres undertaken • All recommendations being acted on • Governance arrangements enhanced But <ul style="list-style-type: none"> • Ongoing work to ensure full compliance with the WHO checklist
Increase engagement with patients and provide a positive experience for all patients	
Ensure that patients, family and carers are given prompt information on diagnosis and management plan as early as possible	Partially Achieved <ul style="list-style-type: none"> • Most patients' care plans include discussions on diagnosis and management
Assess the extent to which 'Improving Patient Experience' is embedded both within our organisational culture, and our operational processes	Not Achieved <ul style="list-style-type: none"> • Limited engagement with patients in improving and designing service/pathways • NHS Improvement assessment tool not yet used • Little knowledge of Patient Experience Plan
Assurance that patients and carers are satisfied with the process of making a complaint (Contract quality schedule)	Partially Achieved <ul style="list-style-type: none"> • Lay panel recruited, trained and now established with feedback to Directorates being provided giving recommendations for improvement and comment on good practice But <ul style="list-style-type: none"> • Toolkit development delayed
Meaningful engagement & activity for patients with dementia is embedded in practice in identified areas	Not Achieved
Shared decision making using 'Ask 3 Questions' model is implemented in identified areas across the Trust	Achieved <ul style="list-style-type: none"> • All targets met with positive engagement with staff enabling plans for further dissemination and embedding over 2017/20 to be developed and commenced
Support directorate action plans to target improvement within national survey results (Inpatients, maternity, ED)	
Implementing new systems & policy for ensuring Consent for care & treatment is obtained in line with legal requirements (CQC Action, Statutory obligations)	
Ensure NBT has the workforce capacity, capability and culture to support high quality care.	
Improve workforce reporting	Achieved <ul style="list-style-type: none"> • ESR and financial ledger reconciled and compliance consistently above 98%
Maintain the NHS enhanced controls on bank and agency spend	Achieved <ul style="list-style-type: none"> • Agency expenditure reduced to below national target for percentage of turnover and below Trust plan • Bank expenditure also reduced in year until 2017
Effective recruitment to reduce reliance on bank and agency staff	Achieved <ul style="list-style-type: none"> • New HCA selection process introduced with 88% success rate • 250+ offers made from nurse recruitment days • Revised and updated recruitment processes • Working partnerships with local job centres • Successful recruitment campaigns for 'hot-spot' areas

Objectives	Summary of year end performance
Empower clinical teams to become world leaders in service delivery. (continued)	
Improve attendance management	Not Achieved <ul style="list-style-type: none"> • Sickness absence levels remain above target
Objectives	
Develop and implement a programme to devolve leadership to clinical teams	Partially Achieved <ul style="list-style-type: none"> • New divisional structure approved • OD road map developed and approved by Board But <ul style="list-style-type: none"> • Service Line Management delayed to end 2017
Provide comprehensive suite of information to manage service lines	Not Achieved
Develop a digital roadmap and ensure that the Trust has the capability and capacity to accurately forecast	
Implement and deliver the Electronic Document Management (EDMS) and Outpatient Paper lite projects to minimise the use of paper records	Partially Achieved <ul style="list-style-type: none"> • Contracts signed and hardware and software installed But <ul style="list-style-type: none"> • First phase of scanning not completed • Paper Lite project implementation began in April 2017
Identify and implement a solution to deliver Digital Clerking Admissions for Inpatients and VTE	Achieved <ul style="list-style-type: none"> • Risk assessments consistently above national 95% standard and Trust applying for exemplar status
Development and implementation of phase 2 of the Flow system, to improve the flow of patients in the hospital through to discharge, using ward electronic whiteboards, real-time bed movements and operational dashboards	Achieved <ul style="list-style-type: none"> • Scope defined and system released for testing • Scope redefined for general release
Implement retained estate network upgrade	Not Achieved
Implement new Business Intelligence solution	Not Achieved
Develop capacity and capability to: <ul style="list-style-type: none"> – accurately forecast demand, capacity, workforce and finance at speciality level – support the proactive management of emergency and elective patients 	Not Achieved
Implement the IM&T elements of the LIMS (Clinisys) system	Achieved
Understand our research capability and potential	
Initiate new research trials at NBT in a fast efficient way, meeting national benchmarks and allowing patients faster access to research trials	Achieved <ul style="list-style-type: none"> • Overall recruitment on target • 80% of trials recruited first patient within 70 days
Increase research income and use that income in support of our strategic aims	Not Achieved <ul style="list-style-type: none"> • Income decreased from 2015/16
Deliver a research and innovation strategy	Not Achieved <ul style="list-style-type: none"> • New research and innovation strategy delayed to July 2017
Work with the AHSN to delivery improvements in quality (e.g. patient safety)	Achieved <ul style="list-style-type: none"> • Q Initiative • Acute Hospital Mortality Reviews
Work across the health system and develop partnerships to improve patient care	
Work with our external health and social care partners to produce a five year Sustainability and Transformation Plan and agreed action plan to deliver change required	Partially Achieved <ul style="list-style-type: none"> • Outline and final plans submitted on time But <ul style="list-style-type: none"> • Action plan requires development
Work with the third sector and carers to improve patient flow through the hospital	Achieved <ul style="list-style-type: none"> • Third sector involved in Winter Plan

Our people



Promoting Equality and Diversity

We have demonstrated a high standard and built on our positive reputation for Equality and Diversity over the last year. Our work was externally assessed, under the Equality Delivery System, and our rating has improved to 'achieving' from 'developing'. There were also very positive results on the Workforce Race Equality Standard. Both of these are further explained on the Trust website.

Different areas of equality are reflected at board level within the organisation with directors who are champions for 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 is a champion for Deaf People.

The Chief Executive signed a statement on Respect and Diversity which protects patients, staff and visitors. Guidelines on Religion and Belief have also been drawn up to clarify the rights and responsibilities of staff and were piloted in the Facilities Directorate.

Equality events have been run 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

The 2016 national staff survey results showed a small improvement compared to the previous year, however we recognise that there is still much work to do to improve performance. A number of initiatives were put in place during 2016-17 to engage staff. These included:

- Inviting staff to focus groups at Directorate level to discuss the staff survey results and giving them the opportunity to contribute to action planning.
- Involving staff in the development of the Trust's Five Year Strategy – which included running focus groups and staff briefing sessions to enable them to contribute ideas and discuss the direction of the organisation.
- Executive walkabouts – a programme of Executive walkabouts has continued throughout the last year. These have largely focussed on safety issues.
- Staff briefing sessions – regular staff briefing sessions were held to update staff on the three key issues facing the Trust each month and to enable staff to ask questions of the Executive team member giving the briefing.
- Awards schemes for staff – NBT Heroes is a quarterly event where staff have the opportunity to nominate a colleague as an NBT Hero. This supplements the annual Exceptional Healthcare Awards scheme.
- Health and Wellbeing – much work has been done over the last year to engage staff in health and wellbeing initiatives and activities. A number of programmes have been put in place over the last year including lunchtime walks, Schwartz rounds, staff wellbeing and resilience courses and a staff physiotherapy service.

Health and Safety Risks

Work continues on addressing health and safety risks within the Trust. This is led by the Trust's Health & Safety Committee, subgroups and a new Head

of Health and Safety who recently joined the organisation.

Further steps towards the completion of major works and changes on the Southmead Hospital site with the staff car park arrangements, pathology and the second phase elements of the Brunel building coming into operation as well as the opening up of the road network have required Health and Safety assessments. These have taken place and measures are being finalised with The Hospital Company to address these changes and help establish high standards of Health and Safety, particularly around pedestrian and traffic movements on site.

The year also saw the end of the five-year audit cycle. This demonstrated improvements but also recorded shortcomings within a number of directorates. A new simpler more frequent sample audit approach will be introduced in 2017/18 which will look to take the Trust beyond compliance auditing to a risk-based approach to drive change and build a stronger safety culture. A British Safety Council audit took place in March which highlighted a number of opportunities for improvement. No major findings or shortcomings were identified.

Health and Safety Performance

No enforcement action for health and safety non-compliance has been brought against the Trust within this period. There was one fatality as a result of a fall from height in the Brunel building. This was an Avon and Wiltshire Mental Health Partnership NHS Trust patient and the coroner concluded was as a result of suicide. However, in response we reviewed our 'falls from height' assessment for the Trust which has now been completed with a number of improvements made.

Our most serious incidents (RIDDOR reports) showed a decline in 2016/17 which reflects the improved working environment and less activity and change within the Trust following many years

Our people (continued)

of major works. This improvement will be built on in 2017/18 with further reductions as systems and processes become established and a 'Don't Walk By' campaign focused on embedding safe behaviours builds momentum.

Despite changes in personnel in the Trust's Health and Safety Service Team, it has continued to deliver on its objectives for the year. In 2017/18 there will be a greater focus on engagement and support for the Clinical Divisions and Corporate Directorates and creating simpler and clearer policies and processes. This will help facilitate the sharing of best practice and ensure we embed ownership and responsibility in the line management structure.

Learning and education

Leading Edge Education delivery

Our team has a reputation for innovation and pioneering education, which supports regional and national agendas and initiatives. The high quality of our programme delivery has continued to attract external business and enhance workforce development solutions across all areas of education in NBT.

Postgraduate Medical Education (PGME)

October 2016 saw the introduction of the new Terms and Conditions of employment for junior doctors in England. We were the first trust in England to appoint a Guardian of Safe Working, Dr Kathryn Holder, whose role is to ensure that issues of compliance of safe working are addressed. NBT is following the national timeline of implementation - the first cohort of doctors transitioned on the contract in December 2016 and more senior grades will continue in the following months up until August 2017.

The PGME team saw several changes in Clinical Leadership in 2016 with the appointment of Dr Katherine Finucane as Director of Postgraduate Medical Education and Dr Kay Spooner as Deputy Director and we continue to lead in innovations such as quality improvement, insitu-simulation and Human Factors Training to improve patient care and trainee experience.

The Trust will see over 600 junior doctors rotate through its Divisions over the course of the year. They will all be

inducted and trained by the PGME team and departmental education leads. Feedback from the 2016 GMC trainee survey saw positive feedback about their experiences in the Trust and we expect further improvements in feedback from this year's survey.

Resuscitation, Clinical Skills Team

2016/17 saw the merger of the Resuscitation Services and Clinical Skills Trainers, which has provided a greater flexibility and coverage for the service and the delivery of training and education. The benefits of this will be seen in the coming year where we will be challenging the concept of classroom training and traditional delivery and where possible we will be taking training into clinical areas.

The Resuscitation & Clinical Skills team is committed to delivering high quality courses that will support staff to look after their patients. In 2016 / 17 we introduced the European Trauma Course (ETC.) – a nationally accredited course by the European Resuscitation Council. We are now one of only two centres within the South West to run this course. We also host the Royal College of Physicians "Ill



Medical Patients' Acute Care & Treatment" (IMPACT) course, as the only registered centre in the region. We run approximately 12 Advanced Life Support Courses (ALS), accredited by the Resuscitation Council UK.

The team has seen a continued reduction in the number of cardiac arrests during this period. This supports the processes and training that is delivered in regards to Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), and the management of the acutely unwell.

Library and Knowledge Services

Informed by Health Education England's Knowledge for Healthcare development framework, NBT Library and Knowledge Service has undergone significant innovation this year. Central to this has been the development of two new Clinical Librarian posts, tasked with aiding evidence-based practice by integrating with clinical teams and delivering quality evidence to inform clinical decision-making. The clinical librarians have directly impacted on the care and treatment of patients across the trust by connecting clinicians with the best and most pertinent evidence. They have been integrated into department-specific projects: For example, clinical librarians have worked with Maternity and Obstetrics teams to update guidelines with supporting evidence which is current and high-quality.

This year the Library and Knowledge Service has launched KnowledgeShare, a current awareness service to help staff across the trust stay on top of new developments in their field.

These service innovations have gone hand-in-hand with the continuity of high-standard core library and knowledge services for NBT and other NHS and public health organisations. This has been recognised in the excellent outcome of the NHS Library Quality Assurance Framework Peer Review for Library Service Provision.

Our Apprenticeship Centre

North Bristol NHS Trust remains a leading organisation for apprenticeships in the NHS and a key stakeholder in the Trailblazer for the new apprenticeship standards for Health. We have continued to develop a wide range of apprenticeship opportunities for new and existing staff including housekeepers, Healthcare Support Workers, administration, payroll and finance. Our partnerships with Jobcentre Plus and local education providers have strengthened and we are key stakeholders with local authorities to support young people into employment.

Through our partnership with the South West Association of Training Providers Ltd (SWATPro Ltd) we were inspected by OFSTED in May 2016 and played a significant part in SWATPro achieving a rating of 'GOOD' with outstanding features for apprenticeship delivery. NBT has had a successful outcome for its application to the Register of Apprenticeship Training Providers (ROATP) and is now on the register alongside SWATPro.

Health Education England

Talent for Care

Through NBT's work with the national Health Education England (HEE) team in Talent for Care and Shape of Caring we are able to influence future workforce strategy and ensure our voice as an employer drives the programmes and investment that will support workforce development. We have responded to a number of new Government initiatives, such as the development of the Trainee Nursing Associate programme that will be implemented as a pilot in April 2017 and also Degree and Masters level apprenticeships, in particular the Nursing Degree Apprenticeship which is in the early planning stage.

Undergraduate Non-Medical Education

In 2016/17 NBT supported record numbers of student nurses, midwives and allied health professionals opening up new opportunities for exciting placements and mentor development.

The new online education audit tool from UWE has been implemented and has provided placement areas with the chance to review learning opportunities for students which will enhance their outcomes.

