North Bristol NHS Trust (NBT) is a centre of excellence for health care in the South West region in a number of fields as well as one of the largest hospital trusts in the UK with an annual turnover of around £550 million.

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

Last year we treated over 51,000 inpatients, including day patients, as well as caring for over 85,000 people in our Emergency Departments. More than 6,000 babies were born at Southmead, Cossham, at home or elsewhere in the community and we carried out approximately 295,000 outpatient appointments. We conducted 7.9 million pathology tests and treated 860 major trauma cases. During the year we carried out 430,000 imaging exams.

Numbers of beds have fluctuated but we have had around 1,000 over the year and have provided inpatient care from Frenchay (until May 2014) and Southmead Hospitals as well as in Thornbury and the Riverside Unit, based near Blackberry Hill Hospital. We also provide a wide range of outpatient, midwifery and diagnostic services from Cossham Hospital in Kingswood.

The Trust provides a range of acute and community services. These have included:

• General medical and surgical care as well as maternity services for a local population of nearly a million people in the Bristol, South Gloucestershire and North Somerset area
• Regional and specialist care for people living in the greater Bristol area as well as Somerset, Gloucestershire, Wiltshire and further afield for services such as neurosciences, orthopaedics, pathology, plastic surgery, renal and transplant services, urology and neonatal intensive care as the centre for major trauma for the Severn region
• Our Children’s Community Health Partnership (CCHP) provides all community child health and child and adolescent mental health services for Bristol and South Gloucestershire

At any one time we have employed around 9,500 staff.

The Trust has a single equality scheme, available on our website, covering all protected characteristics. We have a major incident plan which has been ‘desktop’ tested in exercises and is fully compliant with requirements and guidance.

How to contact us:
Southmead Hospital
Westbury-on-Trym
Bristol
BS10 5NB
Telephone: 0117 950 5050

Cossham Hospital
Lodge Road
Kingswood
BS15 1LF
Telephone: 0117 340 8400

North Bristol NHS Trust (NBT) is a centre of excellence for health care in the South West region in a number of fields as well as one of the largest hospital trusts in the UK with an annual turnover of around £550 million.
Introduction by Chairman and Chief Executive

No hospital has ever been through as much change as we have over the last year. In May 2014 the doors to the Brunel building at Southmead finally opened, on time and on budget, after years of planning and construction. Over a two week period, 540 patients were safely and successfully transferred into the new facilities from existing wards and departments at Southmead and Frenchay.

Our staff have settled into their new surroundings, and are delivering high quality, safe care. There were problems in the first months following the move into the Brunel, most notably in theatres, but staff have pulled together to turn things around. This was always going to be a challenging time but we are very grateful and proud of the way our staff worked to adapt to the changes.

We understand that in some cases the patient experience has not been what we would strive for during this time, but we would like to assure our patients that we are working hard to improve things and the evidence suggests we are succeeding.

The Brunel building offers state-of-the-art facilities that have been designed to meet the needs of 21st century healthcare and we are now seizing the benefits the building offers. Around three-quarters of beds are in single rooms with their own bathroom. This has led to a reduction in hospital acquired infections and has almost eliminated the need to close wards due to outbreaks of norovirus.

The environment is designed to be healing, with access to light and plenty of views onto gardens. One of the biggest benefits that we hear about is that patients sleep well in the single rooms, aiding their recovery.

Work continues on the second phase of the hospital development which includes a new patient and visitor car park – located right next to the main entrance, more staff parking and landscaped gardens. This will be complete in 2016.

A challenging winter

Like many other NHS trusts, we had a difficult winter. The particular pressure for us has been around emergency medical care for frail and elderly patients, where we have experienced an eight per cent increase over the last 12 months. These pressures have at times resulted in overcrowding the Emergency Department.

Care Quality Commission report

In February, the Care Quality Commission (CQC) published its report into our services and rated the Trust overall as “requires improvement”. Every single service was rated as being “good” in the context of caring and staff were described as being “committed and passionate”.

The CQC were concerned about the impact overcrowding was having in the Emergency Department (ED) and as a result rated this particular service as “inadequate” but acknowledged that improving discharge processes for patients was something that required close working with other partners. Internal improvements include the recruitment of additional consultants and nurses, better triage of patients upon arrival, improved privacy and dignity within the corridor area and ensuring that observation from the reception area is more welcoming and effective. More widely we are working closely with partners across the local health and social care system to ensure a safe and well managed discharge once patients are well enough to leave the hospital.

We are particularly pleased that the CQC described our maternity service in Cossham Hospital and our community services for children and young people as “outstanding”.

Among the changes made to address matters raised is the more rapid assessment of patients when they arrive in ED, the opening of a new GP Assessment Area and the introduction of four additional cubicles for initial assessment to reduce pressure.

While the Trust aspires to being significantly better than average its current CQC Trust rating is average for the NHS as a whole.

Passionate about safety

This Trust has always been at the forefront of patient safety initiatives and during this year we became one of the first 12 NHS organisations in England to sign up to a three-year Government-led campaign that aims to make the NHS the safest healthcare system in the world. Sign up to Safety requires NHS organisations to listen to patients, carers and staff, learn from what they say when things go wrong and take action to improve patients’ safety.
One of the first steps is the development of a plan that describes what we will do to reduce harm and save lives by working to reduce the potential causes of harm – a preventative approach. Plans are built around five core pledges: putting safety first, continually learning, being honest and transparent, taking a leading role in collaborative learning and supporting people to understand why things have gone wrong and how to put them right. North Bristol NHS Trust’s action plan builds on existing practices and new measures.

Our volunteers

No annual report would be complete without a thank you to our fantastic army of volunteers and supporters. These include our amazing Move Makers, initially taken on to help people during the first few weeks after the new hospital opened but who proved so successful, we decided to keep them on permanently. They do an absolutely brilliant job and we have rolled them out to Cossham Hospital and our Maternity Unit. The hundreds of people, including the League of Friends for Southmead and Cossham, who give up their time for us are an inspiration and we are extremely thankful for their support and hard work.

Peter Rilett, Chairman

Andrea Young, Chief Executive
April 2014
Renal access nurse Wilfredo Manuel is honoured at the British Journal of Nursing 2014 awards. He is named IV (intravenous) Therapy Nurse of the Year at the awards ceremony in London. Wilfredo, who has worked for the Trust for 11 years, was involved in bringing a nurse-led line insertion and management service to Southmead's renal unit. Ahead of the move into the new Brunel building, staff are given the chance to acquaint themselves with their new ward areas. Special sessions are organised to give clinical staff training in how to use equipment in the wards before patients start to move in. In addition, more than 200 local people take up the opportunity to visit the new facilities as part of public tours.

Patients (past and present), their families and staff gather at the Barbara Russell Children's Unit at Frenchay Hospital for a special farewell party before the service is transferred to the Bristol Children's Hospital in May. The specialist unit for neurosciences, plastics and burns and trauma opened in 2000 and treated around 30,000 children from across the South West and beyond.

May 2014
Staff and patients begin to move into the new Brunel building. In total more than 540 patients move into their new single rooms and four-bed bays from the old buildings at Frenchay and Southmead, including a number of critically ill patients from intensive care units at both sites. Our staff are supported by colleagues from the ambulance service and the military.

With the first patients moved into the new Brunel building, an army of volunteers starts welcoming people through the doors. Taking inspiration from the Games Makers of the London 2012 army of volunteers starts welcoming people through the doors. Special sessions are organised to give clinical staff training in how to use equipment in the wards before patients start to move in. In addition, more than 200 local people take up the opportunity to visit the new facilities as part of public tours.

June 2014
The first patients are seen in the new Bristol Breast Care Centre at Southmead. Staff from the centre move into their new Beaufort House home. Work on the refurbishment of the historic building nears completion ready to bring all breast care services for the Bristol area together under one roof. The Bristol Breast Care Centre has been designed to make it a sensitive and comfortable environment for patients. The centre fully opened in September.

The Trust is one of the first 12 NHS organisations in England to sign up to an ambitious three-year Government-led campaign with the aim of making the NHS the safest healthcare system in the world. Sign up to Safety, which launches this month, requires NHS organisations to: Listen to patients, carers and staff, learn from what they say when things go wrong and take action to improve patients’ safety.

July 2014
To mark National Transplant Week, the atrium of the Brunel building provides the backdrop for a performance from Bristol theatre group Misfits. The group, made up of people with learning difficulties, is invited to the new hospital to highlight the work that goes on in NBT to support people with learning difficulties to undergo kidney transplants. The renal transplant team is leading the way in delivering a patient pathway tailored to people with learning difficulties and complex needs who might not otherwise be able to undergo the life-changing procedure.

Pupils from Horfield CEVC Primary School visit the Brunel building to see their art work on the walls. The group of Year 5 pupils worked with artist Rachel Davis on the project about the geography of the Bristol area before drawing pictures inspired by their routes to the school. Their drawings of road signs, trees, houses, a post box and a cat were then transferred on to the final work using enamel on copper. Their finished artwork now hangs in the public atrium on the ground floor.

August 2014
The last episode of One Born Every Minute is broadcast on Channel 4. The 20 part series proved exceptionally popular and the Trust's social media channels lit up each week with positive comments about our staff.

The popular Move Maker volunteers are asked to stay on indefinitely after proving such a success. The friendly volunteers were initially recruited for a month to help patients and visitors find their way around during the move into the new hospital. The team, who are identified by their brightly-coloured T-shirts, greet patients and visitors as they come into the new hospital, help them check-in for their appointments, answer queries, direct people around the building and arrange wheelchairs for people with mobility issues.

September 2014
The wards and corridors of Southmead Hospital are filled with the sound of music with Welsh harpist and soprano singer Joy Concock coming to perform for patients. The visit is part of the Trust’s Fresh Arts music programme which has seen a variety of musicians and performers coming into the hospital to play for patients. Patient Daisy Thomas from Staple Hill is serenaded with a Welsh folk song and a hymn when Joy comes to play for her. She even gets to try playing the harp herself!

October 2014
North Bristol NHS Trust becomes the first NHS organisation to be honoured with the Work Experience Quality Standard. The Chief Executive of charity Fair Train – which is behind the National Work Experience Quality Standard – Beth Gardner, visits Southmead to present the award to Chief Executive Andrea Young. The Work Experience Quality Standard is a national accreditation designed to recognise organisations with exemplary work experience provision; and also as a framework for development to help organisations plan, run and evaluate effective work experience programmes.

A ceremony to mark the official opening of Cossham Birth Centre takes place this month. The local area’s first midwife-led birth centre at the Kingswood hospital opened its doors in January 2013. Professor Lesley Page from the Royal College of Midwives unveils a plaque to commemorate the occasion.
A new specialist arterial centre, providing state of the art planned and emergency inpatient care, opens at Southmead. The centre will specialise in the management of vascular diseases and disorders of the arteries, veins and lymphatic system. Patients with vascular disorders will be cared for by dedicated specialist vascular teams with a consultant-led service providing 24/7 vascular surgery.

Southmead Hospital benefits from a £250,000 donation towards its helipad. The donation comes from the County Air Ambulance Trust, which has made donations totalling £832,500 towards significant air ambulance and helipad installation projects in Bristol. The installation will significantly speed up transfer times for critically ill and injured patients being air lifted to hospital for emergency care.

November 2014

The Bristol Urological Institute (BUI) is awarded £1.2 million to lead a major three year national multi-centre trial to evaluate the use of laser technology for benign prostate surgery. This funding is allowing us to trial a new type of laser called Thulium which cuts and vaporises the prostate and has shown promising results. This is an easier technique for surgeons to do than previous lasers and there is some evidence to indicate that patients may benefit from reduced blood loss and a faster return to home after their operation.

The Trust is awarded the Skills for Health Quality Mark for the Bristol Urological Institute (BUI) which has made donations totalling £832,500 towards significant air ambulance and helipad installation projects in Bristol. The installation will significantly speed up transfer times for critically ill and injured patients being air lifted to hospital for emergency care.

December 2014

£50,000 of charity donations is shared by wards and departments at Southmead Hospital and across NHS community teams as part of the Trust’s annual Christmas Cracker campaign. Southmead Hospital Charity distributes the money raised to 18 teams and departments who have put forward bids to buy specialist equipment for their services. The funds have been collected from donations made by the patients and their families, local groups and companies throughout the year, including a generous £10,000 donation from the Southmead Hospital League of Friends.

A Multiple Sclerosis (MS) physiotherapy programme based at the Bristol County Ground could be rolled out across Europe after achieving groundbreaking results. The fitness sessions at the BS7 Gym have helped people with the condition regain balance and movement skills and provided them with a forum to share their experiences. The findings from the BiRAMS (Bristol and Avon Multiple Sclerosis) scheme gained recognition when presented at an MS conference in Norway and to the UK’s National Chartered Society of Physiotherapists and has now received interest from Italy, Spain and Germany.

The Trust appoints three new non-executive directors to its Board - Andrew Willis, Liz Redfern CBE and Professor Nishan Canagarajah. All three bring a wealth of experience from the NHS, academia and the business sector.

February 2015

The Care Quality Commission (CQC) published its report into services at North Bristol NHS Trust and rated us as “requires improvement” overall. Every single service was rated as being “good” in the context of caring and Trust staff were described by the CQC as being “committed and passionate”. The CQC did criticise overcrowding in the Emergency Department (ED) and as a result rated this service as “inadequate” but acknowledged that improving discharge processes for patients is not something the Trust can fix on its own. This will need the Trust to continue to work with local commissioners and local authorities to resolve.

Community children’s health teams in South Gloucestershire are awarded Young People Friendly status. The staff involved were invited to a celebratory afternoon tea hosted by North Bristol NHS Trust’s Community Children’s Health Partnership (CCHP) with Barnardo’s to acknowledge their efforts. They were also presented with a certificate featuring art work produced by young people in Bristol and South Gloucestershire.

March 2015

A colourful and imaginative mural created by children from St Stephen’s Junior School in Kingswood is unveiled at Cossham Hospital. Working with artists, nine children from the school (which is located close by the hospital) visited Cossham in the autumn to find out more about the rich history of the hospital building and its founder, local MP and benefactor, Handel Cossham. Their findings were incorporated into the mural.

Dementia patients benefit from colourful comforters after staff, patients and volunteers got knitting with gusto. A pile of “Twiddlemuffs” is given to the Dementia Team to provide comfort and activity to patients. The knitted muffs feature buttons, different textures, accessories and even small toys to provide stimulation for restless hands. Holding the “Twiddlemuffs” and playing with the different elements attached to them can be relaxing and reassuring for people with dementia.
**Friends and Family Test**

During the last year we have continued to gain feedback from our patients through the Friends and Family Test. Inpatient, emergency department and maternity services have been involved and we recently became an early adopter rolling the test out to outpatients.

Previously we used a score called the Net Promoter Score but since October our scores have been expressed as the percentage of patients who would recommend our services to their family and friends if they needed the service and those who would not.

Theme reports from the comments made in the survey are collated on a quarterly basis and examined for areas that have improved and those that we can continue to improve. During the last quarter of the year the key themes have been:

**Positive comments**
- Staff
- General quality of care
- Food/catering
- Facilities
- Cleanliness

**Negative comments**
- Food/catering
- Waiting/delays
- Provision of television facilities
- Staffing levels

Interestingly many of the aspects reported on positively also appear in the negative comments. During 2015/16 we will be exploring these aspects more fully to understand and improve wherever possible.

Televisions have been provided to ward quiet rooms for use by patients and a plan has been made for the provision of a patient entertainment system at every bed.

During 2015/16 we will be increasing the range of methods by which patients, carers and relatives can feedback to us. This approach will mean that staff can view the results almost instantly which will help them to act on the feedback very quickly. Expanding the methods will allow us to survey patients at various points through their time with us and also to focus on specific topics.

**Inpatient Areas**

During the year wards achieved more than 90 percent of patients recommending their services. We have worked towards increasing the number of responses to our survey because we know this improves the information about what we do well and what we can improve. During March we trialled the use of electronic devices in some of our wards with positive increases in the number of surveys completed.
Outpatient services

From April 2015 all outpatient services across the country will be starting to survey their patients. At North Bristol NHS Trust we started surveying outpatients during 2014 as an early adopter of the system. We have recently started a text survey for outpatients based on the system used to remind patients about their appointments.

