Trust Board Meeting in Public

Thursday 30 May 2019
10.00 – 12.45
Seminar Room 5, Learning and Research Centre, Southmead Hospital

A G E N D A

No.	Item	Purpose	Lead	Enc.	Time
OPENING BUSINESS					
1.	Welcome and Apologies for Absence: John Iredale	Information	Chair	Verbal	10:00
2.	Declarations of Interest	Information	Chair	Verbal	10:02
3.	Staff Story	Information	Trust Secretary	Verbal	10:05
4.	Freedom to Speak Up Report	Review	Trust Secretary	Enc.	10.30
5.	Minutes of the Public Trust Board Meeting Held on 28 March 2019	Approval	Chair	Enc.	10:45
6.	Action Chart from Previous Meetings	Review	Trust Secretary	Enc.	10:50
7.	Matters Arising from Previous Meeting	Information	Chair	Verbal	10:55
8.	Chair's Business	Information	Chair	Verbal	11:00
9.	Chief Executive's Report	Information	Chief Executive	Enc.	11:10
QUALITY					
10.	Draft Quality Account 2018/19	Review	Director of Nursing	Enc.	11.20
11.	Quality & Risk Management Committee Report	Assurance	Non-Executive Director	Enc.	11:35
PEOPLE					
12.	People & Digital Committee Report	Assurance	Non-Executive Director	Enc.	11:40
13.	Staff Survey – key themes and actions	Assurance	Director of People & Transformation	Enc.	11:45
PERFORMANCE AND FINANCE					
14.	Integrated Performance Report – April 2019	Review	Chief Executive	Enc.	11:55
15.	Sustainable Development Policy and Management Plan update	Review	Director of Facilities	Enc.	12:10
16.	Finance & Performance Committee Report	Assurance	Non-Executive Director	Enc.	12:15
17.	Audit Committee Report	Assurance	Non-Executive Director	Enc.	12:20
GOVERNANCE & ASSURANCE					
18.	Provider License Self Certification	Approval	Trust Secretary	Enc.	12:25
19.	Final Accounts 2018/19 and Letter of Representation	Information	Director of Finance	Enc.	12:35
20.	Trust Annual Report with Summary	Information	Trust Secretary	Enc.	12:40

No.	Item	Purpose	Lead	Enc.	Time
	Financial Statements 2018/19				
CLOSING BUSINESS					
21.	Any Other Business	Information	Chair	Verbal	-
22.	Questions from the Public in Relation to Agenda Items	Information	Chair	Verbal	12.45
23.	Date of Next Meeting: Thursday 25th July 2019, 10.00 a.m. Seminar Room 5, Learning & Research Building, Southmead Hospital				
	Resolution: Exclusion of the Press and Public. It is recommended that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, Section 1(2), the press and members of the public be excluded from further items of business, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.				

Report To:	Trust Board		**Agenda Item:**	4.0
Date of Meeting:	30 May 2019			
Report Title:	Freedom to Speak Up Bi-Annual Report May 2019			
Report Author & Job Title	Millie Warrington, Staff Engagement & Wellbeing Consultant			
Executive/Non-executive Sponsor (presenting)	Xavier Bell, Director of Corporate Governance & Trust Secretary			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
		x		
Recommendation:	Board are asked to: • Review progress against the FTSU vision, strategy and action plan • Review the FTSU data triangulated against other information • Discuss the report and findings with Guardians			
Report History:	• Vision, Strategy and Action plan developed from Board session on 31 August 2018. • Bi-annual Freedom to Speak Up Board report reviewed at Trust Board on 29 November 2018.			
Next Steps:	• Monitor implementation of vision, strategy and action plan. • Continue to support and promote Freedom to Speak Up at North Bristol NHS Trust			

Executive Summary
Freedom To Speak Up (FTSU) Guardians have been in place at North Bristol NHS Trust (NBT) since November 2017 and the programme has been continually developing over time. NBT now has a robust and established FTSU approach. We have 13 FTSU Guardians in place, with Guardians holding diverse substantive job roles across the Trust. We are continuing to deliver our Trust-wide and local communications, in order to build and maintain awareness across the Trust. This report explores the most recent data around concerns being raised and compares this with the National Average. Whilst NBT is within the average range of numbers of concerns being raised compared to other Trusts, this data also indicates that in recent quarters the number of

concerns being raised at NBT has dropped. The data also allows us to compare staff groups, comparing this again with the national average, confirming that whilst NBT are mostly aligned with the national data, we see that the percentage of Nurses raising concerns at NBT is significantly lower than the national average, whereas we have a higher percentage of Allied Healthcare Professionals and Midwives raising concerns than national averages have seen.

This report also triangulates this data with the 2018 NHS Staff Survey results related to speaking up. As previously identified by the People and Digital Committee, there has been a more negative response at NBT to some of these questions compared to national results. Therefore Speaking Up has been set as a Trust-wide staff survey priority for 2019.

The report highlights progress made against the FTSU action plan developed form the Board session in August 2018. Overall, good progress has been made although the data shows that there is an ongoing need to improve awareness, visibility and confidence to speak up, particularly amongst our Medical and Nursing workforce.

One of our FTSU Guardians will be present at the Board meeting to share a speaking up story and answer questions about the FTSU process from the Guardian's perspective.

The Board are asked to review the data in the report and note progress made against the action plan.

Strategic Theme/Corporate Objective Links	Strategic Themes: Be one of the safest trusts in the UK Create an exceptional workforce for the future
Board Assurance Framework/Trust Risk Register Links	Having robust and effective FTSU arrangements is likely to improve the attractiveness of NBT as an employer, and may mitigate against risks to retention and recruitment, both of which are identified as strategic risks on the Board Assurance Framework (SIR2 and SER6).
Other Standard Reference	Freedom to Speak Up arrangements form part of the CQC Well Led assessment.
Financial implications	N/A
Other Resource Implications	N/A
Legal Implications including Equality, Diversity and Inclusion Assessment	EDS2 Objective: Better Health Outcomes EDS2 Objective: Representative and Supported Workforce

Appendices:	Appendix 1 – FTSU Vision, Strategy and Action Plan

1. Purpose

1.1 The purpose of this report is to update the Board on Freedom To Speak Up (FTSU) activity at North Bristol NHS Trust (NBT) over the past 6 months; providing information on the nature of concerns raised; comparing this activity to the national picture; and identifying progress made against our strategy and actions.

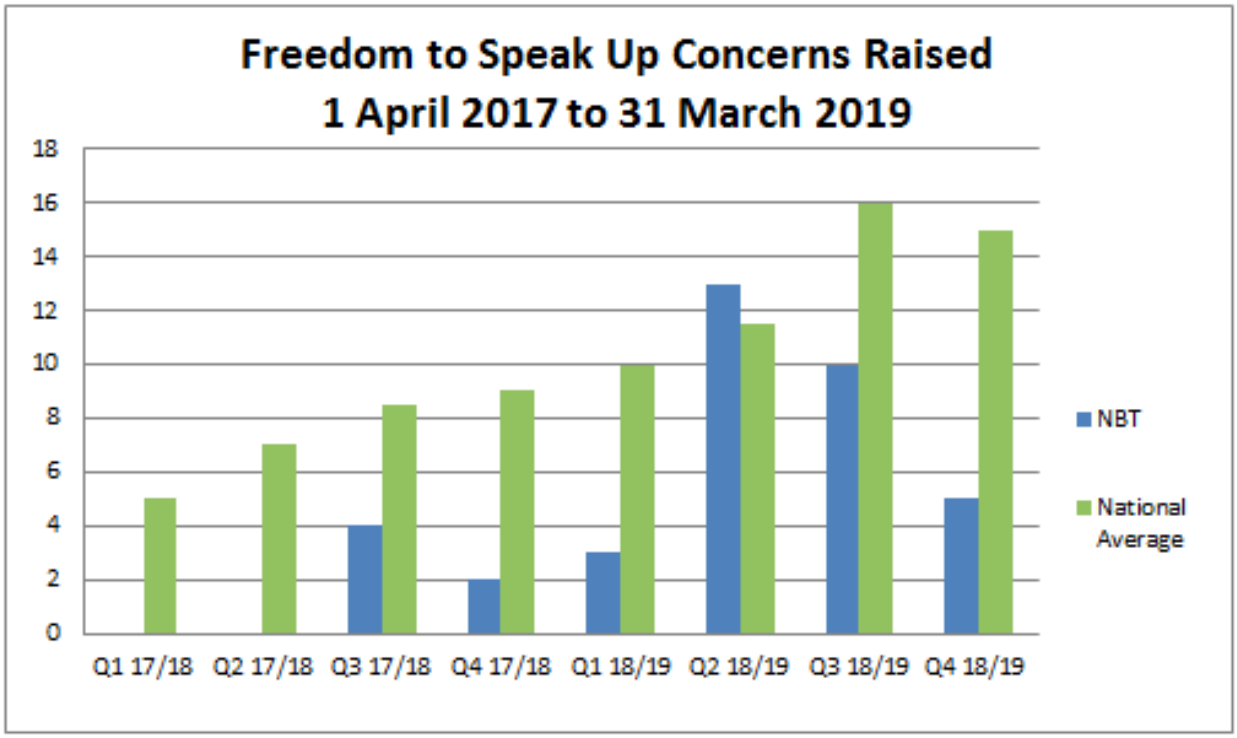
2. Background

2.1 Freedom to Speak Up Guardians have been in role since November 2017. The infrastructure is in place and the number of Freedom to Speak Up Guardians has increased, with 13 current Guardians from diverse roles across the trust, representing the key employee groups and different levels of seniority. Each Division is represented by a minimum of one Guardian – although FTSU Guardians are not limited to addressing concerns within their division and staff are encouraged to contact whichever guardian they would feel most comfortable raising a concern with.

2.2 The Board undertook the NHS Improvement self-assessment review in August 2018, which led to the creation of a vision, strategy and action plan for FTSU at NBT, which was also discussed and endorsed at the FTSU Guardians' quarterly meeting in December 2018. The vision, strategy and action plan is enclosed as Appendix 1.

3. How NBT Compares to the National Picture

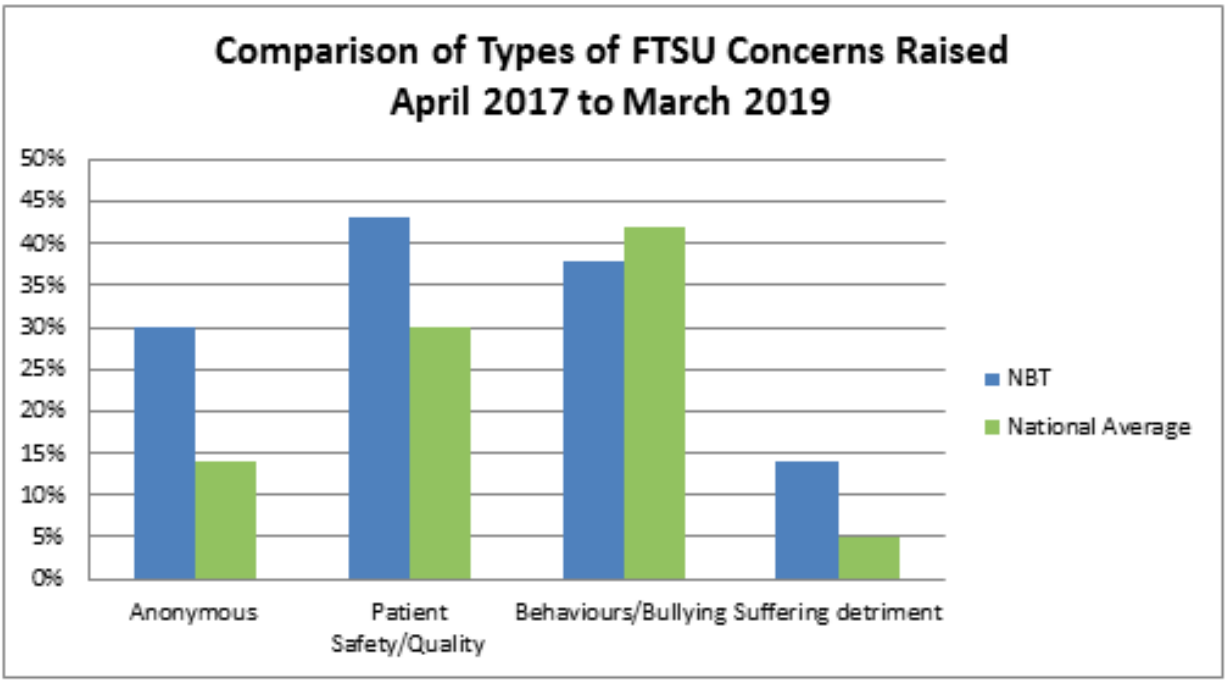
3.1 Whilst Freedom to Speak Up continues to be developed and embedded at NBT, as it does nationally, we are now in a position to be able to report on the number of concerns raised



over an 18 month period since the current model was implemented in November 2017. As National Guardian's Office says, "The absolute number of cases is not necessarily reflective of the speaking up culture in an organisation"[1]. However, they also note that scenarios where either a lack of cases or an excessive number of cases are being raised would be concerning.

3.2 The data in the above chart continues to show that overall, since Q3 17/18 when the current FTSU model was launched, NBT has remained broadly within the range of the national average of cases raised. From April 2018 to March 2019 the total number of cases raised was 31 compared to the mean national average of 51. However, the chart above does also appear to indicate a recent pattern of declining numbers of concerns over the last six months, in contrast to the ongoing national pattern of increases in the average number of concerns over time.

3.3 The chart below compares the breakdown of different types of concerns which have been raised at NBT against the nationally reported data. This tells us that a greater proportion of staff within NBT are raising concerns anonymously than the national average, and with more claiming to have suffered detriment as a result of raising a concern. The proportion of concerns raised at NBT relating to behaviours and bullying are slightly lower than the national average, whilst those relating to patient safety and quality of care is higher than the national average. (NB. A concern may occupy more than one category at a time).

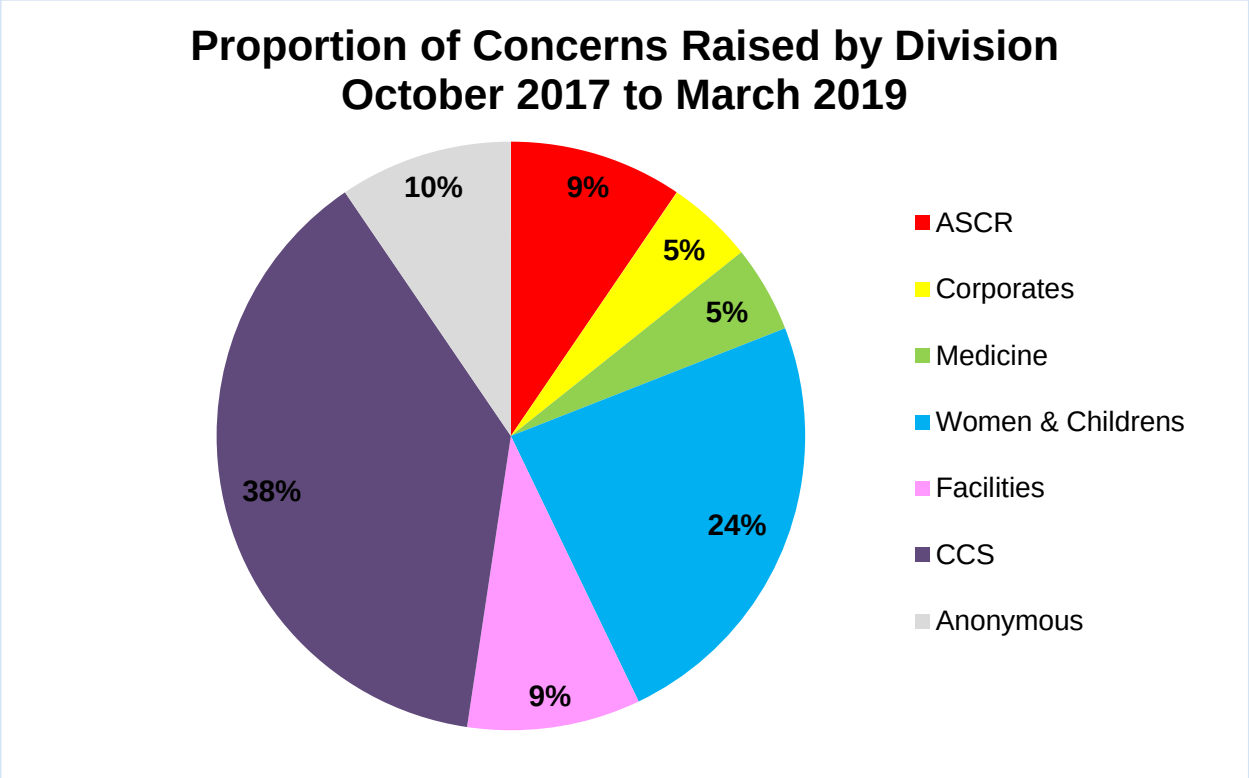


[1] Speaking up in the NHS in England , National Guardian's Office, September 2018

4. Triangulation of Speaking Up Data Against Other Data

4.1 In line with the action plan in Appendix 1, the Guardians records are being collated centrally in order to allow a deeper analysis of the data collected by the Freedom to Speak Up Guardians (such as divisional analysis, thematic analysis, analysis by gender and other characteristics, etc). We currently hold records for 21 of the total 37 concerns, the missing records being those over a year ago. We are continuing to collect these so, whilst a fairly limited deeper analysis is available at present, this will become fuller over time.

4.2 Initially, the below charts highlight a broad overview of the concerns raised categorised by division. From the below charts it is notable that concerns have been raised across all divisions, with the exception of NMSK. The highest number of concerns are being raised in Women and Children's and Core Clinical Services. It is worth reiterating that a greater proportion of concerns being raised may indicate both that the division has a healthy speaking up culture; and / or that the division has a number of issues that staff are concerned about. In addition, where a concern is raised simultaneously by several staff, this is recorded as several individual concerns.



*NB breakdown by division only available for 21 of 37 concerns

4.3 Further analysis has also been undertaken into those raising concerns. The table below gives a comparison to national averages of the breakdown of professional groups at NBT raising concerns through FTSU.

4.4 Whilst NBT is broadly comparable to the national average benchmark proportions, the main anomaly is a significant difference in the number of Nurses speaking up at NBT, with Nurses at NBT falling into one of the lowest categories of professional groups speaking up, compared to being the highest professional group speaking up nationally. We can also see that in contrast, we have more Midwives and Allied Healthcare Professionals speaking up than the national average. It is recommended that we particularly seek to raise awareness with our nursing groups and we will seek support from the Nursing and Midwifery Workforce Group in doing this.

Proportion of Concerns Raised by Professional Groups at NBT October 2017 to April 2019		
Group	**NBT**	**National Average***
Nurses	5%	31%
Administrative	10%	16%
Allied Healthcare	24%	13%
Other	5%	11%
Healthcare Assistants	10%	7%
Doctors	5%	6%
Cleaning	5%	5%
Corporate	14%	5%
Midwives	19%	3%
Unknown	5%	2%
Dentists	0%	<0.5%
Board	0%	<0.5%

*NB. Latest national data available for comparison is April 2017 to March 2018.

4.5 It is also possible to use other data available within the Trust to triangulate with the FTSU data, specifically we can look at the national staff attitude survey, which measures staff views in two relevant areas:

- Errors and Incidents, which relate to FTSU concerns of patient safety / quality
- Violence, Bullying and Harassment, which relate to FTSU concerns of Behaviours / Bullying.

4.6 The below table reflects some of the answers to questions linked to errors and incidents, bullying and harassment and reporting of concerns linked to physical violence, which could fall within Patient Safety or Behaviours and Bullying, from the 2018 Staff Survey. These responses show that overall there has been a consistent drop in positive responses in

comparison to North Bristol's 2017 Staff Survey result, and we remain below average in all these questions. This is in contrast to the overall direction of travel seen in the 2018 Staff Survey, where engagement increased, and the majority of questions had a more positive response.

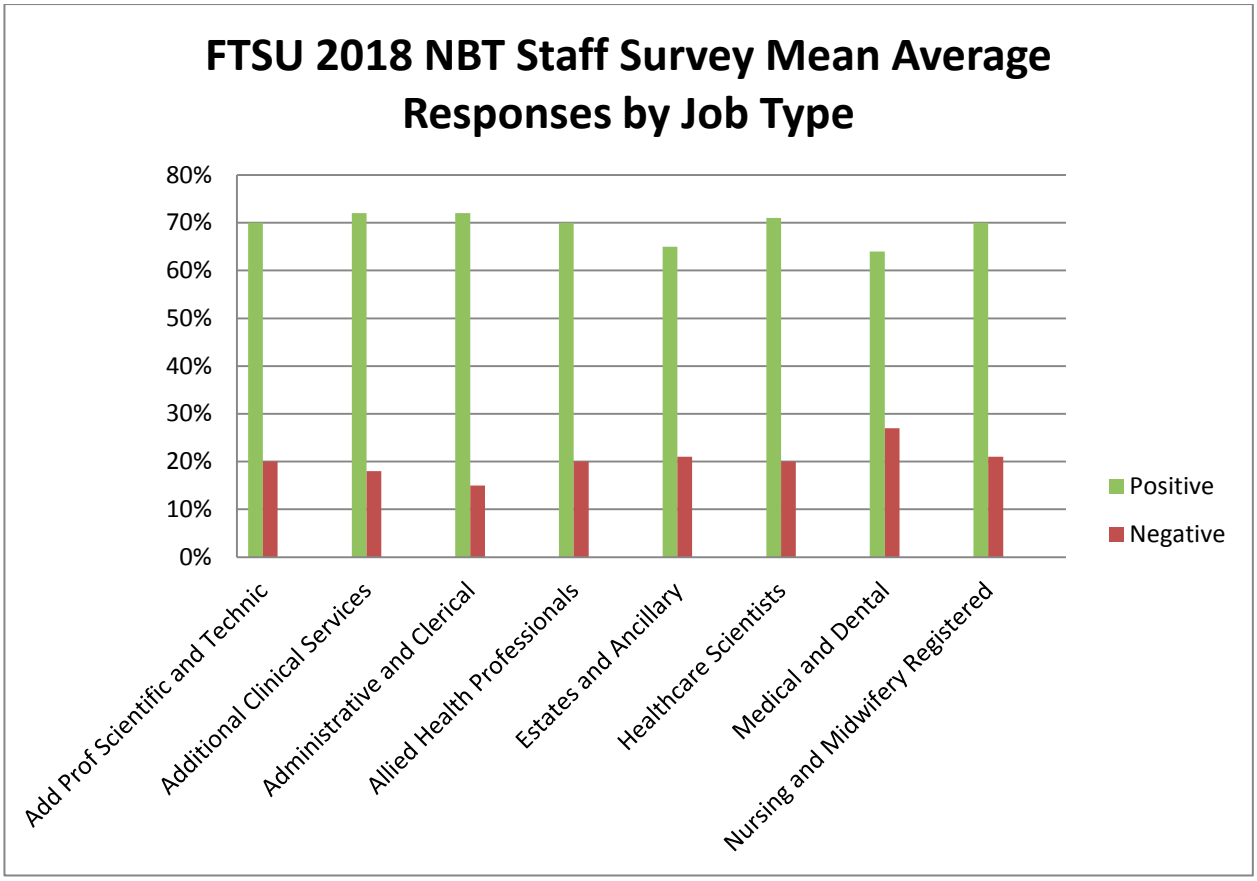
2018 NHS Staff Survey Question	NBT 2017 Positive Responses	NBT 2018 Positive Responses	National Average 2018	Comparison to 2017	Comparison to 2018 National Average
The last time you experienced physical violence at work, did you or a colleague report it?	**66.60%**	**58.38%**	**65.41%**	**-8.22%**	**-7.58%**
The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	**46.61%**	**43.22%**	**46.30%**	**-3.39%**	**-3.35%**
The last time you saw an error, near miss or incident that could have hurt staff or patients / service users, did you or a colleague report it?	**93.93%**	**92.95%**	**94.72%**	**-0.98%**	**-1.80%**
If you were concerned about unsafe clinical practice, would you know how to report it?	**93.84%**	**91.48%**	**93.77%**	**-1.36%**	**-2.34%**
I would feel secure raising concerns about unsafe clinical practice.	**67.91%**	**66.63%**	**67.61%**	**-1.28%**	**-1.07%**

4.7 These results were identified by People and Digital Committee as a concern in March 2019 and, as a result, Speaking Up has been made one of 5 key high priority areas of focus for 2019.

4.8 More positively, there is an encouraging trend of improvement since the 2017 NHS Staff Survey around the action being taken by the organisation to encourage speaking up, , as highlighted in the below table. However, whilst the direction of travel is positive and reflects well on the work being done by FTSU Guardians, we do still sit below average in the responses compared to other Trusts.

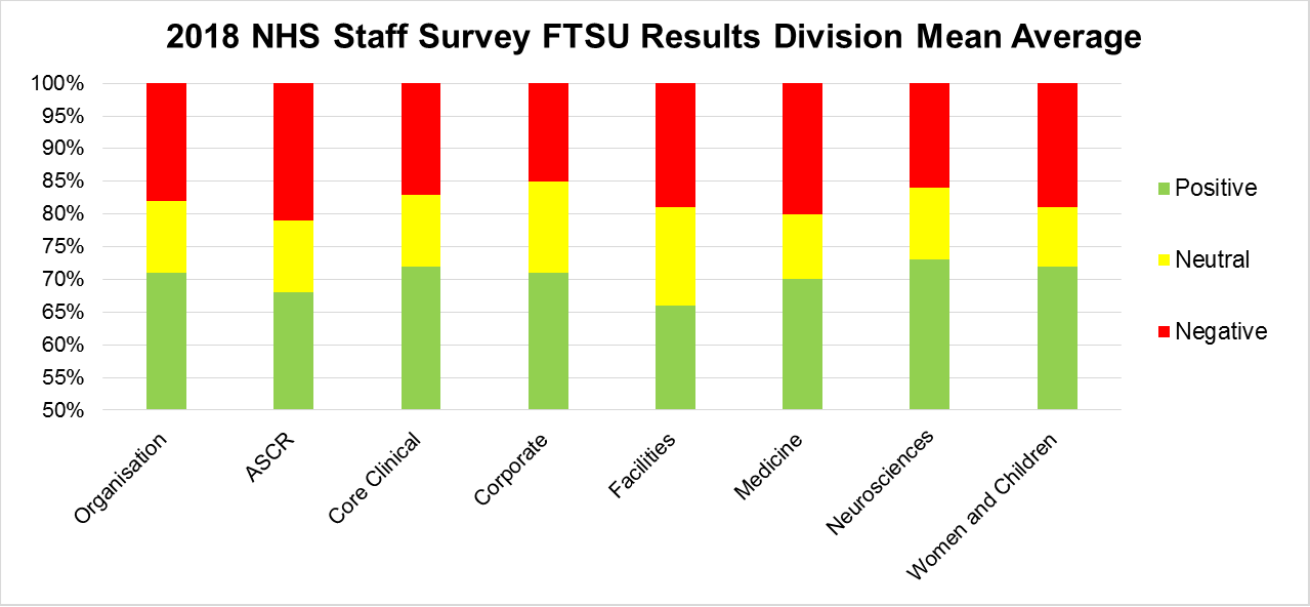
2018 NHS Staff Survey Question	NBT 2017 Positive Responses	NBT 2018 Positive Responses	National Average 2018	Comparison to 2017	Comparison to other trusts
My organisation treats staff who are involved in an error, near miss or incident fairly.	**53.72%**	**56.85%**	**56.52%**	**3.12%**	**0.31%**
My organisation encourages us to report errors, near misses or incidents.	**84.10%**	**85.02%**	**87.01%**	**0.91%**	**-2.04%**
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	**62.99%**	**65.08%**	**67.58%**	**2.09%**	**-2.55%**
We are given feedback about changes made in response to reported errors, near misses and incidents.	**52.71%**	**52.73%**	**56.31%**	**0.02%**	**-3.70%**

4.9 In the chart below, the data collected in the 2018 NHS Staff Survey can be used to identify whether there is a concern linked to perceptions of FTSU with any particular staff group. The chart shows the mean average of positive and negative responses to the specific questions relating to FTSU around patient safety, errors, incidents and bullying and harassment and whether concerns have been reported. The highest percentage of negative responses is for Medical and Dental staff, followed by Nursing and Midwifery and Estates and Ancillary.



4.10 A discussion took place at the FTSU Meeting in March 2019 in which it was agreed that a deeper analysis would be carried out to identify which specific staff group within these areas are raising concerns and whether there is any data to support further targeted resolution to the concerns linked to not speaking up. In particular, further analysis is being undertaken into the Medical / Dental responses by our Guardian who is in a Junior Doctor role.

4.11 The chart below shows mean average responses to the 2018 NHS staff survey questions linked to FTSU. ASCR, Medicine and Facilities all have a higher mean negative response when compared to other divisions and a lower overall positive response rate.



4.12 In order to understand what the patient safety and quality concerns might be, the Board is encouraged to compare the themes in this report with those arising from the Quality and Risk Management Committee (QRMC), which considers issues arising from Datix; and the Safety and Effectiveness section of the Integrated Performance Report. Suggested indicators to consider might include: occurrence of serious incidents per 1000 bed days; top types of serious incidents reported; safe staffing levels, etc.

4.13 In summary, when reviewing the triangulated data there appears to be a need to increase visibility and confidence in the FTSU approach across the workforce, but in particular with our Medical, Dental and Nursing workforce.

5. Summary of Findings

5.1 Overall, whilst the number of concerns being raised is broadly in line with a national average, there is more work to be done to encourage staff to speak up. The combination of a recent apparent downward trend in the number of concerns being raised, together with a deterioration in the staff survey of the reported willingness of staff to speak up, must be addressed.

5.2 In particular, the Medical and Nursing workforces are highlighted as areas to focus on raising awareness.

5.3 There are no divisions that show a correlation in particularly high or low numbers of concerns being raised, together with noticeably negative staff survey responses. However, it is notable that Women and Children's and Core Clinical Services have had higher numbers of concerns raised than other divisions. The Guardians who have had these

concerns raised with them have been communicating directly with the leadership teams in these areas to address the issues at hand, however it is recommended that this is monitored over time to consider whether there may be trends arising or indications of cultural issues.

5.4 Overall, the strategy and action plan for FTSU at NBT still looks appropriate, although an additional focus on communication, awareness raising and championing of speaking up is recommended.

6. Communications Update

6.1 A communications plan to promote FTSU throughout the trust is in place, which includes regular updates through internal communication channels. The Intranet homepage has recently been updated with the FTSU logo to ensure the FTSU Guardians page is easily accessible to all staff in one click; and updated screensavers have been launched which include reference to FTSU at NBT.

6.2 The FTSU posters have been updated to reflect recent changes to the FTSU Guardians and these have been reissued around the trust.

6.3 FTSU is now included in the new starter induction and new starters are encouraged to speak up with any concerns and to tell their colleagues about speaking up.

6.4 The same standard presentation is used by all Guardians to raise awareness in their local areas and following a successful FTSU Roadshow in October 2018, there are plans in place to carry out a second Roadshow with all Guardians to continue to promote FTSU on the different wards and departments.

6.5 A one page summary about speaking up has been produced for local inductions and issued to all areas and Guardians.

6.6 Freedom to Speak Up will feature in the Wigwam of Wellbeing as part of the upcoming Festival of Engagement on 29 May.

6.7 It is recommended that a short update of the Board's considerations of FTSU at each 6 monthly review is shared with staff via the regular Friday 5 communication.

7. Vision, Strategy and Action Plan

7.1 A vision, strategy and action plan for FTSU at NBT was established from the Board development session on 31 August 2018. Part of the recommended strategy is for Board to be monitor progress against the strategy and action plan. An update on the progress of actions is shown below:

No	Action	Owner / Date	Progress
1	A 6 monthly report to be provided to Board, from November 2018	Guy Dickson / Rob Mould From Nov 2018	Complete Regular 6 monthly report being shared at Board meetings (Public).
2	Guardian meetings to cover the recommended items at least quarterly:	Guy Dickson From Dec 2018	Complete Guardian meetings have been held quarterly since November 2017. All items recommended by NHSI are now included as a standard agenda.
3	Recruit more FTSU Guardians from diverse / vulnerable groups eg BAME.	Guy Dickson	Complete Recent appointments have increased the diversity of the Guardian group to better reflect our staff demography. This will be kept under review.
4	Non-Executive Director to instigate and lead an auditing approach of concerns raised.	Rob Mould Annually beginning 2019	Ongoing Agenda item for next Guardians meeting on 12 June 2019
5	Communication to the Trust as a whole about Freedom to Speak Up:	Guy Dickson / All FTSU Guardians Oct 2018 Onward	Ongoing Under review at each quarterly Guardian meeting.
6	Leadership development framework and programme to be developed to support Freedom to Speak Up principles / behaviours . To be delivered and monitored through the Workforce Committee.	Harriet Attwood Nov 2018 onward	Ongoing This work will be taken forward as part of the OneNBT Leadership programme, ensuring that the leadership development aligns with FTSU behaviours.

8. Recommendations

Board are asked to:

- Review progress against the FTSU vision, strategy and action plan
- Review the FTSU data triangulated against other information
- Discuss the report and findings with Guardians

North Bristol NHS Trust

Freedom to Speak Up at NBT
Summary Strategy and Action Plan

Guy Dickson, Head of People Strategy
Rob Mould, Non-Executive Director

31 October 2018

National Guardian
Freedom to Speak Up

Content

North Bristol NHS Trust

- Introduction
- A FTSU Vision
- A FTSU Strategy
- A FTSU Action Plan

Appendix 1: The board development session slides

Appendix 2: The self review document content

Introduction

North Bristol NHS Trust

- The Board met on 30 August 2018 and undertook a Freedom to Speak Up (FTSU) self-review process.
- The slides from this session are enclosed as appendix 1.
- The full completed NHS Improvement self review tool document is enclosed as appendix 2.
- The discussions from this session have been used to produce the following:
  1. A FTSU Vision
  2. A FTSU Strategy
  3. A FTSU Action Plan
- These are covered in the following slides for board review, amendment and agreement.

1. A Freedom to Speak Up Vision

North Bristol NHS Trust

"We will have a healthy speaking up culture that strives to continuously improve patient care and safety by ensuring that staff have a clear voice: where every member of staff feels free to speak up and NBT listens and acts."

2. A Freedom to Speak Up Strategy

NHS
North Bristol
NHS Trust

1. Ensure that a clear policy, procedure and mechanisms are in place to enable staff to speak up about concerns and have these heard by NBT in line with best practice guidance.
2. Have in place a number of trained Freedom to Speak Up (FTSU) Guardians across all divisions, reflecting the diversity of NBT, to enable staff to easily access high quality support and advice and to feel confident to do so.
3. Ensure there is a high level of awareness within NBT about FTSU arrangements, through regular communications and awareness raising, including appropriate feedback about the nature of concerns raised and lessons learnt, with the aim of creating an open and transparent, positive speaking up culture.
4. Review the concerns raised through FTSU arrangements, triangulating these with other relevant data available within NBT, in order to gain a good picture of safety and other concerns.
5. Ensure that NBT learns from concerns raised, and uses these to improve patient safety and care.
6. Regularly review and seek to continuously improve the functioning of the FTSU arrangements themselves against the vision and strategic aims.

3. A Freedom to Speak Up Action Plan 1 of 2

North Bristol NHS Trust

No	Action	Owner	Date
1	A 6 monthly report to be provided to Board, from November 2018 which will: A. Update the Board on FTSU best practice and the situation at NBT. B. Provide all Board members with a good knowledge of Trust activity and national best practice. C. Monitor progress against vision, strategy and action plan and compliance with the policy using a range of qualitative and quantitative measures D. Summarise issues raised by staff and review this speaking up data triangulated against other data related to mistakes and concerns E. Guardians will also attend the board meeting in person to discuss concerns raised, their experience of the process and drawing out learning F. Outcomes of Board discussions on FTSU to be fedback to staff and public. G. Feed into the Trust Annual Report H. Ensure lessons learnt via FTSU concerns are shared across the Trust. I. Issues raised via speaking up to become part of the performance data discussed openly with commissioners, CQC and NHSI.	Jacolyn Ferg-usson / Rob Mould	From Nov 2018
2	Guardian meetings to cover the following items at least quarterly: A. Ongoing monitoring, review and discussion of the strategy and action plan, taking into account the views of a range of stakeholders B. Discuss issues raised by staff and review this speaking up data triangulated against other data related to mistakes and concerns C. Review National guidance and case studies, the learning to be drawn out and shared via the regular Guardian meetings D. Review our approach and seek external support when required	Guy Dickson	From Dec 2018

3. A Freedom to Speak Up Action Plan 2 of 2

NHS North Bristol NHS Trust

No	Action	Owner	Date
3	Recruit more FTSU Guardians from diverse / vulnerable groups eg BAME.	Guy Dickson	By Nov 2018
4	Non-Executive Director to instigate and lead an auditing approach of concerns raised, to: A. Undertake deep dive reviews into experience of staff who do speak up through these routes B. use the findings from this and the staff survey feedback to make improvements to the policy and procedures	Rob Mould	Annu-ally from Nov 2018
5	Communication to the Trust as a whole about Freedom to Speak Up: A. A quarterly spotlight on Freedom to Speak Up, reiterating the different routes to speaking up B. Divisional level communications distributed via the Guardians – presentations and posters C. Outcomes of Board discussions on FTSU to be fedback to staff. D. FTSU campaign to launch in speaking up month (October), communicating the vision and promoting and publicising the process, including positive feedback from individuals who have spoken up	Guy Dickson	Oct 2018 On-ward
6	Leadership development framework and programme to be developed to support Freedom to Speak Up principles / behaviours . To be delivered and monitored through the Workforce Committee.	Jacolyn Fergu-sson	Nov 2018 on-ward

Public Minutes of the Trust Board Meeting, Thursday 21 March 2019
Seminar Room 5, Learning and Research Centre, Southmead Hospital

Present:

Ms M Romaine	Chair	Ms A Young	Chief Executive
Mr R Mould	Non-Executive Director	Ms E Barker	Chief Operating Officer
Mr J Everitt	Non-Executive Director	Dr C Burton	Medical Director
Mr K Blake	Non-Executive Director	Mr N Darvill	Director of Informatics
Professor J Iredale	Non-Executive Director	Mrs C Phillips	Director of Finance
Ms J Meekings- Davis	Non-Executive Director	Mrs J Fergusson	Director of People and Transformation
Mr T Gregory	Non-Executive Director	Ms H Blanchard	Director of Nursing

In Attendance:

Ms Gill Brook	Head of Patient Experience (for minute no. 19/03/4)	Mr M Pender	Deputy Trust Secretary
		Mr X Bell	Director of Corporate Governance & Trust Secretary
Mr S Lightbown	Director of Communications		
		Ms J Marshall	Director of People and Transformation (Designate)

Apologies:

Mr S Wood	Director of Facilities

Observers: 8 members of staff / public attended.

Action

TBC/19/03/1 Welcome

The Chair welcomed everyone to the public meeting of the Board, particularly those members of staff who were observing.

TBC/19/03/2 Apologies For Absence and Welcome

The Board noted that apologies for absence had been received from Simon Wood, Director of Facilities.

TBC/19/03/3 Declarations of Interest

There were no declarations of interest.

TBC/19/03/4 Patient Story

The Board received a presentation from a patient who had undergone a right hemi colectomy surgical procedure at NBT. The patient shared his experience of being a patient at NBT, which included the following:

- The patient outlined the preparations for surgery, which included a group session as part of the Enhanced Recovery Programme he was on. This provided a great deal of valuable information, including: what to look for around the wound; how to effectively use pain relief; what to do on the day of surgery; and his individual recovery targets. He commented that that it would have been useful to know that he could have brought his wife to the session so that the

information provided could have be easily shared with her.

- After surgery the patient was told that the procedure had gone well, with it being done via keyhole surgery and without the need for a stoma. There was however some confusion between a nurse and the surgeon over whether he should have been undertaking his exercises as set out in the recovery programme. This caused some embarrassment when the surgeon chastised the nurse for advising him that he should just relax and not do his exercises whilst the effects of the anaesthetic wore off.

- The morning after surgery he noticed that no one else on the ward was doing any exercises, and he realised that he was the only patient on the Enhanced Recovery Programme. This made him question how the nursing staff would know he was on the programme, as it was not on the board near his bed. Was it in his notes, was this information passed on when shifts changed, and should he have done more himself and not relied on the nurses in respect of his exercise programme?

- The patient then went on to describe the discharge process, and he reported that whilst he was told he was fit to leave at 9.30am, he wasn't taken to the discharge lounge until 2.30pm due to his prescription not being ordered until 1.15pm. He was not impressed by the Discharge Ward, where there were a large number of patients waiting for taxis and hospital transport, together with friends and relatives coming and going in what was a relatively small space. The senior nurse had to kneel by his chair to run through the discharge report and demonstrate self-injection to him, which seemed inappropriate. He had already suggested that in future self-injection should be demonstrated on the ward, preferably when a spouse/carer was visiting so that they could also learn the process, and this suggestion had received a positive response.

- The patient then described how the sharing of his experiences with staff at a subsequent feedback meeting had gone, and he reported that whilst there was some anxiety about this on both sides, after a short time the ideas for change and improvements started to flow, and were enthusiastically received by the members of staff present. It had therefore been a worthwhile exercise.

In summary, he felt that that the discharge process in particular could be easily improved for patients if they were advised that, even if they were fit to leave first thing in the morning, they should expect to be discharged early to mid-afternoon. For the patient this would allow them to better plan their departure, get ready to leave at a more leisurely pace and advise their relatives of their expected time of departure. This would require no real change for the medical team, but would help in managing patient

expectations and reduce the amount of stress and anxiety that could result from patients feeling they were being delayed unnecessarily.

Members of the Trust Board welcomed the feedback process described in the patient story, which enabled patients to discuss their experiences, both good and bad, directly with medical staff. The way in which such feedback could be communicated to junior doctors was highlighted as a particular issue which required further work.

After further discussion it was RESOLVED that the patient be thanked for sharing their experience of the Fresh Arts programme with the Trust Board.

TBC/19/03/5 Minutes of the Public Trust Board Meeting Held on 31st January 2019

RESOLVED that the minutes of the public meeting held on 31st January 2019 be approved as a true and correct record of proceedings subject to the following amendments:

Page 2, penultimate line: 'tanked' to be replaced with 'thanked'; and

Page 7, third bullet point: 'proving to be replaced by 'providing'.

TBC/18/03/6 Action Log and Matters Arising from the Previous Meeting

The updates provided in the action log were considered and approved.

RESOLVED that the updates to the Action Log be received and approved.

TBC/19/03/7 Chair's Business

The Chair provided an update on a number of events she had attended recently, including a NHS Providers event which included a presentation from Dido Harding on the aspiration for a more supportive approach from regulators in respect of their interactions with NHS Trusts. The Chair also reported that there was some anxiety nationally regarding the implications of Brexit, particularly the number of UK nationals living in the EU who would be returning to the UK for treatment, and a possible drop in the value sterling post Brexit.

RESOLVED that the Chair's verbal report be received and noted.

TBC/19/03/8 Chief Executive's Report

The Board considered the Chief Executive's report, which provided a summary of local and national issues impacting on the

Trust. The Chief Executive highlighted the ongoing changes in the regulatory environment and summarised the plans the Trust had in place to prepare for the various scenarios arising from Brexit.

The Board then discussed the recent national media coverage of the Trust notifying 57 patients who had received pelvic floor surgery using artificial mesh at Southmead Hospital that, although their operation had been carried out satisfactorily, they should have been offered alternative treatments before proceeding to surgery. A further 13 patients had been told that investigations into their cases remained ongoing and would be completed as soon as possible. The open and transparent way in which the Trust had handled this matter was welcomed by the Board.

RESOLVED that the Chief Executive's report be noted.

TBC/19/03/9 Quality Account Priorities

The Board considered a report which set out recommendations for the five quality priorities for 2019/20 as part of the Trust's annual Quality Account commitments. It was reported that these had been reviewed by the Quality Committee, Patient Experience Group, Patient Partnership Group and with the BNSSG CCG Quality Sub Group, and were presented on the recommendation of the Quality & Risk Management Committee which took place on 21st March 2019.

RESOLVED that:

- **The recommendation from the Quality & Risk Management Committee in respect of the five priorities for the 2019/20 financial year within the Quality Account be endorsed and approved; and**

- **The wider Quality Strategy development work undertaken to date, and next steps to finalise this for Board approval at its meeting in May 2019, be noted.**

TBC/19/03/10 Workforce Committee Assurance Report

The Board received the report from the meeting of the Workforce Committee held on 20th February 2019. Tim Gregory, Non-Executive Director and Chair of the Committee highlighted particular points of interest to the Board.

The report included a detailed summary of the results of the Staff Survey 2018, which identified areas of improvement and concern, and made recommendations on areas to focus on during the forthcoming year. Overall it was reported that the 2018 staff survey results showed a continuing journey of improvement, with members of staff reporting that NBT was a better place to work in most respects, and engagement having again increased. There were a small number of deteriorating results, but overall the results showed a pattern of improvement in the majority of areas. The Trust was now behind the average benchmark in 6/10

themes, however in several of these it was very close to the average. Assuming that the current trajectory of improvement continued, it was anticipated that next year the Trust would be in line with, or better than, the acute average in the majority of areas.

The issues surfaced in the staff survey were recognised as being key in respect of the Trust's success going forward, particularly around areas such as retention and staff well-being. Concern was expressed that NBT was not matching the rate of improvement seen at other acute Trusts, and given the importance of this it was requested that the Trust Board receive an update on the staff survey at its May 2019 meeting.

RESOLVED that:

- **The Workforce Committee assurance report be received and noted; and**

- **A further update on staff survey action plans be submitted the May 2019 meeting of the Trust Board, with a focus on key actions and themes.**

TBC/19/03/11 NBT Travel Plan

The Board received a report which presented the NBT Travel Plan 2019-23, which had been approved by the Board at its private meeting in February and was now presented in public.

RESOLVED that the NBT Travel Plan 2019-23 be noted.

TBC/19/03/12 Integrated Performance Report – February 2019

Andrea Young introduced the Integrated Performance Report for February 2019.

The Executive Directors summarised the contents of the sections of the IPR for which they were responsible, on which they were questioned by the Non-Executive Directors. Non-Executive Directors raised the following issues:

- Tim Gregory expressed concern regarding the breaches of breast cancer targets due to staffing issues in Breast Radiology, and asked if any lessons had been learnt from this experience. Evelyn Barker responded that it was difficult to plan staff absences in specialist niche services where the skill sets required were very specific and where there was a national shortage of staff. The service was now recovering with a number of good appointments having being made, and patient expectations were being effectively managed during the recovery period.

- John Everitt suggested that the indicators presented in the IPR needed to be prioritised to take account of the Trust's strategy and where the Trust was in the context of the national picture, so that resources could be directed to the

most important areas. He also suggested that the focus should be on patients rather than indicators, as at present it was difficult to get a sense of what the information presented meant for patients. Evelyn Barker responded that the focus was very much on patients, and they were at the forefront of everything the Trust did.

- Non-Executive Members expressed concern regarding the Trust's performance against the cancer standards, which in the past was an area in which the Trust took pride. Evelyn Barker reported that a great deal of work had gone into improving the Trust's performance against the cancer standards and the most recent data indicated that this was improving. It was requested that in future the narrative accompanying the Cancer targets be expanded to include more assurance on actions being taken to mitigate, how improvements were being implemented, additional detail on how long patients are waiting beyond the targets, and patient numbers. **EB**

- The Chair expressed concern regarding the number of overdue responses to complaints, and Helen Blanchard reported that this was due to a number of issues, including the new PALS service using some of the complaints service resources and the complaints service concentrating on those complaints which were excessively overdue. A recovery plan was in place and it was anticipated that the position would improve within four months.

- Whilst the success of the international recruitment of nurses was welcomed, the level of turnover in nursing staff (23%) continued to be a source of serious concern. This issue was recognised as one of key importance for the Trust, and the Chair suggested that the Trust could and should develop innovative solutions to this issue if nurses were forthcoming on what could be done to make them more likely to stay.

The Board reviewed the Board compliance statements as set out in the IPR and signed these off, subject to further discussion on statement 10 during the subsequent private meeting of the Board.

RESOLVED: That the IPR be noted.

TBC/19/03/13 Finance and Performance Committee Assurance Report

The Board received the report from the meeting of the Finance and Performance Committee held on 21st February 2019. Rob Mould, Non-Executive Director and Chair of the Committee highlighted particular points of interest to the Board.

RESOLVED that the Finance & Performance Committee assurance report be received and noted.

TBC/19/03/14 Audit Committee Report

The Board received the report from the meeting of the Audit Committee held on 11th April 2019. Jacki Meekings-Davis, Non-Executive Director and Chair of the Committee highlighted particular points of interest to the Board.

The Board discussed the Welsh debt, which had primarily arisen due to issues around gaining and recording prior approval of treatment (which was required by the Welsh authorities) and being able to identifying patient as being Welsh funded in a timely manner. It was confirmed that measures were being put in place to address this issue going forward.

RESOLVED that the Audit Committee assurance report be received and noted.

TBC/19/03/15 Board Annual Work-plan

Xavier Bell introduced a report which set out an annual work-plan for Trust Board, which had been prepared in accordance with best practice to facilitate the forward planning of board meeting agendas. The work-plan incorporates items across key areas including quality, planning, strategy, operational performance, finance, people, IM&T and governance/assurance, and included key annual reports and statutory returns.

The Board welcomed the development of a work-plan, and it was noted that this was a living document which would evolve over time to address issues and priorities as they arose.

RESOLVED that the Trust Board annual work-plan be endorsed.

TBC/19/03/16 Board Committee Terms of Reference

The Board received a paper which set out the updated terms of reference for each of the Board's committees, which took account of the changes to committee structures approved in January 2019. It was confirmed that each committee had been given the opportunity to review their own terms of reference and suggest any amendments.

It was noted that the terms of reference for the Patient & Carer Experience Committee would be brought to the next meeting of the Board for approval.

RESOLVED that the revised committee terms of reference, as set out in the report, be approved.

TBC/19/03/17 Board Members' Declarations of Interest

The Board received a report which, in accordance with the Trust's Standards of Business Conduct and the Standing Orders of the Board, set out the declarations interest of Trust Board members for the period to March 2019. It was noted that these would

subsequently be published on the NBT website.

RESOLVED that the summary of the Board Members' declarations of interest be received and noted for assurance.

TBC/19/03/18 Safe Nursing and Midwifery Staffing – 6 monthly update

The Board received a report which outlined the progress to date and further actions planned to ensure staffing levels were safe, effectively managed and published in accordance with the relevant national guidelines.

RESOLVED that the six monthly safe nursing and midwifery staffing report be received and noted.

TBC/19/03/19 Any Other Business

There was no additional business raised.

TBC/19/03/20 Questions from the Public in Relation to Agenda Items

No questions were received from the public.

TBC/19/03/21 Date of Next Meeting

The next public meeting of the Board was scheduled to take place on 30th May 2019 at 10.00am, Southmead Hospital.

The meeting concluded at 12.30pm

North Bristol NHS Trust

Report To:	Trust Board Meeting in Public		**Agenda Item:**	5.0
Date of Meeting:	30 May 2019			
Report Title:	Trust Board Action Chart			
Report Author & Job Title	Xavier Bell, Director of Corporate Governance & Trust Secretary			
Executive/Non-executive Sponsor (presenting)	Xavier Bell, Director of Corporate Governance & Trust Secretary			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
			X	
Recommendation:	The Trust Board is asked to note the Trust Board action status.			
Report History:	Previously considered by the Trust Executive Team. The report is a standing agenda item.			
Next Steps:	The action chart will be updated following review at the Trust Board meeting and to include the new actions agreed during the course of the meeting.			

Executive Summary

The Trust Board action chart collates actions arising from the Trust Board meetings and enables monitoring to the point of closure.

Action chart summary:

Status	Number of Actions as at 13/05/2019
Blue (Completed and will be removed from chart for next iteration)	2
Green (Status updated and on track within timescale)	1
Amber (Status not updated/completed and/or the deadline passed.)	1
Red (Status not updated/completed and/or deadline passed by more than one month).	0

Strategic Theme/Corporate Objective Links	Links to all strategic themes.
Board Assurance Framework/Trust Risk Register Links	No specific links to the Board Assurance Framework.
Other Standard Reference	None noted.
Financial implications	None noted.
Other Resource Implications	None noted.
Legal Implications including Equality, Diversity and Inclusion Assessment	None noted.

Appendices:	None.

NHS
North Bristol
NHS Trust

PUBLIC BOARD ACTION CHART POST 28 MARCH 2019 TRUST BOARD MEETING

Blue	Completed and will be removed from chart for next iteration. A = On current meeting agenda
Green	Status updated and on track within timescale.
Amber	Status not updated/completed and/or the deadline passed.
Red	Status not updated/completed and/or deadline passed by more than one month.

Minute Reference	Agenda Item	Agreed Action	Responsibility	Deadline for Completion of Action	Item for Future Board Meeting	Action Status	RAG
TBC/18/11/3	Patient Story Pressure Ulcer Prevention Quality Initiative	Back to Board at the end of 6 months.	Helen Blanchard Director of Nursing.	30/05/19	Yes. To ~~30/05/19~~ 25/07/19	Update to be provided in July when the initiative has been embedded further.	Amber
TBC/18/11/15	Stepping Up Programme	Review progress against the messages given in the presentation.	Jacqui Marshall Director of People and Transformation	25/07/19	Yes. To 25/07/19.	On track for delivery.	Green
Minutes from 28 March 2019							
TBC/10/03/10	Workforce Committee Report	A further update on staff survey action plans to come to Trust Board, focusing on key actions and themes.	Jacqui Marshall Director of People and Transformation	30/05/19	Yes. To 30/05/19	On agenda	Blue A
TBC/10/03/12	Integrated Performance Report	Narrative that accompanies the Cancer targets to be expanded to include more assurance on actions being taken to mitigate, how improvements are	Evelyn Barker, Chief Operating Officer	25/04/19	Yes. Will be reflected in future IPR.	On track for delivery	Blue

		being implemented, and additional detail on how long patients are waiting beyond the targets, and patient numbers.					

Report To:	Trust Board Meeting		**Agenda Item:**	9.0
Date of Meeting:	30 May 2019			
Report Title:	Chief Executive's Briefing			
Report Author & Job Title	Xavier Bell, Director of Corporate Governance & Trust Secretary			
Executive/Non-executive Sponsor (presenting)	Andrea Young, Chief Executive			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
				X
Recommendation:	The Trust Board is asked to receive and note the content of the briefing.			
Report History:	The Chief Executive's briefing is a standing agenda item on all monthly Board agenda.			
Next Steps:	Next steps in relation to any of the issues highlighted in the Report are shown in the body of the report.			

Executive Summary
The report sets out information on recent updates from our regulators, changes in senior leadership within the Trust, and other items of importance to the Board.

Strategic Theme/Corporate Objective Links	**Be one of the safest trusts in the UK** **Play our part in delivering a successful health and care system**
Board Assurance Framework/Trust Risk Register Links	Does not link to any specific risk.
Other Standard Reference	N/A
Financial implications	None identified.
Other Resource Implications	No other resource implications associated with this report.
Legal Implications including Equality, Diversity and Inclusion Assessment	None noted.

Appendices:	None

1. Purpose

To present for information an update on local and national issues impacting on the Trust.

2. Background

The Trust Board should receive a report from the Chief Executive to each meeting detailing important changes or issues in the external environment. This includes guidance and policy actions which have been received from the wider regulatory and policy system, quality and financial risks in the health economy.

3. Trust news

This month marks five years since NBT moved into the Brunel building. There are celebrations across the Trust marking this significant milestone, including a festival of engagement kicking off on 29 May 2019. The Trust will also feature on an interview on radio Bristol.

4. Senior Management Appointments

There are a number of changes across senior management roles within the Trust to report:

- From 1 April 2019 Steven Eastaugh-Waring, Consultant Orthopaedic Surgeon has taken on the role of Clinical Director within Neurological & Musculoskeletal Sciences division.
- Niall Prosser has accepted a secondment into the role of Director of Transformation as a maternity leave cover. This will commence in July 2019.
- From June 2019 Rosanna James is returning to the role of Deputy Chief Operating Officer.
- Karen Brown, interim Deputy Director of Operations, will continue to support the Trust as the new interim Divisional Operations Director in Anaesthesia, Surgery, Critical Care and Renal Division, from July 2019.

5. Consultant Appointments

The Trust has made the following new consultant appointments since the last update (5 March 2019):

Interview Date	Specialty	Appointee(s)
19th March	Consultant Breast Surgery	Isabella Dash/Michelle Mullan
26th March	Consultant Histopathology	Hannah Lowes
2nd April	Consultant Medicine for Older People	Heather Woodcraft/Anna O'Brien/Philip Braude

23rd April	Consultant Interventional Neuroradiology	James Wareham, Anthony Cox
30th April	Consultant Neurosurgery (Neurovascular)	Kumar Abhinav
7th May	Consultant Anaesthetics	Helen Johnston, Ruth Greer
14th May	Consultant Urology	Raj Pal

6. Regulator Updates

There are changes within the NHSI/NHSE regional team, with the following appointments having been made:

- South West Regional Director: Elizabeth O'Mahony
- Chief Nurse: Sue Doheny
- Finance Director: Kaye Bentley
- Medical Director and Chief Clinical Information Officer: Michael Marsh
- Director of Workforce and OD: Suzanne Tewkesbury
- Director of Performance and Improvement: Martin Wilkinson
- Director of Strategy and Transformation: Mark Cooke
- Director of Commissioning: Rachel Pearce

NBT's new Locality Director will be Laura Nicholas, who will take over from Tom Edgell in June/July 2019.

7. Healthy Weston Consultation

Due to the election purdah period for the European Elections, the Healthy Weston Consultation has been extended to 14 June 2019. Healthy Weston is the programme to join up services for better care in Weston-Super-Mare, Worle and surrounding areas. This includes the future for services at Weston General Hospital.

Public meetings have now been rearranged to give local people the opportunity to hear about and discuss what the proposals are and what they mean for healthcare in the area:

Tuesday 28 May 6.30 – 8.30pm The Campus, Worle
Thursday 30 May 7 – 9pm Nailsea Methodist Church
Tuesday 4 June 7 – 9pm Clevedon Community Centre & Princes Hall, Clevedon
Thursday 6 June 6.30 – 8.30pm Somerset Hall, Portishead
Thursday 13 June 6.30 – 8.30pm Weston-super-Mare Football Club

Further information is on the Healthier Together website. People wishing to get involved can also complete an online survey.

8. Healthier Together Update

- BNSSG CCG is currently procuring a single provider of adult community health services across Bristol, North Somerset and South Gloucestershire to ensure care is joined-up and people get the same high quality service whatever their postcode. Initial bids were received in March, and in April bidders were shortlisted to continue refining their proposals. Final proposals will be submitted this month with the announcement of the selected provider by autumn.

- Plans to improve access to psychological therapies for people in Bristol, North Somerset and South Gloucestershire have taken a further step forward, with confirmation of the organisation which will be providing a redesigned local service from September this year. Bristol, North Somerset and South Gloucestershire (BNSSG) CCG has awarded the contract for services to Vita Health Group following a comprehensive procurement process that concluded in April.

- STP partners came together in May for our first partnership meeting to consider the system response to the NHS long-term plan. The system is required to deliver a response to regulators by the end of September 2019. Chairs, Chief Executives and Medical Directors were amongst those who were invited to shape the initial thinking. The group heard about population management tools which would enable health and social care to target services and resources to those with the greatest need and who currently use services the most. The group received initial feedback from a citizen's panel about what patients value in healthcare. The work on revising the NBT strategy and long term financial plan will help us feed into the response.

9. UHBristol Strategy

University Hospitals Bristol NHS Foundation Trust has developed a new five-year strategy. The strategy describes how the Trust plans to grow its specialist hospital services, work more closely with health and care partners to provide more joined up local healthcare services and support the improvement of the health and wellbeing of local communities. More information can be found at this link.

10. Recommendation

The Trust Board is recommended to receive the report for information.

North Bristol NHS Trust

Report To:	Trust Board		**Agenda Item:**	10.
Date of Meeting:	30th May 2019			
Report Title:	Annual Quality Account 2018/19			
Report Author & Job Title	Paul Cresswell, Associate Director of Quality Governance			
Executive/Non-executive Sponsor (presenting)	Helen Blanchard, Interim Director of Nursing & Quality			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
		X		
Recommendation:	The Trust Board is requested to; • **Review and comment,** as deemed necessary, on the draft Quality Account and make any suggestions for changes in the future approach. • **Note** the final steps required, including external consultation on the contents, for the 2018/19 Quality Account and the timetable to publication.			
Report History:	• A report to the March QRMC was provided on the Trust's Annual Quality Account priorities for 2019/20. Following review this was approved by the Trust Board in March 2019. • An earlier, less complete, draft of the full Quality Account for 2018/19 was reviewed and supported at the QRMC meeting held on 9th May 2019. • Further changes were made following QRMC and reviewed by the Trust's External Auditors, Grant Thornton for review at the Audit Committee on 23rd May 2019. No concerns identified. • This report now provides the final draft of the full Quality Account for 2018/19 for Board review.			
Next Steps:	• Complete the small number of remaining external audit requirements. • Circulate final draft for external consultation, using the version submitted to May Trust Board. • Make further amendments, including addition of external comments and the External Audit Opinion for approval at June Trust Board. • External publication by the required deadline of 30th June 2019.			

Executive Summary	
This report builds upon the approval of five quality priorities for 2019/20 as part of the Trust's annual Quality Account commitments at the March Trust Board. These were agreed as; 1. Supporting patients to get better faster and more safely 2. Meeting the identified needs of patients with Learning Disabilities /Autism 3. Improving our response to deteriorating patients 4. Learning and improving from Patient & Carer feedback (e.g. FFT, complaints, compliments, surveys) 5. Learning and improving from statutory & regulatory quality systems (e.g. incidents, mortality reviews, inquests, legal claims, audits) The Quality Account is a mandated requirement of all NHS provider organisations and provides a window into the quality of care provision for external stakeholders, patients and the public. Much of the content is mandated and consequently it does mean the document itself is sizeable. In order to demonstrate delivery of the required information and its accuracy, the Quality Account is subject to external audit by Grant Thornton, who conduct this as part of their overall audit work for the Trust, reporting to the Audit Committee. We have continued to evolve the format and approach, with more emphasis this year on visual images, such as infographics, charts and headline data, a consequent reduction in words used and the addition of new sections that reflect the key achievements and quality goals of our five clinical divisions. We have also featured a sample of quality improvement projects that bring this work to life, which will also provide good examples for the forthcoming CQC inspection. There is much to be proud of within the document as well as realistic reflection upon areas that need to improve and actions planned to achieve this. The first draft was reviewed at the Quality & Risk Management Committee on 9th May and an updated version together with the draft external audit opinion at the Audit Committee on 23rd May. The external audit opinion does not flag any concerns, subject to a limited number of final points to confirm. The current draft is provided for the Trust Board to review and is also at the same time being circulated to our external stakeholders to provide formal commentary, which must then be include in *verbatim* form with the final version of the Quality Account that is published. The final version will be provided, with those comments and the Auditor's Opinion included to the June Trust Board for approval, ahead of the mandated final publication date of 30 June 2019. The Quality Account is then published on the Trust's website and NHS Choices and made available at the Trust's Annual General Meeting.	
Strategic Theme/Corporate Objective Links	• Be one of the safest trusts in the UK • Treat patients as partners in their care This report supports the Corporate Objectives ; • 'Achieve a CQC rating of 'Good'

Board Assurance Framework/Trust Risk Register Links	• BAF SIR11: Failure to deliver performance against financial and quality targets causes reputational damage and results in regulatory intervention. • BAF SIR14: The increasing complexity of patient need risks more concern being raised about safety of clinical care. This could result in increased harm to patients, litigation and regulatory action. • BAF SER4: The changing roles of regulators (NHSI/E) lead to enhanced and/or altered regulatory requirements resulting in time diverted from front line activities and increased costs to administer compliance.
Other Standard Reference	Care Quality Commission Regulations
Financial implications	Quality Account external audit - part of overall annual accounts contract with Grant Thornton – payment agreed through Trust Audit Committee.
Other Resource Implications	As above
Legal Implications including Equality, Diversity and Inclusion Assessment	No legal implications are specifically linked to the development of this overarching Strategy. Individual legislation applies within many of the areas covered and will be fully considered within the related workstreams.
Appendices:	**Appendix A:** Quality Account 2018/19 (Draft for review)

DRAFT

Account of the Quality of Clinical Services

2018/19

Contents

1

introduction

2

our priorities for improvement

5

our quality indicators

6

our quality culture

3

improving our services

4

your impact

7

operational standards and data quality

8

appendices

Statement on Quality from the Chief Executive

In the year the NHS celebrated its 70th birthday it was another exciting period at North Bristol NHS Trust with lots of quality improvement work carried out.

Year on year we are seeing more attendances to our emergency department and more admissions to our wards. In order to cope with this increase in demand, we have to adapt and come up with innovative ways of treating patients all while continue to enhance patient experience.

Following a well-documented challenging 2017/18 winter across the NHS, at NBT we committed to finding a way to improve patient flow across the hospital. This led us to introducing Perform and the One NBT mantra working alongside PWC.

Perform allowed us to invest in our workforce and provide everyone within the organisation with the practical tools to help them with their day to day job, regardless of their position or the team they worked in.

Over 1,500 members of staff attended OneNBT boot camps that taught them the tools and techniques of working together. Throughout the year dedicated coaches were assigned to every ward in the hospital for a ten-week period year they helped embed the tools and techniques into teams' day-to-day work in order to help them work together to deal with any challenges that arose and problem solve.

The way in which patients want to receive information is changing and an example of this is on our maternity wards.

Historically we gave expectant parents around 80,000 leaflets per year and we received feedback that these leaflets wouldn't be read or would be misplaced. So in April 2018, thanks to funding from Southmead Hospital Charity, we introduced the My Pregnancy @ NBT app that includes over 80 pages of searchable information as well as a notes section.

The app was developed by midwives and clinicians in our maternity department and the app has been greatly received by users and one that we will continue to update and evolve.

In November 2018 we opened our clinical simulation space that uses a state-of-the-art mannequin to create a completely immersive experience for patients and teams. The space has been used by a large number of teams and staff and to learn new techniques and procedures and improve skills. As well as clinical skills it is also aimed at building team work and communication within a team. All sessions are recorded and a debrief is carried out after to celebrate success and look for further improvement.

As we move forward quality improvement remains at the forefront of our minds and there are many more exciting projects to look forward to over the year ahead. In this report there are fantastic examples of work being carried out across the trust and it is great to know that many of these pieces of work grow organically from staff on the front line who come up with ideas of better improving the care we deliver.

Andrea Young
Chief executive
North Bristol NHS Trust

Review of Services

During 2018/19, the Trust provided a wide range of NHS services. These are listed in section 8 (appendix 4)

The Trust reviews data and information related to the quality of these services through regular reports to the Trust Board and the Trust's governance committees. To provide data quality assurance there is a Data Quality Tracker, which is updated daily and made available to all staff. The Data Quality Tracker is one of the leading quality management products used by the Data Quality Marshalls within IM&T. This team triages both internal and external data quality queries, ensuring that any item raised is logged, assigned, tracked, and ultimately resolved, engaging wider resources as required. There is a monthly North Bristol Trust Data Quality Meeting, focusing on all internal and external quality issues. The outcome from this Board is then visible internally to higher level quality forums and to the IM&T Committee, and externally to our commissioners via our Data Quality and Improvement Plan Meeting and Finance Information Group meetings, all of which are held monthly. Throughout 2018/19, this governance structure has continued to report Data Quality as green and an area of increasing assurance.

Clinical divisions are subject to executive reviews in which performance against standards of quality and safety are reviewed and, in line with the principles of Service Line Management embedded during 2018/19, are responsible for their own internal assurance systems. These reviews discuss with clinical teams and managers any areas of concern, and also seek continuous quality improvement. Through these mechanisms the Trust, therefore, reviews 100% of the data available on the quality of care in all its NHS services.

If there were any doubts as to the quality of data included within this account this would be clearly stated within the relevant section.

The income generated by the NHS services reviewed in 2018/19 represents 100% of the total income generated from the provision of NHS services by North Bristol NHS Trust for 2018/19.

Statement of Director's Responsibilities

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board

Signed Date xx/06/2019

Michele Romaine

Chairman

Signed Date xx/06/2019

Andrea Young

Chief Executive

2 Our priorities for improvement

Priorities for Improvement 2018/19

Our priorities for improvement for 2018/19 were decided during 2017/18 as the focus for improvement work over the last year. In the following pages we lay out how we have worked towards achieving them and the evidence we have to show our progress so far.

Our Priorities for 2018/19:

1 Eliminate Delays in Hospital to Improve Patient Safety and Reduce Bed Occupancy ('Home is Best')

2 Enhancing the Way Patient Involvement and Feedback is Used to Influence Care and Service Development

3 Improving End of Life Care

4 Strengthen Learning and Action by Embedding Quality Governance at Specialty, Cluster and Divisional Level

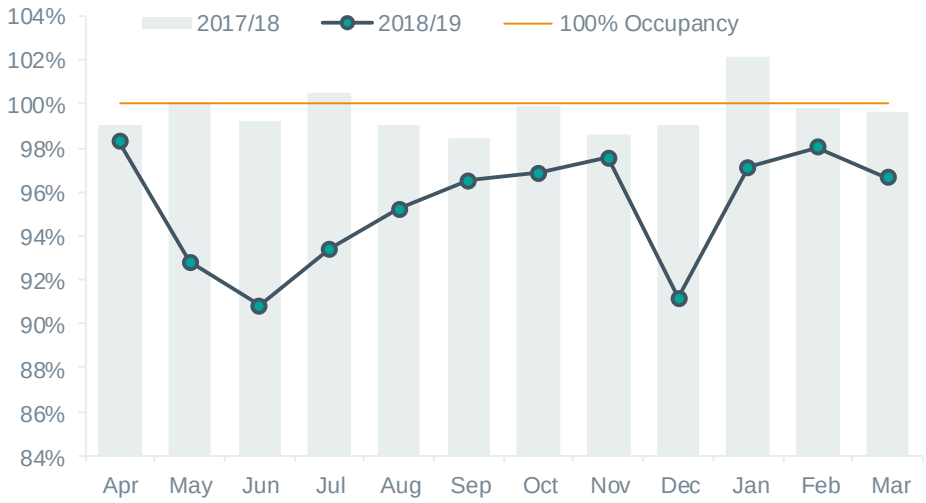
5 Demonstrate a Stronger Clinical Understanding and Application of the Mental Capacity Act and Deprivation of Liberty Safeguards

1. Eliminate Delays in Hospital to Improve Patient Safety and Reduce Bed Occupancy

Bed occupancy was seen to improve following the first wave of the Perform Programme. Overall bed occupancy for 2018/19 (95.1%) was the best it has been since 2015/16 (94.7%) and a significant improvement from 2017/18 (99.9%). This improvement was despite seeing significant growth in the number of emergency patients admitted to the hospital. The Trust stopped using additional beds in 4-bedded bays on core wards leading to a safer and better experience for patients, and providing a better working environment for staff. The 2018/19 Winter Plan was informed by lessons learnt in 2017/18 with staff engagement. The plan was Trust Board approved in June and enacted at the end of October to ensure wards were allocated to the Medicine Division over the peak periods which significantly reduced medical outliers and improved overall LoS with more effective deployment of staff.

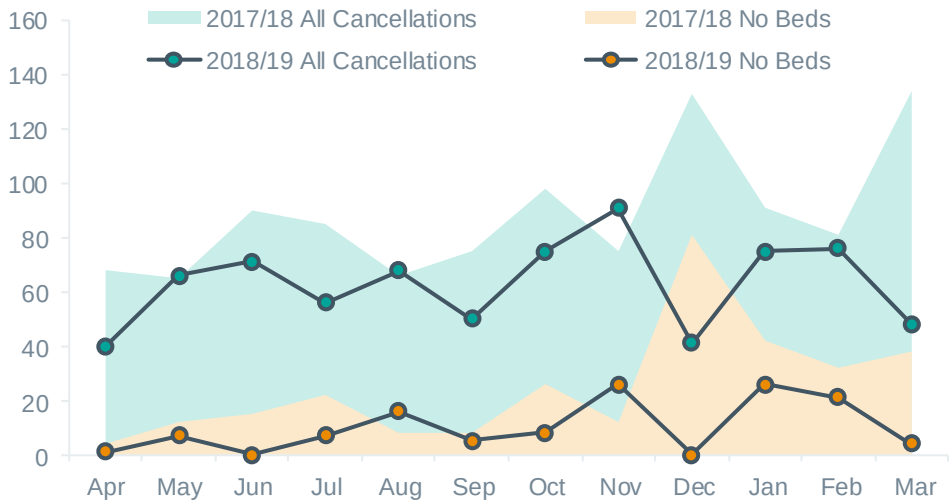
The Trust maximised its capacity in quarter 3 and opened a further 6 mediroom beds for short stay elective care. Theatre productivity improvements have focussed on cases per day, list uptake, list efficiencies (in-session utilisation) and day case efficiency, with cases being up on average 3 per day across the year, and day cases 5% up on 2017/18.

The Trust's average length of stay has improved beyond that seen over the previous 3 years during the same period (Apr-May) despite an



Bed occupancy has been consistently lower than 2017/18. During 2018/19 we have never reached 100% occupancy as a monthly average.

Although we've had an increase in spells we have improved our average length of stay.



Cancelled operations have decreased for all reasons, although higher in some months than in the previous year on average they have been lower. This is also true for operations cancelled due to a lack of beds. In December 2018 no operations were cancelled due to a lack of beds.

2. Enhancing the Use of Patient Feedback

Patient feedback is an important source of information that should help staff implement changes that will improve care quality and patient safety. Through the review of complaints, we have been able to identify areas of good practice as well as things we can improve upon. These include:

- Developing a consistent means of sharing specific information that is crucial to a patient's wellbeing.
- Enhancing knowledge of staff in adjustments in communication required for people with Learning Disabilities and or Autism in ED (this is being taken forward across the Trust).
- Setting up a quiet, less stimulating environment in ED for patients that need this.
- Reinforcing the message to staff of the importance of explaining to patients the process and purpose of any examination, care or treatment and gaining their agreement. This has been emphasised with the revised Consent Policy.
- Ward 27b improved information in the ward leaflet by adding more information on individualised care needs and discharge.

In February 2019 we were able, for the first time, to triangulate data from complaints and concerns in Datix with Friends and Family Test (FFT) data. An initial analysis was undertaken to identify any wards that:

- *scored less than 90% "would recommend'*

and

- *had negative themes reoccurring across concerns and complaints feedback*

Through this, 3 wards were identified and action plans put in place to enable improvement and monitoring to address any issues.