Workforce Transformation

NBT is actively engaged with workforce transformation (formally CPD) of staff to meet clinical training priorities. Work is underway to prepare for the implementation of the Strategic Transformation Plan (STP) across the region and linking our training requirements with this STP work.

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 and UWE Bristol Business School. It has received a positive impact evidenced through recent excellent evaluation responses from managers giving 100% 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.

Internally - leadership programmes continue across all levels of the organisation both accredited (e.g. Institute of Leadership and Management, UWE) and non-accredited programmes. A full suite of Management Skills Modules is available together with bespoke leadership development interventions.

Listening to and working with our patients



Friends and Family Test (FFT)

What is the Friends & Family Test?

The Friends and Family Test (FFT) is an important feedback tool that supports people using our services at North Bristol NHS Trust and any other NHS services, to give us real time feedback of their experiences.

It asks people if they would recommend the service they have used to their family and friends, should they ever need to use it too. It also gives people an opportunity to explain why they have given their response. The commentary given is critical in helping us to make improvements to the care we provide and to honour what we are doing well at. All patients, whether they are attending an

outpatient appointment, have an inpatient stay on our wards, attend the Emergency Department or use our Maternity Services have an opportunity to give us feedback about 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. This shows that we have not been able to achieve the required national targets during the year on a consistent basis. Improving the quality of patient data to address this has been a priority over the last few months. As a result we are beginning to see an improvement in response rates.

Area	Target	Response Rate April 2016 - March 2017			% Recommend April 2016 - March 2017	
		NBT Average	National Response rate (average)	No. of months that target achieved	April 2016 - March 2017	National average
Inpatients	30%	25%	24.3%	0	92%	96%
ED	20%	16%	12.3%	2	86%	87%
Outpatients	5%	15%	Not set	10	92%	93%
Maternity (Birth)	15%	24%	23%	10	92%	97%

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

What did our patients tell us?

Of the feedback received, the majority of patients have reported receiving a...

...really positive experience, emphasising the importance of good communication, kindness, compassion and respect - all aspects of a positive and caring attitude.

Top themes from all patient areas have been extracted from comments analysis from 2016-17, for both positive and negative aspects. These are set out in the table below:

Positive experience themes	Number of comments	Negative experience themes	Number of comments
Staff	25544	Waiting times	1929
Clinical treatment	10894	Staff	1275
Waiting times	10598	Communication	1150
Care	10588	Clinical treatment	907
Environment	4476	Environment	651
Communication	4059	Care	332
Catering	784	Discharge	149
Discharge	314	Catering	119
Staffing levels	189	Staffing levels	88

Top themes from patients' qualitative responses

Listening to and working with our patients (continued)

What changed?

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. Below are some actions taken based on feedback we received from our patients:

Ambulatory Emergency Care

Within our Ambulatory Emergency Care, a patient service that sits in Acute Medical Admissions, action has been taken to improve the patient pathway for patients, based on feedback received from FFT. Patients felt that waiting times for this service were too long, especially if they were first seen in the Emergency Department. Whilst it was difficult to reduce waiting times in this service because of the investigatory process many patients have to undergo, staff were keen to address patients' concerns. The first action taken was to ensure that all patients were given a full explanation of what to expect from the service and were then kept informed along their pathway. GP and consultant rotas were also adjusted to give better coverage during the busier times for this

service. As a result of these actions taken, patients' experiences of using the service have improved..

Maternity (Birth)

Based on feedback given by a woman using the Maternity services, which related to the way she felt treated during her pregnancy because of her age and size, a training video was developed to share her experiences. During the filming the woman also offered solutions about how the service could be more respectful whilst maintaining the safety of her and her baby. This video was due to be shown on this year's Intra partum study day in May 2016, which all doctors and midwives attend.

Ward 28a (patients with complex care needs)

A patient fed back that they were very impressed with the high standard of care they had received from the Health Care Support Workers on the ward. To ensure this high standard of care continued, the ward manager fed this back to her team, which had a very positive impact all round.

No information about what I was waiting for unless I asked. Terrible logistics. I came in for a blood test, but it was 4hours before I had the blood taken and then had to wait another hour for the result.
(ED Patient)

The staff were fantastic, sensitive, reassuring and competent. I was given great care and consideration. Staff obviously kept very busy but I did not feel they rushed me-gave me care and attention I needed.
(Maternity patient)

Well my score is marked down because my previous appointment was cancelled without my knowledge. Not very customer friendly! (Outpatient)

My visit was handled with cheerful, positive professionalism. Despite a potentially stressful time I was put at ease by the ongoing, clear communication throughout.
(Outpatient)

The staff is really caring, friendly and with clear intention to do their best irrespective of the patients race/colour/ethnic origin, which is really good. Doctors and nurses are well trained, professional and knowledgeable enough to deal with any sort of complications. Even though I had to wait a bit longer than expected, they knew that my life was not under risk, so they are good at prioritizing the work. The doctor was exceptionally good and made sure she was confident my health before asking me to leave. I felt every penny that I pay as tax is worth it and it is helping people in need.
I thank you everyone.
(Inpatient)

The attention and professionalism of the team in Resus was outstanding and very reassuring. Cannot praise highly enough.
(ED Patient)

I felt that there was a lot of miscommunication, not everyone appeared to know about some things I talked about. At times I found it stressful. However the physio and IT were really helpful which helped with my recovery.
(Inpatient)

Managing Complaints and Sharing Compliments

Complaints

Overall the numbers of formal complaints reduced by approximately 17.5% in 2016/17, from the figure recorded last year when many issues arose from the still ongoing redevelopment of Southmead.

The numbers of complaints where response timeframes were not met also fell significantly; at best there were only 8 cases in June 2016. Since this time the number has again increased to approximately 40 cases, due to the work pressures directorates are experiencing. Eradicating all overdue cases remains an important Trust objective and there is a plan in place to do so.

There are two key measures for NHS Complaints:

- to acknowledge all complaints with 3 working days
- to conclude all cases within 6 months

During the year the acknowledgement target was achieved in every month except April, September and October. The average overall compliance was 99.84%. During the year four cases remained unresolved within 6 months, these were cleared in June 2016 and there have been no subsequent long-standing cases.

Activity Levels

The Trust received 654 formal complaints, 167 less than last year. 1,394 concerns were also raised and acted upon an increase of 598 over 2015/16. These figures reflect the increase in worries and anxieties related to the on-going site redevelopment and also the interruption to the smooth scheduling of appointments that resulted from the changeover process to a new Patient Access System (Lorenzo). In general, the stabilisation of services delivered from within the Brunel building, contributed to some extent to the reduction in formal complaints.

The three highest categories of formal complaints were:

All aspects of Clinical Care 220
Lack of Communication 207
Attitude of Staff 68

The three highest categories of concerns were:

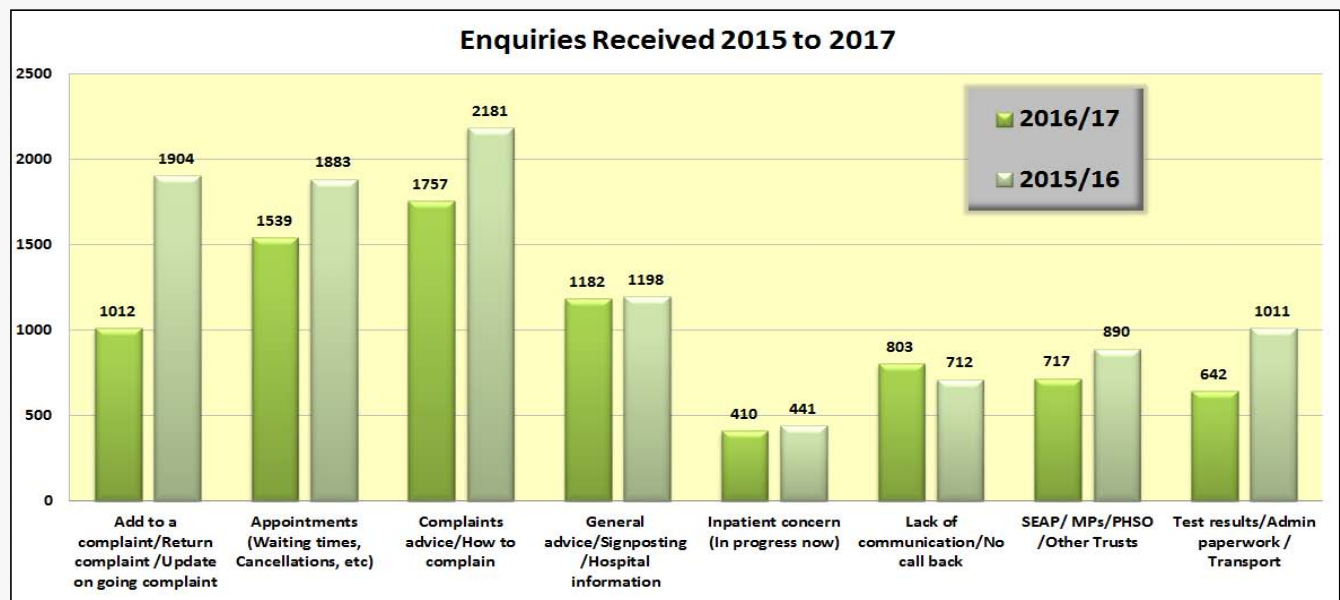
Lack of Communication 235
All aspects of Clinical Care 178
Delay/Cancellation Outpatient 90



Listening to and working with our patients (continued)

Enquiries & Informal Concerns

The Advice and Complaints Team (ACT) successfully managed many low level concerns and enquiries outside of the formal complaints process, through a telephone helpline or by meeting patients in person. These fell overall during the year from 10220 to 8062.



Enquiries Received

Lessons Learned

The number of Local Resolution Meetings undertaken reduced from 99 to 86, whilst this is a slight reduction the figure still reflects how directorates are seeking to resolving more cases through interactive dialogue which generally provides an improved patient experience and outcome. For all cases an Action Plan is raised inviting directorates to record and feedback lessons learned; which is then included as part of the response letter. Additionally, from the local resolution meetings, the agreed actions are discussed with the complainants, recorded in writing and are then tracked until completed. The complainants are notified of the date the actions were completed and can be provided with evidence if appropriate. An example of a lesson learned was that the process for communicating with patients and families from the deaf community was changed in response to

feedback about a lack of understanding of their needs.

NHS Choices Website Feedback

As the redevelopment of the Southmead site moved towards completion, and the services delivered continued to evolve to take advantage of the improved facilities, the overall star rating of North Bristol NHS Trust on the NHS Choices Website increased from 3½ to 4 stars midway through the year.

Improving Communication

A part of the Trust's desire to improve the complaints process, a pilot of identifying a named contact for all complaints was undertaken in the Medical Directorate. The appointed individual contacted the complainant to agree the investigation criteria and date of response. In most cases this direct contact was welcomed and allowed for the early resolution of the complaint saving overall resources and

giving a good experience to the person raising the complaint. This model will see a phased roll out across all the directorates during the forthcoming year.

Audit of Patient Complaints Review Panels

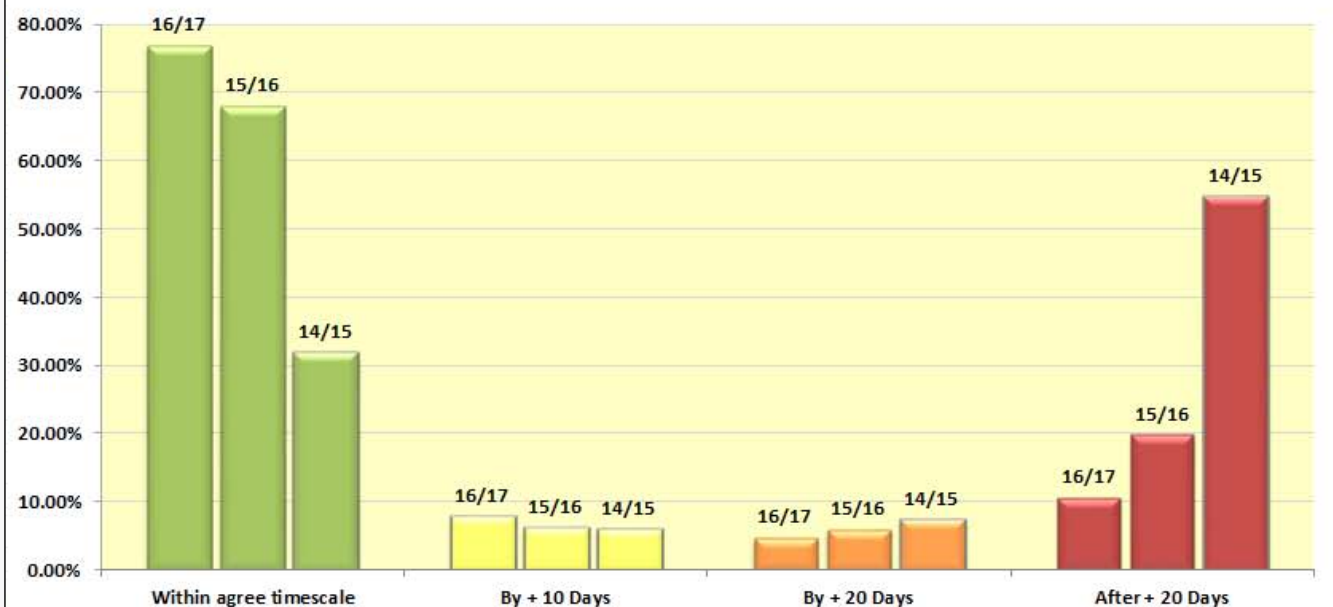
To provide quality checks of the complaints process from an independent source (in addition to the Clinical Commissioning Group), North Bristol NHS Trust has worked with the Patients Association to develop an anonymised audit process that allows real time feedback on a random sample of the previous quarter's complaints. This process allows patient representatives, who have been trained in reviewing anonymised complaints against the Patient Association Good Practice Standards for NHS Complaints Handling (2013), to give real-time feedback for incorporation into the ongoing complaints improvement plan.