Maternity Services

Maternity services have performed well over the year with over 90 percent of their patients who would recommend the service. Whilst this graph is based on the total number of surveys, the data is collected at four points through the antenatal, perinatal and postnatal episodes.

National Surveys

Inpatient Survey

895 people who were inpatients at Southmead during June 2014 were included in the national survey. They were sent a survey by an external organisation that manages this on our behalf according to the requirements set out nationally. The results were due at the time of writing this report and will be acted upon when received.

Emergency Department

During 2014 a national survey was carried out of patients who had used an NHS accident and emergency department during January, February or March 2014. 279 patients (34 percent) who had used the department at North Bristol during that time responded. The survey is made up of eight sections and each question scored out of ten. Our Emergency Department scored 8.3 in terms of the overall experience.

Cancer Services

NBT takes part in the annual National Cancer Patient Experience Survey. Our results for 2014 showed significant improvement over those for 2013, with the Trust being in the top ten of the most improving trusts. This reflects the emerging impact of NBT’s strategies to improve the care for patients diagnosed and treated for cancer, as well as those living with and beyond cancer. The Trust showed improved performance over 2013 on 47 of the 62 scored questions in 2014.

Support for carers in the hospital

The Carers Support Scheme continues to be promoted and developed. The scheme involves the early identification of carers through an initial documented conversation. Carers also access discounted car parking, extended visiting times in all patient areas and can now access the staff canteen. Carers can also access a Hospital Carers Liaison Worker from the Carers Support Centre. The Liaison Worker can provide carers with information and sign posting, liaise with hospital staff and support them around the discharge process. The Carers Liaison Service has received and supported 274 referrals over the past year with the aid of the Trust, who provided office space and IT access within the Sanctuary offices.

Awareness of carers’ rights and identification of carers in the Trust

The work of the Carers Liaison Worker has extended across the Trust, with referrals being made either directly from the carer or from the ward nursing staff, administration or allied health professional staff. Stronger links have been developed with MacMillan Wellbeing Centre, the Alzheimer’s Society and the NBT Dementia Team. The Carers Liaison Worker regularly attends the memory cafe at Gate 28.

The Trust’s website has been updated to include a section for carers. Carer awareness displays take place six times a year within the public space in the hospital. The Carers Liaison Worker meets with new hospital social workers to inform them about the service and the referral pathway. Carer awareness training is provided to staff via mandatory training and inductions for new staff. A new version of the Trust’s admission paperwork is being developed to ensure carers are identified at the earliest opportunity.

Representation of carers at a strategic level

The Trust’s Carers Charter, a joint charter with the University Hospitals Bristol NHS Foundation Trust, is being updated to reflect the latest legislation (Care Act 2014). The Hospital Carers Liaison Manager is engaged in setting up a joint carers reference group representing carers from both NBT and UH Bristol. The North Bristol Trust Patient Experience group meets quarterly, with a membership of users of the Trust’s services, patients and carers as well as various hospital departments. In addition to this strong links have been developed with the new Head of Patient Experience.

Carers’ feedback and activity is regularly provided through quarterly reporting, whilst issues from carers are also fed into the CCG End of life steering group.

Chaplaincy and Bereavement Services

The Chaplaincy provides religious, spiritual and pastoral care to patients, visitors and staff of all faiths or no faith.

Chaplaincy remains a valued part of patient care within Southmead Hospital. Working alongside colleagues, chaplains help support those at some of the most distressing and challenging times of their lives. For those whose faith is important we also provide religious support.

The hospital has its own team of chaplains and volunteer pastoral visitors. The chaplains are from various Christian denominations. The wider team of volunteers also includes Buddhist, Hindu and Muslim representatives. All members of the chaplaincy are happy to work with those of different traditions and faiths.

The chaplains regularly visit the wards and are always happy to see patients or visitors, to offer a ‘listening ear’. They are also available to pray with a patient or offer the appropriate religious support in an emergency.

The Patient Affairs (Bereavement Services) team provides Southmead Hospital with the expertise to manage the legal and practical requirements following a death in hospital. Working closely with doctors, the wards and the mortuary, they manage the release of the deceased from the hospital to the appropriate people.

Improving patient experience

2014/15 was a year of significant changes for patients culminating in the move of services to the Brunel building. This brought about many benefits for patients but also a number of challenges. In addition, during the year a new role, Head of Patient Experience, was created to bring an enhanced strategic and practical focus to improvement work.

The Trust continues to engage with patients, carers and the public through a number of groups and forums through the Patient Experience Group and the Patient Partnership Panel. These provide a valuable contribution to making improvements in patient experience.

The Patient Experience Group

The Patient Experience Group is chaired by the Director of Nursing & Quality and its membership includes patient and carer representation, the Carers Support Centre, HealthWatch, the Trust’s Patient Experience Leads, the Patient and Community Engagement Manager and the Head of Patient Experience. It meets bi-monthly to receive and discuss the results of the Friends and Family Test and other national patient surveys in addition to ideas and proposals from the Trust. This year the group had the opportunity to discuss the Care Quality Commission’s inspection report in addition to contributing to thinking about the Trust’s Strategic vision for the future. It was instrumental in identifying the Quality Account priorities for this year.

Following a week when HealthWatch set up a stall in the Brunel atrium the organisation presented its findings from talking to visitors. Key themes included:

• Parking, distance from Bassetoor car park to Brunel for patients with mobility issues, lack of knowledge about shuttle bus
• Administration of letters and booking of appointments malfunctioning in terms of incorrect dates
• Patient entertainment
• Isolation of older people in single rooms and confusion on way finding in Brunel.

The organisation also presented a report on discharge processes and key feedback included:

• The lack of voluntary and community sector support post discharge, the discharge process taking too long and greater need to have a follow up ‘check up’ following discharge. Both reports helped us target improvements.

In order to achieve better feedback from patient and carers we have piloted various methods in the Trust including electronic tablets, video kiosk and text messaging.

Work of the Trust’s Patient Panel

The long standing Patient Panel has continued to meet during the year. The panel’s membership is a majority of lay members who give freely of their time to help the Trust. Staff from the Clinical Governance Directorate attend the panel on a regular basis. Members contribute by participating in quality, care and environmental audits, proof reading patient information leaflets and sitting on various committees.

Listening to and working with our patients (continued)
Formal complaint numbers have risen, from the past 12 months are: increase of 253 from last year. Key messages change and improving practice in all clinical complaints has been effective in influencing are very important to us and feedback from the views of our patients, relatives and carers last year visit www.nbt.nhs.uk/ft or drop us a line at events and forums.

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Overall returns decreased by 3.7 percent and the reasons recorded. These "returned" issues are logged and the reasons recorded. Overall returns decreased by 3.7 percent and the reasons recorded. Overall returns decreased by 3.7 percent and the reasons recorded.

Returns
If a complaint or concern is not satisfactorily answered, the complainant is always invited to contact the Advice and Complaints Team to ensure their further concerns can be fully addressed. These 'returned' issues are logged and the reasons recorded.

Local Resolution Meetings (LRMs) are non-confrontational and are aimed at allowing the complainant and the Trust to explore issues in a more dynamic way than can be achieved via correspondence. Complainants are welcome to attend with a friend or family for support and the Trust will ensure that senior staff are present to allow their concerns to be addressed and any agreed actions/outcomes are taken forward. A digital recording of the meeting is provided as confirmation of the discussions and the agreed actions. During the year LRMs were arranged and held for 75 cases, an increase of ten on 2013/14.

Second Stage Reviews
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Learning lessons
The Trust embraces the ethos of learning from all complaints and concerns where possible. During the year some significant lessons have been learned and examples of changes made to procedures and practices are given below:

- New food stocks have been provided in the medi-rooms for post-op patients
- New comfort rounds have been introduced for the medi-rooms to assist waiting patients, the temperature will also be more closely monitored (the nursing staff will engage with elderly patients and offer them blankets as required)
- Discharge letters are now faxed to GPs who do not have electronic links to avoid discharge delays
- Communications between pharmacy and wards have been made to improve the turnaround for 'tablets to take away' and so improve patients' discharge experience
- A new discharge lounge is being created for the Imaging Department, following patient feedback about the current waiting area
- Waiting list co-ordinators will consider the patients ages when devising the booking order of consultants lists

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Ombudsmans Referrals
If after attempts at local resolution a complainant remains dissatisfied, they may ask the Parliamentary Health Service Ombudsman to consider their case. During 2014/15, the Trust is aware of 20 complainants who contacted the Ombudsman where they subsequently decided to review the actions of the Trust and call for the complaints file. Of these cases, 12 have been closed by the Ombudsman and eight remain open. One complaint was wholly upheld, four were found to be partly justified and seven dismissed. The Trust was asked to extend apologies for all the justified/partially justified cases and asked to pay compensation in two cases and for one case outstanding from 2013/14.

Principles for Remedy
The Trust has accepted the Principles for Remedy set out by the Parliamentary and Health Service Ombudsman and plans are in place to ensure that the Trust complies with them by the end of 2015/16. In particular, an action plan is being implemented to reduce all overdue complaint responses by the end of July 2015 and processes are being redesigned to ensure greater control by directorate rather than the Advice and Complaints team and mutual agreement with complainants on timescales.

Complaints activity over the last year
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Involvement of Members
Over the last year we have worked hard to develop and engage our potential Foundation Trust member base. As of April 2015 we have just under 16,000 public members representing the four constituencies of Bristol, South Gloucestershire, North Somerset and the rest of England and Wales. Our members have participated in various surveys and focus groups, including giving us their views of the art work around the hospital and their opinions of the hospital for our quality account. They have received regular updates on the areas that interest them and have been invited to various events and forums.

To find out more about Foundation Trust membership or to sign up as a member, visit www.nbt.nhs.uk or drop us a line at membership@nbt.nhs.uk

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We waited about three hours in A&E which is fine...attended by a young doctor on duty, who did a brilliant job of stitching eye lid. Good doctor with brilliant people skills...just wanted to say thank you.

I realise the stress you and your staff have undergone at this time as a result of moving from Frenchay. It is very much to your credit that the work of your hospital and its treatment and care, have maintained and excellent standard.

Both my husband and I have spent time in Frenchay and then in Southmead Hospital and the meals were excellent. We were given a menu each day with a great selection of food.

I had an angioplasty procedure at the hospital on 12th November 2014, which proved a long and complicated case. The perseverance of the surgeon and his team was first class, and the professionalism and attention of the nurses before and after was exceptional.

I was not expecting such a slick experience...how wrong I was. I went to the new Southmead Hospital on level 2 Gate 18...The whole event was handled and everyone in the department could not have been more professional...Thank you all for helping me get back my life.

I had to visit A&E this morning at 7.30am. I was treated with care, kindness, compassion and professionalism. At each stage each member of staff treated me as a human rather than a statistic and listened to me, taking on-board any qualms I had no matter how trivial. I was reassured and comforted by being given information that was relevant.
Priorities for Improvement

Every year the Trust manages a wide range of quality improvement targets and measures, set by the Board, Commissioners, NHS England and the Department of Health – as well as those that are as a result of requirements of specialist national reviews and recommendations from national NHS related organisations such as NICE, Royal Colleges, Care Quality Commission and others.

These are included as part of our overall quality strategy under the headings of patient safety, clinical effectiveness and patient experience. The connection between good performance and high quality care, and the range of issues that remain priorities include falls, pressure ulcers, nutrition, medicines safety, infection prevention and control. In addition to all the other quality and safety targets, each year trusts are asked to choose up to five priorities for improvement which are chosen in consultation with patients, public and staff.

Involving the public in identifying these priorities

We asked our clinical teams to make suggestions for priorities to improve patient care. This list was then discussed with Patient Panel and Patient Experience Group members.

These topics were then compiled into a survey for patient and public consultation which was distributed to Foundation Trust members who wish to take part in surveys. Presentations, including the shortlist, were made to Local Authority Health Scrutiny Committees.

As a result, over 180 patients and members of the public completed the survey. The results were analysed and ranked according to importance as rated by patients and carers. These were discussed by the Trust’s Quality Committee to agree the final priorities prior to final approval by the Trust Board.

Our Priorities for Improvement for 2014/15

1. Improve theatre safety – ensuring that surgical teams work safely and ensure high quality care through effective communication and rigorous procedures before, during and after each operation

2. Improve discharge information to GPs – providing timely and accurate information when patients leave hospital to ensure that their GP is fully aware of their clinical condition and can continue safe and effective care

3. Improve management of sepsis – developing a deeper understanding of the main causes of sepsis in patients, where this most frequently occurs and delivering effective treatment in a timely way

4. Improve cancer patient experience – supporting patients diagnosed with cancer in a timely and effective way to provide the best treatment with care, dignity and in supportive partnership with national charities and peers.

How did we get on with these priorities?

Improve Theatre Safety

The first job of all health care professionals is to keep patients safe. NBT is committed to providing services of exemplary quality and safety, giving the patient the best possible experience and outcome. It is known that the way teams work together contributes significantly to protecting patients from harm. It is the responsibility of everyone involved in the perioperative care of the patient to:

• Work and communicate as part of a team
• Have the courage to protect patients and colleagues by speaking out if they have any concerns regarding patient safety
• Receive challenge from a colleague in a positive and professional manner, giving the concerns others may have due consideration.

The five ‘steps to safer surgery,’ which incorporates the World Health Organisation (WHO) Checklist must be used in all patients undergoing invasive procedures in NBT and are listed as:

• STEP 1: Team brief
• STEP 2: Sign in
• STEP 3: Time out
• STEP 4: Sign out
• STEP 5: Team de-brief

NBT currently monitors compliance against every patient with a 2014/15 performance of 87.4 percent for Safer Surgery Compliance and 95.2 percent WHO Compliance against a target of 100 percent. The chart overleaf illustrates the strong improvements made in the five steps to safer surgery during the year and the more gradual improvements made in WHO compliance.
The Head of Nursing for Core Clinical Services, supported by the Theatre Matron, is examining the key factors influencing the remaining areas of non-compliance with the WHO checklist to ensure continued improvement in 2015/16.

Improve discharge information to GPs
The Trust achieved just over 78 percent for discharge summaries sent within 24 hours in April 2014 but performance then dipped to just over 74 percent at the time of the hospital move in May 2014. Since then performance has improved aided by, for example, a new discharge summary launched for Medical Day care which is shorter and much easier to use. Similarly, a tailored discharge summary is being worked on for hip fractures that will be easier and quicker to complete.

In 2015/16 this will continue as a Quality Account priority and is also a local CQUIN (commissioning contract) incentive which focuses on timeliness of discharge summaries and the development of these as summary care plans to be given to the patient for the following specialties:
- Respiratory
- Diabetes
- Cardiology
- Renal

Improve management of sepsis
In 2014/15 a committee to advance the management of sepsis was set up and met monthly to discuss strategies to gather data on sepsis incidence and the management of patients with sepsis within the Trust. Initially there was very little information collected on the numbers of patients with severe sepsis, where they were located and managed within the Trust or on compliance with consensus guidelines for the management of sepsis (“Sepsis 6”). Information gathering has shown that most patients with severe sepsis are initially cared for in the Emergency Department (ED) or the Acute Admissions Unit (AAU). Systems have been put in place to enable these patients to be tracked and their outcomes measured. Original research conducted in the Trust has shown that Early Warning Scores (EWS) are predictive of outcomes in blood stream infection – a form of severe sepsis – and sequential audits carried out in AAU over the winter of 2014/15 have provided baseline data on sepsis management in terms of the six interventions required within an hour of the diagnosis of severe sepsis.

Improvements in the proportion of patients receiving oxygen (3-fold increase); lactate measurement (2/4-fold increase); blood cultures (2-fold increase); antibiotics (3/4-fold increase) have been observed. Many staff groups have targeted education on sepsis with simulation training in the ward areas being delivered to the multidisciplinary team. The acute oncology team has delivered teaching on neutropenic sepsis and introduced a screening tool to the admission team which has increased the proportion of patients with neutropenia being treated with antibiotics within an hour of presentation.

In the next year, this work needs to be built on in terms of increasing staff awareness of sepsis, education of its management and audit of performance.

Improve cancer patient experience
NBT has continued to lead nationally on cancer survival ship during 2014/2015 by building expertise and capacity in implementing alternative approaches to cancer care. We are in the process of bringing about a service redesign in the approach to care and support for people affected by cancer. This involves implementing an integrated model of sun survivorship into the care pathway for everyone diagnosed and treated for cancer, with a greater focus on recovery, health and wellbeing after treatment. Evaluations of our programme indicate high levels of patient satisfaction and improved patient experience and outcomes.