The Patient Partners (service users) continue to influence the work of the Trust, being active participants on core committees and working groups. These include the Quality Committee, Medicines Management, Research Committee, Patient Experience Group, Consent, Clinical Audit, Clinical Risk and the Complaints Lay Review Panel. As a group they also seek information from services or about processes where patients are raising concerns in order to understand how systems and processes work and offer possible improvements from a patient' perspective; for example delay in discharge due to waiting for to-take-away (TTA) medication. Their contribution has also been sought from practitioners and managers across the Trust on improvement projects and key appointments, including to consultant posts.

Next steps...

- Establish a permanent Patient Advice and Liaison Service (PALS)
- Continue to work with Divisions implementing the revised processes and roles and responsibilities
- Rollout refined Datix recording templates.
- Improve recording of data in Datix by all staff across the Trust.
- Develop a performance dashboard to improve monitoring and reporting.
- Ensure actions are completed with evidence recorded in Datix and learning is shared.

3. Improving End of Life Care

During 2017/18 we developed and piloted the Purple Butterfly Project; a quality improvement project aimed at raising the standard of care patients receive at end of life. The project was rolled out across the Trust in April 2018. During this time we took part in the National Audit of Care at the End of Life. The results of this audit showed that we were above or equal to the national results on 50 out of 59 measures (85%). At the same time we also took part in the voices survey led by the Office for National Statistics; it aims to assess the quality of care delivered in the last three months of life and collects the views of patients, families and carers. It assesses themes such as privacy, dignity, respect, communication, symptom management and support. NBT received very positive feedback achieving over 89% agreement with each positive statement.

We identified some areas for improvement that will be our focus for change over the coming year.

Having had the purple butterfly paperwork in use for a year we have identified how we could further streamline the documentation. There were some instances, made apparent by the national audit, where we failed to capture the spiritual and cultural needs of the patient and family. Re-designing the paperwork and working closely with the chaplaincy team to ensure conversations are evidenced should help to rectify this issue.

We also want to expand our workforce this year to be able to offer the same quality of care seven days per week.

Feedback from the Voices Survey

94%
felt staff made sure they took the time to listen to their loved one's needs

97%
felt staff made an effort to meet their needs as often as possible

> "The Consultant was very caring, compassionate and was always willing to answer any questions."

98%
felt their loved on was treated with dignity and respect

> "All mum's physical needs were taken care of without delay. Her personal/ emotional needs were fully and compassionately met"

4. Embedding Quality Governance

Following an external review published in March 2018 and in line with the action plan being developed in response to our CQC inspection report received shortly after (April 2018), a trustwide Clinical Governance improvement was established to ensure robust and sustainable changes would be achieved.

A Programme Board was established with project team support and clinical leadership from September 2018. It also includes a patient partner representative to provide objective input and challenge. The Board has met monthly to oversee progress against delivery of 9 projects;

- Central quality governance structures
- Divisional governance structures & resources
- Quality Business Intelligence systems
- Multidisciplinary Team meetings—approach and compliance
- Mortality & morbidity meetings—approach and compliance
- Consent for Care & Treatment—new policy and ongoing assurance
- Risk management—revised strategy, policy and systems
- Complaints management—piloting of new PALS services and stronger systems
- Patient Safety Incidents - improved approach focused on thematic review and stronger learning and follow through of actions.

Good progress has been made against the agreed project plans and this has been overseen by the Programme Board, chaired by the Director of Nursing & Quality and also the relevant board sub committee—the Quality & Risk Management Committee to provide objective scrutiny.

Changes made

New Patient Experience Board subcommittee to drive patient experience

New Patient Advice and Liaison Service (PALS) to go live in May 2019— this is to help resolve concerns more quickly and, where possible, without the need for a formal complaint

Stronger review of Serious Clinical Incidents - there have been no breaches of CCG reporting since July 2018 and collaborative working with the national Healthcare Safety Investigation Branch (HSIB)

Improved business intelligence systems to support frontline teams in understanding and learning from their data

New, improved policies and practical guides to support:

- Patient Consent for Care and Treatment
- Risk Management
- Incident Reporting
- Multidisciplinary Team (MDT) meetings

£400k investment into clinical divisions to drive good quality governance closer to where patient care is delivered

5. Mental Capacity Act & Deprivation of Liberty Standards

Following the CQC inspection report in February 2018, North Bristol Trust (NBT), was identified as needing to improve the management and care of patients who lack capacity to make decisions around their care. It was identified that NBT staff lacked competence and confidence in assessing mental capacity and completing DoLS applications in line with legal requirements and the documentation of this in patients medical records.

As a result of the report, KPMG were commissioned to undertake an internal audit in May 2018 to specifically look at compliance with MCA/DoLS and DNACPR practice. This audit identified variable staff awareness and documentation of mental capacity assessments and DoLS. They reviewed patients' records who were identified to have a DoLS and many records lacked documentation in regard to the decision to undertake a mental capacity assessment; making best interest decisions; and the rationale for applying for a DoLS.

A focus group was held to hear the views of frontline staff in clinical practice in relation to MCA/DoLS within the Trust and then a task and finish group was established led by the Deputy Director of Nursing with key divisional representation including safeguarding practitioners.

This group sought to understand the barriers to implementing best practice and how this could be delivered to large volumes of frontline staff.

4 priorities were identified:

1. A Trust wide MCA/DoLS improvement programme to be established
2. MCA and DoLS policies to be updated
3. An MLE training package and a face to face training model to be piloted
4. An evaluation of the pilot to be undertaken to review suitability of both the above and next steps.

Good progress has been made towards the achievement of our goal:

☐ **95% of patients that require an assessment are completed by 01/09/19**

Enabling us to ensure that we always Treat vulnerable patients:

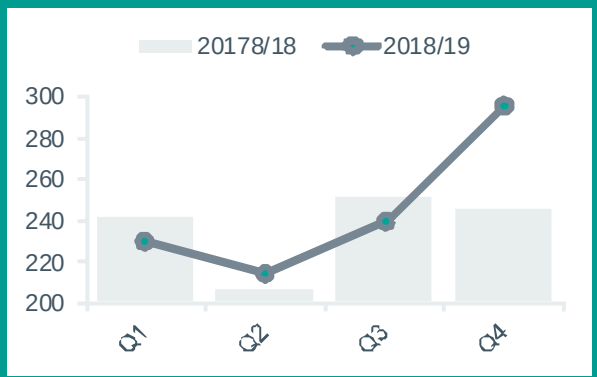
- in line with legislation
- for their protection and safety
- in their best interests

Achievements

Purchase of a 3 year MCA and DoLS eLearning package produced by SCIE (Social care Institute for Excellence), a highly recommended teaching and training

Development of a Mental Capacity Assessment form which was dramatically simplified to meet legal requirements and ensure staff had good understanding of how to use

DoLS authorisations received by the Safeguarding team continued to rise during 2018/19 and we expect that as understanding of the MCA improves we will see a further rise on 2019/20.



Priorities for Improvement 2019/20

Every year the Trust sets priorities for improvement. These are areas where we would like to see significant improvement over the course of the year and we focus our improvement work in these areas.

1 

Supporting Patients to Get Better Faster and More Safely

We will improve the identification and assessment of frail patients and continue our drive to 'end PJ paralysis.' We will continue developing our hospital at home and enhanced recovery service for elective patients.

2 

Meeting the Identified Needs of Patients with Learning Disabilities/ Autism

We will deliver the three NHS Improvement priority standards to improve care delivery to patients and through the new LD steering group drive work at ward level to train staff and deliver tangible improvements in care quality.

3 

Improving Our Response to Deteriorating Patients

We will build upon the successful implementation of the National Early Warning Score (NEWS2) to ensure that patients exhibiting signs of deterioration in their condition are quickly identified and appropriately treated.

4 

Learning and Improving from Patient and Carer Feedback

We will demonstrate a much stronger and more responsive approach to seeking, understanding and acting upon different forms of patient feedback. This work will be supported and driven by a new Board sub committee for Patient Experience.

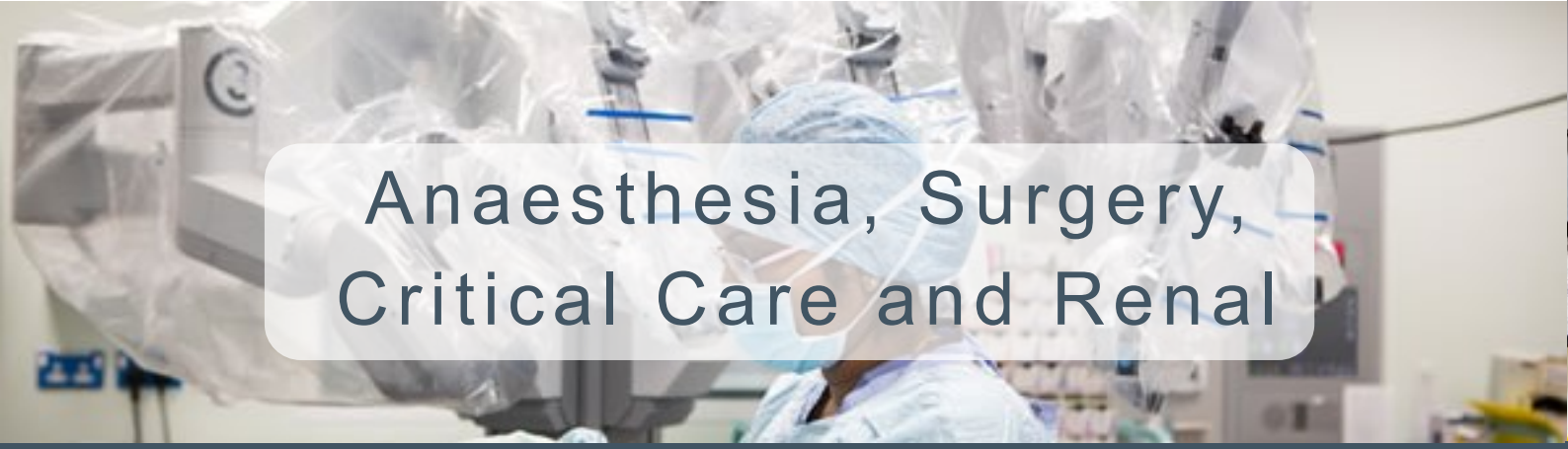
5 

Learning and Improving from Clinical Governance Systems

We will embed the new quality governance structures for which investment was agreed in March 2019. The identification, investigation and learning from various forms of clinical incidents or events will be applied into tangible actions that drive improvements in quality of care.

Delivery of the Trust's Quality Priorities will be overseen as part of the assurance monitoring of the Trust's delivery of its new Quality Strategy. This will report operationally through the Quality Strategy Oversight Group (chaired by one of the Trust's Executive Directors) and will provide assurance into the Quality & Risk Management Committee which is chaired by an Non-Executive Director and is a Board subcommittee.

3 improving our services



Anaesthesia, Surgery, Critical Care and Renal

Theatres | ICU | Anaesthetics and Acute and Perioperative Pain | Urology | Transplant | Renal | Vascular Network | Plastics and Burns Dermatology | General Surgery (Including GI and Bariatric) | Breast Screening and Symptomatic Services

One of the largest divisions, ASCR covers some surgical specialties and associated areas such as critical care and anaesthetics. The Intensive Care Unit at Southmead Hospital admits over 2,300 patients each year, making it one of the busiest units in the country. It is the regional specialist critical care centre for major trauma, neurosurgery, renal medicine, vascular surgery, urology, plastics and burns, as well as admitting emergency patients. The unit has a strong focus on both medical and nursing education, and was recently placed second nationally for trainee's satisfaction in the Trainee GMC survey.

Apart from the leading surgical specialties in other divisions ASCR is responsible for the regional urology service for BNSSG, the South West Testicular Cancer service, the regional Adults Burns service, the regional Bariatric Surgery service, the BNSSG Plastic Surgery service and the Network Vascular Surgery service. NBT is also the regional Kidney Transplant Centre.

Achievements

1. Improved winter planning for 2018/19 ensuring engagement from all areas meant that cohorting of medical/surgical patients resulted in fewer elective cancellations. This was supported by the introduction of the Elective Orthopaedic Infection Control Standard Operating Procedure to prevent cross infection and maintain safety.

2. Implementation of Hospital @ Home launched in February 2018; early indications show a reduced length of stay in hospital and much improved patient experience. This service has contributed to a significant reduction in the number of operations cancelled due to lack of availability of beds.

3. We have improved the way we report and learn from the WHO checklist and 5 Steps to Safer Surgery through our Theatre Efficiency Group. We publish results weekly and celebrate successes as well as recognising areas for improvement. We have achieved WHO Checklist compliance every month during 2018/19.

Goals

1. Undertake the Aseptic Non Touch Technique Quality Improvement plan with the aim of standardising practice, supporting health care workers to practice safely and effectively and increasing patient safety by reducing the risk of introducing infection into a susceptible body site.

2. Revise urology pathways to increase operating with robot—reducing patient waits and pathway delays.

3. Commence the bespoke ICU recruitment campaign focusing on attracting staff nationally. Running alongside increasing recruitment is improving staff retention with a real focus on staff well-being to promote a supportive and positive culture for staff.

   Benefits of recruitment include a better, safer unit. Improved staff retention means better trained expert staff, a stable team, improved morale and better patient experience.

Core Clinical Services

Imaging | Pathology | Pharmacy | Therapies | Outpatients | Clinical Equipment Services | Medical Photography and Illustration

Core Clinical Services is a large and diverse clinical division that consists of 6 services:

- Clinical Equipment Services undertake 20,000 maintenance and repair events per annum and facilitate 9,000 equipment loans.
- Outpatient services are delivered from within the Brunel Building as well as other community locations. In 2018/19, a total of 412,000 outpatient appointments took place.
- The Imaging service carries out approximately 430,000 examinations per annum, ranging from simple GP requests through to complex diagnostics working with regional specialties.
- Pathology Sciences provides a full range of diagnostic services and NBT is the proposed hub laboratory within the West of England Pathology Network. NBT provides national antimicrobial reference testing and regional genomics, HPV screening, neonatal screening and specialist testing across all disciplines.
- The Pharmacy department provides clinical services across NBT, the Brain Injury Rehabilitation Unit, St Peter's Hospice, etc. The Regional Quality Control Laboratory provides a comprehensive Pharmaceutical Quality Assurance Service to NHS Trusts and external customers across the UK.
- Therapy services (physiotherapy, occupational therapy, speech and language therapy, dietetics and nutrition) provide expert therapeutic provision to assess and commence the rehabilitation process for patients recovering from an acute illness or injury whilst in hospital. There is also a wide range of therapy outpatient services supporting patients with post-operative rehabilitation, acute injury and those living with long-term conditions.

Achievements

1. The national e-Referral System was successfully implemented throughout the Trust from October 2018. This allows patients referred to consultant led outpatient services to book online, and gives them a choice of provider.
2. Successful tender of Regional Genetics Laboratory Hub.
3. Imaging DM01 performance is consistently above 99% making us the best in the southwest.

Goals

1. Implement new technology e.g. blood tracking, pharmacy stock control, e-prescribing etc.
2. Work towards full implementation of the Imaging Services Accreditation Scheme.
3. Critically review all cancer pathways involving diagnostics in order to reduce diagnostic wait times and support the achievement of future cancer targets.

Medicine

Emergency Medicine | Acute Medicine | Care of the Elderly | Respiratory | Cardiology | Gastroenterology | Endoscopy | Infectious Disease
Diabetes/Endocrinology | Acute Oncology | Mental Health Liaison | Palliative Care | Haematology | HIV | Immunology | Clinical Psychology

Medicine is the largest division at North Bristol NHS Trust and encompasses the majority of our inpatient bed base. The wide variety of Medicine specialties cover inpatient beds as well as outpatient and diagnostic pathways for patients with medical conditions. We also manage endoscopy and medical day care. The Urgent and Emergency Care pathway includes the Emergency Department which is regional trauma centre, the 56 bedded Acute Medical Assessment Unit, and an Emergency Ambulatory Care Facility.

The Emergency Department has on average 260 attendances a day, approximately 35% of which convert to an inpatient admission, of which medicine admits 64%. As a divisions we hold 416 beds which can expand at times of operational pressure. The main bed holding specialties are Cardiology, Respiratory, Gastroenterology and Care of the Elderly. The Care of the Elderly team manage a successful frailty team and pathway as well as a complex care bed base focusing on enabling care. The division has a PLAN accredited mental health liaison team that covers the ED/AMU and inpatient wards and a dementia team.

Achievements

1. Reduction in bed occupancy due to length of stay improvements. Roll out of Home is Best helped to achieve better pathway management of patients, improved discharge planning and an enablement philosophy which has resulted in a safer and improved patient experience. The winter plan resulted in less use of escalation and robust models of working to meet increases in demand.

2. Several of our specialties have achieved national accreditation including Mental Health Liaison, Immunology and Allergy, Cardiac Rehab, Endoscopy, and Liver Services. We have undertaken quality improvement projects on pressure ulcers, enhanced care and infection control. The ILD team are nationally recognised for excellent MDT practice with the palliative care team.

3. The division has a successful health and well being programme with particular focus in areas of high demand. We are also leading the way with innovative new roles and ways of working e.g. physicians associates, AHPs as ward leaders, therapists in traditional registered nurses roles. Recognition of staff and good practice through the roll out of monthly PIMS.

Goals

1. We want to build on the governance infrastructures developed over the least year and the new investment in governance roles to ensure that we maximise the learning from patients, staff and their experiences. Using more experience based design to drive service changes and improvements, and ensure robust systems for shared learning.

2. Improve harm free care across our inpatient wards focusing on pressure ulcers, inpatient falls and infections.

3. Ensure that we have a good process for shared decision making, become an exemplar for mental capacity and DOLS, meet the needs of vulnerable groups especially those with learning disabilities and dementia. Successfully launch the RESPECT initiative across our inpatient wards.

Neurosciences & Musculoskeletal

Elective Orthopaedics | Trauma | Major Trauma | Bristol Centre for Enablement | Rheumatology | Neurosurgery | Spinal | Neurology | Stroke Neurophysiology | Neuropsychiatry | Neuropsychology | Neuropathology | Chronic Pain

North Bristol NHS Trust is the regional centre for Neurological services in the South West. The neuroscience team uses the very latest cutting edge techniques to treat a wide range of conditions. Some examples include the use of pioneering deep brain stimulation techniques for the treatment of functional disorders such as Parkinson's disease, and developing the use of robotic surgery to deliver drugs directly in the brain with pinpoint accuracy. We are a specialist centre for acute stroke.

The Musculoskeletal services are home to the Avon Orthopaedic Centre which has a long history of being one of the leading centres in the country for research and innovation in orthopaedic care. Part of the Severn Major Trauma Network, we care for patients with complex and multiple serious injuries. NBT also specialises in many elective orthopaedic procedures including joint replacement and spinal surgery.

Achievements

1. We have expanded the Stroke Therapy Service to include 7 day therapy and increased provision of Early Supported Discharge, this means patients have the support to return home earlier benefitting their recovery. It also means the Stroke Service is able to support more patients to a higher standard.

2. In the Neurosciences Service we have adapted the National Early Warning Score (NEWS2) to incorporate neurological observations. This score supports clinical staff to rapidly detect changes in patients with serious neurological conditions such as head injury or stroke and provide earlier treatment. The Neurosurgical service has introduced a new electronic referral system for local hospitals referring patients for emergency care. This means that senior neurosurgeons are able to receive accurate information about patients more quickly and provide effective support and advice.

3. Move towards Daycare and MSS stay for cases traditionally requiring inpatient stays; shoulder and knee arthroplasty in particular. This helped maintain our winter plan avoiding unnecessary cancellations and waits for patients

Goals

1. To improve person centred care we aim to support patients to get better faster and more safely by increased use of Hospital @ Home, stroke early supported discharge expansion and weekend therapy, day zero physio for elective orthopaedics and day case knee. We also want to enhance shared decision making for patients' care and treatment by ensuring our staff have enhanced training on the Mental Capacity Act and Deprivation of Liberty Safeguards

2. Provide safe and effective care by improving our response to deteriorating patients and improving the levels of harm free care delivered in hospital. We will achieve this through a number of initiatives including embedding the neuro Early Warning Score and the Elective Orthopaedic Infection Control Quality Improvement Programme.

3. We want to continue to learn and improve which means listening more to patients and staff, and ensuring we have a robust system of clinical governance.

Women's & Children's Health

Maternity | NICU | Gynaecology | Fertility

The Women's and Children's Health division at North Bristol NHS Trust brings together the specialties of maternity, neonatal intensive care, gynaecology and fertility services.

Our maternity services provide a full range of antenatal, intrapartum and postnatal maternity care, both in the community and hospital setting. A range of choices are available for place of birth including our midwife-led units and home birth. We provide comprehensive gynaecological services that cover benign and emergency gynaecology. The Neonatal Intensive Care Unit (NICU) is a well established level 3 neonatal service with specialist medical and neurological treatment providing intensive care, high dependency care, special care and transitional care for hundreds of babies each year. Based at Southmead Hospital, Bristol, we are one of the regional neonatal intensive care units for the South Western Delivery Network. Out fertility service provides both assessment, advice and treatment to optimise the chances of couples having a baby,

Achievements

1. Cross-City guidelines have been developed for reduced foetal movements, foetal growth restriction and pre-term birth within the framework of the local maternity system.

2. Practice development midwives from North Bristol Trust and University Hospitals Bristol Foundation Trust have been working jointly with the University of West England on developing a foetal surveillance passport for midwives and obstetricians. This will be shared with the local maternity system.

3. Gynaecology wards are now attending the leadership and flow meetings for the Anaesthetics, Surgery, Critical Care and Renal Division to build working relationships and to highlight the surgical bed base. We have also instigated a single point of contact within the Women's and Children's Health division, with divisional huddles to escalate flow and division-wide issues

Goals

1. To participate in the Maternal and Neonatal Health Safety Collaborative Wave 3 focusing on the recognition and management of deterioration in mother or baby during or soon after birth aiming to improve the proportion of babies admitted to the neonatal unit with suspected sepsis, the proportion of women with a post-partum haemorrhage ≥1500mls and the proportion of babies with brain injury.

2. Implement a robust review system to analyse any trends in our key performance indicators so that we can learn and improve our performance.

3. Recruit 3 registered nurses to work on the gynaecology ward and submit a bid to increase programmed activity time to provide increased consultant input for the elective and emergency gynaecology service. A new quality improvement lead will be implemented and we will welcome the start of the Deputy Head of Nursing/Director of Midwifery role in June to support the gynaecology and maternity services.

Divisional Quality Improvement Projects

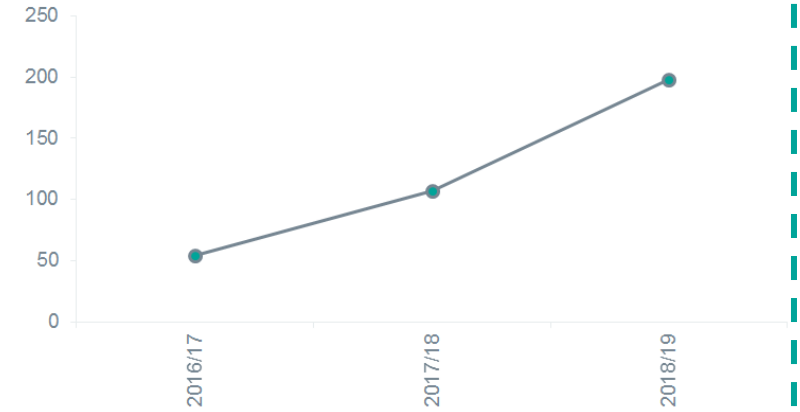
Each year the Trust undertakes a number of staff-led quality improvement projects aimed at improving how we care for our patients. These could be related to improving patient outcomes, making care safer or more effective, improving patient experience or staff wellbeing, or reducing costs.

We have chosen some quality improvement projects from the last year to showcase in this year's quality account. They have been chosen because the staff involved have shown real initiative and passion to improve the quality of the care we provide to our patients.

We are immensely proud of all the improvement work that is undertaken throughout the Trust and it is only through our staff's own drive for improvement that we can provide the standard of care that we do.

#NBTPROUD

Active Quality Improvement Projects by Year



The number of active quality improvement projects has risen steadily year on year with 198 projects being registered during 2018/19

Simulation

Simulation-based training has long been recognised as a way for healthcare professionals to learn and improve on their skills. This includes clinical skills but also teamwork, communication, leadership and decision making, all of which are vitally important to the functioning of a safe and effective healthcare team.

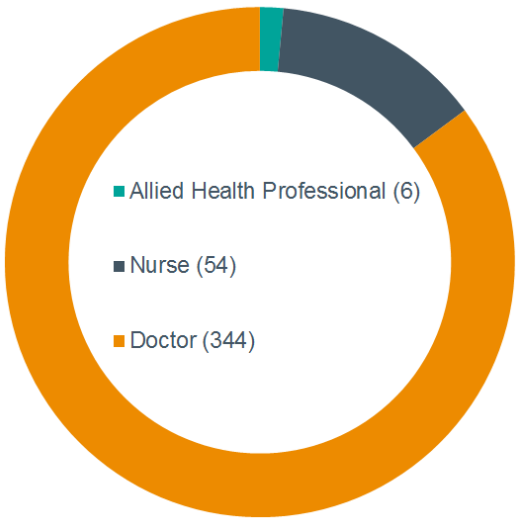
The Clinical Simulation Space

North Bristol NHS Trust officially opened its Clinical Simulation space as part of its Improving Patient Safety by Healthcare Simulation initiative in November 2018. Funded by the Southmead Hospital Charity it has been able to provide training to 404 staff and will continue to provide general and specialised courses throughout 2019/20.

The Sim Space utilises a state-of-the-art mannequin, audio visual debriefing technology, medical equipment, and the creativity of the Sim Space team to re-create real life medical and surgical situations. These are often based on the past experiences of the trainers.

When a team, or individual, enters the Sim Space they will have a completely immersive experience. The mannequin's physiological signs and communications are controlled by the Sim Space team. Participants can order tests, check vital signs and communicate with the 'patient'. The sessions are all recorded allowing for a debrief and reflection workshop directly after any simulation.

Staff Groups Trained:



Top 5 Simulation Topics:

- Sepsis (39 sims)
- Respiratory emergencies (24 sims)
- Communication skills (22 sims)
- Non-technical skills (20 sims
- Surgical emergencies (19 sims)

Feedback and Learning

"Communication is key!"

"Speak up, contribute, communicate, be aware of the situation, know the people working with you, delegate to the person, report, record."

"Good communication and team working are key to staying focused to promote safe patient care."

"Everyone is vital to the team. Speak up, and listen to all."

47%

INCREASE IN KNOWLEDGE SCORES

Self-assessed ratings of knowledge as 'good', 'very good' or 'excellent' increased by 47% between pre and post training.

Human Factors

Clinical training is essential to any medical professional and is the core focus of their professional undertaking and development. However there are many other influences on the effectiveness, safety and efficiency of an individual or team.

Three Operation Department Practitioners (ODPs) from Southmead Hospital noticed there was a lack of training in human factors and simulations for their fellow ODPs. Often training priority would be given to their surgeon and anaesthetist colleagues. However, every member of the operating team is essential in ensuring a successful theatre.

The ODPs have set up a programme in human factors training for ODPs, Health Care Assistants (HCAs) and nurses and have recently expanded this to include simulations. So far they have trained 70 staff in human factors and a further 9 have trialled the first simulation session focusing on problematic intubation and oxygenation.

Their work has gained the attention of Health Education England—a national body set up to support the delivery of excellent healthcare and health improvement—from which they have received fellowship funding supporting them to continue their work.

ChemoCare Electronic Prescribing

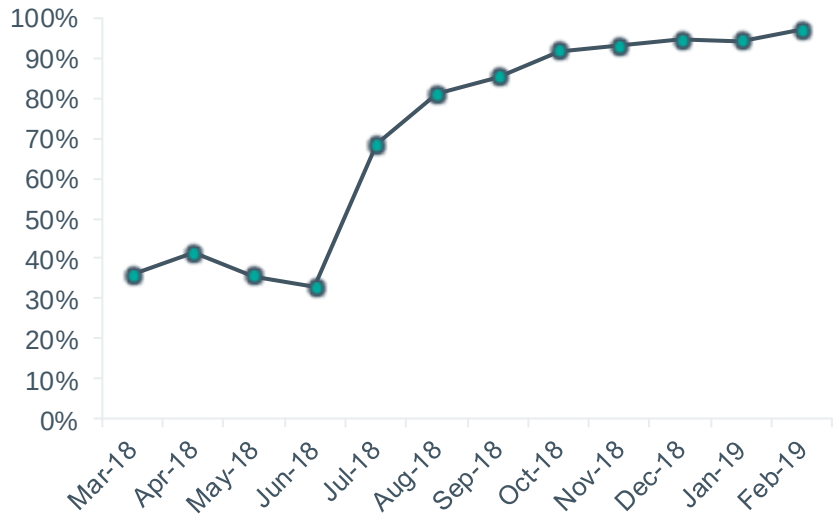
During 2018/19 the pharmacy team in partnership with clinical haematology implemented ChemoCare, an electronic prescribing system for chemotherapy drugs. Electronic prescribing significantly reduces the likelihood of medication prescribing errors in this high risk clinical area.

The traditional paper based system was more open to errors from incidents brought on by things such as poor handwriting, calculation errors and lack of availability of previous prescriptions. The use of regional protocols within ChemoCare ensures consistency, adherence to clinical guidelines and reduced financial risk to the Trust. ChemoCare significantly reduces potential harm to our patients.

The Pharmacy Team have successfully transferred over 97% of patients from the paper based prescribing system to the electronic prescribing system during 2018/19.

Impact

The chart shows the percentage of patients on ChemoCare. A drive for implementation happened throughout July and August, and we now have over 97% of patients on the electronic prescribing system.

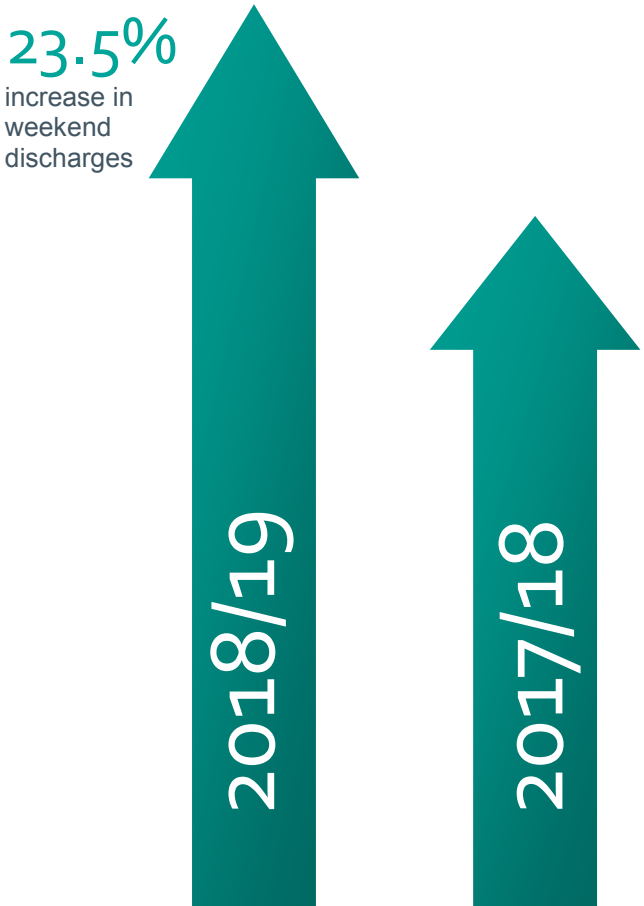


Pharmacy Weekend Service Re-Design

Traditionally, at weekends, all requests for missed doses and discharges (TTAs) were sent from the wards to the dispensary. The proposal was to get those pharmacists and medicine management technicians (MMTs) working at weekends, albeit in reduced numbers, to be on the wards, rather than dispensary based. The optimisation of resources would enable the clinical pharmacy team to manage and process the work at ward level and improve service delivery. The aim was to improve efficiency, quality and patient safety.

Without increasing the capacity or resources, this quality improvement programme has enabled the pharmacy team to process 23.5% more discharges (TTAs) over the weekends, compared to the same period the previous year.

The change in service delivery was positively welcomed by both ward and pharmacy staff. The new way of working is now an embedded service. Through discussion and feedback small changes are still made to improve efficiency but investment is required for any further significant changes to the service.



Reducing Waste

Traditionally medicine is dispensed at the beginning of a patient's stay although this ensures that patient's have their necessary medication it also means that if they change medications during their stay (which often happens) there is a lot of wastage.

During 2018/19 Pharmacy stepped up its efforts to reduce the amount of medication waste at NBT. As part of this process unused medication is now returned to pharmacy where possible to be re-stocked.

We have come across some issues such as our robots not being able to pick partial packs.

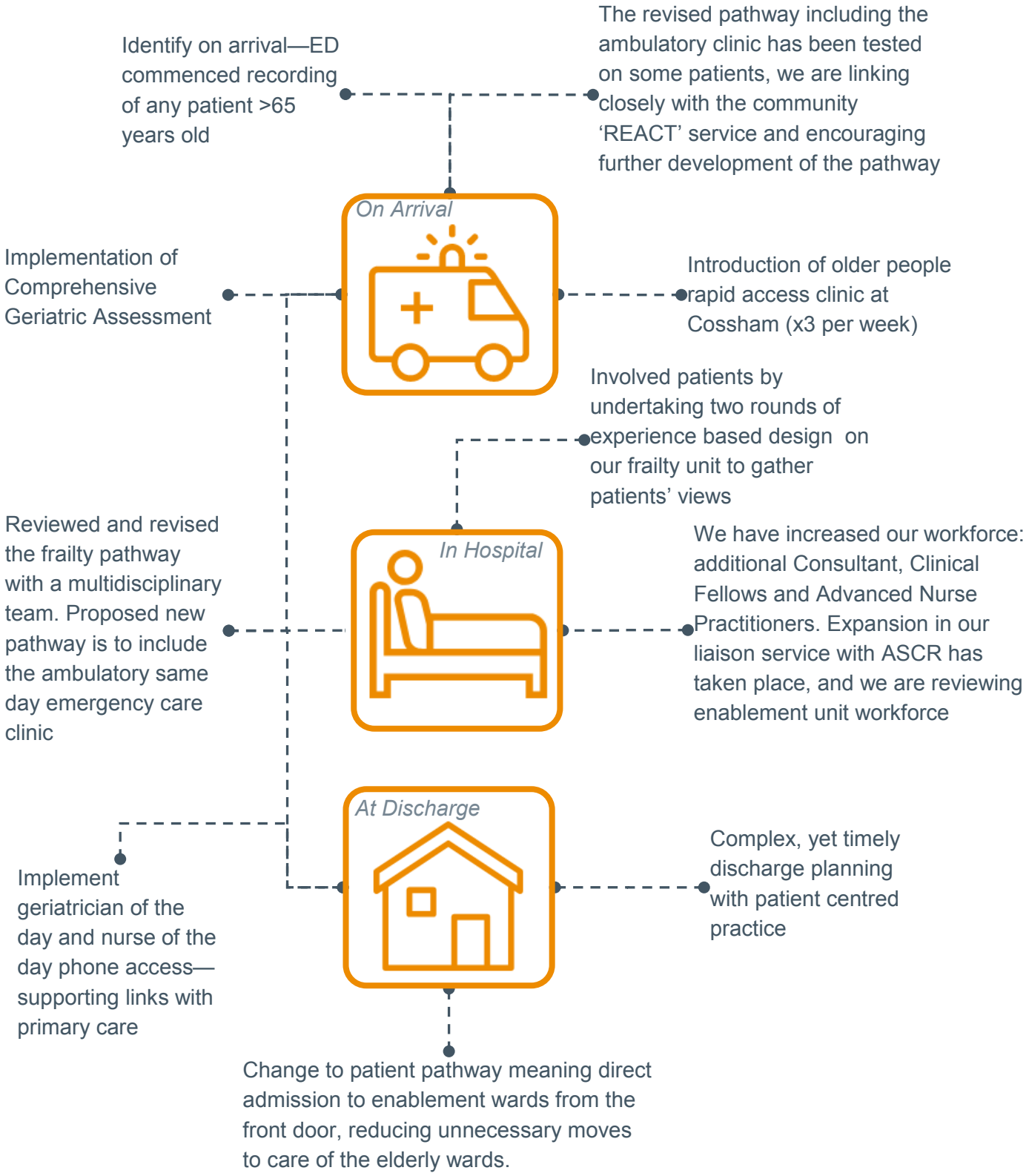
Despite problems we estimate we have saved the trust around £227k and prevented a lot of viable medications being destroyed.

£227k
saving

Frailty at the Front Door

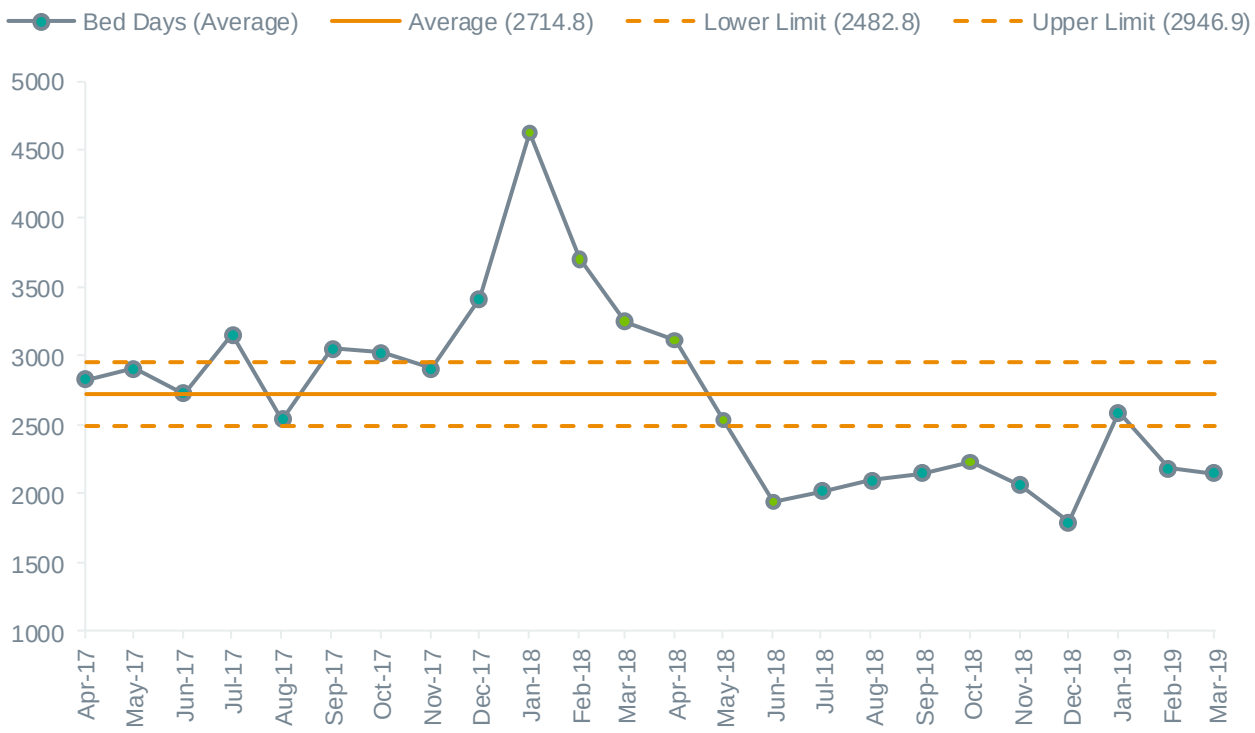
NBT has taken part in Cohort 5 of the Acute Frailty Network Collaboration, focusing on frailty at the front door. Although the focus on how we can address and manage frailty is at the front door, the approach recognises the need to think about flow across the whole system, and how at one stage of the pathway we can prepare for the next. This includes carrying out a comprehensive geriatric assessment as soon as possible, transferring to an enablement ward earlier in the patient's pathway, and liaising with primary care to ensure continuity on discharge.

Changes so far...



Impact

Bed Days Consumed (Medicine >85 years, Emergency Admissions)



This chart demonstrates our bed days consumed over the past 2 years. The changes undertaken not only relate to frailty work, but other schemes across the Division and wider Trust that the Care of the Elderly team have engaged with, supporting a significant reduction in bed days consumed for the Medicine Division >85 years patient group.

Improvements implemented include CALS (AMU) consultant PM sessions (Jan 18) Stranded/LoS review meetings (Feb-18), Revised pathway to Elgar (Mar-18), Frailty engagement with perform (Apr/May 18) and the introduction of the single referral form and other flow initiatives (May-Jul 18), and additional consultant geriatrician on 32a—CAU (Oct 18) signified by a ● on the chart.

Future steps...

Our plans for 2019/20:

- Implementation of same day emergency care/frailty ambulatory service, led by the CALS team. Data from the pilot project has already demonstrated 65% of those patients seen were discharged with 67% seen in the Emergency Department
- Expansion of our liaison services—surgical liaison and ‘silver trauma’ liaison (early work shows a 2.8 day reduction in LoS and reductions in comorbidity scores by 20%)
- Engagement in the NHSI Frailty Collaborative—focusing on Dementia
- Ongoing work to identify frailty and utilise the frailty scoring in triaging patients to the appropriate frailty service first time
- Comprehensive Geriatric Assessment form to be available for use on Lorenzo
- Focus on High Impact Users (>85 year olds) and reducing readmission
- Reconfiguration of our workforce to include Advanced Clinical Practitioners (senior decision makers)
- Development of an enablement competencies framework to upskill our HCAs to enable them to be healthcare and therapy support workers

Empowering Patients Through Education

Ensuring that patients understand their condition, options for treatment, and the expected outcomes, helps them to maximise the quality of their personal care to improve their experience at each step of the patient pathway, and more importantly improve their chances of a smooth recovery.

We wanted to empower patients through education to ensure that they are not only well-informed, but well-equipped to manage their care pre and post operation.

Often times patients can become overwhelmed with the sheer volume of information they are presented with, especially during preparation for treatment and immediately after. Patient information leaflets can get lost and they are a limited media format, while, although consultants do try and answer questions and queries during consultations patients have to remember their queries or questions for these allotted times.

Because of these issues some areas of the hospital have been trialling using patient information videos, accessible either via YouTube or at preliminary appointments to better inform their patients.

Joint Replacement Physiotherapy Video

Physiotherapy post joint surgery is important to ensure a quick recovery with the optimum outcome. However, patients are often only shown the exercises to undertake once or twice, and then have to refer to paper instructions. We have rolled out a patient information video to instil the importance of continuing physiotherapy after a joint replacement and we are hoping to expand this to include instructional videos for each exercise that patients can continually refer to throughout their recovery process.

SURVEY DATA COLLECTION ONGOING UNTIL 30/05/2019— PATIENT FEEDBACK TO BE ADDED

Enhancing Patient Information

When undergoing any surgical procedure the patient needs to be aware of and understand a lot of information. It is also helpful for patients to get to know their surgical team.

The Bariatric Surgery Team at NBT have put together a video that is shown to patients prior to their operation and appointments with their consultant. The video introduces the team, and relays information usually given out by the consultant at the pre-surgery appointment. By presenting patients with information earlier it allows patients to consider the information and have a more productive, interactive meeting with their consultant.

Feedback

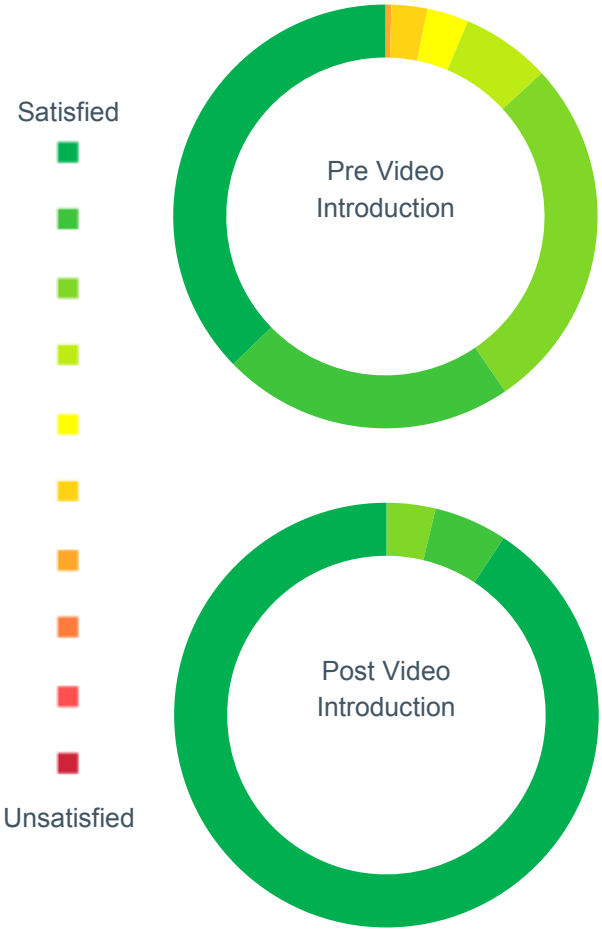
"I felt prepared for surgery"

"It was nice to see everyone's face, especially the anaesthetist"

"Really informative, loved the video a session"

"It's nice to have different forms of information"

Self-Reported Satisfaction Levels Pre and Post video Introduction for Bariatric Surgery Patients



Patients were asked how satisfied they were with the information presented to them before their operation. This included specific questions around the information they received, opportunities to ask questions, quality of responses and getting to know the surgical team.

It is clear that overall patients were already quite satisfied with the service as most patients responded positively when surveyed.

After the introduction of the video the positive response from patients rose even more; 91% of patients self-reported as being completely satisfied with the service with all patients reporting a high level of satisfaction and no negative responses.

100%

patients satisfied with the information available

My Pregnancy @NBT App

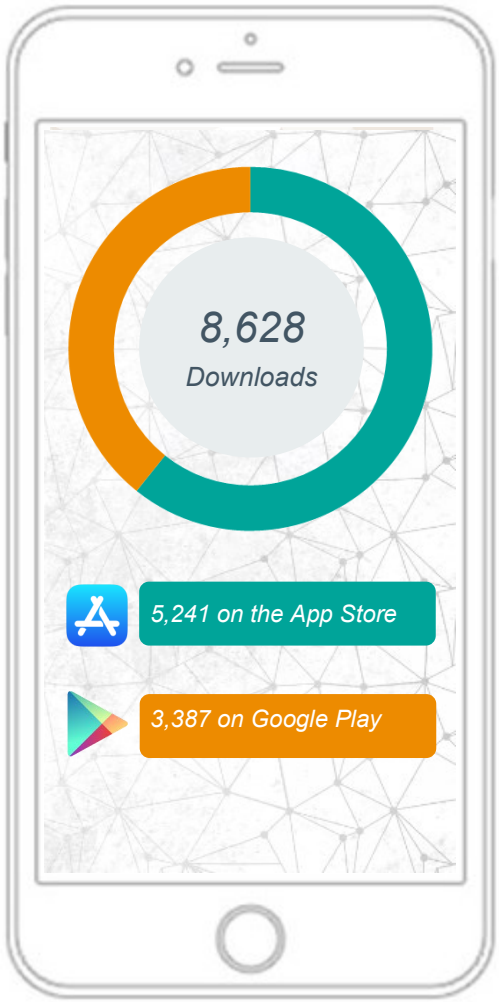
Funded by the Southmead Hospital Charity, free to download, and produced by experienced midwives and clinicians, the My Pregnancy @ North Bristol NHS Trust App provides lots of information about pregnancy, labour and post-birth, and helps parents-to-be make informed choices about where an how they want to give birth.

The app is designed for women who are under the care of North Bristol NHS Trust Community Midwives, or are planning on having their baby at Cossham Birth Centre, Mendip Birth Centre or the Central Delivery Suite.

The app consolidates information that would have traditionally been provided via paper patient information leaflets to make all information easily accessible, any time, anywhere. It also offers information about options for place of birth, maternity unit contact details and web links, support groups, and has a notes section for important information or questions.

So far there have been over eight and a half thousand downloads of the app since being made available.

Popularity



Feedback

"I like that all information is there and in one place"

Users found the labour and birth information the most useful.

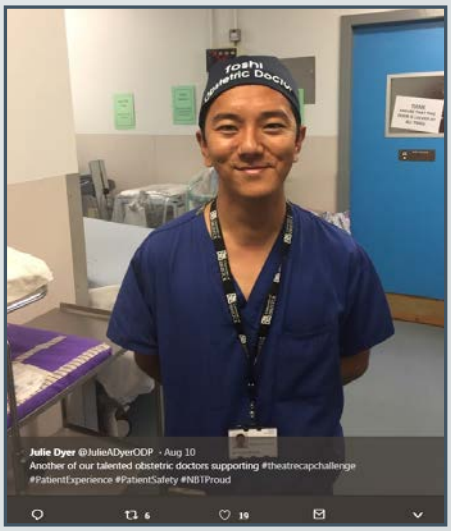
Users have suggested improvements such as pictures and videos, week-by-week section and diabetes information.

Future

There is a Trustwide initiative at NBT to employ media in a smarter way to help our patients, reduce costs and waste from paper materials, and make our information accessible, up-to-date and reliable. We feel like we have somewhat achieved this with the development of the My Pregnancy app, however we know there are improvements to be made.

Next year we hope to introduce links to videos including a 'caesarean walkthrough' to make sure our patients are as prepared as they can be.

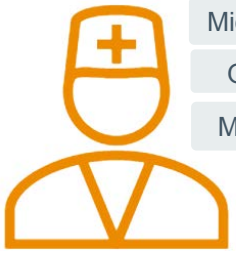
#TheatreCapChallenge



The #TheatreCapChallenge was started by Sydney based anaesthetist Rob Hackett and has since become a global phenomenon. Its aim is to improve patient safety by ensuring that every healthcare professional in an operating environment is aware of each other's roles, responsibility and purpose, ensuring clear communication all by way of having names and roles on theatre caps. Driven by an ODP widespread adoption in maternity theatres saw an opportunity to improve not only safety but also experience for the patients. Since mothers are typically awake during caesareans names and roles being visible offer comfort to parents, and the use of first names makes health care more personal, friendly and approachable.

Uptake across maternity

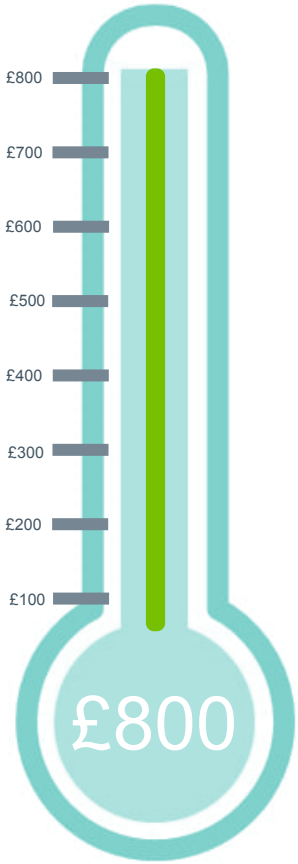
150 theatre caps ordered for the following staff groups:



- Midwives
- ODPs
- Anaesthetic Nurses
- Scrub Practitioners
- Maternity Care Assistant
- Obstetric Doctors
- Anaesthetists
- Porters

Funding

£800 was secured from Southmead Hospital Charity Fund to contribute towards the cost of the theatre caps. Some staff also pledged to buy their own caps.



Feedback

30
couples surveyed

all feedback was positive

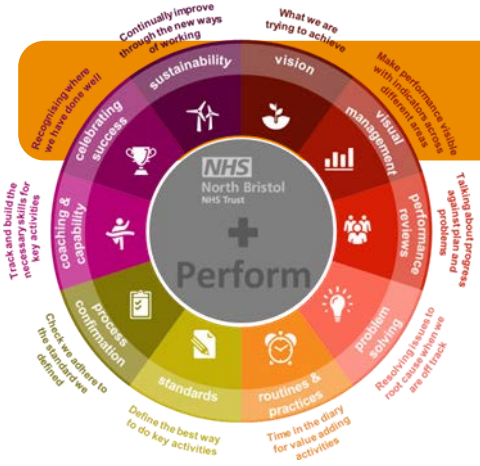
Patients and their partners like the caps and felt it was a good thing

Junior staff found that the caps made it much easier to identify staff and see who was in theatre

Some patients said that it humanised the staff and gave a personal touch

Some patients stated that it made it clearer who was who

The Perform Approach



What we did, and why we did it

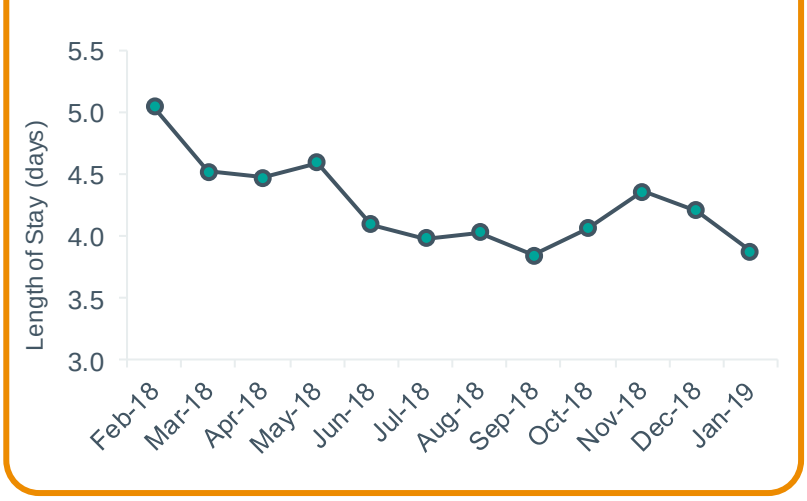
We were determined to have a better winter in 2018/19, and therefore, in April 2018, we embarked upon a journey in partnership with PwC to minimise delays in patient care. The methodology for improvement that we introduced predicated on empowering and investing in staff and is called Perform. By deploying its ten steps through a coaching approach and by embedding team huddles, Perform encourages behavioural change to optimise what teams do, how they do it, and the tools they use.

Over a four month period, Perform coaches were deployed to all inpatient wards as well as supporting teams responsible for coordinating the hospital site. The work focussed on minimising delays to care. The outcome has been a reduction in length of stay, reduced bed occupancy, and an improved experience for our patients and our staff.

The Board was so impressed with the improvements made that an internal Perform Academy was established, which is formed of a self-sustaining group of coaches. This team continues to deliver fast-paced improvement work while also seeking to influence the culture of the organisation towards one of highly effective and quality team working; as described in the Trust values.

Impact:

Length of Stay Trend (all unplanned care patient spells)



- Sustained a reduction in emergency length of stay.
- A 6% increase in patients cared for while occupying an average of 38 fewer beds
- 1,322 staff trained in the Perform approach through attending 'boot camp' training days; representing over 15% of the organisation

Next steps and the future…

A lot has been achieved in the last year, and we will now take our work to the next level. We will develop our Perform methodology and embed it into everything we do. We aspire to be a national exemplar of continuous improvement through the use of our Perform methods in order to enhance our clinical delivery and to provide efficient and financially sustainable care.

4 your impact

Learning from Complaints & Compliments

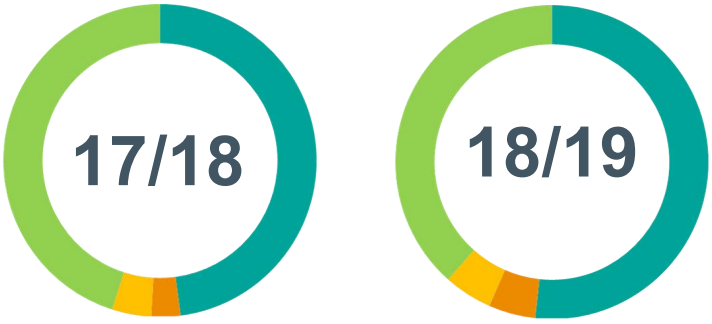
This year the overall number of formal complaints in 2018/19 was 723 a significant increase from 592 in 2017/18. We are now working with those who review complaints in seeking to address their concerns as quickly as possible outside of the complaints process where appropriate, and are taking the steps outlined below to address.

There is also a regulatory requirement for all NHS Complaints, to acknowledge them within three working days, which we normally meet and have only missed on one occasion during the year.

We also acknowledge our need to reduce and then eliminate overdue complaints. The number of overdue responses has varied month on month between 10 and 41 and whilst there have been concerted efforts during the year to decrease the number of overdue complaints, this has had mixed success and requires a more systematic response.

Consequently, as part of a wider improvement programme, increased support resource has been agreed within Clinical Divisions to support clinical governance, including improving the management of complaints. During 2019/20, a divisional key performance indicator (KPI) requirement has been set to ensure that a minimum of 85% of complaints are responded to within the agreed time frame (agreed with Commissioners as part of the quality contract). For context, the average monthly completion rates have varied between 53% and 76% during 2018-19 Improvement plans are being agreed with Clinical Divisions to support this requirement.

In addition, the piloting of the Patient Advice and Liaison Service (PALS) during quarter 4 has shown early promise and aims to reduce the number of concerns escalated to formal complaints through swift and effective early resolution. This, coupled with improvement plans within clinical divisions, will improve the management of concerns and timely handling of responses in 2019/20.



	17/18	18/19
Compliments	9440	7704
Complaints	592	723
Concerns	800	744
Enquiries	8878	5729

Patient Advice and Liaison Service (PALS)

The PALS was piloted as a service for patients between February and April 2019. It has already proved successful in enabling speedy, effective resolution of patients' concerns.

All concerns are acknowledged within one working day with 82% being resolved within 3 working days and requiring no further action. This proactive response is starting to show a decrease in the number of formal complaints where some patients feel confident that their issue has been resolved fully without the need for them to proceed formally.

Feedback from patients and staff has been very positive and consequently the PALS has been funded to operate as a permanent function supporting staff and patients in early resolution of concerns.

NHS Choices

Our current rating from feedback to NHS Choices is 4.5 out of 5. All postings are responded to and people are encouraged to contact NBT through ACT (Advice and Complaints Team) or PALS (Patient Advice and Liaison Service) going forward, to address poor experience. All are shared with the applicable wards, department or team.

Here are some examples of learning and actions undertaken in response to complaints:

- ✓ Revised content of Outpatient letters (feeding into the Outpatient Service Improvement Programme).
- ✓ Developing a consistent means of sharing specific information that is crucial to a patient's wellbeing.
- ✓ Enhancing knowledge of staff in adjustments in communication required for people with Learning Disabilities and or Autism in the Emergency Department (this is being taken forward across the Trust).
- ✓ Setting up a quiet, less stimulating environment in the Emergency Department for patients that need this.
- ✓ Reinforcing the message to staff of the importance of explaining to patients the process and purpose of any examination, care or treatment and gaining their agreement. This has been emphasised within the revised Consent Policy.
- ✓ Ward 27b improved information in the ward leaflet by adding more information on individualised care needs and discharge.

What's next?

1. Fully resourcing and implementing a permanent Patient Advice and Liaison Service.
2. Continue to work with Divisions implementing the revised processes and roles and responsibilities.
3. In order to support these improvements, Datix system changes will be developed, rolled out and used to improve the recording of data by staff across the Trust.
4. Develop a performance dashboard for ease of monitoring and reporting for Executive Directors, Divisional Teams and central teams expanding to others where possible.

Volunteer Services

Volunteers continue to play a crucial role in enhancing the experience of our patients and their carers for which we remain extremely thankful. Some examples of their increased contribution over the year are described below.

We have increased the number of Pets as Therapy Dogs on the ward, by popular request, as well as musicians in the atrium and on the wards. We have been able to open the Brain Centre Café again thanks to the contribution of volunteers. Our Creative Companions, trained and supported by our Fresh Arts Team, continue their work with patients who are frail or have cognitive impairment to introduce activities such as knitting, painting and collage. We have also increased the number of volunteers from 3 to 25 in the ED and AMU in order to help support patients who are waiting and anxious.

The Patient Partners continue to influence the work of the Trust, being active participants on core committees and working groups which include Quality Committee, Medicines Management, Research Committee, Patient Experience Group, Consent, Clinical Audit, Clinical Risk and the Complaints Lay Review Panel. As a group they seek information from services or about processes where patients are raising concerns in order to offer possible improvements from a patient perspective; for example delay in discharge due to waiting for to-take-away (TTA) medication. Their contribution has also been sought from practitioners and managers across the Trust on improvement projects or new initiatives.

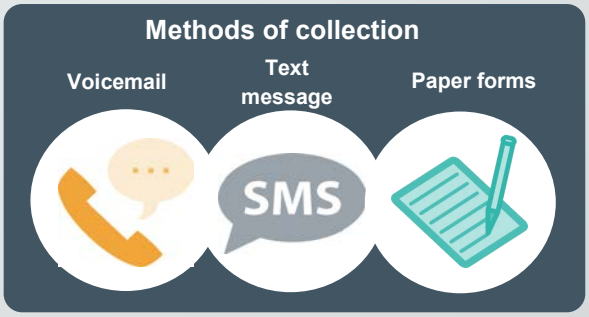
150	150	100+
Movemaker volunteers meeting greeting and supporting people to get to the right place	Chaplaincy volunteers visiting and supporting patients on wards and assisting with Sunday services.	50 befrienders and other volunteers supporting services that include Macmillan wellbeing, Rosa Burden Centre and Memory Café.

Friends and Family Test (FFT)

Introduction

The Friends and Family Test (FFT) is an important feedback tool that supports people using our services at North Bristol NHS Trust and any other NHS services, to give us real-time feedback of their experiences. It asks people if they would recommend the service they have used to their family and friends, should they ever need to use it too. It also gives people an opportunity to explain why they have given their response.

All patients, whether they are attending an outpatient appointment, have an inpatient stay on our wards, attend the Emergency Department or use our Maternity Services, have an opportunity to give us feedback about their care. The survey is completely anonymous and provides patients with choice to opt out of taking part in the survey.



The Department of Health have completed a consultation and review of FFT. Real/near time feedback will remain but with a revised key question and follow-up question. We await further information from the Department of health on the outcomes from the consultation and next steps required.

Friends and Family Test Results 2018/19

93% of our inpatients would recommend us to friends and family.

This is compared to 94% in the region, and 94% nationally.

Our response rate is 20%

This is compared to 22% in the region, and 24% nationally.

95% of our outpatients would recommend us to friends and family.

This is compared to 94% in the region, and 94% nationally.

Our response rate is 17%

This is compared to 6% in the region, and 7% nationally.

87% of our emergency department attendees would recommend us to friends and family.

This is compared to 87% in the region, and 86% nationally.

Our response rate is 20%

This is compared to 11% in the region, and 12% nationally.

95% of our maternity patients would recommend us to friends and family.

This is compared to 97% in the region, and 97% nationally.

Our response rate is 20%

This is compared to 17% in the region, and 21% nationally.

Friends and Family Test (FFT)

Key Themes

The overarching key themes from the data from each area are shown below:

Area	FFT Comment Themes 2018/19	
	Positive Themes	Negative Themes
Inpatients	1. Care 2. Staff 3. Environment	1. Staff 2. Communication 3. Clinical treatment
Outpatients	1. Staff 2. Clinical Treatment 3. Waiting time	1. Waiting Time 2. Communication 3. Staff
Emergency Department	1. Staff 2. Care 3. Waiting time	1. Waiting time 2. Staff 3. Communication
Birth	1. Staff 2. Care 3. Waiting time	1. Waiting time 2. Staff 3. Communication

Next Steps:

In February 2019 we have been able, for the first time, to triangulate data from complaints and concerns in Datix with FFT data. An analysis was undertaken of wards that scored less than '90% recommended' and had negative themes reoccurring across FFT feedback, concerns and complaints feedback. Three wards were identified and action to secure improvement through ongoing monitoring has been put in place.

During 2019/20 this type of analysis will be used much more proactively as part of divisional and ward level quality governance to drive specific quality improvement initiatives. This work will be overseen by the new Patient Experience Board sub-committee.

Patient Surveys

Inpatient Survey 2018

Key improvements: Core strengths: Issues to address: Least improved:

Our results **Response rate:** 49%

- Q64+. Discharge: staff discussed need for additional equipment or home adaption
- Q9. Admission: did not have to wait long time to get to bed on ward
- Q52. Discharge: delayed by no longer than 1 hour
- Q21+. Hospital: got enough help from staff to eat meals
- Q58+. Discharge: told side-effects of medications
- Q14. Hospital: not bothered by noise at night from other patients
- Q66+. Discharge: expected care and support were available when needed
- Q21+. Hospital: got enough help from staff to eat meals
- Q71. Overall: received information explaining how to complain
- Q33. Care: staff did not contradict each other
- Q50. Discharge: was not delayed
- Q7. Planned admission: admission date not changed by hospital
- Q70. Overall: asked to give views on quality of care

Our views

88% Q68+. Overall: rated experience as 7/10 or more

98% Q67. Overall: treated with respect or dignity

98% Q24. Doctors: had confidence and trust

Overall Change Score

17th out of 67 (18/19)

27th out of 67 (17/18)

How are we going to improve?

We are going to hold a workshop in late May 2019 with Healthwatch, patient partners, and staff across the hospital to understand and learn from our results. We will also take into account other sources of patient feedback such as complaints.

Following review, we will put together a comprehensive action plan to improve the experience, and care of our inpatients.

Maternity Survey 2018

Key improvements: Core strengths: Issues to address: Least improved:

Our results **Response rate:** 45%

- F7. Saw the midwife as much as they wanted
- B6+. Given enough information about where to have baby
- B4+. Offered a choice of where to have baby
- C15+. Felt concerns were taken seriously
- C14. Not left alone when worried
- C10+. Had skin to skin contact with baby shortly after birth
- B13+. Had a telephone number for midwives
- F16+. Received support or advice about feeding their baby during evening, nights or weekends
- B7+. Given a choice about where to have check-ups
- D6+. Given enough information
- F13+. Found midwives asked how mother was feeling emotionally
- B9+. Felt midwives aware of medical history
- B10+. Had enough time to ask questions during check-ups
- B11+. Felt midwives listened

Our views

- 98% C19+. Treated with respect and dignity
- 99% C20+. Had confidence and trust in staff
- 97% C18+. Involved enough in decisions about their care

Overall Change Score

18th out of 67 (18/19)

2nd most improved trust

How are we going to improve?

Work will continue in the areas from last year's survey to sustain and embed practice. As part of last year's survey improvement plan an app was developed providing information for pregnant mothers and their partners. The emphasis on what matters most to mother and their partner with an emphasis on kindness and respect will continue in training.

Our key focuses for improvement over the coming year are:

- Access to feeding advice out of hours
- Embedding practice and behaviour changes that have secured improvement, especially in relation to treating mothers with dignity and respect
- Involvement of partners in care during labour and birth

Cancer Survey 2017

Key improvements: Core strengths: Issues to address: Least improved:

Our results **Response rate:** 68%

- Q20. Hospital staff gave information about support groups
- Q28. Groups of doctors and nurses not talking in front of patients as if they were not there
- Q34. Always given enough privacy when discussing condition or treatment
- Q5. Received all the information needed about the test
- Q17. Patient given the name of the Cancer Nurse Specialist who would support them
- Q25. Beforehand had all the information needed about the operation
- Q52. GP given enough information about patient's condition and treatment
- Q8. Patient told they could bring a friend when first told they could have cancer
- Q13. Possible side effects explained in an understandable way
- Q22. Hospital gave information on getting financial help
- Q33. All staff asked patient what name they preferred to be called by
- Q48. Patients given understandable information about whether chemotherapy was working
- Q49. Hospital staff gave family or someone information needed to help with care at home
- Q50. Patient definitely given enough support from health or social services during treatment

Our views

89% Overall, they were always treated with dignity and respect while they were in hospital

77% Involved as much as they wanted to be in decisions about their care and treatment

How are we going to improve?

Update leaflets and letters to include information about bringing a friend to appointments, and links to the NBT Wellbeing Centre Website

Make sure that patients are signposted to sources of information and practical support

Present and circulate the results of this survey to promote learning and exploration of improvement strategies

Include holistic assessment and care plan (HNA) of patients needs as part of the patient pathway

Request funding from Macmillan for a hospital based Cancer Support Worker to help support inpatients and undertake holistic assessments

Invite patients to an early diagnosis Cancer Information and Support Clinic (CISC)

Develop guidance for staff to enable signposting to relevant sources of support including emotional and psychological for patients, carers and families both in hospital and community settings

5 our quality indicators

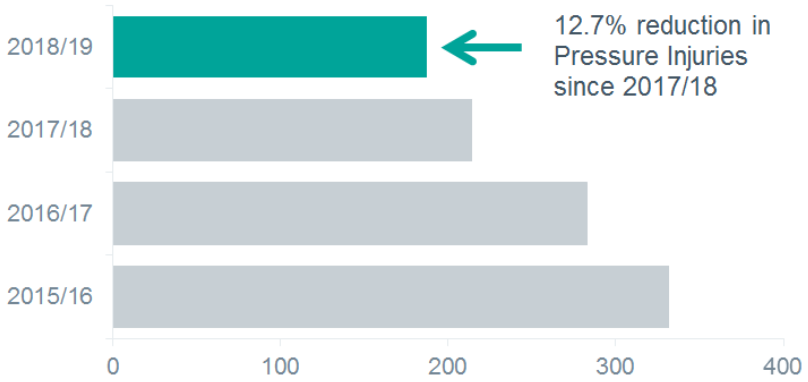
Our Quality Indicators

This section showcases some of the quality indicators we have used over the last year to gauge how well we have been doing. These indicators are applicable to a lot of patients that enter our hospital, and nationally are areas which need to be closely monitored to ensure the safety of our patients.

There are two different types of data in the following pages. Some data shows raw numbers or rates of a particular condition or injury; these figures show how many instances have happened in the hospital over the last year.

The other type of data is compliance data to specific procedures that have been put in place to reduce the number of that type of instance occurring. Generally we want to see the number and rate of instances decreasing, and we want to keep compliance to our procedures high.

Some of the notable achievements this year have been a continued drop in pressure injuries, this year we reduced pressure injuries by a further 12.7%, this means since 2015/16 we have reduced our grade 2 and above pressure injuries by more than half. Our falls numbers have dropped since last year as well, and with the implementation of the falls audit our compliance with observations and documentation is good, during next year we want to keep this above 95%. We have maintained our compliance with our 95% VTE assessment and WHO checklist targets, as well as sustaining a medication error rate of less than 2% for every month in 2018/19.



Pressure Injuries

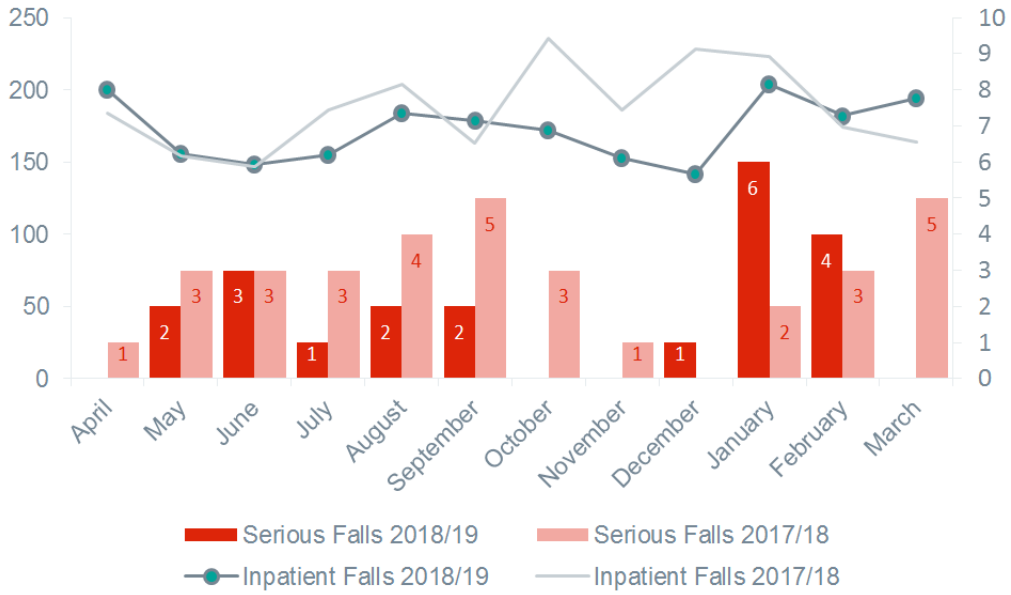
NBT has seen a year-on-year drop in the number of pressure injuries attributable to NBT care. Between 2017/18 and 2018/19 this amounted to a 12.7% reduction.

Comparing the difference in the rates of pressure injuries per 1000 bed days shows that although we have performed better than the previous year for some months, this is not the case for all.

Work is ongoing to determine why these fluctuations occur and how we can better manage the causes that lead to them.

6 Grade 3 NBT attributable pressure injuries

1 Grade 4 NBT attributable pressure injuries



Falls

NBT's falls numbers have lowered since last year overall. This is true for all inpatient falls and for serious falls where permanent or long term harm was caused, or death.

This improvement could in part be due to the introduction of the falls audit which continually monitors bedside documentation and observation, and general documentation .

99% compliance with bedside observation

93% compliance with bedside documentation

92% compliance with general documentation

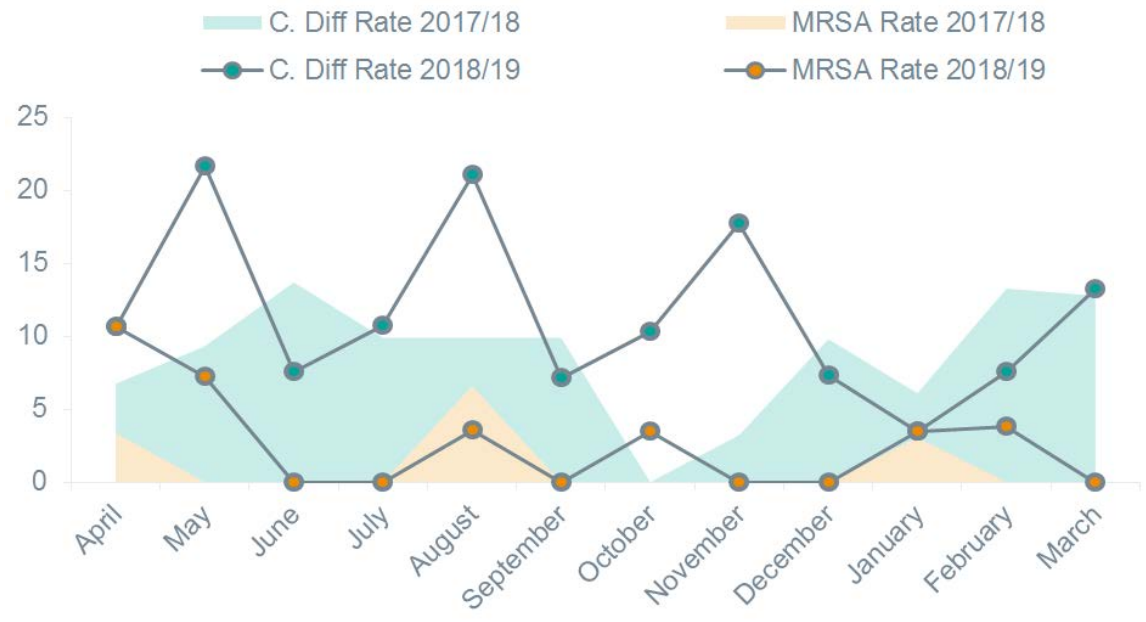
Hospital Acquired Infections (per 100,000 bed days)

There has been a rise in hospital acquired infections since the same period for 2017/18. This equates to an increase of 2.9 for C. Diff and 1.6 for MRSA per 100,000 bed days. On further analysis we attributed 21 out of the 39 C.Diff cases to a lapse in care.