Service Improvements delivered in 2016/17

The overall response times achieved for all cases (complaints and concerns) continued to improve (see chart below).

- The database was amended to ensure the recorded reasons for complaints used the Patient Feedback criteria to provide more consistent reporting.
 - The Patients Complaint Review Panel influenced several aspects of the complaint process. These included the following:
 - The need for a named contact to be provided to the complainant on every occasion
 - The need to ensure that the person making the complaint understands the process
- That the named person clarifies what the complainant wants to achieve through the complaint
- NHS Choices feedback is tracked and recorded on the complaints database to provide analysis for the Patient Experience Group.
- Training is delivered to complaint investigators in collaboration with the Patients Association.
- Test of change is used to evaluate named clinical directorate contacts to improve complainants' overall experience. This model will be adopted as the standard by all directorates over the forthcoming year.

Percentage Response Times - April 2014 - March 2017



Response Times

Ombudsman Referrals

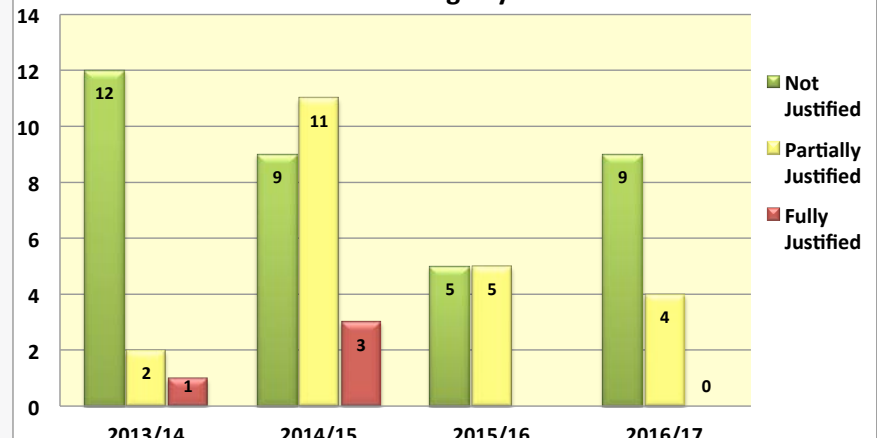
If after attempts at local resolution the complainant remains dissatisfied, they may request the Parliamentary Health Service Ombudsman (PHSO) to consider their case. The relative rulings from the PHSO over the last 3 years are shown in the chart below. During 2016/17, the Trust is aware of 18 complainants who contacted the Ombudsman where they subsequently decided to review the actions of the Trust and call for the complaints file. Of these 5 cases have been closed by the Ombudsman; and no complaints were wholly upheld, 4 were found to be partly justified and 9 dismissed. The Trust was asked to extend apologies for all the partially justified cases and to pay compensation in 2 cases amounting to a total of £900 in respect of cases concluded in 2016/17.

For partially or fully justified rulings (there were none), the Trust produces an action

plan to record any new points of learning, or to illustrate any learning already actioned. These are shared with both the Ombudsman and the complainant.

On occasion this will also be followed by regular updates until the identified actions can be shown to have been completed.

Ombudsman's Rulings By Year Resolved

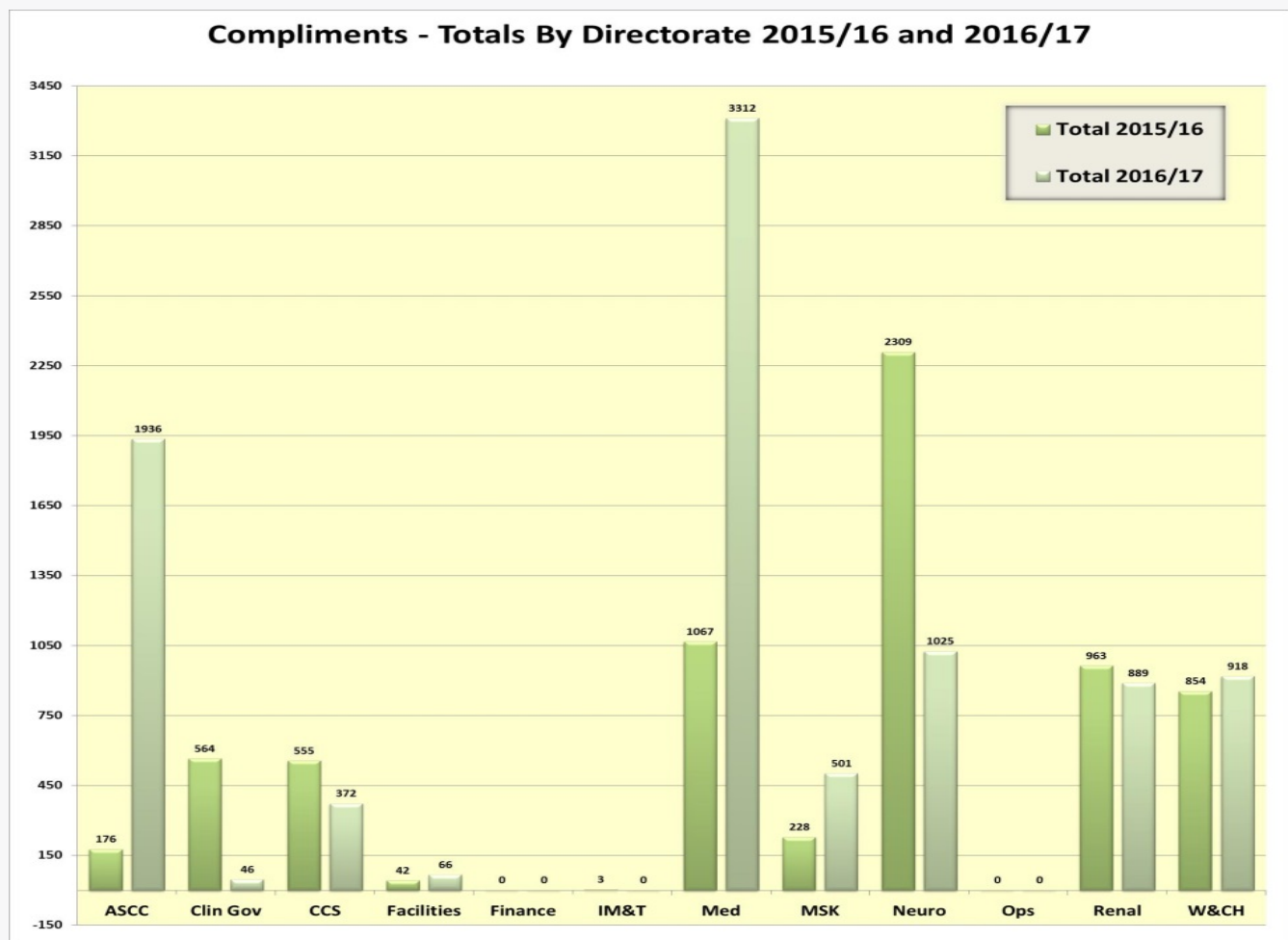


PHSO Rulings

Listening to and working with our patients (continued)

Compliments

9065 compliments were received during 2016/17 a significant increase on the previous year's figures (6761).



Compliments Received

'Ask 3 Questions' – developing shared decision making

As part of a local CQUIN (Commissioning for Quality and Innovation) initiative with Bristol CCG, we have been implementing an initiative called 'Ask 3 Questions' across outpatient and inpatient settings to support shared decision making with patients. In outpatients we started this with Rheumatology, Colorectal and Vascular Surgery in 2015/16 and continued to embed practice this year. The focus of the 3 questions related to decision making on treatment options. In 2016/17 the initiative was expanded to include Bariatrics, Lung Cancer and Hepatology.

In inpatient ward settings we worked with Wards 33b (Vascular), 34a (Colorectal and medical patients) and 9a (stroke and neck of

femur). The work in the inpatient areas related to enabling patients to participate in their discharge planning which was a key focus of our improvement work from the National Inpatient survey of 2015.

What did we do?

Patients attending outpatient appointments were given leaflets and postcards to encourage their involvement in their consultations. A short 'Ask 3 Questions' video was also played in the waiting area to help reinforce the message. Before and during the implementation of 'Ask 3 Questions', patients were asked to complete questionnaires about how involved they felt in decisions about their healthcare. To help embed the initiative in the three original outpatient settings shared decision making and enabling

conversation workshops were delivered to the clinical teams and observations of consultations were undertaken to refine practice.

Inpatients on the three pilot wards were given an Inpatient Discharge Engagement Tool leaflet to support them to make the necessary arrangements needed to leave hospital. The 3 questions that patients/carers were encouraged to ask were 'What's keeping me in hospital? What do I need to do to be able to leave hospital? What will happen after I leave hospital?'

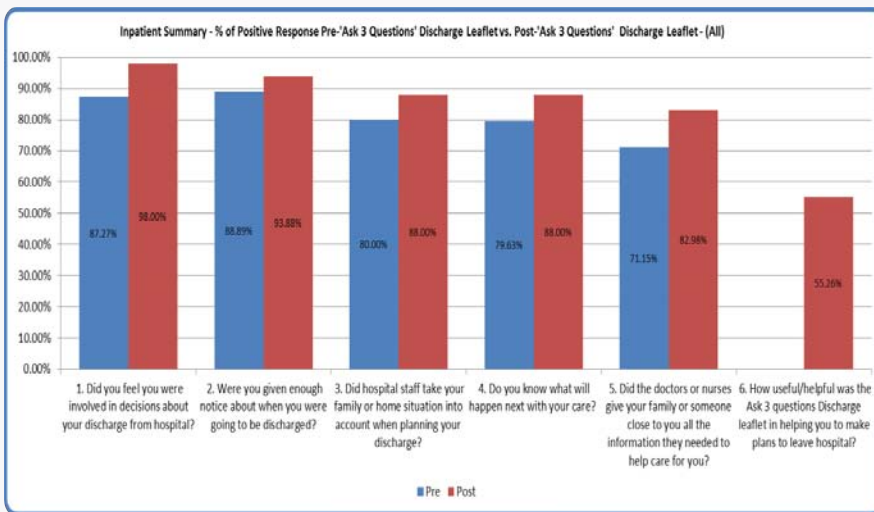
In a similar way to outpatients, patients were asked to complete questionnaires before and during the initiative, to understand how involved they felt in their discharge planning and what impact this initiative had made, if any, to support them with this.

What difference did it make?

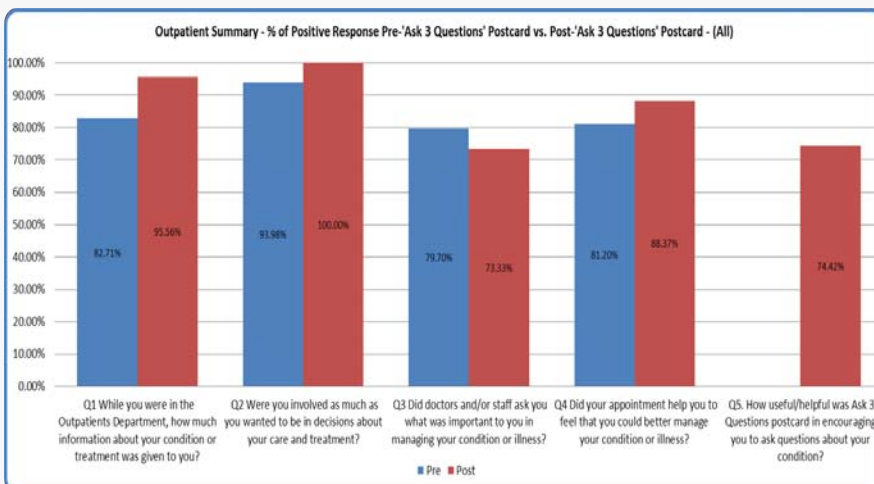
The outpatient survey results proved that the doctors were discussing with patients what was important to them in managing their illness, and as a result of this

approach there was strong indication that patients felt better able to manage their condition or illness after using the 'Ask 3 Questions' approach.

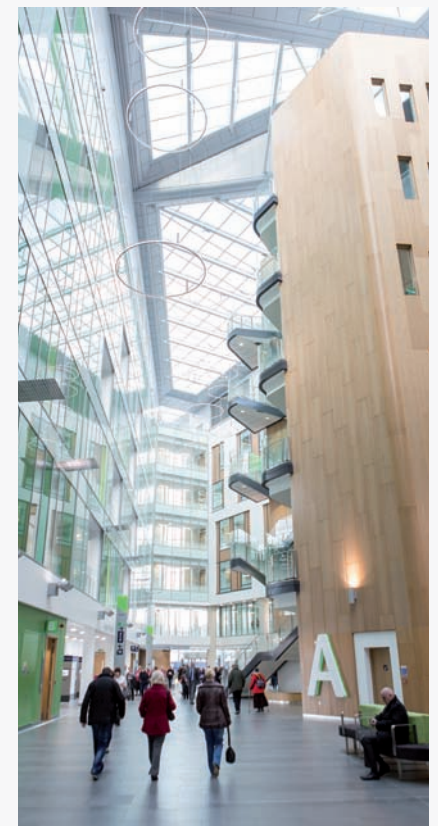
The inpatient survey results showed a mixed response as to how involved patients felt around their discharge planning. Of those asked during the implementation of the initiative, the majority found it was useful to support their discharge.



A3Q Discharge Inpatient summary data.