A key milestone in our strategy was the opening of the NGS Macmillan Wellbeing Centre. The centre is staffed by a centre manager, cancer support workers and volunteers and is a hub for the provision of advice, support and information to anyone living with or after a cancer diagnosis or anyone concerned about cancer. Equipped with meeting rooms for education, one-to-one support, complementary therapies, nutritional and exercise sessions, as well as financial and back-to-work advice, the centre provides cancer related information in a variety of media and formats to a steadily increasing number of patients, relatives and staff from both hospital and community settings.

Our Priorities for Improvement for 2015/16
We will continue to improve the quality of care for patients as set out in our contract, including prevention of deterioration, continuing to reduce pressure ulcers, reduce falls, infection prevention and control and improving nutrition and the management of sepsis. In addition, through our consultation, we have agreed with patients and staff to address the following priorities:
1. Improving care for patients with dementia
2. Improving our patients’ overall experience in hospital
3. Improving the recognition, diagnosis and treatment of Acute Kidney Injury (AKI)
4. Improving the quality and timeliness of information provided to GPs when patients go home to ensure there is safe handover to primary care.

How we will measure progress with these priorities
Improvement measures will be set for each priority and the data will be collected and analysed to track progress. This will be monitored closely by the Trust’s Quality Committee chaired by the Medical Director. Its membership includes the Director of Nursing and Director of Operations as well as Clinical Directors, Chairs of quality and safety committees and other key staff involved in monitoring or progressing quality and safety priorities.

Reporting on a wide range of quality measures is made to the Board every month as part of an Integrated Board Report and includes measurements of progress against set improvement trajectories. This report is included in the public session of the Trust Board and is published on the Trust’s external website as part of the papers. In addition the information is reported via the Quality Sub Group to local clinical commissioning groups and NHS England.

Assurances on Quality from the Trust Board
Review of Services
The Trust reviews data and information related to the quality of its services through regular reports to the Trust Board and the Trust’s governance committees. Each clinical service undergoes monthly Executive review in which performance against standards of quality and safety are reviewed. These reviews discuss with clinical teams and managers any areas of concern and continuous quality improvement. The Trust has therefore reviewed 100 percent of the data available to them on the quality of care in all its services. Examples of data and information reviewed have been:
- Mortality on which the Trust has a good record
- Patient Reported Outcome Measures – a national survey of all patients having hip or knee replacements, varicose vein surgery or groin hernia surgery
- Readmission to hospital
- Venous Thromboembolism – numbers of patients risk assessed on admission
- Reducing harm from infection – there were no cases of MRSA in 2014/15 and a considerable reduction in C. Diff cases
- Patient safety incidents - the Trust reports a higher than average number of incidents but mainly in the low to moderate degree of harm
- National survey on Emergency Departments – carried out prior to the opening of Brunel but the Trust improved in many areas and deteriorated in only one.
Improving quality and safety of patient care

The iCARE programme was launched in September 2014 in order to build upon our strengths in caring for patients and supporting colleagues, by recognising and spreading best practice. iCARE stands for:

I take responsibility for Communication that’s effective
I have a positive attitude that’s positive
Respect for patients, carers and colleagues
Environment that’s conducive to care.

Approximately 4,500 staff have attended an iCARE session including all new staff at induction and bespoke sessions for staff working in various environments, including receptionists in the Emergency Department, the Sterile Services Department, Facilities, the IT Service Desk and Switchboard, Volunteer Services and the Acute Assessment Unit. It has enabled people who work directly with patients to reflect on how they work together to provide an environment conducive to care and helped staff who work in support areas to see how their work enables others to provide high quality care.

Each month the iCARE Moments award has been an opportunity to highlight a moment when an individual or team did something that made a big difference to patients.

Preventing deterioration

Patients who are deteriorating often show signs and symptoms indicating their worsening state. Early Warning Scores (EWS) calculate a score based on the patient’s key measurements and provides an indicator of how sick a patient is, thus enabling the recognition and escalation of care of patients whose condition is worsening.

Theに関する文書の翻訳結果です。
Local Clinical Audit Reports
Each local clinical audit is reviewed in accordance with the Clinical Audit Policy which states that every clinical audit project must produce a report in the Trust standardised format with an accompanying action plan. These are reviewed by senior members of the Quality Improvement and Clinical Audit Department before the clinical audit project is formally marked as completed. 144 Local Clinical Audit Reports were reviewed in this way during 2014/15.

Trust Data Quality
Hospital episode statistics
The Trust submits a wealth of information and monitoring data centrally to our commissioners and the Department of Health. The accuracy of this data is of vital importance to the Trust and the NHS to ensure high quality clinical care and accurate financial reimbursement.

Our robust data quality reporting, controls and feedback mechanisms are routinely audited and help us monitor and maintain high quality data.

Clinical coding accuracy
Accurate clinical coding is an essential element of the Trust’s ability to understand its clinical activity, in terms of audit and mortality statistics and to ensure accurate reimbursement for care provided.

The department’s clinical coding auditor has continued to run an extensive inpatient activity audit programme in 2014/15. The audits continue to reflect accurate coding and good practice in comparison to our peers.

What other organisations say about the Trust
Care Quality Commission (CQC)
By law all trusts must be registered with the CQC for each of the regulated activities they provide at every one of their locations. The Trust has not taken part in any special reviews or investigations by the CQC but under its routine inspection programme we were visited in November 2014, just a few months after the move into the new hospital. The CQC had never before inspected a hospital so soon after such a big move but paid credit to the Trust for its smooth nature.

Despite some well-documented problems, which are being dealt with, patients are now reaping some important benefits from the new hospital such as very low infection rates and improved dignity and privacy. Within the final report, every single service was rated as being “good” in the context of caring and Trust staff were described by the CQC as being “committed and passionate.” Some areas were rated as providing outstanding services but overall the Trust received a “requires improvement” rating. Copies of the full reports for the Trust and each individual location inspected by the CQC are available publicly on its website: www.cqc.org.uk

The CQC did raise concerns about overcrowding in the Emergency Department (ED) and issued a warning notice on December 16 2014 and rated this service as “inadequate” within the full inspection report received in February 2015. In addition, nine compliance actions were made.

Overcrowding in the Emergency Department is one of the symptoms of pressure across the health and social care system. The Trust frequently has large numbers of patients who are fit to be discharged from hospital but who can’t go home because their community care support isn’t ready. This in turn makes it challenging to free up beds and move patients from ED into the main hospital. The CQC has acknowledged that improving discharge processes for patients is not something the Trust can fix on its own and we are continuing to work with local commissioners and local authorities to resolve these challenges.

Actions taken and future plans
As required by the CQC’s inspection process, a detailed action plan was submitted in March 2015 with many actions already delivered. Pending its review of these actions and a further spot check within the Emergency Department, the warning notice remains in place as at 31 March 2015.

We are working closely with partners across the local health and social care system to ensure a safe and well managed discharge once patients are well enough to leave the hospital. Delivery of all actions will be closely monitored by the Trust Board and also by the CQC and our commissioners to ensure that they are properly implemented and sustained.

Ongoing work 2015/2016
• Using technology. We are testing the use of bed and chair sensor alarms in the single rooms with the aim of reducing falls in patients who may not remember to call for assistance when they want to mobilise.
• Falls prevention training to all medical, nursing, pharmacy and therapy staff.
• Falls is one of the themes of our Sign Up to Safety Programme and training forms a substantial part of these plans.
• Moving and handling equipment to be purchased for all wards to encourage safe transfer of patients with poor mobility on and off the toilet.
• A campaign to ensure all inpatients wear safe footwear.
• Developing an Enhanced Care Nursing Team for patients with confusion who are at risk of falls, to provide increased observations.
• Working with the Dementia Team to ensure all wards have activities for patients with cognitive problems and a safe environment.

Audit and Data Quality Participation in clinical audits
NBT participated in all 32 of the 43 (74 percent) national clinical audits that covered services we provide and all four of the National Confidential Enquiries It also participated in 12 other national clinical audits and seven national registries that are not included in the Department of Health (DoH) list of audits for inclusion in the Quality Account.

The Clinical Audit Committee reviewed reports of 27 national clinical audits between April 2014 and March 2015 and NBT will take actions on them all to improve the quality of health care provided.

National peer review of Severn Major Trauma Network
Our major trauma service was subjected to a national peer review in March 2015. The chairman of the panel summarised the findings by commending the improvement in trauma mortality outcomes against a background of huge infrastructure change.

The network is currently sixth out of the 23 networks for mortality and NBT is ranked first for mortality out of the 23 major trauma centres. The network was also commended for leadership, the presence of 24-hour consultant team leaders, damage control surgery training and the development and delivery of high-quality patient pathways in rib fracture fixation and spinal cord injury.
Redevelopment of our facilities

The big move
2014/15 was a year of unprecedented change for North Bristol NHS Trust, staff and patients.

After many years of planning and construction the new Brunel building was officially handed over to the Trust by developers Carillion on March 26.

Over the next two months a massive operation was undertaken which saw the Trust equip the building and thousands of staff take part in training and familiarisation tours before staff and patients began to move in during an unforgettable two weeks in May.

The Brunel building saw services from Southmead and Frenchay centralised on one site for the first time.

Specialist children’s services and remembering Frenchay
Frenchay always had a strong history of children’s neurosciences and burns. One of the first big milestones was the move of these services and associated staff to the Bristol Children’s Hospital which would see, for the first time, all local hospital services (including accident and emergency) for children under one roof.

On April 28 a special party was held at the Southmead Children’s Ward ahead of its big move on May 7.

Staff and patients (past and present) attended including 17-year-old Kray Mundy who was a patient at the unit in 2008 for several months after he suffered a serious stroke. His mum, Sonya said: “It’s a wonderful place and is like a second home to us. It is home, my bubble. The staff here are so wonderful.”

Dr Amber Young, Lead for Specialist Paediatrics, said: “This is the end of a very long journey. I will miss the Barbara Russell Unit hugely but I am extremely excited about moving such a high quality specialist service to a nationally-renowned children’s hospital.”

On May 9 hundreds of staff from Frenchay – many of whom worked at the hospital for their entire careers – gathered at the Redwood Restaurant for a celebration event which included the burial of a time capsule in the grounds by children from the local primary school which will be unearthed in 50 years.

Patients move into the Brunel
The first patients started moving into the Brunel during the week commencing May 12.

The first patients were moved from C ward, the acute respiratory unit. They were wheeled through a tented walkway erected by a team from Royal Marines Reserve Bristol and into the new building by porters.

Nurses from the Trust’s Learning & Research Centre were back in scrubs to help with the transfer of patients, with support from administrators from the department.

They were joined by volunteer retired nurses who used to work for the trust and were involved in escorting patients into the new building.

The team were involved in a combination of taking patients from the ward, helping with final checks and then taking them over to the Brunel and settling them in to their new rooms.

Among the first patients to move across to the Brunel building was Sally Limb. Once she had settled into her new room in the Brunel Sally said she was impressed with the facilities.

She said: “I love the private toilet and shower and I love that I can hang things up in a wardrobe. It is so airy and light with the air coming in, which is particularly good when you have respiratory problems. I think we are all excited to be here.”

Once the first patients were settled in, our fantastic team of Move Makers started work. These are volunteers who are based near the main entrance who can help people get checked in for their appointments and guide people to where they need to be.

Originally meant to be in place for a few weeks, the Move Makers have been so successful, they are now based here on a permanent basis.

A&E moves and services transfer from Frenchay
Perhaps one of the most anticipated elements of the move was the transfer of the Accident and Emergency (A&E) department from Frenchay to Southmead. This took place at exactly 2am on Monday, May 19 when the Frenchay department closed its doors and the Southmead unit opened to patients.

Before the department closed a poignant blessing was held by one of the hospital chaplains and staff released balloons into the night sky.

Juliette Hughes, Matron, said: “We are really pleased with how the night has gone. We have been planning for this move for a long time and everything went as it should have.”

The new department is much bigger with larger cubicles and better access to scanning and X-ray facilities, including a CT scanner actually located in the unit which is used for trauma and stoke patients. There is also a helipad right outside.

Once A&E moved, staff and patients from the other wards and departments at Frenchay began the journey across the city. This started with the transfer of the intensive care unit when 19 patients were transported by the RAF’s large ambulance vehicle, which is known as a ‘jumbulance’.

The Brunel: a bright future
By May 28 all services, teams and departments were in place. In total 540 patients were successfully and safely moved into the building over the course of the two week period.

And in October we became the specialist major arterial centre for patients in Bristol, Bath & North East Somerset, South Gloucestershire and some parts of Wiltshire and Somerset.

The transfer of vascular surgery means that Southmead Hospital is now delivering...
Redevelopment of our facilities (continued)

24/7 multidisciplinary specialist vascular care inside the Brunel for both elective and emergency patients. This has led to a reduction in the time it takes for urgent cases to access theatre and patients spending less time in hospital after they have undergone their procedure.

Despite some well documented issues and problems which have been dealt with, the Brunel building really is revolutionising how we care for patients who are now reaping many important benefits such as very low infection rates and improved dignity and privacy.

Southmead Hospital redevelopment Phase Two

The final phase of the Southmead site redevelopment is now underway. The former hospital buildings were demolished during the winter/spring of 2014/15. When Phase Two is complete one of the biggest improvements will be around on-site parking for patients, visitors and staff – bringing the total number of spaces up to 2,700.

A brand new multi-storey car park specifically for patients and visitors will be created next door to the main entrance, enabling people to directly access the Brunel building under cover.

Also included in the basement of the new multi-storey will be an on-site sterile services department. As an interim measure, the Trust has been renting a facility in nearby Almondsbury until this is ready.

Frenchay site

After the majority of services and departments moved from Frenchay to Southmead in May 2014, work began on decommissioning the buildings in preparation for demolition. This has now been completed and demolition is scheduled to start from late summer/autumn 2015.

The Trust Board has signed off decisions surrounding the future of the site. Having had an encouraging response from the market and started discussions with a preferred bidder, we are hoping to complete the sale of the site by the end of 2015.

At this time we are progressing due diligence on the bid and an indicative programme of work is being drawn up.

The site has planning permission for housing, a primary school and a health and social care centre (plans for which are being progressed by South Gloucestershire Clinical Commissioning Group). A portion of land will be transferred to Winterbourne Parish Council for use as a town and village green.

The bidder we are working with is solely focused on the housing aspect. Also included in the basement of the new multi-storey will be an on-site sterile services department. As an interim measure, the Trust has been renting a facility in nearby Almondsbury until this is ready.

Payroll and Employment Services moved into the refurbished Burden Centre – now called Frenchay Beckspool Building. Two of the three remaining onsite clinical services – Headway and the Head Injury Therapy Unit, moved into the ground floor.

The Brain Injury Rehabilitation Unit (BIRU) – operated by the Huntercombe Group – remains in its accommodation on site.

Learning & Research extension

The extension to the Learning & Research building was completed and handed over to the Trust in the summer of 2014. This development has been taken forward in partnership with the University of Bristol and the building provides accommodation for university laboratory-based research teams.

In addition, more learning and development facilities are now provided from the building – including an additional clinical skills laboratory and an expansion of the library. The building also provides accommodation for the Regional Quality Control Laboratory.

In early 2015, the ground floor of the extension was equipped and now houses Trust Headquarters.

Bristol Breast Care Centre and Macmillan Wellbeing Centre

The new Bristol Breast Care Centre provides screening, diagnosis and after-care support for cancer patients opened in summer 2014 at the Beaufort House building at Southmead.

Alongside the Bristol Breast Care Centre is a new Macmillan Wellbeing Centre which provides emotional, practical and financial support for people affected by any type of cancer, their families, friends and carers. This opened in autumn 2014.

The new Bristol Breast Care Centre provides all breast services for Bristol including screening, diagnoses and follow-up appointments. Key features of the Breast Care Centre include:

- Modern, bright and comfortable environment making the most of natural light and views of the outside
- Dedicated exits through courtyards for patients following consultations to enable greater privacy
- The centre is divided into separate areas allowing direct access to the two main clinical areas without patients having to pass through one area to reach another
- Both screening and symptomatic areas have their own dedicated waiting and reception areas.