The good news is that we are still maintaining compliance with hand hygiene and we had less C. Diff cases than expected by NHS England (39 vs. an expected 42).

97%

hand hygiene compliance



Cancer Performance

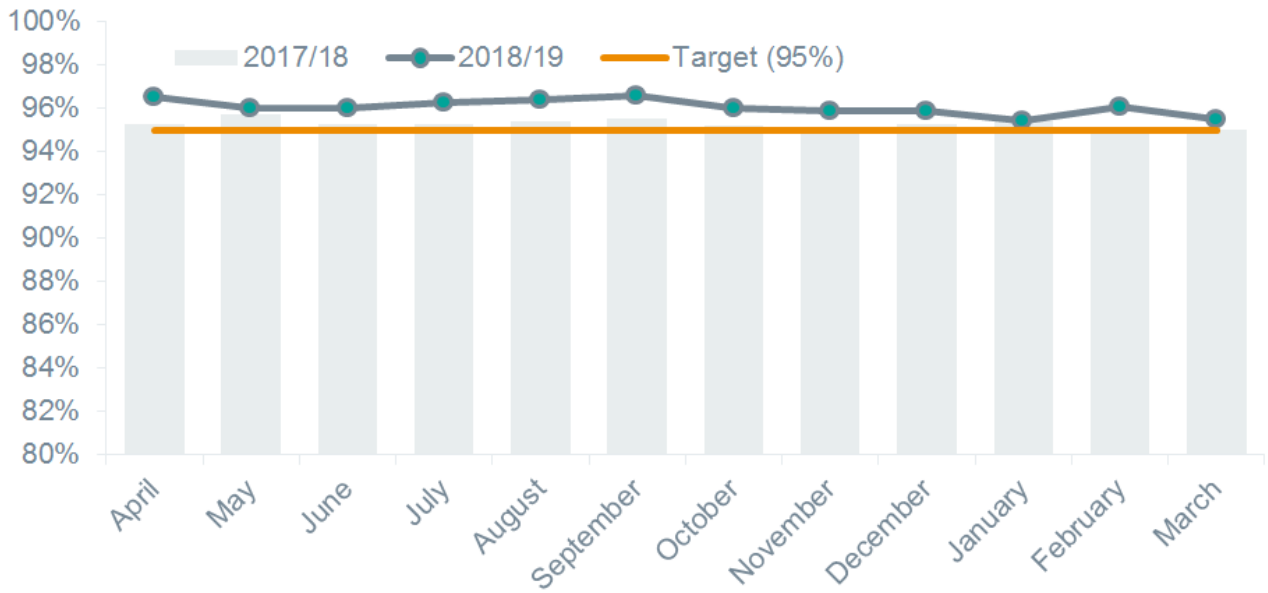
Cancer Multidisciplinary Team (MDT) Performance	Target	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Patient seen within 2 weeks of urgent GP referral	93%	89.71%	89.85%	83.60%	86.15%
Patients with breast symptoms seen by specialist within 2 weeks	93%	84.22%	94.21%	57.10%	71.02%
Patients receiving first treatment within 31 days of cancer diagnosis	96%	96.63%	95.61%	95.71%	93.68%
Patients waiting less than 31 days for subsequent surgery	98%	92.86%	82.41%	87.99%	78.56%
Patients waiting less than 31 days for subsequent drug treatment	98%	100.00%	100.00%	100.00%	100.00%
Patients receiving first treatment within 62 days of urgent GP referral	85%	83.84%	80.68%	83.31%	83.28%
Patients treated within 62 days of screening	90%	90.63%	91.10%	91.04%	90.65%

The services that are hosted by the trust focus on complex surgical treatments. As a result a number of the specialties are some of the nations biggest and most prestigious. NBT currently has a challenged cancer access performance but the Trust has robust plans to significantly improve its performance by the end of 2019/20.

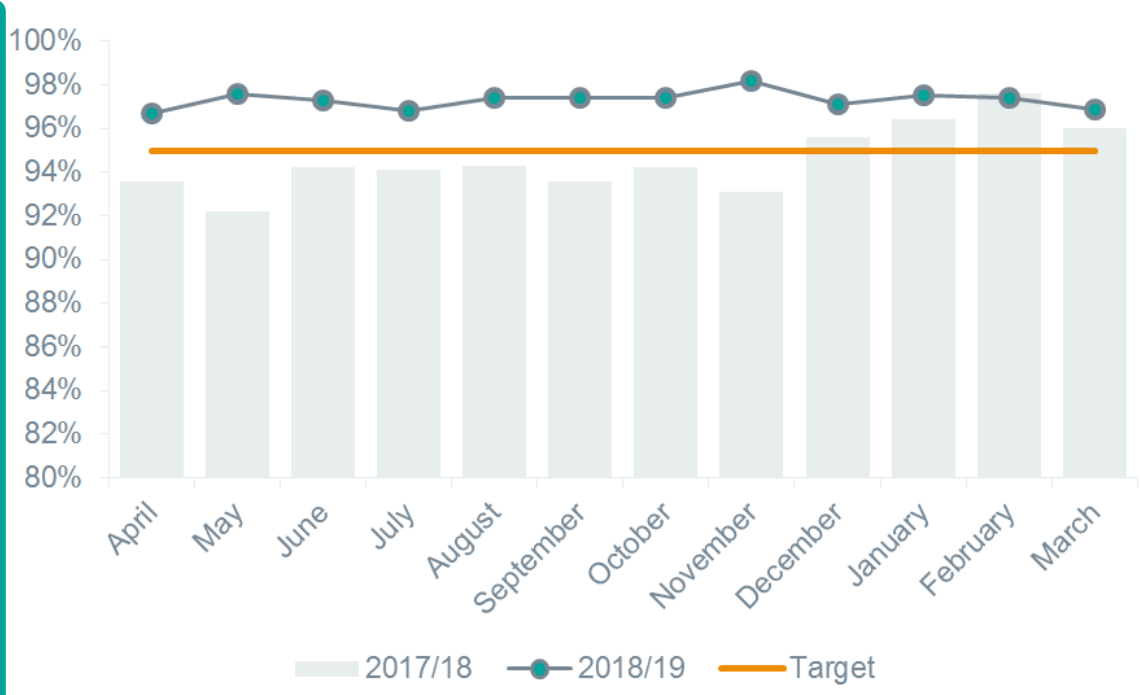
To deliver this improved performance the Trust is implementing a number of Remedial Action Plans, in particular focussing on 2 week waits, 31-day subsequent surgery, and 62-day standards.

Venous Thromboembolism (VTE) Assessments

Venous Thromboembolisms are when a blood clot occurs most often in the deep veins of the leg. These can be more likely to happen while in hospital due to the reduced mobility of patients, therefore it is essential that we screen each patient for risk of VTE. NBT has once again met the 95% target.



WHO Safer Surgery Checklist



NBT theatres have consistently remained above the 95% target for completing the WHO Safer Surgery Checklist for the totality of 2018/19, although in previous years we have overall met the target we have not been consistent month to month. NBT has also increased their compliance percentage by 2% since 2017/18.

National Early Warning Score (NEWS) 2

76% NEWS2 completion

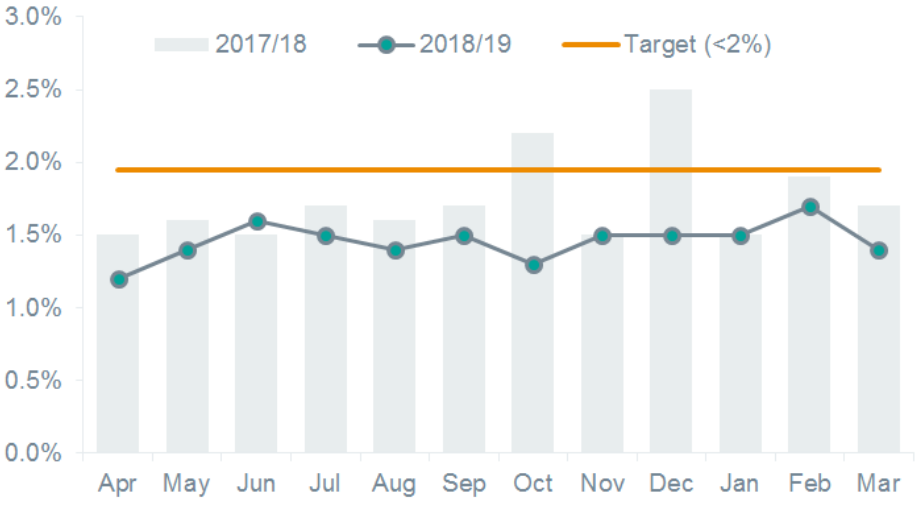
96% NEWS2 accuracy

97% NEWS2 escalation and action

Over 2018/19 NBT has improved the accuracy of the NEWS score moving from 91% in 2017/18 to 96%. Unfortunately our completion rate has dropped but we are working to remedy this.

Medication Errors

North Bristol NHS Trust consistently reported within the 2% target for 2018/19. This is an improvement on the 2017/18 rate where we exceeded the target on two occasions in October 2017 and December 2017.

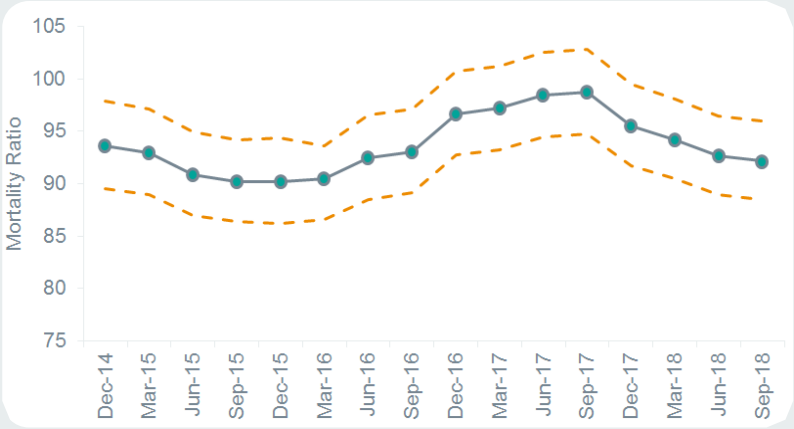


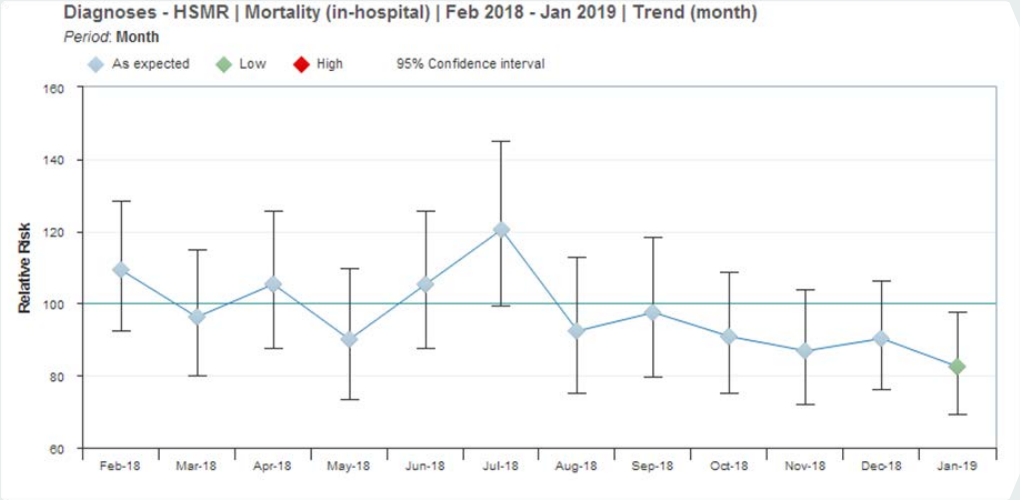
Mortality Outcomes

North Bristol NHS Trust has a policy of reviewing every patient death. We also monitor our mortality rates using the Standardised Hospital Mortality Index (SHMI) and the Hospital Standardised Mortality Ratio (HSMR). These determine the ratio between the number of deaths within the hospital and the number of expected deaths.

SHMI

NBT has a mortality ratio below 100 for the last available 12 months of data. The upper confidence interval does exceed 100 over 2017 but the lower confidence interval does not breach the threshold, and therefore the mortality ratio is as expected.

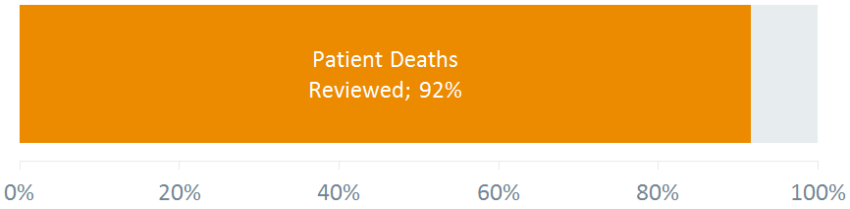




HSMR

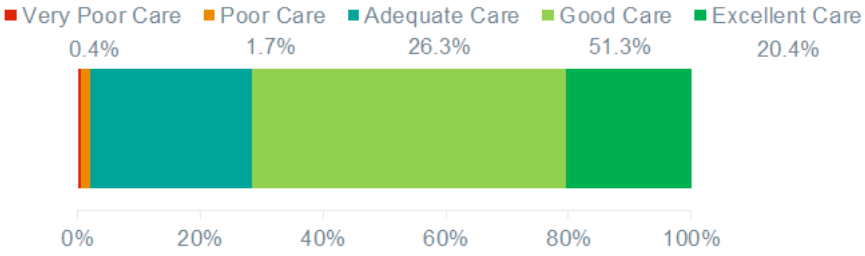
NBT's mortality ratio has remained as expected for the last 12 months of available data. In January 2019 this even dropped to 'low', indicating that our mortality ratio was better than expected.

Mortality Casenote Review



For Apr18-Dec18 we have completed reviews for 92% of deceased patients, this is an increase of 28% since last year. We are really proud of the engagement from our clinical teams in order to achieve this.

78% of reviews found care to be good or excellent. 2.2% of reviews found care to be poor or very poor. We are looking at ways to ensure we are learning from the poor care highlighted in mortality reviews in order to improve the care we offer patients.



Patient Safety Incidents

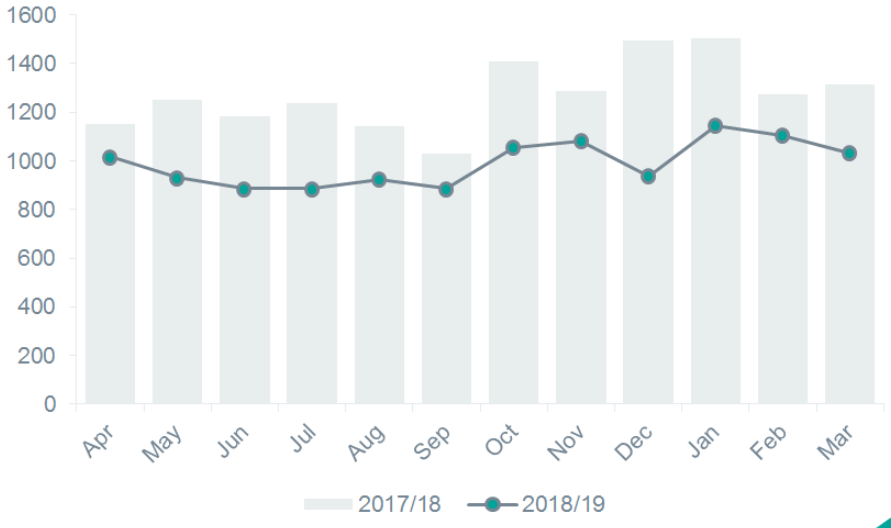
The safety of our patients is at the core of our approach and culture. This is reflected in our strategic aims where we strive to be one of the safest Trusts in the UK.

In 2018/19 we have built on work previously done by focussing on embedding our systems and processes that facilitate learning from incidents. As such, we have weekly meetings with senior colleagues from across the Trust in which we discuss and review incidents and learning. These include a weekly meeting with the Medical Director and Director Nursing and Quality where we review and consider potential serious incidents to ensure that we maintain a high profile and strong leadership in the identification and investigation of incidents.

Communicating and embedding learning are key to providing a safe service. As such, in 2018/19 we have introduced a new method in sharing lessons through LASER (Learning after Significant Event Recommendations) posters to improve our approach. A LASER is produced as part of every investigation into a serious incident. In 2019/20 we are developing this further by using LASERS to develop a thematic understanding of learning from incidents.

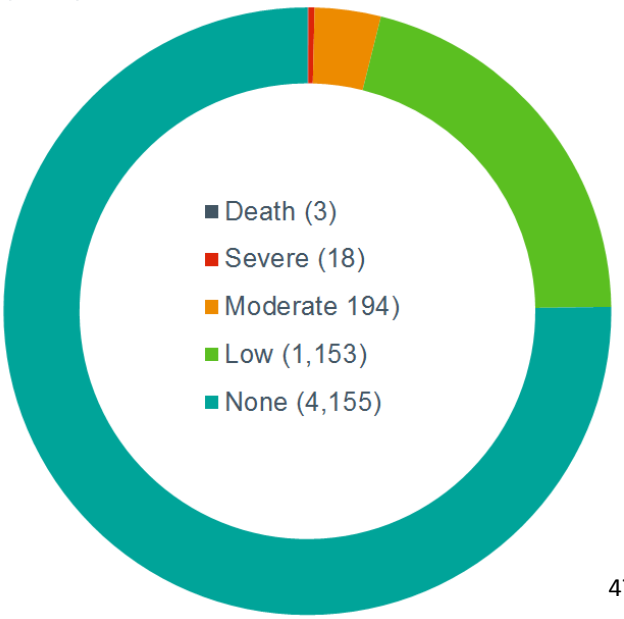
Throughout 2018/19 we have embedded Datix as our incident governance tool. We foster and encourage an open culture based on learning from incidents. Whereas it was disappointing to have had 5 Never Events in 2018/19, it is encouraging that our staff were open in reporting these and, in particular reporting four Never Events where patients were incorrectly connected to an air flow meter when they should have received oxygen.

Additionally, we have worked in partnership with the Healthcare Safety Investigation Branch (HSIB) in the provision of training of maternity investigators nationally. This relationship has continued into 2019/20 and we plan to implement a bespoke incident investigation and learning training package in NBT.



We recognise that we are in the lower quartile of incident reporting nationally and one of our objectives for 2019/20 is to focus on incident reporting through our safety culture

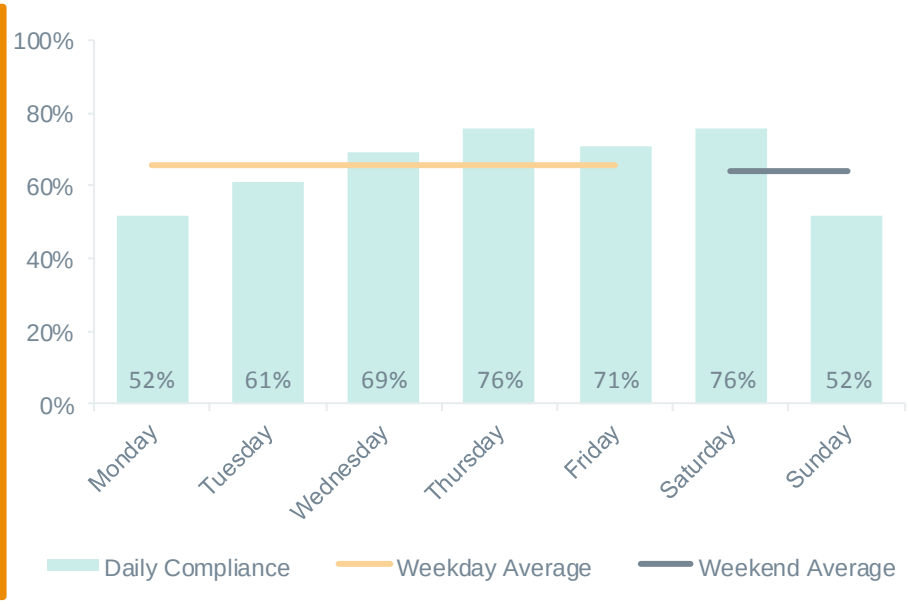
This is the latest available validated level of harm data for the period Apr-Sep 2018 uploaded to the National Reporting and Learning System.



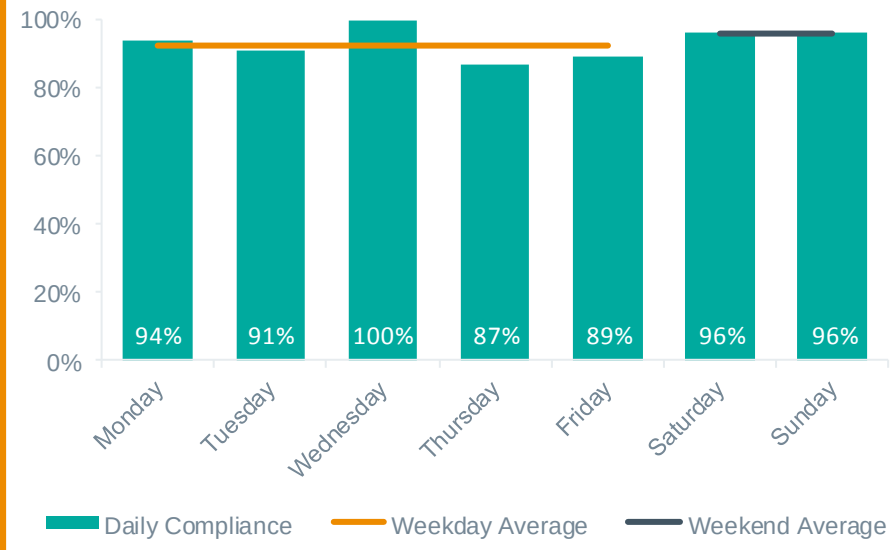
Seven Day Working—National Standards

We fully recognise the importance of providing safe care 7 days per week. In December 2013 Professor Bruce Keogh, Medical Director of NHS England, Launched a project to improve patient care across seven days of the week in response to a perception that care was less good on a Saturday and Sunday than care on the other five days of the week. As a result of this work a national NHS England audit was mandated across all acute hospitals in England, which we have fully embraced to support our ongoing improvement work.

September 2017



April 2018



Clinical Standard 2

There has been a noticeable improvement in NBT's compliance to Clinical Standard 2—Patients reviewed by a consultant within 14 hours of admission at hospital.

Our overall compliance has risen by 27% from 66% to 93%. Our weekday compliance has risen by 26% from 66% to 92%, and our weekend compliance has risen by 32% from 64% to 96%.

Ideally we would like to see 100% of our patients seeing a consultant within 14 hours of admission and we recognise that we still have work to do to achieve this.

What next?

We plan to continue to improve our senior clinical presence over the seven day week, subject to available funding, to increase access to medical review and decision making at weekends. We will continue to engage proactively with the NHS Improvement and NHS England regional leads for this work. Our experience of winter planning for 2018/19 has highlighted the key role that our Allied Health Professional (AHP) staff provide to support patients to be discharged from hospital when they are ready and allowing beds to be released, particularly at weekends. We plan to increase our AHP cover as a result.

We will continue to audit our position against the seven day standards and report the outcomes to the Trust Board and its Quality and Risk Management sub-committee to provide assurance on progress and the effectiveness of improvement actions.

Clinical Standard 5

	Weekend	Weekday
CT	✓	✓
Echocardiograph	✓	✓
Microbiology	✓	✓
MRI	✓	✓
Ultrasound	✓	✓
Upper GI Endoscopy	✓	✓

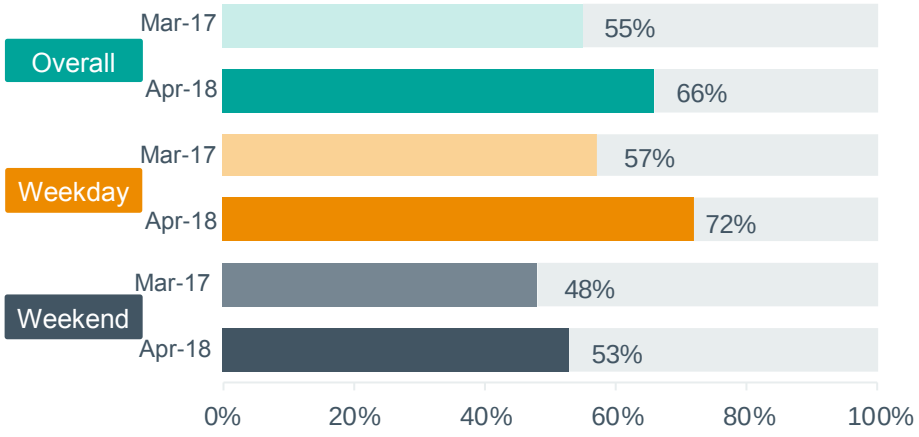
Our provision of consultant directed diagnostic tests has remained the same since the March 2017 audit

Clinical Standard 6

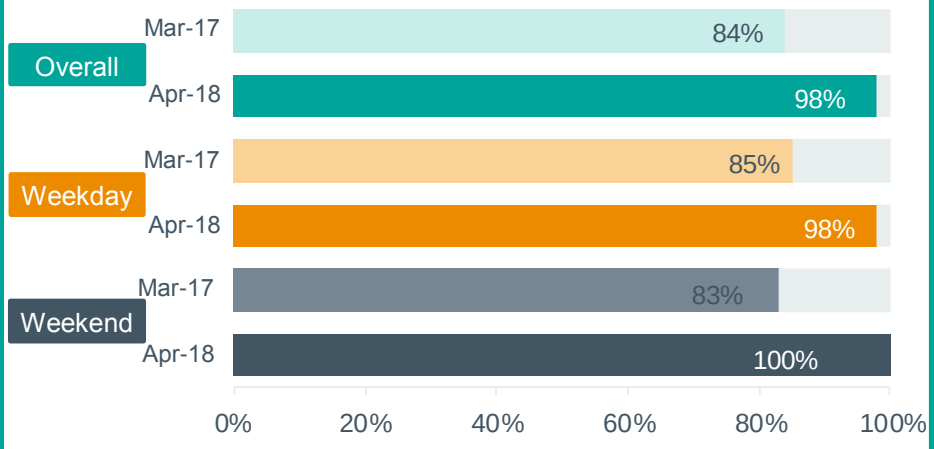
	Weekend	Weekday
Critical Care	✓	✓
Primary PCI	✓	✓
Cardiac Pacing	✓	✓
Thrombolysis for Stroke	✓	✓
Emergency General Surgery	✓	✓
Interventional Endoscopy	✓	✓
Interventional Radiology	✓	✓
Renal Replacement	✓	✓
Urgent Radiotherapy	✓	✓

Our provision of consultant directed interventions has also remained the same since the March 2017 audit

Once Daily Reviews



Twice Daily Reviews



Clinical Standard 8

There has been a noticeable improvement in NBT's compliance to Clinical Standard 8—Consultant reviews once daily and twice daily.

Our compliance has risen on all reviews (once and twice daily; at weekends, on weekdays and overall). The lowest improvement occurred for once daily weekend reviews with 5% improvement in compliance from the March 2017 audit. The greatest increase was seen on twice daily weekend reviews which showed a 17% increase from 83% to 100% compliance. Our twice daily reviews on weekdays are close to achieving the standard at 98%.

Safeguarding (Adults)

New training packages highlight changes in legislation and guidance particularly surrounding the Mental Capacity Act and Deprivation of Liberty Safeguards

Implemented a new electronic system for recording alerts from staff and have responded to over **1300** of these over the year

Continued to participate in multiagency working with the Adult Safeguarding Boards and partners in Bristol and South Gloucestershire

Staff continue to notice concerns and receive disclosures from adults at risk as part of their core practice and alert these to the safeguarding team

Helps us to understand the types of concerns our staff are managing most frequently and allows us to target our training and support

Improving our practice in mental capacity assessment means patients who lack capacity to make certain decisions are supported to participate in the process as far as they are able

During 2019/20 the team will continue to focus on a 'train the trainer' peer training approach to Mental Capacity Act practice, and are developing a number of online resources to support staff in their assessment and documentation. We are working with our colleagues at University Hospitals Bristol and Weston General Hospital to agree an area approach to level 3 safeguarding training for staff. We will continue to look for opportunities to develop capacity for safeguarding leadership within the divisions and work with our local authority partners to contribute to the wider safeguarding agenda for Bristol and its surrounding areas.

Safeguarding (Children)

Implemented the Child Protection Information System (CPIS) into the Emergency Department, Minor Injuries Unit, and Maternity—staff now receive alerts on all looked after children and children on protection plans throughout the system

Added the Bristol Safeguarding Children Board referral writing package to our single agency child safeguarding training days

Continued to monitor closely the numbers of children seen as patients across NBT services

Incorporated learning from local and national reviews into our training and supervision—packages have been updated inline with new legislation

Utilising the CPIS helps identify those children who are most vulnerable and may need additional support whilst accessing hospital care. This fosters sharing of information and action to protect children in our care. Sharing clear information and concerns, and advocating for the child's voice when we raise concerns about a patient who is a parent is a core skill for all staff, and is integral to good safeguarding practice. Staff having a clearer understanding of the voice of the child and how to represent this when asking for support enables them to be better advocates for children who may have emerging need for early help. This is why high quality training is a foundation of good practice.

We are working with clinics to change language from 'Did not attend' to 'Was not brought' to recognise children who are not brought to appointments. We will work with divisions to understand how looked after children with long-term conditions can be supported through transition into adult services. We aim to increase the offer of group child safeguarding supervision for staff who regularly have contact with children. We will be working with the Patient Experience Team to look at how we can gather feedback from 16 and 17 year old inpatients to improve our service.

6 our quality culture

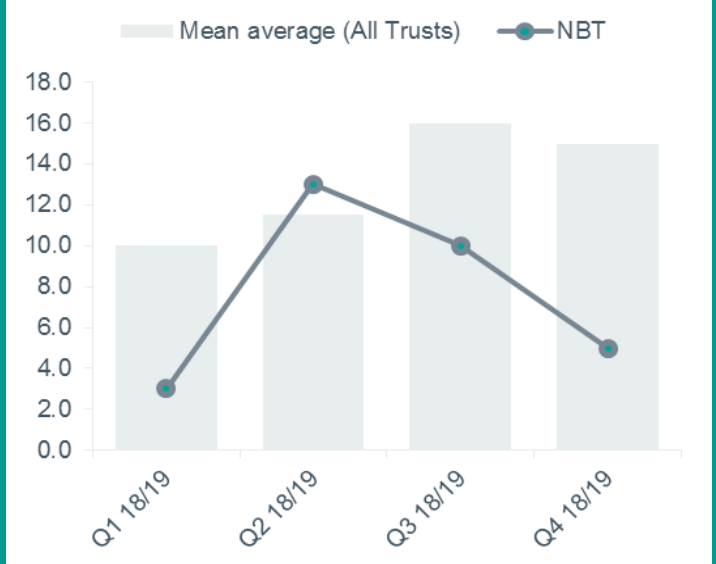
Freedom to speak up

Freedom to Speak Up (FTSU) is an arrangement arising from the recommendations in the Francis report (Mid Staffordshire NHS Foundation Trust public enquiry). Trusts are required to have effective arrangements in place to enable staff to speak up with concerns to protect patients and improve the experience of NHS workers.

FTSU Guardians have been in place at NBT since 2017 and are now well established. Guardians have been identified and recruited across different areas and groups within the Trust (including junior doctors, nursing, support and corporate staff), giving staff an additional route to raise issues and concerns, and enabling the Trust to respond and deal with concerns more effectively.

The number and type of concerns raised in 2018 are broadly in line with national expectations, covering patient safety and quality, staff behaviours and suffering detriment. The Board and its Workforce Committee reviews this information several times a year, alongside other incident and feedback information, to ensure that themes are identified and appropriate action taken. A FTSU vision, strategy and action plan was approved by the Board in November 2018 with progress being monitored by the FTSU Guardian group and the Board.

Freedom to Speak Up concerns raised during 2018/19



What next?

Six key actions have been agreed for delivery during 2019/20, as follows:

1. A 6 monthly report to be provided to Board, from November 2018, next due May 2019.
2. Guardian meetings to cover the following items at least quarterly:
    a. Ongoing monitoring, of the strategy and action plan,
    b. Discuss issues raised by staff and review triangulated data against other data
    c. Review National guidance and case studies
    d. Review our approach
3. Recruit more FTSU Guardians from diverse groups e.g. BAME and different levels and professions within the Trust.
4. Non-Executive Director to instigate and lead an auditing approach of concerns raised
5. Ongoing communication to the Trust as a whole about Freedom to Speak Up
6. Leadership development framework and programme to be developed to support Freedom to Speak Up principles / behaviours. To be delivered and monitored through the Workforce Committee

NHS Staff Survey Results

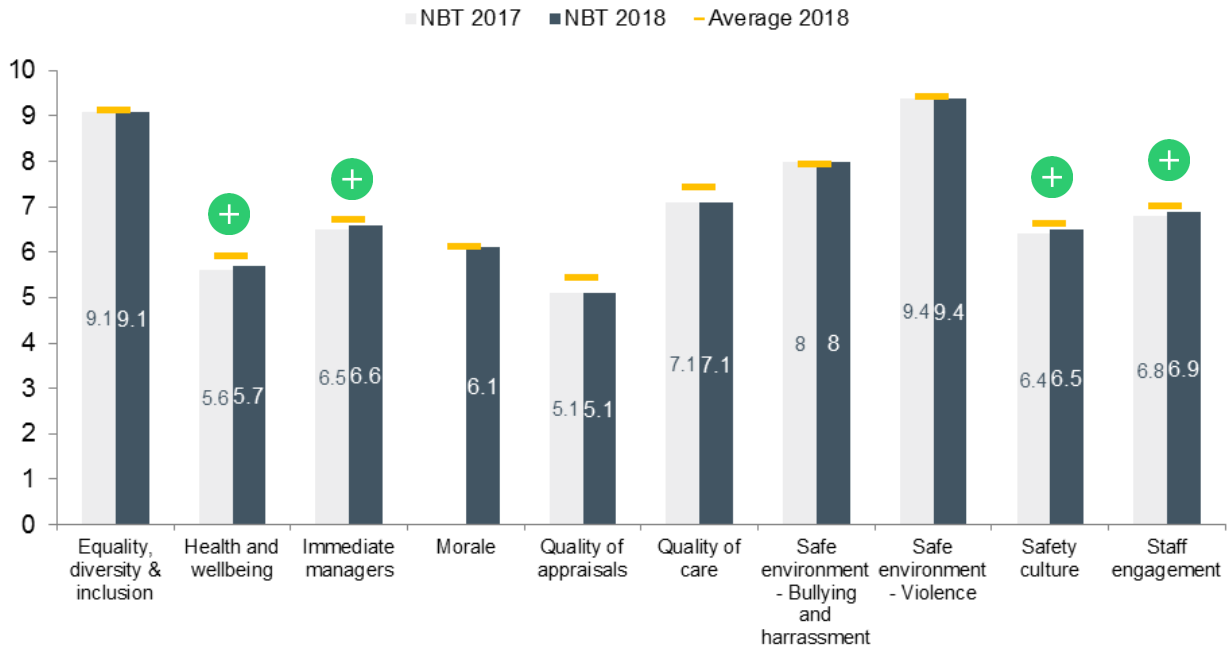
Overall, the 2018 staff survey results show us continuing our journey of improvement, staff are reporting that NBT is a better place to work in most respects, and engagement has again increased.

Completed questionnaires **3,362**

2018 response rate **41%** Average response rate: **44%**

2018 NHS Staff Survey

2017 v 2018 Theme Results



Staff Survey Areas of Focus for 2019

1. **Health and wellbeing**
2. **Staff engagement**
3. **Workload and demands on time, focus on care and the patient**
4. **Management development & appraisals**

Previous Inspections

North Bristol NHS Trust is required to register with the Care Quality Commission under section 10 of the Health and Social Care Act 2008. NHS trusts are registered for each of the regulated activities they provide, at each location they provide them from. As at 31/03/2019, the Trust's registration status is that it is registered for all of its regulated activities, without any negative conditions, such as enforcement actions during the reporting period.

The Trust was first inspected by the CQC in November 2014. A second inspection was undertaken in December 2015 covering services and domains not originally rated as either 'good' or 'outstanding'. In 2017 the CQC changed its inspection process and the Trust was inspected in November 2017 for the first time within the new approach, which principally entailed;

1. Clinical services being inspected on an unannounced basis (30 minutes notice).
2. A planned review of the Trust against the 'Well Led' domain being undertaken, following on from the unannounced inspection.

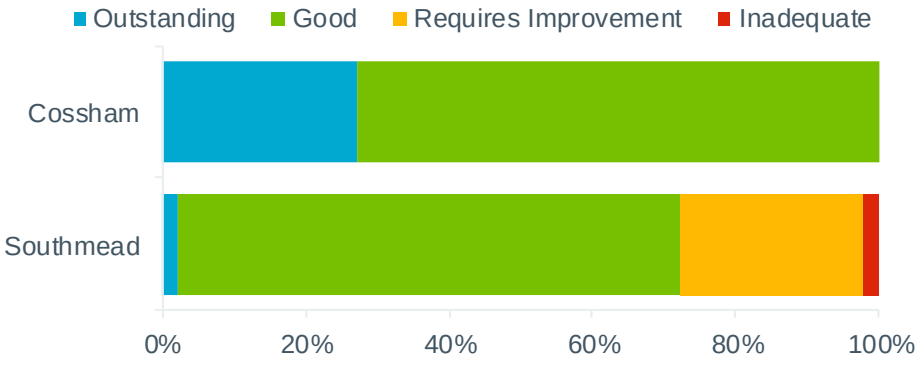
Preparation for the Future

The Trust's overall 'Requires Improvement' rating was retained, with eight individual ratings at Southmead improving to a 'Good' rating. As required, an action plan was submitted to the CQC on 19th April 2018 following board approval and delivery has been regularly monitored throughout the year through the Trust's Quality Committee (executive level) and Quality and Risk Management Committee (non-executive chaired board committee). The board has also received a number of direct updates during the year.

During the year the Trust has hosted five ongoing engagement (monitor) visits from the CQC. Each of these includes discussions with the senior management team for the core service, a tour of selected service locations and opportunities for the CQC inspector(s) to engage with frontline staff. These are not inspections and no formal judgements are made from each visit. However, a feedback letter is provided by the CQC to the Trust's CWO with a summary of their observations. These are shared with the clinical teams and also reported through the Trust's governance structure.

It is a Trust objective to achieve a CQC outcome of 'Good' at the next inspection and preparations are underway to plan for whenever that occurs during 2019. A preparation task group has been established. In addition, the Trust reviews the monthly publication of CQC Insight data, which acts as their tool to monitor where the performance of services may have improved or declined. There are approximately 260 indicators from various data streams which are aligned to the CQC's KLOE (Key Lines of Enquiry). This is reviewed through the Quality Committee, Trust Management Team and directly at Trust Board.

Ratings distribution for Cossham and Southmead hospitals as awarded during the 2017 inspection



Overall Trust Rating

Overall Rating	Safe	Effective	Caring	Responsive	Well-Led
Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement

Southmead Hospital Rating

	Overall Rating	Safe	Effective	Caring	Responsive	Well-Led
Urgent & Emergency Services	Good	Good	Good	Good	Requires Improvement	Good
Medical Care	Requires Improvement	Requires Improvement	Requires Improvement	Good	Inadequate	Requires Improvement
Surgery	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Good
Critical Care	Good	Good	Good	Good	Requires Improvement	Good
Maternity & Gynaecology	Good	Good	Good	Good	Good	Good
Children & Young People Services	Good	Good	Good	Good	Good	Good
End of Life Care	Requires Improvement	Requires Improvement	Requires Improvement	Outstanding	Good	Good
Outpatients	Good	N/A	Good	Good	Good	Good
Overall Location	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Good

Cossham Hospital Rating

	Overall Rating	Safe	Effective	Caring	Responsive	Well-Led
Maternity & Gynaecology	Outstanding	Good	Good	Outstanding	Outstanding	Good
Outpatients	Good	Good	N/A	Good	Good	Good
Overall Location	Good	Good	Good	Good	Good	Good

Research

This year we have given more patients than ever before the opportunity to take part in research.

112 new research studies

5834 new participants

2461 existing participants

Over the last year we have had huge success being awarded 9 National Institute for Health Research grants for projects designed and led by NBT staff with the help of our patients. This represents a 50% increase in our total awarded grants over the last 3 years. We have also supported more nurses, midwives and Allied Health Professionals to design and lead research with 16 now actively involved as researchers and our first clinical nurse academic, appointed to a role at University of the West of England.

We are working collaboratively across the West of England with community and secondary care providers to ensure all patients have equal access to research. We have set up a joint research team Sirona to enable respiratory patients in the community access to greater research opportunities. If this pilot is successful we hope to enable this for other patients.

What next?

Next year we aim to increase staff engagement in research, enabling an increased number of staff to sign post patients to research opportunities and increase the number of staff participating in research.

During the same period we aim to increase the opportunities offered to patients and members of the public to both participate in research and work with the research community to expand research and ensure we are delivering research that is important to our population. We will specifically aim make it easier for patients to get involved with designing research and get feedback to make sure we provide services that patients are happy with.

We will continue working with our regional partners and together answer

7 NIHR grants totalling **£4million** were awarded to NBT

We opened a **new research pharmacy facility** increasing refrigerated drug storage

Invested approx. **£13,900** on external research & IT training for **195 staff**

50% increase in grants awarded over last 3 years

NIHR | National Institute for Health Research

2018/19 Patient Research Experience Survey

100% of research participants at NBT would recommend taking part in research to others.

Research

Here are some exciting research projects that have happened during 2018/19:

We have received a large Innovation grant for the QUICK research project - £1.2 million from the National Institute for Health Research.
This project seeks to develop a point of care device for the rapid diagnosis of urinary tract infection in primary healthcare, in collaboration with technology experts in academia and industry. On-site point-of-care testing has the potential to reduce the delay associated with samples being transported to a central laboratory, processed, cultured and reported (typically 72 hours overall) and reduce inappropriate antibiotic prescribing in General Practice.

We received £350,000 from the National Institute for Health Research for the LoDED trial.
This is a randomised controlled trial comparing the Limit if Detection of Troponin and ECG Discharge (LoDED) strategy with usual care in adult patients with chest pain attending the Emergency Department. This is exploring a diagnostic strategy that could rule out heart attacks faster, reassuring patients earlier, reducing the time they spend in hospital and creating faster, safer patient pathways. This trial has finished patient recruitment to time and target and the data analysis is underway.

We have completed a feasibility trial for a new device that could replace forceps or ventouse in instrumental births. This high profile trial is funded by the Bill and Melinda Gates Foundation and is delivered in partnership with the World Health Organisation. The trial has successfully recruited 40 women and the device was used successfully to deliver a number of babies. Data analysis is underway and is expected to support a full trial of the new device with the aim of decreasing maternal and infant death world wide.

We have been awarded funding to create a multi disciplinary research team working across NBT and our community service providers to deliver research across the integrated respiratory service. This aims to provide increased opportunity for patients to participate in research across the region and provide research expertise in a community setting covering a broader range of long term conditions.

We have been awarded £220,650 from the National Institute for Health Research for the FAST-MRI research project. Public Health England and NICE have identified the need for research into new developments in MRI for breast cancer screening as a priority (PHE 2014722 and NICE Clinical Guideline 164). Under-diagnosis of breast cancer is a particular problem for women with a high proportion of dense breast tissue and this study is focused on developing a cost-effective screening method (using a shortened MRI protocol) that will preferentially find the aggressive cancers that are not well seen on mammograms.

NBT Guardian Exception Report

Exception Reports for Review 07/12/2016—10/04/2019

94 Live	846 Exceptions in total	16 Exceptions last 30 days	5 Exceptions last 7 days
0 ISCs last 30 days	0 ISC's last 7 days	89 Overdue	19 Action required

In our working practices that contribute to the above data we have identified some issues that we can work towards improving.

There are some areas in the Trust that have received an elevated number of reports, but these areas have acted swiftly to change work habits and to give back time of in lieu (TOIL) to those staff who are entitled to it. Most reports are indicative of extra capacity needed, but trainees are learning new behaviours to help with working more efficiently.

Examples of this include a cohort of twilight shift medical trainees who now take handover of tasks. We changed the medical rota shifts to 8am to 4pm to try to put the doctors where the work is, and there has been subsequent fine tuning of times by individual specialties to ensure, for example, key clinics are covered.

Actions taken to resolve issues...

Junior Doctor Forum—We hold a regular Junior Doctor Forum where trainees can discuss difficulties and successes. This forum is attended by the Chief Executive, Andrea Young.

Exception Reporting Policy—We have written an Exception Reporting Policy which is available on our intranet.

Clinical Fellows—Clinical Fellows will be able to exception report from early 2019.

Staffing—We have looked at alternative ways to address staffing issues and to fill rotas including the introduction of clinical fellow posts, most noticeably physician associates and nurse practitioners.

Individual Guardian Meetings with Trainees and Consultants—When issues are not resolved to trainee satisfaction this gives both parties an opportunity to discuss and rectify the situation.

Education—This is an ongoing process with trainees and consultants. The Trust Guardian attends departmental meetings, and with individuals, to continually update NBT medical staff.

Exception Report Summary—The exception report summary is sent 6—8 weekly to both specialty and education leads to ensure a wide group is aware of the reports.

Networking—The Guardian has attended national training and regional meetings and has regular contact with a number of guardians in the region to share updates.

Payroll—The process for payment of excess hours worked has been set-up.

Junior Doctor Contract Meetings—Held monthly to discuss and update on any issues that may arise.

7 operational standards and data quality

Access to Clinical Services

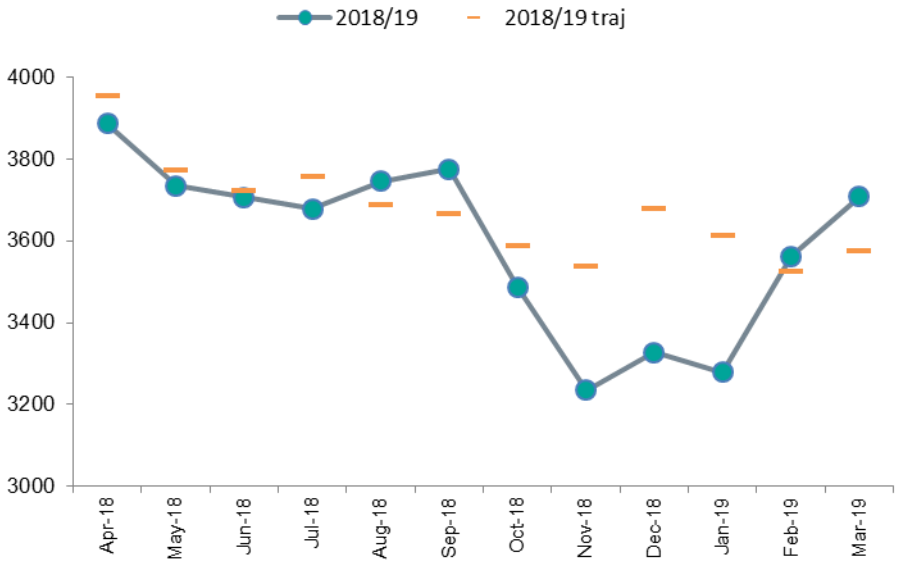
Clinical Validation

In specialties where there is a demand and capacity imbalance the Trust has a policy to clinically validate any long waiting patients (>35 weeks) to ensure their treatment can be expedited if clinically required. In addition, should any patients wait >52 weeks for their treatment a mini root cause analysis is carried out to understand the reason for the long wait and provide assurance that the patient experienced no harm as a result of the long wait. This process also provides valuable information to understand reasons for these breaches and ways in which timeliness of pathways can be improved.

Referral to Treatment (RTT)

- The Trust had predicted an overall performance of 87.04% by the end of 2018/19. The Trust's actual performance for 2018/19 was 86.71%%.
- Whilst performance was not at the planned level, the total number of patients waiting over 18 weeks for treatment continued to reduce from the position reported in 2017/18.
- Performance has tracked reasonably against trajectory with a maximum variance of 1.48%.
- Areas of underperformance largely relate to Urology, Plastic Surgery and Gynaecology.
- The Trust has finished the year with 3,708 patients waiting greater than 18 weeks for treatment.

Trust wide RTT backlog numbers 2018/19 and 2018/19 trajectory



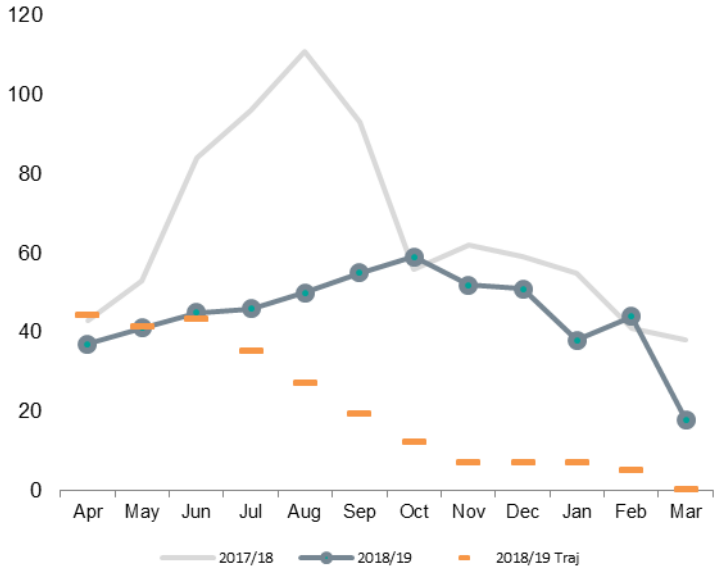
Long Waiting Specialties

The Trust Board is absolutely committed to the zero tolerance of >52 week waiters on a Referral to Treatment incomplete pathway.

Whilst there has been a peak in long waiters during the summer months of 2018/19, the underlying capacity issues have been addressed and there is now a steady decline in the total number of patients waiting in excess of 52 weeks for their treatment.

Root Cause Analyses are completed for all patients breaching 52 weeks wait for treatment to ensure there has been no harm to these patients as a result of the long wait. Dates for patients' operations are agreed at the earliest opportunity and in line with the patient's choice.

Trust Total 52 Week Wait 2018/19 vs 2017/18 and 2018/19 trajectory

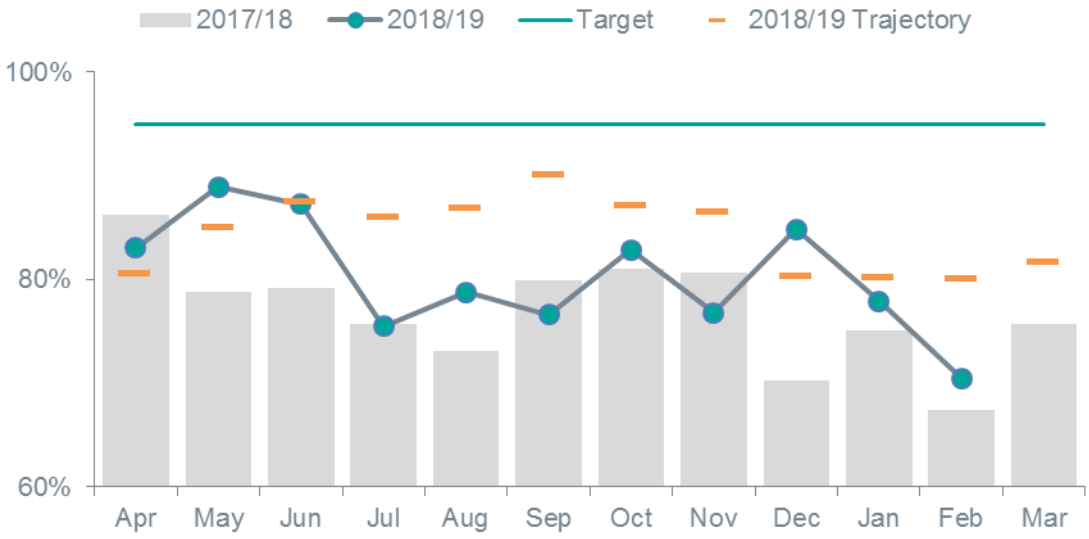


Plans are in place to continue this improvement into 2019/20, with clearance of 52 week waits not related to patient choice by the end of September 2019.

Accident & Emergency Maximum Waiting Time

The 4-hour A&E waiting time standard remained challenging in 2018/19 with an actual performance of 79.78% against a trajectory of 84.00%. Whilst performance did not meet the predicted level, it has improved on the 2017/18 full year position of 77.06% and has improved in 7 out of 12 months compared to the same period in the previous year, despite the increase in attendances in every month. The waiting time improvement is largely attributable to better patient flow and reduced bed occupancy in 2018/19. Further improvement of the 4-hour A&E waiting time standard proved difficult with the Trust receiving 7% more attendances and 6% more emergency admissions when compared with 2017/18. The majority of breaches were due to delays in ED assessment resulting from surges in attendances, increased acuity and workforce issues.

ED 4 hour performance 2018/19 vs 2017/18 and 2018/19 trajectory and national target



CLINICAL CODING PERFORMANCE

Clinical Coding is the process whereby information written in the patient notes is translated into coded data and entered onto hospital information systems for statistical analysis and financial reimbursement from Commissioners via the National Tariff Payment System.

Coding provides an essential service to the Trust, benefitting quality of care, patient safety, income from activity, and supports research and best practice initiatives. Accurate coding is widely recognised by the NHS as an essential element for benchmarking performance against peers.

As part of the annual Data Security & Protection Toolkit submission (formerly known as the IG Toolkit), we are required to demonstrate the accuracy of our clinical coding. Our performance is detailed below, with 2018/19 demonstrating the highest overall performance level in the past 4 years:

Clinical Coding Performance	Baseline		2016/17		2017/18		2018/19	
	DSP Toolkit "Met"	2015/16 Rating	Rating	↑↓	Rating	↑↓	Rating	↑↓
Primary Diagnosis	90%	91.0%	95.0%	4.0%	95.5%	0.5%	**94.5%**	**-1.0%**
Secondary Diagnosis	80%	91.0%	93.0%	2.0%	95.0%	2.0%	**96.4%**	**1.4%**
Primary Procedure	90%	91.0%	91.8%	0.8%	91.0%	-0.8%	**95.9%**	**4.9%**
Secondary Procedure	80%	64.0%	85.9%	21.9%	82.7%	-3.2%	**85.7%**	**3.0%**

The improvement evident in 2018/19 is set against a backdrop of a 6% increase in inpatient spells coded, driven by increasing activity across the Trust.

IMPROVEMENT STRATEGY

The Trust's Clinical Coding team received acknowledgement for sustained improvement during 2016/17, achieving an internal audit rating of Significant Assurance with Minor Improvements in November 2017. Building on the successful audit, the Clinical Coding Function devised and implemented an improvement strategy, with progress to date including:

- ✓ **New Technology**: Implementation of Medical History Assurance (MHA) coding quality software which has assisted in the delivery of an additional £1.98m of assured income from planned inpatient activity during 2018/19.
- ✓ **Reporting:** Deployment of Clinical Coding data and intelligence via the QlikSense analytics platform which is revolutionising clinicians' engagement with the inpatient coding process, and senior management awareness of Coding's operational throughput.
- ✓ **Engagement:** Attendance at Divisional Management Team and Specialty Team meetings, supported by 1-2-1's with Consultants, bespoke audits, group workshops, new online learning packages, and review of processes and pro-forma.
- ✓ **Financials**: Specialties targeted by the Coding strategy have seen an improvement in average tariff of 2.6% in 2018/19.

Success to date has garnered internal recognition within the IM&T division, and externally via a ministerial nomination in the Future NHS Award category for this year's NHS Parliamentary Awards. The Coding improvement strategy will continue into new speciality areas throughout 2019/20.

DATA SECURITY & PROTECTION TOOLKIT

The Information Governance Toolkit was replaced this year by the Data Security & Protection Toolkit. It is an online self-assessment tool that allows us to measure our performance against the National Data Guardian's 10 data security standards. The toolkit provides us with assurance that we are practising good data security and that personal information is handled correctly.

Assessment	2018/19
Mandatory evidence items provided	100
Assertions confirmed	40
Assessment status	Standards Met

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 data quality reporting, controls and feedback mechanisms are routinely audited and help us monitor and maintain high-quality data. We submitted records during 2016/17 to the Secondary Users' Service for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. Within this data we are expected to include a valid NHS number and the General Medical Practice (GMP) Code and report this within each year's quality account. This information is presented below:

M9	2016/17		2017/18		2018/19	
	NHS No.	GMP code	NHS No.	GMP code	NHS No.	GMP code
Admitted Patient Care	99.6%	100%	99.6%	99.4%	99.6%	99.3%
Out Patients	99.2%	100%	99.8%	98.2%	99.8%	99.6%
A&E	98.2%	99.9%	98.3%	98.0%	98.4%	97.8%

COMMISSIONER DATA QUALITY IMPROVEMENT PLANS (DQIPS)

As part of contractual reporting requirements, the Trust is required to agree and undertake Data Quality Improvement Plans (DQIP's) for both NHSE and CCG. The Trust had the largest DQIP in the Commissioning region at the start of 2018/19. The Trust's response has been comprehensive, with the CCG

Commissioner DQIP Performance	DQIP Items	Items Delivered	% Complete	DQIP Status
NHS England	72	72	100%	On-Track*
BNSSG CCG	33	33	100%	Complete

** As at the report date – completion to be confirmed in June 2019.*

DQIP completed 2 months early, and overall progress outlined below:

The performance against our DQIP has been a recurring item for assurance to key governance forums, and has received praise from Commissioners.

FURTHER IMPROVEMENT ACTIONS

North Bristol Trust will be taking the following actions to improve data quality:

- Devise, and agree and deliver against Commissioner DQIPs for 19/20 where required
- Undertake further internal audit of key data quality processes
- Deploy data quality monitoring apps to key information users via our self-service analytics platform
- Continual improvement of data quality in mandatory submissions, with a focus on automation and real-time data validation.

Blank page

8 appendices

Appendix 1
Consultation with External Organisations

Appendix 1
Consultation with External Organisations

Mandatory Indicators

	Mandatory indicator	NBT Most Recent	National average	National best	National worst	NBT Previous
23	Venous thromboembolism (VTE) risk assessment *Cumulative averages for Q1, Q2, Q3*	96.17 Apr18-Dec18	95.6%	100%	70.9%	95.30% 2017/18
	The Trust considers that this data is as described as there is a continued close focus on VTE risk assessment performance given that it is a board reported quality metric within the Integrated Performance Report. It is also regularly scrutinised through the Thrombosis Committee as part of the wider reviews undertaken of Hospital Acquired Thrombosis and related Root Cause Analyses (mini RCAs). In 2017 the effectiveness of this work was recognised by the awarding of VTE Exemplar Status to the Trust.					
24	Clostridium difficile rate per 100,000 bed days (patients aged 2 or over) - Trust apportioned cases only	9.8 Apr17-Mar18	13.2	0.0	91.0	9.9 Apr16-Mar17
	The Trust considers that this data is as described as it is directly extracted from Public Health England National Statistics and the trend variation from previous year is consistent with internal data intended to inform ongoing improvement actions.					
25	Rate of patient safety incidents reported per 1,000 bed days	35.2 Apr18-Sep18	44.5	107.4	13.1	34.05 Apr17-Sep17
	Percentage of patient safety incidents resulting in severe harm or death	0.4% Apr18-Sep18	0.3%	0.0%	1.3%	0.8% Apr17-Sep17
	The Trust considers that this data is as described as it is supplied by the National Reporting and Learning System (NRLS) and is consistent with internal data reviewed on a monthly basis during the year and reported to the Board. The Trust will continue to act to increase the overall rate of reporting, which is a sign of a positive safety culture, whilst also acting upon lessons learned to identify improvements to practice. This has already shown a reduction in the proportion of severe harm or death related incidents in the period stated above.					
20	Responsiveness to inpatients' personal needs	71.2 2017/18	68.6	85.0	60.5	69.2 2016/17
	The Trust considers that this data is as described as it is directly extracted from National Survey data and the trend variation from previous year is consistent with internal surveys intended to inform ongoing improvement actions.					
21	Percentage of staff who would be happy with standard of care provided if a friend or relative needed treatment	74% 2018	72%	95%	41%	71% 2017
	The Trust considers that this data is as described as it is directly extracted from National Survey data and the trend variation from previous year is consistent with internal surveys intended to inform ongoing improvement actions.					
12	Summary Hospital-level Mortality Indicator (SHMI) value and banding	92.3 Oct17-Sep18	100.0	69.2	126.8	98.45 Jul16-Jun17
	The Trust considers that this data is as described as it is directly extracted from the Dr Foster system and analysed through the Trust's Mortality Group, the medical Director and within specialties. The rate is also consistent with historic trends and the Trust's understanding of the increased acuity of patients being seen within different specialties.					

Mandatory Indicators

	Mandatory indicator	NBT Most Recent	National average	National best	National worst	NBT Previous
18	Patient Reported Outcome Measures – No. of patients reporting an improved score;					
	Hip Replacement Primary EQ-VAS	2017/18 NBT score 67.4% (England average 69.0%) 2016/17 NBT score 66.8%				
	Hip Replacement Primary EQ 5D	2017/18 NBT score 86.8% (England average 90.9%) 2016/17 NBT score 85.9%				
	Knee Replacement Primary EQ-VAS	2017/18 NBT score 53.3% (England average 59.9%) 2016/17 NBT score 56.7%				
	Knee Replacement Primary EQ 5D	2017/18 NBT score 73.7% (England average 82.9%) 2016/17 NBT score 76.2%				
	Varicose vein, Groin hernia	Not applicable				
	The Trust considers that this data is as described as it is obtained directly from NHS Digital. The Trust will act to improve this percentage, and so the quality of its services by analysing the outcome scores and continuing to focus on participation rates for the preoperative questionnaires					
19	Emergency readmissions within 28 days of discharge: age 0-15	Comparative data for 2011/12: NBT 10.2%; England average 10.0%; low 0%; high 47.6%.				
	Emergency readmissions within 28 days of discharge: age 16 or over	Comparative data for 2011/12: NBT score 10.9%; England average 11.4%; low 0%; high 17.1%.				
	Comparative data since November 2011 is not currently available from the Health & Social Care Information Centre.					

Appendix 3

CQUIN Achievement 2018/19

A proportion of our income in 2018/19 was conditional upon achieving quality improvement and innovation goals agreed between North Bristol NHS Trust and local Clinical Commissioning Groups or NHS England for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2017/18 & 2018/19 (2 year plans) are available electronically at https://www.england.nhs.uk/wp-content/uploads/2018/04/cquin-guidance-2018-19.pdf

Title	National & Local CQUINs (CCG contracted)	Outcome
Health & Wellbeing Initiatives	For staff - 5% improvement in 2 out of 3 staff survey health & well-being questions	
	Improving the health of the food offered on Trust premises	
	Improving the uptake of flu vaccinations for frontline clinical staff	
Sepsis	Sepsis Screening – Emergency & Non- Emergency Care	
	Sepsis Treatment – Emergency & Non- Emergency Care	
Antibiotics consumption	Empiric review of antibiotic prescriptions	
	Reduction in antibiotic consumption per 1,000 admissions	
Improved Mental Health Services in A&E	Joint working with mental health sector for care planning for frequent attenders	
Advice & Guidance	Implement advice & guidance to GPs for agreed specialties	
Risky Behaviours – Smoking & Alcohol screening, brief advice & referral	Implementation of 90% Outpatient referrals through eReferrals	
Title	**Specialised CQUINs (NHS England contracted)**	
Spinal Surgery Network	Spinal surgery: networks, data, Multi-Disciplinary Team (MDT) oversight.	
Medicines Optimisation	Hospital Pharmacy Transformation and Medicines Optimisation	
Head Injury Therapy Unit	Service improvement programme to improve outcomes for patients and efficiency of service.	
Adult Intravenous Anticancer Therapy Dose Banding	Standardisation of products, procedures and prescribing systems for chemotherapy drugs.	
Interstitial Lung Disease (ILD) (Enhanced Supportive Care)	Strengthening of the Multidisciplinary Team (MDT) patient reviews and improvements in care support, including palliative.	
Intravenous Immunoglobulin (IVIg) Panels	Implementation of a regional review panel to evaluate and agree prescribing protocols & assessment criteria for scarce drugs	
Abdominal Aortic Aneurysm (AAA) Screening	Improving Uptake – communications and promotion to reduce non-attendances.	
Armed Forces	Embedding the Armed Forces Covenant	

Good Achievement - 80%+	
Partial achievement - 40%-79%	
Poor achievement- <40%	

List of Services Provided by NBT

The trust has reviewed all the data available to them on the quality of care in all of the NHS services listed below.

Medicine	Emergency Medicine	Cardiology
	Acute Medicine	Care of the Elderly
	Mental Health Liaison	Clinical Psychology
	Immunology / Infectious Diseases / HIV	Diabetes / Endocrinology
	Haematology	Gastroenterology
	Acute Oncology	Respiratory
	Medical Day Care	Endoscopy
	Palliative Care	
Anaesthesia, Surgery, Critical Care and Renal (ASCR)	Critical Care	Anaesthetics
	General surgery	Renal & Transplant
	Vascular Network	Elective Care
	Breast Services	Urology
	Plastics, Burns and Dermatology	Emergency Care
Neurosciences & Musculoskeletal (NMSK)	Elective orthopaedics	Neurology
	Trauma	Stroke Service
	Major trauma	Neurophysiology
	Bristol Centre for Enablement	Neuropsychiatry
	Rheumatology	Neuropsychology
	Neurosurgery	Neuropathology
	Spinal Service	Chronic pain
Women's & Children's Health	Maternity Services	Fertility Services
	Gynaecology	Neonatal Intensive Care Unit (NICU)
Core Clinical Services	**Therapy Services:**	**Imaging Services**
	Nutrition & Dietetics	Medical Photography & Illustration
	Speech and Language Therapy	Interventional Radiology
	Occupational Therapy	**Pharmacy Services**
	Physiotherapy	**Outpatients**
	Severn Pathology:	**Clinical Equipment Services**
	Pathology Services	
	Blood Sciences	
	Cellular Pathology	
	Infection Sciences	
	Genetics	

Appendix 5

National Clinical Audit Case Ascertainment

During 2018/19 47 national clinical audits and 3 national confidential enquiries covered NHS services that NBT provides. During that period NBT participated in 97.8% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that NBT was eligible to participate in during 2018/19, and the national clinical audits and national confidential enquiries that NBT participated in, and for which data collection was completed during 2018/19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

	National Clinical Audit and Clinical Outcome Review Programmes	Host Organisation	NBT Eligible	NBT Participating	Case Ascertainment	Most Recent Report Year
1	Adult Cardiac Surgery	National Institute for Cardiovascular Outcomes Research	N	N/A	N/A	N/A
2	**Adult Community Acquired Pneumonia**	British Thoracic Society	Y	Y	Data entry closes 30/05/19	
3	**BAUS Urology Audit – Cystectomy**	British Association of Urological Surgeons	Y	Y	85.8% (231/269)	2017
4	**BAUS Urology Audit – Female Stress Urinary Incontinence (SUI)**	British Association of Urological Surgeons	Y	Y	81.2% (121/149)	2017
5	**BAUS Urology Audit – Nephrectomy**	British Association of Urological Surgeons	Y	Y	88.5% (561/634)	2017
6	**BAUS Urology Audit – Percutaneous Nephrolithotomy (PCNL)**	British Association of Urological Surgeons	Y	Y	+100% (178/169)	2017
7	**BAUS Urology Audit – Radical Prostatectomy**	British Association of Urological Surgeons	Y	Y	75.5% (763/1010)	2017
8	**Cardiac Rhythm Management (CRM)**	National Institute for Cardiovascular Outcomes Research	Y	Y	100% (141/141)	2015/16
9	**Case Mix Programme (CMP)**	Intensive Care National Audit and Research Centre	Y	Y	100% (2222/2222)	2016/17
10	Child Health Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death	N	N/A	N/A	N/A
11	**Elective Surgery (National PROMs Programme)**	NHS Digital	Y	Y		
12	**Falls and Fragility Fractures Audit Programme (FFFAP**	Royal College of Physicians of London	Y	Y		
	– Fracture Liaison Service Database (FLS-DB)		Y	Y	>100%	2018
	– National Hip Fracture Database (NHFD)		Y	Y	79.4%	2018/19
	– 2nd National Audit of Inpatient Falls		Y	Y	100% (30/30)	2017
13	Feverish Children (care in emergency departments)	Royal College of Emergency Medicine	Y	Y	>100% (64/50)	2018

	National Clinical Audit and Clinical Outcome Review Programmes	Host Organisation	NBT Eligible	NBT Participating	Case Ascertainment	Most Recent Report Year
14	**Inflammatory Bowel Disease Programme/IBD Registry**	Inflammatory Bowel Disease Registry	Y	N[1]	N/A	N/A
15	**Learning Disability Mortality Review Programme (LeDeR)**	University of Bristol's Norah Fry Centre for Disability Studies	Y	Y	100% (11/11)	2018/19
16	**Major Trauma Audit**	The Trauma Audit and Research Network	Y	Y	>100% (336/325)	Q3 2018/19
17	**Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection**	Public Health England	Y	Y	100%	2018/19
18	**Maternal , Newborn and Infant Clinical Outcome Review Programme**	MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford	Y	Y	100% (35/35)	2017/18
19	**Medical and Surgical Clinical Outcome Review Programme** – Perioperative Diabetes – Pulmonary Embolism – Acute Bowel Obstruction	National Confidential Enquiry into Patient Outcome and Death	Y Y Y Y	Y Y Y Y	 100% (7/7) 100% (6/6) 50% (4/8)	Data collected during 2018/19
20	Mental Health Clinical Outcome Review Programme	National Confidential Enquiry into Suicide and Homicide by People with Mental Illness	N	N/A	N/A	N/A
21	**Myocardial Ischaemia National Audit Project (MINAP)**	National Institute for Cardiovascular Outcomes Research	Y	Y	99.2%	Jul-Sep 2018
22	**National Asthma and COPD Audit Programme** – COPD Secondary Care Audit – Adult Asthma Secondary Care Audit	Royal College of Physicians	Y Y Y	Y Y Y	 100% (837/837) 100% (102/102)	2018/19
23	National Audit of Anxiety and Depression	Royal College of Psychiatrists	N	N/A	N/A	N/A
24	National Audit of Breast Cancer in Older People	Royal College of Surgeons	N	N/A	N/A	N/A
25	**National Audit of Cardiac Rehabilitation**	University of York	Y	Y	100%	2017
26	**National Audit of Care at the End of Life (NACEL)**	NHS Benchmarking Network	Y	Y	100% (78/78)	2018/19
27	**National Audit of Dementia**	Royal College of Psychiatrists	Y	Y	100% (50/50)	2018
28	National Audit of Intermediate Care	NHS Benchmarking Network	N	N/A	N/A	N/A
29	**National Audit of Percutaneous Coronary Interventions (PCI)**	National Institute for Cardiovascular Outcomes Research	Y	Y	98.4%	2018
30	National Audit of Pulmonary Hypertension	NHS Digital	N	N/A	N/A	N/A

[1] Data was not submitted by NBT as the necessary internal database was not updated in time. Update is now underway and NBT will be starting to submit data.

	National Clinical Audit and Clinical Outcome Review Programmes	Host Organisation	NBT Eligible	NBT Participating	Case Ascertainment	Most Recent Report Year
31	National Audit of Seizures and Epilepsies in Children and Young People	Royal College of Paediatrics and Child Health	N	N/A	N/A	N/A
32	**National Bariatric Surgery Registry (NBSR)**	British Obesity and Metabolic Surgery Society	Y	Y	100% (303/303)	Apr 14 – Mar 17
33	**National Bowel Cancer Audit (NBOCA)**	NHS Digital	Y	Y	>100% (423/398)	2018
34	**National Cardiac Arrest Audit**	Intensive Care National Audit and Research Centre	Y	Y	100% (86/86)	2017/18
35	**National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)**	British Society for Rheumatology	Y	Y	N/A[2]	2019
36	National Clinical Audit of Psychosis	Royal College of Psychiatrists	N	N/A	N/A	N/A
37	**National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)**	King's College London/ London North West Healthcare NHS Trust	Y	Y	100% (1245/1245)	2019
38	**National Comparative Audit of Blood Transfusion Programme** – National Audit of Massive Haemorrhage	NHS Blood and Transplant	Y Y	Y Y	80% (8/10)	2019
39	National Congenital Heart Disease (CHD)	National Institute for Cardiovascular Outcomes Research	N	N/A	N/A	N/A
40	**National Diabetes Audit - Adults**	NHS Digital	Y	Y	N/A[3]	2018/19
41	**National Emergency Laparotomy Audit (NELA)**	Royal College of Anaesthetists	Y	Y	88.3% (196/222)	2018
42	**National Heart Failure Audit**	National Institute for Cardiovascular Outcomes Research	Y	Y	100% (791/791)	2018/19
43	**National Joint Registry**	Healthcare Quality Improvement Partnership	Y	Y	100% (1867/1867)	2018/19
44	**National Lung Cancer Audit**	Royal College of Physicians	Y	Y	100% (303/303)	2017
45	**National Maternity and Perinatal Audit (NMPA)**	Royal College of Obstetricians and Gynaecologists	Y	Y	100%	2017
46	**National Mortality Case Record Review Programme**	Royal College of Physicians	Y	Y	89.4% (1522/1703)	2018/19
47	**National Neonatal Audit Programme (NNAP)**	Royal College of Paediatrics and Child Health	Y	Y	100%	2017

[2] Report will not be published until October 2019—case ascertainment figures will be published in next year's Quality Account

[3] 3rd Quarter for 2018/19 to be published 13th June 2019—no other reports available for 2018/19

	National Clinical Audit and Clinical Outcome Review Programmes	Host Organisation	NBT Eligible	NBT Participating	Case Ascertainment	Most Recent Report Year
48	National Oesophago-gastric Cancer (NAOGC)	NHS Digital	N	N/A	N/A	N/A
49	National Ophthalmology Audit	Royal College of Ophthalmologists	N	N/A	N/A	N/A
50	National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health	N	N/A	N/A	N/A
51	**National Prostate Cancer Audit (Diagnosing Trust and Specialist MDT)**	Royal College of Surgeons of England	Y	Y	100% (2088/20858)	2018
52	**National Vascular Registry** – Carotid Endarterectomy – Elective Infra-Renal AAA Repair – Repair of Ruptured AAA – Lower Limb Angioplasty/Stent – Lower Limb Bypass – Lower Limb Amputation	Royal College of Surgeons of England	Y Y Y Y Y Y Y	Y Y Y Y Y Y Y	100% (103/103) 100% (72/72) 100% (98/98) 100% (80/80) 100% (669/669) 100% (237/237)	2018
53	**Neurosurgical National Audit Programme**	Society of British Neurological Surgeons	Y	Y	100% (9159/9159)	2016
54	**Non-Invasive Ventilation - Adults**	British Thoracic Society	Y	Y	Not yet published	
55	Paediatric Intensive Care (PICANet)	University of Leeds	N	N/A	N/A	N/A
56	Prescribing Observatory for Mental Health (POMH-UK)	Royal College of Psychiatrists' Centre for Quality Improvement	N	N/A	N/A	N/A
57	**Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis)**	Public Health England	Y	Y	Not yet published	
58	**Sentinel Stroke National Audit Programme (SSNAP)**	Royal College of Physicians	Y	Y	+90% (265)	Oct-Dec 2018
59	**Serious Hazards of Transfusion (SHOT): UK National Haemovigilance**	Serious Hazards of Transfusion	Y	Y	100%	2017
60	**Seven Day Hospital Services**	NHS England	Y	Y	+100% (238/228)	April 2018
61	**Surgical Site Infection Surveillance Service** – Hip Replacement – Knee Replacement	Public Health England	Y Y Y	Y Y Y	100% (674/674) 100% ((594/594)	2017/18
62	UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	N	N/A	N/A	N/A
63	**Vital Signs in Adults (Care in Emergency Departments)**	Royal College of Emergency Medicine	Y	Y	+100% (120/50)	2018/19
64	**VTE Risk in Lower Limb Immobilisation (Care in Emergency Departments)**	Royal College of Emergency Medicine	Y	Y	+100% (120/50)	2018/19

Appendix 6

National Clinical Audit Impact

The reports of 16 national clinical audits were reviewed by the provider in 2018/19 and NBT intends to take the following actions to improve the quality of healthcare provided:

Specific action plans for each national clinical audit were developed in response to the reports. These action plans were reviewed, approved and subsequently monitored by the Clinical Audit Committee. Actions typically included aligning our local processes to the national guidelines, introducing technological solutions to improve poor document management and deviation from agreed pathways, education and training for specific staff groups, gathering views from patients to understand their perspective, and sharing information and learning across the Trust.