A3Q - Outpatient summary data:



What next?

Supported by Trust Board, we will continue to share this work across the Trust at a pace related to the resource available and in way that embeds this practice.

Research and Innovation



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

There were 591 active research studies this year with 3736 patients recruited and a further 3478 patients seen as part of ongoing research projects. Recruitment has remained strong, demonstrating the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Research continues to be delivered in over 40 departments; every clinical division delivers research.

30% of patients recruited to research in 2016/17 are from the Trust's four major specialities. There has been a particularly strong performance in Emergency Department research through our Major Trauma Centre as the Trust seeks to implement innovative approaches to reducing bed stays and provide state-of-the-art emergency care to patients.

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 82% 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 £30 million grants awarded to deliver new programmes of research. NBT has attained significant success with our renal, breast care, urology and musculoskeletal grant development and delivery.

Patients and members of the public are a key part of shaping how we do research. They have helped make decisions about the research we fund through our charitable fund scheme Springboard and have sat on our panels reviewing tender bids for services we use. This year they have also helped to design and shape our new Research Strategy which will launch early next year and provide direction for research across the next 5 years.

NBT was part of a Bristol-wide bid led by University Hospitals Bristol NHS Foundation Trust and the University of Bristol to host a £21 million Biomedical Research Centre for the development of new, ground-breaking treatments, diagnostics, prevention and care for patients in a wide range of diseases like cancer and dementia. Key themes addressed through the award include cardiovascular disease, nutrition, diet and lifestyle, reproductive and perinatal mental health, surgical innovation and mental health.

The Trust is working collaboratively across the geographical area with primary and secondary care providers to ensure all patients have equal access to research. We are leading the way on patient referrals across the region to enable patients' access to a greater range of research. We are highlighting research as a treatment option and empowering patients to request and require access to research studies.



Sustainability



Accountability

North Bristol NHS Trust is one of the largest healthcare providers, employers and consumers in the region. As such, we recognise the environmental impact the healthcare service we provide to our local community has and the potential social, economic and environmental co-benefits of minimising this impact.

As a healthcare provider, we must adapt and react to climate change to maximise every opportunity to improve our economic, social and environmental sustainability where we can. This in turn will ensure we become a healthy, resilient and sustainable healthcare service ready for changing times and climates, both now and for future generations. This is especially relevant given the local Sustainability and Transformation Planning process underway and the current financial challenges facing the Trust.

The Trust Board has committed to embedding Sustainable Development through our Sustainable Development Policy and

Management Plan (SDMP), the latter is published on an annual basis. This work is led by Trust Executive leads; Simon Wood, our Director of Facilities and Liz Redfern, our Non-Executive Director. Simon and Liz are supported by the Sustainable Development Unit, a small team of staff working to embed sustainability Trust-wide.

Context

The Trust's Sustainable Development Policy sets out the objectives to minimise our environmental, social and economic impacts by fully embedding sustainable development across our services. These objectives are reflected within the annual Sustainable Development Management Plan (SDMP). See Figure 1.

Progress against the SDMP is reported quarterly to the Sustainable Development Steering Group. The Steering Group consists of key stakeholders including executive leads, clinical and non-clinical representatives, our PFI partner, patient representatives and others.



Figure 1: Sustainable Development Policy and Management Plan Structure

The Trust works collaboratively with many local partnerships promoting resilience and sustainability, notably, Bristol Health Partners, The South Region Sustainability and Health Network (SRSHN) and the Bristol Health and Sustainability Group. Working collaboratively enables our local frameworks to maximise opportunities and support local programmes of delivery to embed resilience at a regional level. This is achieved by linking together with our local Public Health Authorities and other partners on specific health promotion projects. e.g. Bristol Sugar Smart (Bristol City Council), Medicine Waste (Bristol CCG), Cold Homes referrals

(Centre for Sustainable Energy), Healthy Cities Week (University Hospitals Bristol) and NBT's Food and Drink Strategy, all of which promote healthy living, reduce costs for the NHS and reduce our impact on the environment.

To further ensure sustainability integration into our business decisions, we have included a sustainability impact assessment within our capital planning process to guarantee sustainability is considered at the planning stage for any key decision going forward.

Sustainability (continued)

Measurements

North Bristol NHS Trust's 2020 sustainable development targets have been set and agreed to deliver 2% improvement year on year by 2020.

Each year the Trust reports progress through the annual Estates Return Information Collection (ERIC) on energy, waste and water. The Trust also reports

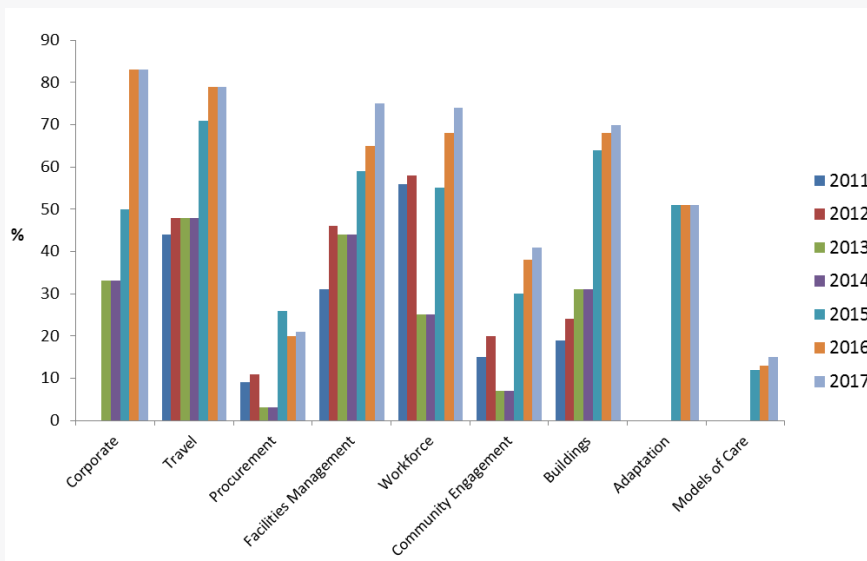
progress in line with the mandatory HM Treasury reporting requirements using the NHS Sustainability Reporting Template.

Trust progress on sustainable development is benchmarked through the submission of the sustainability reporting template to the national Sustainable Development Unit and to our local Clinical Commissioning Groups in line with the NHS Standard Contract Service Condition 18 (Sustainable

Development). The Trust also benchmarks progress every six months using the Good Corporate Citizen Assessment (GCCA). The GGCA has demonstrated recent steady improvement. Our scores compare favourably if not higher on average with other acute Trusts.

Figure 2: NBT's Good Corporate Citizen Assessment 2017

Figure 2: NBT's Good Corporate Citizen Assessment 2017



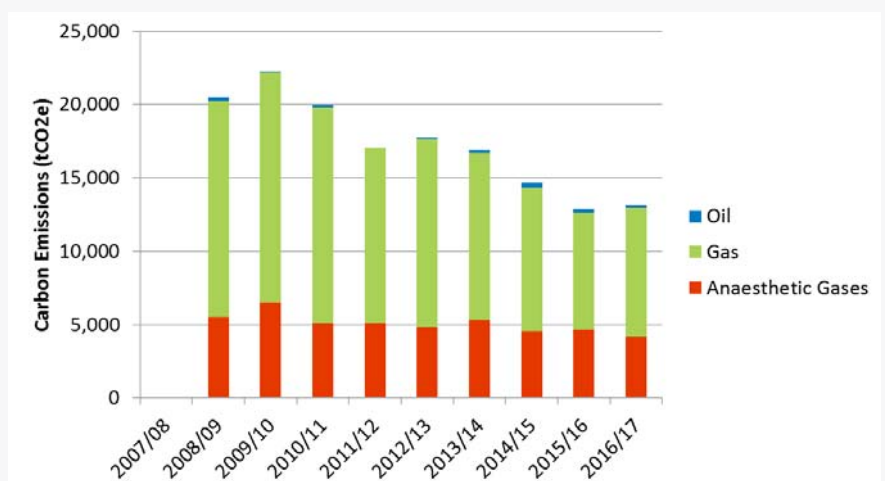
Carbon Emissions

The Trust's direct carbon emissions (scope 1: oil, gas and anaesthetic gases) are calculated using the national reporting methodology provided by the Sustainable Development Unit.

In recent years, scope 1 carbon emissions have been falling, however the last year has seen a slight increase due to the completion and utilisation of Phase II of the Brunel building and the opening of Pathology Phase II, both on the Southmead Hospital site.

Figure 3: Direct Carbon Emissions (Scope 1)

Figure 3: Direct Carbon Emissions (Scope 1)

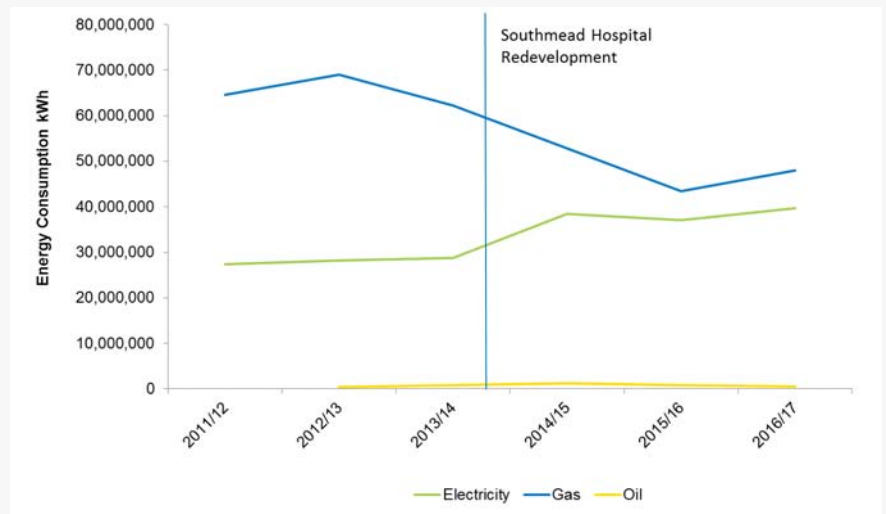


Energy Consumption

Energy consumption (electricity and gas) for 2016/17 is higher than the previous year which is attributed in part to the completion and utilisation of the new Pathology and Brunel Phase II buildings, which include new sterile services, laboratories, offices and additional car parks.

Figure 4: Gas and Electricity Consumption

Figure 4: Gas and Electricity Consumption

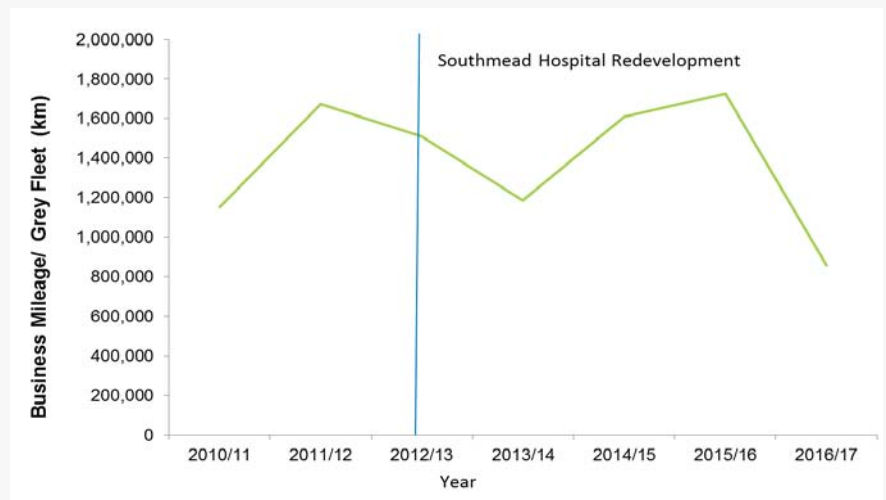


Business Mileage

Grey Fleet Mileage 2016-7 has decreased significantly. This reduction in mileage is due predominantly to the movement of the Children's Community Health Partnership service out of North Bristol NHS Trust, which was responsible for more than a third of all business miles in 2015-16.

Figure 5: Grey Fleet Mileage

Figure 5: Grey Fleet Mileage



Waste

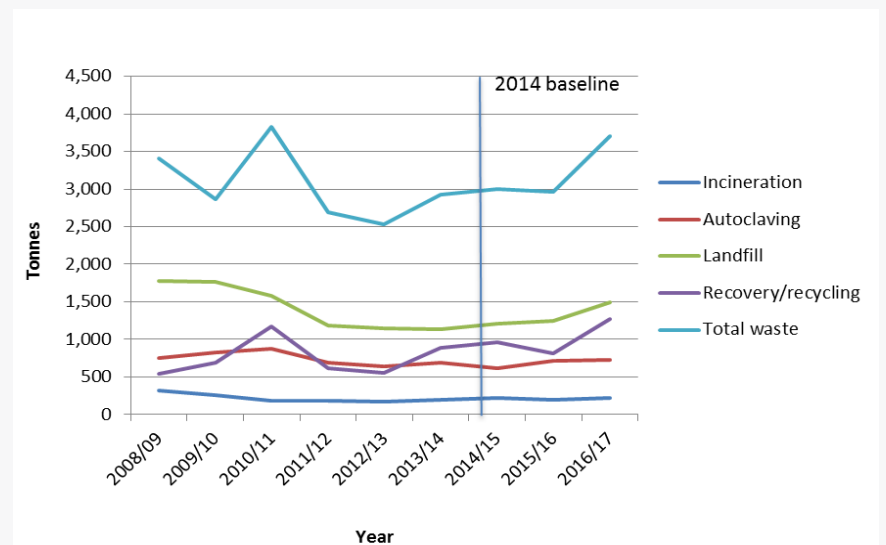
Waste production and recycling has increased during 2016/2017 in line with increased patient contacts and activity.