Bristol Centre for Enablement

The Disablement Services Centre, Wheelchair and Special Seating and Bristol Communication Aids Service moved to specially adapted premises at Cribbs Causeway in spring 2014. The centre includes prosthetics, orthotics services and environmental controls.

Severn Pathology – Phase Two

Work continues on Phase Two of the Severn Pathology building. It will provide an extra 5,000 extra square metres of space with two linking bridges connecting to the existing pathology sciences building which opened in 2009.

The new extension will house cellular pathology, neupathology, genetics and microbiology services and Public Health England’s pathology services.
Sustainability

Over the past year the sustainability team has been adapting to life within the new Brunel building. We have embarked on an ambitious plan to introduce the environmental management system ISO14001 to the Facilities directorate. We have established a Trust-wide Sustainable Development Momentum Group to drive forward progress with our sustainability plans and we have been shortlisted and have won a number of significant awards for our work.

In addition to ISO14001 which will be used to monitor environmental progress within Facilities, the Trust uses two key methods to assess and manage performance on sustainable development:

• Good Corporate Citizen (GCC) – an assessment model used to help set and measure progress against sustainable development criteria
• Sustainable Development Management Plan (SDMP) – a board-approved plan incorporating the GCC criteria together with other areas where the Trust can improve its sustainability.

Whilst six monthly assessments against the Good Corporate Citizen criteria have been made, the Sustainable Development Management Plan has not been updated in recent years. This is now in progress and the Plan will incorporate the additional objectives and targets that will be set as part of the introduction of ISO14001.

Progress during 2014/15

Good Corporate Citizen

The Good Corporate Citizen assessment model was developed for Trusts to benchmark progress on sustainable development, not just by measuring fuel bills or waste but by evaluating sustainability across the board in financial, social and environmental terms. It allows Trusts to measure how well their activities support sustainability both inside the organisation and outside in the community. Assessment against the model was introduced as an obligation for all Trusts by the NHS Carbon Reduction Strategy.

The assessment tool comprises eight sections:

• Travel
• Procurement
• Facilities management
• Workforce
• Community engagement
• Buildings
• Adaptation (to climate change)
• Models of care

Under each section there are six questions and for each question, three categories of performance: getting started, getting there and excellent. The more questions the Trust can answer yes to, the more points are accumulated. The graph below demonstrates the percentage of points the Trust has scored on the questions under that section. Every section and the majority of questions within the section include reference to reducing carbon emissions. By now the Trust should be achieving a score of 50 percent in each area and by 2020 a score of 75 percent in each area. The assessment for 2014 highlights that the Trust has to make progress in a number of areas - our next assessment is due in June 2015.

Sustainable Development Management Plan

In line with the requirements of the NHS Carbon Reduction Strategy 2009, the Trust created a Sustainable Development Management Plan (SDMP) which was approved in March 2010. The Plan has been refined over time and is now in its third revision. It reflects the criteria within the Good Corporate Citizen model and suggested actions from the Carbon Reduction strategy together with internal Trust targets. We are in the process of developing an improved system for ensuring that responsibility for the actions in the Plan are assigned, monitored and reported back centrally.
## Carbon

The Trust has not been monitoring its overall carbon footprint due to a lack of data for key areas such as procurement. In line with our policy commitments, however, we will establish systems to monitor and reduce our carbon emissions during this financial year.

## Waste

In line with our Environmental Policy the Trust is committed to monitoring and reducing the environmental impact of the waste we produce. We produce a significant quantity of waste and its treatment and disposal has a negative impact on the environment, with a large proportion of waste being treated (incinerated/autoclaved) or sent to landfill.

Waste minimisation, re-use and recycling all have environmental benefits by reducing the consumption of raw materials, saving energy and limiting both landfill and incineration.

Once our infectious waste has been treated (autoclaved), it is shredded and sent by our contractor for use as a feedstock for cement kilns. Our domestic waste stream (everything that doesn’t go into a recycling bin) is taken to a mechanical biological treatment plant in Avonmouth where recyclables are extracted, the organic fraction removed for onwards processing and the remainder is burnt to derive energy.

The Trust regularly reviews the waste streams being produced and how these can be better managed. The items collected for recycling/reuse include paper, cans/tins/foil, batteries, waste furniture and many more. Food waste passes through three waste digesters containing enzymes which break it down into grey water which leaves site via the sewer system. This avoids greenhouse gases which would otherwise be generated from transporting it off-site for composting or treating it at sewage treatment plants.

We have introduced the tiger bag stream for non-infectious patient waste from certain areas such as maternity, Saplings nursery and Trust toilets currently divert 15 percent down this route. We will be rolling this out into other areas such as maternity, Saplings nursery and Trust toilets currently divert 15 percent down this route. The graph this year shows an increase in some waste disposal routes. This is due to the move into the new Brunel building where a large number of clear-outs have occurred, even post-move. This is expected to settle over the next year. The missing data is expected to boost our recycling figures so that they are closer to the tonnages seen in 2013/14.

The work the Trust did with clearance specialist Benji and Co. on the waste generated through vacating buildings at Frenchay and Southmead before the move into the new hospital building has resulted in us being shortlisted for the Healthcare Recycler of the Year category of the National Recycling Awards.

**Emissions**

Overall consumption has slightly increased over the year electricity, gas and oil by two percent. Although there has been a noticeable increase in electrical consumption across the estate there has also been a noticeable reduction in gas consumption leading to the overall net increase of two percent. The closure of Frenchay has resulted in offsite properties taking on some of the specialist services that are currently not provided at the Southmead site until Phase Two of the Southmead Redevelopment Scheme.

With the opening of the Brunel building, we are working closely with The Hospital Company, Southmead, in identifying opportunities to assist in reducing the overall energy consumption of the Trust. An Energy Policy and Strategy will be developed to assist in the overall management of energy across the Trust.

The Brunel building has a dedicated Building Management System (BMS) which enables us to control heating, lighting and operational consumption of the building. We will interrogate available energy data to compare specific areas of the building and its energy usage, and see how policy, monitoring and measurement effects consumption. Similarly, the Trust will also look to utilise the existing BMS system monitoring the additional Trust buildings to identify areas for potential energy saving.

100 percent of half hourly electricity provided by our supplier is renewable and comes from a mixture of wind and solar power. Likewise, an additional 20 percent of our energy supply to the Brunel Building is renewable and is supplied by our biomass boiler.

We have also installed a new 84kW solar photovoltaic system on the roof of the Learning & Research building to contribute towards our renewable energy generation. We are currently reviewing the internal and external lighting provision across our sites to save energy by switching to lower energy LED’s where possible. We are also improving roof insulation in various buildings across the Southmead site to further improve energy efficiency.
Sustainability (continued)

Water

The Trust is committed to monitoring and reducing the environmental impact of the amount of water we consume. We consume a significant volume of water from sinks, showers, toilets, hydro-pools, autoclaving, cleaning and for irrigation to maintain our green spaces. We monitor our water consumption closely through our online metering systems. Working closely with Bristol Water, we review our consumption levels regularly and if we notice any increase in water consumption or water pressure, we will work to identify any potential leaks or issues and resolve them as a priority. The new Brunel building includes water efficient appliances, a grey water recycling system and a green roof which reduces surface water runoff.

There has been a significant reduction in water consumed across the Trust in the previous year. We are able to attribute significant areas of this reduction to the decommissioning of Frenchay Hospital hand in hand with the opening of the Brunel building. Through the removal of old water systems/pipework at both Frenchay and Southmead, we have been able to identify and eliminate historic and often undetected areas of the sites that had leaking water systems.

Travel

We have adopted a new Travel Plan (2013 to 2015) to increase the use of alternative travel options here at the Trust. The aims and objectives of our new Travel Plan are:

- To reduce the number of single occupancy vehicle journeys made to the hospital by private car.
- To improve travel choices and make them safe and accessible to all.
- To encourage healthy, environmentally sustainable travel choices.

A number of measures have already been taken to change how people travel to Trust sites, with particular emphasis on reducing single occupancy vehicle travel and increasing the number of cyclists, walkers and public transport users.

Our Car Parking Policy has been instrumental in encouraging changes in the way that staff travel to work. The Policy included a new staff parking permit scheme; enforcement and terms and conditions of parking with the aim of controlling parking and regulating the number of staff bringing a car to site. With the Board in full support of the permit scheme, the Trust is able to determine the eligibility of applicants by establishing a set of criteria based on distance from site and certain work needs based issues.

In conjunction with the new Car Parking Policy, the Trust has been promoting alternative travel options to support staff choosing to travel to work by more sustainable modes of transport. The Trust actively promotes cycling to members of staff as a sustainable travel option.

Our latest staff travel survey undertaken in autumn 2014 found that 20% of staff are now cycling to work, an increase of five percent since 2012. It is hoped the continued planned expansion of cycling facilities and secure cycle storage will further increase numbers of cyclists.

The Trust is working with local authorities and bus companies to improve and increase the bus network that services our sites including discounted bus tickets for staff. This is critical to helping staff with their journeys to work, but will also enable visitors and patients to have a viable option other than bringing their car to site.

For the public, the Trust has a website that gives travel information on how to get to our sites by various means. There are hyperlinks to useful external sites such as Traveline, First buses, Wessex Connect and various others.

Information leaflets that include site maps are also sent out with appointments that give a variety of information.

The Trust promotes car sharing through the Liftshare scheme which members of staff can join free of charge and through regular Car Share Cafes. Our Link with Liftshare provides a search engine for staff looking to car-share with other commuters going the same way.

Another facility provided is in the form of Co-Wheels and City Car Club cars. This popular resource is available to all who need to use a vehicle as part of their work but who either do not have a car or do not want to drive to work in order to have a vehicle to use for work purposes.

The Trust is also supporting the Bristol electric vehicle network through the provision of a rapid electric vehicle charging point on site at Southmead Hospital. Two further electric points will be available to staff and visitors on completion of Phase Two works.

In order to promote the sustainable travel options available, a dedicated Travel Team exists to further encourage staff and visitors to adopt sustainable methods of travel. The team provide information for staff and the public on a wide variety of forms of transport.

Travel West hold regular travel roadshows raising awareness of the alternative options available for staff. In addition, the Travel Team always attend the fortnightly Corporate Induction meetings for new members of staff and can provide personal travel plans on request.

In an effort to reduce travelling altogether the Trust encourages and has seen good take-up of the use of teleconferencing and videoconferencing facilities provided as part of the Frenchay and Southmead sites.

Food

In line with our Environmental Policy commitment to reduce the environmental impact of the food we serve to patients and staff, the Trust has committed to source local, organic, seasonal and Fairly Traded food wherever we can.

Each day around 2,500 patient meals are prepared fresh on-site by our chefs and much of the food comes from the local area - reducing the Trust’s carbon footprint and supporting local businesses.

We proudly continue to hold the Soil Association Food for Life Catering Mark Silver Award for patient meals and plans are underway to identify the necessary steps to apply for the Gold Award and achieve the Soil Association accreditation in our staff restaurant.

To achieve the Gold Award, we need to increase our percentage spend on organic (15 percent), free range, Fairtrade and locally produced ingredients.

In February 2015, we won the Silver Fairtrade Business Award for our work promoting Fairtrade products in our staff restaurant at Southmead. Awards were presented to organisations in the South West who have demonstrated commitment to promoting Fairtrade products and raising awareness amongst staff on the social, ethical and environmental reasons behind Fairtrade.

Further recognition of the good work we have done to reduce the environmental impact of the food we provide was receiving the NHS Sustainability Award for Food in April 2015.

Engaging the local community on sustainability

The Trust is committed to engage staff, patients, visitors, stakeholders, partners, contractors and the wider local community on sustainability and the links to health and wellbeing. We held our first Sustainability Fair in the new Brunel building to mark the annual NHS Sustainability Day on 26 March 2015.

There are numerous public health co-benefits from climate change adaptation and mitigation measures, making health and wellbeing crucial to the delivery of sustainable development within North Bristol NHS Trust. The mutual benefits realised from a healthy workforce combined with our objectives to reduce our impact on the local environment will combine to deliver a sustainable healthcare system.

Climate change adaptation and mitigation

The Trust’s Environmental Policy commits us to adopt climate change adaptation and mitigation measures to deliver a resilient healthcare service for the future.

As a Trust, we must first reduce our carbon footprint to mitigate the effects of climate change. By adopting sustainable models of care and shifting the emphasis of patient closer to home to improve the patient experience, we will reduce the need to travel and the emission of greenhouse gases in the first instance.

We will be preparing for and adapting to climate change by planning for the vulnerabilities of our healthcare services, our staff and our patients to climate impact risks. We are working with Emergency Planning to ensure business continuity, severe weather and resilience planning to review how our health care service will become resilient to localised climate change impacts such as extreme weather events, and potential shortages of fuel, water and food.

Future plans

The Environmental Management System (EMS) will continue to drive forward continuous environmental improvement across the Trust in line with our Environmental Policy commitments outlined above.

The EMS will achieve this through setting objectives and targets in line with our Policy commitments, identifying and managing our significant environmental aspects and impacts, setting action plans and undertaking internal audits which will be externally verified to the ISO14001 certification mark. From 2016, we will report our sustainability and environmental data against our policy objectives and targets.
Making NBT a great place to work

The Trust’s approach to workforce planning has focused on integrating business planning process with the resources required to deliver our quality, safety, performance and financial objectives ensuring the right people have the right skills and are in the right place to deliver our activity plan for 2015/16.

Workforce planning has been focused on reviewing and refining the staffing requirements which can be flexed to the needs of the Trust following the move to the new Brunel building. These requirements have been characterised either by new roles, different numbers of staff or different ways of working.

Planning has been led by clinicians and service managers in each area to ensure that quality, safety, performance and affordability requirements are met. The extent of the changes and consequent movement of staff has been unprecedented and resulted in very close working between clinical and corporate teams.

In addition there have also been a number of services transferring in and out of the Trust. This has included community specialist children’s services at Church House and specialist paediatrics services transferring to UH Bristol with Breast Care Services including all planned surgery, associated outpatient appointments and breast screening services transferring to the Trust last year.

Urology Services also moved to NBT which includes complex surgery and simple day case operations with outpatient appointments offered at Southmead, Cossham and Thornbury Hospitals, Portishead, Bristol Royal Infirmary, South Bristol Community Hospital, and Clivedon Hospital.

The development of these service changes were led from the start by our senior doctors and nurses and involved patients, carers and the wider public in their design.

The People and Organization Health directorate continued to work closely with clinical directorates and finance to ensure the workforce and finance planning process achieved an affordable and operationally sustainable workforce plan for 2015/16.

The focus will then move to achieving the efficiencies made possible by the Brunel building and working on a single site.

The last year saw the wider implementation of electronic rostering across a number of areas including portering, catering, domestics and theatre nursing. The Trust now has over 4,000 staff on self-rostering, 3,000 of which are paid electronically. The Trust is aiming to have all 4,000 staff paid electronically by summer 2015. The process of electronic payroll replaces the reliance on paper generated processing and thereby reducing pay errors and the overall cost of administration.

The next phase of e-rostering will be to ensure it is embedded as part of the Trust’s workforce management strategy.

The Trust has also implemented SafeCare, a software system that enables us to understand the nurse staffing levels required on each inpatient ward in the context of patient need. This then means that evidence-based staffing decisions can be made on each shift and reviews of funded establishments can easily be conducted for the Trust Board’s assurance that we maintain safe staffing levels. In achieving this we are complying with expectations set out by the National Quality Board.

Recruiting a flexible workforce

Over the past year the Human Resources recruitment team has processed an unprecedented volume of applicants - 28,000 job applications with over 2,000 new medical and non-medical staff appointed. The team is now deploying robust recruitment approaches to address recruitment shortfalls. This has included the recruitment of a cohort of Spanish nurses who have been welcomed to the Trust.

The recruitment team has reviewed all of its internal processes and increased its capacity to recruit higher volumes of new starters in a shorter time period during the coming year in response to the needs of the organisation.

Following full evaluation the Trust has agreed the full rollout of Value Based Recruitment for all vacancies which is scheduled to start in June 2015. The evaluation has demonstrated that Value Based Recruitment manages new starter’s expectations of roles and as a result has reduced staff turnover by around 19 percent. The rollout will initially include all non-medical posts, however, this will be extended to include consultants, junior doctors and senior recruitment over the coming year.

The work the Trust has done around Value Based Recruitment has achieved national profile and the team has been asked to talk about its work at a number of national events.