The reports of 83 local clinical audits were reviewed by the provider in 2018/19 and NBT intends to take the following actions to improve the quality of healthcare provided:

Local audits are required to have an action plan developed in response to the results. These action plans are monitored within the clinical specialty. The central clinical audit team has oversight of all clinical audit actions and advises clinicians on how to develop action plans to best address areas of concern. All actions are available for review on the Trust intranet by any member of staff.

Learning from Deaths

27.1 During 2018/19 1,703 of NBT's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

457 in the first quarter
402 in the second quarter
494 in the third quarter
350 in the fourth quarter

27.2 By 13/05/2018, 1,475 case record reviews and 50 investigations have been carried out in relations to 1,703 of the deaths included in item 27.1. In 0 cases a death was subjected to both a case record review and an investigation.[1]

The number of deaths in each quarter for which a case record review or an investigation was carried out was:

455 in the first quarter
395 in the second quarter
390 in the third quarter
285 in the fourth quarter

27.3 1 representing 0.05% of the patient deaths during the reporting period is judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter this consisted of:

1 representing 0.2% for the first quarter
0 representing 0% for the second quarter
0 representing 0% for the third quarter
0 representing 0% for the fourth quarter

27.4 Recent learning from the death identified in item 27.3:

A number of factors in relation to MRSA infection were identified as contributory to the patient death, for example considering delay of treatment, avoiding the use of prosthetic grafts and treating with antibiotics when identified. Consultants and MDTs should be involved in complex medical assessments.

27.5 Recent actions undertaken as a result of the learning outlined in item 27.4:

- Discussions around infection control guidance and standard operating procedures to be had with staff members and at MDTs to best identify changes and ensure robustness and adoption
- Inclusion of the wider clinical team at MDTs
- We offer counselling and reflection to staff involved in cases of this nature
- Complex Medical Assessment recommendations will be reviewed by individual consultants and the Vascular MDT to ensure recommendations are acted upon

27.6 The impact of the actions undertaken in section 27.5 have been that no further investigations have yielded the same concerns that contributed to this death.

27.7 272 case record reviews and 8 investigations completed after 12/04/2018 which related to deaths which took place before the start of the reporting period.

27.8 0 representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated by counting those deaths that were subject to an investigation as a result of it being more likely than not that the death was due to problems in care. There were four such deaths in 2017/18 and the reviews for each of these deaths were reported in the previous reporting period.

27.9 4 representing 0.2% of the patient deaths during 2017/18 are judged to be more likely than not to have been due to problems in the care provided to the patient.

[1] This is because where a death is covered by another investigation the mortality review request is withdrawn from the system

APPENDIX 7
AUDITOR'S OPINION

APPENDIX 7
AUDITOR'S OPINION

www.nbt.nhs.uk

0117 950 50 50


twitter.com/northbristolNHS


www.facebook.com/NorthBristolNHSTrust

www.youtube.com/user/NorthBristolNHSTrust/


www.instagram.com/north_bristol_nhs/


uk.linkedin.com/company/north-bristol-nhs-trust

North Bristol NHS Trust

Report To:	Trust Board		**Agenda Item:**	11.
Date of Meeting:	30 May 2019			
Report Title:	Quality & Risk Management Committee Report			
Report Author & Job Title	Mark Pender, Deputy Trust Secretary			
Executive/Non-executive Sponsor (presenting)	Professor John Iredale, Quality and Risk Management Committee Chair, Non-executive Director			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
			X	
Recommendation:	The Trust Board is recommended to receive the report for assurance.			
Report History:	The report is a standing item to the Trust Board following each Committee meeting.			
Next Steps:	The next report will be received at the Trust Board in July 2019.			

Executive Summary
The report provides a summary of the assurances received, issues escalated to the Trust Board and any new risks identified from the Quality and Risk Management Committee Meetings held on the 9th May 2019.

<table>
<tr><td>Strategic Theme/Corporate Objective Links</td><td>• Be one of the safest trusts in the UK
• Treat patients as partners in their care</td></tr>
<tr><td>Board Assurance Framework/Trust Risk Register Links</td><td>Link to BAF risk SIR14 relating to clinical complexity.</td></tr>
<tr><td>Other Standard Reference</td><td>CQC Standards.</td></tr>
<tr><td>Financial implications</td><td>No financial implications identified in the report.
<table>
<tr><th>Revenue</th><th>Total £’000</th><th>Rec £’000</th><th>Non Rec £’000</th></tr>
<tr><td>Income</td><td></td><td></td><td></td></tr>
<tr><td>Expenditure</td><td></td><td></td><td></td></tr>
<tr><td>Savings/benefits</td><td></td><td></td><td></td></tr>
</table>
<table>
<tr><td>Capital</td><td></td></tr>
</table></td></tr>
<tr><td>Other Resource Implications</td><td>No other resource implications identified.</td></tr>
<tr><td>Legal Implications including Equality, Diversity and Inclusion Assessment</td><td>None identified.</td></tr>
</table>

Appendices:	None

1. Purpose

To provide a highlight of the key assurances, escalations to the Board and identification of any new risks from the Quality and Risk Management Committee meetings held on 9th May 2019.

2. Background

The Quality and Risk Management Committee is a sub-committee of the Trust Board. It meets bi-monthly and reports to the Board after each meeting. The Committee was established to provide assurance to the Trust Board on the effective management of quality governance and risk management.

3. Key Assurances Received

3.1 The meeting received a report outlining the Trust's progress in delivering actions in response to the Care Quality Commission (CQC) Inspection Report arising from the 2017 inspection.

3.2 The format and contents of the draft Quality Strategy were reviewed, and a number of suggestions for improvement were made by members of the Committee. The next steps required to finalise the strategy for Board approval in May 2019 were noted, and the establishment (as a test of approach) of a new Quality Strategy Oversight Group to provide support and ongoing assurance of delivery was endorsed by the Committee.

3.3 The Committee considered the draft Quality Account, and a number of suggestions for improvement were made by members of the Committee. The development work for the 2018/19 Quality Account and timetable to publication, including external audit, was noted by the Committee.

3.4 An update on progress with the trust-wide Clinical Governance Improvement Programme was received as a standing item on the agenda. It was reported that there was strong divisional and corporate engagement and commitment to the aims of each project and in the main good progress had been made across the nine projects. Relative delays and risks were reported and discussed.

3.5 The Committee reviewed the progress to date against the 10 Maternity Safety Standards, noting the significant risk around Standard 8 – training delivery. The specific elements required at this stage of the scheme's progression were approved by the Committee on behalf of the Board.

3.6 It was noted that it had not been possible to complete the internal audit review into HTA due to issues arising during the preparation of the review. It was reported that action had been taken to reduce the Trust's exposure to the HTA and it was anticipated that the Trust would be fully compliant by September. The Committee requested that it be kept updated on this issue and that a further report on this issue be provided at its October 2019 meeting.

4. Escalations to the Board

4.1 The ongoing improvements to risk management, which were being progressed as part of the Clinical Governance Improvement Programme, were provided to the Committee, and the revised Risk Management Policy was presented for review. The Committee provided suggestions for improvement to the policy, and subject to these recommended that the Trust Board approve the revised Risk Management Policy.

4.2 The Committee reviewed the latest walkrounds completed by members of the Board since the last meeting of QRMC. It was suggested that the Board needed to consider the format of the walkrounds and what was required from them, and it was agreed that this matter should be escalated to the Board for further discussion.

5. Identification of New Risk

No new risks were identified in the meetings.

6. Recommendations

The Board is recommended to receive and note the report for assurance.

North Bristol NHS Trust

Report To:	Trust Board		**Agenda Item:**	12.
Date of Meeting:	30th May 2019			
Report Title:	People & Digital Committee Report			
Report Author & Job Title	Mark Pender, Deputy Trust Secretary			
Executive/Non-executive Sponsor (presenting)	Tim Gregory, Chair of the People & Digital Committee and non-Executive Director.			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
			X	
Recommendation:	The Trust Board is recommended to receive the report for assurance.			
Report History:	The report is a standing item to each Trust Board meeting following a People & Digital Committee.			
Next Steps:	The next report to Trust Board will be to the July 2019 meeting.			

Executive Summary
The report provides a summary of the assurances received, issues to be escalated to the Trust Board and any new risks identified from the People & Digital Committee Meeting held on the 17th April 2019.

Strategic Theme/Corporate Objective Links	Reports received supported the delivery of the following strategic themes and corporate objectives: **Create an exceptional workforce for the future:** • Increase the overall engagement score in the staff survey from 3.72 to national average (3.78 in 2017). • Improved scores achieved in the staff survey in the health and wellbeing categories, so that exceeding the average of all trusts. **Devolve decision making and empower clinical staff to lead:** • Deliver the Service Line Management development programme for the specialty leads and their triumvirate teams

	(clinical specialty lead, Matron and assistant general manager). **Maximise the use of technology – right information for the right decisions:** • Deliver the 2018-19 Informatics Programme.
Board Assurance Framework/Trust Risk Register Links	Reports received support the mitigation of the following BAF risks: • SIR2 Workforce Stability. Risk score 3 x 3 = 9. • SIR3 Staff Engagement. Risk score 3 x 2 = 6. • SIR5 Data & Analytic Capacity. Risk score 4 x 3 = 12.
Other Standard Reference	Care Quality Commission Standards.
Financial implications	No financial implications as a consequence of this report.
Other Resource Implications	No other resource implications as a result of this report.
Legal Implications including Equality, Diversity and Inclusion Assessment	No legal implications.

Appendices:	None

1. Purpose

To provide a highlight of the key assurances, any escalations to the Board and identification of any new risks from the People & Digital Committee meeting held on the 17th April 2019.

2. Background

The People & Digital Committee is a sub-committee of the Trust Board. It meets bi-monthly and reports to the Board after each meeting. The Committee was established to provide strategic direction and board assurance in relation to all workforce and IM&T issues.

3. Key Assurances Received

3.1 The People and Transformation risk register was reviewed and the key issues noted. It was acknowledged that the risk register was still a work in progress and there were significant issues around workforce that needed to be addressed. It was agreed that an updated risk register, including target dates and milestones, should be considered at the next meeting of the Committee.

3.2 The programme of work being managed and governed by the Informatics programme department was reviewed, as was the risk register for IM&T. It was agreed that in future the programme of work should include a greater level of financial information.

3.3 The Committee received details of a new App that had been developed to improve the patient records management process. The App would enable an increase in the pace of work in the Cribbs Causeway Library by identifying records that needed to retained, scanned or disposed of. The Committee endorsed the rationale behind the criteria used by the App.

3.4 Dr Kathryn Holder, the Trust's Guardian of Safe Junior Doctor Working, attended the meeting. Dr Holder provided the background and context around the introduction of the Guardian of Safer Working as part of the 2016 Terms and Conditions for Junior Doctors, and the implementation of that role in the Trust. Exception Report data and rota gap data was also provided to the Committee.

3.5 The Committee considered a report which set out the strategic drivers that influence the Equality, Diversity and Inclusion agenda across NBT, with the aim of establishing clear, focussed, priority areas that would embed Inclusion within the Trust. The results of a deep dive conducted into the Workforce Race Equality Standard (WRES) were also presented. The following three priority areas were agreed by the Committee:

- Empower, Equip and Engage all staff Networks
- Leadership development

- Cultural Ambassadors & Just Culture

It was also agreed that a costed plan to deliver the above be presented to the August meeting of the Committee.

3.6 The Committee received data regarding the gender pay gap at NBT and agreed recommendations to tackle this.

3.7 An update on the impact of Brexit on staffing at NBT, and the Trust's contingency plans relating to this was received and noted. A further report would be submitted to the August meeting of the Committee on this issue.

4. Escalations to the Board

4.1 There were no escalations to the Trust Board from this meeting.

5. Recommendations

The Board is recommended to received and note the report for assurance.

North Bristol NHS Trust

Report To:	Trust Board		**Agenda Item:**	13.
Date of Meeting:	30 May 2019			
Report Title:	Staff Survey 2018 Actions			
Report Author & Job Title	Guy Dickson, Head of People Strategy			
Executive/Non-executive Sponsor (presenting)	Jacqui Marshall, Director of People and Transformation			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
		x		
Recommendation:	• Note the 2018 Staff Survey areas for action, progress to date, and key activity to take place. • Endorsement of the targets for improvement including the staff survey completion rate target for 2019 of 55%			
Report History:	A summary of the staff survey results and priorities for action was provided to Board, as part of a Workforce / People and Digital Committee Summary Report on 28 March 2019. In addition, the 2018 staff survey results and priorities for action have previously been considered at the following forums: • Executive Team (18 February 2019) • Workforce Committee (20 February 2019) • People & Digital Committee (17 April 2019) • Joint Consultation & Negotiation Committee (27 February 2019 and 23 April 2019) • Operational Management Board (13 March 2019) • Trust Management Team (30 March 2019)			
Next Steps:	• Continue implementation of communications plan for Trust-wide and divisional results • Divisions to complete analysis of divisional results, identify areas of focus and communicate divisional results with staff • Undertake work in priority areas at corporate and divisional level and feedback progress • Progress on identified actions will be reported to People and Digital Committee, Executive Team, and Joint Consultation and Negotiation Committee in July and October 2019.			

Executive Summary	
The 2018 staff survey results showed good progress in all the areas highlighted as priorities for action from the previous survey. These were: Health and Wellbeing, Workload and Resources, Communication and Engagement, and Leadership and Management. However, this year's results told us that there is more work yet to do, and that we need to keep focussing on these same areas. So for 2019, we are committing to continue work on these four priorities, with the addition of "Speaking Up" which was highlighted as a new concern. The attached presentation summarises: the progress to date since the results were published; planned actions to take place during 2019; and targets and measurements of progress for the key priority themes. In 2018, whilst we improved in all areas, we did not quite achieve acute trust average scores. However, by continuing the same trajectory of progress this year we seek to achieve above average scores, and the targets reflect this. We also have an ambitious target for an improved staff survey completion rate of 55%, which would put us in the top 10% of acute trusts.	
Strategic Theme/Corporate Objective Links	Strategic Theme: Build effective teams empowered to lead Corporate objectives: • Prioritise the health and wellbeing of our staff (improved employee engagement and take-up of wellbeing offer)
Board Assurance Framework/Trust Risk Register Links	Workforce Committee Risk Register: • Inability to ensure safe/sufficient staffing within clinical and corporate teams: score 12 • Inability for organisation to deliver necessary organisational change and business as usual performance within agreed resources: score 12
Other Standard Reference	N/A
Financial implications	N/A
Other Resource Implications	N/A
Legal Implications including Equality, Diversity and Inclusion Assessment	EDS2 Objective: Representative and Supported Workforce

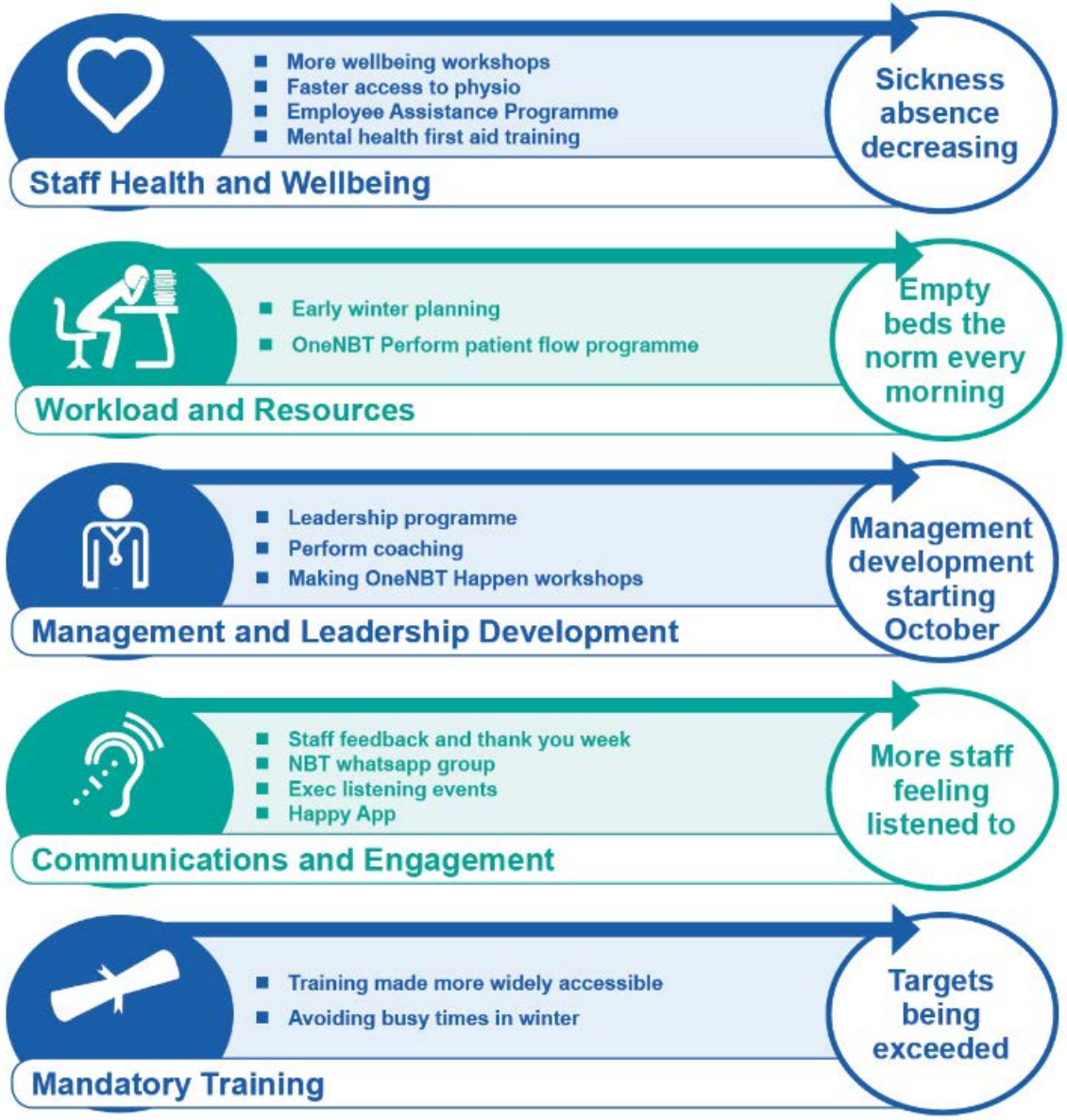
Appendices:	1. Staff Survey Results Presentation

NHS
North Bristol
NHS Trust

Staff Survey 2018: Feedback and Actions

In March 2018, last year's priorities identified and shared with staff:

… These priorities were based on feedback from staff survey, but triangulated with what we had heard from winter feedback, listening events, happy app, etc.

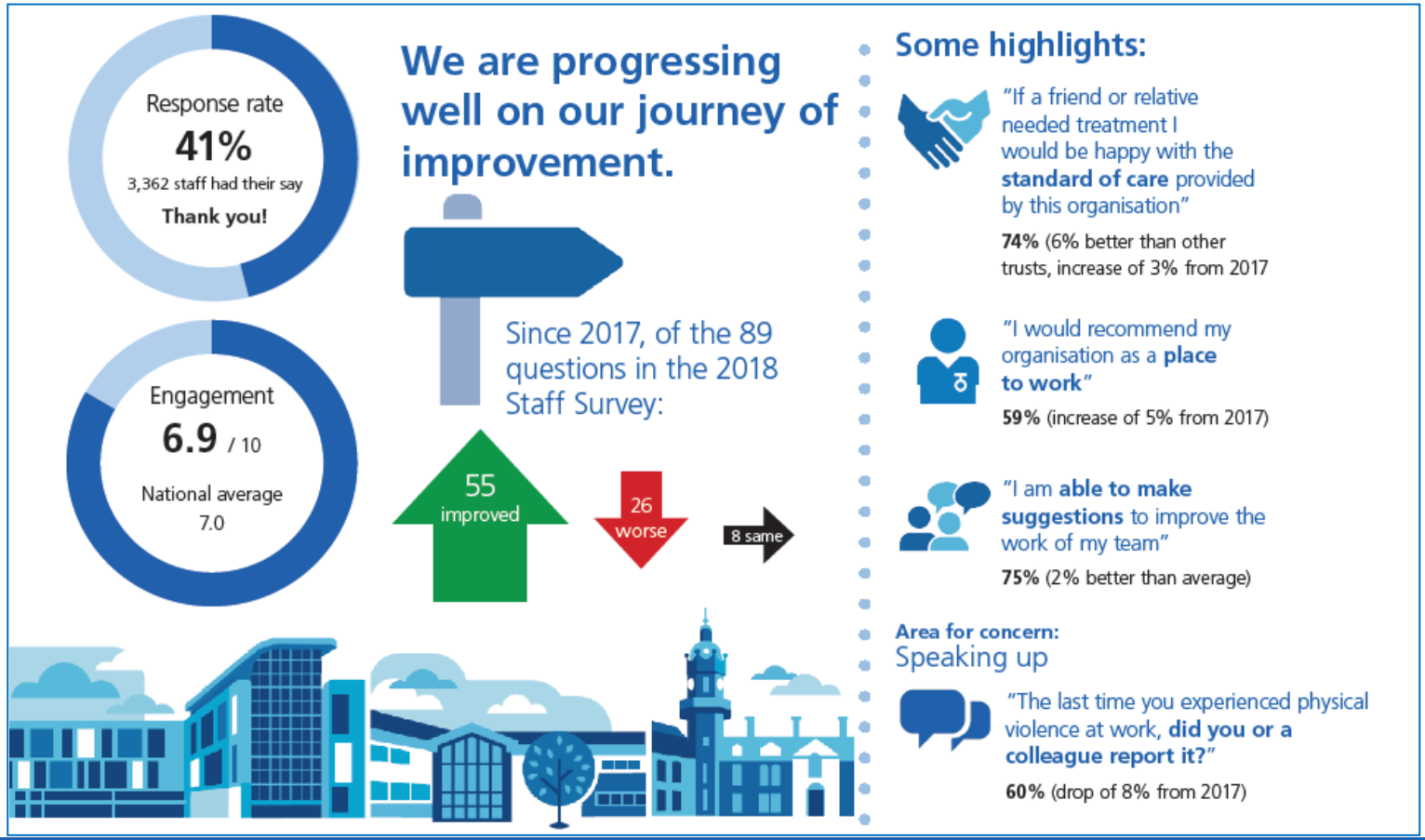


NHS
North Bristol
NHS Trust

Then, in September 2018, the actions we had taken as a result of those priorities were shared with staff.

In February 2019 the results from the November 2018 survey were released and shared with staff, which showed good progress on our journey of improvement:

North Bristol NHS Trust



NHS
North Bristol
NHS Trust

We are proud of the improvements we made in the areas highlighted as priorities in 2018.

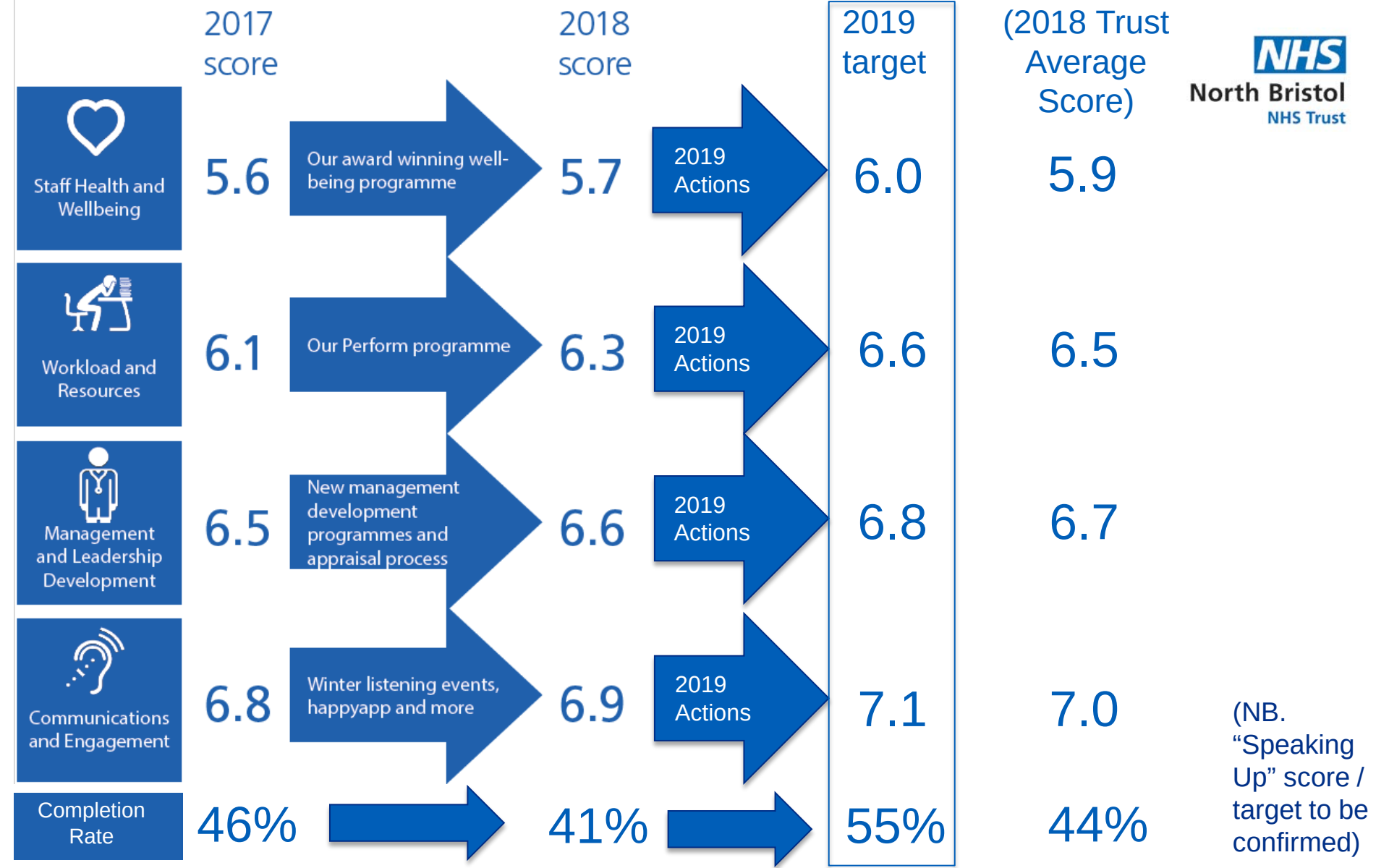
However, this year's results told us that there is more work yet to do, and staff have told us to keep focussing on these priorities.

So for 2019, we are keeping these four priorities, with the addition of "Speaking Up" which was highlighted as a new concern.

In February 2019 the 5 new corporate priorities for actions were identified, endorsed by People & Digital Committee, Executive Team and Trust Management Team; and shared with staff:

The next slide summarises the actions we have taken as a Trust against each of these priorities, and further planned action throughout 2019.

	Actions since 2018	Key Corporate Actions Planned for 2019	Measurements
	Recurrent Trust funding secured REBA National wellbeing award won Menopause campaign run MHFA Network launched	Wellbeing survey June 2019 to identify priorities Enhanced Wellbeing programme (eg exercise, financial wellbeing, hydration, breaks, menopause, adjustment passport, etc.) Increased awareness of programme through campaigns and champion networks	MSK / Stress sickness Staff survey questions Wellbeing survey responses
	Winter plan delivery Winter plan review HSJ Award won by Perform Roll out of Perform Academy Recruitment & Retention 12 month band 5 nurse plan in place	Embedding Perform academy Further roll out of Perform Embedding Perform into NBT systems and processes Focus on improving time for quality of care Retention improvement plan re-focus Bank & Agency task & finish group established Overseas recruitment support	Staff survey questions Staff turnover Length of stay
	Management Apprenticeship programme launched One NBT Perform Manager toolkits & webinars Continuation of SLM	One NBT Leadership Programme – 600 managers over 2 year period begins June 2019 including BAME staff specific modules One NBT Management Programme – continued improvement, additions and updates Further easy-access management toolkits & webinars Further development and roll out of 1:1 coaching at NBT	Staff survey management questions Leadership programme KPIs
	Winter plan review Thank you week Jan 19 Staff videos eg Hidden heroes Listening exercises (eg ED)	Festival of Engagement Roll out of Happy App (App version) Trust-wide Trust staff engagement strategy established Staff survey review of approach, plan to increase completion 2019 Improved intranet with StaffZone New staff communications and branding toolkit	Staff survey engagement level Staff survey completion rate Happy App data
	Improved FTSU visibility Appointment of strategic D&I lead	Freedom to Speak Up awareness campaigns as agreed by board and FTSU Guardians D&I Strategy established and being delivered Cultural Ambassadors embedded in HR processes “Employee Voice” to feature as part of engagement strategy	FTSU number & type of concerns raised D&I Data Staff survey responses


2017 score
2018 score
2019 target
(2018 Trust Average Score)
NHS North Bristol NHS Trust
Staff Health and Wellbeing
5.6
Our award winning well-being programme
5.7
2019 Actions
6.0
5.9
Workload and Resources
6.1
Our Perform programme
6.3
2019 Actions
6.6
6.5
Management and Leadership Development
6.5
New management development programmes and appraisal process
6.6
2019 Actions
6.8
6.7
Communications and Engagement
6.8
Winter listening events, happyapp and more
6.9
2019 Actions
7.1
7.0
Completion Rate
46%
41%
55%
44%
(NB. "Speaking Up" score / target to be confirmed)

Communications process

NHS
North Bristol
NHS Trust

Date	Communication
Feb / March / April 2019	• Corporate Comms to staff • Reports to Board, Execs, People & Digital x2, OMB, TMT, JCNC x 2 • Divisional leadership teams • Divisional communications
May / June 2019	• Divisional objectives shared with People & Digital Committee and JCNC
July 2019	• Summarise progress to date and key targets • Communications back to organisation on progress against objectives to date • Report back to P&D Committee, Board, Execs, JCNC on progress
September / October 2019	• Communications back to organisation on progress against objectives to date • Report back to P&D Committee, Board, Execs, JCNC on progress • Divisional Communications • Warm up for Staff Survey 2019

North Bristol NHS Trust

Report To:	Trust Board		**Agenda Item:**	14
Date of Meeting:	30 May 2019			
Report Title:	Integrated Performance Report			
Report Author & Job Title	Lisa Whitlow, Associate Director of Performance			
Executive/Non-executive Sponsor (presenting)	Executive Team			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
			X	
Recommendation:	The Trust Board is asked to note the contents of the Integrated Performance Report.			
Report History:	The report is a standing item to the Trust Board Meeting.			
Next Steps:	This report is received at the Joint Consultancy and Negotiation Committee, Operational Management Board, Trust Management Team meeting, shared with Commissioners and the Quality section will be shared with the Quality and Risk Management Committee.			

Executive Summary
Details of the Trust's performance against the domains of Access, Safety, Patient Experience, Workforce and Finance are provided on page three of the Integrated Performance Report.

<table>
<tr><td>Strategic Theme/Corporate Objective Links</td><td>This report covers all Strategic Themes with the exception of Maximise the use of technology – right information for the right decisions.</td></tr>
<tr><td>Board Assurance Framework/Trust Risk Register Links</td><td>The report links to the BAF risks relating to internal flow, staff retention, staff engagement, productivity and clinical complexity.</td></tr>
<tr><td>Other Standard Reference</td><td>CQC Standards.</td></tr>
<tr><td>Financial implications</td><td>Whilst there is a section referring to the Trust's financial position, there are no financial implications within this paper.
<table>
<tr><th>Revenue</th><th>Total £'000</th><th>Rec £'000</th><th>Non Rec £'000</th></tr>
<tr><td>Income</td><td></td><td></td><td></td></tr>
<tr><td>Expenditure</td><td></td><td></td><td></td></tr>
<tr><td>Savings/benefits</td><td></td><td></td><td></td></tr>
</table>
<table>
<tr><td>Capital</td><td></td></tr>
</table></td></tr>
<tr><td>Other Resource Implications</td><td>Not applicable.</td></tr>
<tr><td>Legal Implications including Equality, Diversity and Inclusion Assessment</td><td>Not applicable.</td></tr>
</table>

Appendices:	Not applicable.

NHS
North Bristol
NHS Trust

North Bristol NHS Trust

INTEGRATED PERFORMANCE REPORT

May 2019 (presenting April 2019 data)

CONTENTS

REPORT KEY

Unless noted on each graph, all data shown is for period up to, and including, 31 April 2019.

All data included is correct at the time of publication.
Please note that subsequent validation by clinical teams can alter scores retrospectively.

Target lines
Improvement trajectories

Performance improved

Performance maintained

Performance worsened

Upper Quartile

Lower Quartile

NBT Quality Priorities 2019/20

QP1	Supporting patients to get better faster and more safely
QP2	Meeting the identified needs of patients with Learning Disabilities /Autism
QP3	Improving our response to deteriorating patients
QP4	Learning & improving from Patient & Carer feedback (e.g. FFT, complaints, compliments, surveys)
QP5	Learning & improving from statutory & regulatory quality systems (e.g. incidents, mortality reviews, inquests, legal claims, audits)

Abbreviation Glossary

ASCR	Anaesthetics, Surgery, Critical Care and Renal
CCS	Core Clinical Services
CEO	Chief Executive
Clin Gov	Clinical Governance
GRR	Governance Risk Rating
HoN	Head of Nursing
IMandT	Information Management
Med	Medicine
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
RAP	Remedial Action Plan
RCA	Root Cause Analysis
WCH	Women and Children's Health
MDT	Multi-disciplinary Team
PTL	Patient Tracking List

EXECUTIVE SUMMARY
April 2019

ACCESS

April reports a **deterioration of the 4 hour urgent care standard at 69.73%, underachieving against the Trusts trajectory of 83.92%**. At 7934, there were 505 (7%) more ED arrivals in April 2019 when compared with April 2018, equating to an additional 17 attendances per day. This is the second largest number of attendances to be received by the Trust in a month. An increase in emergency admissions and long stay patients further impacted waiting times in April.

The Trust has **underachieved against trajectory for Referral To Treatment (RTT)** incomplete performance for March (85.18% vs trajectory of 87.11%). The total **incomplete waiting list achieved the trajectory** of 28316 with an end of month position of 27995. The Trust has not achieved the trajectory for the number of patients waiting greater than 52 weeks from Referral to Treatment (RTT) in March (19 vs trajectory of 13), services are continuing to work towards a clearance of all 52 week waits by end of September 2019.

In April, the Trust **achieved the diagnostic waiting time trajectory** of 5.58% with a final position of 4.27%. Plans are in place to work towards improving the Endoscopy demand and capacity imbalance.

The Trust has **delivered three of the seven national cancer targets** in March – The 31 Day Subsequent Drug Treatment standard continues to achieve at 100% and patients treated within 62 days of screening continues to improve and is now achieving at 91.84%. The Trust's Two Week Wait stands at 90.27% in March (standard 93%), Two Week Wait for Breast Symptoms has again improved and reports a position of 82.69% (standard 93%), 31 Day First Treatment has dropped to 93.28% (standard 96%) as has 31 Day subsequent Surgery to 79.17% (standard 94%), while the 62 Day Treatment standard reports an improvement at 85.98% (standard 85%).

SAFETY

A 30% reduction of Grade 2 pressure ulcer incidence is a focus of 2019/20 safety improvement work. In April there were 43 Grade 2 and one Grade 3 pressure injuries reported, while there were **no Grade 4 pressure injuries reported**. An action plan is being created as an immediate organisational response to the increased incident of pressure injuries. There were seven serious incidents reported and no Never Events declared in April, with the last reported Never Event being 26 January 2019. Thematic Reviews are conducted across all Never Events that have happened since April 2018.

PATIENT EXPERIENCE

The number of overdue complaints was 34 in April. Funding to sustain the Patient Advice and Liaison Service (PALS) service has been secured with recruitment currently in progress. This will release staff back to address the overdue complaints position. Friends and Family recommend scores remain reasonably steady across all areas with the exception of ED where there is a slight deterioration. NHS Choices rating for Southmead Hospital is 4.5 stars (max 5) while Cossham has dropped to 4 stars.

WORKFORCE

Focus remains on recruitment, retention and staff health and wellbeing. The improvement in the number of staff leaving the Trust for voluntary reasons has sustained a rolling year improvement of 85 wte. The stability (% of staff in post longer than 12 months) of the Trust workforce saw a small deterioration in April compared with March (85.4% to 84.2%). This was due to a slight increase in the number of staff leaving with more than 12 months service in the year preceding April 2019 compared to the year preceding March 2019. In April 17 wte less staff left with more than a years service than in March, as such May's stability position is anticipated to improve. Progress of the health and well being programme remains positive with the reduction of the proportion of sickness attributed to 'Stress/Anxiety/Depression/Other psychiatric illnesses' wte days lost in 18/19 being 421 wte days lower than 2017/18.

FINANCE

The Trust has a planned a deficit of £4.9m for the year in line with the agreed control total with NHS Improvement. At the end of April, the Trust is reporting **a deficit of £0.6m, £0.13m adverse to the planned deficit.** The Trust has a 2019/20 savings target of £25m, against which £0.5m was achieved at the end of April. The Trust financial risk rating on the NHSI scale is 3 out of 4.

Key Operational Standards Dashboard

April-19

IPR section	Access Standard: Description		Target	Benchmarking (*month in arrears): National**	Rank***	Quartile	Previous month's performance	Performance against Target	Performance against NBT Trajectory	Performance direction of travel from last month
Responsiveness	ED 4 Hour Performance QP1		95%	77.15%	104/133		74.10%	69.73%	83.92%	
	12 Hour Trolley Waits QP1		0				0	0		
	Ambulance Handovers Within 15 minutes		100%				92.66%	89.26%	92.61%	
	Ambulance Handovers Within 30 minutes		100%				99.27%	98.27%	99%	
	Ambulance Handovers Within 60 minutes		0				2	12	0	
	Referral to Treatment - % Incomplete Pathways <18 weeks		92%	*86.70%	115/179		86.71%	85.18%	87.11%	
	Referral to Treatment - Total Incomplete Pathways						27910	27995	28316	
	52WW	MSK	2				9	10	13	
		Plastic Surgery	0				3	9		
		Urology	1				4	0		
		Other	10				2	0		
	Diagnostic DM01 - % waiting more than 6 weeks		1%	*2.47%	129/192		3.10%	4.27%		
	Cancelled Operations	Same day - non-clinical reasons	0.8%				0.89%	1.36%		
		28 day re-booking breach	0				1	1		
	Bed Occupancy QP1		95%				96.63%	97.07%		
	Stranded Patients (LoS >7 days : Snapshot as at month end)						338	402		
	Delayed Transfers of Care (DToC) QP1		3.50%				5.14%	5.01%		
	Electronic Discharge Summaries						83.98%	86.29%		
Responsiveness - Cancer (In arrears)	Patients seen within 2 weeks of urgent GP referral		93%	91.83%	107/145		92.44%	90.27%		
	Patients with breast symptoms seen by specialist within 2 weeks		93%	78.54%	70/108		82.20%	82.69%		
	Patients receiving first treatment within 31 days of cancer diagnosis		96%	96.51%	91/108		95.49%	93.28%		
	Patients waiting less than 31 days for subsequent surgery		94%	92.29%	49/57		80.87%	79.17%		
	Patients waiting less than 31 days for subsequent drug treatment		98%	99.34%	1/30		100%	100%		
	Patients receiving first treatment within 62 days of urgent GP referral		85%	79.65%	46/142		81.67%	85.98%	85.62%	
	Patients treated within 62 days of screening		90%	89.52%	19/63		91.07%	91.84%		

Key Operational Standards Dashboard

April-19

IPR section	Access Standard			Previous month's performance	Performance against Target	Performance against NBT Trajectory	Performance direction of travel from last month
	Description		Target				
Quality Patient Safety and Effectiveness	Never Event Occurrence by Month		0	0	0		
	WHO Checklist Compliance		95%	97.40%	97.50%		
	Hand Hygiene Compliance		95%	97.00%	97.00%		
	Pressure Injuries	Grade 2		21	43		
		Grade 3		3	1		
		Grade 4		0	0		
	MRSA			0	0		
	E. Coli			3	3		
	C. Difficile			4	1		
	MSSA			2	3		
	Venous Thromboembolism Screening (In arrears)		95%	95.60%	95.00%		

Key Operational Standards Dashboard

April-19

IPR section	Access Standard: Description			Target	Benchmarking (*month in arrears): National**	Rank***	Quartile	Previous month's performance	Performance against Target	Performance against NBT Trajectory	Performance direction of travel from last month
Quality Experience	FFT - Response Rates	Emergency Department	QP2		*12.34%	25/136		20.03%	16.51%	15.00%	
		Inpatient	QP2		*24.55%	133/166		19.04%	11.47%	30.00%	
		Outpatient	QP2					18.05%	8.20%	6.00%	
		Maternity (Birth)	QP2		*21.63%	46/127		25.80%	22.38%	15.00%	
	FFT - % Would recommend	Emergency Department	QP2		*85.93%	63/132		88.03%	85.32%		
		Inpatient	QP2		*95.71%	133/154		93.24%	93.30%		
		Outpatient	QP2		*93.57%	89/190		95.94%	95.03%		
		Maternity (Birth)	QP2		*96.81%	54/65		94.69%	97.87%		
	Complaints	% Overall Response Compliance	QP2					76.00%	63.00%		
		Overdue	QP2					10	34		
Well Led	Agency Expenditure ('000s)			£702				£1,348	£1,003		
	Month End Vacancy Factor			9.98%				10.52%	10.64%		
	Turnover (Rolling 12 Months)			15.60%				NA	15.30%		
	In Month Sickness Absence (In arrears)			3.87%				4.50%	4.20%		
	Trust Mandatory Training Compliance			85.00%				88.80%	88.30%		
	Non - Medical Annual Appraisal Compliance			90% Nov. 2018				72.00%	80.00%		
Finance	Deficit (£m)			£4.9m 2019/20				£21.4	£0.6	£0.5	
	NHSI Trust Rating							3	3		

RESPONSIVENESS
SRO: Chief Operating Officer
Overview

Urgent Care

April reports a deterioration of the 4 hour urgent care standard at 69.73%, underachieving against the Trusts trajectory of 83.92%. The 4 hour target remained challenged by high volumes of attendances with the Trust, receiving 505 (7%) more ED attendances in April 2019 when compared with April 2018. An increase in long stay patients and admissions to the core bed base further reduced flow throughout the hospital resulting in an increase in bed delays.

Planned Care

Referral to Treatment (RTT) - In month, the Trust underachieved against the RTT trajectory of 87.11%, with actual performance at 85.18%. The year opened with a total waiting list position of 27,995, below the trajectory of 28,316. The number of patients exceeding 52 week waits continues above trajectory with April reporting at 19; the majority of breaches (17) owing to capacity issues. The Trust is working towards delivery against a remedial action plan, specifically focusing on the challenged sub-specialties within MSK, Ortho-spinal and in Plastic Surgery.

Cancelled Operations - In month, there was one breach of the 28 day re-booking target. Root cause analyses have been completed for all patients breaching the 28 day rebooking standard.

Diagnostic Waiting Times - The Trust has not achieved the national target for diagnostic waiting times with a performance of 4.27% in April and reflects a deterioration from March's position of 3.10%. Although deteriorated, the Trust has achieved the internal trajectory of 5.58%. The Trust continues to monitor Endoscopy pathways through Remedial Action Plans and additional capacity is being sought for Urodynamics to support the backlog clearance.

Cancer

Cancer performance has improved in March, achieving three of the seven standards. Of the four standards not achieved, the Trust's Two Week Wait has reported a fall to 90.3% and the breast non-symptomatic Two Week Wait reported 82.69% in March against the National standard of 93%. The majority of breaches relate to skin (66), breast (62) and gynaecology (23). Patients receiving first treatment within 31 days of diagnosis has not achieved the standard and reports a performance of 93.28% against 96% target. Patients waiting less than 31 days for subsequent surgery continues to underperform with a performance of 79.17% against a target of 94%. The Trust achieved the 62 day standard, with an improved performance of 85.98% against a national standard of 85%. The Trust continues to meet the national standard of 98% for 31 days subsequent drug treatment and has recovered the position for the proportion of patients treated within 62 days of screening at 91.84% against a target of 90%.

Areas of Concern

The system continues to monitor the effectiveness of all actions being undertaken, with daily and weekly reviews. The main risks identified to the delivery of the Urgent Care Improvement Plan (UCIP) are as follows:

- UCIP Risk: Lack of community capacity and/or pathway delays fail to meet bed savings plans as per the bed model.
- UCIP Risk: Length of Stay reductions and bed occupancy targets in the bed model are not met leading to performance issues.

QUALITY PATIENT SAFETY AND EFFECTIVENESS
SRO: Medical Director and Interim Director of Nursing
Overview

Improvements

Never events –There were no Never Events in April 2019, with the last reported Never Event being 26th January 2019.

MRSA cases - There have been no cases of MRSA bacteraemia in April 2019, the last being reported in February 2019.

Incidents involving High Risk Drugs - Over the last 6 months there has been a modest but encouraging downward trend in the number of medication incidents involving High Risk Drugs

Areas of Concern

Incidence of pressure injuries - There has been a significant increase in the number of reported Grade 2 injuries (43, of which 8 were medical device related). As an organisational response to this significant increase in pressure injuries, an appreciative enquiry approach was taken by Heads of Nursing and matrons across inpatient areas, in an effort to understand the reasons for the deterioration in performance. Triangulation of the PI incidence with other key nurse sensitive indicators such as falls, complaints, FFT, staffing levels and use of temporary staff is being undertaken. The outcomes of these approaches will be central to the work of the Trust's Pressure Injury task group.

QUALITY EXPERIENCE
SRO: Interim Director of Nursing
Overview

Improvements

Complaint and Concerns: Improvement in reporting: A review of how data is collected and recorded regarding numbers of complaints, concerns and overdue complaints was carried out in April 2019 . A number of inconsistencies were identified, but the data is now validated and new reports agreed which ensure all agreed exclusions and collation method going forward. As a result this data has been refreshed for year Apr 2019-Apr 2020 to display true reflection of increases and decreases in service delivery and to feed into a six month recovery plan to be rolled out June 2019 – September 2019 which will address both the overdue complaints backlog and the achievement of a final response compliance target of 90% with an aspiration to deliver 90% compliance by the end of November 2019. This is reflected in this report.

Funding to sustain PALS has been secured and recruitment is in progress with a room being secured for the face to face meeting with patient and the public

Friends and Family Test: For April, the percentage of patients saying they would recommend the Trust has improved in maternity(Birth), but reduced slightly for the Emergency Department.

Areas of concern

Complaints and Concerns and Enquiries: The number of complaints received has increased in April as well as the number of overdue responses. A six month recovery plan is being implemented to achieve a 90% compliance in terms of response times by the end of November 2019.

Friends and Family Test: There has been a significant decrease in response rates across all areas in April. The cause of this has been identified as an issue with the Interactive Voice Messages. This has been escalated to the phone service provider and to BT who are working to resolve this as soon as possible.

The percentage recommending the ED, whilst overall has been performed very well against the national and SW(North) regional rates, has decreased again this month. Action will be taken with ED to address the communication and reassurance around waiting times which appears to be a key aspect influencing factor in the recommendation of the service.

WELL LED
SRO: Director of People and Transformation and Medical Director
Overview

Strategic Priority 4. Create an exceptional workforce for the future

Stability
The stability (% of staff in post longer than 12 months) of the Trust's workforce for 19/20 will be influenced by the success of its retention programme. The stability factor decreased slightly in April due to the number of leavers in March with greater than a years service increasing when compared with February, 73 wte and 59 wte respectively. In April the number of leavers with more than one years service decreased to 56 wte and it is anticipated that May's stability position will improve as a result.

Progress against corporate objectives KPIs:
Reduction in proportion of leavers with less than one year service: The rolling 12 month position for leavers with less than one years service improved again in April, 29.1 wte lower than the same point in 18/19 with April 19's in month position being 5.1 wte lower than April 18.
***Reduction in proportion of leavers with reason 'work life balance'*:** The rolling 12 month position for leavers for work life balance reasons improved again in April, 32.3 wte lower than the same point in 18/19 with April 19's in month position being 10.4 wte lower than April 18.

Turnover
The improvement in the number of staff leaving the Trust for voluntary reasons has sustained the rolling 12 month improvement of 85 wte. In order to support the recruitment plans which underpin nursing and midwifery teams a focus on improving retention in these teams will continue.

Vacancies
The Trust vacancy factor remained stable in April 19 at 10.6% (from 10.5% in March 19). Starters of 11 wte in unregistered nursing and midwifery staff, 8.7 wte registered nursing and midwifery staff and 11 wte unregistered AHPs and scientific and technical staff were significant contributors to the overall net gain of 45 wte. The in month position of the band 5 nurse resource plan positive, with 19.4 wte starters and leavers below anticipated levels, 20 wte actual leavers vs 27 wte anticipated.

Health and Well-being
The psychological wellbeing programme has only been at ~60% capacity since January 2019 due to team members on temporary contracts leaving. However the confirmation of the programme funding becoming recurrent means that a permanent psychologist recruitment process is now well underway. Capacity should return to 100% by August 2019.

Progress against corporate objective:
Reduction of proportion of sickness attributed to 'Stress / Anxiety / Depression / Other psychiatric illnesses': wte days lost in the period Apr-18 to Mar-19 saw an improved position of 421 less fte days lost compared with 17/18.

FINANCE
SRO: Director of Finance
Overview

The Trust has planned a deficit of £4.9m for the year. This is in line with the control total agreed with NHS Improvement of £5.4m after excluding a planned profit on sale of £0.5m which is no longer allowed to contribute to delivery of the control total under the new business rules for 2019/20.

At the end of April, the Trust reported a deficit of £0.6m which is £0.1m adverse to the planned deficit including Provider Sustainability Fund and Financial Recovery Fund.

The Trust has borrowed £1.3m year to date to the end of April which brings the total Department of Health borrowing to £179.5m.

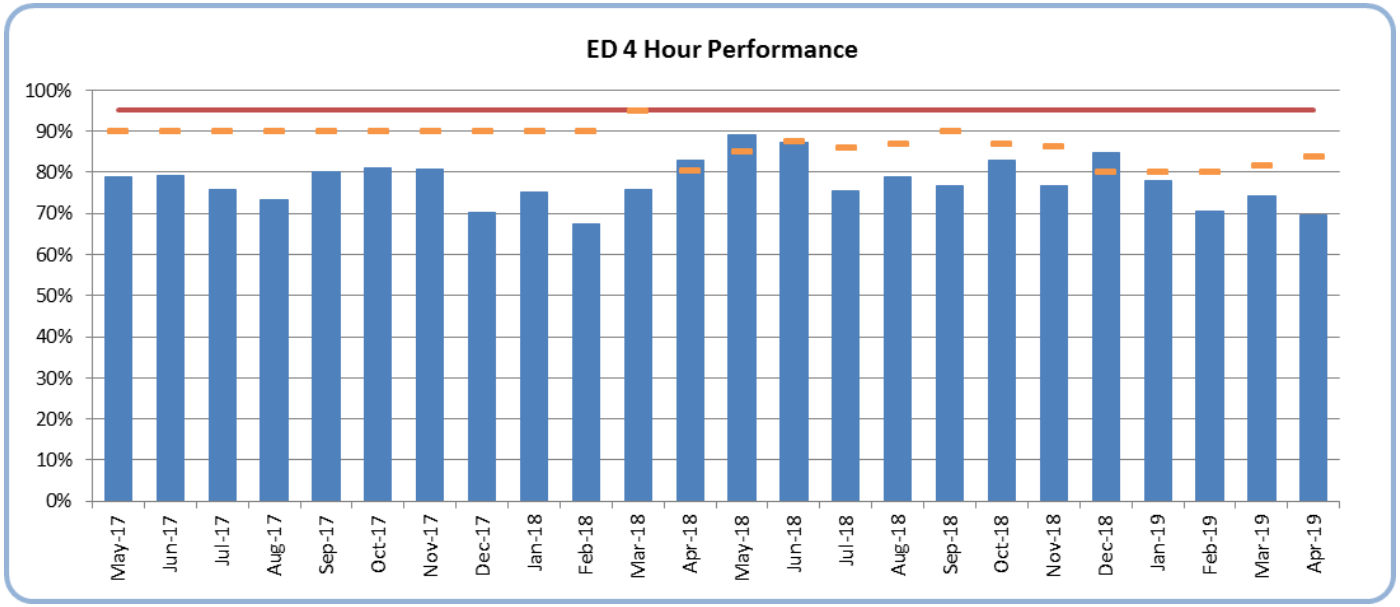
The Trust has a savings target of £25m for the year, of which £0.5m was achieved at the end of April against a plan of £1.3m.

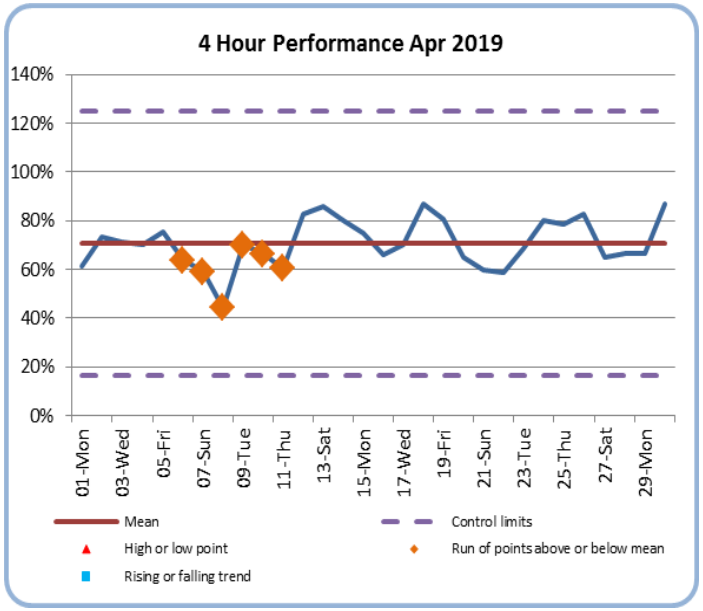
The Trust is rated 3 by NHS Improvement (NHSI).

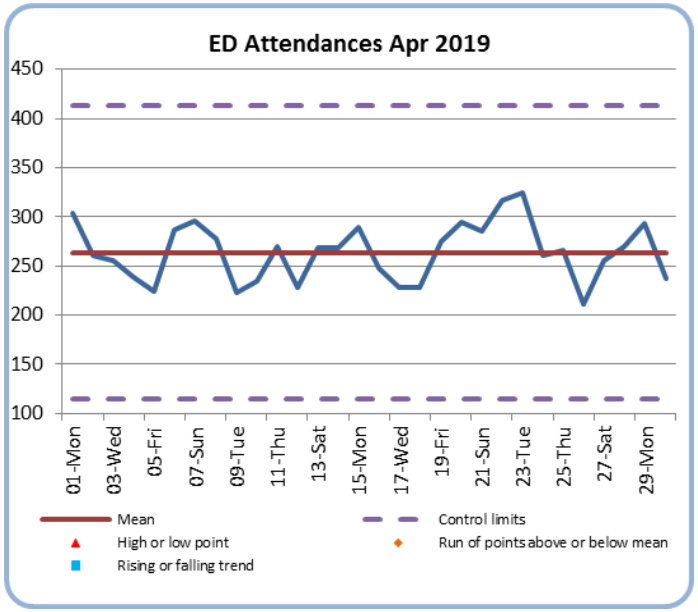
NHS
North Bristol
NHS Trust

RESPONSIVENESS

Board Sponsor: Chief Operating Officer
Evelyn Barker







Urgent Care

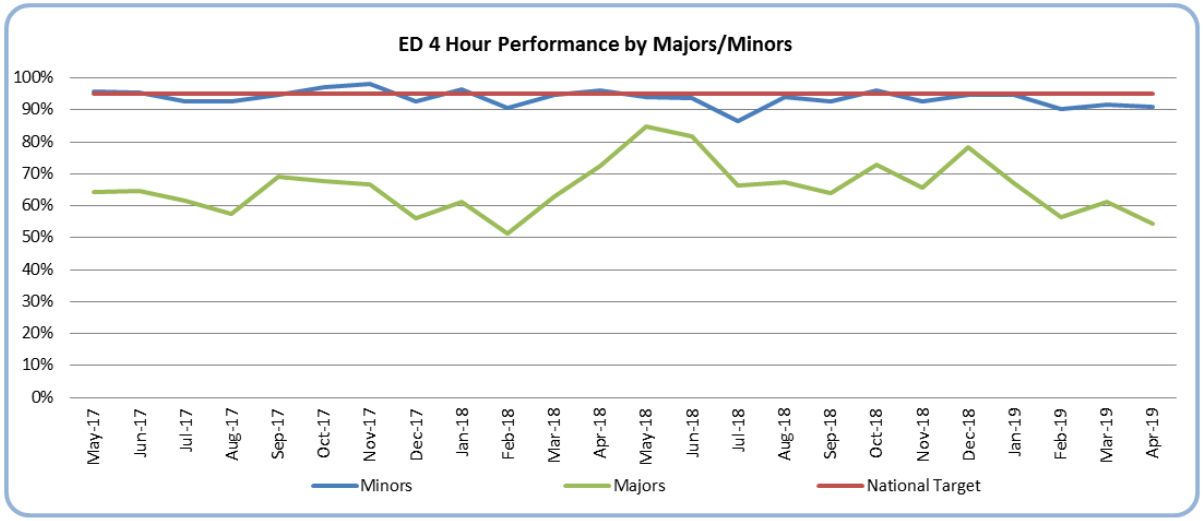
The Trust did not achieve the ED 4 hour wait trajectory of 83.92% in April 2019, with a performance of 69.73%. The position has deteriorated from March and also reflects a deterioration when compared with April 2018.

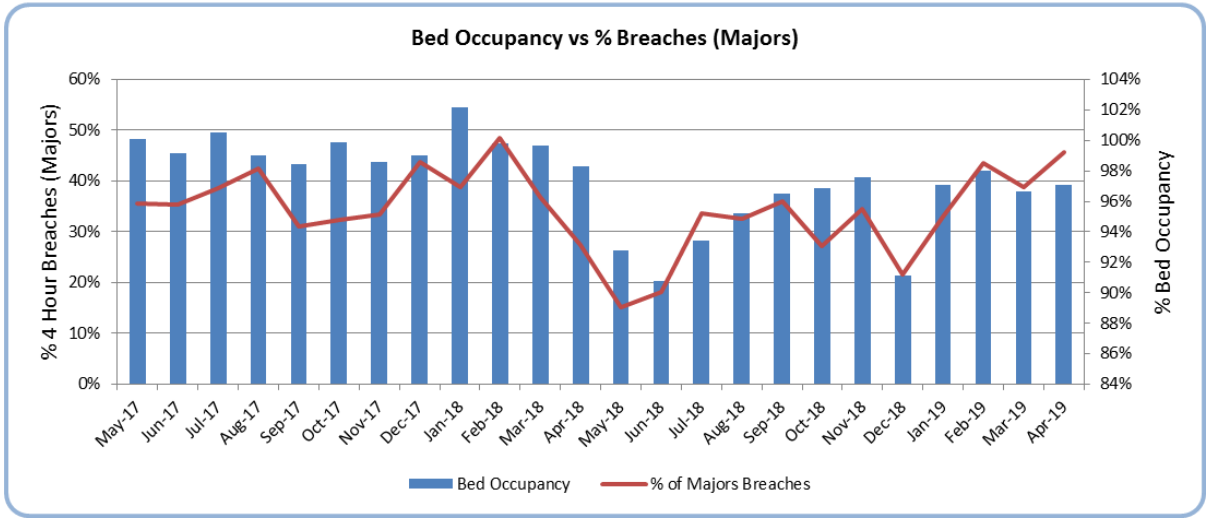
April is confirmed as the second highest number of attendances to be received by the Trust in a single month with an average of 264 attendances per day and three days exceeding 300. At 7934, there were 505 (7%) more ED attendances in April 2019 when compared with April 2018.

ED performance for the Footprint stands at 78.37% and the total STP performance was 81.77% for April. This already is a deterioration in performance when compared to the previous year.

Waiting time performance fluctuated throughout the month, varying between 45.32% and 86.84%, with a median wait time of 3.5 hours (4 hours admitted; 3 hours non-admitted). The median wait time for patients in breach of the 4 hour target was 7 hours and 90% of patients were seen within 8.5 hours.

Significant challenges in achieving the four hour standard in April continue to be reflected across the wider BNSSG system.



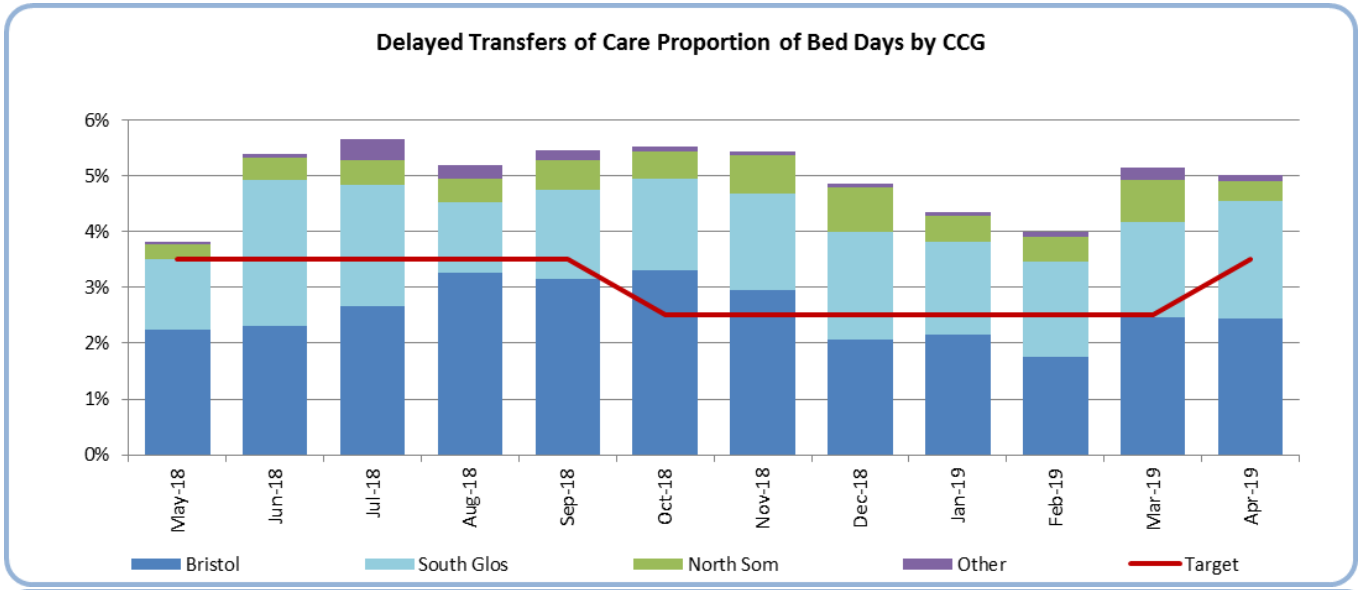


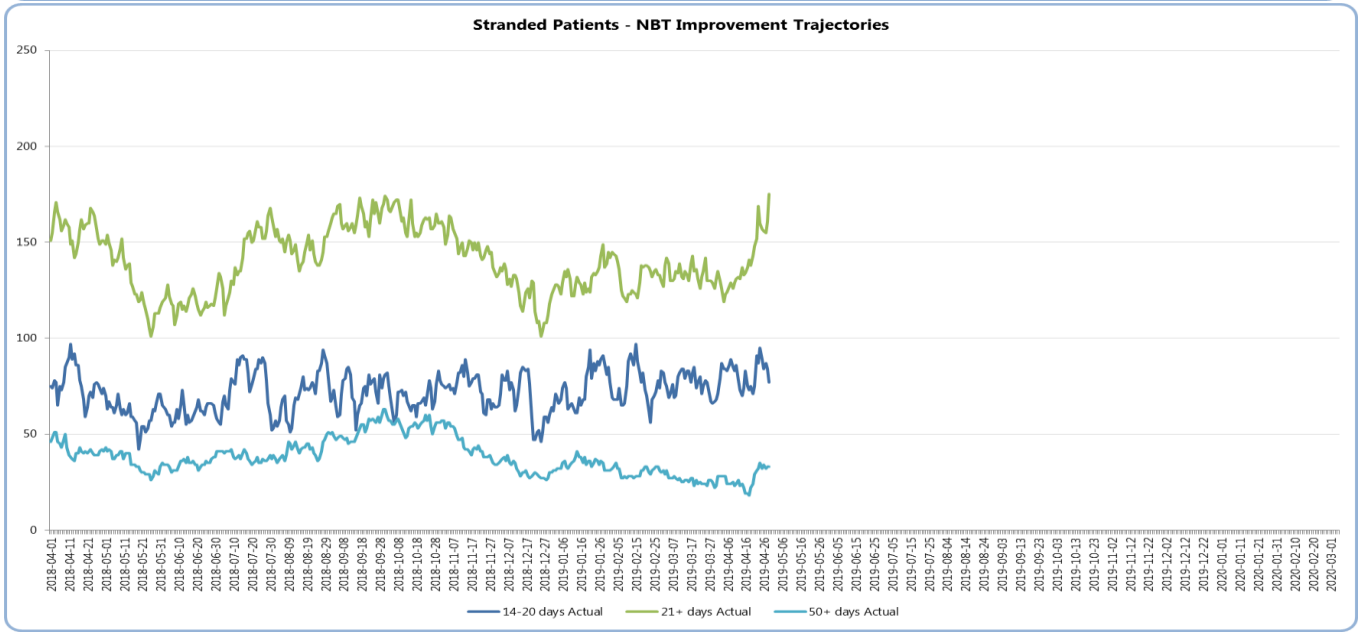
4 Hour Performance

Waiting times slightly worsened for both admitted and non-admitted patients in April 2019. The majority of breaches (61%) were attributable to 'waiting ED assessment', a decrease from 69% in March. ED assessment breaches have been primarily driven by continued surges of walk-in attendances, mixed with high acuity in April. The proportion of wait for bed breaches increased in April resulting from an increase in bed demand and long stay patients reducing flow through the hospital. April reported nil 12 hour trolley breaches.

Ambulance arrivals increased by almost two per day (2.02%) in April with 2717 arrivals. This represents a 9.9% increase on the same period last year. Of patients arriving by ambulance, 89% had their care handed over to the ED department within 15 minutes and 98.27% were handed over within 30 minutes. There were 12 60-minute handover breaches in month. All breaches occurred on 08 April, when the department was in internal critical incident, due to lack of physical space to offload patients within a timely manner.

The overall bed occupancy position marginally deteriorated to 97.07% in April from 96.63% in March. Occupancy variance increased in April with the bed position fluctuating between 89.72% and 100%. Emergency admissions to the main bed base increased by 5.6% from March, reflecting an increase of over nine emergency admissions per day and an increase of 11 per day when compared to the same period last year.





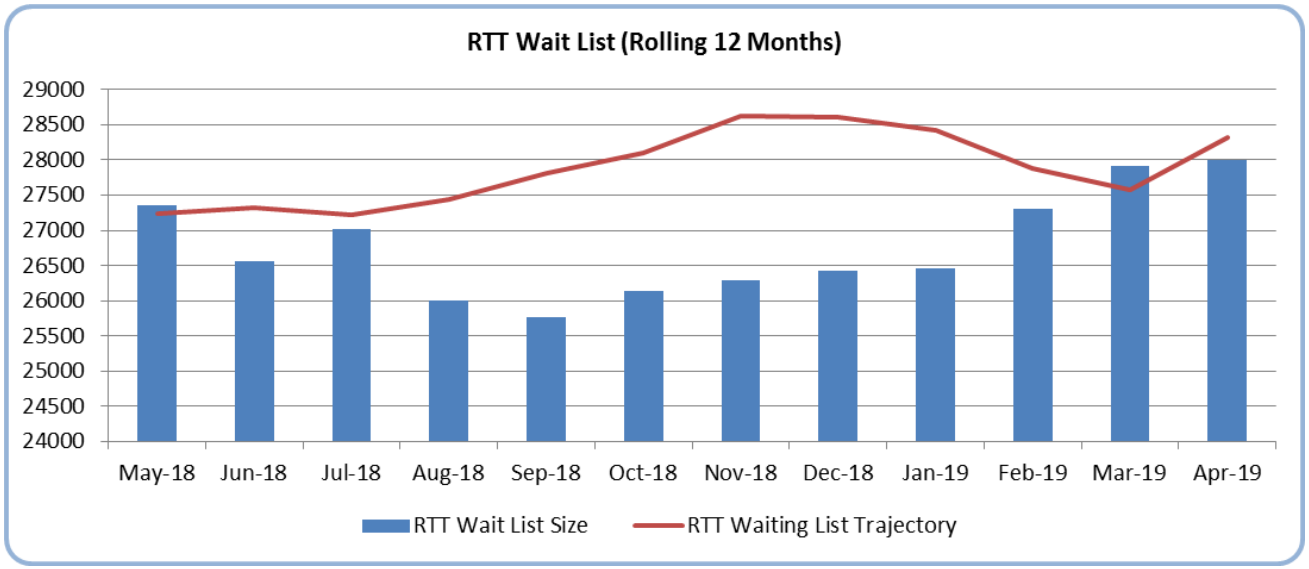
DToCs and North Bristol Operational Standards

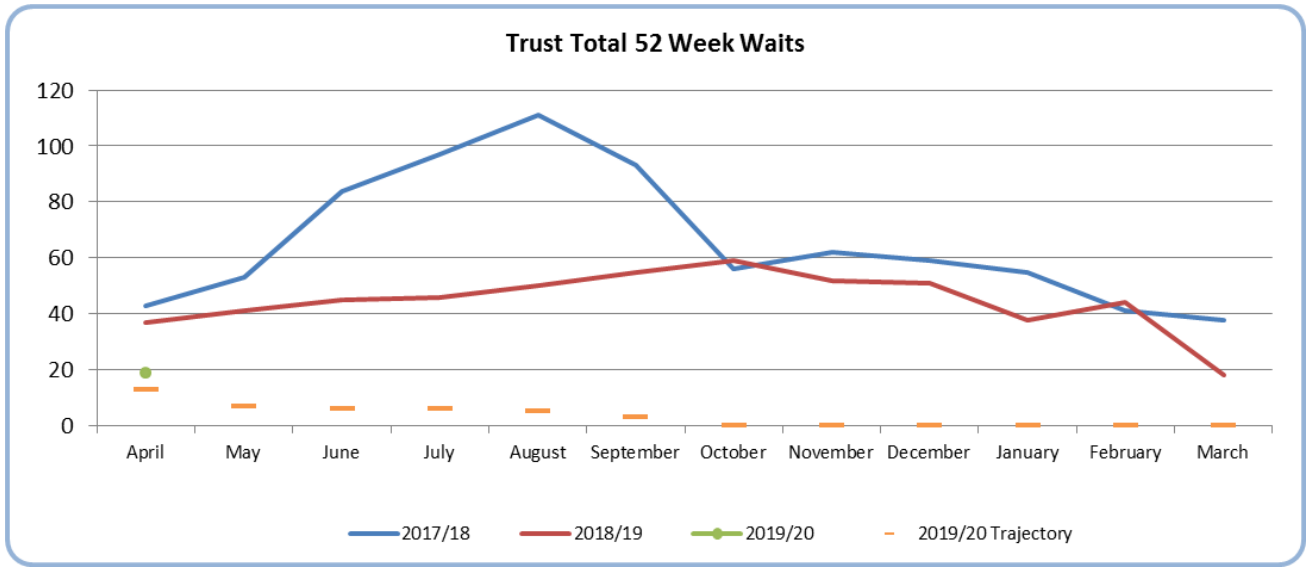
There has been an increase for the second month in the level of measurable DToC. This relates to a lack of availability from care providers over the school holiday period affecting packages and reablement. In addition, there have been staff changes in the Bristol Social Work team which has impacted on their ability to manage demand. This sustained deterioration has been escalated to partners through WSOG.

Delays remained for Pathway 2 beds in all areas and is linked to slow flow in the community. The positive and earlier identification of stroke patients to be managed in a Pathway 2 bed has created a further demand that is not able to be managed within the available capacity.