Recycling rates have significantly improved this year following operational improvements and better segregation of bagged waste. The roll-out of offensive hygiene waste to all wards has seen an increase to 17% in the weight of waste being sent to deep landfill instead of autoclaving. Further roll-out into all outpatient areas will be complete soon and Theatres will follow. Food waste from the onsite retail outlets is now being segregated for energy generation and coffee grounds from the staff restaurant are given away to staff as a soil improver.

The Trust introduced the online re-use platform Warp-It in September 2016 and since then has avoided nearly 5 tonnes of reusable furniture and equipment from going to landfill, saved 16 tonnes of carbon dioxide and over approximately £37,000.

Figure 6: Total Waste and Recycling

Figure 6: Total Waste and Recycling



Sustainability (continued)

Water

Trust wide water consumption continues to fall in line with recent trends.

Figure 7: Total Water Consumption

Sustainable Procurement

The Trust is working with colleagues across the Bristol and Weston Purchasing Consortium (BWPC) to establish a Sustainable Procurement Strategy to embed sustainability within all procurement processes. Specific training is being developed for all staff to raise awareness of the basics of procuring in a more responsible manner and taking into account full lifecycle costs not just the initial purchase.

Future Plans

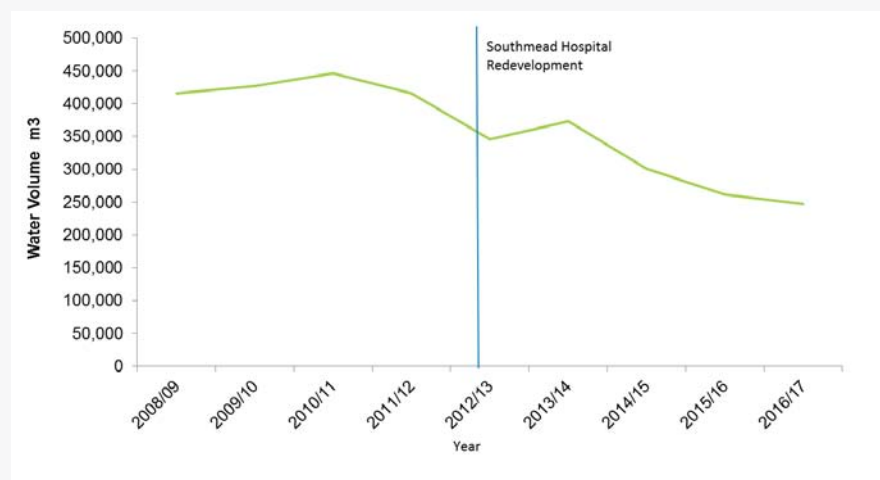
Given the current limitations around spending and the requirements associated with the implementation of the Sustainability Transformation Plan for North Bristol NHS Trust, 2017/2018 will focus on sustainable procurement, implementing the carbon abatement plan, and prevention of avoidable illness by promoting health and wellbeing.

Sustainable Procurement and the opportunities to achieve cost savings and reduce our impact are more important than ever. By working collectively, Bristol and Weston Purchasing Consortium have the opportunity to deliver sustainable procurement projects.

The Trust's Energy Policy and Carbon Abatement Plan sets out a series of energy efficiency schemes, which will deliver both carbon and cost savings, once implemented.

Health promotion to patients and staff is vital to reduce the pressure on the NHS. Collaborative projects which promote sustainability and health and wellbeing will be prioritised in the coming year. Work programmes include the pathways to wellbeing project promoting the utilisation of green space across the site, development of staff and patient gardens

Figure 7: Total Water Consumption



to promote biodiversity and improve wellbeing, lunchtime walks for staff, linking our Southmead site to nearby green spaces and a staff allotment. We will launch our new roof top Herb Garden designed and planted by Jekka McVicar. We will also be working closely with the Cardiologist's Kitchen to promote meals which are good for cardiac health.

We plan to finalise our Food and Drink strategy this year together with our draft Climate Change Adaptation Plan. We are also launching our first car-share policy to further bolster our range of initiatives to reduce single occupancy car journeys.

Corporate Vision and Governance Case Study:

The Trust was recognised at the national NHS Sustainability Awards 2016 for its sustainable development work, winning the Water Award and the Behaviour Change Award, as well as being "Highly Commended" in the Community Award for our collaborative work with University Hospitals Bristol NHS Foundation Trust on Green Impact. As a result of these achievements, The Trust also scooped the "Overall Winner" NHS Sustainability Award 2016 – testament to the hard work undertaken.

Leadership, Engagement and Development Case Study:

The Trust's collaborative work with neighbouring University Hospitals Bristol NHS Foundation Trust on Green Impact, a scheme to engage staff on sustainability is featured as a best practice case study in the national Sustainable Development Unit's Health Check Report 2017.

Travel and Transport Case Study:

The Trust's Travel Smart scheme promotes sustainable travel to staff, patients and visitors to improve health and wellbeing and reduce our impact on the environment in line with the Trust's Travel Plan. 2016/2017 saw the opening of the new Cycle Centre and the expansion of the Co-Wheels pool cars onsite at Southmead Hospital. Other Travel Smart initiatives include Dr Bike, Travel West Roadshows, electric loan bikes plus many others. The Trust's progress was evident following the latest staff travel survey which found single occupancy car drivers to be in the minority (47%) and staff cycling to work has now risen to 21%. As a result of these efforts the Trust won the "Most Improved Workplace" and "Organisation of the Year" Awards at the Annual Travel West Awards 2016.



Fundraising, Fresh Arts and volunteers



Our volunteers

In total we have around 450 volunteers based at Southmead and Cossham Hospitals.

On the wards some 100 patient befrienders help serve drinks and meals and support the ward staff and patients. They provide a listening ear and an uplifting chat and some are trained to help feed patients.

Recent additions to the volunteer team are our therapy dogs from 'Pets As Therapy' – 'Flash' the whippet is a familiar and welcome sight around the hospital (with his owner Sara) and 'Mollie' the Collie has started and is getting on really well. The dogs and their owners visit various wards and are welcomed and appreciated by the patients (and staff). As more dogs join the team, we hope to be able to start a referral service.

The Move Makers have continued to provide an invaluable service for our patients, visitors and staff coming to the Brunel building. Patients love their smiling service and gentle, reassuring manner when they arrive.

This year in conjunction with Emergency Department (ED) staff, a new role for Move Makers has been established that enables us to offer assistance to patients and visitors entering the hospital via the ED entrance and to provide support to receptionists at Gates 35 and 31.

The Brunel Buggy has continued to prove a great asset in helping patients and visitors. Up to the end of March 2017 we had assisted around 60,000 passengers since taking delivery.

Volunteers from the League of Friends provide a vital service, running the café in the atrium, which also benefits hospital services through its fundraising.

Southmead Hospital Charity

Southmead Hospital Charity supports the work of Southmead Hospital, Cossham Hospital and community health services in Bristol, South Gloucestershire and North Somerset. Thanks to our fundraisers and donors, over the past year we have been able to fund projects which really improve the care our patients receive, and which help develop our staff.

Our donors help us make a real impact by funding medical research, specialist equipment, staff development and arts projects which are beyond the remit of the NHS but which enrich the healthcare we provide.

We manage over 150 different funds representing departments and wards throughout the Trust, from neurology to NICU (Neonatal Intensive Care), from renal to radiology. This means our fundraisers can ensure their money goes directly to a cause close to their hearts.

During 2016 / 2017 we gave over £1.4 million to North Bristol NHS Trust to support a wide variety of projects. This includes over £480,000 for patient welfare and amenities, and over £538,000 to research projects. We continue to work in partnership with both the League of Friends and our volunteers to make a real difference to the lives of our patients, visitors and staff.

Support from our community

We are indebted to the support we receive from our local community and corporate partners who raise thousands of pounds for us every year.

Our highlights of last year include:

Martha's Mice raise over £10,000 for NICU

Martha Ferriday was born weighing just 519g (1lb 1oz). She was given the nickname Martha Mouse by the nurses who cared for her here at Southmead's NICU because she was so tiny. Martha's parents, together with their friends and relatives, have raised over £10,000 for our NICU fund - calling themselves Martha's Mice in honour of her nickname.

Thanks to the amazing fundraising efforts of Martha's family we can support NICU by buying more apnoea monitors to help us assess breathing rates of our bigger babies, more developmental care aids, and digital temperature probes which are quicker and better for the babies.

Multiple Sclerosis (MS) Warriors skydive

A team of intrepid skydivers, many of whom have MS themselves, wanted to raise money to thank the staff for the amazing care they receive at the MS clinical centre based at Southmead Hospital. The centre, which treats around 2,000 people a year, combines leading clinical services with cutting-edge research. The group of patients were joined in their epic skydive by friends and family and raised over £7,000. This will help support the physiotherapy classes, gym sessions and hydrotherapy treatment for those with MS locally.

Snowdon hike

Staff from iconnet digital agency in Gloucester raised over £3,500 by doing a sponsored hike up Snowdon. The team decided to raise money for us as a thank-you for the life-saving treatment their colleague Luke Williams received here last year when it was discovered he had a brain tumour. Since Luke returned to work, his company has continued to support our hospital by making Southmead Hospital Charity their chosen charity of the year.

Charity successes

Thanks to the support of our patients, staff and visitors, our fundraising activity within the hospital continues to grow.

- We raised over £20,000 towards Christmas gifts for patients and boxes of festive cheer for all wards at Southmead Hospital

Fundraising, Fresh Arts and volunteers (continued)

through our Christmas Appeal. All babies born over the Christmas period received a knitted teddy – donated by generous local knitters - and John Lewis Cribbs Causeway provided a festive Christmas display in the hospital and hosted a weekend of music as part of our Christmas Buskathon.

- Since their launch in March 2016 our Bake Well Wednesday cake sales have raised over £15,000 for a range of departments and teams across the Trust.
- Throughout June Southmead Hospital's Brunel building hosted the Great Brunel Buskathon. Entertainers donated their talents to perform for patients, staff and visitors. The event raised over £6,000 for the Charity's general fund and really brought the Brunel building to life.

Prostate Cancer Care Appeal

Southmead Hospital is one of the largest urological centres in the country. Our team of leading surgeons have ensured that we are at the forefront of prostate cancer care in the UK. But having helped save the lives of thousands of men, our existing surgical robot is now aging and so the Charity launched the Prostate Cancer Care Appeal to raise £2 million to:

- Purchase two additional surgical robots for the hospital to meet growing demand
- Fund new diagnostic and treatment options
- Support the training of the next generation of robotic surgeons

To help promote the Appeal, the Charity launched its own Robot Week in November. Local school children came to the hospital to try out their skills on a demonstration robot, and actor Stephen Merchant was one of many celebrities who showed their support for the Appeal.

Funded by our donors

We receive support and donations from thousands of individuals, companies, charitable trusts and community associations each year. There are too many to mention individually but collectively they have helped the charity make a real impact, improving the care our patients at NBT receive and helping to develop our staff.

Virtual tour of Brunel

Patients coming to Southmead Hospital can now explore the Brunel building before they've even left home, thanks to funding from our donors.

'Inside Brunel' is available on the Trust's website and allows patients to get to know the hospital's main building before they visit. The tour provides clear photographic images, taking users through the main front doors and along the full length of the building, clearly showing key areas such as the reception desk, patient check in points, pharmacy, toilets and cafes.

NBT Hero awards

Over 100 staff have been recognised as NBT Heroes by NBT Chief Executive Andrea Young for going that extra mile when looking after patients, colleagues and visitors. The quarterly awards are supported by Southmead Hospital Charity and form an important part of our staff recognition programme.

Our future plans

We will continue to improve and renew our processes in order to ensure best practice. We have signed up to the Fundraising Regulator's Code of Practice for the UK which aims to give donors the confidence that the Charity acts responsibly.

Further work will continue to ensure that the Charity can best support the Trust priorities. Work has begun to align all our funds within departments and where possible amalgamate funds to accumulate more support which, in turn, will help the Charity make more impact on patient support.

Fresh Arts

It's been a busy year for NBT's Fresh Arts programme as we consolidate many of our projects but continue to develop new areas of creative activity.

Highlights this year included:

- The live music programme welcomed 27 professional musicians into 74 locations in wards, clinics, waiting areas and Brunel atrium at Southmead and Cossham hospitals, directly engaging a total of 652 patients and 320 staff at Southmead, 288 patients and 95 staff at





Cossham as well as hundreds of passers-by in the atrium!

- Play It Again is a music and storytelling project based in our rehabilitation ward in Elgar House; there have been over 19 sessions since a pilot project in August 2016, 189 patients have been entertained and engaged by live music and storytelling.

- Our grand piano in the Brunel atrium attracted 52 talented local volunteer pianists with a generous total of 754 hours of their free time donated to play for our patients, staff and visitors.
- Momentum is a new dance group for Parkinson's patients; over 11 sessions have been held since January, it's been an essential part of the week for a total of 176 patients and carers.

- Over 38 sessions last year, our Make Your Mark artists supported 162 patients in complex care and Elgar House rehabilitation wards to enjoy visual art activities.

The above Performance Report reflects adherence to the reporting framework set out in the Manual for Accounts

Accountability Report



Corporate Governance Report

Board members for 2016/17 are shown below.