NBT eXtra, the Trust’s temporary staffing service, has continued to deliver a high quality service to the Trust managing an unprecedented demand for temporary staff. In the past year the service has taken on the management of all the temporary staffing needs of the Facilities Management Directorate providing over 370,000 hours of ancillary staff.

Listening to and engaging our staff

The Trust received the results of the 2014 national annual staff survey in early 2015. Disappointingly, the response rate was significantly lower than in previous years, 25 percent. There was a change to the methodology last year, with most staff receiving the survey electronically as opposed to hard copy. The response rate may also have been affected by the implementation in 2014 of the Staff Friends and Family Test.
Making NBT a great place to work (continued)

Our top ranking scores were:

- The percentage of staff receiving job relevant training, learning and development in the last 12 months
- The percentage of staff able to contribute towards improvements at work
- Our bottom ranking scores were:
  - The percentage of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/department
  - The percentage of staff reporting errors, near misses or incidents witnessed in the last month
  - The percentage of staff suffering work related stress in the last 12 months.

In addition, the Trust implemented the Staff Friends and Family Test in accordance with the national guidance. Staff were asked two questions and the results are provided below. All staff were surveyed in all quarters. There was no survey in Quarter 3 as the questions were covered in the National Staff Attitude Survey:

- **How likely are you to recommend North Bristol NHS Trust to friends and family if they needed care or treatment?** (The results of which are shown below).

<table>
<thead>
<tr>
<th>Response rate</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 4</th>
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</thead>
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<tr>
<td>Likely/Extremely likely</td>
<td>61%</td>
<td>60%</td>
<td>66%</td>
</tr>
<tr>
<td>Neither likely nor unlikely</td>
<td>19%</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td>Unlikely/Extremely unlikely</td>
<td>19%</td>
<td>16%</td>
<td>14%</td>
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<tr>
<td>Don't know</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

- **How likely are you to recommend North Bristol NHS Trust to friends and family as a place to work?** (The results of which are shown below).

<table>
<thead>
<tr>
<th>Response rate</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likely/Extremely likely</td>
<td>38%</td>
<td>39%</td>
<td>46%</td>
</tr>
<tr>
<td>Neither likely nor unlikely</td>
<td>19%</td>
<td>22%</td>
<td>22%</td>
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<tr>
<td>Unlikely/Extremely unlikely</td>
<td>41%</td>
<td>35%</td>
<td>31%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

In addition, staff were able to provide reasons for their responses. The main themes emerging were:

- **Access to work - parking and travel**
- **Staff engagement - morale, communication, culture**
- **Leadership and management**
- **Staffing levels**
- **Working environment**
- **Career progression and job security**

Over the last year, a key focus has been on improving staff experience to help make the Trust a great place to work.

**Staff wellbeing**

The Trust recognises the importance of staff engagement and wellbeing as a key enabler in helping to create a positive organisational climate which ensures NBT achieves its overall business strategy.

Quarterly staff surveys encourage staff to respond to the questions: “Would you recommend NBT as a place to be treated?” and “Would you recommend NBT as a place to work?”

Detailed analysis of survey feedback over 2014 has provided an understanding of the main themes arising from staff comments, which has formed the basis for the 2014 Staff Experience Report detailing staff feedback and enabling a “You said, we did & are doing approach.”

The Staff Wellbeing Strategy, designed during 2014, has a proactive and preventative focus, recognising that it is too late to wait until staff go out sick before action is taken. It supports staff in taking responsibility for their own health as well as promoting health and wellbeing and providing prevention, intervention and rehabilitation services through five strategic objectives which cover:

- An enhanced experience of working at the Trust to improve staff health and wellbeing
- Stronger individual ownership of personal health and wellbeing
- More effective staff contribution to workplace improvement
- Fit-for-purpose health and wellbeing services for staff at the Trust
- Reduction in sickness absence levels.

The strategy set out a five year vision to deliver a working environment that will enable staff to be Healthy, Healthy and Happy. The annual strategic goals have been organised into three areas of ownership: Trust, Managerial and Individual, to reflect the understanding that staff wellbeing is everyone’s responsibility.

The actions undertaken to improve staff experience, engagement and wellbeing over the last year included:

- The introduction of a wellbeing session at Corporate Induction
- The creation of a wellbeing champions network which so far includes 300 members
- A quarterly staff experience newsletter promoting Zest4Life the Trust’s staff wellbeing website which includes a directory of wellbeing services and support covering free monthly money advice sessions, breathing space meditation classes, clubs and fitness sessions such as the Trust’s football team, walk to run club, onsite adult ballet and zumba classes
- Collaboration and promotion of community links and health support, including the Happiness Project
- Staff wellbeing events, including stress awareness and back care week
- Tailor made free wellbeing workshops, at manager’s request, supporting both mental and physical wellbeing
- A huddles pilot, leading the way in staff wellbeing and communication on the wards
- Launch of ‘MyTrustbenefits’ discount brochure and website, offering a wide range of national discounts along with discounts to over 100 local business.

**Rewarding our staff**

As part of improving staff experience, particular focus was given to the development and communication of the staff reward package, based on survey evidence that awareness of the reward package was low amongst staff.

**Activities included:**

- Creating a central web page with links to all elements of the reward package
- In October 2014 we launched total reward statements for all staff to access their personal benefits statements online
- We negotiated 100+ discounts with local businesses to be included in a new staff discount brochure. This was launched in November 2014
- We created a sustainable website for cashback and discounts on purchases that create revenue from brand commission to spend on staff benefit development, by partnering with MyTrustbenefits
- Reward briefings for staff working in community locations
- Development of a five year pay and reward strategy

**Developing our staff**

In March 2014 the Learning and Development team were awarded the Skills for Health Quality Mark in recognition of their excellent delivery of teaching and learning. The Quality Mark endorses the quality of the delivery of training and learning and its suitability for the health sector.

The assessors said of the Trust’s training team that they “deliver teaching and learning to a very high standard and are passionate about what they do and all team members strive to ensure that the learner experience is of high quality, fit for purpose and enjoyable!”

Further, they identified that in NBT we really support our home grown staff.

We are actively promoting the quality of education as a reason for working in NBT. We are targeting all potential sources of future employees from school, college, job centres, marketing via NHS jobs, out turn from university and wider marketing, with specific targeted work for young people to meet future workforce needs, and also encourage diversity of opportunities for our wider and potential workforce for the future. We are committed to developing our staff and providing learning opportunities to support development at all levels.

The national Learning and Development Agreement, with Health Education (England), sets out how we work in partnership with our universities and colleges in the support of our undergraduate and post-graduate students - our future workforce.

We have valuable local schools partnerships which continue to grow with our work experience programme, offering over 100 students a year work experience, taster opportunities...
Making NBT a great place to work (continued)

sessions and support at schools and colleges and career events which offer insights into a range of career options. This is ably supported by our ambassadors, people of all walks of life in the NHS who are keen to support and inspire our future workforce. We are keen to grow our own talented workforce, working with the support of national and local programmes, utilising apprenticeships, widening participation strategies, and attraction programmes such as work experience. In October 2014, we were awarded the Fair Train Quality Standard for the quality of our work experience in NBT. We are the first NHS organisation to be recognised in this way.

We have run pre-nursing courses, which has given ten health care assistants the opportunity to have support in applying for university. Our successful partnership with Job Centre Plus goes from strength to strength with results in supporting people into work.

We continue to feature in nominations and places at awards and celebrations. Plus goes from strength to strength with during 2014 we have further developed our education partnerships with our local universities and further education colleges to ensure that we have access to a range of accredited training for our multidisciplinary workforce. Our key programmes include leadership development with the NHS Leadership Academy UWE Business School and Exeter Consulting, in the delivery for the second year of our successful regional leadership for Improving Frontline Talent, (on behalf of the South West region), our professional development modules with University of Bristol in delivering master degree level modules, our supervisory sister programme accredited by UWE, and our valued Further Education Colleges, Weston College, South Gloucestershire and Stroud College (SGS), North Somerset Enterprise and Technology College, and City of Bristol College, for example. The Post-Graduate Medical Education Quality Improvement (2) programme continues to grow and now incorporates senior medical trainees. Following a successful bid to the Regional Innovation Fund we have trained a further 15 mentors and will be running another mentor day in June.

We have recently appointed a Simulation Education Fellow (HESW funded) for an initial year contract who will be responsible for developing a programme of simulation and human factors based training to multi-professional environment and we strive to ensure that all staff have access to our facilities and have the appropriate support to help them with their induction or their further studies, as well as direct support for clinical teams.

Ensuring equality and diversity for all staff

In driving our commitment to enable the Trust to be a high performing, healthy organisation considerable focus and energy has been given to promoting an equal and diverse workforce, tackling discrimination when and wherever it occurs. The Trust is recognised for its positive reputation for equality work and often provides advice and guidance to other NHS bodies, public and private sector organisations.

In particular, over the last year we have:

• Undertaken black and minority ethnic staff career development work including matching NBT board members and senior managers as mentors, offering recruitment training and the opportunity to assess applicants for HCA posts through valued based recruitment sessions. A BME member of staff now chairs this group

• Set up a Disabled Staff Development group that has identified areas that NBT need to look at and members have been invited to be assessed at the valued based recruitment sessions. A disabled member of staff now chairs this group

• Improved the quantity and quality of staff receiving equality and diversity training. 3,215 staff (an increase of 44 percent from 2013) received this training through Corporate Induction, completing the Trust’s e-learning training or participating in specific equality and diversity training courses

• The Two Ticks Disability symbol was reviewed by Job Centreplus and awarded for a further year

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

• Produced and widely distributed an Equality newsletter

• Provided support for staff through the harassment and bullying advice line.

Health and Safety

A number of health and safety procedures and issues have been reviewed and implemented during the year and these include:

• The appointment of responsible and deputy responsible persons under the Control of Asbestos Regulations, particularly important during a period of large scale demolitions

• Systems to control contractors’ safety procedures with 90 percent of contractors trained in hospital environment risks

• Transfer from the Health and Safety Department to a Trust Technical Compliance Lead of assurance on the PFI contractor’s control of its risks

• Ratification of more than a dozen health and safety policies

In addition the management processes for Health and Safety in the Trust were audited by the British Safety Council and the department was pleased to receive the highest standard of five stars.

Our policies

We continue to work in partnership with Health and Safety in the Trust were audited by the British Safety Council and the department was pleased to receive the highest standard of five stars. In working closely with clinical governance Human Resource’s reporting on supporting information for appraisal for medical staff has improved with the revalidation team providing four supporting information reports (clinical audit, complaints, incidents and fitness to practice concerns) for every doctor. The team has been preparing throughout the year to achieve independent verification of its processes for medical revalidation from NHS England and the assessment day will take place in summer 2015. Independent verification will be required every five years and this is NBT’s first time since revalidation was enacted in December 2012.
World leading research

The Trust has a significant and growing research portfolio with more than 280 researchers delivering around 450 research studies in the past year, including 48 commercial trials. Established research strengths in musculoskeletal, infection and immunology, neurosciences, diabetes, respiratory medicine and urology continue to be supported alongside emerging strengths in anaesthetics, obstetrics and gynaecology and stroke research.

We continue to deliver our three existing highly prestigious National Institute for Health Research (NIHR) programme grants, each worth £2 million alongside ten other NIHR research grants worth an additional £8.5 million.

In 2014 we were awarded five new NIHR grants, four of those from the NIHR Research for Patient Benefit funding stream in the areas of musculoskeletal disease, respiratory disease and microbiology. The fifth is from the highly prestigious NIHR Programme Grants for Applied Research funding stream which aims to investigate better post-operative prevention and management for chronic pain after total knee replacement, worth £1.7 million.

In addition to NIHR funding, NBT has secured €3.9 million as part of an EU consortium bid focused on combatting bacterial resistance in Europe.

Our research aims and priorities over the next five years continue to be:

1. Be world leading - actively participate in Bristol Health Partners, in which world-class clinical services, research and innovation and teaching are strategically and operationally integrated across the city

2. Deliver high quality research of direct patient benefit - support our staff to deliver high quality translational and applied health services research of direct patient benefit

3. Embed a research culture in clinical service delivery - develop a culture across NBT in which research and innovation are embedded in and aligned with routine clinical services, leading to significant health gains and efficiency improvements in health services delivery

4. Increase research income - increase the income from research and innovation and use that income in support of our strategic aims.

Collaborating across the city

Since 2012 a formal collaboration, Bristol Health Partners, exists between the city’s three NHS trusts (Avon and Wiltshire Mental Health Partnership NHS Trust, North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust), the three local clinical commissioning groups (Bristol, South Gloucestershire and North Somerset CCGs) the two universities (University of Bristol and the University of the West of England) and Bristol City Council.

Bristol Health Partners aims to improve the health of those who live in and around Bristol and to improve the delivery of the services on which they rely and to act as a mechanism for change in the local health and care community and city region. Its shared vision is for those who live in and around Bristol to enjoy the highest possible quality of life and experience of care, helping Bristol and its health and care system to be known for:

- Equality of access, experience and outcome
- Excellence in research
- Promotion of innovation
- Connectedness and collaboration

In addition, NBT is also an integral member of the West of England Academic Health Science Network (WEAHSN), whose core work streams are:

- Improving patient safety – building on the successful South West programme
- Quality improvement – supporting the spread of good practice to realise service improvements
- Enterprise and Translation - supporting adoption of new technologies and solutions to benefit patients
- Connecting patient data across the system for increased patient benefit

The WEAHSN was accredited in 2013 for five years.

NBT is a partner in the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) West working to conduct applied health research and implement research evidence, to improve health and health care across the West of England.

NBT is also an integral member of the West of England Academic Health Science Network (WEAHSN), whose core work streams are:

1. Improving patient safety – building on the successful South West programme
2. Quality improvement – supporting the spread of good practice to realise service improvements
3. Enterprise and Translation - supporting adoption of new technologies and solutions to benefit patients
4. Connecting patient data across the system for increased patient benefit

NBT is leading the way for joint working across the West of England region with key partnership NHS Trusts and the Clinical Research Network West of England (CRN WofE). An exciting collaboration around a clinical trial in maternity services has set best practice examples for large scale trial delivery across the region.
World leading research (continued)

Building a strong research infrastructure
The Clinical Research Centre (CRC) at Southmead Hospital has been open for just under a year now and is a key part of clinical research delivery at NBT. The first patient appointment took place in May 2014 and since then around 2,000 patients have been seen. The CRC brings together researchers from all disciplines from across the Trust enabling them to work together more closely to share best practice and encourage collaboration. The centre ensures our patients are given the best possible experience of taking part in a research study whilst being given additional advice and support relevant to the study and their diagnosis.

The second phase of the Learning & Research building is finished and now houses clinical sciences researchers from the University of Bristol in addition to NBT researchers. The dedicated neuroscience clinical research facility at Southmead is due to open mid-2015 and is the final part of the restructuring work to bring together research across NBT into one hub.

The NBT Science Quarter was officially launched in spring 2015 to celebrate this new hub for health research. This is providing an excellent opportunity to advance clinical research supporting NBT’s aim of enhancing our reputation as one of the UK’s leading NHS organisations in research and innovation.

NBT has worked hard to sustain and grow a strong research infrastructure of professionals including over 100 research nurses, midwives and allied health professionals, to work on developing new and delivering existing research studies. Through the efforts of this research workforce nearly 3,000 patients have been able to participate in nationally recognised clinical research studies at NBT during 2014, along with many more involved in more local research.

Innovation
Over the last 12 months we have been supporting teams in their transition to the new hospital and evaluating our current position as an innovator and stakeholder in the local health community.

We’ve put considerable effort into strengthening our external innovation network, whilst simultaneously evaluating our own efforts internally and developing new models of sustainable working. We are far better placed this year to capitalise upon the intellectual property assets of the organisation to deliver outstanding care and value to the health economy.