There was an increase this month in both the over 50 days and over 21 days stranded position when measured against the new trajectory. This cohort of patients are known to partners, but the issues highlighted above have significantly impacted on flow and timely discharge.

Themes collated from the stranded reviews indicate gaps in provision for : Stroke Rehabilitation , younger complex people, bariatric patients and those who require deep clean/declutter to return home.





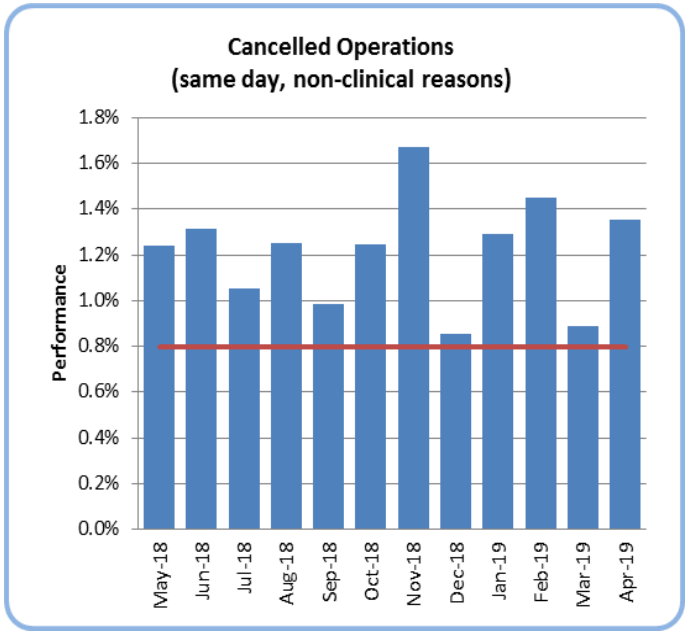
Referral to Treatment (RTT)
The Trust has not achieved the RTT trajectory in month with performance of 85.18% against trajectory of 87.11%. Underperformance is mainly attributable to Clinical Immunology, Neurology, Gynaecology and Respiratory.

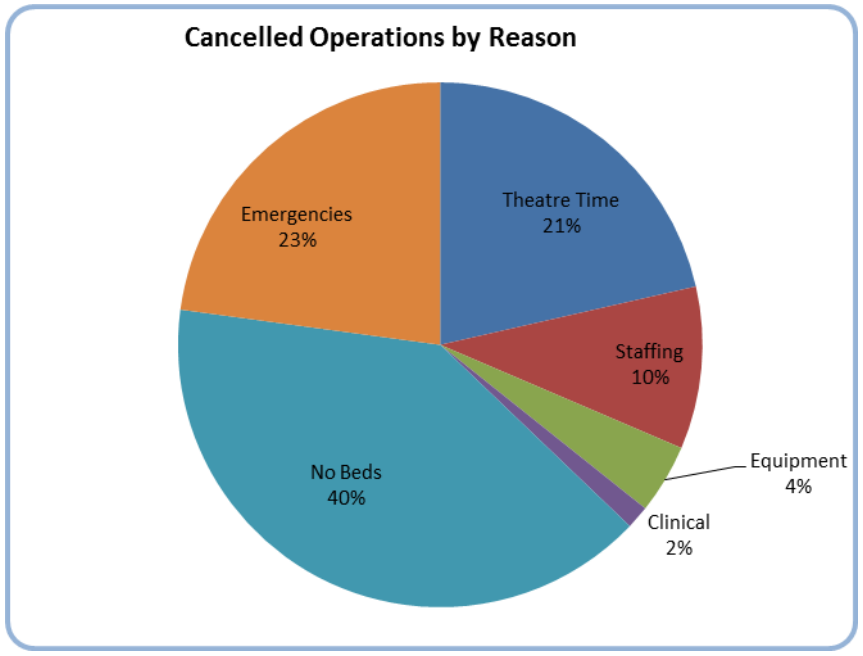
The total Incomplete waiting list for April was 27,995 which was lower than trajectory total of 28,316. The number of patients waiting over 18 weeks was more than trajectory with the actual total being 4,194 against a trajectory of 3,651.

The Trust has reported a total of 19 patients waiting more than 52 weeks from referral to treatment in April 2019. These patients were within the following specialties:
10 Orthopaedics and
9 Plastic Surgery.

This is a marginal increase from 18 reported in March but an improvement from 37 reported in April 2018. All of the Plastics and eight of the ten Orthopaedic long waiters are a result of capacity issues, with the remaining two of the ten Orthopaedic breaches attributable to pathway delays due to late referrals from University Hospitals Bristol. Root cause analyses have been completed for all patients, with future dates for patients' operations being agreed at the earliest opportunity and in line with the patient's choice.

** Please note that the Trust is working to resolve an interoperability issue between eRS and Lorenzo which is effecting RTT clock starts for patients referred via eRS. This is having an adverse impact on the reported incomplete waiting list and has historically reported 7% less than the actual total waiting list size.*





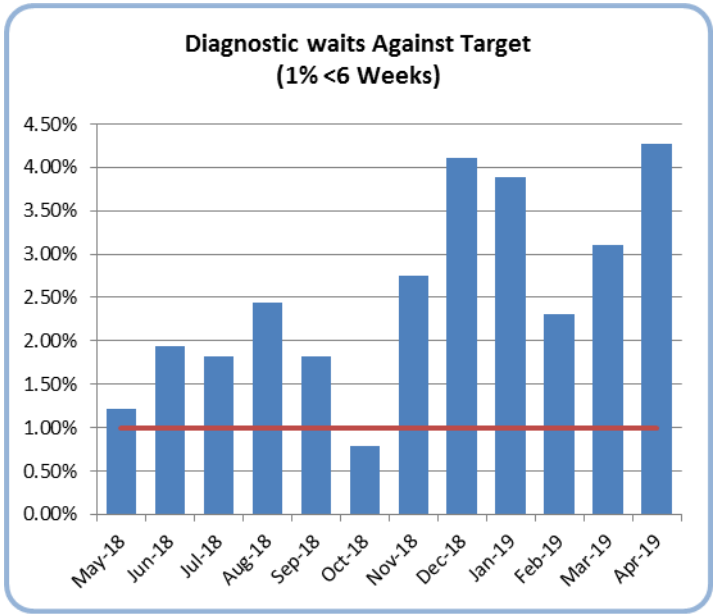
Cancellations

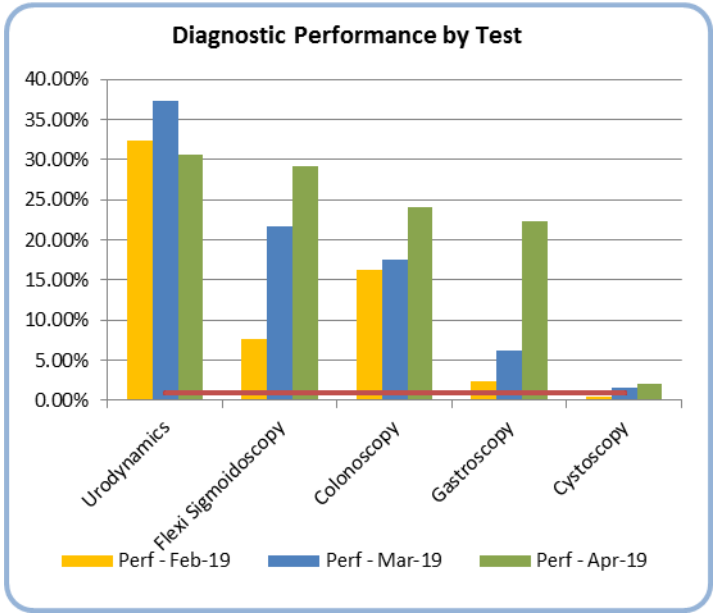
The same day non-clinical cancellation rate in April 2019 was 1.35%, which failed the 0.8% national target.

In month there were no urgent operations cancelled for a subsequent time. This is the third month in a row of achieving this.

There was one operation that could not be rebooked within 28 days of cancellation in April 2019. The operation was initially cancelled due to theatre requirement for an emergency patient and was unable to be rebooked within 28 days due to lack of capacity.

Root cause analyses have been completed to ensure that there is no patient harm.





Diagnostic Waiting Times

The Trust did not achieve the 1.00% target for diagnostic performance in April 2019 with actual performance at 4.27%. Whilst this is a decline in performance from the March 2019 position, delivery is better than the trajectory of 5.59% for April 2019.

Five test types have reported in month underperformance: Colonoscopy; Flexi-Sigmoidoscopy; Gastroscopy; Cystoscopy; and Urodynamics.

The Colonoscopy position deteriorated again in April with performance at 24.12% from 17.48%, with 123 patients waiting over six weeks.

Flexi-Sigmoidoscopy test position reports a decline in performance at 29.12% in April, from 21.72% in March with 83 patients breaching the 6 week waiting time standard against a total wait list size of 285.

Gastroscopy again reported a significantly worsened position of 22.39% in April from 6.22% in March, with 105 patients waiting over six weeks.

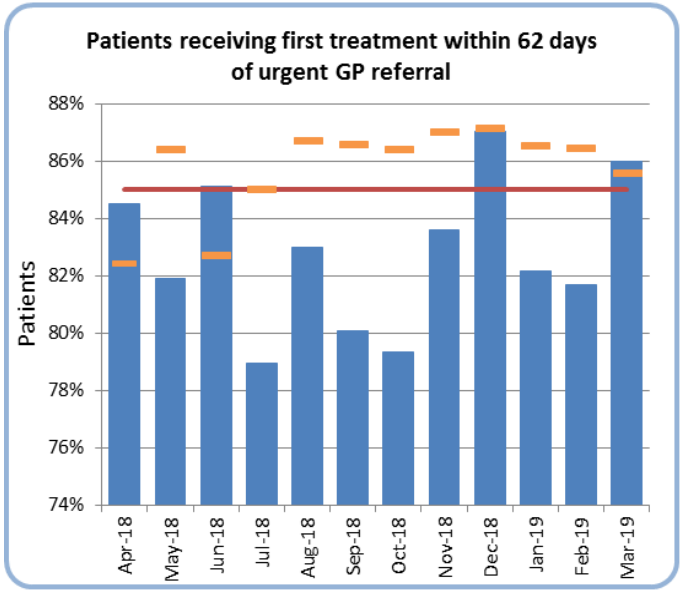
Plans are in place to work towards improving the Endoscopy demand and capacity imbalance including: the appointment of a Nurse Co-ordinator post to cover weekend working; agreement of Contracts for insourcing and outsourcing of activity to other providers; and working with Commissioners on demand management across the system.

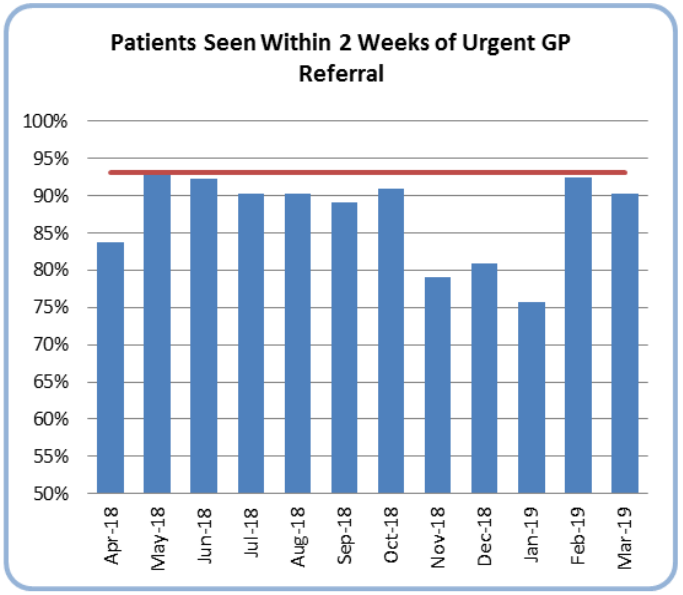
Cystoscopy test position has breached the national target in April with a decline in performance to 2.07% from 1.56% in March. As at April, there were five patients waiting more than six weeks for a Cystoscopy against a total wait list of 241.

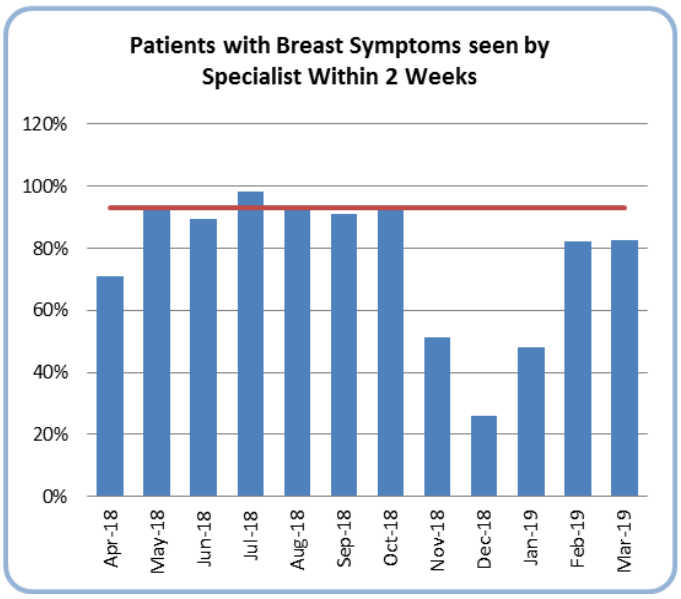
Urodynamics has reported an improved position in April at 30.67% from 37.35% in March. There were 92 patients waiting more than 6 weeks in month. A demand and capacity review of the service has deemed the service in balance for recurrent demand and is now exploring options for extra capacity to clear the backlog.

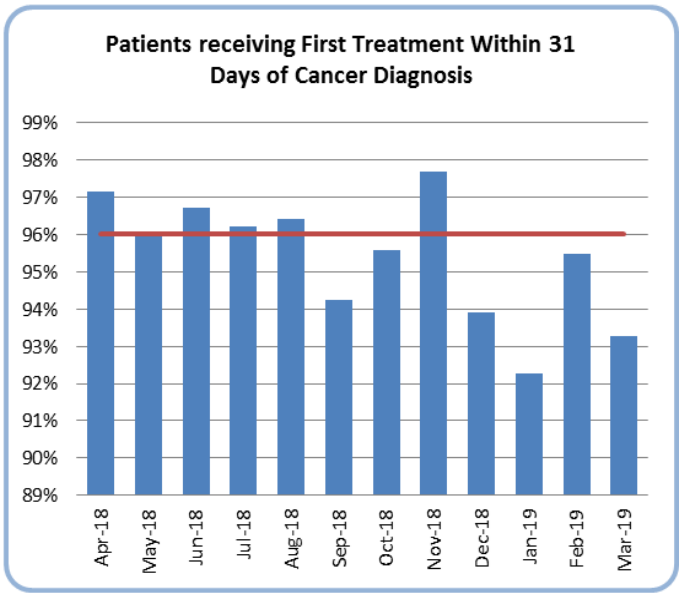
DEXA Scan test position reports a greatly improved position in April at 0% from 18.75% in March. There were no patients with a wait exceeding six weeks for a DEXA scan in April.

All other test types have reported patient diagnostic waiting times within the six week standard.







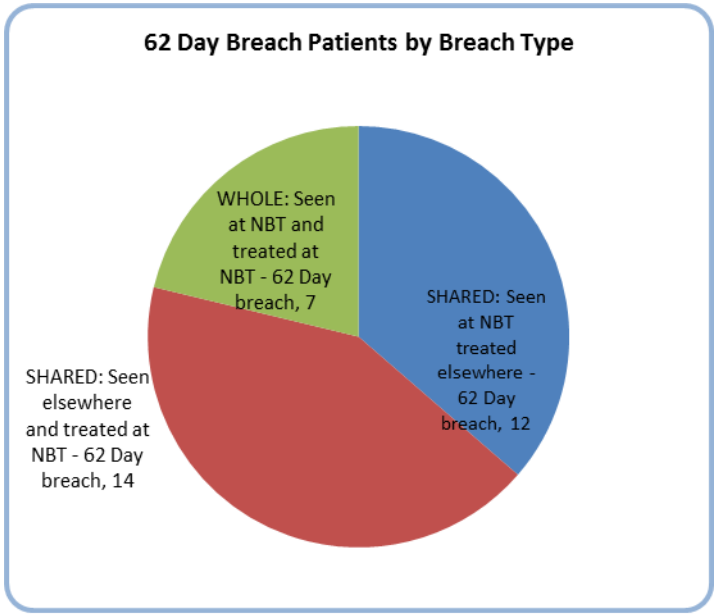


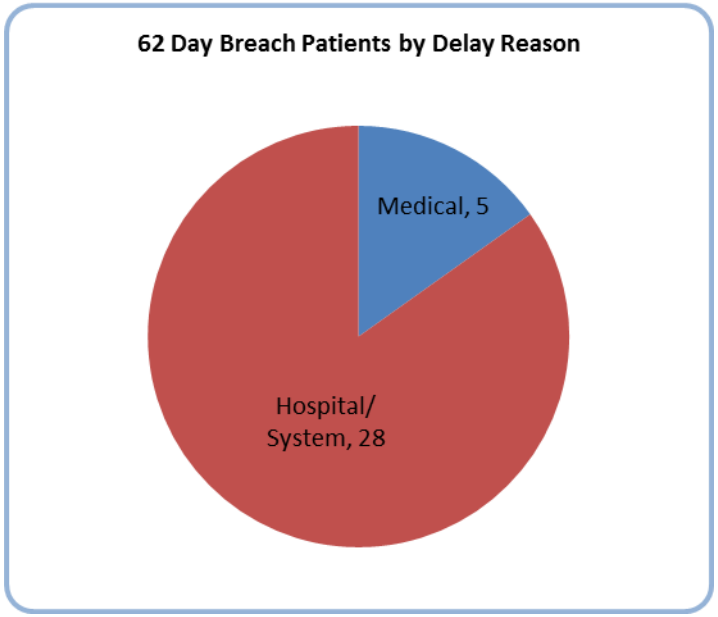
Cancer

The nationally reported cancer position for March 2019 shows the Trust achieved three of the seven cancer waiting times standards. The Trust failed the TWW standard with performance of 90.3% which was a worsened position from February. The Trust saw 2077 TWW referrals in March and there were 202 breaches; the majority were in skin (breaches – 66, referrals - 542) and breast (breaches – 62, referrals - 642) and gynaecology (breaches – 23, referrals - 186).

Of the 202 breaches, 149 patients declined or cancelled the appointments offered within target. If these were attended then performance would have been 97.50% The Trust is undertaking a joint investigation and action plan with the CCG to address ongoing performance issues against this standard. Actions include improved forecasting of required capacity by specialities and work targeting GP practices which have high numbers of non attendances or cancellations.

The Trust failed the 31 day first treatment standard with a performance of 93.28% against the 96% target. There were 17 breaches in total; 12 in Urology, 2 in Skin, 1 in Sarcoma, 1 in Colorectal and 1 in Breast. Urology breaches were due to delays to robotic surgery, due to a continued increase of patients requiring these procedures as first and subsequent treatments which will be resolved when the second robot is fully operational and the backlog cleared. The Breast and Sarcoma breaches were due to complex patients, the Skin and Colorectal Breaches were due to capacity.





The Trust passed the 62 day treatment standard in March with a performance of 85.98%. This is the second time in the 18/19 financial year that the standard was achieved.

In March, 33 patients breached the 62-day standard, 20 of which started their pathway at NBT. Of these 20 patients, 17 had their first appointment at NBT after day seven. Delays in radiology contributed to four breaches.

The delays to Breast TWW appointments in November to January has impacted 62 day performance in March. There were 4 Breast 62 day breaches in March and 3 of these patients had their initial appointments after day 29 due to the previously identified capacity issues. This position has recovered in April.

Urology breaches accounted for 60% of total Trust breaches for March, with all of the internal breaches on the prostate pathway. Capacity issues in radiology, biopsy, joint oncology clinics and robotic theatres continue to limit the ability to meet the 62 day standard for Urology.

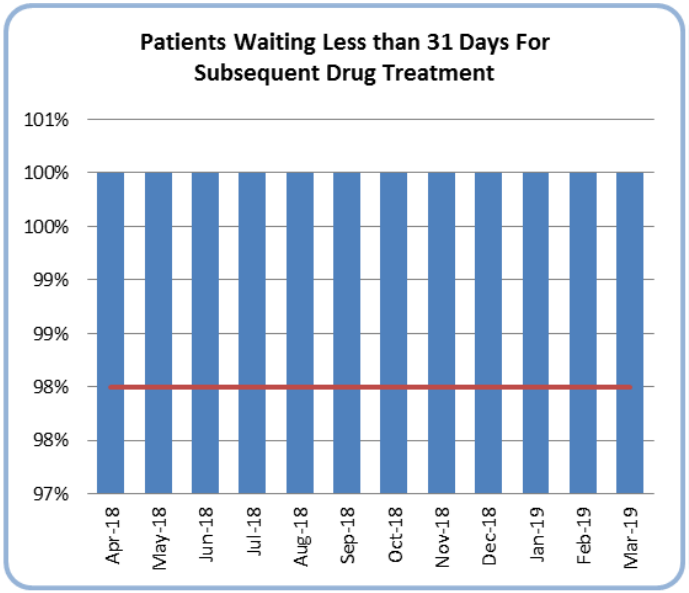
The Urology service is working with Core Clinical Services to ensure adequate capacity for one stop mpMRI and Core Clinical have committed to increasing capacity from June 2019. Reporting of these scans within adequate timeframes will remain an issue. The Urology service has also made significant improvements to waiting times for biopsy. The Trust is leading a regional training scheme to implement local anaesthetic biopsy and the service is increasing it's resources to enable provision of these biopsies within 7 days of request with further work required to ensure sustainability.

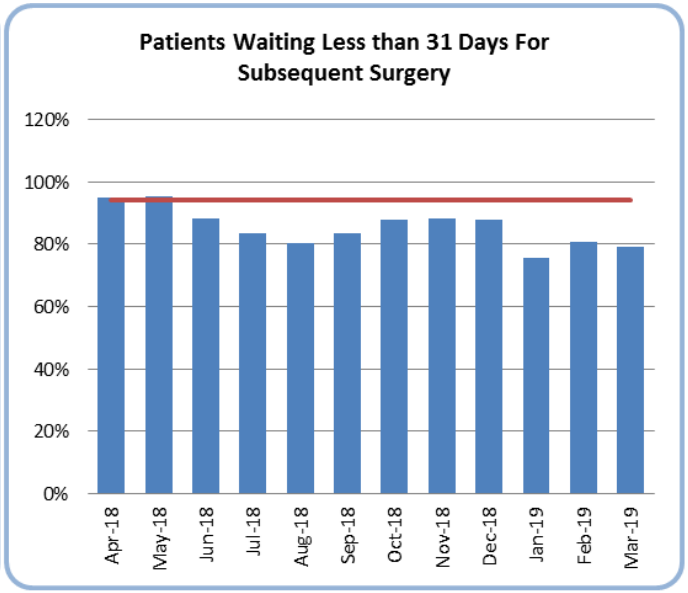
The continued delays for Oncology outpatient appointments and robotic surgery capacity will continue to impact performance for the foreseeable future. The Trust continues to address delays for Oncology capacity with University Hospitals Bristol.

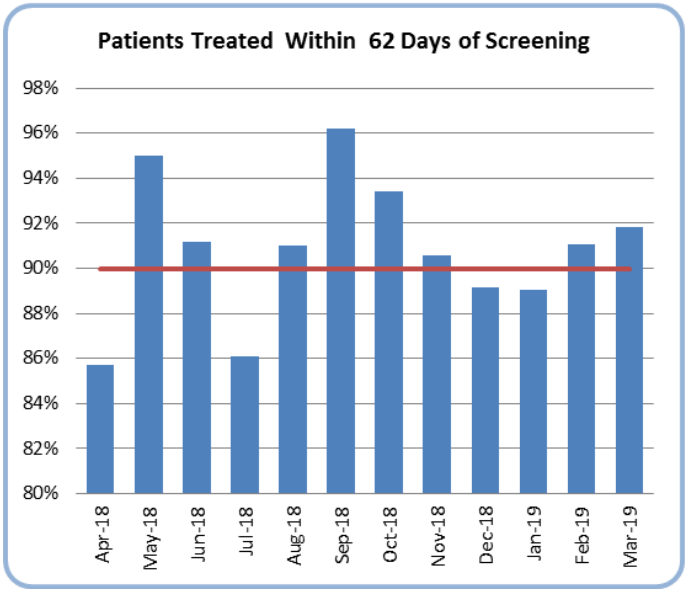
The continued increase of late tertiary transfer patients from elsewhere in the region and the clearing of the associated backlog has continued to impact on Urology performance. Of March's 20 Urology breaches, 13 were transferred in from other providers for treatment, all of which were beyond the agreed national transfer date, accounting for 6.5 additional breaches. 8 of these patients had exceeded the 62 day pathway prior to being referred to the Trust.

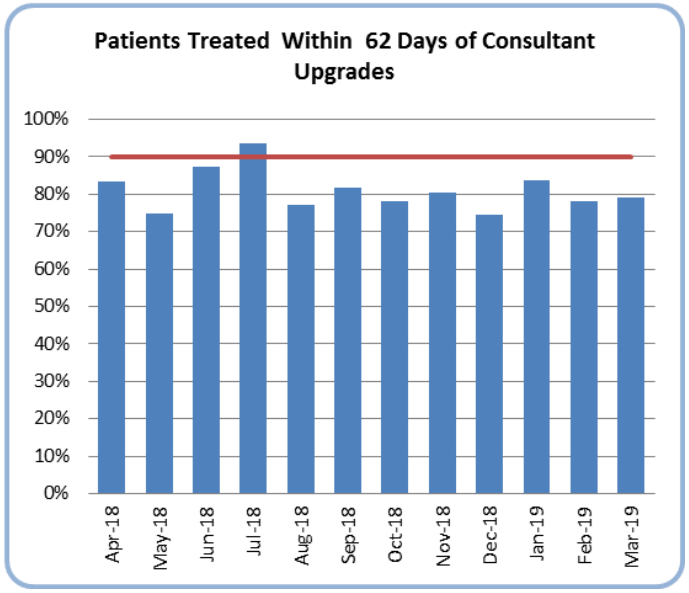
As part of performance improvements the Trust has been monitoring it's internal performance against the 62 day standard. The Trust treated 92.6% of all patients who were referred to and treated at NBT within the national standard. This shows the Trust passes the standard for internal patients including Urology and the delays in Breast.

NB: The charts show the breakdown of breach reasons for both whole and shared 62 day breaches for the month. Breakdown of breach reason may not match total published performance due to time of which data was captured. Data is extracted from a live system.









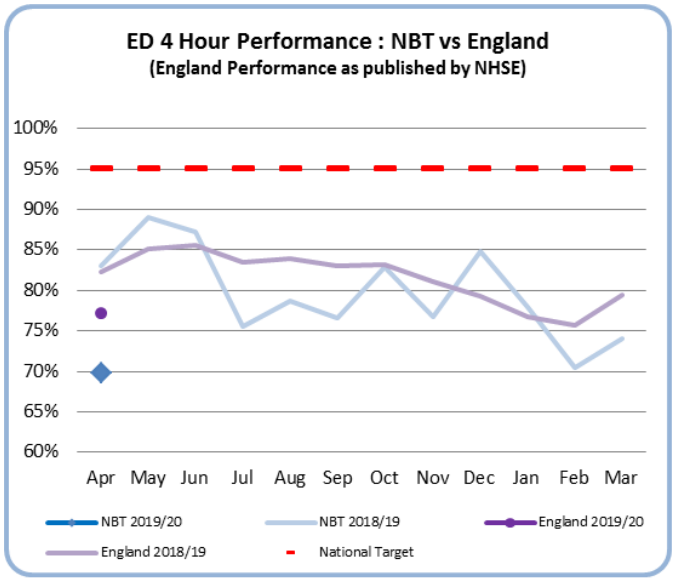
The Trust failed the 31 day subsequent treatment target in March 2019 for patients requiring surgery with a performance of 79.17% against the 94% standard. This was a worsened position from February

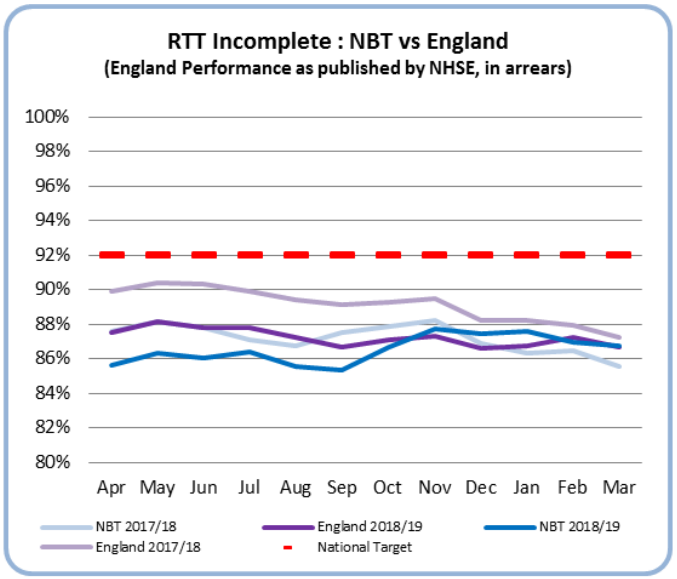
The continued failure against this standard has resulted in a contract performance notice being issued by the CGG. The Trust has submitted an action plan to recover this position, with significant improvements forecasted from September 2019.

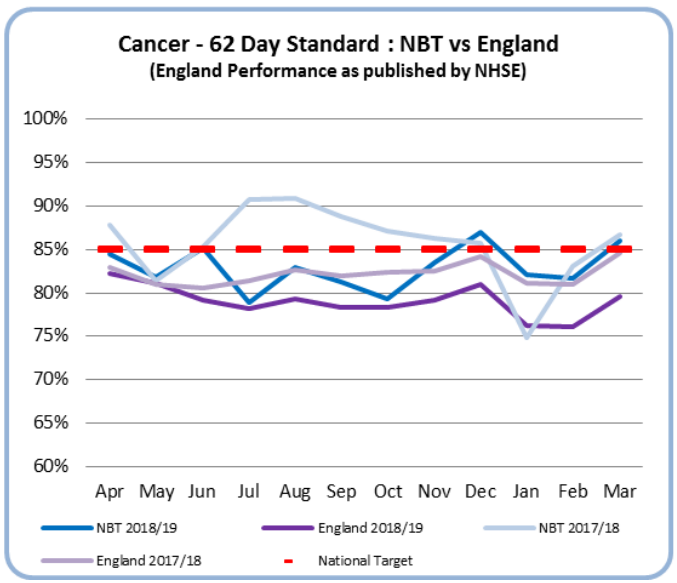
There were 21 breaches in total; 3 of which were in skin and 18 in Urology. All Urology breaches were due to the increased demand for robotic treatments on both the 62 day and subsequent pathways. Performance against this standard will improve once the second robot is fully operational and the significant backlog is cleared. The skin position will continue to improve in April 2019 when the new theatre timetable is implemented.

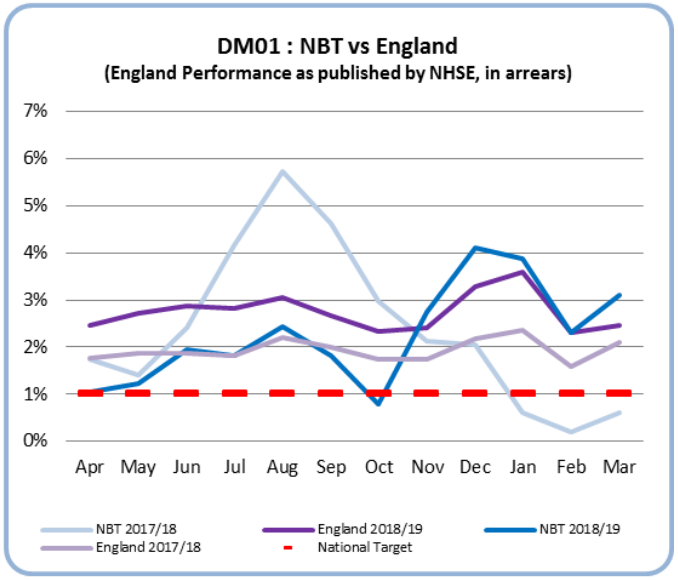
The Trust achieved the 62 day screening target with a performance of 91.84% against the target of 90%.

There were 2 breaches in Breast. Both patients required additional diagnostic steps and one of the patients required a complex procedure which required additional preparation and planning.









RTT, Cancer and DM01 national performance is reported a month in arrears.

ED 4 Hour Performance

NBT ED performance in April 2019 is 69.73% compared to a national type 1 position of 77.15%. The position reflects a deterioration from March and a deterioration when compared to the same period last year.

RTT Incomplete

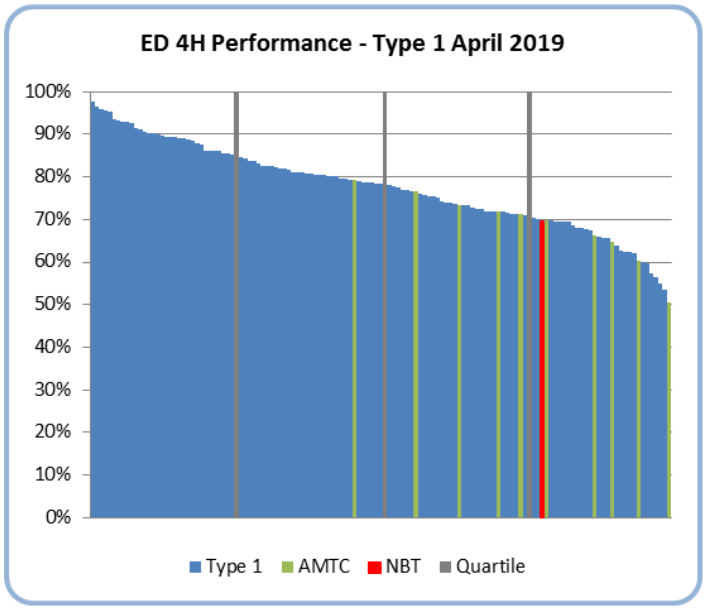
The Trust reported a March 2019 position of 86.71%. This position marginally exceeded the national position of 86.70%.

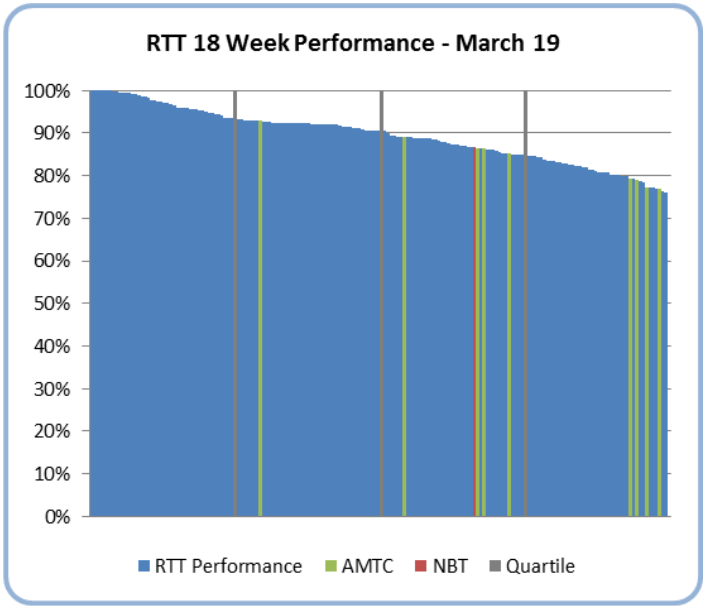
Cancer – 62 Day Standard

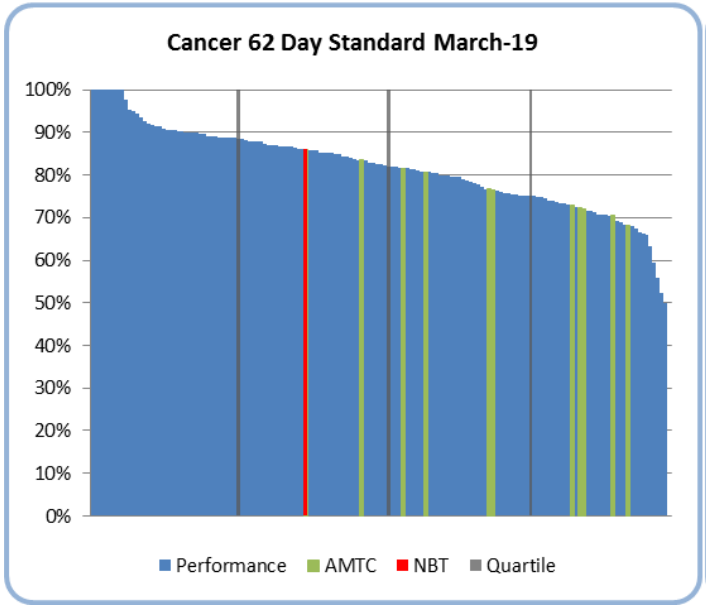
NBT has reported 85.98% performance and continues to outperform the national position of 79.65% in March 2019.

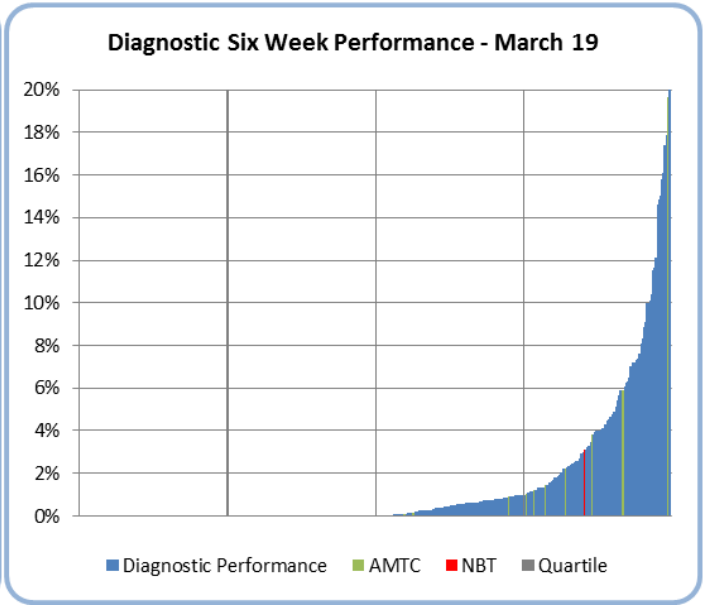
DM01

NBT, in March 2019, failed to achieve the National standard of 1% with a performance position of 3.10%, against the national position of 2.47%.









ED 4 Hour Performance

In April, NBT deteriorated from a position of #95 to #104 out of 133 reporting Type 1 Trusts. This deterioration has tipped the Trust into the upper 4th quartile. The Trusts ranking among the other 11 Trauma centres dropped from 5th to 6th in April 2019.

RTT Incomplete

RTT performance in March 2019 reports an improved NBT position of #115 out of 179 reported positions. The Trust now ranks 3rd out of 11 other adult major trauma centres.

Cancer – 62 Day Standard

At position #46 of 140 reported positions, NBT reports performance of 85.98%. This represents a significant improvement in positioning from February 2019 and continues to rank 1st out of 11 major trauma centres.

DM01

NBT reports an improved position of #127 out of 193 reported diagnostic positions, with a performance of 2.32% in February. This position ranks 7th out of 11 adult major trauma centres.

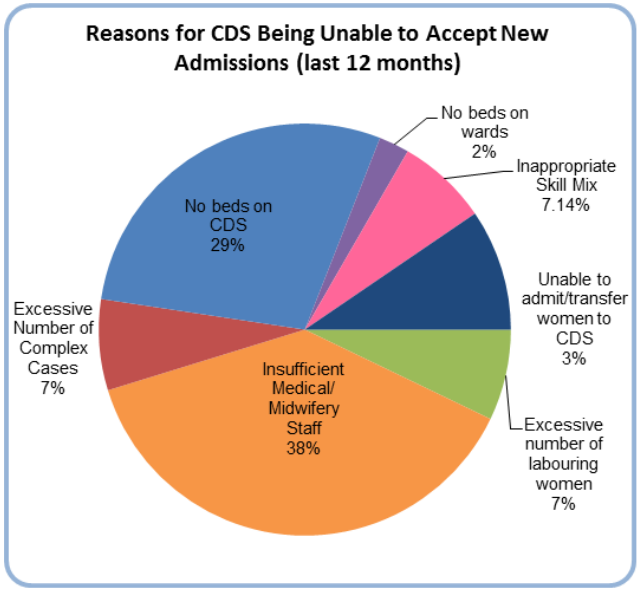
RTT, Cancer and DM01 national performance is reported a month in arrears.

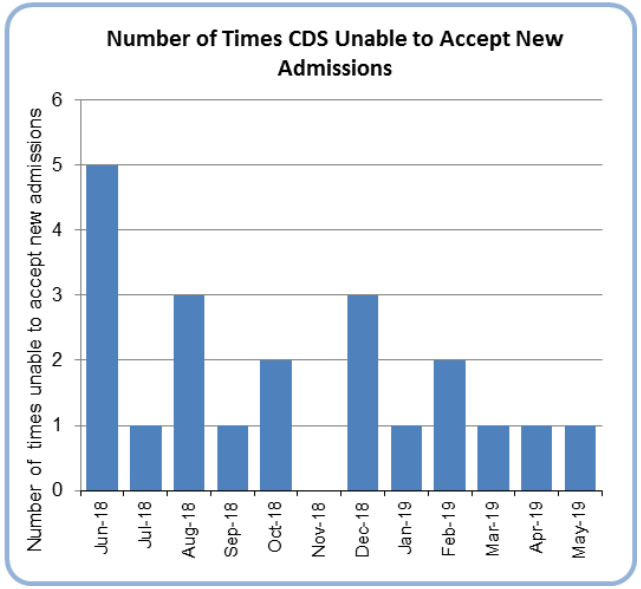
NHS
North Bristol
NHS Trust

Safety and Effectiveness

Board Sponsors: Medical Director and Interim Director of Nursing
Chris Burton and Helen Blanchard

Birth		May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Total Births		523	511	534	543	515	535	497	491	478	458	448	440
Midwife to birth ratio		01:30	01:30	01:30	01:33	01:33	01:33	01:30	01:31	01:30	01:30	01:28	01:27
Normal birth rate		55.8%	56.0%	56.1%	56.4%	60.1%	51.8%	53.1%	51.1%	56.0%	51.1%	55.7%	53.7%
Caesarean birth rate		29.6%	29.1%	28.5%	31.2%	27.3%	34.1%	32.1%	34.4%	32.1%	37.9%	32.0%	35.0%
Emergency caesarean birth rate		17.3%	18.0%	17.3%	17.1%	14.6%	18.7%	19.2%	19.1%	18.0%	23.0%	17.7%	22.4%
Induction of labour rate		33.9%	34.1%	35.0%	33.1%	35.7%	34.7%	34.9%	33.4%	34.0%	37.7%	38.3%	41.5%
Total births in midwife led environment		17.8%	17.8%	19.9%	19.3%	18.8%	13.4%	14.3%	7.9%	14.9%	12.0%	14.5%	15.3%
Birth location	Cossham BC	4.1%	5.7%	6.1%	6.4%	2.8%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Mendip BC	13.3%	11.5%	12.9%	12.1%	14.3%	12.1%	12.9%	6.7%	12.6%	10.7%	13.4%	12.8%
	Home	0.4%	0.6%	0.9%	0.4%	1.4%	3.0%	1.2%	1.2%	2.3%	1.3%	1.1%	2.5%
	CDS	81.3%	81.0%	79.2%	80.4%	79.8%	83.7%	84.5%	89.6%	83.7%	86.7%	83.3%	84.0%
One to one care in labour		98.1%	96.9%	97.0%	95.7%	95.4%	96.4%	95.4%	95.9%	97.4%	97.7%	96.0%	98.3%
Stillbirth	Actual	1	4	0	1	1	2	1	2	2	3	5	2
	Rate	0.40%	0.80%	0.00%	0.20%	0.20%	0.40%	0.20%	0.40%	0.41%	0.60%	1.10%	0.5%





'My Pregnancy @ NBT' smartphone app launched on 04 May 2018 to replace patient information leaflets and give women and families access to evidence based care 'on-the-go' wherever and whenever they choose.

Maternity Staffing

In April 2019 the maternity unit closed on 1 occasion due to high activity and acuity with women being triaged on a case by case basis. No women were transferred during this closure. The new escalation/surge policy was launched on 1st May 2019.

Recruitment

- A rolling recruitment programme is in place to continue to recruit to the additional midwifery posts approved by the Board.

Closure of Cossham Birth Centre

Cossham Birth Centre remains temporarily closed to women in labour until September 2019. A review of current staffing provision from a quality, safety and efficiency perspective is underway and as part of this review, engagement sessions with staff have commenced to give the opportunity for them to be involved in shaping Midwifery Led Services at NBT.

Wave 3 Maternity & Neonatal Health Safety Collaborative (MNHSC)

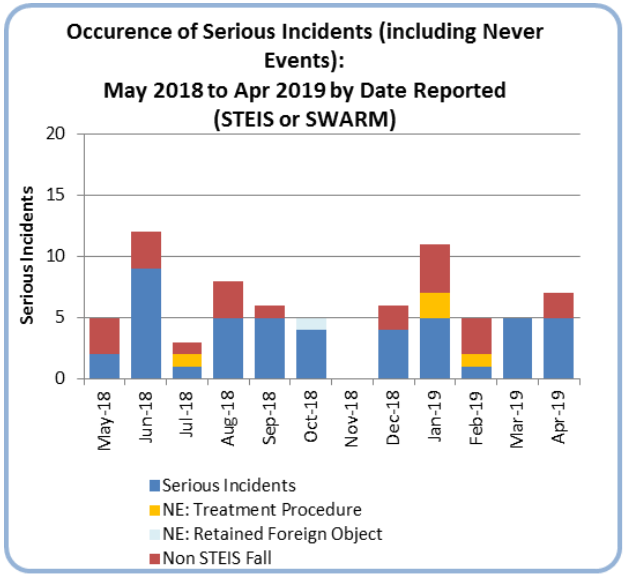
Wave 3 of the MNHSC was launched at NBT on 25th March 2019. The team have attended a 3 day learning event and weekly huddles have commenced. SCORE cultural survey results have been received and the team are meeting mid-May to discuss this.

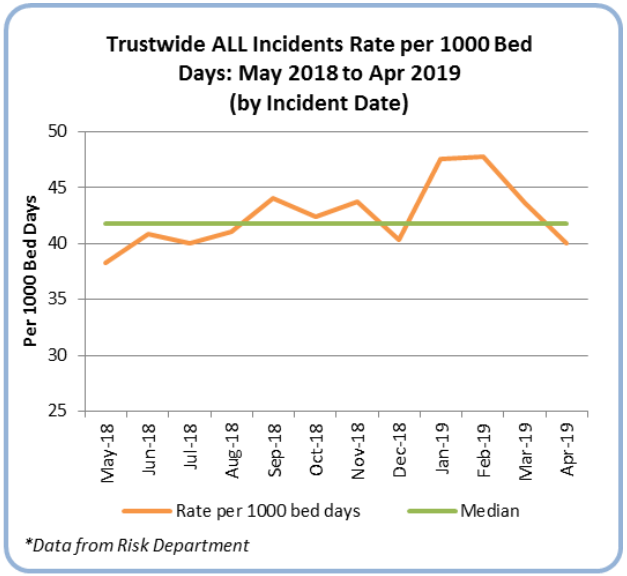
External Peer Review 26th & 27th February

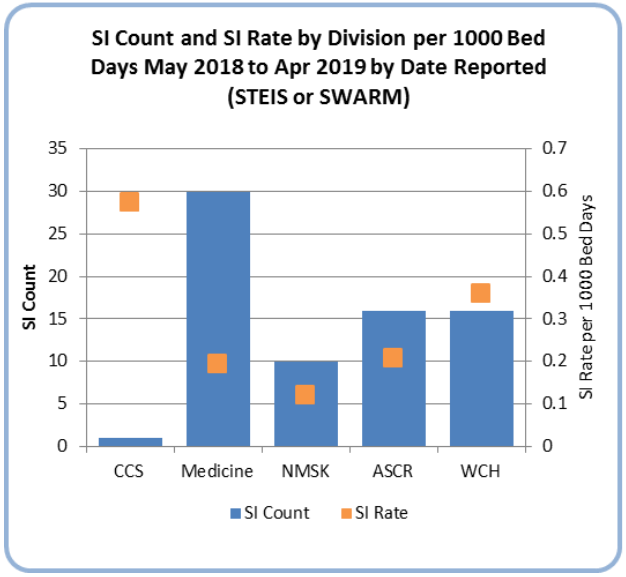
We have now received the formal report of this review. This has been shared with staff and learning will be captured in an improvement plan. Staff will be involved in developing the actions and will be kept up to date on progress.

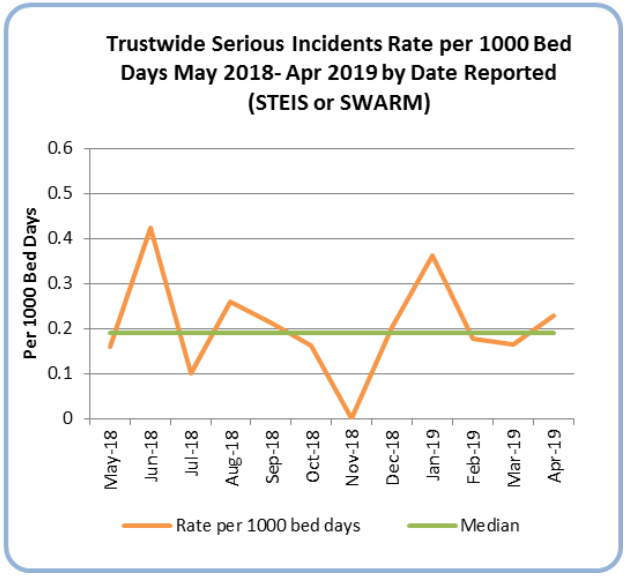
Quality & Patient Safety - Additional Safety Measures

Board Sponsor: Director of Nursing









Serious Incidents (SI)

Seven serious incidents were reported in April 2019:

- 4 x Patient Falls
- 2 x Clinical Assessment or Review
- 1 x Tissue Viability

The Board is asked to note that from April 1st onwards NBT will declare on STEIS all "Serious Falls" as Serious Incidents. Therefore, will no longer reflect "non-STEIS falls" as a separate category. This means that falls represents our most frequently occurring Serious Incident.

Never Events:

There were no Never Events in April 2019, with the last reported Never Event being 26th January 2019.

SI & Incident Reporting Rates

Incident reporting has remained similar to the rate in March at 40.0 per 1000 bed days. Whereas NBT's rate of reporting patient safety incidents remains within national parameters, it is noted that we are in the lower quartile of similar NHS Trusts.

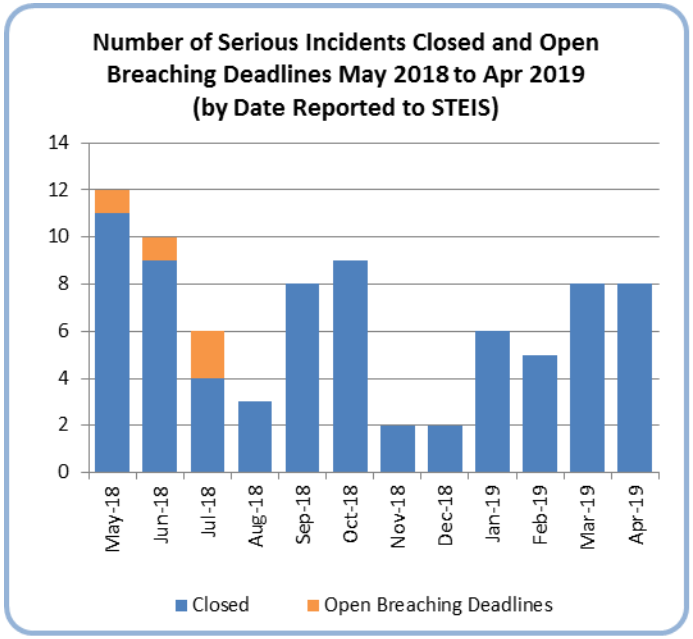
The Patient Safety Incident Improvement Project is focusing on improving our rates of reporting to facilitate learning.

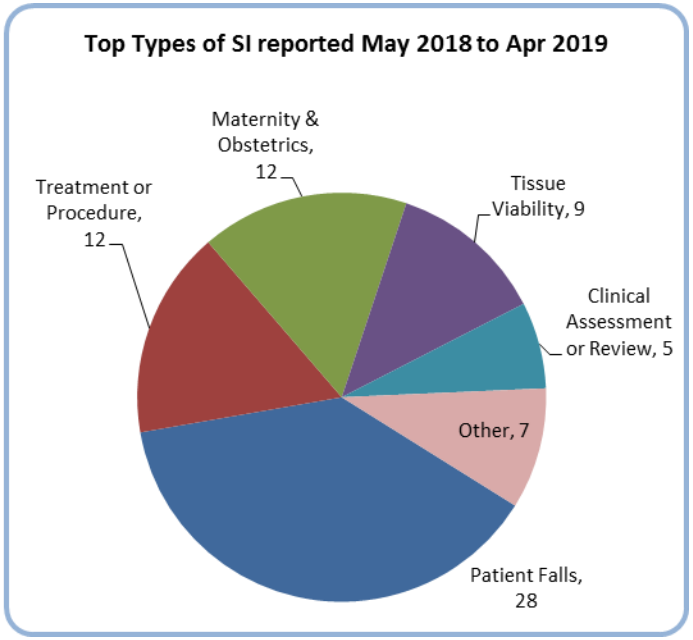
Divisions:

SI Rate by 1000 Bed Days
CCS – 0.58
WCH – 0.36
ASCR – 0.21
Med – 0.19
NMSK – 0.12

Quality & Patient Safety, Additional Safety Measures

Board Sponsor: Director of Nursing





CAS Alerts –April 2019				
Alert Type	**Patient Safety**	**Facilities**	**Medical Devices**	**Supply Distribution Alerts**
New Alerts	0	0	1	0
Closed Alerts	0	0	0	0
Open alerts (within target date)	0	0	1	0
Breaches of Alert target	0	0	0	0
Breaches of alerts previously issued	0	0	0	0

Data Reporting basis
The data is based on the date a serious incident is reported to STEIS. Serious incidents are open to being downgraded if the resulting investigation concludes the incident did not directly harm the patient i.e. Trolley breaches. This may mean changes are seen when compared to data contained within prior Months' reports

Central Alerting System (CAS)
1 new alert reported, and 1 is still within alert target date.

From June 2019, the Patient Safety and Clinical Risk Committee will receive a monthly status report on CAS alerts. This report will provide information on new alerts with updates for open alerts.

Incident Reporting Deadlines for Serious Incident Investigation submission

No serious incidents breached their May 2019 reporting deadline to commissioners. There have been no breaches since July 2018.

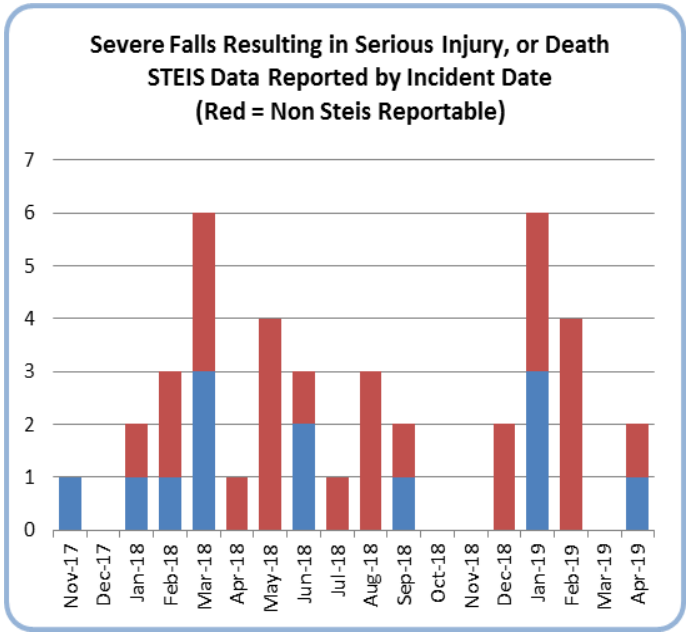
Top SI Types in Rolling 12 Months

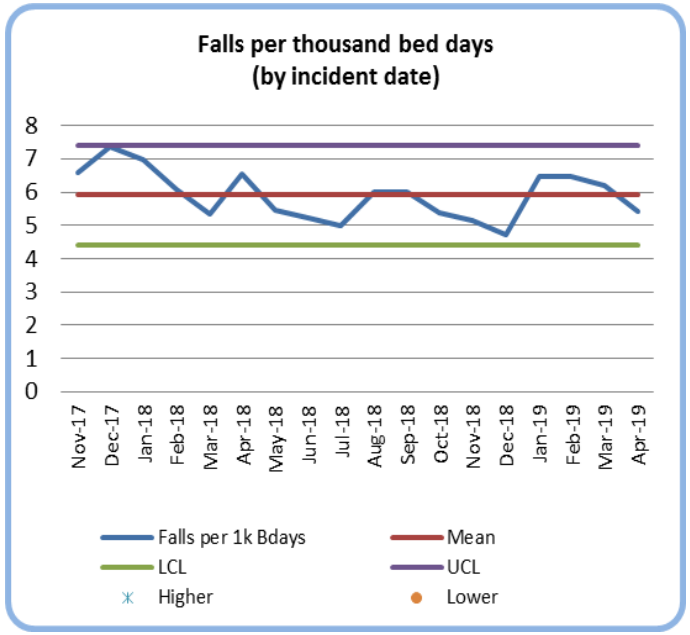
Patient falls remain the most prevalent of reported SIs. These are monitored through the Trust Falls Group, with an update being provided to the next Patient Safety and Clinical Risk Committee (June 2019).

This is followed by
- Treatment or Procedure
- Maternity & Obstetrics.

"**Other" Category**:

- 2 Infection Control
- 2 Appointments
- 1 Medication
- 1 Fluid Management
- 1 Neonatal



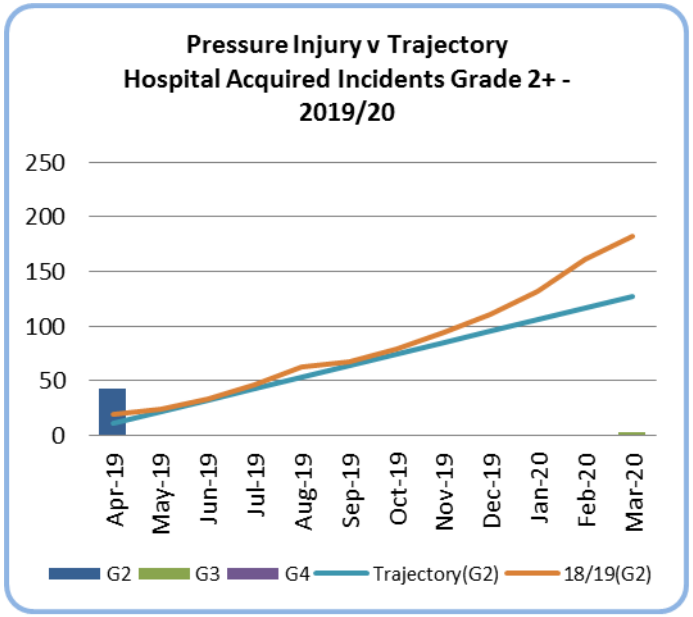


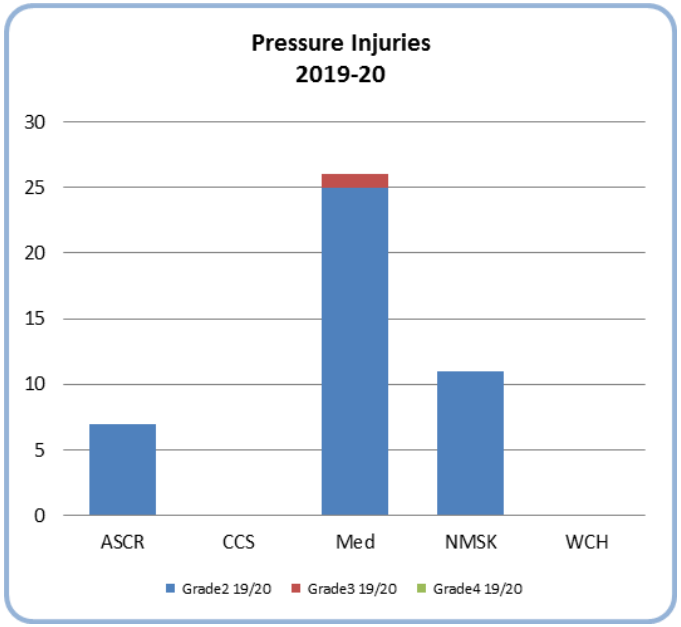
Falls

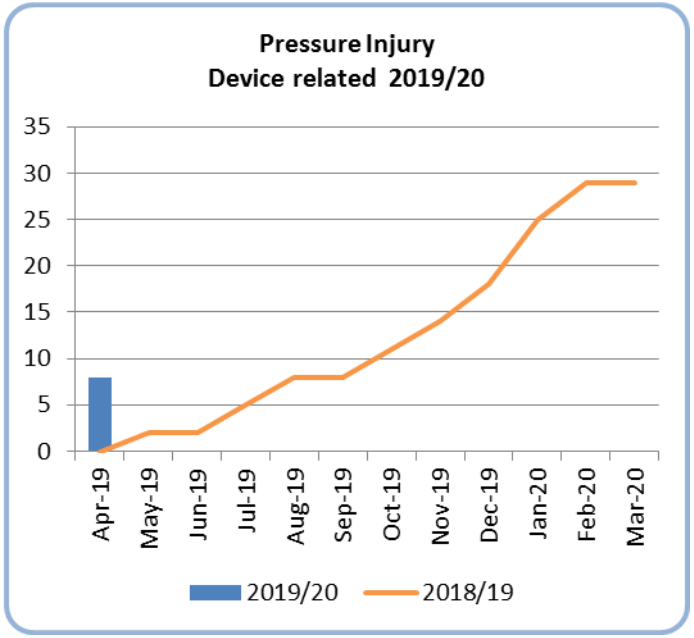
In April 2019, 163 falls were reported of which there were two reported as Serious Harm falls (4+), Of the total 163 Falls reported, 11 were categorised as 'Moderate Harm falls', and 47 categorised as 'Harmful Falls' with 133 'no-harm'. The majority of reported falls occurred within Medicine Division (109), with the others occurring in NMSK (61), ASCR (19) and (2) in CCS.

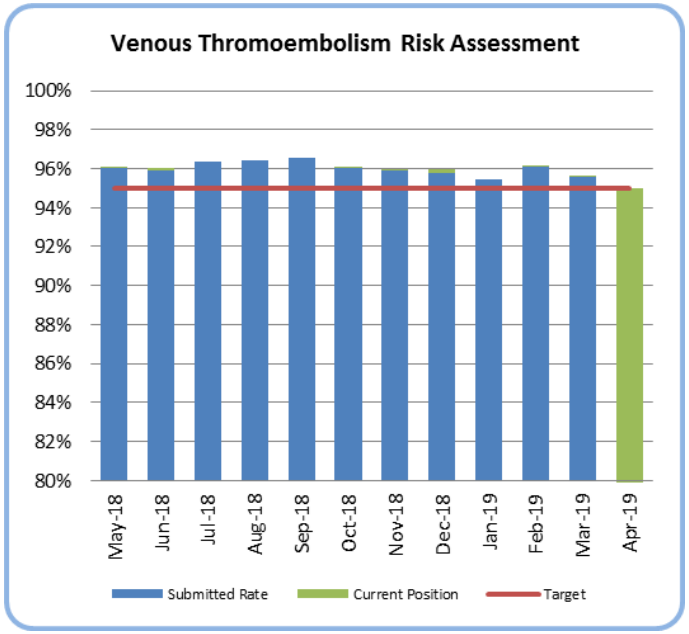
The Falls Prevention Group continue to collect falls data to assess and explore the effects of learning and opportunities for further changes needed to ensure future risks are removed.

This includes support to the National Falls Audit Evaluation study and joining the London Falls Prevention Network to share and learn for colleagues elsewhere.









Pressure Injuries (PIs)

The Trust ambition for 2019/20 is a

- 30% reduction of Grade 2 pressure injuries.
- 30% reduction of device related pressure injuries
- Zero for both Grade 4 and Grade 3 pressure injuries.

No grade 4 pressure injuries were reported in April. One Grade 3 pressure injury occurred within Medicine.

There were 43 reported Grade 2 injuries of which 8 were medical device related. The break down of injury is as follows: 48% Sacrum/ buttock, 25% Heels, 7% Coccyx, 2% Ankle and 18% Medical device related.

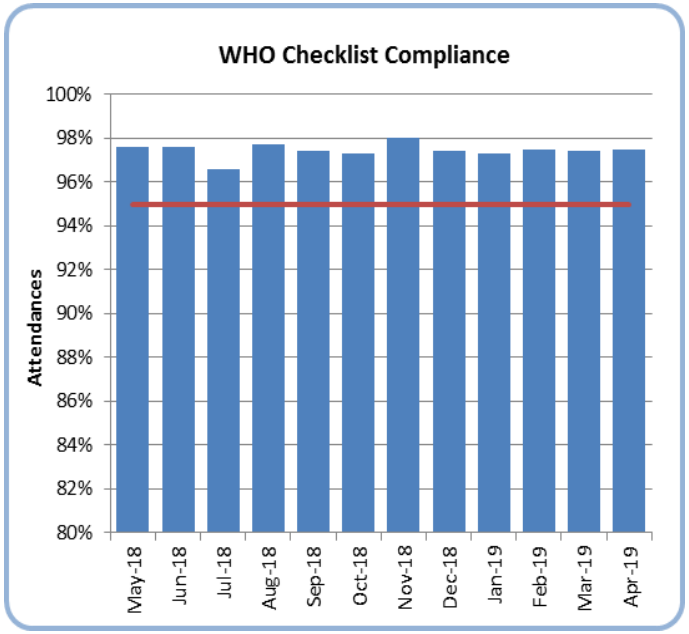
As an organisational response to this significant increase in pressure injuries, an appreciative enquiry approach was taken by Heads of Nursing and matrons across inpatient areas, in an effort to understand the reasons for the deterioration in performance.

Triangulation of the PI incidence with other key nurse sensitive indicators such as falls, complaints, FFT, staffing levels and use of temporary staff is being undertaken. The outcomes of these approaches will be central to the work of the Trust's Pressure Injury steering group.

At the time of writing it is forecast the incidence of PIs for May will have improved compared to April.

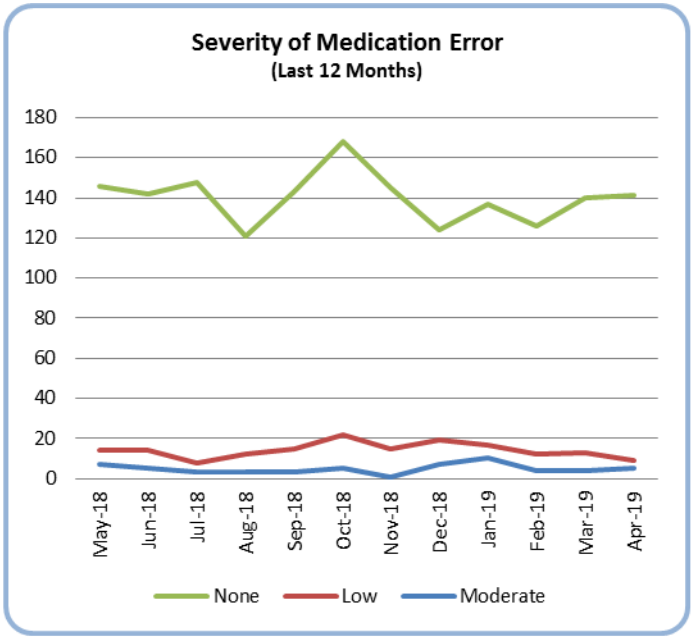
VTE Risk Assessment

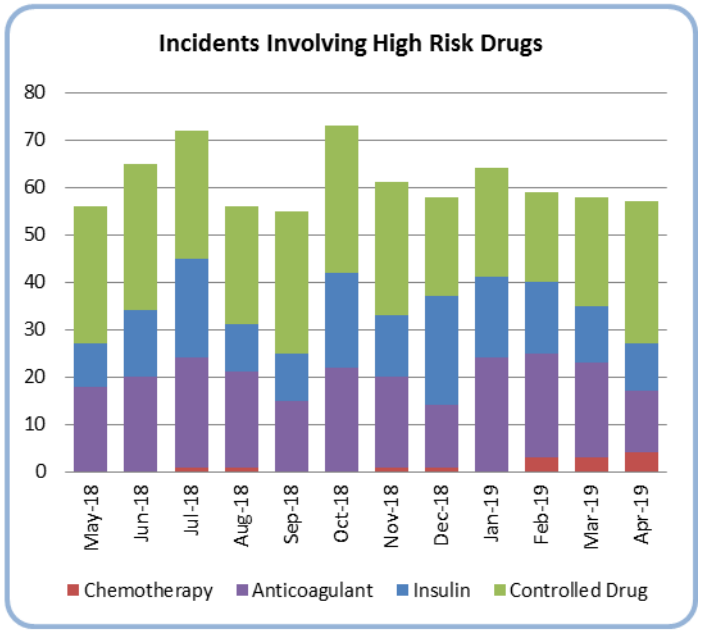
The Trust continues to meet the 95% standard.

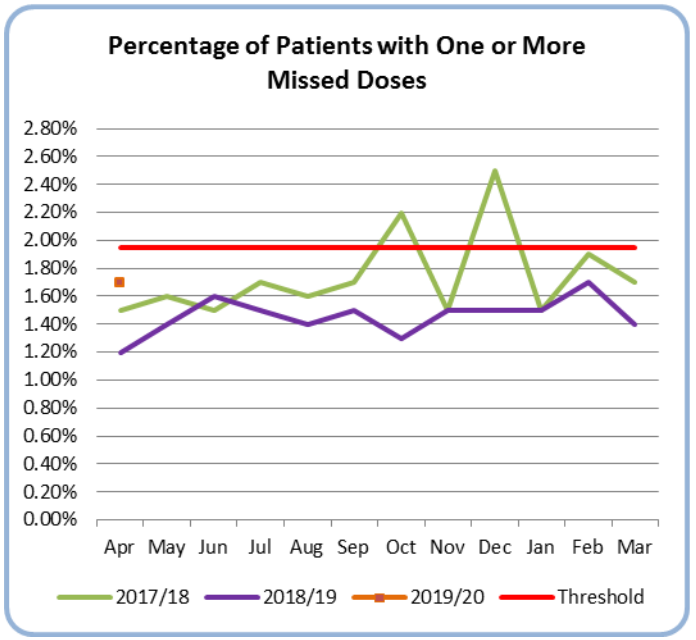


WHO Checklist Compliance

WHO Compliance is sustained and remains above the Trust standard. WHO checklist compliance is monitored by the Theatre Board.







Quality Improvement Programme

Redesigning the Pharmacy weekend service at North Bristol NHS Trust to improve patient safety and quality through a more efficient use of resources

Traditionally, at weekends, all requests for missed doses and discharges (TTAs) were sent from the wards to the dispensary. The proposal was to get those pharmacists and medicine management technicians (MMTs) working at weekends.

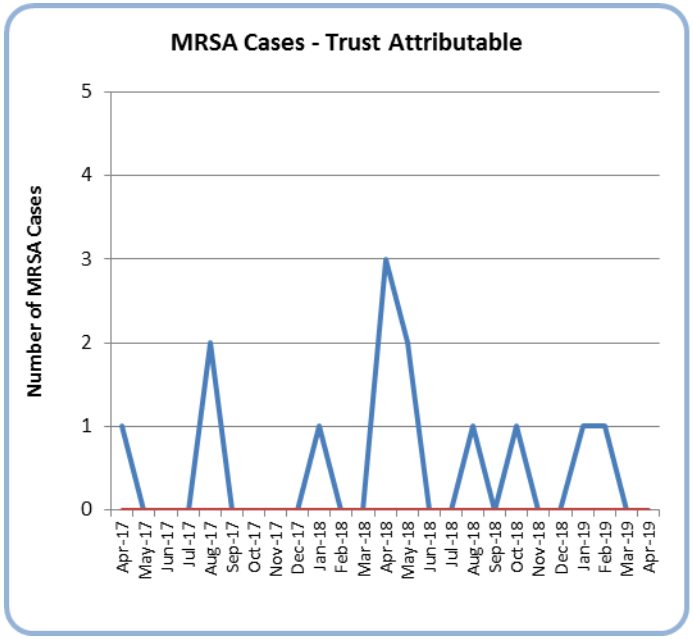
Without increasing the capacity or resources, this quality improvement programme has enabled the pharmacy team to process 23.5% more discharges (TTAs) over the weekends, compared to the same period in the previous year.

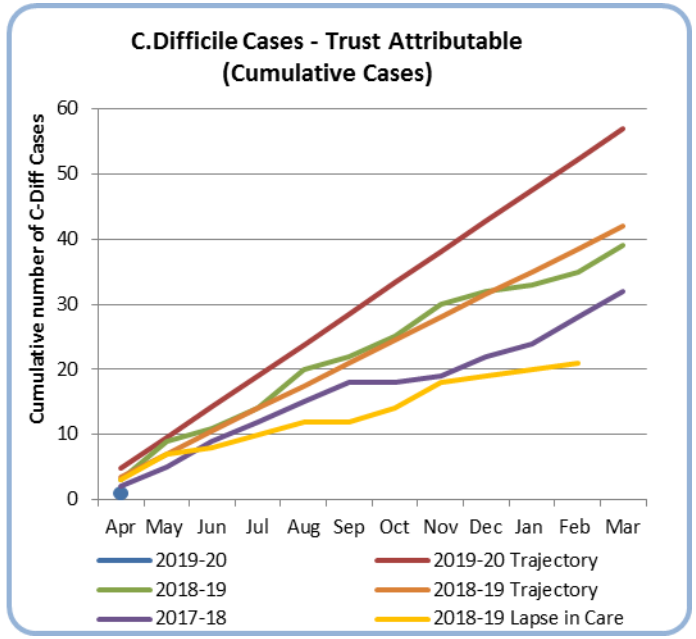
Medicines Management

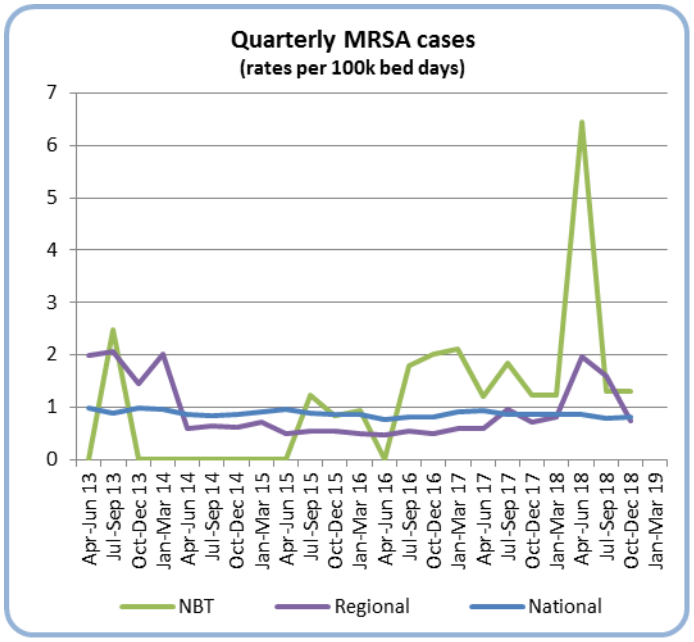
Severity of Medication Error.
During April 2019 the number of "no harm" medication errors represented c.87% of all medication errors. Over the last 6 months there has been a downward trend in the number of low harm medication errors.