Non-Executive Directors	Executive Directors	Corporate Directors
Peter Rilett, Chairman	Andrea Young, Chief Executive	Neil Darvill, Director of Informatics
Andrew Willis	Dr Chris Burton, Medical Director	Jacolyn Fergusson, Director of Workforce and OD
Dr Liz Redfern CBE	Kate Hannam, Director of Operations	Simon Wood, Director of Facilities
John Everitt	Sue Jones, Director of Nursing	
Robert Mould	Catherine Phillips, Director of Finance	
Jaki Meekings Davis		
Professor Nishan Canagarajah (to 31/12/16)		
Professor John Iredale (from 01/01/17)		

* The register of interests of these members can be found at: <https://www.nbt.nhs.uk/sites/default/files/attachments/Trust%20Board%20Papers%20March%202017.pdf>

Audit Committee

The Audit Committee members have been Ms Jaki Davis, Chairman, Prof Nishan Canagarajah (until 31 December 2016) and Mr John Everitt.

Personal Data

There have been no personal data incidents in 2016/17.

Statement of Directors' responsibilities in respect of the accounts

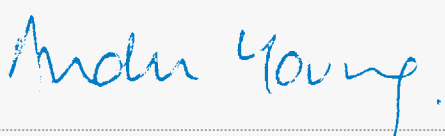
The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

Chief Executive  Date June 2 2017

Finance Director  Date June 2 2017

Annual Governance Statement 2016/17



1. Introduction

The Chief Executive of NHS Improvement, in his capacity as the Accounting Officer (AO) for the NHS Trust Development Authority legal entity, requires NHS Trust Accountable Officers to give him assurance about the stewardship of their organisations.

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 NHS Improvement (NHSI) 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 Bristol, North Somerset and South Gloucestershire (BNSSG), 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. The Trust

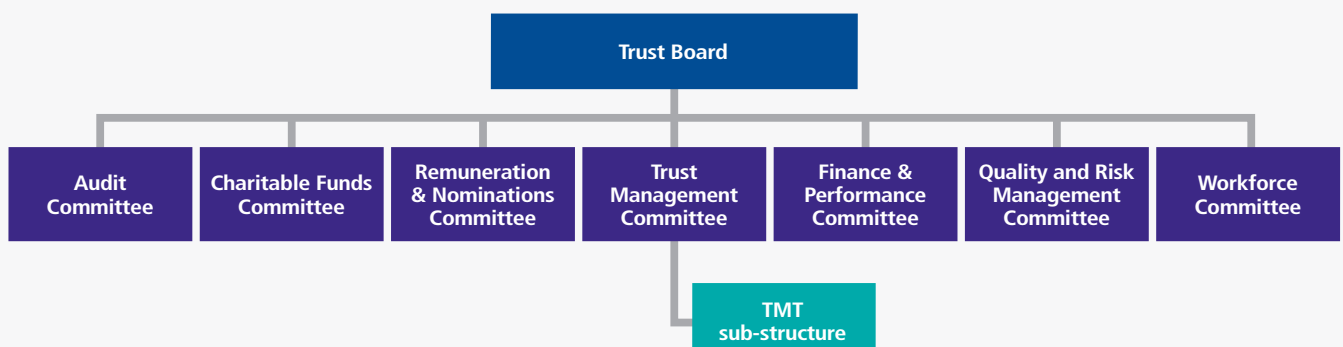
is also part of the BNSSG Sustainability & Transformation Plan (STP) and has actively engaged with the process to develop and implement this system approach.

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. In recognising the significant workforce risks to the Trust from needing to drive improvements in efficiency, productivity, developing new models of working, complying with changing legislation and regulation and driving savings, the Board agreed to constitute a Workforce Committee to provide it with assurance about how these changes were being 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

2016/17 (continued)

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

Committee	Functions										
Trust Board	<ul style="list-style-type: none"> The Trust Board maintains overall accountability for the effectiveness of internal control. It primarily discharges this responsibility through the receipt and review of; 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. 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. 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. 										
Audit Committee	<ul style="list-style-type: none"> 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. 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). This supports the achievement of the organisation's objectives and ensures compliance with regulatory, legal and code of conduct requirements. 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. 										
Quality and Risk Management Committee (Q&RMC)	<ul style="list-style-type: none"> The Quality and Risk Management Committee (Q&RMC) is the assurance committee responsible for overseeing the management of Risk, Governance and Assurance for the Trust on quality issues. 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. This also includes overseeing the system of control around directorates' clinical and non-clinical risk registers including escalation to the Trust risk register. Furthermore, it is responsible for identifying all the cross cutting themes arising from executive and non-executive walkrounds. 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. 										
Finance & Performance Committee (F&PC)	<ul style="list-style-type: none"> The Finance and Performance Committee (F&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. 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. 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 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 										
Trust Management Team (TMT)	<ul style="list-style-type: none"> All delivery groups report through the TMT to the Trust Board. It focusses on: <table border="0" style="margin-left: 20px;"> <tr> <td>Business Planning</td> <td>Quality</td> </tr> <tr> <td>Performance Management</td> <td>Health & Safety</td> </tr> <tr> <td>Recovery & CIP Delivery Finance</td> <td>IM&T</td> </tr> <tr> <td>Capital</td> <td>Programme Management</td> </tr> <tr> <td></td> <td>Workforce</td> </tr> </table> It comprises all the executive directors and all the clinical directors of the Trust 	Business Planning	Quality	Performance Management	Health & Safety	Recovery & CIP Delivery Finance	IM&T	Capital	Programme Management		Workforce
Business Planning	Quality										
Performance Management	Health & Safety										
Recovery & CIP Delivery Finance	IM&T										
Capital	Programme Management										
	Workforce										
Workforce Committee	<ul style="list-style-type: none"> The Workforce Committee (WC) is the assurance committee responsible for overseeing the management of the Trust's workforce. It comprises the two non-executives (one of them as chair) and five of the executives and is responsible for ensuring the Trust's mechanisms for driving change in its workforce and processes for complying with regulation and legislation are robust. Specific responsibilities include developing the workforce strategy, monitoring key workforce performance indicators, oversight of the Trust's employment diversity agenda, relationships with educational partners and receiving regular reports from the Guardian of Safe Working¹. 										

¹ The guardian of safe working has been introduced as part of changes to the junior doctor contract to protect patients and doctors by making sure doctors aren't working unsafe hours.

Committee Member Attendance Records

Member	Trust Board	Committees					
		Audit	Quality & Risk Mgt	Finance & Performance	Charity	Workforce	Remuneration & Nominations
C Burton	15/15	-	5/6	-	-	3/5	-
N Canagarajah (NED - left 31 Dec 2016)	7/11	2/3	-	-	-	-	2/4
N Darvill	11/15	-	(1)	6/8	(1)	-	-
J Davis (NED - joined April 2016)	12/15	4/4	(1)	(2)	4/4	-	5/7
J Everitt	12/15	2/4	-	6/8	-	-	6/7
J Fergusson (interim Dir. of HR from May 2016)	13/13	-	5/6	(1)	-	4/4	5/5
K Hannam	15/15	-	3/6	8/8	-	3/5	-
H Hayer (left Apr 2016)	0/1	-	-	-	-	-	-
J Iredale (NED -joined Jan 2017)	1/4	-	-	-	-	-	0/3
P Jones (Interim Dir. of HR – left Apr 2016)	1/1	-	-	-	-	1/1	1/1
S Jones	13/15	(1)	5/6	(1)	2/4	2/5	-
S Karakusevic (Dir. of Strategy – seconded out from Oct. 2015)	-	-	-	-	-	-	-
R Mould	13/15	-	5/6	(2)	-	4/5	7/7
C Phillips	13/15	4/4	-	7/8	4/4	2/2	-
E Redfern	13/15	-	6/6	(4)	-	5/5	7/7
P Rilett	15/15	-	-	5/8	-	-	6/7
A Willis	14/15	-	-	7/8	-	2/5	7/7
S Wood	11/15	(1)	6/6	(3)	(1)	2/2	-
A Young	14/15	(1)	-	(4)	-	-	7/7

Annual Governance Statement

2016/17 (continued)

Board and Principal Committee Reports

The Audit Committee, Quality and Risk Management Committee, Workforce 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 2016/17. The Board and committees have work plans which support the forward planning of assurance activities and target their work to key areas of risk, under performance 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:

Group	Reporting Area
Board	<ul style="list-style-type: none"> • Integrated Performance Report (IPR) • Frenchay Hospital Site Disposal • Quality Account • Accountability Framework and TDA statements (within IPR) • Year-end Financial Accounts • Specific service reports • Finance and Capital Budget • Business plan • Safe staffing • Patient Stories • Annual Report • CQC Reports and action plans • Board Risk and Assurance Framework • Staff Attitude Survey results • Strategy • Organisational Restructure • Capital and Revenue OBCs and FBCs above £500k • Patient Administration System Implementation • Informatics Plan • Board Development Programme • Financial Recovery Plan
Audit Committee (Independent assurance)	<ul style="list-style-type: none"> • Head of Internal Audit Opinion • Audit Findings Report • Counter fraud work plan, Updates and Annual Report • Standing orders / Standing financial instructions / Detailed scheme of delegation • Accounting policies • 2015/16 Financial Accounts • Trust Annual Report • Annual Governance Statement • Effectiveness Survey and review of terms of reference • Internal audit work plan, updates and annual report • Independent governance review progress • Annual Audit letter • External Audit Plans • Going Concern Basis • Auditor Appointment • Quality Account • Financial Recovery Plan governance and assurance
Finance and Performance Committee (F&PC)	<ul style="list-style-type: none"> • Performance Assurance • RTT recovery plans and progress updates • Year end forecasts • Business Plan 2016/17 Refresh • Outline and full business cases • CIP Progress • Reference Cost Assurance • Service Line Reporting Implementation • Finance Reports • PFI performance • Capacity and demand planning • STF and Fines Update

Group	Reporting Area
Finance and Performance Committee (F&PC)	<ul style="list-style-type: none"> • Cancer Performance • Theatres Project governance • Carter Report actions • Commissioning contract negotiations • Five year capital plan • Soft FM Benchmarking • Patient Flow improvement plan and monitoring • Data quality • Terms of Reference • Commercial disputes • Sustainability and Transformation Plan • PFI refinancing
Workforce Committee	<ul style="list-style-type: none"> • Key metrics dashboard • Deep dives eg. Sickness absence, workforce cost reduction plans and recruitment • Staff survey action planning • Friends and Family Test • Junior doctors contract implementation • HR capacity • Terms of Reference • Workforce risk register • Committee forward plan • Medical workforce project overview and progress • Workforce improvement plan • OD Roadmap • GMC Survey results • Restructuring proposals • Junior doctor contract and Guardian of safe working • Medical workforce revalidation and appraisal annual report • E-rostering review • EU exit update
Quality & Risk Management Committee (Q&RMC)	<ul style="list-style-type: none"> • CQC inspection report action plans • CQC inspection regime • Leadership walkround policy and organisation • Deep dives of specific services e.g. Quality Improvement Programme, Theatre Safety Culture, Critical Care Outcomes, Mortality Screening and Renal Quality • Patient Experience Plan and progress • Quality Account development plan and updates • Never Events Review • Independent Sector contracting assurance • NICU Outcomes and governance • Risk management assurance • Performance assurance framework • Patient survey results and actions • PHSO report • Estates and infrastructure failings reporting process • Terms of Reference • Policy management update • Incident reporting improvement plan • Development of quality metrics

Changes to the Trust Board

There was one change to the personnel of the Board in 2016/17. Professor Nishan Canagarajah, Non-Executive Director and representative from the University of Bristol, resigned his post effective from 31 December 2016, and was replaced by Professor John Iredale.

NHSI 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 Director of People and Organisational Health was on long term sick leave until 14 April 2016. Interim cover was provided by two individuals.

The Director of Strategy & Transformation was on secondment for the whole year and his functions were absorbed into the Medical Director's remit.

Board Development

During the year, the Board has worked with a Board development partner, Heidrick & Struggles, 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. The Board monitored its development through a Board Evaluation Review which asked for members of the Board to consider progress against a core set of criteria. It also offered members the opportunity to highlight where the biggest areas of challenge were so that these could be focused on during the following year's programme. A summary of the 2016/17 assessment was received by the Board in March 2017 alongside a proposal for the 2017/18 development programme.

Business Planning and Financial Recovery

In accordance with the TDA accountability framework the Board submitted a one year operational plan in April 2016. However due to known risks in the planning process the Board agreed to refresh the plan during quarter 1 (April to June 2016). The Trust commissioned an external review by FTI Consulting LLP (FTI) to complete an independent review and assessment of the Trust's business planning process, and deliverability of the revised operating plan. The review found the Trust's revised approach to Business Planning to be sound, with clear intent providing a basis for the organisation to complete a thorough business planning cycle. However a number of recommendations were identified to ensure consistency and full implementation of the process.

Following the Trust being placed into Financial Special Measures (FSM), FTI supported the Trust in developing its Financial Recovery Plan (FRP). The Trust then commissioned PwC to support financial recovery and develop a Programme Management Office (PMO) to drive delivery of the FRP. PwC then supported the Trust in creating and recruiting to an in-house PMO which was in place towards the end of the financial year.

Regular checkpoint meetings were held with NHS Improvement following being placed into FSM. NHSI allocated the Trust an Improvement Director who liaised closely with Trust management on delivery of the plan, and also reported to the allocated NHSI Director, Bob Alexander.

Trust Strategy and Long Term Financial Model

The Trust Board approved its revised Strategy in July 2016 following a period of development internally during its meetings and development sessions, and in conjunction with senior clinicians and managers through the Trust Management

Team. The draft strategy and key messages were shared with the public and patients as well as key external stakeholders including commissioners, and local authorities via Health Scrutiny and Health & Wellbeing Boards.

The Long Term Financial Model (LTFM) was reviewed during the year in line with agreeing the business plan and commissioning contracts. The LTFM was also reviewed in light of being placed into FSM and forecast delivery of its FRP.

Board to Ward

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. 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.