Our aims around innovation are as follows:
- Actively participate in local and regional health networks (like Bristol Health Partners and the West of England Academic Health Science Network) to leverage improvements in care pathways, diagnostics and in which world-class clinical services, research, innovation, education, training and informatics are strategically and operationally integrated
- Continue to embed an innovation culture across the organisation by working with individuals and teams to understand the benefits of innovation and transformation and to develop their ideas
- Strengthen the innovation delivery platform with clear processes, resources and rewards working across the organisation to connect innovators to funding and support networks
- Deliver high impact innovations in our specialist services to optimise the output of our resources and enhance our reputation as a leader in patient centred care and health care innovations and transformational leadership. Our specialist services are: neurosciences, orthopaedics, children’s burns, plastic surgery, renal & transplant, trauma, HIV and CCHP (Community Children’s Health Partnership)

Charitable activity
Charitable activity (continued)

The past 12 months have been incredibly exciting for the Trust’s charity. After consulting with staff, our Foundation Trust public members and other stakeholders, the charity took on a brand new identity as Southmead Hospital Charity. This is to reflect the transfer of services from Frenchay and that the majority of services are all on one site.

Our two main campaigns to complete the Bristol Breast Care centre and establish the new Neuroscience Clinical Research Centre have been successfully done and our community fundraising has gone from strength to strength.

The main aim for the team over the next six months is to put Southmead Hospital Charity firmly on the map – working hard with local business, community associations, schools and amenity groups to establish the charity as a hub of social support in the wider Bristol community.

Community Support
The support given by our patient and family groups has once again been tremendous. The campaign to continue research into brain cancer gained international support via one family’s social media campaign raising more than £80,000.

Our partnership with Bristol Rotary and the Prostate Cancer Care campaign continued with the ninth annual Run for the Future event. The charity also received great support from the Move Makers, volunteers and staff to help develop its next community-wide fundraising campaign “Do Something Super for Southmead” – which aims to engage the community with the many heroes in our hospitals saving and transforming lives on a daily basis.

Fresh Arts
The charity supported a range of projects under the Fresh Arts programme. These events use visual and performing arts to support patients and staff across a wide range of conditions; the therapeutic and social benefits for patients undertaking activities such as painting, dancing, singing and knitting are now well documented and wider support from the charity has enabled this programme to develop more widely across the Trust.

Major Trauma
Southmead Hospital Charity received its largest ever grant in 2014/15 from the County Air Ambulance Trust – Help Appeal. We were awarded a grant of £225,000 to support the build of the new helipad at the Southmead Hospital site. As the major trauma centre for the South West region developing the helipad to ensure we are able to accommodate the full range of air ambulances, means we can support the largest number of trauma patients. The grant will also be able to support the building of a covered walkway to make it easier to treat patients in adverse weather conditions.

Neuroscience Clinical Research Centre
To be locally known as the BRAIN Centre, the new neuroscience clinical research centre will be open to patients in May 2015. It will be the only facility undertaking research for and treating Alzheimer’s, Parkinson’s, dementia and multiple sclerosis. Over £1 million was raised through fundraising and voluntary donations. We are looking forward to working with BRACE as a new charity partner within the centre.

Thank you also to…
We receive support and donations from thousands of people, companies and community associations – unfortunately we have insufficient space to thank everyone individually but we would like to give a special mention to: SITEC, The Clarkes foundation, Louis and Anna Brooks and Shaun McCarthy.

Patient activity

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<thead>
<tr>
<th>Outpatient Activity</th>
<th>New</th>
<th>Follow Up</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>145435</td>
<td>266082</td>
<td>411517</td>
</tr>
<tr>
<td>2013/14</td>
<td>190217</td>
<td>283190</td>
<td>473407</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A&amp;E activity 14/15</th>
<th>New</th>
<th>Follow Up</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E</td>
<td>75364</td>
<td>379</td>
<td>75753</td>
</tr>
<tr>
<td>Southmead</td>
<td>9554</td>
<td>56</td>
<td>9611</td>
</tr>
<tr>
<td>Frenchay</td>
<td>84918</td>
<td>435</td>
<td>85364</td>
</tr>
<tr>
<td>13/14</td>
<td>101886</td>
<td>1316</td>
<td>103219</td>
</tr>
</tbody>
</table>
Finance

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 break-even 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.

Financial review

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 new Private Finance Initiative (PFI) hospital. The Trust also received net additional funding through PDC from the Department of Health (DH) of £27.5m during the year in support of capital schemes. Temporary cash support of £8.5m was received and repaid in the year in order to alleviate its short term cash flow pressures. Details of credit arrangements are disclosed in note 26 to 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)
• To achieve 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 2014/15 and in the previous four years of the Trust.

<table>
<thead>
<tr>
<th></th>
<th>2010-11 £m</th>
<th>2011-12 £m</th>
<th>2012-13 £m</th>
<th>2013-14 £m</th>
<th>2014-15 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Break-even in year position</td>
<td>7.9</td>
<td>9.0</td>
<td>7.0</td>
<td>5.6</td>
<td>(19.7)</td>
</tr>
<tr>
<td>Break-even cumulative position</td>
<td>(17.5)</td>
<td>(8.5)</td>
<td>(1.5)</td>
<td>4.1</td>
<td>(15.6)</td>
</tr>
<tr>
<td>Capital resource limit</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
<td>Achieved</td>
</tr>
</tbody>
</table>

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 Trust Development Authority (TDA) of (£19.7m).
Finance (continued)

<table>
<thead>
<tr>
<th>Trust results</th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained deficit for the year</td>
<td>(27.4)</td>
</tr>
<tr>
<td>Add back:</td>
<td></td>
</tr>
<tr>
<td>Impairments</td>
<td>17.3</td>
</tr>
<tr>
<td>Less:</td>
<td></td>
</tr>
<tr>
<td>Reversal of impairments</td>
<td>(9.4)</td>
</tr>
<tr>
<td>Donated assets</td>
<td>(0.2)</td>
</tr>
<tr>
<td>Surplus recorded for break-even purposes</td>
<td>(19.7)</td>
</tr>
</tbody>
</table>

Notes:
1. Impairments and reversals are following a valuation of the Trust’s land and buildings by the district valuer (see below).
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.

Notwithstanding the achievement of the financial targets agreed with the TDA, the Trust’s financial position remained challenging during the year. In order to achieve the target agreed of £19.7m the Trust delivered the planned £27.6m efficiency savings. The Trust also needed temporary cash support of £8.5m during the year to help with short term cash flow issues which was repaid in March 2015. Capital expenditure for the year was £59.8m and £27.5m PDC was received as part of agreed support to the capital programme. Major areas of capital expenditure in the year included £14m on the new Pathology building, £8.7m on medical equipment and £9.2m on IT investment.

Forward look to 2015/16
The Trust’s financial forecast for 2015/16 shows a deficit (as measured for break-even duty purposes) of £26.0m, with a further deficit of £19.7m for 2016/17. These deficits are after assuming delivery of savings in 2015/16 of £41.2m and a further £34.3m in 2016/17. For 2015/16, the majority of the assumed savings have been identified and plans are in place to meet the full targeted level of savings.

Summary financial statements
Reproduced below is an extract from the financial statements, of the Trust as an individual entity from the full annual accounts. The Trust’s external auditors issued an unqualified audit report on the financial statements on 4 June 2015.

Full copies of the Annual Report and Financial Statements can be obtained from The Director of Finance North Bristol NHS Trust, Southmead Hospital, Bristol, BS10 5NB.

Statement of comprehensive income
For year ended 31 March 2015

### Financial performance for the year

<table>
<thead>
<tr>
<th>Trust 2014-15</th>
<th>£'000s</th>
<th>2015-16</th>
<th>£'000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross employee benefits</td>
<td>(346,110)</td>
<td>(346,613)</td>
<td></td>
</tr>
<tr>
<td>Other operating costs</td>
<td>(201,280)</td>
<td>(350,776)</td>
<td></td>
</tr>
<tr>
<td>Revenue from patient care activities</td>
<td>457,645</td>
<td>459,322</td>
<td></td>
</tr>
<tr>
<td>Other operating revenue</td>
<td>95,266</td>
<td>82,054</td>
<td></td>
</tr>
<tr>
<td>Operating surplus/(deficit)</td>
<td>5,521</td>
<td>(136,913)</td>
<td></td>
</tr>
<tr>
<td>Investment revenue</td>
<td></td>
<td>76</td>
<td>103</td>
</tr>
<tr>
<td>Finance costs</td>
<td>(32,893)</td>
<td>(2,091)</td>
<td></td>
</tr>
<tr>
<td>Deficit for the financial year</td>
<td>(27,296)</td>
<td>(158,001)</td>
<td></td>
</tr>
<tr>
<td>Public dividend capital dividends payable</td>
<td>(81)</td>
<td>(1,386)</td>
<td></td>
</tr>
<tr>
<td>Retained deficit for the year</td>
<td>(27,377)</td>
<td>(159,387)</td>
<td></td>
</tr>
</tbody>
</table>

### Other comprehensive income

<table>
<thead>
<tr>
<th>Trust 2014-15</th>
<th>£'000s</th>
<th>2015-16</th>
<th>£'000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net gain/(loss) on revaluation of property, plant &amp; equipment</td>
<td>24,492</td>
<td>8,876</td>
<td></td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>(2,885)</td>
<td>(150,111)</td>
<td></td>
</tr>
</tbody>
</table>

The Trust has developed and approved a recovery plan aimed at delivering a recurring break-even position by the end of 2017/18. The Trust Board considers that whilst this represents a significant challenge, it is reasonable to expect that the Trust has adequate resources to continue in operational existence for the foreseeable future.

The Trust has secured assurances from the TDA that it will make sufficient cash financing available over the next 12 months to enable the Trust to meet its liabilities as they fall due.
### Statement of financial position

**As at 31 March 2015**

<table>
<thead>
<tr>
<th></th>
<th>Trust 2014-15 £’000s</th>
<th>Trust 2013-14 £’000s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-current assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>508,331</td>
<td>480,399</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>433</td>
<td>833</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>508,764</td>
<td>481,232</td>
</tr>
<tr>
<td><strong>Current assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>7,919</td>
<td>6,273</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>41,055</td>
<td>35,270</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>1,041</td>
<td>43,958</td>
</tr>
<tr>
<td><strong>Sub-total current assets</strong></td>
<td>50,015</td>
<td>85,501</td>
</tr>
<tr>
<td><strong>Non-current assets held for sale</strong></td>
<td>31,705</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>81,720</td>
<td>85,501</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>580,484</td>
<td>566,733</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Trust 2014-15 £’000s</th>
<th>Trust 2013-14 £’000s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current liabilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>(78,820)</td>
<td>(73,003)</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>(77)</td>
<td>(77)</td>
</tr>
<tr>
<td>Provisions</td>
<td>(5,459)</td>
<td>(5,687)</td>
</tr>
<tr>
<td>Borrowings</td>
<td>(10,486)</td>
<td>(6,970)</td>
</tr>
<tr>
<td>DH revenue support loan</td>
<td>(900)</td>
<td>(900)</td>
</tr>
<tr>
<td>DH capital loan</td>
<td>(520)</td>
<td>(920)</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>(96,262)</td>
<td>(87,077)</td>
</tr>
<tr>
<td><strong>Net current assets/(liabilities)</strong></td>
<td>(14,542)</td>
<td>(1,576)</td>
</tr>
<tr>
<td><strong>Total assets less current liabilities</strong></td>
<td>494,222</td>
<td>479,656</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Trust 2014-15 £’000s</th>
<th>Trust 2013-14 £’000s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-current liabilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>(3,701)</td>
<td>(4,055)</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>(2,281)</td>
<td>(2,358)</td>
</tr>
<tr>
<td>Provisions</td>
<td>(1,412)</td>
<td>(1,683)</td>
</tr>
<tr>
<td>Borrowings</td>
<td>(416,082)</td>
<td>(424,004)</td>
</tr>
<tr>
<td>DH revenue support loan</td>
<td>(9,890)</td>
<td>(10,790)</td>
</tr>
<tr>
<td>DH capital loan</td>
<td>(9,620)</td>
<td>(10,140)</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td>(442,986)</td>
<td>(433,030)</td>
</tr>
<tr>
<td><strong>Total assets employed:</strong></td>
<td>51,236</td>
<td>26,626</td>
</tr>
</tbody>
</table>

**Financed by:**
- **Public Dividend Capital** | 241,305 | 213,810 |
- **Retained earnings** | (269,562) | (242,871) |
- **Revaluation reserve** | 79,493 | 55,687 |

**Total taxpayer’s equity:** 51,236 | 26,626 | 26,626

### Statement of changes in taxpayers’ equity

**For the year ended 31 March 2015**

<table>
<thead>
<tr>
<th></th>
<th>Public Dividend Capital £’000s</th>
<th>Trust Retained earnings £’000s</th>
<th>Revaluation reserve £’000s</th>
<th>Total reserves £’000s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 1 April 2014</strong></td>
<td>213,810</td>
<td>(242,871)</td>
<td>55,687</td>
<td>26,626</td>
</tr>
<tr>
<td><strong>Changes in taxpayer’s equity for 2014-15</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained surplus/(deficit) for the year</td>
<td>(27,377)</td>
<td>(27,377)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net gain/(loss) on revaluation of property, plant, equipment</td>
<td>24,492</td>
<td>24,492</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfers between reserves</td>
<td>0</td>
<td>686</td>
<td>(686)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Reclassification adjustments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New temporary and permanent PDC received – cash</td>
<td>35,995</td>
<td>35,995</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New temporary and permanent PDC repaid in year</td>
<td>(8,500)</td>
<td>(8,500)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net recognised revenue/(expense for the year</strong></td>
<td>27,495</td>
<td>(26,691)</td>
<td>23,806</td>
<td>24,610</td>
</tr>
<tr>
<td><strong>Balance at 31 March 2015</strong></td>
<td>241,305</td>
<td>(269,562)</td>
<td>79,493</td>
<td>51,236</td>
</tr>
</tbody>
</table>
Statement of cash flows
For the year ended 31 March 2015

Cash flows from operating activities
- Operating surplus/(deficit) 5,521 (156,013)
- Depreciation and amortisation 17,341 21,076
- Impairments and reversals 7,486 165,393
- Donated assets received credited to revenue but non-cash 0 (1,786)
- Interest paid (29,851) (1,069)
- Dividend paid (303) 0
- (Increase)/decrease in inventories 1,570 163,393
- Increase in trade and other receivables 17,341 0
- Increase in provision for bad debts and trade and other payables 5,628 (13,231)
- Increase in other current liabilities 0 (77)
- Provisions utilised (2,116) (1,554)
- Net cash inflow/(outflow) from operating activities 76 827

Cash flows from investing activities
- Interest received 76 103
- Payments for property, plant and equipment (53,552) (29,440)
- Payments for intangible assets 0 (181)
- Proceeds of disposal of assets held for sale (PPE) 0 450
- Net Cash inflow/(outflow) from investing activities (53,476) (29,968)

Net cash inflow/(outflow) before financing (64,586) 4,111

Cash flows from financing activities
- Gross temporary and permanent PDC received 35,995 2,093
- Gross temporary and permanent PDC repaid (8,500) (27)
- Loans repaid to DH - capital investment loans repayment of principal (520) (520)
- Loans repaid to DH - working capital loans/revenue support loans (900) (900)
- Capital elements of payment in respect of finance leases and on-SOFP PFI (4,406) 0
- Capital grants and other capital receipts (excluding donated/government granted cash receipts) 0 0
- Net cash inflow from financing activities 21,669 646

Net increased/(decrease) in cash and cash equivalents (42,917) 4,757

Cash and cash equivalents (and bank overdraft) at beginning of the period 43,958 39,201
Cash and cash equivalents (and bank overdraft) at year end 1,041 43,958

Finance - Directors' Report

Directors
- Mr Peter Rilett, Chairman
- Prof Nishan Canagarajah
- Mr Ken Guy
- Mr Mark Lawton
- Mr Robert Mould
- Ms Liz Redfern
- Mr Andrew Willis

Executive
- Ms Andrea Young, Chief Executive
- Dr Chris Burton, Medical Director
- Ms Kate Hannam, Director of Operations
- Ms Sue Jones, Director of Nursing
- Ms Catherine Phillips, Director of Finance

Public Sector Payroll Arrangements – 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 86% of non-NHS invoices within 30 days compared with 92% in the previous year. Further details of compliance with the Code are contained in note 10 to the Annual Accounts. The Trust is committed to the Prompt Payment Code.

External auditors’ remuneration
The Trust’s auditors are Grant Thornton. During the financial year they were paid £108,000 for statutory audit services to the Group (£104,000 for the Trust). A further £10,000 of non-audit work has been undertaken in 2014/15 in relation to the Trust’s quality accounts.