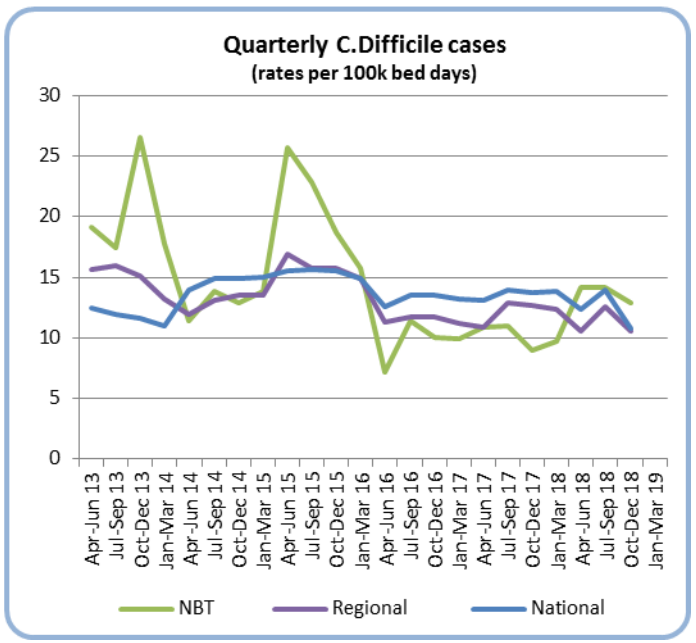
High Risk Drugs
High Risk Drugs formed c.36% of all medication incidents reported during April 19. All incidents relating to high risk drugs are closely monitored by the Medicines Governance team and reported to the Medicine Governance Group.

Missed Doses
The clinical pharmacy team continues to closely monitor the KPI's associated with all missed doses. Any ward(s) that breach the missed dose target of <1.95% on two consecutive months undertake an intensive 2-week "missed dose audit". The audit results are shared with ward staff to help the team develop an action plan to improve standards.









MRSA

There have been no cases of MRSA bacteraemia in April 2019.

A Trust quality improvement initiative continues aiming to reduce incidence of bacteraemia associated with indwelling devices.

C. Difficile

NHS Improvement have changed the measurement methodology for Cdiff resulting in a new 19/20 target of a total of 57 cases.

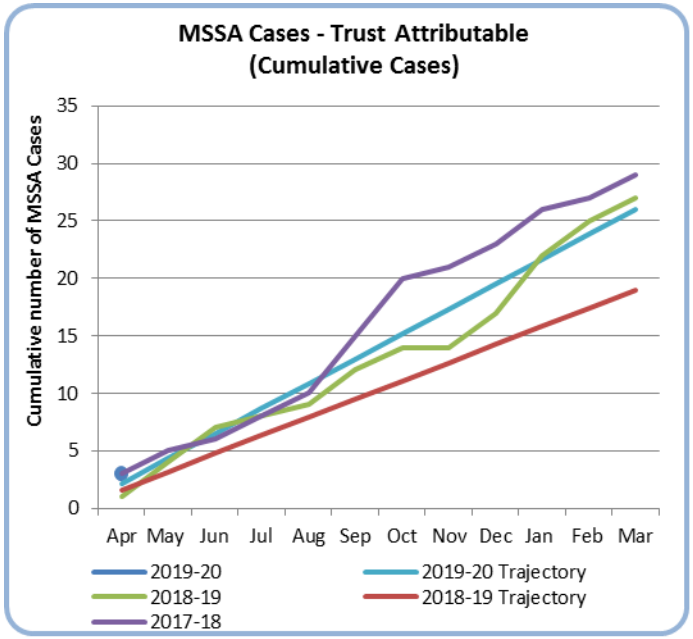
Cases reported by the Trust now fall into two categories

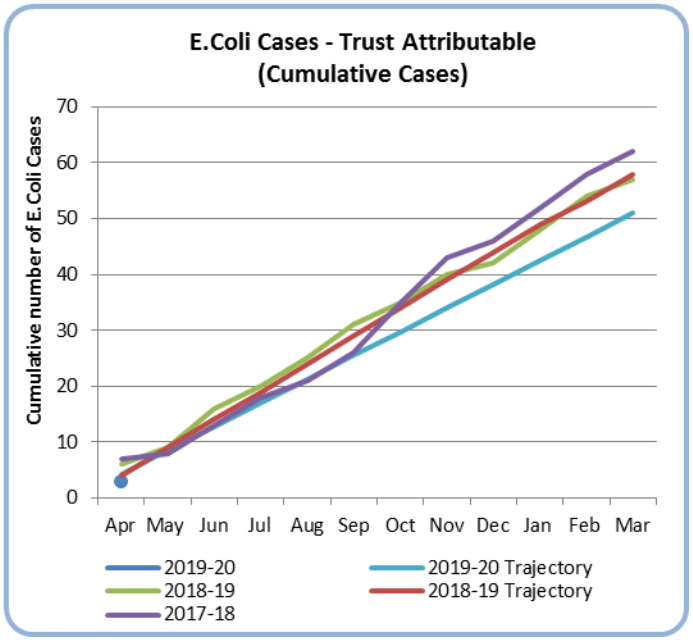
Hospital onset healthcare associated (HOHA): cases that are detected in the hospital three or more days after admission

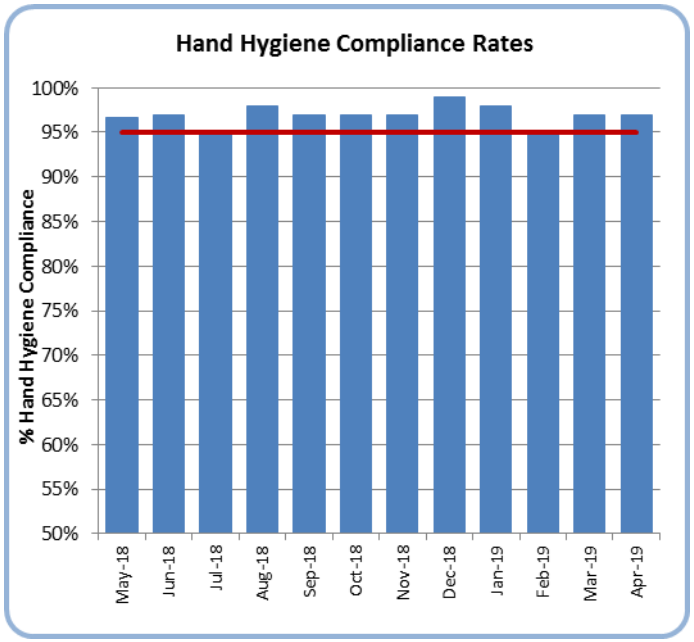
Community onset health care associated (COHA): cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks

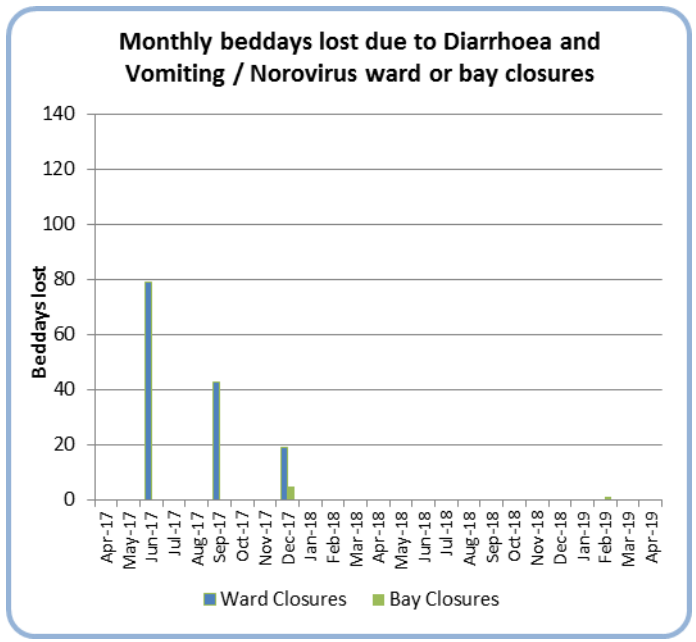
Clinical reviews for the above cases will be carried out using a multi-disciplinary approach to determine whether there are links to any lapses in care related to the care and treatment of the patient.

In April the Trust reported 1 HOHA case and 2 COHA cases.









MSSA
The Trust target for 2019/20 is fewer than 26 cases.

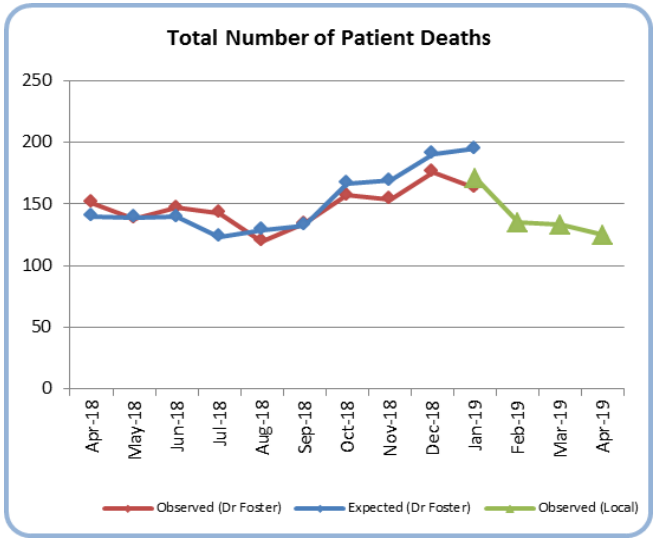
There were three reported cases of MSSA bacteraemia in April within the Medicine, ASCR and NMSK divisions.

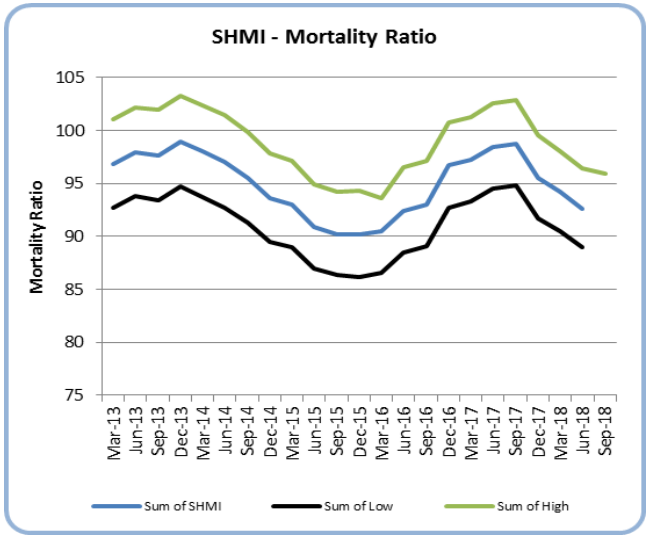
The Trust quality improvement initiative commenced aiming to reduce incidence of bacteraemia associated with indwelling devices forms part of the reduction plan for MSSA.

E. Coli
The Trust threshold for 2019/20 is 51 cases a 10% reduction on the previous year.

There were three cases of E. Coli bacteraemia reported in April.
The focus for improvement is on the management of urinary catheters.

Hand Hygiene
Hand Hygiene compliance has been maintained to the Trust standard**.**





Overall Mortality

The Trust's SHMI Mortality Ratio for the most recently calculated period is within the expected range.

Mortality Review Completion

The current data captures the completed reviews up to 31 January 2019. In this time period, 89.7% of all deaths have a completed review. 93.3% of "High Priority" cases have completed Mortality Case Reviews (MCR) including 11 deceased patients with Learning Disability and 15 patients with Serious Mental Illness.

Mortality Review Outcomes

The number of cases reviewed by MCR with an Overall Care score of adequate, good or excellent remains 97.4% (score 3-5). In this time period, there have been 2 cases where the Overall Care was judged by a Reviewer as Poor or Very Poor (score 1-2). Divisional governance processes confirmed one case was not a Serious Incident. The other is still awaiting further review.

The next trust mortality review meeting will be in June where further trust-wide learning themes will be shared and will be presented in subsequent Integrated Performance Reports.

The mortality review team have started working with our Major Trauma team to connect the learning from their reviews with the wider Learning from Deaths specialty program.

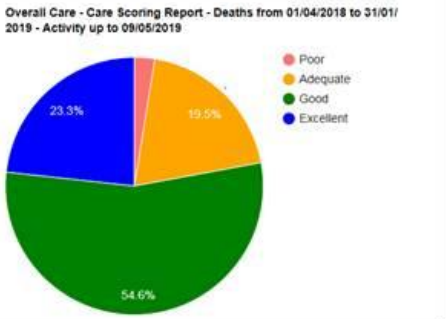
Mortality Review Completion

For 01/04/2018 - 31/01/2019	Completed	Required	% Complete
Screened and Excluded	800		
High priority Cases	138		
Other (Non-priority) MCR completed	441		
Total reviewed	1379	1537	89.72

Mortality Review Outcomes

Overall Score:	1	2	3	4	5	Count of responses
Care Received	0 (0%)	13 (2.56%)	99 (19.53%)	277 (54.64%)	118 (23.27%)	507

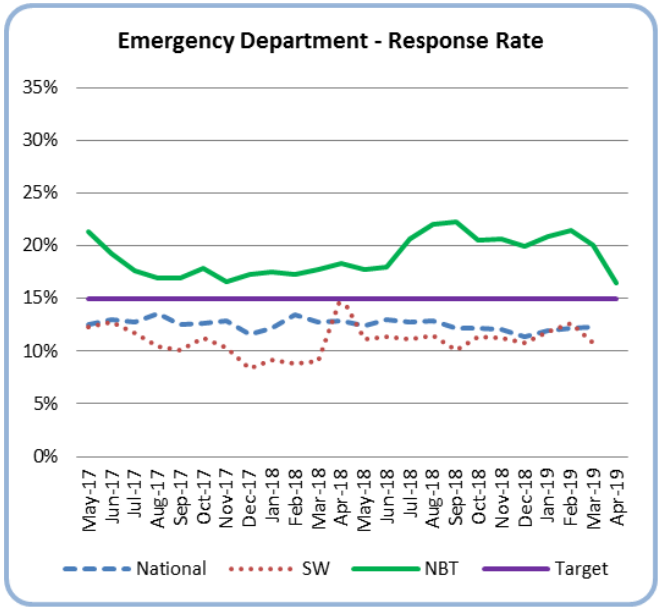
	April 2018 to January 2019	Last 12 Months
New Notification	2	2
In Progress	0	0
Reviewed not SIRI	10	14
Reported as SIRI	1	1

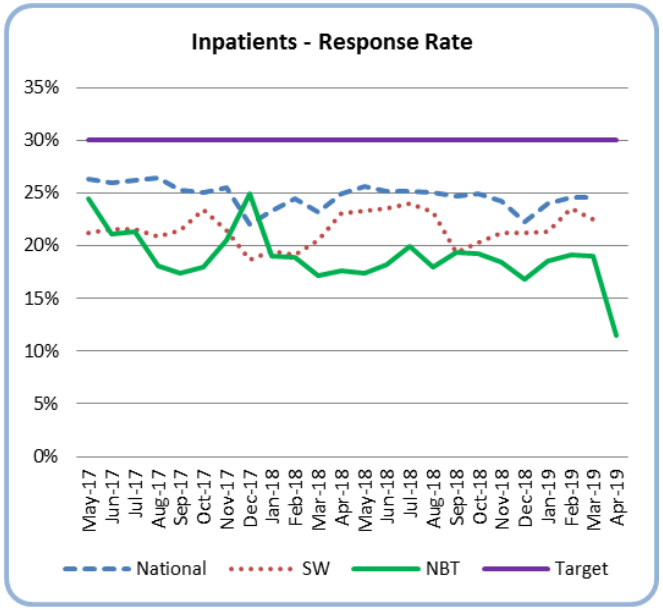


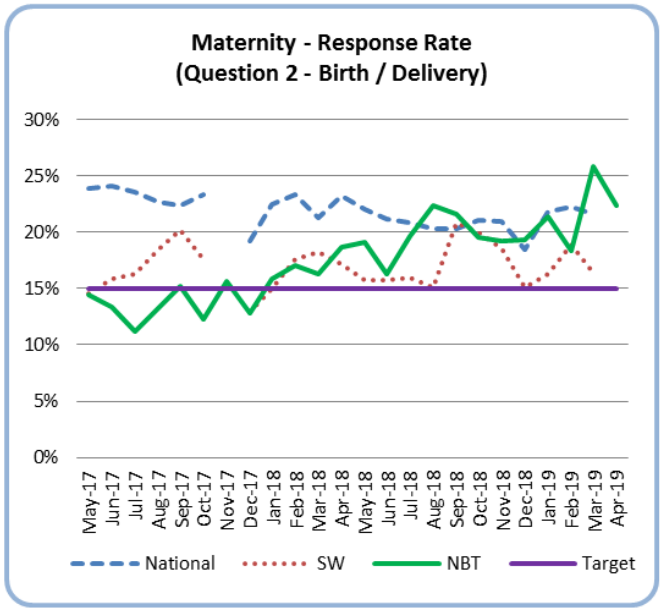
NHS
North Bristol
NHS Trust

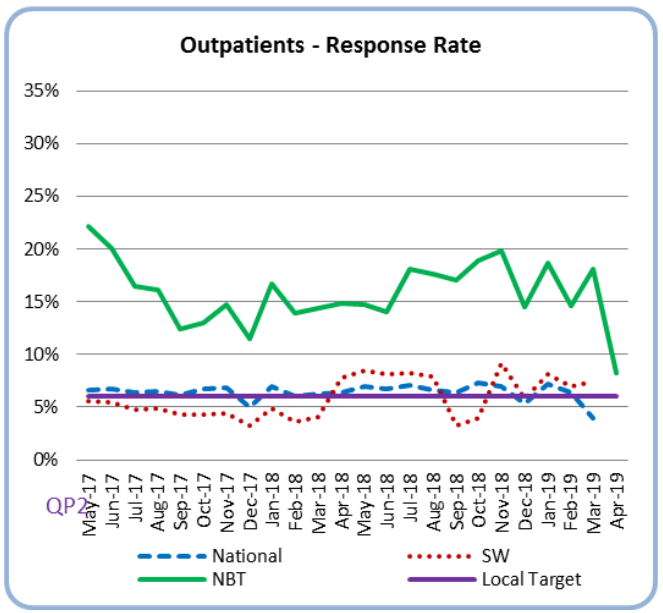
Quality Experience

Board Sponsor: Interim Director of Nursing
Helen Blanchard









Friends and Family Test

FFT Response Rate	Target	NBT Actual
ED	15%	16.51%
Inpatients	30%	11.47%
Outpatients	6%	8.20%
Maternity (Birth)	15%	22.38%

The Inpatient and Emergency Department response rate has significantly decreased to the lowest levels we have reported. On reviewing this in more detail, the cause of this has been identified as an issue with the Interactive Voice Messages. This has been escalated to the phone service provider and to BT who are working to resolve this as soon as possible.

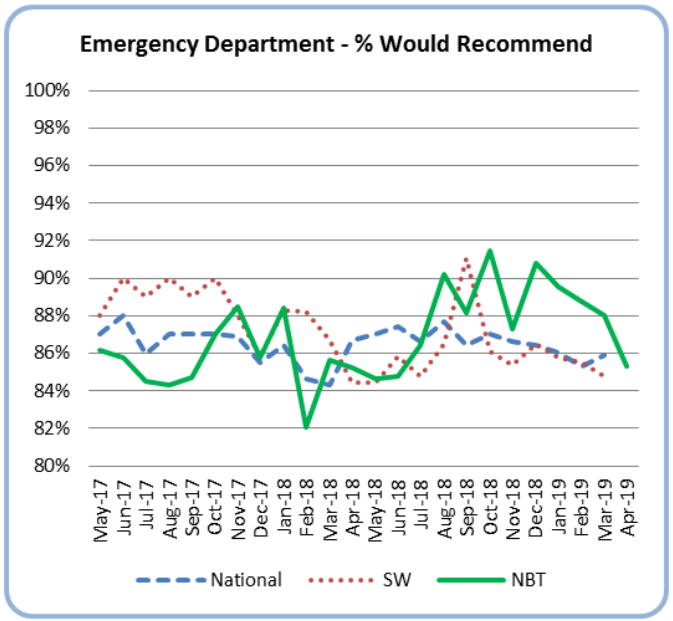
The number of FFT's that were sent remains within the same range (2119 sent in March and 2041 in April).

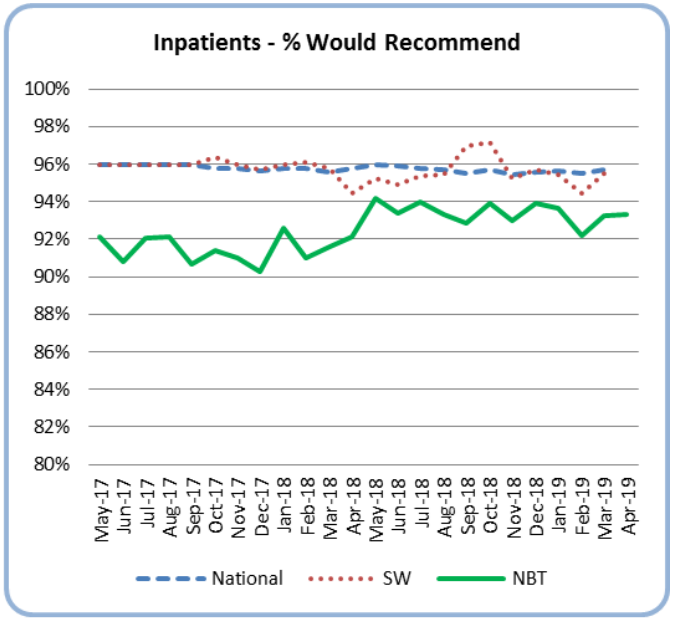
We don't, at this time, have the SW and National figures, so we are unable to see if this is reflected nationally or locally

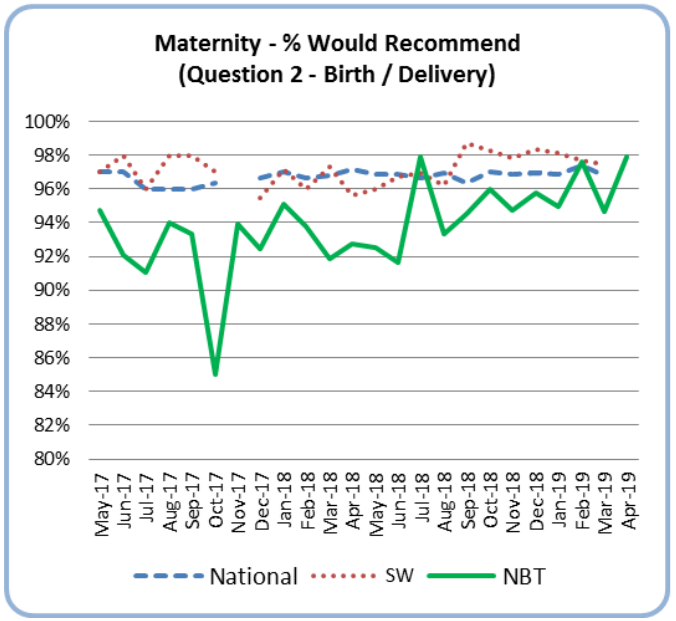
As we normally report significantly above the targets within ED, Maternity and Outpatients, we remain over achieving in these areas .

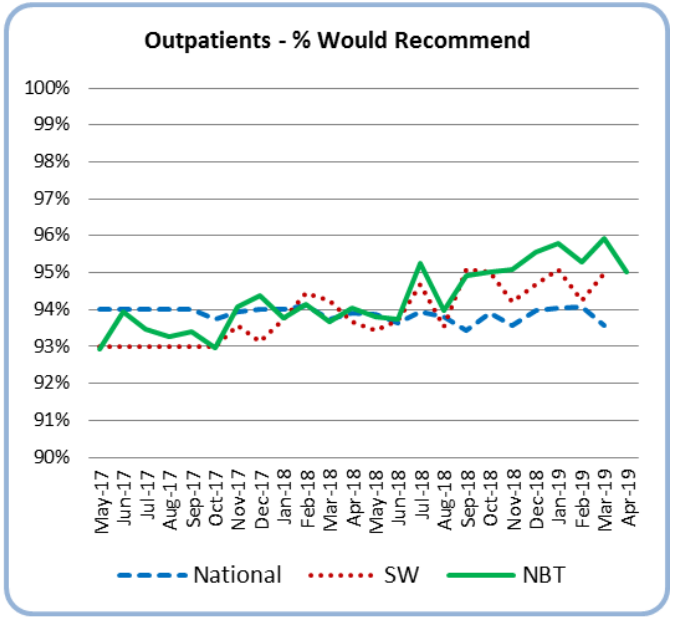
Owing to technical issues, NHS England have not published maternity FFT data for November 2017.

N.B. NHS England FFT Official stats publish data one month behind current data presented in this IPR. May 2018, South West region has been split to SW (North) and SW (South). NBT is now plotting against SW (North).









FFT Recommend Rate	Target	NBT Actual
ED	90%	85.32%
Inpatients	95%	93.30%
Outpatients	95%	95.03%
Maternity (Birth)	95%	97.87%

There has been no significant change in the percentage of patients saying they would recommend the Inpatient wards. Outpatients remain within normal levels and are achieving the target. Maternity (Birth) have achieved a fantastic result of almost 98% of patients recommending their services.

The percentage recommending Emergency Department (ED) has continued to decline since December 2018 after a long period of performing well above the National and SW, we are now in line with their performance. We will seek to identify themes that have lead to this decrease.

<u>What are people saying about our services?</u>

In April, Inpatients cited the care and the staff as the top reasons they would recommend the hospital. However there is not significant enough amount of feedback to give a clear picture of why people would not recommend our services.
Within ED, people continue to express frustration around waiting times more often if they also perceive a lack of treatment or reassurance. A workshop is being held in early June to review FFT data, complaints & concerns and the National ED Survey results in order to identify focus for improvement and celebrate positive feedback

Owing to technical issues, NHS England have not published maternity FFT data for November 2017.

N.B. NHS England FFT Official stats publish data one month behind current data presented in this IPR. May 2018, South West region has been split to SW (North) and SW (South). NBT is now plotting against SW (North).

Friends and Family Test

"Please tell us the main reason for the answer you chose."

Inpatient – Cotswold (1)

The care I received from every single person, down from the consultant surgeon to the lunch lady was amazing. The clinical care was brilliant but also the sensitivity and kindness from the staff made me feel safe and cared for from the moment I arrived. I can't thank them enough for looking after me but also my husband during such a tricky time. I would like to thank the staff on Cotswold Ward

Inpatient - 26a (1)

I have never been as vulnerable and dependent on others as I was after surgery. The wonderful staff on the ward made a very difficult time, for me, comfortable and without stigma. They treated me with care, respect and dignity. Southmead Hospital is so lucky to have such amazing and committed staff. Thank you

Inpatient - 6b (1)

This ward is the best I have every been on. As much as it possible to say this hospital has been a pleasure the staff on 6b have made it that. They are all wonderful they are so friendly and caring and wonderful people.

ED – (1)

Fast service made my little boy feel very well looked after even showing him his x-rays and educating him on the bones, first class service

Outpatients – Urology (3)

I felt it was a wasted appointment to be sat down for 2 minutes, no discussion of symptoms or results given and handed a leaflet that could have been posted with appointment letter for the cystoscopy. Urology are clearly stretched given that appointment had been cancelled twice previously. I was very frustrated to be bought in just for that!

Outpatients – Neurology (1)

Loved the hospital , so well signposted and clean and bright. I found where I needed to go easily. Reception staff were so friendly and welcoming. The neurologist was absolutely lovely and made me feel so at ease and I really felt cared for by someone that really knew their stuff. Thank you

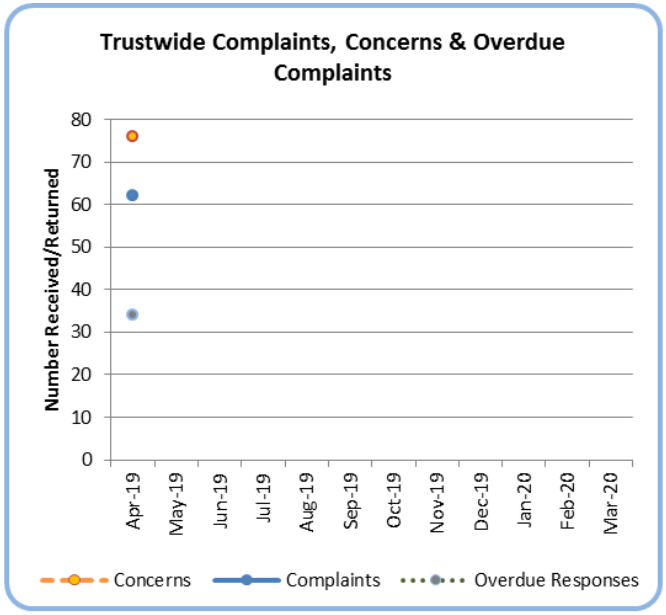
Inpatient – 32b (5)

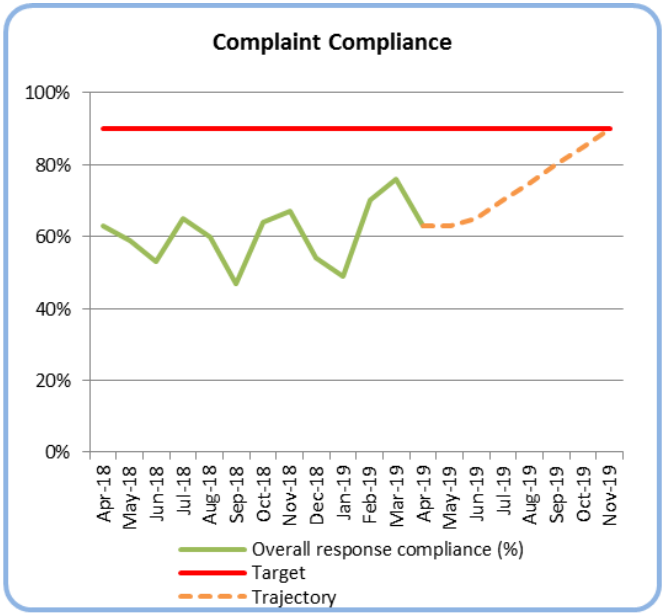
7 hour wait for pain relief after admission After that, most nurses competent and helpful

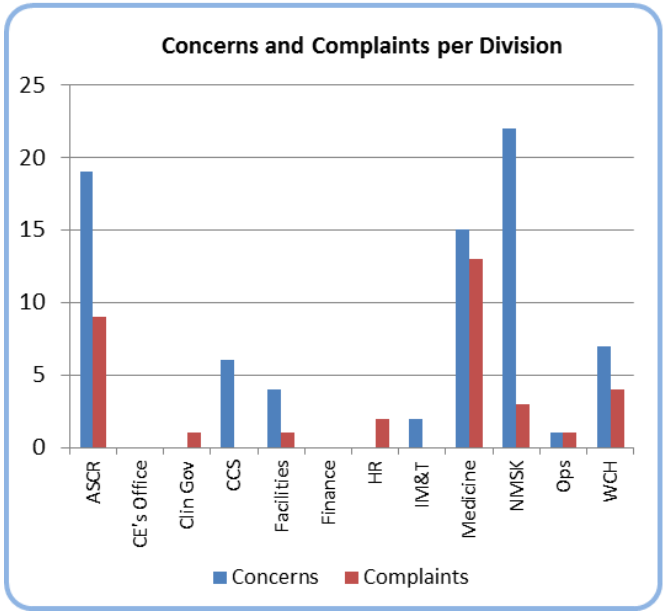
Inpatient – Gate 19 (5)

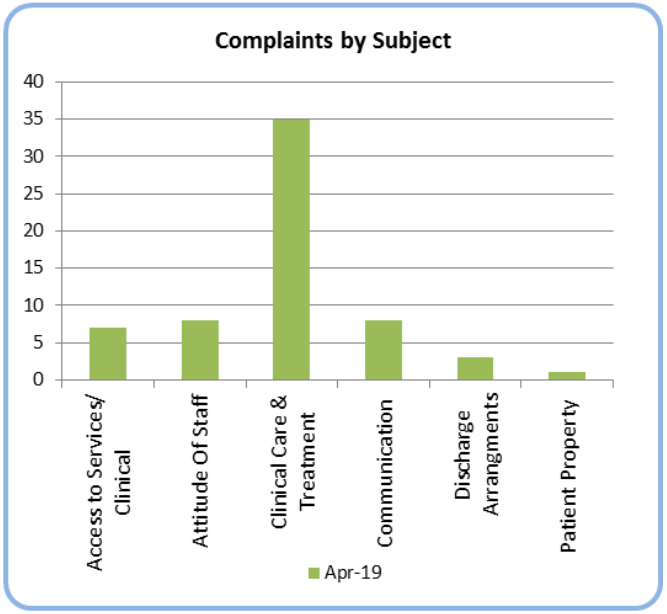
After the operation I was put on a day case ward for 2 days which was diabolical. You do not put patients that have just had surgery on that kind of ward who just got left it was terrible.

Would you recommend? **1.** Extremely Likely **2.** Likely **3.** Neither Likely nor Unlikely **4.** Unlikely **5.** Extremely Unlikely **6.** Don't know









N.B. Trustwide chart showing 2019-20, starting April 2019 and will show rolling data going forward.

Complaints and Concerns

Following a review of Datix reports, the report for collating data on the Trust wide complaints, concerns & overdue complaints has been improved to ensure accuracy.
In April 2019 the Trust received 62 formal complaints and 76 PALS concerns.

The 62 formal complaints can be broken down by division:
ACSR – 24
Clinical Governance – 2
CCS – 1
Medicine – 15
NMSK – 12
Ops – 1
People & Transformation – 1
WACH – 6
35 of the formal complaints were in the area of Clinical Care & Treatment including complaints surrounding quality of care, decisions regarding treatment plan and post operative recovery.

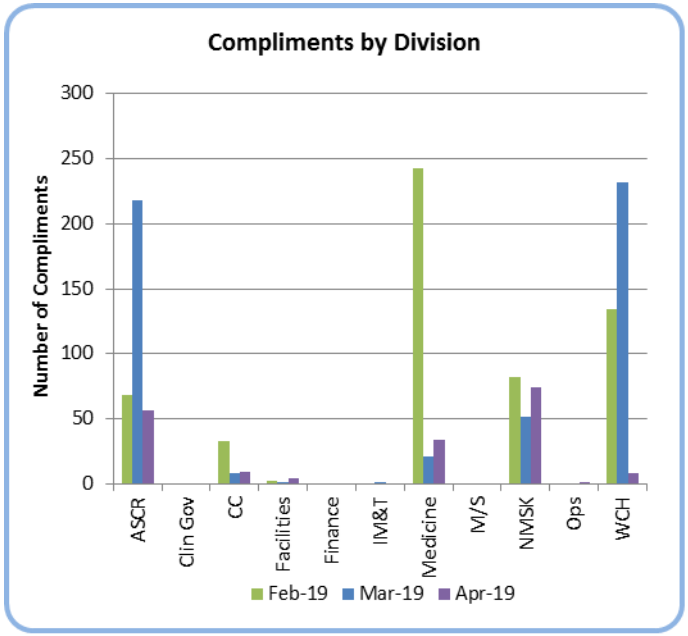
Overdue Cases

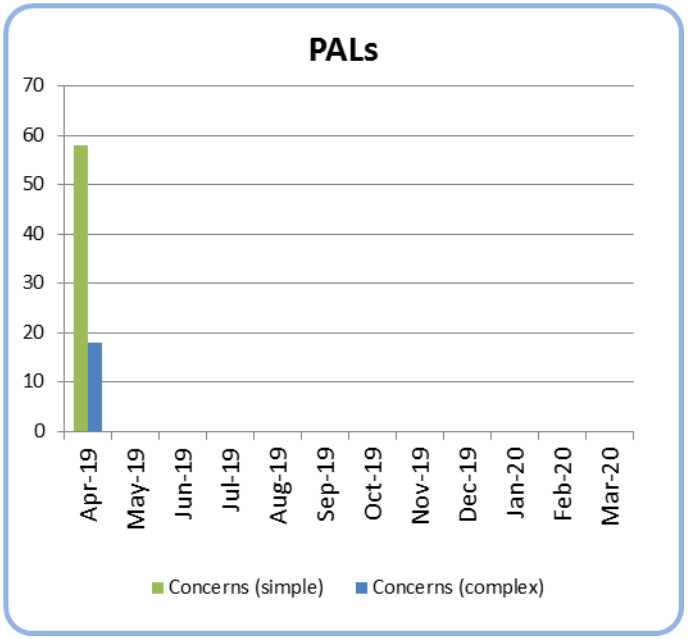
34 formal complaint responses were overdue at the end of April. The backlog of overdue responses will be addressed in the six month recovery plan outlined below.

Final Response Compliance

Of the cases closed in April 2019, 63% were completed within the agreed timescale. The Trust target is 90% compliance.
A six month recovery plan will be rolled out in June 2019 which aims to bring compliance to target by November 2019.

The recovery plan will be shared with HoN end of May 2019.





N.B. PALs chart showing 2019-20, starting April 2019 and will show rolling data going forward.

Compliments

The data reflects just a proportion of the number of compliments received across the Trust. A more systematic approach will be developed to capture compliments and will be developed as part of the ongoing improvement programme. This will follow the current priorities of addressing the complaints backlog and establishing a permanent PALS service.

Patient Advice and Liaison Service (PALS)

Following a pilot of the PALS service between Feb-Apr 2019, a new PALS concern chart has been included to give an overview of service provision going forward.

76 PALS concerns were received in April 2019.

Following the PALS pilot a decision has been made to categorise PALS concerns into two categories:

- Simple concern (Rapid response - target response time 1-2 working days)
- Complex concern (In-depth response from division – target response time 3-5 working days)

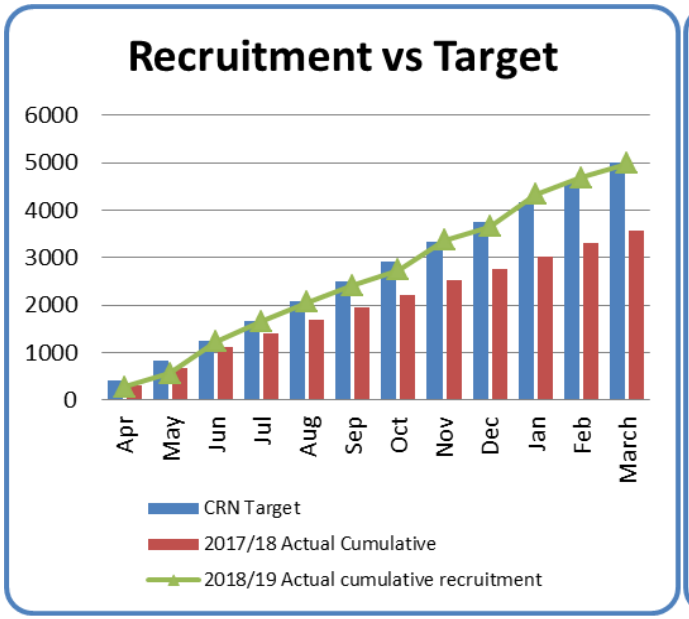
Using this classification as a guide, of the 76 PALS concerns received in April 2019, 58 can be classified as more simple concerns and 18 warranted more in depth investigation from within the division and would be classified as complex concerns using the new categorisation methods.

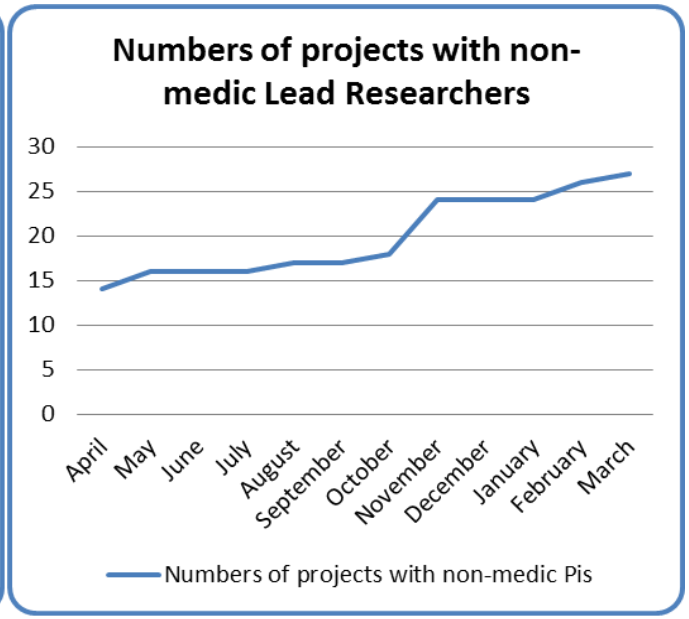
In June 2019 a revised Complaints Policy will be launched at NBT which will include process flowcharts on the triage process and the new categorisation and compliance standards for complaints & PALS concerns. A Datix training programme will also be rolled out alongside the policy.

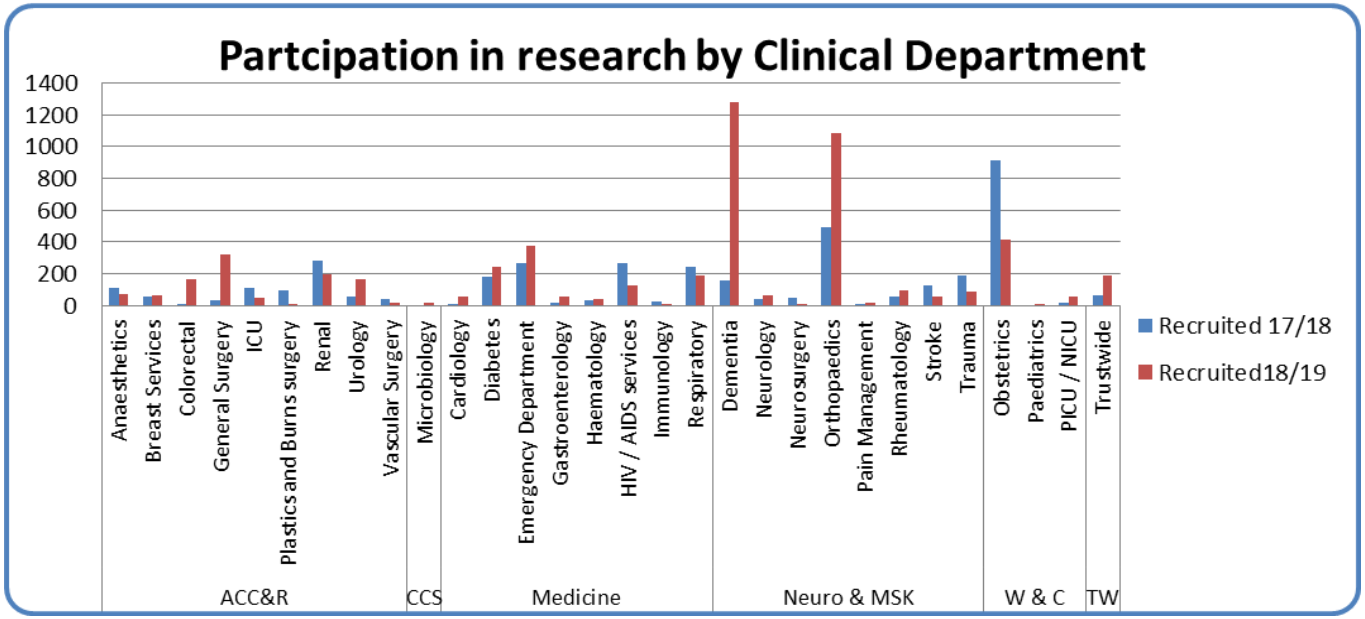
Enquiries are dealt with by PALS the same day and the process for data collection surrounding enquiries is to be agreed.

Research and Innovation

Board Sponsor: Medical Director







NBT is achieving 100% of the recruitment target set by the regional network. Over 1600 more patients and staff have had the opportunity to participate in research compared to this time last year.

The renal research team, led by Albert Power, have recruited the 3rd highest number of patients in the world to a trial looking at a new drug for patients to help prevent end stage kidney disease.

NBT has received it's 2019/20 Research Capability Funding (RCF) allocation from DoH and, at £1.1m, this represents a 50% increase to last years budget, this increase is due to NBT's NIHR grant success over the last year.

As a result we have been able to open a call for applications for RCF, 17th June deadline. Applications are being sought from NBT researchers to fund key posts within their team to drive future NIHR grant applications.

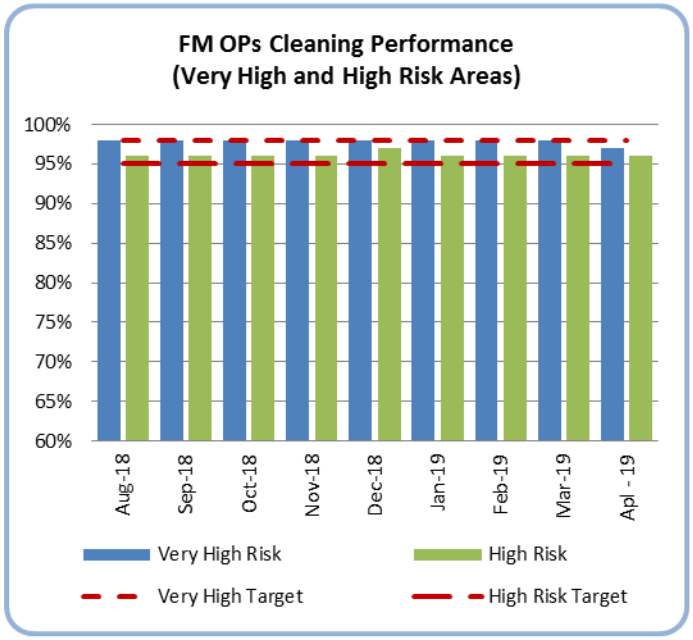
NBT is currently setting up 11 newly awarded NIHR grants worth a total of £6.5m, these will all open by summer /autumn 2019, the is the most NIHR grants NBT has had in set-up at any one time.

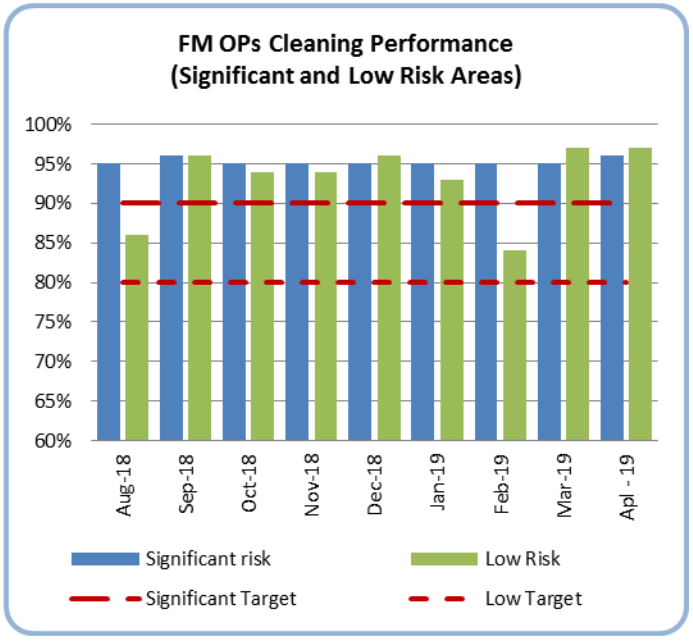
The most recently awarded NIHR grant, led by Dr Vikki Wylde, aims to undertake a national multicentre trial to evaluate Radiofrequency denervation for chronic and moderate to severe low back pain: The RADICAL trial (RADICAL), the grant is worth £1.8m.

NHS
North Bristol
NHS Trust

Facilities

Board Sponsor: Director of Facilities
Simon Wood





Very High Risk Areas Target Score 98% Audited Weekly	Include: Augmented Care Wards and areas such as ICU, NICU, AMU, Emergency Department, Renal Dialysis Unit
High Risk Areas Target Score 95% Audited Fortnightly	Include: Wards, Inpatient and Outpatient Therapies, Neuro Out Patient Department, Cardiac/Respiratory Outpatient Department, Imaging Services
Significant Areas Target Score 90% Audited Monthly	Include: Audiology, Plaster rooms, Cotswold Out Patient Department
Low Risk Areas Target Score 80% Audited Every 13 weeks	Include: Christopher Hancock, Data Centre, Seminar Rooms, Office Areas, Learning and Research Building (non-lab areas)

Operational Services Report on Cleaning Performance against the 49 Elements of PAS 5748 v.2014 (Specification for the planning, application, measurement and review of cleanliness in hospitals)

Cleaning scores in month have dipped slightly. This is due to Infection Control and domestic audits merging on April 1st. Work is in hand to recover the reduction.

ED Zone remains problematic with access to patient cubicles. Discussions are taking place to adjust the domestic role from a planned cleaning regime into a more reactive role in order to better support clinical teams.

Recruitment into the relief team is ongoing with 7 new starters in month.

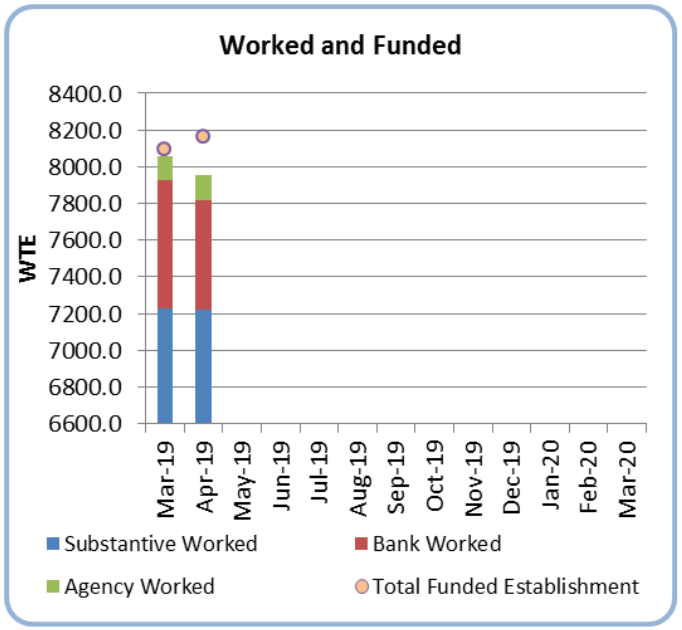
Deep clean numbers per week were in line with the previous month with an average of 250 carried out per week with an average breach level of 1.98%.

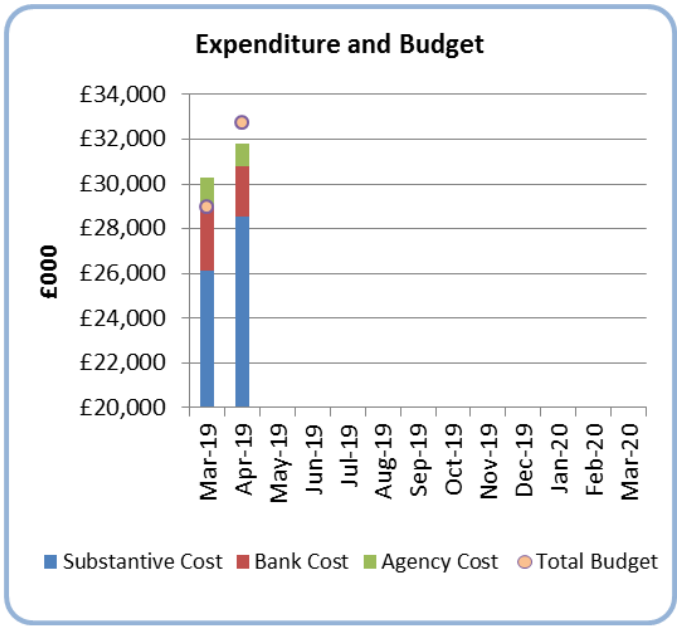
In order to reduce dust within Acute Medical Unit additional cleaning has been introduced ensuring that once a week all high level ceilings, hoists, vents are vacuumed and washed down.

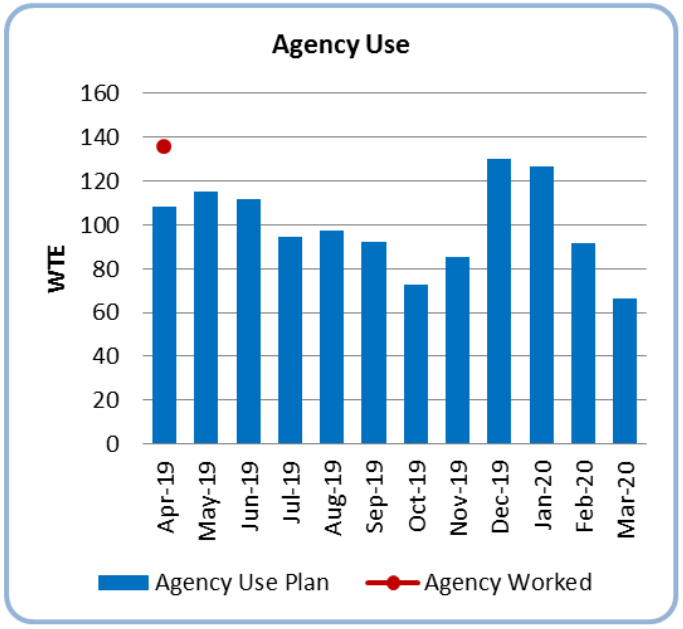
NHS
North Bristol
NHS Trust

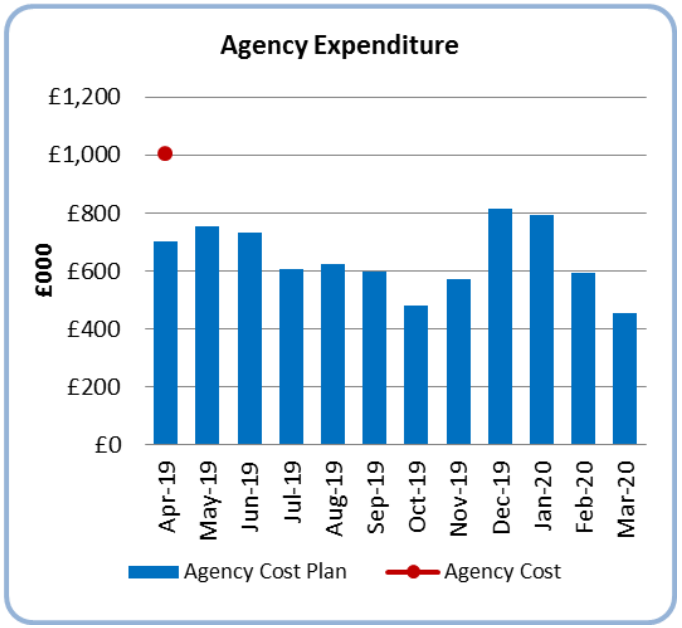
Well Led

Board Sponsors: Medical Director, Director of People and Transformation
Chris Burton and Jacqui Marshall









Substantive

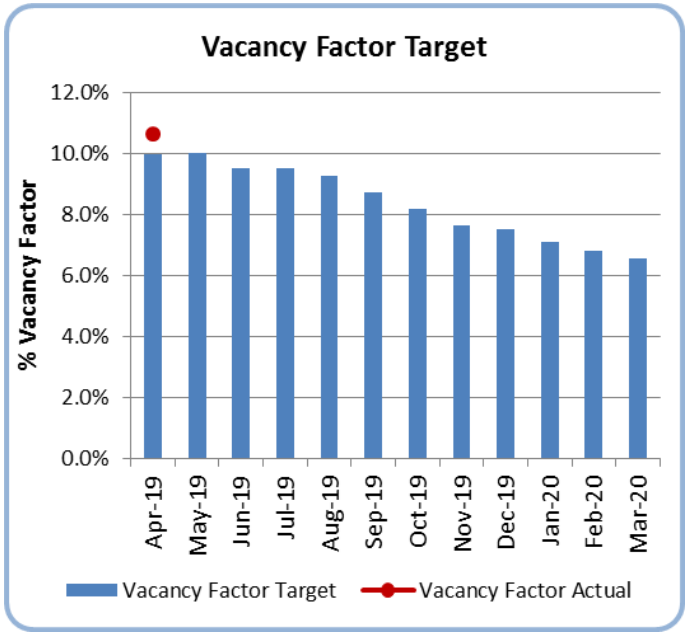
Expenditure on substantive staff saw a significant increase in April compared with March. This relates to the pay awards and one off payments in April to staff at the top of their band as a result of the contract changes negotiated nationally.

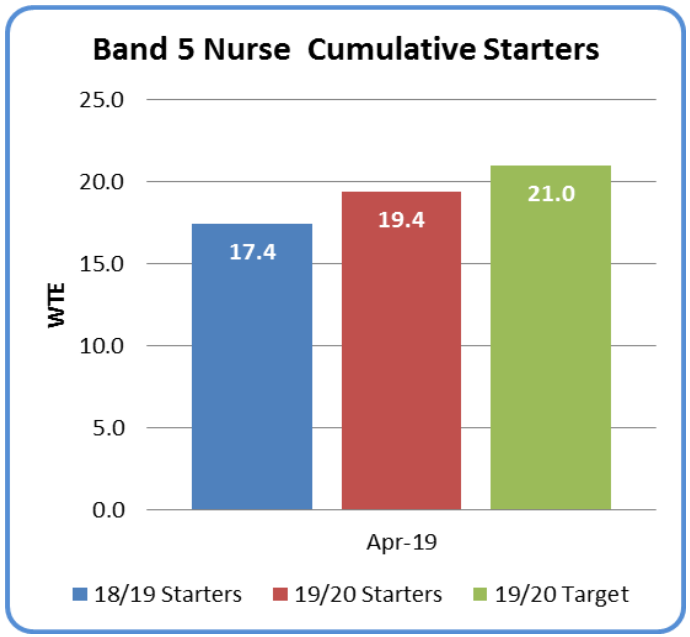
Temporary Staffing

The planned wte and expenditure for agency staff reflects the operating plan submitted to NHSi in May.
Bank worked wte reduced by 101 wte in April compared with March with the greatest reductions in registered and unregistered nursing and midwifery staff and ancillary staff.

Actions

A bank and agency task and finish group has been established and will focus on maximising the use of the staff bank within the Trust and supporting the BNSSG collaborative project to reduce spend on high cost agencies





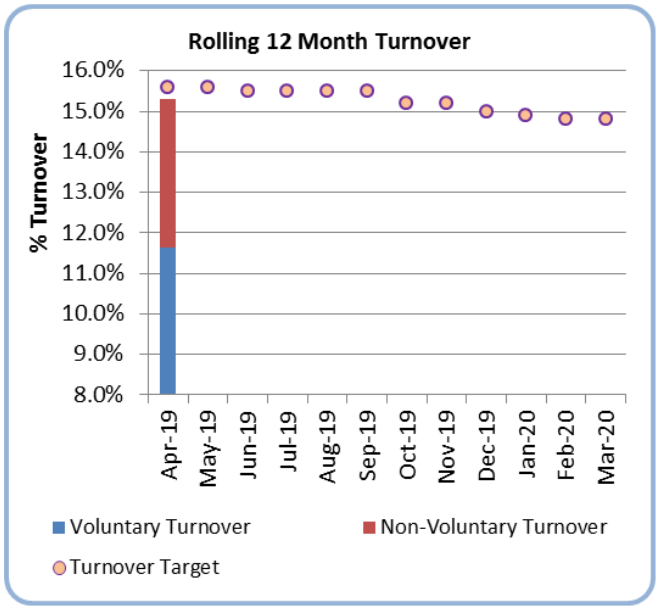
Unregistered Nursing and Midwifery Recruitment
A band 2, 3 and 4 resourcing plan identifying the continuous talent attraction initiatives is scheduled between April 19 – March 2020. This will be supported by an improved reporting process for vacancies, retention and numbers of new starters for this staff group.

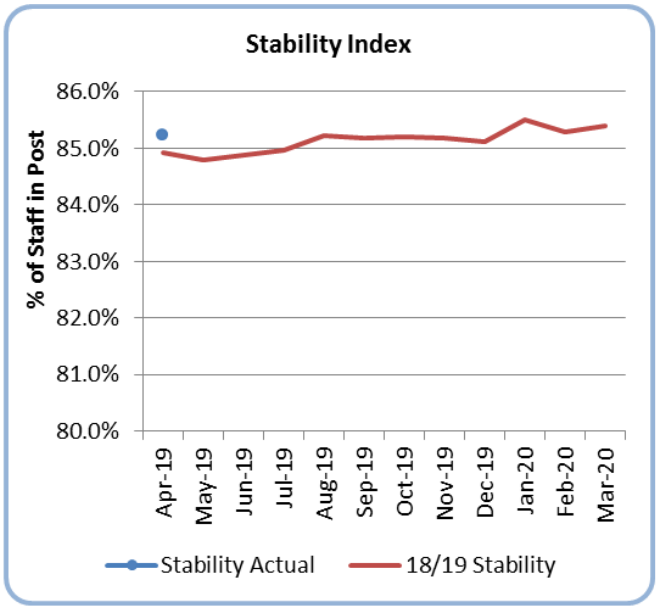
The focus is on attracting high quality candidates whilst increasing the number of candidates actually starting with the Trust, in line with the operational capacity of teams to receive new starters.

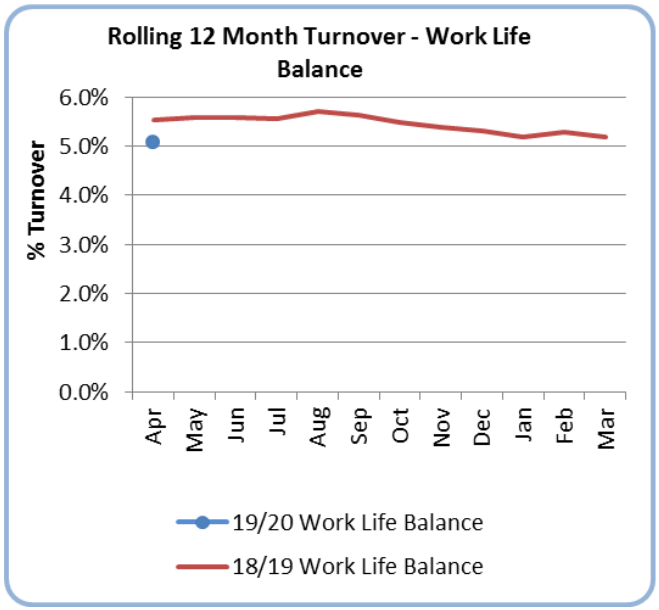
Band 5 Nursing
The Talent Acquisition Team continues to deliver against targets set in line with the band 5 resourcing plan. Critical to increasing resourcing in Trust hotspots (specifically around experienced nurses) are the new levels of activity for the bespoke resourcing plans being delivered across all divisions including ICU, Complex Care, Stroke, Renal, Theatres, Medirooms, Emergency Medicine. This is already demonstrating an increase in interest and applications from ICU nurses, and Stroke has seen some positive results from a recent CPD event. The band 5 nursing vacancy gap across all divisions increased in April due to an increase in funded establishment, however this was anticipated by the band 5 resourcing plan. Turnover in band 5 nursing was below anticipated levels, 27wte anticipated against actual of 20 wte.

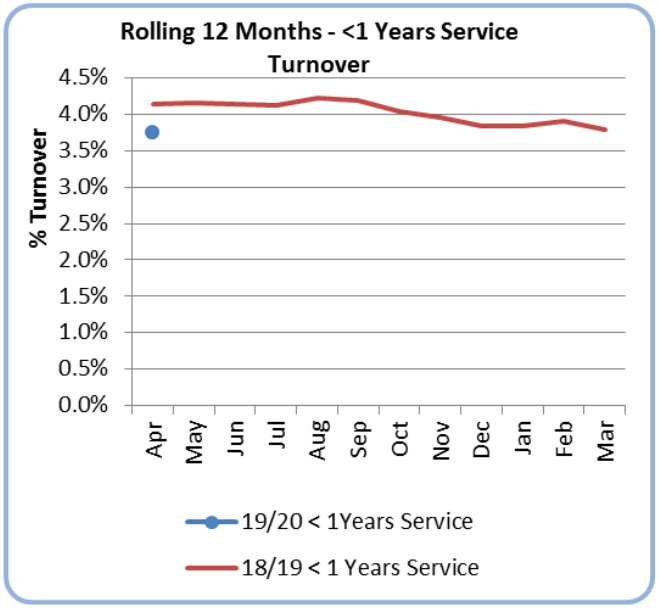
Overseas Nurse and Midwife Recruitment
The International Nurse Recruitment project will deliver the first nurses from the Yeovil pipeline in May with two nurses currently on route. The June cohort has been finalised and 10 more nurses are due to start in June 19. The OSCE and pastoral care team are well prepared to deliver their wrap around welcome and support to the nurses as they arrive over coming weeks. Currently the pipeline identifies 32 nurses that have demonstrated commitment to the process of relocating by the end of August 2019, with final number anticipated to be 40 nurses from this pilot with Yeovil.

In June 2019, a review of the pilot will take place and make recommendations to the Nursing and Midwifery Nursing Group on the Trusts future approach to international recruitment as a supply line to close registered nursing vacancies.









Turnover

Over the last 12 months the improvement in turnover has been in voluntary turnover with a smaller reduction in in non-voluntary turnover. Ongoing focus on retention means the Trust is targeting the same level of improvement seen in 18/19 with a year end target of 14.9% total turnover in 19/20.

Leavers for leaving reason 'Work Life Balance' and leavers with <1 Years service will now be measured as a rolling 12 month position to take account of the impact of the anticipated growth in workforce planned for 19/20.

People and Transformation team actions include:

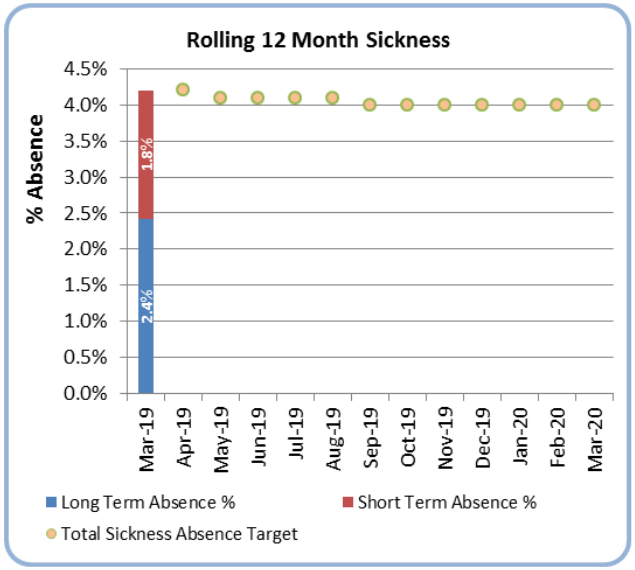
The pilot is continuing of revised exit questionnaires in hotspot areas in all divisions, with good feedback from users. Further engagement with managers from these areas is planned;

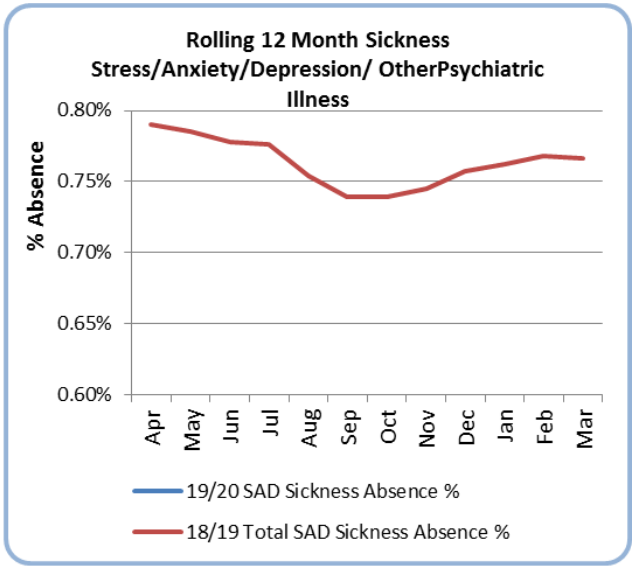
The ICU project on nurse turnover is now complete, recommendations have been made and are being shared;

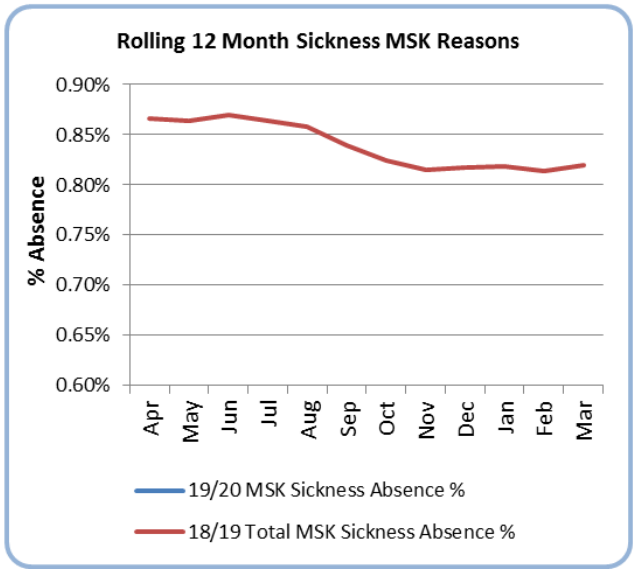
Sessions promoting flexible retirement and flexible working are to take place next month, with pension clinics and staff drop-ins planned for 20 June;

'Itchy Feet' pages on the HR Portal are now live, with new resources and guidance for staff and managers of staff who are thinking of leaving us;

'Tip-toe to Transformation' tips for May have all been on the theme of 'Staff Leavers – Is it really goodbye?'







Sickness

Sickness absence ended 18/19 with an annual position of 4.2%, an improvement from 4.4% in the previous year. Ongoing focus of the Trust Health and Wellbeing programme means the Trust has targeted the same level of improvement in 19/20 moving from 4.2% to 4.0% by year end.

Sickness reasons 'MSK' and 'Stress/anxiety/depression/other psychiatric illness' will be measured as a rolling 12 month position to take account of the impact of the anticipated growth in workforce planned for 19/20.

People and Transformation team actions include :

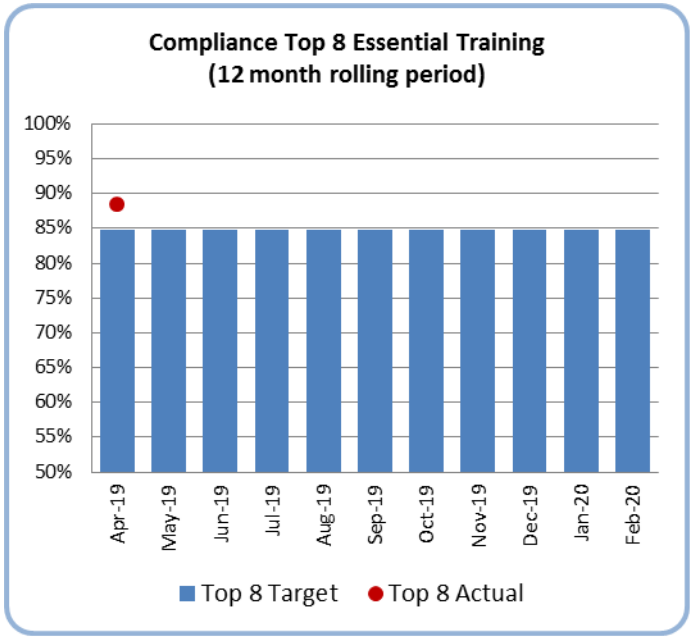
The new, 'Managing Healthy Teams' manager toolkit has now been launched with links to a new and wide range of resources;

Work to introduce the new 'adjustment passport' for staff requiring work place adjustments is nearly complete;

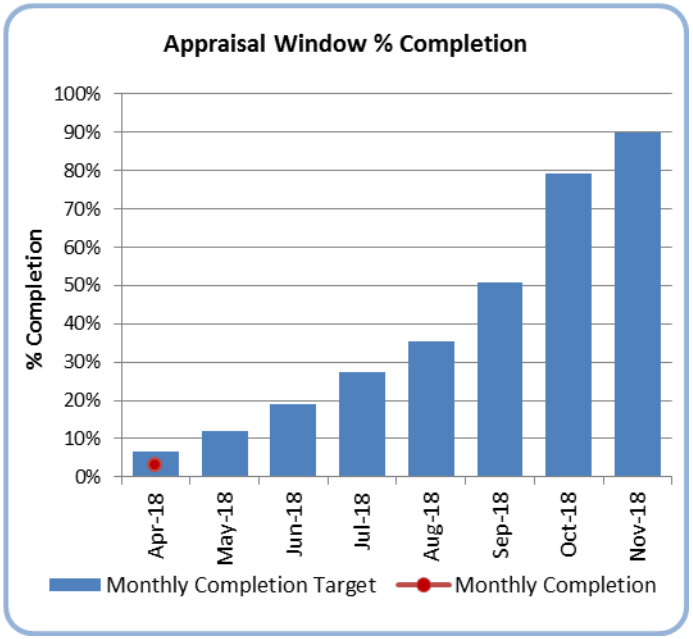
Final workshop has now been developed in the positive attendance series. All workshops are as follows:

- Carrying out Return to Work interviews/stage 1 meetings
- Sickness target setting
- Short-term sickness - completing Stage 3 reports
- Long-term sickness – final review meetings

- New support for staff and managers linked to the menopause; first drop-in session on 17 May, with further sessions planned.