Members of the Board, both Executive and Non-Executive, are asked to undertake regular visits to clinical areas and speak to staff and patients to understand their experiences and then feed these back into Board discussions. Completion of visits against the agreed frequency is reported to the Quality & Risk Management Committee and any issues highlighted to the Board.

Performance Reporting

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.

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2016/17 (continued)

Where performance is identified as having deteriorated or forecast to deteriorate, the Board will commission a deep dive review by one of its Committees. For example given the high levels of sickness absence, the Workforce Committee was tasked with reviewing the Trust's position, current state of actions and further actions required to drive this down towards the target.

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, mortality alerts from Dr Foster and delivery of and outcomes arising 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, national quality priorities (e.g. those set within the agreed plan with NHS Improvement) and any quality related Contract Performance Notices with commissioners. 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.

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 2016/17, reported by the internal auditors, KPMG, were a 'mock' CQC inspection, Serious Incident Reporting (follow up and learning review) 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:

- NHS Improvement, on behalf of the Secretary of State, 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, 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

Following the implementation of the Trust's new patient administration system, Lorenzo, in November 2015 a significant amount of work has been undertaken to identify data quality issues and address these. Issues are identified through a new data quality reporting tool which highlights where review and remedial action is required. The Trust has also appointed a number of Data Quality Marshalls who work within the hospital to holistically look at data pathways from input stage to reporting, to identify and take action to correct issues. Their role is to also ensure that capability in the workforce is increased through the provision of ongoing advice, guidance and training.

The effectiveness and robustness of the Trust's systems for ensuring data completeness was tested by the Trust's internal auditors during the year. This found that data was flowing accurately from Lorenzo to the data warehouse and through into the reporting and billing systems. It did recognise that further work was required to ensure the accuracy of initial data input, and this is now part of the Data Quality Marshall's role. Further enhancements through

the implementation of a new Business Intelligence tool later in 2017/18 will provide further reporting on data quality issues and ensure these can be quickly identified and addressed.

Review of Elective Data

Bi-weekly performance meetings are held with each speciality, the Deputy Director of Operations, Elective Care Programme Manager and Performance and Contracts Co-ordinator to monitor Referral to Treatment (RTT) performance and the Trust's overall progress against its RTT recovery plan. This includes the review of diagnostic performance. For the second meeting of the month the General Manager and Associate Director of Performance and Sustainability will also be in attendance. 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. Administrative 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 taken i.e. appointment booked/treatment date 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.

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 and the top operational risks every six months. 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. Each of the risks in the BAF have been aligned to the objectives within the Trust Strategy, have their original, current and target risk scores reported, and trend graphs to show how the risk scores have changed over time.

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 and Finance & Performance Committee to ensure they are focusing on the key risks to the delivery of the Trust's Strategy.

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

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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 continued to mature during 2016/17. During the year the QRMC 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. The QRMC have specifically focused during 2016/17 on those high risks that have been on the risk register for a significant period of time to try and seek mitigations to the identified risks. In addition a weekly executive incident review meeting has been instigated that primarily reviews actual and potential Serious Incidents but is also used to escalate risk entries where specific executive scrutiny is requested by QRMC. This was introduced at the beginning of January 2017.

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. A weekly Executive Incident Review Group has been introduced from January 2017 to review actual and potential Serious Incidents and to act as a point of decision-making and escalation where necessary. 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) in line with required practice. Serious incidents are also reported to NHS Improvement 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 Strategic Risk Profile

During the 2016/17 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"> • Delivering the Urgent Care action plan • Revised Bed Management Policy • Integrated Discharge Service • Winter Plan including elective delivery model • Bed Management Policy and Model • Repatriation policy • Review of the Emergency Department workforce • Remedial Action Plans in place for all constitutional standards 	<ul style="list-style-type: none"> • Further mitigations are required to address this risk and the Trust will continue to work with key stakeholders to find a sustainable solution
A significant cyber-attack results in the unavailability of the Trust's IT infrastructure and/or IT systems leading to compromised patient care and cancellation of elective patients. This results in poor quality outcomes, deteriorating operational performance, a reduction in income, reputation, and in extreme cases this could lead to data loss.	<ul style="list-style-type: none"> • Review and update current business continuity and disaster recovery plans • Investment in upgraded enterprise storage, infrastructure and virtualisation 	<ul style="list-style-type: none"> • Further mitigations are required to address this risk
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"> • IM&T Board and sub-structure • Full IM&T management structure • Technology capital schemes • Business case and benefits review processes • Use of technology work stream (Part of Sustainability Programme) • IM&T Look Forward – capacity & capability assessment • IM&T Programme Management Office 	<ul style="list-style-type: none"> • Further mitigations are required to address this risk, give the scale of IT developments underway and planned over the next few years.
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"> • Executive lead for financial recovery appointed • Programme Management Office • Financial Recovery Group overseeing activity in four workstreams – Length of Stay, Theatres, Outpatients and Workforce • Project leads identified - including clinical leads • Directorate Performance Meetings • Corporate governance groups • Referral to Treatment Trajectories • Demand and capacity modelling • Length of stay targets for directorates • Membership of the NHS Benchmarking Network • Independent Sector contracting and agreements 	<ul style="list-style-type: none"> • Risk mitigation plans in place however delivery remains challenging.

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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 35 incidents reported against the Information Commissioners Office (ICO) Incident Reporting guidelines during 2016/17. 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 achieved a minimum of level 2 compliance in all of the standards, with level 3 compliance in nine of the 45 standards. This gives the Trust an overall rating of level 2 which is satisfactory.

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 2017 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 Provider Licence Compliance Statements and Board Compliance Statements. 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 and in relation to achieving a minimum of Level 2 performance against the requirements of the Information Governance Toolkit. The Board has responded negatively to the former statement for the whole year and awaits evidence that the implementation of its plans are on trajectory. In relation to the latter statement, the Board, following receipt of assurances, has declared compliance from March 2017.

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

Type	Assurance Source
External Assurances	<ul style="list-style-type: none"> • External Audit reports on the Trusts annual financial accounts • Annual patients' survey and delivery of action plan • Annual staff survey improved results and delivery of action plan • 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 • Peer review visits • Local Authorities – Health Overview and Scrutiny Committees • National Clinical Audit reports • Medicines and Healthcare Products Agency • Joint Advisory Group • Management Systems Organisations accreditation reviews, such as the British Standards Institute • Intensive Care Support Team reports to Board • Patient Stories

Type	Assurance Source
Internal Assurances	<ul style="list-style-type: none"> • Reports received from internal audit • Clinical audit reports • Clinical Audit Assurance report to Audit Committee • Annual Clinical Audit Report to Audit Committee • (Integrated) Performance Management reports to the Trust Board incorporating Patient Experience and Friends and Family Patient and staff results • Financial Sustainability reports to the Trust Board • Annual Quality Account • Safer Staffing reports to Trust Board • Quality & Risk Management Committee Assurance reports to Board • Audit Committee reports to Board • Finance and Performance Committee reports to Board • Medical Staff appraisal progress reports to Trust Board • Annual Equality Report



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2016/17 (continued)

7. Significant Issues

Taking the guidance provided on the disclosure of 'significant issues' within the 'NHS trusts: annual governance statement requirements and update on going concern' letter issued by NHS Improvement in February 2017, the Trust has outlined below information where this applies.

Financial Performance

At the start of the year the Trust did not agree the control total issued to it by NHS Improvement for 2016/17 of £22m, primarily due to the significant risks to delivery and uncertainties around the wider NHS which may impact on the Trust. Following a review of the business plan in quarter 1, described above, the Trust identified a number of areas of focus to support an improvement of the financial position. However in September 2016, the Trust was placed into Financial Special Measures and asked to develop a Financial Recovery Plan (FRP) to deliver the agreed control total.

The FRP focused on driving productivity and efficiency improvements in relation to four strategic workstreams – Length of Stay, Theatres, Outpatients and Workforce. The aim of the FRP was to achieve the control total, subject to receipt of the Sustainability & Transformation Funding as well as commissioner fines being waived, and deliver improvements in the underlying run rate so that the Trust moved into 2017/18 in a more sustainable position.

To achieve the FRP the Trust implemented a range of measures to deliver the recovery programme. These included:

- freeing up Executive resource to oversee and ensure prompt decision making around recovery
- Instigating fortnightly financial review meetings with the clinical and corporate directorates to ensure delivery of the improvement trajectories
- Identification and delivery of non-recurrent measures

- Enhanced pay and non-pay controls were implemented, with a significant effort to reduce expenditure on temporary staffing and non-purchase order spend
- Increased elective activity through the period to the end of the financial year and Winter
- Increased utilisation of outpatient capacity, particularly to deliver increased follow-up activity
- Implementation of a Programme Management Office (PMO) to oversee the identification and delivery of savings programmes for 2016/17 and future years. This included the appointment of a team of experienced individuals to the PMO under the leadership of the Director of People and Transformation.
- A Financial Recovery Group was instigated, constituted by the Executive Directors and Clinical Directors, to consider and take prompt decisions about key financial recovery issues. This ensured clinical engagement in the decision making and thus minimise the risk of any quality impact from the decisions.
- A Non-Executive Director, Jaki Meekings Davis, provided independent scrutiny and support to the process outside of the normal governance meetings of the Board and Audit Committee.
- The Audit Committee provided scrutiny to the overall governance of the recovery programme, whilst the Finance & Performance Committee and Quality & Risk Management Committee provided assurance to the Board on elements of the plan within their scope of responsibilities for example seeking assurance about the impact on plans on the quality of care and delivery of operational performance improvement.

The combination of the above has supported the Trust to deliver its recovery plan and a financial outturn of £42.9m which was ahead of the target of £44m.

Patient Flow & Bed Occupancy

Operational performance and patient experience has been impacted during the year due to high bed occupancy levels which has affected our ability to manage the flow of patients through the hospital. The Length of Stay Board, chaired by a clinical director with support from the Director of Operations, has overseen improvements in the length of stay across the Trust which has seen the average length of stay improve across all specialties. However the significant increase in emergency admissions during the last six months of the year coupled with an increase of patients requiring complex discharge arrangements has resulted in the Trust operating at a significant occupancy level (above 98%) which has severely impacted on the ability to pull patients from the Emergency Department within the 4 hour target. Over the winter period, a planned reduction in in-patient elective operating with an increase in day case operating was enacted to support the medicine directorate with an increased bed capacity to manage the predicted increase in demand. This has meant that during this period patients were more proactively managed and has reduced delays when compared to the previous year.

The Trust continues to work with its system partners to reduced demand at the Emergency Department and improve the levels of complex discharges.

Quality - Never Events & MRSA Bacteraemias

There have been five Never Events reported during the year relating to two incidents of a retained foreign object, a wrong site surgery, a misplaced nasogastric tube and a wrong implant. The 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 2016/17.

There have been six MRSA bacteraemias reported during the year. An action plan to reduce risk of further cases is in place and agreed with commissioners and NHS Improvement. Focus is on screening and management of indwelling devices (especially vascular catheters and cannulae).



Financial review

Financial Special measures

The Trust was placed in financial special measures in September 2016 because it was not able to agree the control total issued by NHS Improvement (NHSI). This meant that the Trust was asked to develop a recovery plan and was subject to detailed monitoring and scrutiny by NHSI. The Trust delivered significant improvements in a number of key workstreams and achieved a financial outturn of a £42.9m deficit.

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 £42.9m which was within the forecast deficit agreed with NHS Improvement of £44m. As a result of this, as well as a funding shortfall from 2015/16, financing from the

Department of Health was received in the year of £70.1m in the form of interest bearing loans.

The Trust sold the land at the former Frenchay site during the financial year for a total consideration of £31m. £7m cash was received during the year with the balance being paid over the next 5 years. A gain on sale of £2.8m was recognised in the 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 2016/17 and in the previous four years of the Trust.

	2012-13 £m	2013-14 £m	2014-15 £m	2015-16 £m	2016-17 £m
Break-even in year position	7.0	5.6	(19.7)	(51.6)	(42.9)
Break-even cumulative position	(1.5)	4.1	(15.6)	(67.2)	(110.1)
External financing limit	Achieved	Achieved	Achieved	Achieved	Achieved
Capital resource limit	Achieved	Achieved	Achieved	Achieved	Achieved

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, and this shows that the Trust achieved the target agreed with the NHS Improvement of (£42.9m).

The deficit of £42.9m is after delivering £26.5m of savings in-year.

Capital expenditure for the year was £21.3m and was funded primarily from internally generated resources. Major areas of expenditure included £3.5m in IT investment and £3.7m on medical equipment.

Trust results	£m
Retained deficit for the year	(51.1)
Add back: impairments	8
Donated assets	0.2
Surplus recorded for break-even	(42.9)

Notes:

1. Impairments and reversals arose following a revaluation of the Trust's land and buildings by the district valuer and also impairment on IT systems becoming operational;
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.

Forward look to 2017/18

The Trust's financial forecast for 2017/18 shows a deficit (as measured for break-even duty purposes) of £18.7m, which requires savings of £39.2m. Of the £39.2m of savings, £26.2m have been identified to date. The Trust has a financial sustainability group which will be reviewing the schemes identified and have 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 in 2017/18 means that the Trust has a significant cash shortfall in 2017/18 and cash support from the Department of Health is essential. The Trust has received funding in April and May in line with plan and it is anticipated that funding will continue to be made available throughout the year to meet ongoing operational liabilities.



Andrea Young

Signed

Andrea Young,
Chief Executive
North Bristol NHS Trust

Date: June 2 2017

Directors' Report

Board members for 2016/17 are shown below.