Cost allocation and charges for information
The Trust complies with HM Treasury’s guidance on setting charges for information where appropriate.

Personal Data
There have been no incidents regarding data loss or confidentiality breaches in 2014/15.

Fraud
The Trust has a Counter Fraud policy approved by the Audit Committee in 2013 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.

Emergency Preparedness
The Trust has in place plans that are fully compliant with the requirements of the NHS Commissioning Board Emergency Preparedness Framework 2013.

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 2015 and what action has been taken in regard to their tax status since that date. At 31 March 2015 the Trust had 9 such arrangements which required disclosure. None of these 5 have ended since that date, and 4 have continued without any changes to their contractual clauses. None of the arrangements have been re-negotiated to include contractual clauses allowing the Trust to seek assurance from the individuals concerned as to payment of their tax obligations.

Trust Chair
Mr Peter Rilett
Chairman

Trust Finance Director
Ms Andrea Young
Chief Executive

Trust Executive Directors
Dr Chris Burton
Medical Director
Ms Kate Hannam
Director of Operations
Ms Sue Jones
Director of Nursing
Ms Catherine Phillips
Director of Finance

Trust’s Board of Governors
Mr Peter Rilett, Chairman
Mr Robert Mould
Ms Liz Redfern
Ms Andrea Young
Mr Andrew Willis
Ms Andrea Young, Chief Executive
Mr Ken Guy
Ms Liz Redfern
Mr Robert Mould
Ms Andrea Young
Mr Andrew Willis

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

Annual Accounts. The Trust is committed to 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 86% of non-NHS invoices within 30 days compared with 92% in the previous year. Further details of compliance with the Code are contained in note 10 to the Annual Accounts. The Trust is committed to the Prompt Payment Code.
Financial information for inclusion in the Remuneration Report

Salary and Pensions entitlements of senior managers 2014/15

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Remuneration of senior managers (audited)</th>
<th>2014-15</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Salary (to the nearest £’000)</td>
<td>Expense payments (taxable) (Bands of £5,000)</td>
<td>All pension related benefits (taxable) (Bands of £5,000)</td>
</tr>
<tr>
<td></td>
<td>Salary (to the nearest £’000)</td>
<td>Expense payments (taxable) (Bands of £5,000)</td>
<td>All pension related benefits (taxable) (Bands of £5,000)</td>
</tr>
<tr>
<td>Non-Executive Directors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peter Pilet – Chairman</td>
<td>20-25</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Nick Patel – Non Executive Director Left 31/12/14</td>
<td>0-5</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Avril Waterman-Pearson – Non Executive Director Left 31/12/14</td>
<td>0-5</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Elizabeth Redfearn – Non Executive Director Started 01/12/14</td>
<td>0-5</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Ken Goy – Non Executive Director</td>
<td>5-10</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Robert Mould – Non Executive Director</td>
<td>5-10</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Mark Lawton – Non Executive Director</td>
<td>5-10</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Sue Sundstrom – Non Executive Director Started 25/11/13, Left 31/03/14</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Nishan Canagarajah – Non Executive Director Started 12/02/15</td>
<td>0-5</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Andrew Willis – Non Executive Director Started 01/12/14</td>
<td>0-5</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Executive Directors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andrea Young – Chief Executive Started 02/09/13</td>
<td>185-190</td>
<td>–</td>
<td>15-17.5</td>
</tr>
<tr>
<td>Sue Jones – Director of Nursing</td>
<td>110-115</td>
<td>–</td>
<td>22.5-25</td>
</tr>
<tr>
<td>Chris Burton – Medical Director (see note)</td>
<td>130-135</td>
<td>–</td>
<td>15-17.5</td>
</tr>
<tr>
<td>Catherine Phillips – Director of Finance Started 03/06/13</td>
<td>140-145</td>
<td>–</td>
<td>12.5-15</td>
</tr>
<tr>
<td>Kate Hannam – Director of Operations Started 15/12/14</td>
<td>35-40</td>
<td>–</td>
<td>10-12.5</td>
</tr>
<tr>
<td>Marie-Noelle Orzel – Chief Executive, Left 09/10/13</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Bill Iobs – Interim Director of Finance Started 07/01/13, Left 02/06/13</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Jeremy Tozer – Interim Director of Operations Start 19/09/14, Left 12/12/14</td>
<td>140-145</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Corporate Directors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harry Hayes – Director of HR</td>
<td>120-125</td>
<td>2</td>
<td>5-7.5</td>
</tr>
<tr>
<td>Simon Wood – Director of Facilities</td>
<td>110-115</td>
<td>1</td>
<td>125-127.5</td>
</tr>
<tr>
<td>Sasha Kanakusevic – Chief Operating Officer until the 15/12/14. New Title Director of Strategy and Transformation from 16/12/14</td>
<td>125-130</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Michael Coupe – Director of Strategy and Planning</td>
<td>5-10</td>
<td>–</td>
<td>5-10</td>
</tr>
</tbody>
</table>

Finance - Directors’ Report (continued)

Existing off-payroll arrangements as of 31 March 2015, for more than £220 per day and that last longer than 6 months

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Number of existing engagements as of 31 March 2015</td>
</tr>
<tr>
<td>1</td>
<td>Of which the number that have existed for:</td>
</tr>
<tr>
<td>5</td>
<td>Less than one year at the time of reporting</td>
</tr>
<tr>
<td>0</td>
<td>Between one and two years at the time of reporting</td>
</tr>
<tr>
<td>0</td>
<td>Between two and three years at the time of reporting</td>
</tr>
<tr>
<td>1</td>
<td>Between three and four years at the time of reporting</td>
</tr>
<tr>
<td>2</td>
<td>Four or more years at the time of reporting</td>
</tr>
</tbody>
</table>

New off-payroll arrangements between 1 April 2014 and 31 March 2015, for more than £220 per day and that last longer than 6 months

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Number of new engagements, or those that reached six months duration, between 1 April 2014 and 31 March 2015</td>
</tr>
<tr>
<td>0</td>
<td>Number of new engagements which include contractual clauses giving North Bristol NHS Trust the right to request assurance in relation to income tax and National Insurance obligations</td>
</tr>
<tr>
<td>0</td>
<td>Number for whom assurance has been requested</td>
</tr>
<tr>
<td>0</td>
<td>Of which assurance has been received</td>
</tr>
<tr>
<td>0</td>
<td>Assurance has not been received</td>
</tr>
<tr>
<td>0</td>
<td>Engagements terminated as a result of assurance not being received</td>
</tr>
<tr>
<td>0</td>
<td>Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year</td>
</tr>
</tbody>
</table>

The Trust has identified the need for changes to procedures for off-payroll engagements. This is currently being reviewed, with actions logged as required to be led by the Associate Director Human Resources and Development and progress to be monitored by the Audit Committee.
### 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.

### Pension entitlements of senior managers (audited)

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Real increase in pension at age 60 (Bands of £2,500)</th>
<th>Real increase in pension at lump sum at age 60 (Bands of £5,000)</th>
<th>Total accrued pension at 31 March 2015 (Bands of £5,000)</th>
<th>Lump sum at age 60 related to accrued pension at 31 March 2015 (Bands of £5,000)</th>
<th>Cash Equivalent Transfer Value at 31 March 2015 (Bands of £5,000)</th>
<th>Cash Equivalent Transfer Value at 31 March 2014 (Bands of £5,000)</th>
<th>Real Increase in Cash Equivalent Transfer Value (£’000)</th>
<th>Employees Contribution to Stakeholder Pension (£’000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Directors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andrea Young – Chief Executive</td>
<td>0-2.5</td>
<td>5-7.5</td>
<td>55-60</td>
<td>170-175</td>
<td>1,225</td>
<td>1,122</td>
<td>12</td>
<td>N/A</td>
</tr>
<tr>
<td>Sue Jones – Director of Nursing</td>
<td>0-2.5</td>
<td>5-7.5</td>
<td>45-50</td>
<td>140-145</td>
<td>883</td>
<td>806</td>
<td>56</td>
<td>N/A</td>
</tr>
<tr>
<td>Chris Burton – Medical Director</td>
<td>0-2.5</td>
<td>2.5-5</td>
<td>45-50</td>
<td>145-150</td>
<td>924</td>
<td>846</td>
<td>55</td>
<td>N/A</td>
</tr>
<tr>
<td>Catherine Phillips – Director of Finance</td>
<td>0-2.5</td>
<td>2.5-5</td>
<td>40-45</td>
<td>125-130</td>
<td>664</td>
<td>606</td>
<td>41</td>
<td>N/A</td>
</tr>
<tr>
<td>Kate Hannam – Director of Operations</td>
<td>0-2.5</td>
<td>2.5-5</td>
<td>25-30</td>
<td>80-85</td>
<td>400</td>
<td>343</td>
<td>14</td>
<td>N/A</td>
</tr>
<tr>
<td>Corporate Directors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harry Hayer – Director of HR</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>10-15</td>
<td>30-35</td>
<td>184</td>
<td>161</td>
<td>19</td>
<td>N/A</td>
</tr>
<tr>
<td>Simon Wood – Director of Facilities</td>
<td>5-7.5</td>
<td>17.5-20</td>
<td>45-50</td>
<td>140-145</td>
<td>970</td>
<td>802</td>
<td>146</td>
<td>N/A</td>
</tr>
<tr>
<td>Sasha Karakusevic – Chief Operating Officer</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>40-45</td>
<td>120-125</td>
<td>725</td>
<td>681</td>
<td>26</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Past and present employees of the Trust are covered by the NHS Pension Scheme, details of this scheme are provided at note 9 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.
2014/15 Annual Accounts of North Bristol NHS Trust

Statement of the Chief Executive’s responsibilities as the Accountable Officer of the Trust

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

• there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
• value for money is achieved from the resources available to the trust;
• the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
• effective and sound financial management systems are in place; and
• annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

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

Signed

Andrea Young
Chief Executive
Date: 4th June 2015
Summarisation Schedules (TRUs) for North Bristol NHS Trust

Summarisation schedules numbered TRU01 to TRU98H plus FreeText are attached.

**Director of Finance Certificate**
I certify that the attached summarisation schedules have been compiled from and are in accordance with the financial records maintained by the trust with the accounting standards and policies for the NHS approved by the Secretary of State.

Catherine Phillips  
Finance Director  
Date 4th June 2015

**Chief Executive Certificate**
I acknowledge the attached summarisation schedules, which have been prepared and certified by the Director of Finance, as the summarisation schedules which the trust is required to submit to the Secretary of State.

Andrea Young  
Chief Executive  
Date 4th June 2015
Annual governance statement (continued)
Annual governance statement 2014/15

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

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

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

• There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance.
• Value for money is achieved from the resources available to the Trust.
• The expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them.
• Effective and sound financial management systems are in place.
• Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

In addition I have responsibility for:

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

The Trust meets regularly with the Trust Development Authority (TDA) and commissioners (NHS England, South Gloucestershire, Bristol and North Somerset Clinical Commissioning Groups) to review quality, financial and operational performance. The trust has also contributed to overview and scrutiny processes in South Gloucestershire, Bristol and North Somerset, in particular for transfers relating to Cellular Pathology, Urology, Breast Care and Vascular Services and the disposal of the former Frenchay Hospital site.

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 fulfill these responsibilities effectively. Authority is delegated by the Board to various board committees and the role and terms of reference of these were reviewed in 2014/15 with the aim of clarifying how all aspects of the Trust’s business were delivered.

The revised approach separated the Trust’s delivery and assurance functions and ensured the entirety of the Trust’s business was transacted in a clear and open structure. The rationale for the change was the mitigation of a number of risks including:

• The Accountable Officer being exposed to a risk that the key risks and control systems within the Trust are not being managed effectively;
• A lack of awareness of some quality and other issues by the TMT;
• A lack of clarity on how information flows from Ward to Board and vice versa across the whole spectrum of information;
• Insufficient focus on business planning

The Board approved terms of reference for each of the committees in the revised structure. A review of the Trust’s Standing Orders also took place which incorporated most of the current arrangements but needed minor amendments to take account of the Board’s final changes to its committee structure. These changes were approved by the Board in April 2015. The Committee structure of the Trust is shown below:
Annual governance statement (continued)

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

<table>
<thead>
<tr>
<th>Committee</th>
<th>Functions</th>
</tr>
</thead>
</table>
| Trust Board | 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 assurance 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 ISM opinion and reports from the Care Quality Commission and other external regulators as appropriate according to their risk impact and action.  
This responds in full to Office of Government Commerce recommendations. The Move Board was disbanded in 2014 following the provide a simple overview of all related projects, a single critical path, a single Go/No Go list, overseen by a single Senior Responsible Officer.  
- Corporate key deliverables and oversight of projects relating to the hospital move. In 2014, a Move & Transformation Board was established to support the achievement of the organisation’s objectives and ensure 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. |
| Audit Committee | 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 organisational 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.  
- Other sources of assurance are reports and presentations from specialist staff as requested by the Committee in ‘deep dives’, approval of policies and procedures, performance of systems against key performance indicators, progress against action plans to address identified gaps and internal or external audit reports. |
| Quality and Risk Management Committee (QRMCC) | The Quality and Risk Management Committee (QRMCC) is the assurance committee responsible for overseeing the management of Risk, Governance and Assurance for the Trust on quality issues and the development of the Trust Quality and Assurance Register prior to Board approval.  
- It comprises two non-executives (one of them as chair) and four 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 directors’ clinical and non-clinical risk registers including escalation to the Trust risk register as informed by the Risk and Compliance Committee.  
- Furthermore, it is responsible for identifying all the cross cutting themes arising from executive and non-executive walk arounds (the latter having been instigated in year).  
- Other issues of assurance are reports and from specialist staff as requested by the Committee in ‘deep dives’, approval of policies and procedures, performance of systems against key performance indicators, progress against action plans to address identified gaps and internal or external audit reports. |
| Finance & Performance Committee (FPC) | The Finance and Performance Committee (FPC) 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 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 overseeing the risk management and internal control, across the whole of the organisational activities (both clinical and non-clinical).  
- This also includes overseeing the system of control around directorates’ clinical and non-clinical risk registers including escalation to the Trust risk register as informed by the Risk and Compliance Committee.  
- Furthermore, it is responsible for identifying all the cross cutting themes arising from executive and non-executive walk arounds (the latter having been instigated in year).  
- Other issues of assurance are reports and from specialist staff as requested by the Committee in ‘deep dives’, approval of policies and procedures, performance of systems against key performance indicators, progress against action plans to address identified gaps and internal or external audit reports. |
| Trust Management Committee (TMT) | All deliver group reports through the TMT to the Trust Board. It focuses on:  
- Business Planning  
- Performance Management  
- Recovery & CRES Delivery  
- Finance (financial, Programme Management, Capital, Workforce)  
- It comprises all the executive directors and all the clinical directors of the Trust.  
A Programme Management Office (PMO) was established in early 2013 to ensure there was appropriate overview and scrutiny of clinical and corporate key deliverables and oversight of projects relating to the hospital move. In 2014, a Move & Transformation Board was established to provide a simple overview of all related projects, a single critical path, a single Go/No Go list, overseen by a single Senior Responsible Officer (SRO). This responded in full to Office of Government Commerce recommendations. The Move Board was disbanded in 2014 following the successful transition of services into the Brunel Building but the PMO has maintained overview of reports from workstreams aiming to achieve the transformation of services that will provide the means for financial recovery and sustainability over the next three years. The PMO now reports through the Finance and Performance Committee and oversees the production of the Trust Board’s integrated performance report. |
Annual governance statement (continued)

Annulal governance statement 2014/15

Board and Principal Committee Reports

The Audit Committee and Quality and Risk Management Committee are the key independent risk management and assurance committees underpinning the Trust Board’s overall responsibility for internal control in 2014/15. The Finance and Performance Committee deals with risks within its own remit. The Board and committees have received reports on:

- The Audit Committee and Quality and Risk Management Committee are the key independent risk management and assurance committees.
- Board and Principal Committee Reports
- Annual governance statement 2014/15
- Annual governance statement (continued)
- Annual Report & Summary Financial Statements
- Cellular pathology service transfer
- Cancer services recovery plan and progress report
- Reference costs plan and update
- Intensive Support Team report and action plan
- Year-end Financial Accounts
- Corporate governance arrangements
- Specific services reports
- Patient Administration System procurement
- Budget
- Safeguarding serious case reviews
- Reference cost assurance
- PFI data assurance framework
- Process management and plans
- Business plan
- Strategic and operational business plans
- The 2013/14 Financial Accounts
- Internal audit and counter fraud annual reports
- Charitable funds accounts 2013/14
- Information governance
- Quality Assurance audit 2013/14
- Annual Audit letter
- Financial sustainability workstream reviews
- Long-term financial model
- FFT application
- Tendril approach
- Committee governance and cycle of business
- PFI contract issues
- Financial process review of building contractors
- Draft 2015/16 budget and cash flow forecast
- CEG contract performance report
- Deep dive process
- Business case approval process
- Banks and agency staffing improvement plans
- Capacity and demand planning
- Draft 2015/16 business plan
- Contact management governance
- Committee effectiveness
- Financial resilience review
- Clinical audit assurance
- Safeguarding serious case reviews
- Financial Sustainability updates
- Serious incident and complaint themes
- Quality strategy development and safety improvement plan
- Work plan
- Various senior annual reports
- Examination of 52 week eastern plan
- Cancer experience survey and peer review update
- Guidance on PFT
- Clinical audit update
- Serious complaint investigation, governance implications and action plan
- Legal harms policy and assurance
- ABE survey
- Complaints improvement plan
- External review update
- Committee effectiveness

Board Development

There were five changes to the personnel of the Board in 2014/15. Three non-executives, including the University of Bristol representative, came to the end of their terms of office and have been replaced by two members with strong experience of the NHS and one of the current Pro Vice-Chancellor from the University of Bristol. There were changes to the portfolio of the executives to align them better to the Trust objectives. The most significant of these was the creation of the role of a Director of Strategy and Transformation. The incumbent Chief Operations Officer took on this role and was replaced temporarily by an interim post holder and then by a permanent appointment as Director of Operations and a voting member of the Board. The NHS Trust Development Authority supported the Board with all Board level appointments during the year. Appropriate due diligence was undertaken on all appointments including consideration of the fit and Proper Persons Test requirements which came into force during 2014.