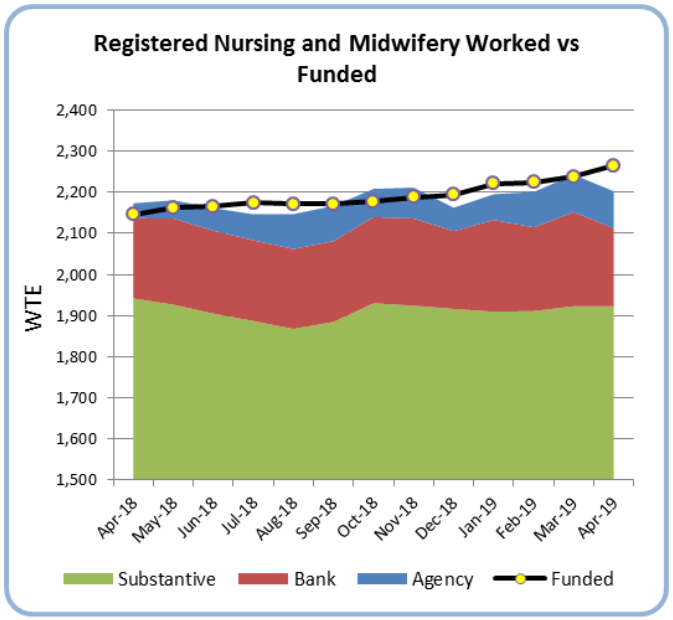
Training Topic	Variance	Mar-19	Apr-19
Child Protection	-2.5%	91.2%	88.6%
Equality & Diversity	4.3%	85.3%	89.6%
Fire Safety	4.0%	84.8%	88.8%
Health &Safety	2.7%	89.6%	92.3%
Infection Control	2.3%	88.4%	90.7%
Information Governance	-7.4%	92.2%	84.8%
Manual Handling	-7.8%	89.9%	82.1%
Waste	0.5%	89.3%	89.8%
Total	**-0.5%**	**88.8%**	**88.3%**

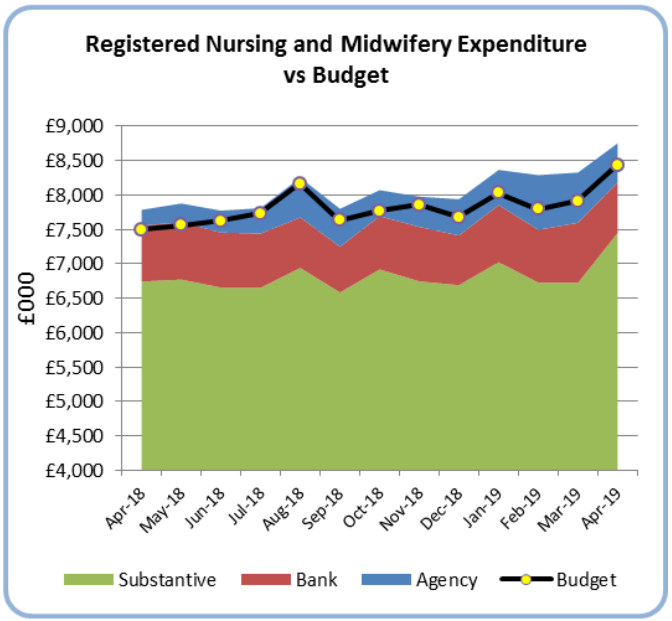


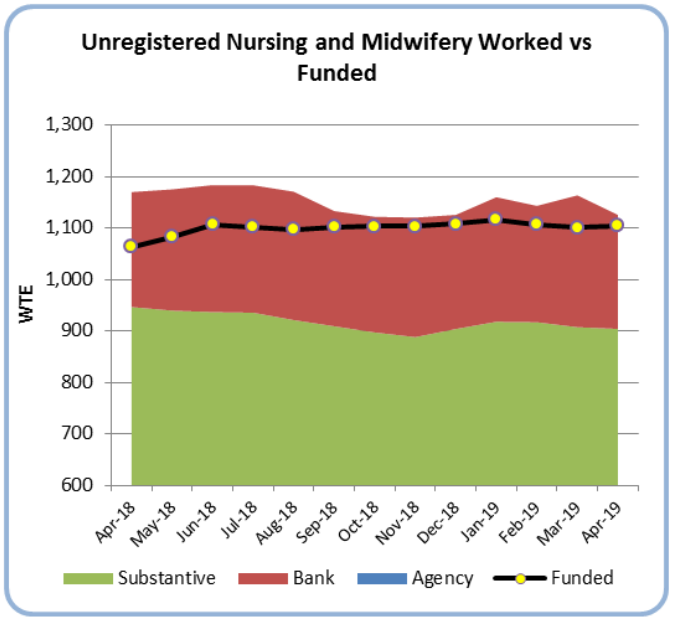
Mandatory & Statutory Training

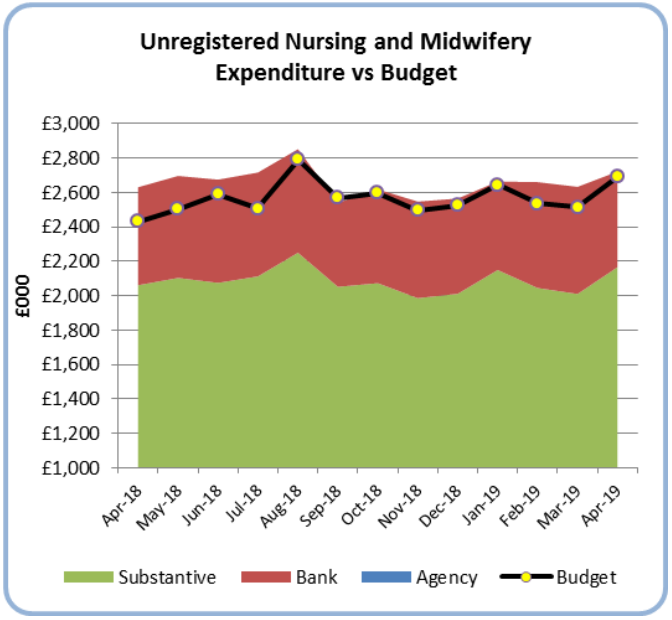
Trust Compliance with the Top 8 Statutory / Mandatory training topics is now achieving 88% on a regular basis. eLearning completions achieved on the MLE continue to show a steady increase.

The first Appraisal reports of the 2019 round have now been run and showed that 1% of staff had received an appraisal in the first three weeks of the round starting.







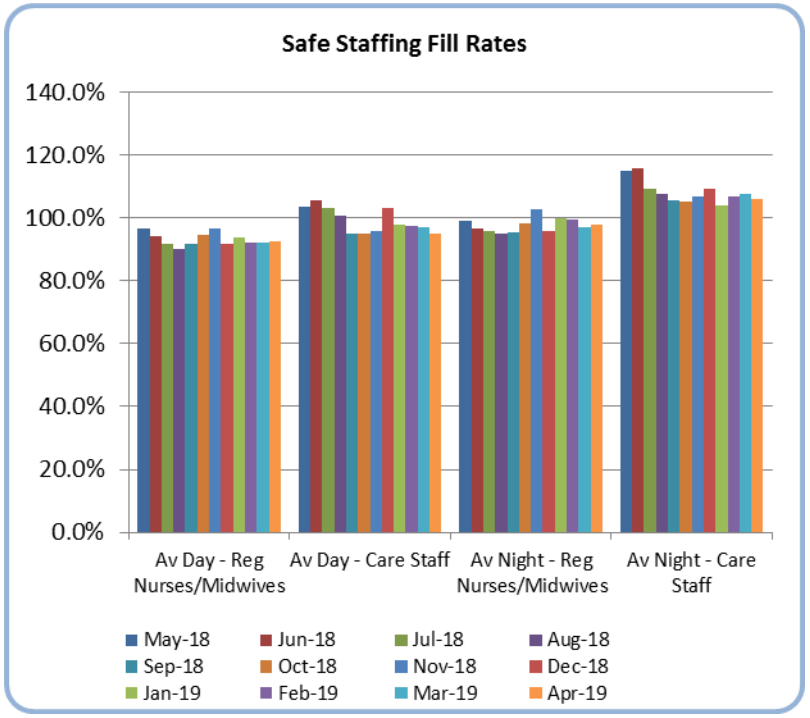


Substantive Nursing and Midwifery

Bank and agency worked and expenditure decreased in April compared with March. Overall pay cost increased due to the one off pay award in April 2019.

Expenditure £		Mar-19	Apr-19
Reg. N&M	Substantive	£731	£567
	Bank	£874	£736
	Agency	£6,725	£7,451
	Total	**£8,329**	**£8,754**
Unreg. N&M	Substantive	£2,634	£2,723
	Bank	£0	£0
	Agency	£623	£556
	Total	**£3,257**	**£3,278**

Worked WTE		Mar-19	Apr-19
Reg. N&M	Substantive	6,725	7,451
	Bank	874	736
	Agency	731	567
	Total	**8,329**	**8,754**
Unreg. N&M	Substantive	3,257	3,278
	Bank	623	556
	Agency	0	0
	Total	**3,880**	**3,834**



Apr-19	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	92.6%	95.1%	97.8%	106.1%

The numbers of hours Registered Nurses (RN) / Registered Midwives (RM) and Care Assistants (CA), planned and actual, on both day and night shifts are collated. CHPPD for Southmead Hospital includes ICU, NICU and the Birth Suite where 1:1 care is required. This data is uploaded on UNIFY for NHS Choices and also on our Website showing overall Trust position and each individual gate level. The breakdown for each of the ward areas is available on the external webpage.

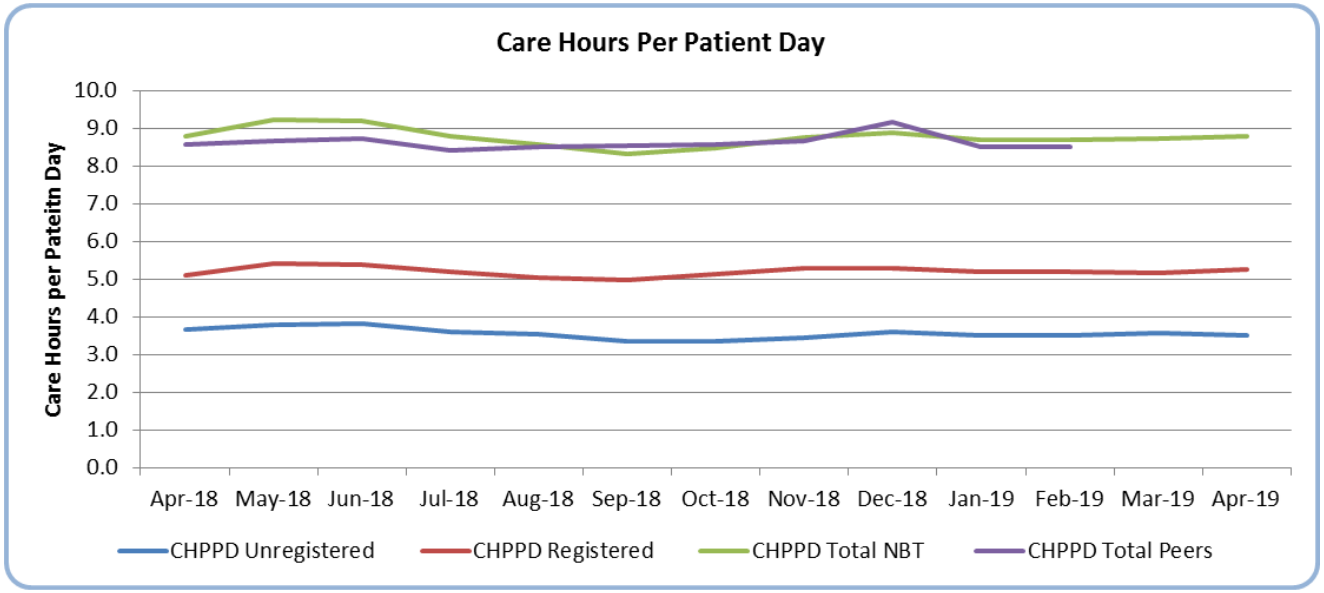
Wards below 80% fill rate are:

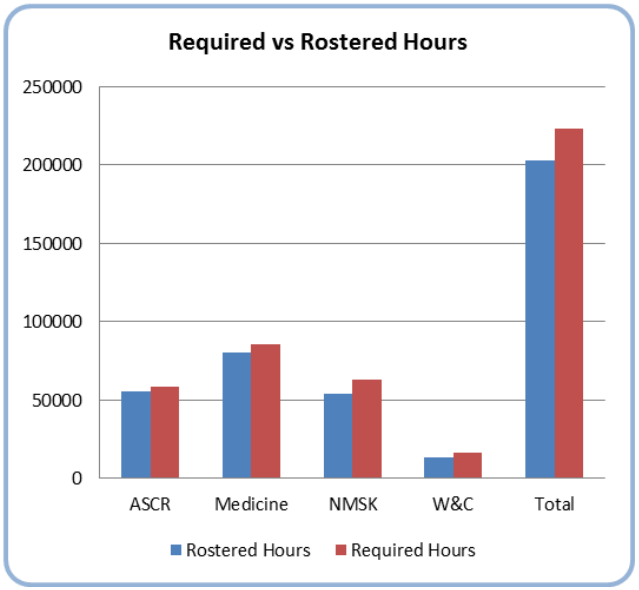
NICU:
Reduced fill rates for HCA 74.5% on days and 70.8% on nights; NICU staffing remains closely monitored on each shift. In order to maintain safety the unit has been closely supported by the CDS coordinator and staff sent to support as necessary. A recruitment plan is in place with 8 WTE now recruited.

32B (SAU):
Reduced fill rate for HCA 73% days. The ward currently has vacancies and was unable to fill these with bank staff. The ward has monitored daily providing support from other wards when possible. Gate 19(IR)

Ward over 175% fill rate:
Rosa Burden currently has a patient with significant enhanced care needs with a requirement of 2 staff member to 1 patient.

Cossham:
Cossham remains closed and is not reported externally.





Care Hours per Patient Day (CHPPD).

The chart shows care hours per patient day for NBT total and split by registered and unregistered nursing and shows CHPPD for our Model Hospital peers
(all data from Model Hospital).

Safe Care Live
(Electronic Acuity tool)

The acuity of patients is measured three times daily at ward level. The latest data for March demonstrates there are occasions the rostered hours do not meet the required hours.

The Safe Care data is however triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.

NHS
North Bristol
NHS Trust

Finance

Board Sponsor: Director of Finance
Catherine Phillips

	Position as at 30 April 2019		
	Plan £m	Actual £m	Variance (Adverse) / Favourable £m
Income			
Contract Income	45.7	44.0	(1.7)
Other Operating Income	7.0	5.9	(1.1)
Donations income for capital acquisitions	0.0	0.0	0.0
Total Income	**52.7**	**49.9**	**(2.8)**
Expenditure			
Pay	(32.7)	(32.0)	0.7
Non Pay	(16.1)	(14.0)	2.1
PFI Operating Costs	(0.5)	(0.5)	0.0
	(49.3)	**(46.5)**	**2.8**
Earnings before Interest & Depreciation	**3.4**	**3.4**	**0.0**
Depreciation & Amortisation	(1.9)	(2.1)	(0.2)
PFI Interest	(2.9)	(2.9)	0.0
Interest receivable	0.0	0.0	0.0
Interest payable	(0.4)	(0.3)	0.1
PDC Dividend	0.0	0.0	0.0
Other Financing costs	0.0	0.0	0.0
Impairment	0.0	0.0	0.0
Gains / (Losses) on Disposal	0.0	(0.1)	(0.1)
Operational Retained Surplus / (Deficit)	**(1.8)**	**(2.0)**	**(0.2)**
Add back items excluded for NHS accountability			
Gains / (Losses) on Disposal			
Donations income for capital acquisitions	0.0	0.0	0.0
Depreciation of donated assets	0.0	0.1	0.1
Impairment	0.0	0.0	0.0
Adjusted surplus /(deficit) for NHS accountability (excl PSF)	**(1.8)**	**(1.9)**	**(0.1)**
PSF / FRF / MRET	1.3	1.3	0.0
Adjusted surplus /(deficit) for NHS accountability (incl PSF)	**(0.5)**	**(0.6)**	**(0.1)**

Statement of Comprehensive Income

Assurances

The financial position at the end of April shows a deficit of £0.6m, £0.1m adverse to the planned deficit.

Key Issues

- Contract income is £1.7m adverse to plan largely due to under-performance in non-elective and elective inpatient activity.
- Other income is £1.1m adverse reflecting under-performance in a number of areas.
- Pay is £0.7m favourable to plan reflecting substantive vacancies offset in part by temporary staffing.
- Non pay is £2.1m favourable to plan mainly in clinical supplies and drugs.

31 March 2019 £m	Statement of Financial Position as at 30th April 2019	Plan £m	Actual £m	Variance above / (below) plan £m
	Non Current Assets			
558.1	Property, Plant and Equipment	531.1	555.4	24.3
17.0	Intangible Assets	17.1	17.0	(0.1)
8.5	Non-current receivables	8.5	8.5	0.0
583.6	**Total non-current assets**	**556.7**	**580.9**	**24.2**
	Current Assets			
12.8	Inventories	11.2	13.0	1.8
35.5	Trade and other receivables NHS	27.4	35.5	8.2
37.1	Trade and other receivables Non-NHS	36.1	30.3	(5.8)
10.2	Cash and Cash equivalents	8.0	11.0	3.0
95.7	**Total current assets**	**82.7**	**89.9**	**7.3**
0.0	Non-current assets held for sale	0.0	0.0	0.0
679.3	**Total assets**	**639.4**	**670.9**	**31.4**
	Current Liabilities (< 1 Year)			
9.4	Trade and Other payables - NHS	9.4	7.7	(1.7)
64.8	Trade and Other payables - Non-NHS	69.2	73.7	4.5
70.8	Borrowings	89.6	66.4	(23.2)
145.0	**Total current liabilities**	**168.2**	**147.8**	**(20.4)**
(49.3)	**Net current assets/(liabilities)**	**(85.5)**	**(57.8)**	**27.7**
534.3	**Total assets less current liabilites**	**471.3**	**523.1**	**(51.8)**
7.8	Trade payables and deferred income	8.4	7.7	(0.7)
517.8	Borrowings	495.7	517.5	21.7
8.7	**Total Net Assets**	**(32.9)**	**(2.1)**	**30.8**
	Capital and Reserves			
243.9	Public Dividend Capital	243.3	243.9	0.6
(375.2)	Income and expenditure reserve	(398.5)	(394.4)	4.1
(6.4)	Income and expenditure account - current year	0.5	(0.7)	(1.3)
146.5	Revaluation reserve	121.8	149.1	27.4
8.7	**Total Capital and Reserves**	**(32.9)**	**(2.1)**	**30.8**

Statement of Financial Position

Assurances

The Trust received new loan financing in April of £1.3m. This brings total borrowing from the Department of Health and Social Care to £179.5m.

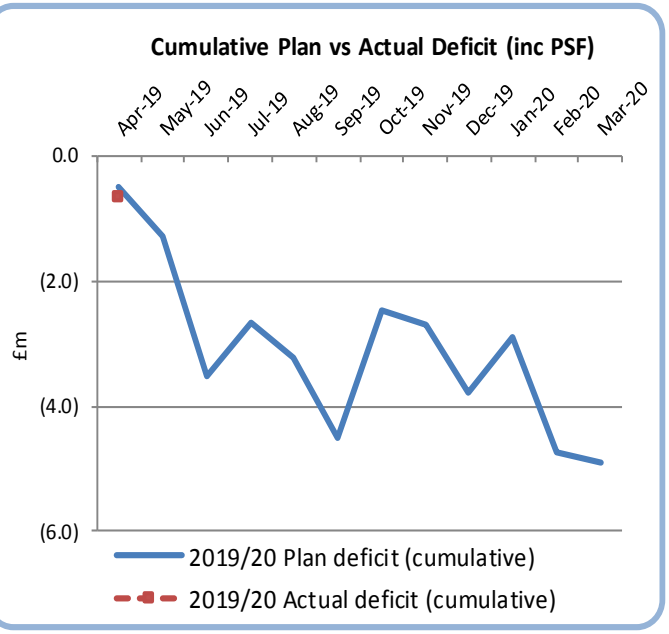
The Trust ended the month with cash of £11.0m, compared with a plan of £8.0m.

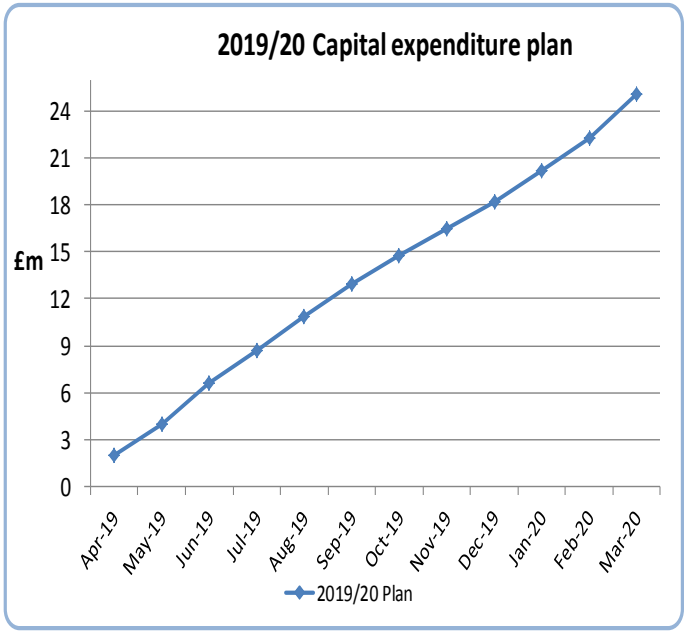
Concerns & Gaps

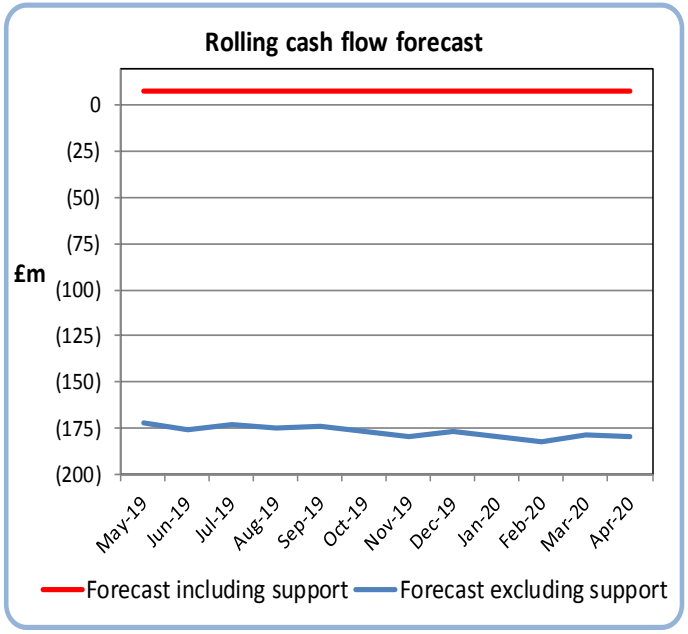
The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year which is 68% by volume of payments made within 30 days against the target of 95%.

Actions Planned

The focus going into 2019/20 continues to be on maintaining payments to key suppliers, reducing the level of debts and ensuring cash financing is available.







Weighting	Metric	2019/20 Plan
0.2	Capital service cover capacity	4
0.2	Liquidity rating	4
0.2	I&E margin rating	3
0.2	I&E margin: distance from financial plan	1
0.2	Agency rating	1
	Overall finance and use of resources risk rating	**3**

Rolling Cash Forecast, In-year Surplus/Deficit, Capital Programme Expenditure and Financial Risk Ratings

The overall financial position shows a £0.6m deficit, £0.1m adverse to plan.

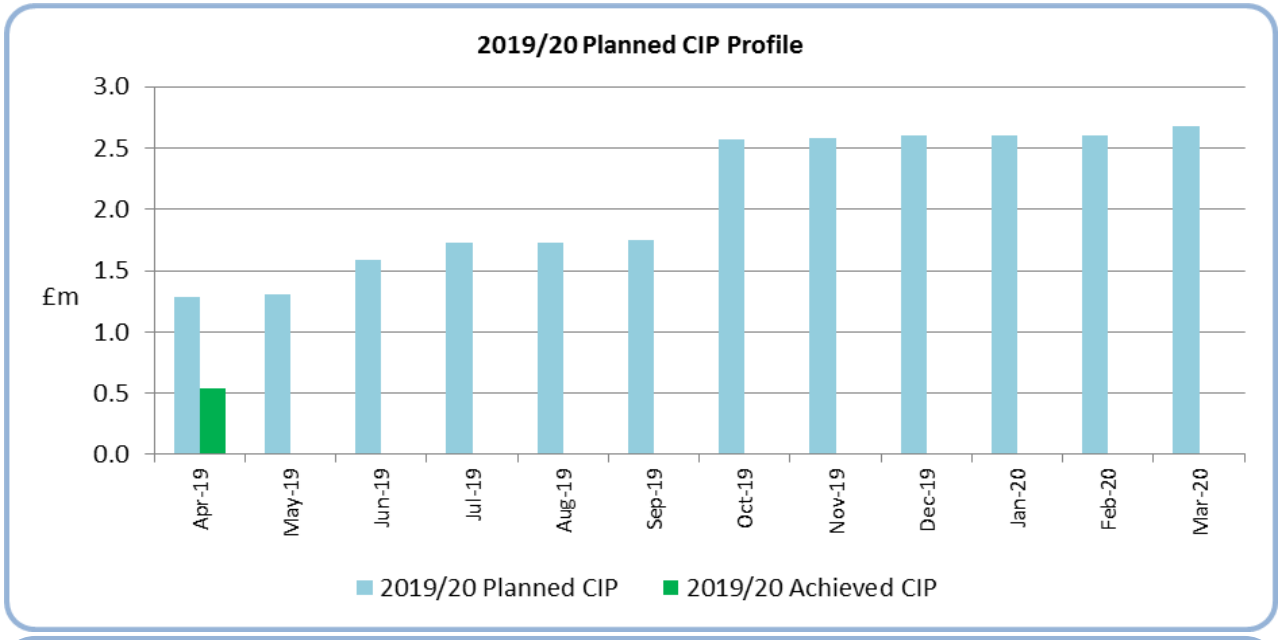
The capital expenditure plan for the year is £25.1m.

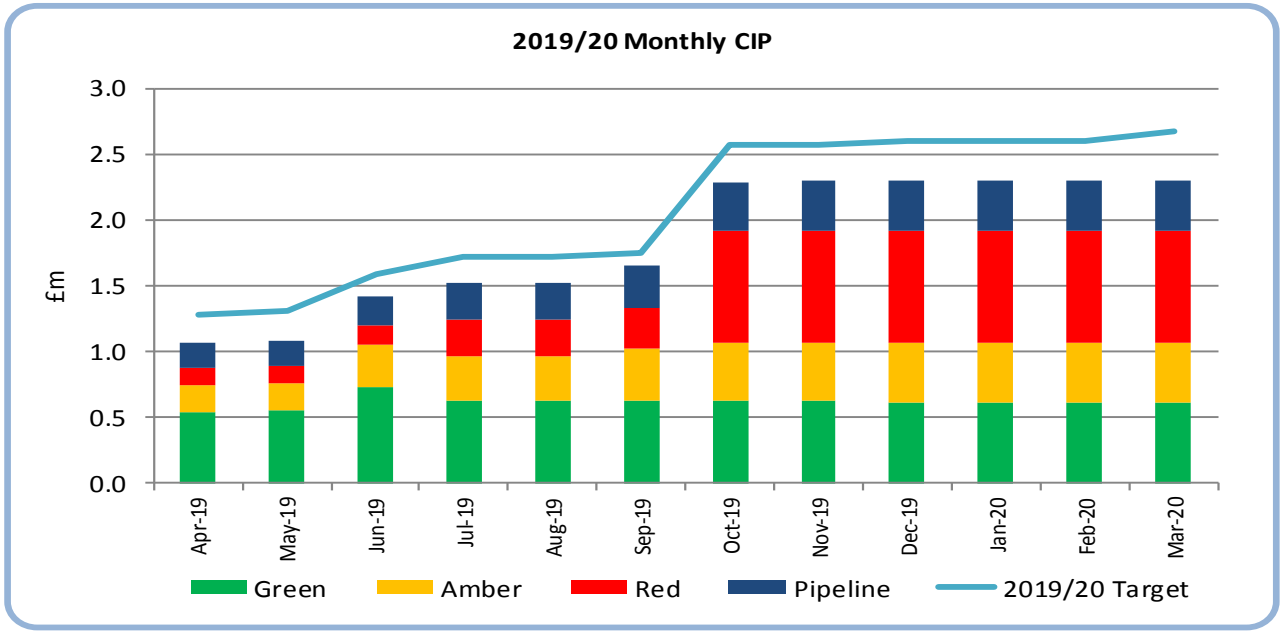
Assurances and Actions

- Ongoing monitoring of capital expenditure with project leads.
- Cash for our planned deficit for the year to date has been made available to the Trust via DH borrowing

Concerns & Gaps

The Trust has a planned rating of 3 (a score of 1 is the best) in the overall finance risk rating metric.





Savings

Assurances

The savings target for 2019/20 is £25m against which £0.5m was achieved at the end of April.

Concerns & Gaps

Although there remains a small shortfall of £0.2m in terms of identified savings, only £18.5m of the £25m plan is recurrent with £12.3m rated as green or amber.

Actions Planned

Maintain focus on identifying opportunities and improving the rate at which ideas and opportunities are turned into full plans for delivery.

Continued monitoring of actions required to deliver identified savings for 2019/20.

North Bristol NHS Trust

Regulatory

Board Sponsor: Chief Executive
Andrea Young

The Governance Risk Rating (GRR) for ED 4 hour performance continues to be a challenge, actions to improve and sustain this standard are set out earlier in this report. A recovery plan is in place for RTT incompletes and long waiters (please see key operational standards section for commentary). In quarter monthly cancer figures are provisional because the Trust's final position is finalised 25 working days after the quarter end.

We are scoring ourselves against the Single Oversight Framework for NHS Providers (SOF). This requires that we use the performance indicator methodologies and thresholds provided and a Finance Risk Assessment based upon in year financial delivery.

Board compliance statement number 4 (going concern) warrants continued Board consideration in light of the in-year financial position (as detailed within the Finance commentary). The Trust has trajectories for any performance below national standard and scrutinises these through the Monthly Integrated Delivery Meetings.

Regulatory Area	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Finance Risk Rating (FRR)	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber
Board non-compliant statements	0	0	0	0	0	0	0	0	0	0	0	0
Prov. Licence non-compliant statements	0	0	0	0	0	0	0	0	0	0	0	0
CQC Inspections	RI	RI	RI	RI	RI	RI	RI	RI	RI	RI	RI	RI

CQC reports history (all sites)

Location	Standards Met	Report date
Overall	Requires Improvement	Mar-18
Child and adolescent mental health wards (Riverside) *	Good	Feb-15
Specialist community mental health services for children and young people *	Requires Improvement	Apr-16
Community health services for children, young people and families *	Outstanding	Feb-15
Southmead Hospital	Requires Improvement	Mar-18
Cossham Hospital	Good	Feb-15
Frenchay Hospital	Requires Improvement	Feb-15

* These services are no longer provided by NBT.

Monitor Provider Licence Compliance Statements at April 2019
Self-assessed, for submission to NHSI

Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self assessment and no issues have been identified. Further external assurance checks have been completed on all Executive Directors and no issues have been identified.
G5	Having regard to monitor Guidance	Yes	The Trust Board has regard to Monitor/NHSI guidance where this is applicable.
G7	Registration with the Care Quality Commission	Yes	CQC registration is in place. The Trust received a rating of Requires Improvement from its inspection in November 2014, December 2015 and November 2017. A number of compliance actions were identified, which are being addressed through an action Plan. The Trust Board receives regular updates on the progress of the action plan through the IPR.
G8	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
P1	Recording of information	Yes	A range of measures and controls are in place to provide internal assurance on data quality. Further developments to pull this together into an overall assurance framework are planned through strengthened Information Governance Assurance Group.
P2	Provision of information	Yes	Information provision to Monitor/NHSI not yet required as an aspirant Foundation Trust (FT). However, in preparation for this the Trust undertakes to comply with future Monitor requirements.
P3	Assurance report on submissions to Monitor	Yes	Assurance reports not as yet required by Monitor/NHSI since NBT is not yet a FT. However, once applicable this will be ensured. Scrutiny and oversight of assurance reports will be provided by Trust's Audit Committee as currently for reports of this nature.
P4	Compliance with the National Tariff	Yes	NBT complies with national tariff prices. Scrutiny by CCGs, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C1	The right of patients to make choices	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C2	Competition oversight	Yes	Trust Board has considered the assurances in place and considers them sufficient.
IC1	Provision of integrated care	Yes	Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives.

Board Compliance Statements at April 2019
Self-assessed, for submission to NHSI

No.	Criteria	Comp (Y/N)	No.	Criteria	Comp (Y/N)
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the NHSI's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the Trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	Yes	8	The necessary planning, performance, corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the Trust Board are implemented satisfactorily.	Yes
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	Yes	9	An Annual Governance Statement is in place, and the Trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Yes
3	The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the Trust have met the relevant registration and revalidation requirements.	Yes	10	The Trust Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the relevant GRR; and a commitment to comply with all known targets or improvement trajectories going forwards.	Yes
4	The board is satisfied that the Trust shall at all times remain an ongoing concern, as defined by the most up to date accounting standards in force from time to time.	Yes	11	The evidence submitted by the Trust and the 2019 internal audit results indicates that the Trust is at a level 2 equivalent in relation to the requirements of the Data Security and Protection Toolkit.	Yes
5	The board will ensure that the Trust remains at all times compliant with regard to the NHS Constitution, noting that key constitutional performance targets are not currently being met; however improvement plans are in place.	Yes	12	The Trust Board will ensure that the Trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the Board of Directors; and that all Trust Board positions are filled, or plans are in place to fill any vacancies.	Yes
6	All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner.	Yes	13	The Trust Board is satisfied that all Executive and Non-executive Directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including: setting strategy; monitoring and managing performance and risks; and ensuring management capacity and capability.	Yes
7	The board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of it occurring and the plans for mitigation of these risks.	Yes	14	The Trust Board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.	Yes

North Bristol NHS Trust

Report To:	Trust Board		**Agenda Item:**	15.
Date of Meeting:	30th May 2019			
Report Title:	Sustainable Development Policy and Management Plan			
Report Author & Job Title	Tanya Saker, Sustainable Development Unit			
Executive/Non-executive Sponsor (presenting)	Simon Wood, Director of Estates, Facilities and Capital Planning			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
	x			
Recommendation:	• Trust Board is asked to approve the new Sustainable Development Policy • Sustainable Development Management Plan 6 monthly update – for information			
Report History:	• Trust Management Team (21/05/19) • Trust Sustainable Development Steering Group (24/04/19)			
Next Steps:	• The Sustainable Development Policy will be published online • The annual SDMP report will be provided to Trust Board in September 2019.			

Executive Summary	
The Trust continues to successfully embed sustainable development across its key work areas and is leading development in this field locally. As part of that development, the Trust's Sustainable Development Policy (Appendix A) has been updated in line with the NHS Long Term Plan and changes to national sustainable development reporting guidelines. The new policy replaces the Sustainable Development Policy approved by Trust Board in 2017. The Sustainable Development Management Plan (SDMP) update summarises the Trust's progress on delivering our Sustainable Development policy commitments over the last six months.	
Strategic Theme/Corporate Objective Links	• Achieving the highest standards of safety and quality while becoming a sustainable organisation fit for the future. • Be one of the safest trusts in the UK • Improve staff and patient experience • Collaborate with other hospitals, community services, GP practices & social care • Build effective teams empowered to lead

	• Become financially secure for the long term
Board Assurance Framework/Trust Risk Register Links	
Other Standard Reference	• Compliance with the National Sustainability Strategy (2014-2020) • Compliance with the National Climate Change Adaptation Programme (2018-2023) • Compliance with the NHS Long Term Plan (2019-2029) • Compliance with NHS Standard Contract (2019-2020)
Financial implications	Costs associated with the delivery of the Sustainable Development Management Plan will be addressed within separate business cases going forward where these cannot be met through use of the Sustainable Health and Capital Planning budget.
Other Resource Implications	The Sustainable Development Unit is resourced to manage the delivery of the Sustainable Development Management Plan. Additional resources required for specific work programmes within the SDMP will be addressed within separate business cases going forward.
Legal Implications including Equality, Diversity and Inclusion Assessment	• Compliance with legal obligations which include but are not limited to; Climate Change Act (2008), Environmental Protection Act (1990), Civil Contingencies Act (2004) and Public Services (social value) Act 2012. • The Sustainable Development Policy has been prepared in consultation with a wide range of stakeholders both directly and via the Sustainable Development Steering Group (which comprises: staff, contractors, specialist advisors, stakeholders, trade unions and local community interest groups).

Appendices:	Appendix A: Sustainable Development Policy (2019) Appendix B: Sustainable Development Policy Statement Appendix C: Sustainable Development Governance Structure Appendix D: Sustainable Development Roles and Responsibilities

1. Purpose

1.1 The *NHS Sustainable Development Strategy (2014-2020), Sustainable, Resilient, Healthy People and Places*, the *National Climate Change Adaptation Programme (2018-2023)* and the and the *NHS Standard Contract (2019-2020*) require NHS Trusts to have a Trust Board approved Sustainable Development Management Plan (SDMP).

1.2 Our SDMP is updated and approved by Trust Board annually in September and made available as a public document as part of our ongoing Sustainable Development work at NBT. This paper provides a 6 monthly progress report on our SDMP (2018/19) objectives and targets and highlights the risks and opportunities going forward.

1.3 The Trust's Sustainable Development Policy has been updated in line with the NHS Long Term Plan requirements and changes in national sustainable development reporting requirements (Appendix 1).

2. Background

2.1 The NHS Long Term Plan (LTP) restated its commitment to the carbon targets in the UK government Climate Change Act (2008), reducing carbon emissions (on a 1990 baseline) by 34% by 2020 and by 51% by 2025. This work will include projects to reduce the carbon footprint of inhalers and anaesthetics.

2.2 The LTP requires the NHS to improve air quality by cutting business mileage by 20% by 2023/24, ensure that at least 90% of the NHS fleet uses low-emissions engines (including 25% ultra-low emissions) by 2028 and phase out primary heating from coal and oil fuel in NHS sites.

2.3 The LTP also requires all trusts adhere to best practice efficiency standards and adoption of new innovations to reduce waste, water and carbon, in addition to reducing single-use plastics.

3. National Benchmarking

3.1 The Trust uses the national *Sustainable Development Assessment Tool (SDAT*) to assess progress and benchmark against similar organisations. The tool enables Trusts to demonstrate progress across 10 categories and towards achieving the United Nation's Sustainable Development Goals.

3.2 The Trust achieved an SDAT score of 58% (increased from 39% during 2018-19).The Trust's progress against our ten SDMP objectives for the last year is outlined below.

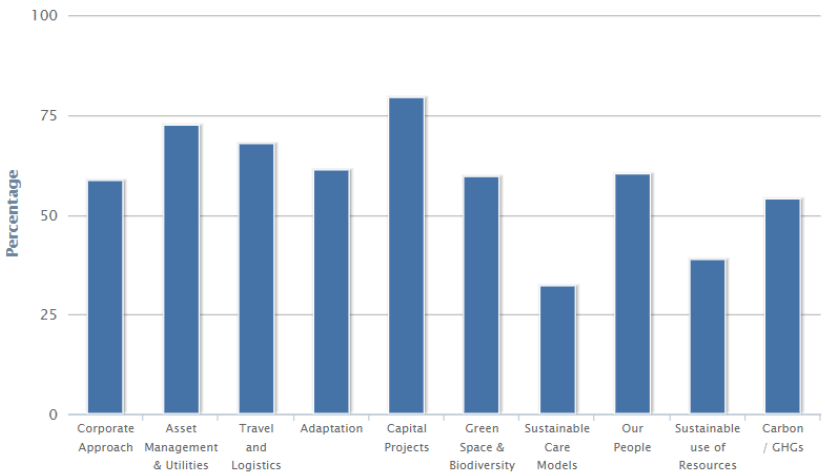
Figure 1 Sustainable Development Assessment 2019 (national benchmarking framework)

NORTH BRISTOL NHS TRUST

Latest assessment score

58%

Module	Score
Corporate Approach	58.49%
Asset Management & Utilities	72.46%
Travel and Logistics	67.71%
Adaptation	61.33%
Capital Projects	79.37%
Green Space & Biodiversity	59.42%
Sustainable Care Models	32%
Our People	60.22%
Sustainable use of Resources	38.89%
Carbon / GHGs	54.05%



SUSTAINABLE DEVELOPMENT GOALS

Objective 1: Corporate Approach

3.3 The Trust has embedded Sustainable Development within the annual corporate and divisional business planning process and as part of the business case review group.

3.4 The Trust was awarded a certificate of recognition for Excellence in Sustainability Reporting from Public Health England, NHS England, Health, Estates and Facilities Management Association and NHS Improvement.

3.5 The Trust has embedded sustainable development into all new Facilities Management contracts during the last 12 months to ensure that sustainability is considered in line with the Trust's sustainable development policy and Public Services Act (2012). There is considerable work to be done embedding sustainable development into the procurement process Trust wide.

3.6 The Trust was recognised by the national Sustainable Health and Care Awards as a runner up for Travel and Logistics and Sustainability Leader.

3.7 The Trust has engaged with staff, patients and visitors more widely through the launch of the NBT Sustainable Healthcare Twitter account and the monthly e-newsletter, the SDUpdate.

4. Objective 2: Asset Management and Utilities

4.1 Climate change adaptation is identified as a key driver within the Trust's new Estates Strategy, ensuring any new development onsite considers adaptation and mitigation measures to reduce our carbon emissions and ensure our infrastructure is capable of dealing with extreme weather and generating renewable energy where we can.

5. Objective 3 – Travel and Logistics

5.1 The Trust updated the five year Travel Plan, outlining our award-winning progress made to date and setting out the actions necessary over the next 5 years to make continuous improvement. Reducing single occupancy vehicle (SOV) journeys where staff commute alone in their cars is a particular focus. For the first time, the travel plan includes a commitment to address the sustainability impacts associated with the delivery of goods and services together with a reduction in business mileage and fleet air pollutant emissions by 20% by 2023/24. This is a requirement of the NHS Long Term Plan (2019-2029), and one which requires further investment in order to meet the requirements.

6. Objective 4 – Adaptation

6.1 The Trust is working collaboratively across the local Bristol. North Somerset and South Gloucestershire STP to risk assess the impacts of climate change on our healthcare services as part of the STP wide Climate Change Adaptation Plan. This is an innovative piece of collaborative work which, once completed will feed into the STP wide Estates Strategy to ensure our region is proactively preparing the health impacts of a changing climate.

7. Objective 5 – Capital Projects

7.1 All capital projects require a Sustainability Impact Assessment to ensure they consider the wider impacts on health and the environment, not just the financial implications**.**

7.2 The refurbishment of Westgate House has included lighting and energy efficiency upgrades as part of the physical changes to site, as well as within the contract tendering process. Additional lighting upgrades have also taken place in Pathology and the Bright Satellite Dialysis Unit.

8. Objective 6 - Green space and Biodiversity

8.1 The Trust has drafted a Biodiversity Management Plan (BMP) which sets out our ambitions to protect and enhance our green spaces onsite.

9. Objective 7 - Sustainable Models of Care

9.1 Quality Improvement is working alongside Sustainable Development to identify and develop future Sustainable Models of Care across the Trust. Improved patient outcomes, reduced length of stay, reduced resource consumption and reduced waste production have been identified through various projects throughout the year.

Figure 2 Pressure Point Injury Project Outcomes - Sustainable Model of Care

10. Objective 8 – Our People

10.1 The Trust completed the third year of the Green Impact staff engagement scheme, encouraging simple and effective actions to support our objectives. 225 members of staff from 25 clinical and non-clinical teams undertook 1052 actions. The scheme saved at an estimated 166 tonnes of carbon dioxide and at least £33,000 over the year.

11. Objective 9 – Sustainable Use of Resources

11.1 The Trust has seen changes in resource use over the last year, both positive and negative. These changes can be associated with increased patient contact and increased data collection, specifically for fleet mileage.

11.2 The Trust's waste data reflects the continued diversion of recycling to energy recovery due to changes in the plastics recycling market and contamination issues, however this diversion has now been reversed and recycling has resumed.

Figure 3 Sustainable Development Key Performance Indicators

	2015-16	2016-17	2017-18	2018-19	Impact (- /+)
Electricity consumed (kWh)	36,937,547	38,828,428	39,295,816	41,057,092	-
Gas consumed (kWh)	42,548,780	42,115,642	46,759,825	47,664,394	-
Oil consumed 9 (kWh)	865,098	543,381	892,324	798,087	+
Green electricity generated onsite (kWh)	23,813	39,717	36,057	42,228	+
Water volume (m^3)	259,753	237,418	357,389	402,366	-
Grey fleet (km)	1,725,973	857,369	658,443	743,474	-
Fleet vehicles electric/hybrid (miles)	-	14,473	18,094	16,163	-
Fleet vehicles non electric (miles)	-	-	-	540,792	-
Recycling (tonnes)	1,561	1,266	518	367	-
Landfill waste (tonnes)*	1,231	1,487	191	204	+
Autoclave (tonnes)	710	725	700	662	+
Recovery (tonnes)	196	227	1,972	1,794	-

** An increase in this waste stream is due to the diversion of offensive waste from the Autoclave waste stream, which is a legal requirement and positive outcome.*

12. Objective 10 – Carbon Emissions

12.1 The Trust's carbon emissions have reduced in line with decarbonising the national grid.

12.2 The Trust has recently undertaken a high level energy and carbon review of the PFI with our new PFI partner Bouygues, to identify opportunities to reduce carbon emissions (and energy consumption) in line with the NHS Long Term Plan requirements.

	2015-16	2016-17	2017-18	2018-19	Impact (+/-)
Scope 1 (gas, oil, vehicles, gases)	13,820	13,132	13,907	14,217	-

Scope 2 (electricity)	21,236	20,067	17,515	14,483	+
Scope 3 (procurement, waste, travel, water)	24,512	33,341	55,190	47,546	+
Total carbon emissions (tCO_2e)	59,568	66,540	86,612	76,246	+

13. Risks / Opportunities

13.1 Whilst positive progress has been achieved over the last year, particularly in relation to business planning, there are three significant risks which need prioritising over the coming year to ensure the Trust meets NHS Long Term Plan requirements. These are outlined below.

13.2 The Trust is not on target to reduce carbon emissions by 34% by 2020 and by 51% by 2025 set out within the NHS Long Term Plan. This requires significant investment into energy efficiency infrastructure which will be investigated this coming year. This issue will be addressed through the procurement of an energy solutions provider as set out in 12.2 above.

13.3 The Trust is not on target to reduce business mileage by 20% by 2023/24 and ensure that at least 90% of the NBT fleet uses low-emissions engines (including 25% ultra-low emissions). This requires a complete transport fleet review and investment into low emission fleet vehicles and infrastructure. The Estate, Facilities and Capital Planning Directorate are developing a plan that seeks to address this issue.

13.4 The Trust is not yet adopting best practice and innovation to reduce single-use plastics in line with the Long Term Plan. This is a significant piece of work which requires NBT supported by Bristol and Weston Purchasing Consortium (BWPC) to ensure the adoption of sustainable procurement practices. Discussions are underway with BWPC regarding how this issue will be addressed.

14. Summary

This report provides a six monthly update on progress towards the Trust's current SDMP and will feed into the SDMP for 2019/2020 due to be approved by Trust Board in September 2019. The Sustainable Development Policy will be reviewed again in 2022.

15. Recommendation

15.1 Trust Board is asked to approve the revised Sustainable Development Policy.

SUSTAINABLE DEVELOPMENT POLICY

Document No CO 09

Specific staff groups to whom this Policy directly applies	Likely frequency of use	Other staff who may need to be familiar with the Policy
All staff	Daily	All staff

Main Author(s)	Esther Coffin-Smith, Sustainable Development Manager Tanya Saker, Environmental Management Systems Co-ordinator
Consultation - Policy Statement - Full Policy Document	 All relevant interested parties (internal & external) Chief Executive, Chair, Executive Directors, Non Executive Directors, Sustainable Development Steering Group, Facilities Management Board, Infection Prevention and Control, Health & Safety, Unions, Environmental Awareness Reps (EARs), Equality and Diversity
Ratifying Committee	Trust Board
Executive Lead	Simon Wood, Director of Facilities, Estates and Capital Planning
Date of Approval	
Next Review Due	2022
Version	3.0
KEYWORDS	Environment, Sustainable Development, Sustainability, Sustainable Development Management Plan,EMS ISO14001, Climate Change Resilience, Adaptation, Communication, Training, Compliance, Environmental Performance, Energy, Waste, Water, Sustainable Procurement, Transport, Health and Wellbeing, Sustainable Models of Care, Monitoring, Measurement, Environmental Targets, Objectives

Summary of changes since the previous version	Changes to the policy statement and associated procedure in line with national guidance and benchmarking.

Contents

Do I need to read this policy?

The Sustainable Development Policy should be read and understood by all staff.

Executive Summary

This Sustainable Development Policy is driven by legislative, contractual and policy requirements placed upon the NHS. This Policy directly contributes towards to the delivery of the National Long Term Plan (2019-2029), the NHS Sustainability Strategy (2014-2020), the NHS Five Year Forward View, the local Sustainability and Transformation Plan and the Trust's own Strategy (2016-2020).

The purpose of this policy is to set out the Trust's commitment to ensure the activities of the Trust, our staff, our patients, and our suppliers embed the true principles of sustainable development to realise long term environmental, social and financial sustainability at North Bristol NHS Trust.

The policy applies corporately to North Bristol NHS Trust, to all sites, all services, all staff and all contractors working for and on behalf of the Trust.

The expectations of staff are listed within the document under section 7, roles and responsibilities, with a more detailed breakdown of specific sustainable development responsibilities of all staff and working groups outlined in appendix C.

Section 8 details how the policy will be delivered following the plan-do-check-act model and through the Sustainable Development Management Plan. For a full breakdown outlining how the policy will be delivered, please refer to the Sustainable Development Policy Procedure on sharepoint and the Sustainable Development Management Plan available on the Trust's website www.nbt.nhs.uk/sustainablehealthcare

The effectiveness of this policy will be monitored by the Sustainable Development Steering Group.

1. Introduction

The Trust is one of the largest healthcare providers, employers and consumers in the region and as such, we recognise the exceptional healthcare service we provide to our community can have significant environmental, social and financial impacts. We understand the potential health co-benefits of minimising these impacts.

Sustainable Development in the NHS is driven by legislative, contractual and policy requirements. Legislation such as The Climate Change Act (2008) requires us to reduce our impact on the environment, alongside the Public Services (Social Value) Act (2012), which requires us to consider the environmental and social impacts of the goods and services we buy, not just the financial cost.

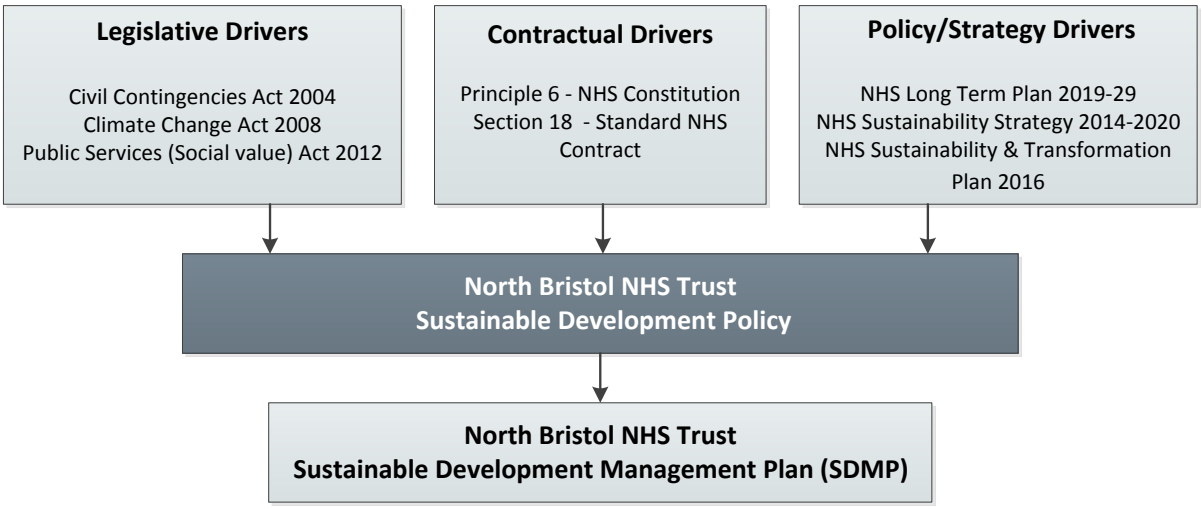


Figure 1: Sustainable Development Policy Drivers

Contractual requirements such as Principle 6 of the NHS Constitution commits us 'to provide the best value for taxpayers' money and the most effective, fair and sustainable use of finite resources'. This is reinforced by the NHS Standard Contract (Section 18 Sustainable Development) requirement which stipulates; 'NHS organisations must take all reasonable steps to minimise adverse impacts on the environment, maintain a Sustainable Development Management Plan (SDMP), including demonstrable evidence of climate change adaptation, mitigation and sustainable development, and specifically carbon reduction'. Section 18, also requires NHS organisations to meet the legislative requirements of the Public Services (Social Value) Act, mentioned above.

The *NHS Long Term Plan (2019-2029) and the NHS Sustainability Strategy (2014-2020),* detail how the NHS needs to adapt and change to ensure the long term health and wellbeing of the nation through health promotion, prevention and moving towards more sustainable models of care.

This Sustainable Development Policy sets out how North Bristol NHS Trust recognises the legal, contractual and environmental drivers outlined above and emphasises the need to

deliver a sustainable healthcare system which works within the available environmental, social and financial resources to protect and improve health now and for future generations.

North Bristol NHS Trust's *Sustainable Development Management Plan (SDMP)* sets out how we will achieve this.

2. Sustainable Development Policy Statement

North Bristol NHS Trust is one of the largest healthcare providers, employers and consumers in the south west.

We aspire to be a leader in the field of sustainable healthcare using our influence to enable our staff, patients, suppliers and healthcare partners achieve a sustainable and resilient health and care system for our region.

We recognise the detrimental impacts our services can have on the natural environment. As a healthcare provider, we seek to minimise these impacts whilst delivering health co-benefits for staff, patients, visitors and our local community.

In order to manage our risks and opportunities and continually improve our environmental management system we will:

- Fulfil our compliance obligations in relation to the environment.
- Protect and enhance the environment and prevent pollution.
- Maximise access to the natural environment for the benefit of health and wellbeing and for the prevention of avoidable illness.
- Manage our carbon emissions.
- Reduce the impacts from our travel and transport services.
- Manage our resources sustainably, reducing our direct environmental impacts from energy, waste, water and food.
- Embed sustainable design and construction within our capital projects.
- Manage our operational assets and critical infrastructure to promote longevity and efficiency of use.
- Adopt sustainable models of care across our services.
- Adapt our sites and services ready for a changing climate.
- Work with our suppliers and contractors to reduce the impact of the goods and services we buy.
- Support our staff through the provision of sustainable development training
- Engage staff, patients, visitors, stakeholders and our wider community on sustainable development

This policy demonstrates a commitment to the enhancement of environmental performance at North Bristol NHS Trust.

The Trust seeks certification of our Environmental Management System and will report progress annually.

This policy was approved by Trust Board on [INSERT DATE UPON APPROVAL]

The policy will be reviewed every three years

3. Purpose of the Policy

The purpose of this policy sets out the Trust's commitment to ensure the activities of the Trust, our staff, our patients and our suppliers promote environmental, social and financial sustainability to realise long term sustainable development at NBT.

4. Scope of the Policy

This Sustainable Development Policy applies corporately to North Bristol NHS Trust, to all sites, all services, all staff and all contractors working for and on behalf of the Trust.

5. Definition of Terms

Sustainable Development
Sustainable Development aims to ensure the basic needs and quality of life for everyone are met, now and for future generations. Sustainable Development promotes the reduction of carbon emissions, the efficient use of finite resources, recognises the importance of protecting our natural environment, and preparing our communities for climate change (extreme weather events and increased risk of disease) by promoting health and wellbeing through healthy lifestyle choices to ensure a strong, healthy and resilient community now and for future generations.

Climate Change
Emissions of greenhouse gases such as carbon dioxide are heating the planet and resulting in changing climate patterns across the world such as increased severity of storms, drought, flooding, excessive summer temperatures etc. Climate change has been identified as the greatest threat to public health in the twenty first century (Lancet, 2016). It is predicted climate change will increase the number of heat related illness and deaths, increase the amount of food, water and vector borne diseases, increase skin cancers and sunburn, increase the health impacts of respiratory disease from poor air quality and aeroallergens and likely bring about an increase in mental health issues as a result of social impacts caused by climate change.

Climate Change Adaptation
Climate change adaptation is the understanding and implementation of resilience measures to enable the Trust to prepare for the effects of climate change on our services and estate, for example designing buildings with greater ability to cope with hotter summers and service plans which anticipate increases in diseases such as skin cancer as a result of increased UV exposures.

Climate Change Mitigation
Climate change mitigation measures aim to reduce the amount of climate changing gases released into the atmosphere, for example, installing more energy-efficient lighting or switching to lower emission vehicles.

Health and Wellbeing Co-Benefits

The delivery of sustainable development initiatives to mitigate and adapt to climate change (e.g. active travel), will also result in benefits for health and wellbeing for example: improved air quality, greater physical exercise, access to green spaces and more comfortable indoor environments,

Sustainable Models of Care
Sustainable Models of Care adopt an integrated healthcare provision, integrated connections between service providers, empowered patients, improved use of information and communications technology (ICT), supported self-care and management of long term conditions. Sustainable Models of Care adopt preventative strategies to achieve both environmental and health improvement outcomes.

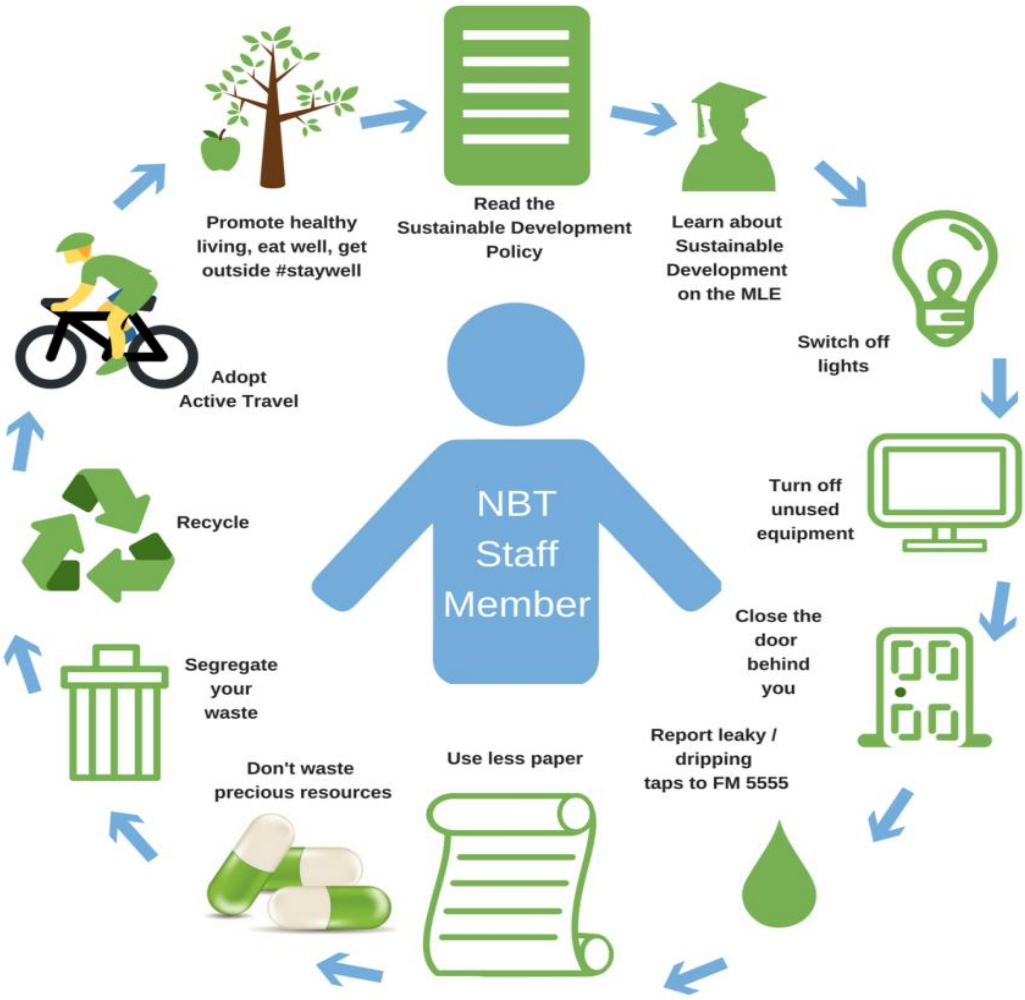
Sustainable Procurement
Sustainable procurement is the process whereby organisations meet their needs for goods and services whilst delivering value for money on a whole life basis and benefitting not only the organisation, but also society and the economy, whilst reducing the impact on the environment.

6. Roles and Responsibilities

The Sustainable Development Policy is applicable to all persons working for and on behalf of the Trust. A detailed breakdown of roles and responsibilities for the implementation of the Sustainable Development Policy is outlined in appendix C.

All employees of North Bristol NHS Trust have a responsibility to embed sustainable development throughout their working day.

Figure 2: Staff Responsibilities

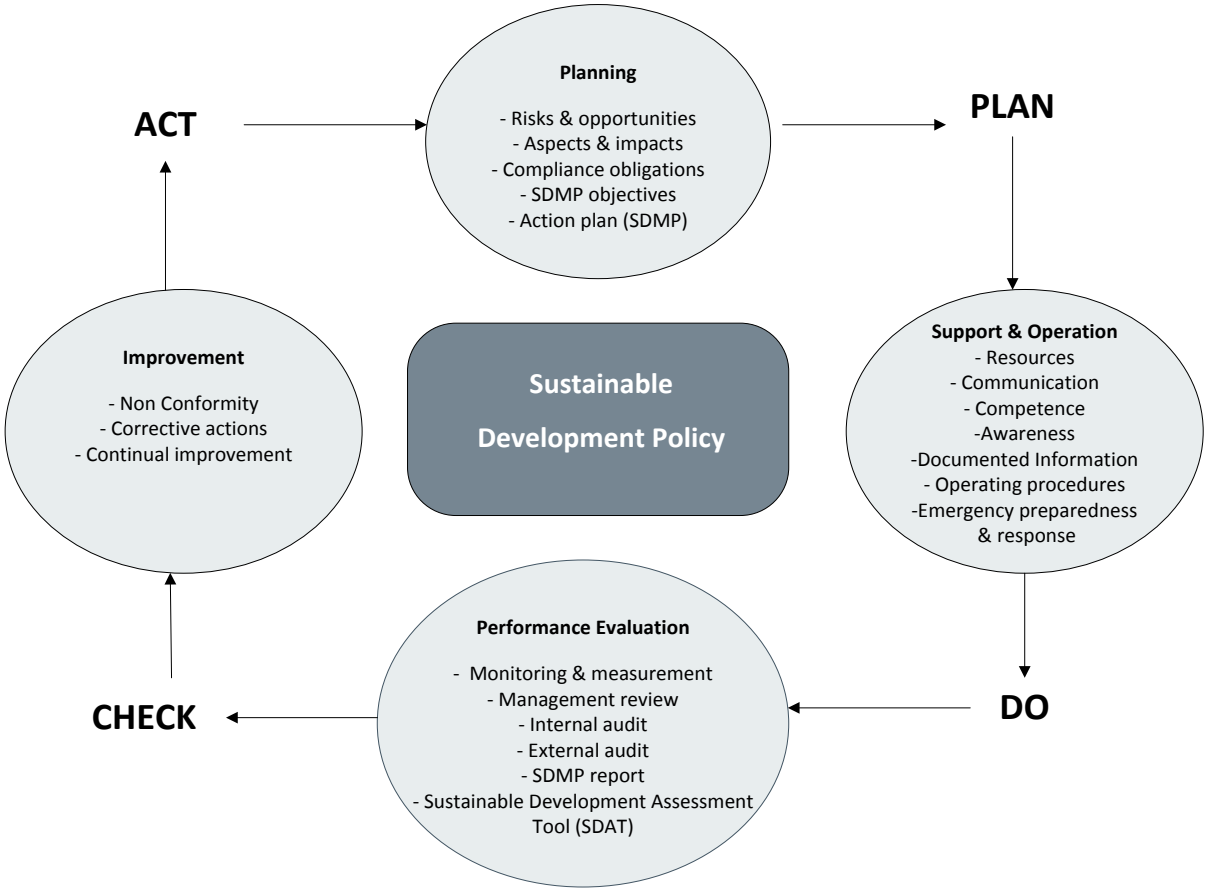


7. Procedure

The Sustainable Development Policy is delivered through the Environmental Management System plan-do-check-act model (outlined below in figure 2) and is evidenced within the Sustainable Development Management Plan.

Please refer to sharepoint for the detailed Sustainable Development Policy Procedure.

Figure 3: ISO14001 Environmental Management System; Plan-Do-Check-Act



8. Monitoring Effectiveness

The Sustainable Development Policy commits the Trust to continually improve our sustainable development performance. The Sustainable Development Steering Group will monitor, measure, analyse and evaluate our progress on the sustainable development objectives and targets laid out within the Sustainable Development Policy and Sustainable Development Management Plan.

Figure 3: Performance Evaluation, Monitoring, Measurement, Reporting & Improvement

What will be measured?	Monitoring / Audit method	Monitoring responsibility (individual /group / committee)	Frequency of monitoring	Reporting arrangements (Committee group the monitoring results are presented to)	How will actions be taken to ensure improvements and learning where the monitoring has identified deficiencies?
Sustainable Development Management Plan Objectives and Targets	6 monthly progress reporting and annual public reporting	Sustainable Development Steering Group (SDSG)	6 monthly / annually	Progress monitoring undertaken 6 monthly to Trust Board. SDSG reports annually to Trust Management Team (TMT) Trust Board and all interested parties (public document) annually	Actions will be raised through the SDSG or by EMS Co-ordinator with Managers. Failure to respond will result in escalation to the relevant Director
Sustainable Development Assessment Tool (SDAT)	Self-assessment	Sustainable Development Unit	Annually	SDU report to Sustainable Development Steering Group (SDSG), Trust Management Team (TMT) and Trust Board annually	Actions will be raised through the SDMG. Failure to respond will result in escalation to the SDSG.
ISO14001 Certification (EMS Scope only)	External EMS audit schedule	EMS UKAS-accredited Third Party Auditor	Annual surveillance Audit Recertification audit every 3 years	External Audit reports to North Bristol NHS Trust	EMS Co-ordinator will work with Managers to address any minor / major non conformities

9. Equality Impact Assessment

North Bristol NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate, harass or victimise individuals or groups. We respect and value the diversity of our workforce, patients, service users, relatives, carers and visitors and are committed to:

- Serving our community in a way that is appropriate, accessible and responsive
- Making best use of the range of talent and experience available within our workforce and potential workforce
- Ensuring that our legal obligations are fulfilled

In order to assess whether this policy has any possible or actual impact on groups in respect of gender, maternity and pregnancy, carer status, marriage or civil partnership issues, race, disability, sexual orientation, religion or belief, transgender, age or other protected characteristics, advice has been sought from the NBT Equality and Diversity Manager regarding the requirement of an Equality Impact Assessment. The advice received determined that an assessment is not relevant in this case, however, inclusivity and accessibility should be maximised for all communication and engagement with staff groups and stakeholders going forward.

10. Associated Documents

Work area	NBT Documents
Sustainable Development	Environmental Management System Procedure/s (ENV1)
	Sustainable Development Management Plan
Health & Safety	Health & Safety Policy (HS01)
	Sharps Management Policy (HS07)
	Fire Policy (HS10)
	COSHH Policy (HS11)
	Management of Work Related Stressors Policy (HS13)
	Managing Asbestos Policy (HS16)
	Control of Contractors Policy (HS22)
	Noise at Work Policy (HS25)
	Driving at Work Policy (HS27)
	Waste Management & the Safe Handling of Waste Policy (HS29)
Travel	Car Parking Policy (FC01)
	Travel & Expenses Policy
	NBT Travel Plan
Procurement	DRAFT Sustainable Procurement Strategy
	Procurement Strategy
Human Resources	Induction, Mandatory & Statutory Training Policy
Risk Management	Risk Management Policy (CO2)
Emergency Planning	Major Incident Plan
	Business Continuity Management Plan
IM&T	Freedom of Information Policy
	One NBT Digital Vision
Complaints	Complaints & Concerns Policy
Estates	Policy for the Maintenance of Buildings (EMP65)

11. References

International

- *The Lancet, Tackling Climate Change; The greatest opportunity for global health, Published online 22 June 2016; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2815%2960931-X/abstract Accessed 27/07/2016*
- *World Health Organisation; Healthy Hospitals, Healthy Planet, Healthy People. Addressing Climate Change in Healthcare Settings. 2009. Published online http://www.who.int/globalchange/publications/healthcare_settings/en/ Accessed 27/07/2016*

National

- *H M Government; Climate Change Act, 2008 Published online; http://www.legislation.gov.uk/ukpga/2008/27/contents accessed 17/01/17*
- *H.M Government; Civil Contingencies Act, 2004, Published online; http://www.legislation.gov.uk/ukpga/2004/36/contents accessed 17/01/17*
- *H.M. Government; Public Services (Social Value) Act, 2012, Published online; http://www.legislation.gov.uk/ukpga/2012/3/enacted accessed 17/01/17*
- *NHS England, NHS Constitution (Principle 6). Published online; https://www.gov.uk/government/publications/the-nhs-constitution-for-england accessed 17/01/17*
- *NHS England, Service Contract (Section18), Published online, https://www.england.nhs.uk/nhs-standard-contract/ accessed 17/01/17*
- *Sustainable Development Unit, 2014. NHS Sustainability Strategy; Sustainable, Resilient, Healthy People and places. Published online; http://www.sduhealth.org.uk/policy-strategy/engagement-resources accessed 17/01/17*
- *NHS England; Five Year Forward View, 2014, Published online; https://www.england.nhs.uk/ourwork/futurenhs/ accessed 17/01/07*
- *NHS England; Sustainability & Transformation Plans, 2016 Published online https://www.england.nhs.uk/stps/ accessed 17/01/17*
- *Sustainable Development Unit, 2014. Adaptation to Climate Change. Planning Guidance for Health and Social Care Organisations Published online, www.sduhealth.org.uk/plan, accessed 27/07/2016*
- *NHS Long Term Plan, 2019-2029. Published online, https://www.england.nhs.uk/long-term-plan/ accessed 01/04/2019*

Trust

- *North Bristol NHS Trust Strategy 2016-2021, Published online; https://www.nbt.nhs.uk/sites/default/files/North%20Bristol%20NHS%20Trust%205%20year%20strategy.pdf accessed 17/01/17*
- *North Bristol NHS Trust Sustainable Development Management Plan, published online; https://www.nbt.nhs.uk/about-us/our-standards/sustainable-development accessed 17/01/17*

12. Appendices

Appendix A *Sustainable Development Policy Statement*
Appendix B *Sustainable Development Governance Structure*
Appendix C *Sustainable Development Roles and Responsibilities*

Sustainable Development Policy

North Bristol NHS Trust is one of the largest healthcare providers, employers and consumers in the south west.

We aspire to be a leader in the field of sustainable healthcare using our influence to enable our staff, patients, suppliers and healthcare partners achieve a sustainable and resilient health and care system for our region.

We recognise the detrimental impacts our services can have on the natural environment. As a healthcare provider, we seek to minimise these impacts whilst delivering health co-benefits for staff, patients, visitors and our local community.

In order to manage our risks and opportunities and continually improve our environmental management system we will:

- Fulfil our compliance obligations in relation to the environment.
- Protect and enhance the environment and prevent pollution.
- Maximise access to the natural environment for the benefit of health and wellbeing and for the prevention of avoidable illness.
- Manage our carbon emissions.
- Reduce the impacts from our travel and transport services.
- Manage our resources sustainably, reducing our direct environmental impacts from energy, waste, water and food.
- Embed sustainable design and construction within our capital projects.
- Manage our operational assets and critical infrastructure to promote longevity and efficiency of use.
- Adopt sustainable models of care across our services.
- Adapt our sites and services ready for a changing climate.
- Work with our suppliers and contractors to reduce the impact of the goods and services we buy.
- Support our staff through the provision of sustainable development training
- Engage staff, patients, visitors, stakeholders and our wider community

This policy demonstrates a commitment to the enhancement of environmental performance at North Bristol NHS Trust.

The Trust seeks certification of our Environmental Management System and will report progress annually.