Non-Executive Directors	Executive Directors
Peter Rilett, Chairman	Andrea Young, Chief Executive
Andrew Willis	Dr Chris Burton, Medical Director
Dr Liz Redfern CBE	Kate Hannam, Director of Operations
John Everitt	Sue Jones, Director of Nursing
Robert Mould	Catherine Phillips, Director of Finance
Jaki Meekings-Davis	
Professor John Iredale	

*The register of interests of these members can be found at: <https://www.nbt.nhs.uk/sites/default/files/attachments/Trust%20Board%20Papers%20March%202017.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 69% of non-NHS invoices within 30 days compared with 78% in the previous year. Further details of compliance with the Code are contained in note 10 to the Annual Accounts.

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 £25,178 of non-audit work has been undertaken in 2016/17, £12,000 related to the Trust's quality accounts and £13,178 related to Investors in People accreditation.

Fraud

The Trust has a Counter Fraud policy 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 Audit South West to provide counter fraud services.

Off Payroll Arrangements

As part of the 'Review of Tax Arrangements of Public Sector Appointees' the Trust is required to disclose the number of non-

payroll arrangements which existed at 31 March 2017 and what action has been taken in regard to their tax status since that date.

From 6 April 2017 new rules for off payroll working in the public sector commenced. HMRC began the implementation of the reform of the intermediary's legislation (IR35) which means that responsibility for applying these rules now rests with the employer. As a result of this, all off-payroll arrangements, irrespective of value, have been assessed using the new HMRC on-line tool and steps taken to ensure that tax and national insurance is deducted correctly in line with the results of the tool.

Existing off-payroll arrangements as of 31 March 2017, for more than £220 per day and that last longer than 6 months

	2016/17 Number	2015/16 Number
Number of existing engagements as of 31 March 2017	8	7
Of which, the number that have existed		
for less than one year at the time of reporting	4	5
for between one and two years at the time of reporting	3	1
for between 2 and 3 years at the time of reporting	0	0
for between 3 and 4 years at the time of reporting	0	0
for 4 or more years at the time of reporting	1	1

New off-payroll arrangements between 1 April 2016 and 31 March 2017, for more than £220 per day and that last longer than 6 months

	2016/17 Number	2015/16 Number
Number of new engagements, or those that reached six months in duration, between 1 April 2016 and 31 March 2017	5	36
Number of new engagements which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	3	0
Number of whom assurance has been requested	4	36
Of which:		
assurance has been received	3	17
assurance has not been received	1	19
engagements terminated as a result of assurance not being received	0	0

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2016 and 31 March 2017

	2016/17 Number	2015/16 Number
Number of off-payroll engagements of board members, and / or senior officers with significant financial responsibility, during the financial year	2	2
Total no. of individuals on payroll and off-payroll that have been deemed "Board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both on payroll and off-payroll engagements.	19	20

Notes:

An interim Director of Workforce and Organisational Development was engaged using an off-payroll engagement during the year to cover a vacancy. Details of the appointment period is disclosed within the Remuneration Report.

The number of individuals that have been deemed "Board members and/or senior officers with significant responsibility during the financial year, both on and off payroll, has been calculated as per the members listed on the Remuneration Report.



Remuneration Report

Salary and Pensions entitlements of senior managers 2016/17

Remuneration of senior managers (audited)

Name and title	2016-17				2015-16			
	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	All pension-related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	All pension-related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£000	£000	£000	£000	£000	£000	£000
Non-Executive Directors								
Peter Rilett - Chairman	20-25	-	-	20-25	15-20	1	-	15-20
Andrew Willis - Non Executive Director	5-10	-	-	5-10	5-10	41	-	10-15
Liz Redfern CBE - Non Executive Director	5-10	-	-	5-10	5-10	25	-	5-10
John Everitt - Non Executive Director	5-10	-	-	5-10	0-5	2	-	0-5
Ken Guy - Non Executive Director Left 31.03.16	5-10	-	-	0-5	5-10	-	-	5-10
Mark Lawton (left 31/08/15)	-	-	-	-	0-5	-	-	0-5
Nishan Canagarajah - Non Executive Director Left 31/12/16	0-5	-	-	0-5	5-10	-	-	5-10
Robert Mould - Non Executive Director	5-10	-	-	5-10	5-10	3	-	5-10
David Taylor - Associate Non Executive Director Left 31/12/15	-	-	-	-	0-5	-	-	0-5
Jaki Meekings-Davis - Non Executive Director Started 01/04/16	5-10	-	-	5-10	-	-	-	-
John Iredale - Non Executive Director Started 01/01/17	0-5	-	-	0-5	-	-	-	-
Executive Directors								
Andrea Young - Chief Executive	185-190	1	30-32.5	220-225	185-190	1	12.5-15	200-205
Catherine Phillips - Director of Finance	135-140	1	37.5-40	175-180	135-140	1	17.5-20	155-160
Chris Burton - Medical Director	150-155	2	25-27.5	175-180	150-155	2	22.5-25	175-180
Kate Hannam - Director of Operations	115-120	-	25-27.5	145-150	115-120	-	75-77.5	195-200
Sue Jones - Director of Nursing and Quality	110-115	-	15-17.5	130-135	110-115	-	2.5-5	115-120

Name and title	2016-17				2015-16			
	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	All pension-related benefits (bands of £2,500)	Total (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	All pension-related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£000	£000	£000	£000	£000	£000	£000
Corporate Directors								
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 & Organisational Health Left 14/04/16	-	-	5-75	5-10	90-95	1	-	90-95
Paul Jones - Interim Director of People & Organisational Health Started 01/09/15. Left 05/05/16	20-25	-	-	20-25	135-140	-	-	135-140
Neil Darvill - Director of Informatics Started 01/12/15	115-120	-	67.5-70	185-190	45-50	-	50-52.5	100-105
Sasha Karakusevic - Director of Strategy & Transformation	20-25	-	27.5-30	45-50	125-130	1	10-12.5	135-140
Simon Wood - Director of Estates, Facilities & Capital Planning	110-115	1	15-17.5	125-130	110-115	1	2.5-5	110-115
Jacolyn Fergusson - Interim Director of Workforce & Organisational Development. Started 05/05/16	205-210	-	-	205-210	-	-	-	-

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 2015 to 31 March 2016 for 2.5 days per month. This arrangement was no longer in place in 2016/17.

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

Pay Multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid Director in their organisation and the median remuneration of the organisation's workforce.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. This has been audited.

The banded, full time annualised total remuneration of the highest paid director in the organisation in the financial year 2016-17 was £225k-£230k (2015-16: £185-£190k). This was 7.9 times (2015-16 6.3 times) the median remuneration of the workforce, which was £28,626 (2015-16 £30,718).

In 2016-17 no employees (2015-16 5 employees) received remuneration in excess of the highest-paid director. Remuneration ranged from £15,251 to £228,938 (2015-16: £15,100 to £231,467).

Remuneration Report (continued)



Pension entitlements of senior managers (audited)

Name and title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31 March 2017 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2017 (bands of £5,000) £000	Cash Equivalent Transfer Value at 1 April 2016 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2017 £000	Employer's contribution to stakeholder pension £000
Executive Directors								
Andrea Young - Chief Executive	2.5-5	7.5-10	70-75	210-215	1,499	71	1,570	N/A
Catherine Phillips - Director of Finance	2.5-5	0-2.5	45-50	125-130	692	81	773	N/A
Chris Burton - Medical Director	2.5-5	5-7.5	50-55	155-160	981	71	1,052	N/A
Kate Hannam - Director of Operations	2.5-5	0	30-35	90-95	458	34	492	N/A
Sue Jones - Director of Nursing and Quality	0-2.5	2.5-5	50-55	150-155	919	54	973	N/A
Corporate Directors								
Harry Hayer - Director of People and Organisation Health. Left 14/04/16	0.25	-	15-20	45-50	293	3	315	N/A
Neil Darvill - Director of Informatics Started 01/12/15	2.5-5	10-12.5	35-40	115-120	646	91	737	N/A
Sasha Karakusevic - Director of Strategy & Transformation	0-2.5	0	45-50	125-130	756	73	829	N/A
Simon Wood - Director of Estates, Facilities & Capital Planning	0-2.5	2.5-5	50-55	150-155	1,005	59	1,064	N/A

Past and present employees of the Trust are covered by the NHS Pension Scheme, details of this scheme are provided within the full accounts.

The tables of salary and pension entitlements of senior managers, including supporting notes, and the narrative notes relating to pay multiples have been audited.

As non-executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme

at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Staff Report

Staff Numbers

The Trust staff numbers are listed below. Senior Managers are listed as per the Remuneration Report.

Average Staff Numbers	2016/17			2015/16
	Total Number	Permanently employed Number	Other Number	Total Number
Medical and dental	914	877	36	927
Administration and estates	1,545	1,436	109	1,850
Healthcare assistants and other support staff	1,696	1,347	349	1,777
Nursing, midwifery and health visiting staff	2,373	2,179	194	2,636
Scientific, therapeutic and technical staff	759	743	15	899
Healthcare Science Staff	610	598	12	571
Total	7,897	7,181	717	8,661
Of the above - staff engaged on capital projects	94	65	29	179



Staff Composition	2016/17			2015/16		
	Male	Female	Total	Male	Female	Total
Board members	12	7	19	14	6	20
Other staff	2,056	5,822	7,878	2,101	6,540	8,641
Total	2,068	5,829	7,897	2,115	6,546	8,661
Total %	26%	74%	-	24%	76%	-

Exit Packages

The Exit packages agreed by the Trust are as follows:

Exit package cost band	Number of compulsory redundancies	Cost of compulsory redundancies £s	Number of other departures agreed	Cost of other departures agreed £s
Less than £10,000	0	0	52	180,399
£10,000 - £25,000	2	26,095	8	129,031
£25,001 - £50,000	1	34,437	1	29,008
£50,001 - £100,000	0	0	0	0
£100,001 - £150,000	0	0	0	0
£150,001 - £200,000	0	0	0	0
>£200,000	0	0	0	0
Total	3	60,532	61	338,438

Sickness Absence Data and Pension Liabilities	2016	2015
Total Days Lost	76,026	78,563
Total FTE Staff Years	7,365	7,498
Average working days lost per staff year	10.3	10.5

Note: Figures presented are per calendar year.

Pension liabilities are detailed within the accounts under Note 9. The policy note for pensions is presented under note 1.5 detailing how pension liabilities are treated in the accounts and how to obtain the NHS Pensions accounts. Within the Remuneration Report salary and pension entitlements of senior managers has been provided.

Staff Policies applied during the year

Expenditure on consultancy

Expenditure on consultancy services was £813,000 (2015/16 £233,000) during the year.



Financial statements

The financial statements have been prepared in accordance with the NHS Trusts Manual for Accounts issued by the Department of Health. The Manual contains accounting policies which comply with International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury.

Group financial statements

The Trust is required to prepare consolidated accounts, incorporating the results of the Trust's linked charity, the North Bristol NHS Trust Charitable Funds. The requirement to consolidate arises as a result of the Trust's ability to control the Charity as defined in IAS 27 Consolidated and separate financial statements. Consequently the accounts present financial information for the Trust as a stand-alone entity, and where required, 'the Group' which includes financial information for the Charity.

It is important to emphasise that the consolidation of the Charity has no impact on the results of the Trust as a stand-alone entity. These results and the measurement of the Trust's performance against its breakeven duty, external financing limit (EFL) and capital resource limit (CRL) are presented separately in the consolidated accounts and it is the Trust's results as an entity that are used in measuring its performance in year.

Statement of Comprehensive Income for year ended 31 March 2017

	Note	Trust		Group	
		2016-17 £000s	2015-16 £000s	2016-17 £000s	2015-16 £000s
Gross employee benefits	9.1	(334,060)	(359,298)	(334,060)	(359,298)
Other operating costs	7	(213,869)	(190,925)	(215,498)	(193,676)
Revenue from patient care activities	4	459,219	468,262	459,219	468,262
Other operating revenue	5	71,409	75,376	72,379	76,956
Operating surplus/(deficit)		(17,301)	(6,585)	(17,960)	(7,756)
Investment revenue	11	38	53	307	342
Other gains and (losses)	12	3,094	0	4,238	(283)
Finance costs	13	(36,930)	(34,713)	(36,930)	(34,713)
Surplus/(deficit) for the financial year		(51,099)	(41,245)	(50,345)	(42,410)
Public dividend capital dividends payable		0	(160)	0	(160)
Retained surplus/(deficit) for the year		(51,099)	(41,405)	(50,345)	(42,570)

Other Comprehensive Income	Note	Trust		Group	
		2016-17 £000s	2015-16 £000s	2016-17 £000s	2015-16 £000s
Impairments and reversals taken to the revaluation reserve	-	(988)	0	(988)	0
Net gain/(loss) on revaluation of property, plant & equipment	-	15,888	5,069	15,888	5,069
Total comprehensive income for the year	-	(36,199)	(36,336)	(35,445)	(37,501)
Financial performance for the year					
Retained surplus/(deficit) for the year	-	(51,099)	(41,405)	-	-
Impairments / (impairment write-backs)	-	7,981	(8,819)	-	-
Adjustments in respect of donated government grant asset reserve elimination	-	196	(1,337)	-	-
Adjusted retained surplus/(deficit)	-	(42,922)	(51,561)	-	-

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

- (a) Impairments and impairment write-backs to non-current assets are not considered part of the Trust's financial performance for the year.
- (b) 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.

The notes on pages 6 to 38 form part of this account.

Annual Performance Report

The Annual Performance Report is only part of our full Annual Report and Accounts. The full copy can be viewed on our website: nbt.nhs.uk

The auditor's report on the full Annual Report and Accounts was unqualified and the overview and directors' report was considered to be consistent by the auditors as unqualified.





North Bristol
NHS Trust

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