In accordance with the TDA accountability framework the Board submitted a two year operational plan in April 2014 and a five year strategic plan in June 2015. Given the focus required to move services from two hospitals, Frenchay and Southmead, into one it was clear that only a refreshment of the existing Integrated Business Plan and Long Term Financial Model could be achieved with the available resource and capacity. Work has been ongoing to develop a robust strategic plan with fully reviewed business and financial plans throughout the rest of the year. The Board met in specific workshops to discuss strategy twice by itself and once with senior managers. Consultation was held with staff and patients over the Summer and the Board met with the South Gloucestershire CCG Board to discuss the development of their respective strategies. As part of a financial and operational recovery plan submission to the TDA the Integrated Business Plan was updated in September. The original timetable for publication of the strategic plan was agreed to be delayed until the Summer of 2015. A number of other board development sessions were undertaken during 2014, focusing on areas such as financial recovery, quality governance and board governance.

The Board continued its strengthening of its connection with the quality of patient care with direct examples of introduced patient stories at the beginning of each Board meeting in public. Since January 2013 the Director of Nursing has, with the agreement of a patient and his or her family, read out the experience of being treated and cared for by NBT staff. The Board has been exposed, therefore, to both positive and negative experiences felt by patients and their families sometimes in their own words, which has helped to maintain a focus of Board discussions and deliberations on achieving the best possible outcomes for patients.

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

The Board recognised during the year the need to engage an independent development partner to help its progression over the next year. The Trust ran a competitive tendering process and appointed Co Company as its Board Development partner for 2015/16. The first part of the plan is to run a diagnostic phase to build an understanding of the Trust with a view to being presented to the Board early in 2015/16. This will be followed by the development of a plan for the remainder of 2015/16 which will be informed by the outcomes from the diagnostic:

Compliance with the Corporate Governance Code

The Trust does not comply with the UK Corporate Governance Code. It has, however,
annual governance statement (continued)

annual governance statement 2014/15

Risk assessment

The Board Risk and Assurance Register (BR&AR) defines and assesses the principle strategic and operational risks to the Trust’s objectives and sets out the controls and assurances in place to mitigate these. The Register was developed in 2012/13 from the former board assurance framework and operational and project risks are fed into a software system by a network of risk leads in each directorate.

Strategic Risks

The BR&AR provides the mechanism for identifying potential risks against the Trust’s strategic priorities. For 2014/15 they were set against the Big 5 Trust objectives, as approved by the Board and identified within the Integrated Business Plan. The Register 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 BR&AR is reviewed by the board in an ongoing quarterly cycle with key risk changes highlighted.

Project and Directorate Risks

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

All clinical and corporate directorates have a risk lead responsible for ensuring risks are recorded onto the RiskWeb system and the clinical directorates and the majority of corporate directorates have a forum where risk is discussed. This is either a specific risk group or it is part of another group as a standing agenda item e.g. Clinical Governance or Health and Safety Group. At these groups the directorate identifies risks and reviews incidents, taking action to minimize 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/prioritize the budget setting process.

Risk register entries are collected, reviewed and updated electronically. This facilitates risk moderation and escalation more efficiently and is driving greater transparency and appreciation of risks at all levels of the organisation. This system has matured during 2014/15. 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.

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 RCAs and action plans are considered at the Clinical Risk and Trust Health and Safety Committees. The QRMC receives an incident report and dashboard on a quarterly basis. The Trust Board receives a monthly report in public session to report transparently of new serious incidents and progress of actions of previous serious incidents through its Integrated Report Process. All patient safety incidents are reported electronically to the NHS Commissioning Board via the National Reporting & Learning Scheme (NRLS). Serious incidents are also reported to the Trust Development Authority and Clinical Commissioning Groups. The Local Area Team and the CCGs have agreed on a standard understanding of which incidents need reporting at national level. Incidents meeting the criteria of the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995 (RIDDOR) are reported to the Incident Centre.

Organisational risk profile

During the 2014/15 financial year the following high strategic risks have been identified for Board or Committee review through the Board Risk and Assurance Register and managed as outlined below;

High potential risks (pre-mitigation actions)

1. Recovery Plan agreed with NHS for 4% 1 hour performance. Weekly Operational Group established, shared by Medical Director with Clinical, managerial and exec leader to oversee action delivery. Board Improvement committee to hit targets after new hospital has opened.
2. System wide patient flow review work with partners across Bristol to direct Winter pressures. Priority areas and co-ordinate transfers of care more efficiently.
3. Specific operational focus on managing urology service performance which is impacting across a number of performance targets. Progress tracked through Directorate Executive Review Meetings (DERM), 1st action plan to show referral to treatment targets. RPM shortfalls to be managed though BMAs.
4. Pharmacy lead project with Outcomes Team to address local and system issues.
5. Addressing long wait for spinal patients – focusing on releasing additional internal capacity.

Risks mitigation plans in place and updated throughout year including further support from outside agencies and regular monitoring by TDA. Performance remained below national standards but became close to national average by year end.

Key actions to reduce risk

1. Recovery Plan agreed with NHS for 4% 1 hour performance. Weekly Operational Group established, shared by Medical Director with clinical, managerial and exec leader to oversee action delivery. Board Improvement committee to hit targets after new hospital has opened.
2. System wide patient flow review work with partners across Bristol to direct Winter pressures. Priority areas and co-ordinate transfers of care more efficiently.
3. Specific operational focus on managing urology service performance which is impacting across a number of performance targets. Progress tracked through Directorate Executive Review Meetings (DERM), 1st action plan to show referral to treatment targets. RPM shortfalls to be managed through BMA.
4. Pharmacy lead project with Outcomes Team to address local and system issues.
5. Addressing long wait for spinal patients – focusing on releasing additional internal capacity.

Continued failure addressed by:
1. Direct operational controls for ED Rise & Patient Discharge
2. Continued implementation of ED recovery plan, with revised trajectory in light of post Move experience
3. streamline tracking using Sealing Hospital Database system
4. Streamlined focus on effective Board Rounds, definition and use of Estimated Discharge Dates (EDD)
5. Establishment of Operations Centre and review of escalation processes
6. Performance reporting for all underperforming targets
7. System urgent care action plan
8. Spinal >52 week wait action plan
9. Established performance management framework in place 10 weekly FS meetings established to monitor 18 week performance

Risk mitigated at year end?

• Risk mitigation plans in place and updated throughout year including further support from outside agencies and regular monitoring by TDA. Performance remained below national standards but became close to national average by year end.
High priority risks (pre-mitigation actions) | Key Actions to Reduce Risk | Risk Mitigated at Year End?
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Inability to accommodate all services at Southmead to enable timely Phase 2 site handover to Carillion. This would incur financial penalties. | Active planning with services to speed up programme across all schemes to free up as much old site as feasible. Also working with contractors (e.g. pathology and Breast Centre) to look at all aspects of programme – construction, decommissioning and commissioning of new building to reduce time in each phase. | - Risk mitigation plans in place and first year target achieved

Efficiency target for the Trust is 15%, or 25m, over the next three years; non delivery would put Trust viability at risk. | 1) Directorate workforce plans to be further refined to detailed level and ensure alignment with staff costing outputs reflected in budget. Changes reflected within revised submissions to NHS in line with prescribed timescales. 2) Finalisation of documented Cost Improvement Plans, including Quality Impact Assessments; concluded with all directorates, with Trust Management Team engagement by end of May 2014. | - Risk mitigation plans in place and handover achieved on time by end of year

Trust is reducing its workforce & intends to change to more flexible working arrangements. There is a risk that the Trust will not be able to affordably implement these plans. | Directorate workforce plans to be further refined to detailed level and ensure alignment with staff costing outputs reflected in budget. Changes reflected within revised submissions to NHDA in line with prescribed timescales. | - Risk mitigation plans in place and handover achieved on time by end of year

Failure to address the difficulties in improving the flow of patients through the hospital's services, Pressure on beds is not helped by inconsistent delivery of effective discharge process, and rising numbers of attendances in the Emergency Department needing to be admitted. These pressures have knock on effects on delivery of referral to treatment (WFT) targets. | A recovery plan was agreed with the NHDA early in the year for improving ED waiting times with actions – as noted above. Hosp to 'boots' were planned and implemented (a week of intensive challenge of resource for patients occupying beds past their expected discharge date). Bed availability and management revised. Referrals to the Trust from GPs being actively managed prior to the patient being sent to attend the hospital. Continued labour addressed by further Trust wide action plan with Board level of approval/monitoring and policies on Escalation, Full Capacity and Bed and Patient Flow. Daily breach review and weekly in depth breach review to establish pressures and routes. BWDG wide Policy for escalation produced. Root Cause Analysis undertaken after each time. Black escalation identified and wider range of actions developed internally, externally and strategically to ensure patients leave hospital when clinically ready to do so. | - Risk ongoing and remains very closely monitored and action upon.

Scale, pace and complexity of change and/or staff turnover at the Trust causes uncertainty and/or requires workforce pressure with consequent impact on staff morale, stress levels and performance. | 1) Workforce & OD Strategy to be developed. 2) Hotspots within Staff Survey resulted tackling by directors, area or issue driven through Health & Wellbeing Group. 3) BID Taken Strategy linked to ICAB rollup plan. 4) Senior Leaders engagement events. 5) Recruitment of additional clinical staff to fill vacancies in identified hotspots areas. 6) Workforce dashboards developed and considered at Workforce Committee 7) Workforce Committee established. 8) New post identification and action planning. 9) Comprehensive workforce plan to TRA and boards April. | - Mitigating actions in place.

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 has been no reported lapse of data security in 2014/15
- In all other aspects I can confirm that the Trust is compliant with the NHS Information Governance Toolkit self-assessment requirements in achieving a satisfactory grade with Level 2 achieved against all 45 requirements at 31st March 2015, as validated by the Trust’s internal auditor.

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 confirm that the system of internal control has been in place in North Bristol NHS Trust for the full year ended 31 March 2015 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 HoIAO) on the overall arrangements for gaining assurance through the Board Risk and Assurance Register and on the controls reviewed as part of the internal audit plan.
- The draft HoIAO states that “Significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation’s objectives, and that controls are generally being applied consistently. However, some weaknesses in the design and/or inconsistent application of controls put the achievement of particular objectives at risk.” This is a sound assurance opinion, at the same level achieved for the past eight years.
- The BRI&AR itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.
- The Trust’s Quality Account is subject to review by a formal External Auditor’s opinion; the outcome of which is reported to the Audit Committee. The external audit is also reported to the Quality Committee.
- Ongoing assurance on performance and data quality against the Trust’s aims for Quality Improvement is obtained through their inclusion in the monthly Integrated Performance Report. This information is also reviewed at the Trust’s Quality Committee with Clinical Directors and forms part of directorate performance reviews with the executive team in the monthly Executive Review meetings.

- Each month the Board reviews the Monitor Provider Licence Compliance Statements and Board Compliance Statements that are submitted to the TDA. It has consistently agreed positive responses to all statements with the exception of its ability to be satisfied that its plans are sufficiently robust enough to ensure ongoing compliance with existing targets. The Board has responded negatively to this for eight months and awaits evidence that the implementation of its plans are on trajectory.

Organisational Risk Profile (continued)
Referral to Treatment and Cancer and Diagnostic Waiting Times

Whilst the Trust has in a many month’s achieved the RTT waiting time targets overall there has been persistent breaches in individual specialties. This has applied at some time to Orthopaedics, Neurosurgery, General Surgery, Neurology, Medicine and Pain Management. The first four have impacted on elective and cancer waiting times. The NHS intensive Support Team was invited to review systems and make recommendations for improvement. Orthopaedics waiting times reflect the issues around spinal surgery where demand is far outstripping supply in a specialty where national capacity is not adequate. The year began with 50 patients waiting over a year for spinal surgery and an expectation that this would increase without action being taken. Following discussion with the CCGs, NHS England and the TDA the Board made the decision to close the service to all new referrals after September for spinal surgery except for very urgent cases. The overall number of patients waiting longer than a year peaked at 245 and the plan is to have no such patients by February 2016.

Capacity pressures in Urology have been a significant factor in the breaches of a number of cancer targets throughout the year, particularly the 62 day and 31 day number of cancer targets throughout the year. Orthopaedics waiting times reflect the issues around spinal surgery where demand is far outstripping supply in a specialty where national capacity is not adequate. The year began with 50 patients waiting over a year for spinal surgery and an expectation that this would increase without action being taken. Following discussion with the CCGs, NHS England and the TDA the Board made the decision to close the service to all new referrals after September for spinal surgery except for very urgent cases. The overall number of patients waiting longer than a year peaked at 245 and the plan is to have no such patients by February 2016.

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Post Move Issues
The transfer of over 500 patients, including 24 critically ill, all the direct care and many other staff from two hospitals into one over a two week period was undertaken in May. This was one of the NHS’s largest ever exercises and was completed successfully and safely. As with any new building and new ways of working there were initial issues which impacted significantly on the Trust’s overall capacity in outpatient clinics and theatres. This had an inevitable effect on the Trust’s ability to achieve its waiting list and referral to treatment targets and on staff confidence in their own ability to provide an efficient service. Combined with shortages of skilled theatre staff, theatres were never able to achieve the same level of activity as before the Move. The remedies for the building issues and the costs involved in the Trust’s inability to fully utilise the facilities for a period were negotiated over a two month period with the private finance contractors and a settlement is expected in April.

Care Quality Commission Inspection
As part of the CQC’s planned programme of inspections the Trust was inspected between 5 and 7 November 2014 with an unannounced second visit on 17 November 2014. The overall rating was ‘Requires Improvement’ and it was acknowledged that the inspection had taken place during a period of staff embedding into a new environment, and unprecedented demand for hospital services. Despite this the CQC rated the services as good overall for caring. No significantly new issues were identified through the inspection report and some outstandingly good practices were found in some areas. Actions were already in place for the majority of the issues identified, however, there was some inconsistency in application of the required actions.

Electronic Patient Record Implementation
The Trust agreed the purchase and implementation of a replacement system for Cerner as the provider of an electronic patient record. A comprehensive review of the project was undertaken in January 2015 and changes to the approach (including a revised project initiation document and splitting the programme into three projects) and governance of the programme were approved by the Board in February 2015. The go-live date for the physical changeover of systems was postponed from July to October 2015.

Signed  ..................................................................................
Andrea Young
Chief Executive
North Bristol NHS Trust
Date:  ......................................................................................
4th June 2015