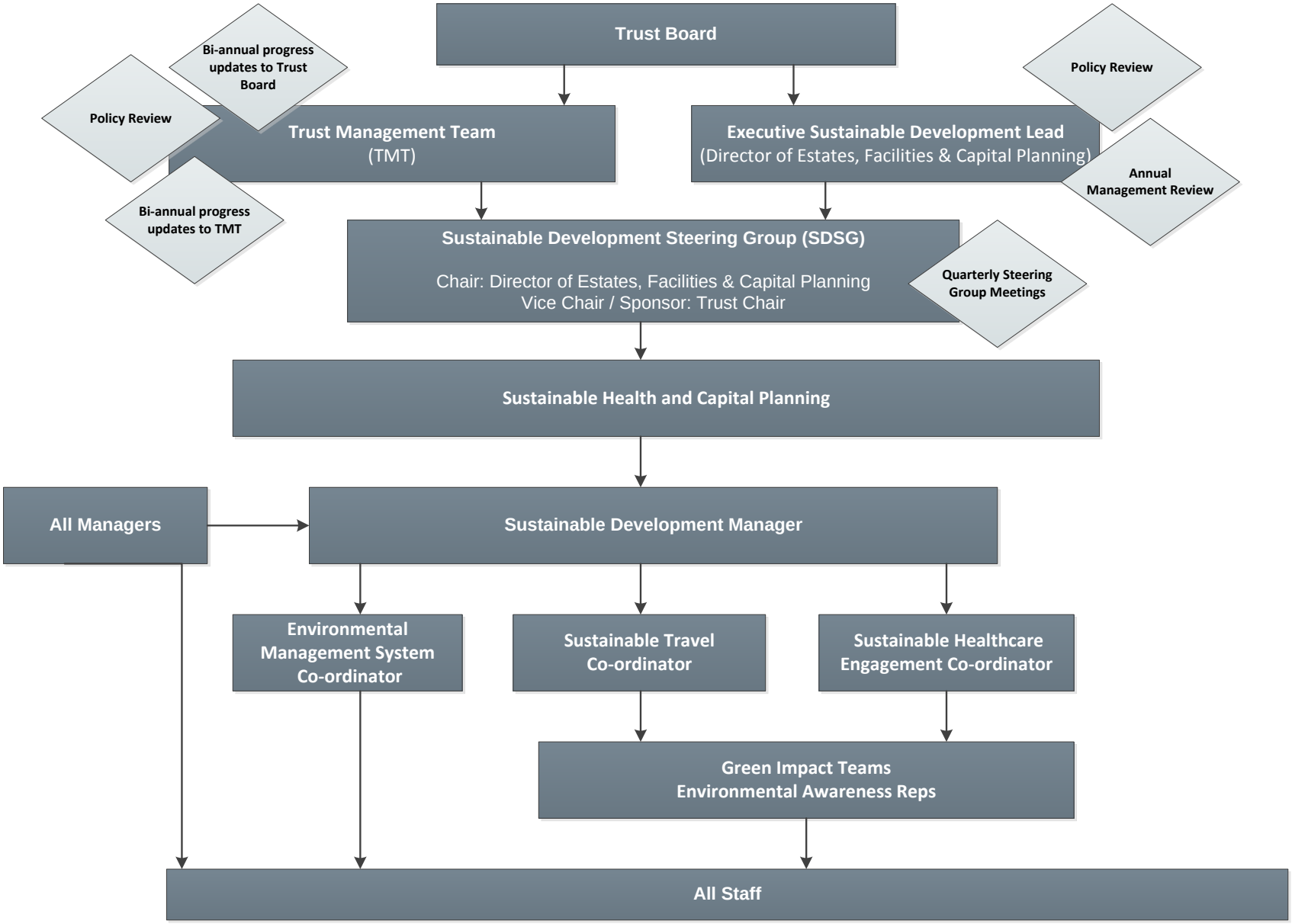
This policy was approved by Trust Board on [INSERT DATE UPON APPROVAL]

The policy will be reviewed every three years.

Andrea Young
Chief Executive

Michele Romaine
Chair

Appendix C Sustainable Development Governance Structure



Appendix D NBT Sustainable Development Roles & Responsibilities

		Trust Board	*Chief Executive*	*Executive Leads*	*Sustainable Development Steering Group*	*SD Manager*	*EMS Co-ordinator*	*All Staff*
1	Demonstrating leadership and commitment to the Trust's Sustainable Development Policy and Sustainable Development Management Plan.	✓	✓	✓	✓	✓	✓	
2	Reviewing and approving the Sustainable Development Policy	✓	✓	✓	✓	✓		
3	Reviewing and approving the Sustainable Development Management Plan	✓	✓	✓	✓	✓		
4	Ensuring the Sustainable Development Policy and Sustainable Development Management Plan objectives and targets are compatible with the strategic direction, processes and systems of the Trust.		✓	✓	✓	✓	✓	
5	Ensuring there is an appropriate governance structure in place for the effective management and implementation of the Sustainable Development Policy and Sustainable Development Management Plan commitments.		✓	✓	✓		✓	
6	Ensuring the Trust is compliant with all relevant obligations in relation to the environment.		✓	✓	✓	✓	✓	✓
7	Communicating the importance of the Sustainable Development Policy and Sustainable Development Management Plan commitments Trust-wide.		✓	✓	✓	✓	✓	✓
8	Directing and supporting staff to contribute to the Sustainable Development Policy commitments and to promote continual improvement.		✓	✓	✓	✓	✓	
9	Supporting senior management to demonstrate their leadership as it applies to their areas of responsibility.		✓	✓	✓	✓	✓	
10	Ensuring sufficient resources are allocated to adequately control risks and opportunities and notify the Trust Board of any deficiencies where this is not the case.		✓	✓	✓	✓	✓	
11	Undertaking an annual Management Review of the Environmental Management System and its associated Sustainable Development Policy to ensure its continuing suitability, adequacy and effectiveness.			✓		✓	✓	
12	Ensuring the Environmental Management System achieves its intended outcomes.			✓		✓	✓	
13	Chairing the Sustainable Development Steering Group			✓				
14	Ensuring any changes to the Environmental Management System (policy, objectives, targets or any other elements of the system) are implemented.			✓		✓	✓	
15	Reviewing progress of the Sustainable Development Management Plan, objectives and targets				✓	✓	✓	
16	Ensuring the procedures relating to activities that have or could have an environmental impact within their directorate are adhered to as required.				✓	✓	✓	✓
17	Delivering the actions within the Sustainable Development Management Plan					✓	✓	✓
18	Reporting the Trust's Environmental Performance to the Sustainable Development Steering Group and external stakeholders as required.					✓	✓	
19	Developing and delivering training on sustainable development as required					✓	✓	
20	Maintaining the Trust's Sustainable Development Policy						✓	
21	Monitoring the Trust's environmental performance.						✓	
22	Managing the Environmental Management System (aspects register, documentation, audit schedule, procedures, etc)						✓	
23	Supporting the Sustainable Development Management Plan through simple everyday actions in the workplace e.g. turning out lights, segregating waste, traveling sustainably, using resources efficiently, raising awareness etc)	✓	✓	✓	✓	✓	✓	✓

North Bristol NHS Trust

Report To:	Trust Board Meeting		**Agenda Item:**	16.
Date of Meeting:	30 May 2019			
Report Title:	Finance and Performance Committee Report			
Report Author & Job Title	Mark Pender, Deputy Trust Secretary			
Executive/Non-executive Sponsor (presenting)	Rob Mould, Chair of Finance and Performance Committee, Non-Executive Director			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
			X	
Recommendation:	The Trust Board is recommended to receive the report for assurance.			
Report History:	The report is a standing item to each Trust Board meeting following a Finance and Performance Committee.			
Next Steps:	The next report to Trust Board will be to the July 2019 meeting.			

Executive Summary
The report provides highlights of the issues discussed and the outcomes reached at the Finance and Performance Committee Meeting held on 17th April 2019 as well as items for escalation to Trust Board.

Strategic Theme/Corporate Objective Links	Reports received supported the delivery of the following strategic themes and corporate objectives: **Change how we deliver services to generate affordable capacity to meet the demands of the future:** • Deliver the financial plan to achieve an improved year end deficit of £18.4m. • Improve the flow of patients through the hospital by ensuring a maximum bed occupancy of 95%. **Be one of the safest trusts in the UK:** • Maintain safe access to services: improve access to emergency care, maintain delivery of the national cancer standard, ensure there are no 52-week breaches and no increases in the overall waiting list for elective care. • Achieve an overall CQC rating of 'Good'.
Board Assurance Framework/Trust Risk Register Links	Reports received at the meeting support the mitigation of the following BAF risks: • SIR1 Internal Flow – risk score 5 x 5 = 25. • SIR11 Productivity – risk score 5 x 3 = 15. • SER 1 Growth - 5 x 5 = 25.
Other Standard Reference	Links to key lines of enquiry within the CQC regulatory framework.
Financial implications	Business cases approved by the Committee are within the delegated limits as set out in the Trust's Standing Financial Instructions and Scheme of Delegation.
Other Resource Implications	No other resource implications associated with this report.
Legal Implications including Equality, Diversity and Inclusion Assessment	None identified.

Appendices:	None.

1. Purpose

To provide a highlight of the key assurances, escalations to the Board and identification of any new risks from the Finance and Performance Committee meeting held on the 17th April 2019.

2. Background

The Finance and Performance Committee is a sub-committee of the Trust Board. It meets bi-monthly and reports to the Board after each meeting. The Committee was established to provide assurance to the Trust Board that there are robust and integrated systems in place overseeing the Trust's financed and performance and that they are in line with the organisation's objectives.

3. Key Assurances Received

3.1 The operational performance figures for March were considered. It was reported that A&E remained under pressure, with 4 hour performance at 74% during March. However, no 12 hour trolley waits had been reported. Arrangements for staffing over the Easter period were discussed, and it was reported that additional resources were being employed to deal with the additional pressure.

3.2 The Month 12 Finance Report was received. It was reported that at the end of March the Trust reported a deficit of £21.4m, £3m adverse to plan. This position included a loss of Provider Sustainability Funding (PSF) of £3.2m relating to non-delivery of A&E performance trajectories since the end of Quarter 2. The pre-PSF position was therefore £0.2m favourable to plan and the control total.

3.3 The Committee received and reviewed the 2019/20 CIP programme, and the following points were highlighted:

- In 2018/19 £26.3m savings were delivered, falling short of the revised plan of £29.3m.
- Against a Trust commitment of delivering £25m savings, the 2019/20 identified position was £23.4m; £18.6m when pipeline schemes were excluded. 79% of the total identified was recurrent, and schemes resulting from local pricing reviews had been removed.
- Trust-wide schemes were being worked up to identify opportunities to close the CIP gap, focusing on theatres and flow work schemes. Validation of the financial opportunity was being undertaken before schemes were added to the CIP tracker.
- The PMO was supporting Divisions with the completion of project plans and quality impact assessment paperwork ahead of Executive review and sign-off.

3.4 The Committee received a report which provided a deep dive into NBT's current performance against the national cancer access standards. It outlined the specific

challenges and issues that exist at Trust wide and speciality specific levels. The significant growth in cancer patients experienced over the last several years was highlighted, as was the fact that the nature of NBT's specialities were weighted towards more complex patient pathways. The Trust's robust plans for 19/20 to support delivery of all of the cancer targets were outlined, and it was noted that it was likely that during 20/21 NHS England would be replacing the cancer targets across the country.

4. Escalations to the Board

4.1 At the meeting on the 17th April 2019 the following business cases were recommended to the Trust Board for approval as they were beyond the delegated limits of the committee:

- Emergency Zone Business Case
- E-Observation Business Case
- Plastics and Dermatology – service improvement

These business cases were subsequently considered and approved at the Private Trust Board meeting on 25th April 2019.

5. Identification of New Risk

5.1 No new risks were identified in the meeting.

6. Recommendations

The Board is recommended to receive and note the report for assurance.

Report To:	Trust Board Meeting		**Agenda Item:**	17.
Date of Meeting:	30 May 2019			
Report Title:	Audit Committee Report			
Report Author & Job Title	Mark Pender, Deputy Trust Secretary			
Executive/Non-executive Sponsor (presenting)	Jaki Meekings-Davis, Chair of Audit Committee, Non-executive Director			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
			X	
Recommendation:	The Trust Board is recommended to receive the report for assurance.			
Report History:	The report is a standing item to each Trust Board meeting following an Audit Committee meeting.			
Next Steps:	The next report to Trust Board will be to its meeting in July 2019.			

Executive Summary
The report provides assurances received, issues escalated to the Trust Board and any new risks identified from the Audit Committee meetings held on 30th April 2019 and 23rd May 2019.

<table>
<tr><td>Strategic Theme/Corporate Objective Links</td><td>Links to all strategic themes.</td></tr>
<tr><td>Board Assurance Framework/Trust Risk Register Links</td><td>None identified.</td></tr>
<tr><td>Other Standard Reference</td><td>Links to the CQC Well Led domain and key lines of enquiry.</td></tr>
<tr><td>Financial implications</td><td>None within this report.
<table>
<tr><th>Revenue</th><th>Total £’000</th><th>Rec £’000</th><th>Non Rec £’000</th></tr>
<tr><td>Income</td><td></td><td></td><td></td></tr>
<tr><td>Expenditure</td><td></td><td></td><td></td></tr>
<tr><td>Savings/benefits</td><td></td><td></td><td></td></tr>
</table>
<table>
<tr><td>Capital</td><td></td></tr>
</table>
</td></tr>
<tr><td>Other Resource Implications</td><td>No other resource implications associated with this report.</td></tr>
<tr><td>Legal Implications including Equality, Diversity and Inclusion Assessment</td><td>None identified.</td></tr>
</table>

Appendices:	N/A

1. Purpose

To provide a highlight of the key assurances, escalations to the Board and identification of any new risks from the Audit Committee meetings held on 30th April 2019 and 23rd May 2019.

Background

The Audit Committee is a sub-committee of the Trust Board. It meets five times a year and reports to the Board after each meeting. The Committee was established to receive assurance on the Trust's system of internal control by means of independent review of financial and corporate governance, risk management across the whole of the Trust's activities and compliance with law, guidance and regulations governing the NHS.

3. Meeting of 30th April 2019

3.1 The Committee reviewed the status of the annual internal audit plan.

3.2 The Committee received the Counter Fraud Annual Report, and welcomed the very low levels of fraud reported at NBT. The list of allegations relating to potential fraud / bribery which had been referred to internal audit for investigation was considered and noted.

3.3 The draft Annual Report 2018/19 was considered by the Committee, and comments and suggestions were made by members of the Committee for consideration by the Trust Secretary. It was noted that the final version would be signed off at the meeting of the Audit Committee on 23rd May 2019.

3.3 The following completed internal audit reports were received:

- Medical Outliers
  It was noted that on the basis of this review an overall assessment of 'Significant Assurance with minor improvement opportunities' had been reached. There were 9 recommendations, 3 of which were of medium priority.

- Agency
  It was noted that on the basis of this review an overall assessment of 'Significant Assurance with minor improvement opportunities'. There were 2 recommendations of medium importance one of which was referred to the People & Digital Committee for further consideration.

- Board Assurance Framework
  It was noted that on the basis of this review an overall assessment of 'Significant Assurance with minor improvement opportunities'. There were 2 recommendations of medium importance relating to Committees having ownership of the BAF risks assigned to them, and the need to review and refresh to BAF to ensure it contained the appropriate risks.

3.4 The Committee received a report which provided an overview of the losses incurred and actions taken by the Trust, and salary overpayments made and recovered, for the period April 2018 to March 2019.

4. Meeting of 23rd May 2019

4.1 The main focus of the meeting on the 23rd May 2019 was the close down of 2018/19 and reporting for year end.

4.2 The Committee considered the Financial Accounts 2018/19 and the Annual Report 2018/19. These were approved subject to minor amendments and clarifications, and the final versions of each are attached for information under items 19 and 20 of this Trust Board agenda.

4.3 The external auditors presented the progress to date of the audit findings on the Quality Account. It was noted that the report was not the final findings report as the national deadline for submission was the 30th June 2019. Work had been undertaken in parallel with the financial statements audit and it was noted at the present stage a number of mandatory disclosures including comments from other external bodies were yet to be received. The Committee also received the latest version of the Quality Account for 2018/2019 and noted that it was proceeding in accordance with the publication timetable.

4.4 The following internal audit reports were received and reviewed:

- Data Quality
- Divisional Governance
- HTA Compliance

It was noted that it had not been possible to complete the HTA Compliance review, and the issues arising from this were being looked at by the Quality & Risk Management Committee.

4.5 The Committee received an update on the welsh debt issue and the process improvements that had been made to reduce the level of outstanding debt and potential write-offs in the future.

5. Recommendations

The Board is recommended to receive and note the report for assurance.

North Bristol NHS Trust

Report To:	Trust Board – Public Meeting		**Agenda Item:**	18
Date of Meeting:	31 May 2019			
Report Title:	Provider Licence – Self-Certification			
Report Author & Job Title	Xavier Bell, Director of Corporate Governance & Trust Secretary			
Executive/Non-executive Sponsor (presenting)	Xavier Bell, Director of Corporate Governance & Trust Secretary			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
	X			
Recommendation:	That the Trust Board: • Approve self-certification for licence condition G6, noting that the Trust has certified that during 2018/19 it was not fully compliant with this condition; and • Approve self-certification for licence condition FT4.			
Report History:	• Self-certification against various sections of the provider licence is an annual process. This was last carried out in May 2018.			
Next Steps:	• The final self-certification response must be published on the Trust's website no later than 30 June 2019.			

Executive Summary	
Although NHS Trusts do not need to hold a provider licence, they are required to comply with conditions equivalent to those in the provider licence, which is published by NHS Improvement. All NHS Trusts are required to self-certify on an annual basis whether or not they have complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution). The report recommends that the Board certify "not confirmed" against condition G6, as the Trust breached its licence in 2018/19. It recommends that the Board certify "confirmed" against condition FT4, as it is taking steps to repair any breach and ensure it does not recur.	
Strategic	Links across all Strategic Themes, and to compliance with the

Theme/Corporate Objective Links	CQC/NHSI Well-Led Framework and Single Oversight Framework.
Board Assurance Framework/Trust Risk Register Links	Failure to meet the range of conditions of the NHS Provider Licence (or equivalent conditions for an non-FT NHS Trust) can lead to NHSI imposing compliance and restoration requirements or monetary penalties. The greatest impact is most likely to be on reputation and the impact that has on patient choice and stakeholders' confidence in the RUH as a provider of NHS services.
Other Standard Reference	NHS Provider Licence Conditions NHS Provider Licence Self-Certification Guidance
Financial implications	**Total cost:** Nil **Is this capital and/or revenue?** **N/A** **Is this in the budget (revenue and/or capital) If not, how will it be funded?** N/A
Other Resource Implications	N/A
Legal Implications including Equality, Diversity and Inclusion Assessment	It is a requirement of both the provider licence and the regulator, NHS Improvement, that the Trust undertake an annual self-certification against these licence conditions.

Appendices:	Appendix 1 – Evidence to support G6 compliance Appendix 2 – Evidence to support FT4 compliance Appendix 3 – Provider Licence Conditions G6 & FT4

1. Purpose

This report provides evidence and recommendations to support the Board's self-certification against the Provider Licence, as required by NHS Improvement.

2. Background

2.1. NHS Trusts are required to self-certify that they can meet the obligations set out in the NHS Provider Licence. Although NHS trusts are exempt from needing the provider licence, directions from the Secretary of State require NHS Improvement to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate.

2.2. The Single Oversight Framework (SOF) bases its oversight on the NHS Provider Licence. NHS Trusts are therefore legally subject to the equivalent of certain provider conditions (including Conditions G6 and FT4) and must self-certify under these licence provisions.

2.3. NHS trusts are therefore required to self-certify that they can meet the obligations set out in the NHS Provider Licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution) and that they have complied with governance requirements.

3. Self-Certification Requirements

3.1. Providers need to self-certify the following after the financial year-end:

NHS provider licence condition
The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))
The provider has complied with required governance arrangements (Condition FT4(8))

3.2. Providers must publish their self-certification against condition G6(3) no later than 30 June 2019.

3.3. From July 2019 NHS Improvement may contact a select number of trusts to ask for evidence that they have self-certified. This can be through providing the completed templates or relevant board minutes and papers recording sign-off.

4. Proposed Outcome

<u>Condition G6:</u>

4.1. This licence condition requires providers to have processes and systems that:

- Identify risks to compliance with the licence; and

- Take reasonable mitigating actions to prevent those risks and failure to comply from occurring.

4.2. Providers must annually review whether these processes and systems are effective.

4.3. Providers must self-certify by answering "confirmed" or "not confirmed to the following statement:

"*Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under NHS Acts and have had regard to the NHS Constitution*".

4.4. NHS Improvement has identified the Trust to be in breach of licence conditions FT4(5)(a)-(d) and FT4(5(g) during 2018/19 and the Trust has accepted this finding. The Board is therefore unable to certify that it has taken all precautions as were necessary in order to comply with the conditions of the licence during 2018/19.

4.5. **Recommendation:** as such, the recommendation to the Board is that the 'Condition G6' Self Certification is formally signed-off as "Not Confirmed" with respect to 2018/19.

4.6. Appendix 1 sets out the evidence of future compliance with this condition, including systems and processes to guard against breach and actions taken to repair any breach, and provides evidence that the Trust has taken steps to ensure compliance with its licence conditions moving forward.

<u>Condition FT4</u>

4.7. This licence condition sets out the expected governance arrangements for providers, including having regard to regulatory guidance, effective board and committee structures, clear reporting and accountability, and systems and processes which ensure compliance with the board's various statutory and regulatory duties. A copy of the licence condition can be found at **Appendix 3.**

4.8. NHS providers are required to self-certify against condition FT4(8):

"…confirming compliance with this Condition [FT4] as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks."

4.9. Providers should review whether their governance systems meet the standards and objectives in the condition. There is no set standard or model to follow; instead in reaching the conclusion the Trust is compliant, the Trust should assess effective board and committee structures, reporting lines and performance and risk management systems.

4.10. The Board is required to self-certificate "Confirmed" or "Not confirmed" to a number of governance-related statements (see **Appendix 2**) and set-out any risks and mitigating actions planned for each one.

4.11. While the Trust was found to be in breach of specific licence conditions under FT4 during 2018/19, this certification should be based on the circumstances as at the date the certification is made, and anticipated compliance for the following year, rather than looking retrospectively. Therefore if the Board feels that breaches have been repaired and good governance is now established and effectively implemented, it is reasonable for it to declare compliance with this provision.

4.12. **Recommendation:** based on the evidence highlighted in Appendix 2, it is recommended to the Board that each of the six governance-related statements from 'Condition FT4' Self Certification are formally signed-off as "Confirmed".

4.13. Confirmation against Statement 4 should note that the Trust was found to be in breach during 2018/19 and that the Trust is taking steps to repair the breach.

Appendix 1 – Evidence to support Condition G6 compliance

G6 - Systems for Compliance with Licence Conditions and related obligations

The Licensee shall take all reasonable precautions against the risk of failure to comply with:

a) **the Conditions of this Licence;**
b) **any requirements imposed on it under the NHS Acts; and**
c) **the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.**

The steps that the Licensee must take pursuant to that paragraph shall include:

a) **the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and**
b) **regular review of whether those processes and systems have been implemented and of their effectiveness.**

The Trust Board is assured of future compliance because:

- Annual Governance Statement – An Annual Governance statement has been approved for 2018/19. This statement includes a description of the Trust's risk management and assurance frameworks. It is reviewed by the Trust's external auditors and presented to the Board's Audit Committee as part of the Trust annual accounts before receiving sign of by the Board;

- The Annual Head of Internal Audit Opinion for 2018/19 does not identify any significant gaps or issues.

- Risk Management Policy – A Risk Management Policy is in place which has been reviewed and refreshed during the last quarter. Improvements to risk management are being progressed as part of the Clinical Governance Improvement Programme.

- Risk Registers – The Trust has a Board Assurance Framework which is reviewed by the Board on a quarterly basis, and an operational risk register which has Board-level oversight via the Quality & Risk Management Committee.

- The Board has a number of sub-committees; namely the Finance & Performance Committee, People & Digital Committee, Quality & Risk Management Committee and Audit Committee. Each is chaired by a Non-Executive Director, and ensure there is effective monitoring and assurance arrangements in place to support the Trust's system of internal control.

- An Integrated Performance Report is received by the Board each month, which sets out performance against various operational, quality and financial targets, and provides an opportunity for discussion and challenge.

- The Trust has agreed operational performance improvement trajectories with commissioners and regulators where required to improve performance against key constitutional targets.

The Trust has taken the following actions to repair any breach of licence terms FT4(5)(a)-(d) and FT4(5)(g) in 2018/19, and to guard against recurrence:

- Agreed a timeframe with NHS Improvement for the creation of a Long Term Financial Model to achieve a sustainable financial position that aligns with the STP, the Trust's strategic direction and the STP strategic and financial context;

- Agreed an A&E four-hour improvement trajectory with NHS Improvement as part of its annual operating plan submission, with an A&E four-hour improvement plan overseen by the Board;

- Agreed a trajectory with NHS Improvement to eliminate the number of patients waiting 52 weeks or more for elective care in a sustainable manner, with an improvement plan overseen by the Board.

- Undertaken a self-assessment against the CQC Well-Led domain, and is in the process of commissioning an external developmental well-led review. This review will assess the Trust against the CQC's well-led framework in line with NHS Improvement guidance, and will include an assessment of the Trust's governance systems and processes and make recommendations where improvements can be made.

Appendix 2 - Evidence to support Condition FT4 compliance

Condition FT4 – NHS foundation trust governance arrangements

Statement 1: The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

Recommend that this statement is **CONFIRMED**

The Board is satisfied because:

- An Annual Governance statement has been approved for 2018/19. This statement includes a description of the Trust's risk management and assurance frameworks. It is reviewed by the Trust's external auditors and presented to the Board's Audit Committee as part of the Trust annual accounts before receiving sign of by the Board;

- The Annual Head of Internal Audit Opinion for 2018/19 does not identify any significant gaps or issues.

- A Well-led Framework self-assessment has been undertaken, which has identified strong governance arrangements.

- A Board Assurance Framework is in place, and is regularly updated by Executive leads, and is reported to the Board quarterly. An internal audit review in 2019 provided an opinion of "significant assurance with minor improvement opportunities identified".

- The Trust has up-to-date Standing Orders and Standing Financial Instructions in place.

- A review of governance structures was undertaken in 2018/19, and Board Committee Terms of Reference in were updated for 2019/20.

Risks & Mitigating Actions:

- Risk: The Size and complexity of the organisation means there is a risk that good governance is not fully embedded in all areas. A 2018/19 internal audit review of divisional governance resulted in an opinion of "partial assurance with improvements required".

  Mitigations: The recommendations of internal audit on divisional governance arrangements are being reviewed and will be delivered to an agreed timeframe. An SLM development programme is in place, a clinical governance improvement programme is in place, and additional resource has been approved for divisional clinical governance.

- General mitigation: The Trust has agreed a work-plan with its internal auditors for 2019/20 that includes review of systems and processes identified as needing specific review and assurance.

Statement 2: The Board has regard to such guidance on good corporate governance as may be issued by NHSI from time to time.

Recommend that this statement is **CONFIRMED**

Examples of compliance:

- The Trust has had regard to NHS Improvement Freedom to Speak Up guidance in 2018/19, completing a self-review and creating a refreshed vision/strategy;

- The Board has recently undertaken a self-assessment against the Well-Led framework and is commissioning an external assessment in line with NHS Improvement's guidance;

- The Trust is undergoing a Use of Resources assessment by NHS Improvement in 2019/20 and has prepared in line with NHS Improvement guidance issued in February 2018;

- External Auditors provide sector guidance in their regular reports to Audit Committee;

- The Chief Executive's report to Trust Board identifies new or revised regulatory guidance where appropriate.

- Performance Reports to Trust Board are aligned to the Single Oversight Framework.

Statement 3: The Board is satisfied the Licensee implements:

- **Effective board and committee structures;**
- **Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and**
- **Clear reporting lines and accountabilities throughout its organisation.**

Recommend that this statement is **CONFIRMED**

<u>The Board is satisfied because:</u>

- A review of governance structures was undertaken in 2018/19;

- There are clear Terms of Reference for Board sub-committees, including clear requirements for membership and description of the group's purpose and business;

- The Board undertook a self-assessment against the Well-Led framework, which included consideration of its committees;

- The Board's sub-committees provide assurance to the Board on topics within their remit;

- Annual review of the Board and its sub committees performance and effectiveness is carried out;

- Sub-committees and groups provide upward reports and assurance, and the Board receives regular and detailed reports from its key sub-committees;

- SLM has been implemented within the organisation, and an accountability framework has been implemented in 2018/19, with divisional performance review meetings chaired by the Chief Operating Officer;

- Standing Orders and Standing Financial Instructions are up-to-date and reviewed annually.

- Clear divisional structure charts are available on the trust website.

Risks & Mitigating Actions:

- Risk: If the Trust does not have effective accountability and escalation arrangements, the Executive Team and the Board may be unaware of important risk issues, significant control weaknesses and patient safety concerns in the rest of the organisation. This may lead to failure to act to protect against patient safety and potential regulatory intervention.

  Mitigations: The systems and processes are regularly tested through the internal and external audit programmes as well as through deep dive reviews by the Assurance Committees.

Statement 4: The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:

- **To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;**
- **For timely and effective scrutiny and oversight by the Board of the Licensee's operations;**
- **To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;**
- **For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);**
- **To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;**
- **To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;**
- **To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and**
- **To ensure compliance with all applicable legal requirements.**

Recommend that this statement is **CONFIRMED** – noting that the Trust has been found in breach of elements of this statement during 2018/19, but has taken steps to repair the breach.

The Board is satisfied because:

- The Trust has delivered its control total in 2018/19 and has accepted a control total from NHS Improvement for 2018/19;

- The Trust has a comprehensive annual operational/business planning process aligned to national planning and contracting timeframes which is assured via Board Committee/sub-committee and NHSI submission;

- The annual operational plan is received and approved by the Board;

- Delivery of the corporate objectives is reviewed quarterly by the Board of Directors;

- The Board is kept up-to-date via its sub-committee on systems, processes and governance

in place within the Trust to meet the requirements of the Workforce Race Equality Standard, Equality Act 2010 and the Public Sector Equality Duty;

- An accountability framework and divisional performance review meetings provide assurance on the operational and financial performance of the Trust's clinical divisions;

- Quarterly Health and Safety reports are received by the Board's People & Digital Committee;

- Quality & Risk Management Committee has oversight of quality and CQC regulatory compliance including CQC Action Plan.

- The Trust also:
  - Undertakes benchmarking against peers;
  - Produces a monthly Integrated Performance Report;
  - Undertakes committee deep dives;
  - Has an external audit of the Trust Annual Accounts;
  - Has an up-to-date Risk Management Policy;
  - Regularly reviews risk registers across the organisation;
  - Has a strong internal legal function, and effective relationships with national law firms; and
  - Established the Perform Programme to effect change.

<u>Risks & Mitigating Actions:</u>

- Risk: The Trust currently has a gap in its 2019/20 CIP plans, and is operating with a substantial underlying deficit.

  Mitigation: work is ongoing to identify additional CIPP schemes to close the in-year gap. Price Waterhouse Cooper has been engaged to work with the Trust on a 5-year transformation plan, and the Trust has undertaken to develop a Long Term Financial Model to return to financial sustainability.

- Risk: The Trust is managing a variety of risks around compliance with national and local performance standards.

  Mitigation: The Trust has agreed improvement trajectories and has developed performance improvement plans, and is engaging closely with regulators (including ECIP) and with the STP to manage performance pressures.

Statement 5: The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:

- **That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;**
- **That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;**
- **The collection of accurate, comprehensive, timely and up to date information on quality of care;**
- **That the Board receives and takes into account accurate, comprehensive, timely and**

up to date information on quality of care;

- **That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and**
- **That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.**

Recommend that this statement is **CONFIRMED**

The Board is satisfied because:

- The Board has an annual development programme, and the Executive Team undertake additional development;
- Recruitment to vacant Non-Executive and Executive Posts include a consideration of skills and experience required by the Board;
- The Trust is actively engaged with the local Health Scrutiny Committee, Health and Wellbeing Board and Healthwatch;
- The monthly IPR includes a quality section and is reviewed by the Board;
- Quality reports are reviewed by the Quality & Risk Management Committee, which also undertakes deep-dives where appropriate;
- The annual Quality Accounts are received and approved by the Board;
- Children's and Adult Safeguarding Annual Reports are reviewed by the Board;
- The Board has created a Patient & Carer Experience Committee to expand focus on this area;
- Freedom to Speak-up Guardian reports are received by Board;
- Board members undertake patient safety walk-arounds across the Trust;
- The Board has a patient or staff story at the beginning of each public meeting;
- Quality Impact Assessments are undertaken in relation to relevant decision-making.

Risks & Mitigating Actions:

- Risk: Risk: The Trust has strength at all levels of management, but has identified formal succession planning and talent management as a key area requiring consideration.

  Mitigation: This piece of work is being taken forward by the Director of People & Transformation as a priority in 2019/20.

Statement 6: The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure

compliance with the conditions of its NHS provider licence.

The Board is satisfied because:

- It has a Service Line Management Implementation Plan in place including an ongoing development programme;
- The Board receives six monthly Safer Nurse Staffing reports;
- A doctor revalidation process is in place, and the Board receives an annual report from the Medical Director;
- The Trust has a Fit & Proper persons policy, and carries out checks on Board members to ensure they comply with the requirements of the regulation;
- All decision-making staff make an annual declaration of interest, and the Trust maintains a register of gifts and hospitality. Both are reported regularly to Audit Committee;
- The Trust is rolling out a leadership development programme across the Trust, initially focusing on band five to seven leaders;
- The Trust has a robust appraisal process, and Executive and Non-Executive Directors undertake annual appraisals.

Risks & Mitigating Actions:

- Risk: Risk: The Trust has strength at all levels of management, but has identified formal succession planning and talent management as a key area requiring consideration.

  Mitigation: This piece of work is being taken forward by the Director of People & Transformation as a priority in 2019/20.

Appendix 3 – Relevant Licence Conditions

Condition G6 – Systems for compliance with licence conditions and related obligations

1) The Licensee shall take all reasonable precautions against the risk of failure to comply with:

   a) the Conditions of this Licence,

   b) any requirements imposed on it under the NHS Acts, and

   c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

2) Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:

   a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and

   b) regular review of whether those processes and systems have been implemented and of their effectiveness.

3) Not later than two months from the end of each Financial Year, the Licensee shall prepare and submit to Monitor a certificate to the effect that, following a review for the purpose of paragraph 2(b) the Directors of the Licensee are or are not satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with this Condition.

4) The Licensee shall publish each certificate submitted for the purpose of this Condition within one month of its submission to Monitor in such manner as is likely to bring it to the attention of such persons who reasonably can be expected to have an interest in it.

Condition FT4 – NHS foundation trust governance arrangements

1) This condition shall apply if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.

2) The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

3) Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5, the Licensee shall:

a) have regard to such guidance on good corporate governance as may be issued by Monitor from time to time; and

b) comply with the following paragraphs of this Condition.

4) The Licensee shall establish and implement:

a) effective board and committee structures;

b) clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and

c) clear reporting lines and accountabilities throughout its organisation.

5) The Licensee shall establish and effectively implement systems and/or processes:

a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;

b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations;

c) to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;

d) for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);

e) to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;

f) to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;

g) to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and

h) to ensure compliance with all applicable legal requirements.

6) The systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:

a) that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;

b) that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;

c) the collection of accurate, comprehensive, timely and up to date information on quality of care;

d) that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;

e) that the Licensee including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and

f) that there is clear accountability for quality of care throughout the Licensee's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

7) The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.

8) The Licensee shall submit to Monitor within three months of the end of each financial year:

a) a corporate governance statement by and on behalf of its Board confirming compliance with this Condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks; and

b) if required in writing by Monitor, a statement from its auditors either:

i) confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year, or

ii) setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year.

North Bristol NHS Trust

Report To:	Trust Board		**Agenda Item:**	19
Date of Meeting:	30 May 2019			
Report Title:	Audited North Bristol NHS Trust Accounts 2018/19 and Letter of Representation			
Report Author & Job Title	Rachel Hepworth, Assistant Director of Financial Services			
Executive/Non-executive Sponsor (presenting)	Catherine Phillips, Director of Finance			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
	X			
Recommendation:	That Trust Board ratify the Annual Accounts.			
Report History:	The Annual Accounts were approved by Audit Committee on 23 May 2019, and have been signed and submitted to regulators on 29 May 2019.			
Next Steps:	The accounts will be presented formally at the Trust's Annual General Meeting on 25 July 2019.			

Executive Summary

<u>Accounts</u>
The draft accounts were completed within the required deadlines and submitted to NHS Improvement on 24 April 2019.

Grant Thornton, the Trust's external auditors presented their audit findings to the Trust's Audit Committee on 23 May 2019, and the Audit Committee approved a revised set of accounts circulated on 24 May 2019. The Chair and Chief Executive have also approved the accounts prior to their submission to the regulator.

<u>Going Concern</u>
The accounts have been prepared on the basis that the Trust is a going concern.

<u>Letter of Representation</u>
The letter of representation is presented as approved by Audit Committee.

Strategic Theme/Corporate Objective Links	Play our part in delivering a successful health and care system
Board Assurance Framework/Trust Risk Register Links	N/A
Other Standard Reference	N/A
Financial implications	N/A
Other Resource Implications	N/A
Legal Implications including Equality, Diversity and Inclusion Assessment	N/A

Appendices:	Appendix 1 – Annual Accounts for the period 1 April 2018 to 31 March 2019 Appendix 2 – Letter of Representation Appendix 3 – Charity Annual Accounts for the period 1 April 2018 to 31 March 2019

1. INTRODUCTION

In accordance with the timetable prescribed by the Department of Health and Social Care (DHSC), the Trust submitted its draft unaudited accounts to the DHSC, NHS Improvement and external auditors on 24 April 2019 and is required to submit final audited accounts by 29 May 2019.

The accounts were given an unqualified opinion by the external auditors, Grant Thornton.

2. FINANCIAL TARGETS

The performance against financial targets is reported on an unconsolidated basis as is required:

Description	Target	Actual	Notes
Break even	£18.4m deficit target agreed with NHSI.	£6.4m	Improvement due to bonus PSF notified by NHSI
Capital cost absorption rate	n/a	n/a	Not applicable as NBT is not currently paying PDC dividend.
External financing limit	£12.3m	£12.3m	Achieved
Capital Resource Limit	£26.9m	£17.2m	Achieved – underspend is permitted

The Statement of Comprehensive Income (SOCI) shows a retained deficit of £6.4m. However, there are certain accounting items which the DH does not regard as being part of the operating position of the Trust for the purposes of measuring its break-even duty. Consequently adjustments are made to the accounting result to exclude impairments, impairment reversals, entries related to donated assets and PFI related adjustments. In the current year the effect of these adjustments has been to reduce the accounting deficit largely as a result of impairments to £7.4m. This is shown in note 45 to the accounts.

The table overleaf sets out the deficit of the Trust as measured by the accounts and NHSI.

	2018/19 £000
Deficit for the period	(6,375)
Add back all I&E impairments / (reversals)	(4,478)
Surplus / (deficit) before impairments and transfers	(10,853)
Remove capital donations / grants I&E impact	(371)
CQUIN Risk Reserve - CT non achievement adjustment	-
Adjusted financial performance (deficit)	**(11,224)**
Remove CQUIN risk reserve adjustment	
IFRIC 12 breakeven adjustment	3,784
Breakeven duty financial performance (deficit)	**(7,440)**

3. SIGNIFICANT MATTERS DISCUSSED WITH EXTERNAL AUDIT DURING 2018/19

Dialogue was ongoing with the external auditors throughout the year on any issues that could impact on the accounts. During 2018/19 significant issues discussed included the financial deficit and break even duty, which gave rise to the submission of a Section 30 referral to the Secretary of State.

4. KEY MATTERS IN THE ACCOUNTS

4.1 Adjustments from the draft accounts.

One audit adjustment was agreed affecting the primary financial statements, which related to the revaluation of assets. This impacted on impairment and revaluation assets and consequently improved the retained deficit for the year. We agreed with the auditors to make a small number of amendments for classifications and disclosures, which were reported to the Audit Committee.

The Audit Committee approved a revised set of accounts circulated on 24 May 2019. The Chair and Chief Executive have also approved the accounts prior to their submission to the regulator.

4.2 Statement of Financial Position

The District Valuer completed her annual valuation of the estate and gave rise to a general increase in value of circa 10% on land and buildings. This was predominantly due to RICS indices used in the valuation calculations increasing compared to the previous year. This includes a location factor which, contrary to most other parts of the country, indicated an increase in costs in this region.

4.3 North Bristol NHS Trust Charitable Funds Accounts

The North Bristol NHS Trust Charitable Funds (operating as Southmead Hospital Charity) accounts were presented to the Southmead Hospital Charity Committee at its meeting on 23

May 2019. The charity accounts form part of the Trust consolidated accounts and consequently are attached here for ratification as part of the Group accounts.

The audit identified a classification error and improvements to disclosures, which were adjusted in the approved accounts. The charity accounts were given an unqualified opinion by the external auditors, Grant Thornton.

In the year there was total income of £3.4m and expenditure of £2.9m. Income is higher than last year predominantly due to the Prostate Cancer Appeal and receipt of a high value legacy. Expenditure is slightly higher than last year and includes the second urology robot.

The Charity Accounts have been prepared on the basis that the charity is a going concern. The Trustees have received regular reports on the General Balance Reserve, the General Fund and how long resources in this fund will exist using existing annual commitments and anticipated spend. At this time the management has no doubts that the charity holds sufficient funds to meet all its obligations for the foreseeable future.

5. GOING CONCERN

As in previous years, management has a responsibility to make an assessment of the Trust's ability to continue as a going concern and to determine whether this assumption forms the appropriate basis on which to prepare the accounts, as required by IAS1. The Trust remains covered by the National Health Service (Residual Liabilities) Act 1996 which effectively guarantees a trust's assets if it is merged or dissolved. Additionally, in the context of non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future is normally sufficient evidence of going concern.

The Trust's financial forecast for 2019/20 shows a deficit (as measured for performance purposes) of £4.9m and forecast net liabilities of £22.5m which includes cumulative borrowing (excluding the PFI) of £183.4m. This deficit is after assuming delivery of savings of £25m savings over and above the full year effect of 2018/19 schemes. The 2019/20 financial plan is reliant on £5.2m of additional cash funding for 2019/20 and further financing for 2020/21 is likely to be required. While this is as yet unconfirmed, funding has been made available for drawdown in April. Although the Trust has not received formal notification of future financing, this has always been made available in accordance with the need of the Trust to meet all essential operational liabilities and there is no indication that this will not continue.

This disclosure means that the external auditors are required to include a reference to going concern and their opinion includes a section titled "Material uncertainty related to going concern". This is not a qualification and the accounts have been prepared on a going concern basis.

6. ASSURANCE ON NHS SHARED BUSINESS SERVICES PROCESSES AND CONTROLS AND THE ELECTRONIC STAFF RECORDS SYSTEM (ESR)

In order to provide its clients with the appropriate audit assurance, NHS Shared Business Services Ltd (SBS) commissioned PwC to produce a report under ISAE 3402 on accounting

and related IT controls. In addition, IBM, who hosts ESR, also commissioned PwC to produce a report for ESR on controls in operation and tests of operating effectiveness.

Both reports have been reviewed and did not highlight any areas for concern. Assurance is therefore provided that there are adequate controls in place to ensure integrity of the financial information, systems and services provided to us by SBS and IBM.

The reports are available in full if required.

7. LETTER OF REPRESENTATION

The letter of representation is attached for Trust Board ratification.

8. RECOMMENDATION

The Trust Board is asked to ratify the Annual Accounts.

North Bristol NHS Trust

Annual accounts for the year ended 31 March 2019

Statement of Comprehensive Income

		Group		Trust	
		2018/19	2017/18	2018/19	2017/18
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	508,806	483,421	508,806	483,421
Other operating income	4	98,761	87,504	97,023	87,318
Operating expenses	7, 9	(573,769)	(549,173)	(572,364)	(547,656)
Operating surplus/(deficit) from continuing operations		**33,798**	**21,752**	**33,465**	**23,083**
Finance income	12	371	324	111	46
Finance expenses	13	(39,554)	(39,346)	(39,554)	(39,346)
Net finance costs		**(39,183)**	**(39,022)**	**(39,443)**	**(39,300)**
Other gains / (losses)	14	(100)	107	(397)	260
Deficit for the year from continuing operations		**(5,485)**	**(17,163)**	**(6,375)**	**(15,957)**
Surplus on discontinued operations and the gain on disposal of discontinued operations	15	**-**	**476**	**-**	476
Deficit for the year		**(5,485)**	**(16,687)**	**(6,375)**	**(15,481)**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	8	(4,894)	-	(4,894)	-
Revaluations	19	45,061	9,103	45,061	9,103
Other reserve movements		-	527	-	527
Total comprehensive income / (expense) for the period		**34,682**	**(7,057)**	**33,792**	**(5,851)**

Statement of Financial Position

		Group		Trust	
		31 March 2019	31 March 2018	31 March 2019	31 March 2018
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	16	16,988	17,333	16,988	17,333
Property, plant and equipment	17	558,103	517,654	558,103	517,654
Other investments / financial assets	20	9,088	9,306	-	-
Receivables	23	8,500	14,000	8,500	14,000
Total non-current assets		**592,679**	**558,293**	**583,591**	**548,987**
Current assets					
Inventories	22	12,828	11,212	12,828	11,212
Receivables	23	72,621	57,910	72,619	57,912
Cash and cash equivalents	24	12,335	17,508	10,232	17,009
Total current assets		**97,784**	**86,630**	**95,679**	**86,133**
Current liabilities					
Trade and other payables	25	(68,777)	(68,673)	(67,982)	(68,378)
Borrowings	27	(70,798)	(44,355)	(70,798)	(44,355)
Provisions	29	(2,559)	(4,801)	(2,559)	(4,801)
Other liabilities	26	(3,654)	(3,450)	(3,654)	(3,450)
Total current liabilities		**(145,788)**	**(121,279)**	**(144,993)**	**(120,984)**
Total assets less current liabilities		**544,675**	**523,644**	**534,277**	**514,136**
Non-current liabilities					
Trade and other payables	25	-	(597)	-	(597)
Borrowings	27	(517,780)	(531,367)	(517,780)	(531,367)
Provisions	29	(791)	(876)	(791)	(876)
Other liabilities	26	(6,959)	(7,731)	(6,959)	(7,731)
Total non-current liabilities		**(525,530)**	**(540,571)**	**(525,530)**	**(540,571)**
Total assets employed		**19,145**	**(16,927)**	**8,747**	**(26,435)**
Financed by					
Public dividend capital		243,912	242,522	243,912	242,522
Revaluation reserve		146,453	106,286	146,453	106,286
Income and expenditure reserve		(381,618)	(375,243)	(381,618)	(375,243)
Charitable fund reserves	21	10,398	9,508	-	-
Total taxpayers' equity		**19,145**	**(16,927)**	**8,747**	**(26,435)**

The notes on pages 4 to 58 form part of these accounts.

Name

Position **Chief Executive**

Date **29th May 2019**

Statement of Changes in Equity for the year ended 31 March 2019

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**242,522**	**106,286**	**(375,243)**	**9,508**	**(16,927)**
Surplus/(deficit) for the year	-	-	(7,821)	2,336	**(5,485)**
Impairments	-	(4,894)	-	-	**(4,894)**
Revaluations	-	45,061	-	-	**45,061**
Public dividend capital received	1,390	-	-	-	**1,390**
Other reserve movements	-	-	1,446	(1,446)	**-**
Taxpayers' and others' equity at 31 March 2019	**243,912**	**146,453**	**(381,618)**	**10,398**	**19,145**

Statement of Changes in Equity for the year ended 31 March 2018

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2017 - brought forward	**241,699**	**100,355**	**(363,461)**	**10,714**	**(10,693)**
Surplus/(deficit) for the year	-	-	(15,481)	(1,206)	**(16,687)**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	(2,045)	2,045	-	**-**
Other transfers between reserves	-	(1,484)	1,484	-	**-**
Revaluations	-	9,103	-	-	**9,103**
Transfer to retained earnings on disposal of assets	-	(170)	170	-	**-**
Public dividend capital received	823	-	-	-	**823**
Other reserve movements	-	527	-	-	**527**
Taxpayers' and others' equity at 31 March 2018	**242,522**	**106,286**	**(375,243)**	**9,508**	**(16,927)**

Statement of Changes in Equity for the year ended 31 March 2019

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**242,522**	**106,286**	**(375,243)**	**(26,435)**
Surplus/(deficit) for the year	-	-	(6,375)	**(6,375)**
Impairments	-	(4,894)	-	**(4,894)**
Revaluations	-	45,061	-	**45,061**
Public dividend capital received	1,390	-	-	**1,390**
Taxpayers' and others' equity at 31 March 2019	**243,912**	**146,453**	**(381,618)**	**8,747**

Statement of Changes in Equity for the year ended 31 March 2018

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2017 - brought forward	**241,699**	**100,355**	**(363,461)**	**(21,407)**
Surplus/(deficit) for the year			(15,481)	**(15,481)**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits		(2,045)	2,045	**-**
Other transfers between reserves		(1,484)	1,484	**-**
Revaluations		9,103		**9,103**
Transfer to retained earnings on disposal of assets		(170)	170	**-**
Public dividend capital received	823			**823**
Other reserve movements		527		**527**
Taxpayers' and others' equity at 31 March 2018	**242,522**	**106,286**	**(375,243)**	**(26,435)**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve / Available-for-sale investment reserve
This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevivable election at recognition.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Charitable funds reserve
This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 21.

Statement of Cash Flows

		Group		Trust	
		2018/19	2017/18	2018/19	2017/18
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus		33,798	22,208	33,465	23,539
Non-cash income and expense:					
Depreciation and amortisation	7.1	22,796	22,352	22,796	22,352
Net impairments	8	(4,478)	1,662	(4,478)	1,662
Income recognised in respect of capital donations	4	(79)	(1,126)	(1,153)	(1,126)
Amortisation of PFI deferred credit		(77)	-	(77)	-
(Increase) / decrease in receivables and other assets		(13,968)	5,623	(13,899)	5,439
(Increase) in inventories		(1,616)	(1,041)	(1,616)	(1,041)
Increase / (decrease) in payables and other liabilities		1,927	(15,170)	1,927	(15,170)
Increase / (decrease) in provisions		(2,339)	4,119	(2,339)	4,119
Movements in charitable fund working capital		565	137	-	-
Operating cash flows from discontinued operations		-	724	-	724
Other movements in operating cash flows		(130)	-	-	-
Net cash flows from / (used in) operating activities		**36,399**	**39,488**	**34,626**	**40,498**
Cash flows from investing activities					
Interest received		111	46	111	46
Purchase of intangible assets		(1,499)	(2,225)	(1,499)	(2,225)
Purchase of PPE and investment property		(12,535)	(13,744)	(12,535)	(13,744)
Sales of PPE and investment property		5,500	6,709	5,500	6,709
Receipt of cash donations to purchase assets		(38)	1,126	906	1,126
Prepayment of PFI capital contributions		-	58	-	58
Net cash flows from charitable fund investing activities		515	1,323	-	-
Cash from acquisitions / disposals of subsidiaries		-	321	-	321
Net cash flows from / (used in) investing activities		**(7,946)**	**(6,386)**	**(7,517)**	**(7,709)**
Cash flows from financing activities					
Public dividend capital received		1,390	823	1,390	823
Movement on loans from DHSC		15,681	27,301	15,681	27,301
Capital element of finance lease rental payments		(2,117)	-	(2,117)	-
Capital element of PFI payments		(9,429)	(9,430)	(9,429)	(9,430)
Interest on loans		(5,140)	(5,341)	(5,140)	(5,341)
Interest paid on finance lease liabilities		(59)	(320)	(59)	(320)
Interest paid on PFI, LIFT and other service concession obligations		(34,212)	(33,466)	(34,212)	(33,466)
Net cash flows from charitable fund financing activities		260	-	-	-
Net cash flows from / (used in) financing activities		**(33,626)**	**(20,433)**	**(33,886)**	**(20,433)**
Increase / (decrease) in cash and cash equivalents		**(5,173)**	**12,669**	**(6,776)**	**12,356**
Cash and cash equivalents at 1 April - brought forward		**17,508**	**4,839**	**17,009**	**4,653**
Cash and cash equivalents at 31 March	24	**12,335**	**17,508**	**10,233**	**17,009**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.1.2 Going concern

These accounts have been prepared on a going concern basis.

IAS 1 requires the group and Trust to assess, as part of the accounts preparation process, its ability to continue as a going concern. In the context of non-trading entities in the public sector the anticipated continuation of the provision of a service in the future is normally sufficient evidence of going concern. The financial statements should be prepared on a going concern basis unless there are plans for, or no realistic alternative other than, the dissolution of the Trust without the transfer of its services to another entity within the public sector. These accounts have been prepared on a going concern basis. However, because the group and Trust's continuing operational stability depends on finance that has not yet been approved, in line with the Department of Health and Social Care Group Accounting Manual, this represents a material uncertainty that may cast significant doubt about the group and Trust's ability to continue as a going concern.

The Directors, having made appropriate enquiries, still have reasonable expectations that the group and Trust will have adequate resources to continue in operational existence for the foreseeable future. As directed by the 2018/19 Department of Health and Social Care Group Accounting Manual the Directors have prepared the financial statements on a going concern basis as they consider that the services currently provided by the group and Trust will continue to be provided in the foreseeable future. On this basis, the group and Trust has adopted the going concern basis for preparing the financial statements and has not included the adjustments that would result if it was unable to continue as a going concern. Further information can be found in Note 46.

Note 1.2 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

An assessment of the Trust's Private Finance Initiative (PFI) scheme has been made and it has been determined that the PFI scheme in respect of the main hospital building should be accounted for as an on Statement of Financial Position asset under IFRIC 12. This is on the grounds that the Trust controls, or regulates through contract and key performance indicators, what services the PFI operator must provide with the property, to whom it must provide them and at what price. The Trust will control the residual interest in the building at the end of the contract term. The impact on the accounts is that the PFI buildings are included in the accounts as property, plant and equipment, and a financial liability is recognised relating to the remaining term of the PFI contract.

The PFI assets have been valued net of VAT, as the VAT is recoverable. In the event of an instant rebuild requirement, the default position of the contract is that the PFI operator would reinstate the building, which would remain VAT recoverable. The PFI contract is in place until 30 September 2045 and therefore it is considered reasonable to assume VAT recovery for the foreseeable future. The impact of VAT if the decision had been made to value the assets gross of VAT would be an increase in the valuation of the asset by £74m.

VAT on professional costs included in District Valuer's valuations on property assets based on Market Equivalent Valuations are recoverable on a modern equivalent build. If the VAT status should change, the impact of VAT would be an increase in the valuation of the asset by £2m.

These accounts have been prepared on a going concern basis. For further details please see Note 46.

Note 1.2.1 Key Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Modern equivalent asset valuation of property - as detailed in note 1.7 items of property are periodically revalued to ensure that their book values are not materially different from their fair values. During the year the District Valuation Service provided the Trust with a valuation of its land and building assets and an assessment of their remaining useful economic lives. Specialised assets are valued on a depreciated replacement cost basis using hypothetical modern equivalent assets.

Future revaluations may result in further material changes to the carrying values of non-current assets. Many factors drive property values and the indices that under-pin the valuation. This is illustrated by the change in value between the draft valuation report prepared for the Trust in January 2019 and the final valuation at 31 March 2019. During this period, the forecast BCIS index changed from 98% to 104%, and the location factor from 311.64 to 333.84, causing an increase in value of £32m.

Note 1.3 Consolidation

The trust is the corporate trustee to North Bristol NHS Trust Charitable Fund. The trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the trust's accounting policies and
- eliminate intra-group transactions, balances, gains and losses.

The accounting policies of the Charity are consistent with the Trust, with no variations against material balances.

Note 1.4.1 Revenue from contracts with customers

Where income is derived from contracts with customers, including income from Education and Training, Non Patient Care Services and Other Contract Income, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 "Revenue From Contracts With Customers" in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

There are no transition effects on the financial position and performance as a result of the adoption of IFRS 15.

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Payment terms are standard reflecting cross government principles. Significant terms include payment within 30 days.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this and derecognises a relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this and overall revenue is reduced by the value of the penalty.
The effect of readmissions for North Bristol NHS Trust is not material and is reflected in the contract baseline with commissioners.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the overall revenue for performance obligations under the contract.

In the adoption of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;
- As per paragraph 121 of the Standard the Trust will not disclose information regarding performance obligations as part of a contract that has an original expected duration of one year or less,
- The Trust is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

Provider Sustainability Fund and Sustainability Transformation Fund Income

Provider Sustainability Fund and Sustainability Transformation Fund Income is recognised as variable consideration in accordance with the extent to which performance criteria are met in relation to the agreement and achievement of the Trust's financial annual control total, along with measurement of Accident and Emergency waiting times.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For multi-year contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Legacy income

Legacy income in the Charity is accounted for once the receipt of the legacy becomes reasonably certain and it can be quantified. This will be once confirmation has been received from the representatives of the estate that payment of the legacy will be made or property transferred and once any conditions attached to the legacy have been fulfilled.

Note 1.4.2 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.4.3 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.4.4 Prior year income comparatives

As the prior year comparatives have not been restated as a result of the adoption of IFRS 15, the comparatives from the prior year accounts were prepared under IAS 18 as follows:

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of health care services.

At the year end, the trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

The NHS trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The NHS trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

Legacy income is accounted for once the receipt of the legacy becomes reasonably certain and it can be quantified. This will be once confirmation has been received from the representatives of the estate that payment of the legacy will be made or property transferred and once any conditions attached to the legacy have been fulfilled.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

National Employment Savings Trust

Where staff are not eligible for or opt out of the NHS Pension Scheme, they are entitled to join the National Employment Savings Trust (NEST), as part of the auto enrolement into workplace pension schemes.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition
Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Note 1.7.2 Measurement

Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

PFI assets have been valued at current value in existing use. Where the asset is a specialised asset and the value cannot be determined by reference to market based evidence, the Depreciated Replacement Cost (DRC) approach has been used. Valuations of PFI assets include VAT at 0% on the basis that all VAT has been recoverable.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences from after the end of the quarter in which the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the Trust.

Note 1.7.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:

  - management are committed to a plan to sell the asset
  - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.7.4 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.7.5 Research and Development

Research and development expenditure is charged in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SOCI on a systematic basis over the period expected to benefit from the project. It should be revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

Note 1.7.6 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's*FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Where lifecycle replacement works have been capital in nature, they are included as additions to Property, Plant and Equipment.

Note 1.7.7 Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Land	-	-
Buildings, excluding dwellings	4	74
Dwellings	10	47
Plant & machinery	5	18
Transport equipment	5	10
Information technology	5	10
Furniture & fittings	5	15

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8 Intangible assets

Note 1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably and where the cost is at least £5,000.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

• the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
• the trust intends to complete the asset and sell or use it
• the trust has the ability to sell or use the asset
• how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
• adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
• the trust can measure reliably the expenses attributable to the asset during development.

Software
Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Note 1.8.2 Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or “fair value less costs to sell”.

A review of the intangible assets was carried out in the year. IAS 38 requires the asset to be revalued at the lower of depreciated replacement cost and value in use where the asset is income generating. The Trust’s intangible assets support its income generating activities and there isn’t an open market for them. Hence the Trust considers historic amortised cost to be the most a reasonable estimate for value in use.

Amortisation
Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.8.3 Useful economic life of intangible assets
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Software licences	5	7
Licences & trademarks	5	10
Other (purchased)	5	10

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Please see Note 22 for inventories held.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

Note 1.11 Financial assets and financial liabilities

Note 1.11.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Note 1.11.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost, fair value through profit or loss or fair value through other comprehensive income.

Trade receivables that do not contain a significant financing component and are measured at the transaction price in accordance with IFRS 15 do not require to be initially measured at fair value.

Financial liabilities classified as subsequently measured at amortised cost or fair value through profit or loss.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Financial assets and financial liabilities at fair value through profit or loss

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.
Southmead Hospital Charity holds financial instruments measured at fair value through profit or loss

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Expected credit losses are calculated and provided for based on different classes of financial asset. A detailed table of provision for debt losses is given in Note 23.4

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.11.3 Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires

Note 1.11.4 Financial Instruments prior year comparatives

As the prior year comparatives have not been restated as a result of the adoption of IFRS 9, the comparatives from the prior year accounts were prepared under IAS 39 as follows:

Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Financial liabilities are recognised on the statement of financial position when the NHS trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are classified into the following categories: financial assets at fair value through profit and loss; held to maturity investments; available for sale financial assets, and loans and receivables. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets and financial liabilities at "fair value through income and expenditure"

Financial assets and financial liabilities at "fair value through profit or loss" are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges.

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market.

The trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS receivables, accrued income and other receivables.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities
All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets
At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at "fair value through profit or loss" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly or through the use of a bad debt provision.

Note 1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.12.1 The trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.12.2 The trust as lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 29 but is not recognised in the Trust’s accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any “excesses” payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 Contingent Liabilities

Contingent liabilities are not recognised, but are disclosed in note 30, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated assets (including lottery funded assets),
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

As the Trust presently has negative net assets, no PDC dividend is payable.

Note 1.16 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.21 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.22 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 3 - Business Combinations - Amendment applicable to accounting periods beginning on or after 1 January 2020;

IFRS 9 Financial Instruments - Amendment applicable to accounting periods beginning on or after 1 January 2019.

IFRS 16 Leases -- Application was required for accounting periods beginning on or after 1 January 2019, however the Financial Reporting Advisory Board has taken the decision to defer the implementation until the 2020/21 financial year.

IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2021.

Amendments to the Conceptual Framework in IFRS Standards - Application required for accounting periods beginning on or after 1 January 2020.

IAS 1 Presentation of Financial Statements - Amendment applicable to accounting periods beginning on or after 1 January 2020.

IAS 8 Accounting Policies, Changes in Accounting Estmates and Errors - Amendment applicable to accounting periods beginning on or after 1 January 2020.

IAS 12 Income Taxes - Amendment applicable to accounting periods beginning on or after 1 January 2019.

IAS 19 Employee Benefits - Amendment applicable to accounting periods beginning on or after 1 January 2019.

IAS 23 Borrowing Costs - Amendment applicable to accounting periods beginning on or after 1 January 2019.

IAS 28 Investments in Associates and Joint Ventures - Amendment applicable to accounting periods beginning on or after 1 January 2019.

Note 2 Operating Segments

The Trust is managed by the Board of Directors, which is made up of executive and non-executive Directors. The non-executive Directors bring expertise to the Trust and provide advice and challenge to the executive Directors. The executive Directors have responsibility for the day to day running of the Trust. The Board is therefore considered to be the chief operating decision maker of the Trust.

The Board receives regular reports on the financial performance and financial position of the Trust. These include a Statement of Comprehensive Income and a Statement of Financial Position, which are provided on a 'whole Trust' basis. It is therefore considered that the Trust has just one reportable segment, a healthcare segment. There are no other segments that constitute 10% or more of the Trust's operations. The Trust receives income from a number of healthcare commissioners, which are under the common control of the Department of Health and Social Care. The bodies involved and the respective income levels are disclosed in note 39 to these accounts and the Trust's total income from patient care and other operating activities is disclosed in notes 3 and 4.

The Group also includes a subsidiary charity which undertakes a number of charitable activities which are healthcare related. The results and net assets of the Trust are separately reported throughout these accounts. For the Charity the transactions and balances included in the Group's results and Statement of Financial Position are summarised as follows:

	2018/19 £000s	2017/18 £000s
Income	1,738	186
Expenditure	1,405	1,517
Net assets	10,398	9,508

Note 3 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.1

Note 3.1 Income from patient care activities (by nature)	Trust and Group 2018/19 £000	2017/18 £000
Acute services		
Elective income	96,022	87,609
Non elective income	149,516	125,419
First outpatient income	27,688	25,407
Follow up outpatient income	32,978	32,692
A & E income	13,672	10,666
High cost drugs income from commissioners (excluding pass-through costs)	32,185	33,000
Other NHS clinical income	145,358	162,324
All services		
Private patient income	1,439	3,201
Agenda for Change pay award central funding	5,029	-
Other clinical income	4,919	4,527
Total income from activities	**508,806**	**484,845**

Note 3.2 Income from patient care activities (by source)	Trust and Group 2018/19	2017/18
Income from patient care activities received from:	**£000**	**£000**
NHS England	168,023	163,065
Clinical commissioning groups	328,024	311,554
Department of Health and Social Care	5,029	-
Non-NHS: private patients	1,439	3,201
Non-NHS: overseas patients (chargeable to patient)	1,245	995
Injury cost recover scheme	2,119	2,631
Non NHS: other	2,927	3,399
Total income from activities	**508,806**	**484,845**
Of which:		
Related to continuing operations	508,806	483,421
Related to discontinued operations	-	1,424

IFRS 15 is applied from 1 April 2018 without restatement, therefore the comparative analysis has not been restated under IFRS 15.

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	Trust and Group	
	2018/19	2017/18
	£000	£000
Income recognised this year	1,245	995
Cash payments received in-year	199	152
Amounts added to provision for impairment of receivables	1,026	842
Amounts written off in-year	-	2

Note 4 Other operating income

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
Other operating income from contracts with customers:				
Research and development (contract)	8,194	8,750	8,194	8,750
Education and training (excluding notional apprenticeship levy income)	19,596	19,276	19,596	19,276
Non-patient care services to other bodies	18,102	15,466	18,102	15,466
Provider sustainability / sustainability and transformation fund income (PSF / STF)	23,154	16,344	23,154	16,344
Income in respect of employee benefits accounted on a gross basis	5,793	6,201	6,141	6,201
Other contract income	16,819	19,539	16,819	19,539
Other non-contract operating income:				
Receipt of capital grants and donations	79	1,126	1,153	1,126
Charitable and other contributions to expenditure	334	271	358	271
Rental revenue from operating leases	3,429	2,651	3,429	2,651
Amortisation of PFI deferred income / credits	77	-	77	
Charitable fund incoming resources	3,184	186		
Total other operating income	**98,761**	**89,810**	**97,023**	**89,624**
Of which:				
Related to continuing operations	98,761	87,504	97,023	87,318
Related to discontinued operations	-	2,306	-	2,306

Other Contract Income contains a broad number of smaller revenue streams, none of which is sufficiently material for separate disclosure.

IFRS 15 is applied from 1 April 2018 without restatement, therefore the comparative analysis has not been restated under IFRS 15.

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2018/19
	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,839

Note 6 Fees and charges (Trust and Group)

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2018/19	2017/18
	£000	£000
Income	-	2,201
Full cost	-	(1,985)
Surplus / (deficit)	**-**	**216**

In 2017/18, this related to the Bristol Centre of Reproductive Medicine, BCRM. This service was discontinued in 2017/18.

Note 7.1 Operating expenses	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
Purchase of healthcare from non-NHS and non-DHSC bodies	2,504	7,248	2,504	7,248
Staff and executive directors costs	357,874	337,727	357,874	337,727
Remuneration of non-executive directors	80	72	80	72
Supplies and services - clinical (excluding drugs costs)	69,814	66,745	69,814	66,745
Supplies and services - general	9,362	8,763	9,362	8,763
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	43,886	44,528	43,886	44,528
Inventories written down	128	307	128	307
Consultancy costs	1,667	259	1,667	259
Establishment	5,251	4,326	5,251	4,326
Premises	23,055	25,536	23,055	25,536
Transport (including patient travel)	1,107	1,167	1,107	1,167
Depreciation on property, plant and equipment	20,157	20,259	20,157	20,259
Amortisation on intangible assets	2,639	2,093	2,639	2,093
Net impairments	(4,478)	1,662	(4,478)	1,662
Movement in credit loss allowance: contract receivables	1,371	-	1,371	-
Movement in credit loss allowance: all other receivables and investments	-	971	-	971
(Decrease) in other provisions	(20)	-	(20)	-
Change in provisions discount rate(s)	(7)	6	(7)	6
Audit fees payable to the external auditor				
audit services- statutory audit	66	67	62	62
other auditor remuneration (external auditor only)	8	8	8	10
Internal audit costs	143	144	143	144
Clinical negligence	15,867	13,024	15,867	13,024
Legal fees	466	440	466	440
Insurance	605	530	605	530
Research and development	2,618	2,974	2,618	2,974
Education and training	1,836	1,740	1,836	1,740
Rentals under operating leases	7,964	1,682	7,964	1,682
Charges to operating expenditure for on-SoFP IFRIC 12 PFI scheme	6,040	5,739	6,040	5,739
Charges to operating expenditure for off-SoFP PFI scheme	139	158	139	158
Car parking & security	963	854	963	854
Hospitality	-	1	-	1
Other NHS charitable fund resources expended	1,401	1,512	-	
Other	1,263	1,905	1,263	1,903
Total	**573,769**	**552,447**	**572,364**	**550,930**
Of which:				
Related to continuing operations	573,769	549,173	572,364	547,656
Related to discontinued operations	-	3,274	-	3,274

Note 7.2 Other auditor remuneration	Trust and Group	
	2018/19	2017/18
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	8	8
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
items 1 to 6 above	-	-
above	-	-
Total	**8**	**8**

Note 7.3 Limitation on auditor's liability (Trust and Group)

The limitation on auditor's liability for external audit work is £2m (2017/18: £2m).

Note 8 Impairment of assets	Trust and Group	
	2018/19	2017/18
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	-	(701)
Other	(4,478)	2,363
Total net impairments charged to operating surplus / deficit	**(4,478)**	**1,662**
Impairments charged to the revaluation reserve	4,894	-
Total net impairments	**416**	**1,662**

Note 9 Employee benefits	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	Total	Total	Total	Total
	£000	£000	£000	£000
Salaries and wages	284,886	272,613	284,886	272,613
Social security costs	27,638	26,335	27,638	26,335
Apprenticeship levy	1,372	1,306	1,372	1,306
Employer's contributions to NHS pensions	33,653	31,817	33,653	31,817
Termination benefits	411	390	411	390
Temporary staff (including agency)	11,158	6,261	11,158	6,261
Total gross staff costs	**359,118**	**338,722**	**359,118**	**338,722**
Recoveries in respect of seconded staff	-	-		
Total staff costs	**359,118**	**338,722**	**359,118**	**338,722**
Of which				
Costs capitalised as part of assets	1,244	995	1,244	995

Note 9.1 Retirements due to ill-health (Group)

During 2018/19 there were 3 early retirements from the trust agreed on the grounds of ill-health (6 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £132k (£418k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 10 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Where staff are not eligible for or opt out of the NHS Pension Scheme, they are entitled to join the National Employment Savings Trust (NEST), as part of the auto enrolement into workplace pension schemes. As at 31st March 2019 there were £8k of outstanding contributions (31st March 2018 £3k).

Note 11 Operating leases (Trust and Group)

Note 11.1 North Bristol NHS Trust as a lessor

This note discloses income generated in operating lease agreements where North Bristol NHS Trust is the lessor.

	2018/19 £000	2017/18 £000
Operating lease revenue		
Minimum lease receipts	3,429	2,651
Total	**3,429**	**2,651**

	31 March 2019 £000	31 March 2018 £000
Future minimum lease receipts due:		
- not later than one year;	2,293	2,499
- later than one year and not later than five years;	2,014	3,547
- later than five years.	1,008	1,444
Total	**5,315**	**7,490**

Note 11.2 North Bristol NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where North Bristol NHS Trust is the lessee.

	2018/19 £000	2017/18 £000
Operating lease expense		
Minimum lease payments	7,964	1,682
Total	**7,964**	**1,682**

	31 March 2019 £000	31 March 2018 £000
Future minimum lease payments due:		
- not later than one year;	5,671	1,242
- later than one year and not later than five years;	5,647	2,314
- later than five years.	8,886	934
Total	**20,204**	**4,490**

Note 12 Finance income

Finance income represents interest received on assets and investments in the period.

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
Interest on bank accounts	111	46	111	46
NHS charitable fund investment income	260	278	-	
Total finance income	**371**	**324**	**111**	**46**

Note 13.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
Interest expense:				
Loans from the Department of Health and Social Care	5,143	5,443	5,143	5,443
Finance leases	59	320	59	320
Interest on late payment of commercial debt	-	15	-	15
Main finance costs on PFI and LIFT schemes obligations	25,068	25,662	25,068	25,662
Contingent finance costs on PFI and LIFT scheme obligations	9,272	7,905	9,272	7,905
Total interest expense	**39,542**	**39,345**	**39,542**	**39,345**
Unwinding of discount on provisions	12	1	12	1
Total finance costs	**39,554**	**39,346**	**39,554**	**39,346**

Note 13.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Trust and Group)

	2018/19	2017/18
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	-	15

Note 14 Other gains / (losses)

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
Gains on disposal of assets	321	260	321	260
Losses on disposal of assets	(718)	-	(718)	
Total gains / (losses) on disposal of assets	**(397)**	**260**	**(397)**	**260**
properties	297	(153)		
Total other gains / (losses)	**(100)**	**107**	**(397)**	**260**

Note 15 Discontinued operations (Trust and Group)

	2018/19	2017/18
	£000	£000
Operating income of discontinued operations	-	3,730
Operating expenses of discontinued operations	-	(3,274)
Gain on disposal of discontinued operations	-	20
Total	**-**	**476**

As of 1st March 2018, fertility services provided by the Bristol Centre for Reproductive Medicine (BCRM) were no longer provided by North Bristol NHS Trust. NHS activity is being retained and performed within the

Note 16.1 Intangible assets - 2018/19

Trust and Group	Software licences	Licences & trademarks	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - brought forward	**24,838**	**5**	**439**	**1,047**	**26,329**
Additions	141	72	-	1,286	**1,499**
Reclassifications	761	-	-	(28)	**733**
Disposals / derecognition	(65)	-	-	(68)	**(133)**
Valuation / gross cost at 31 March 2019	**25,675**	**77**	**439**	**2,237**	**28,428**
Amortisation at 1 April 2018 - brought forward	**8,996**	**-**	**-**	**-**	**8,996**
Provided during the year	2,639	-	-	-	**2,639**
Reclassifications	(148)	-	-	-	**(148)**
Disposals / derecognition	(47)	-	-	-	**(47)**
Amortisation at 31 March 2019	**11,440**	**-**	**-**	**-**	**11,440**
Net book value at 31 March 2019	**14,235**	**77**	**439**	**2,237**	**16,988**
Net book value at 1 April 2018	**15,842**	**5**	**439**	**1,047**	**17,333**

Note 16.2 Intangible assets - 2017/18

Trust and Group	Software licences	Licences & trademarks	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2017	**20,716**	**-**	**-**	**2,241**	**22,957**
Additions	66	5	439	1,715	**2,225**
Reversals of impairments	168	-	-	-	**168**
Reclassifications	4,098	-	-	(2,909)	**1,189**
Disposals / derecognition	(210)	-	-	-	**(210)**
Valuation / gross cost at 31 March 2018	**24,838**	**5**	**439**	**1,047**	**26,329**
Amortisation at 1 April 2017	**7,108**	**-**	**-**	**-**	**7,108**
Provided during the year	2,093	-	-	-	**2,093**
Reversals of impairments	5	-	-	-	**5**
Disposals / derecognition	(210)	-	-	-	**(210)**
Amortisation at 31 March 2018	**8,996**	**-**	**-**	**-**	**8,996**
Net book value at 31 March 2018	**15,842**	**5**	**439**	**1,047**	**17,333**
Net book value at 1 April 2017	**13,608**	**-**	**-**	**2,241**	**15,849**

Note 17.1 Property, plant and equipment - 2018/19

Trust and Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2018 - brought forward	**40,900**	**434,912**	**165**	**4,325**	**88,456**	**1,354**	**45,157**	**10,262**	**625,531**
Additions	-	209	-	9,580	6,426	62	1,143	71	**17,491**
Impairments	(7,275)	(4,061)	-	-	-	-	-	-	**(11,336)**
Reversals of impairments	-	6,401	-	-	-	-	-	-	**6,401**
Revaluations	-	38,871	-	-	-	-	-	-	**38,871**
Reclassifications	-	2,094	-	(2,011)	(352)	-	(448)	(16)	**(733)**
Disposals / derecognition	-	(26)	-	-	(12,118)	-	(311)	(2,971)	**(15,426)**
Valuation/gross cost at 31 March 2019	**33,625**	**478,400**	**165**	**11,894**	**82,412**	**1,416**	**45,541**	**7,346**	**660,799**
Accumulated depreciation at 1 April 2018 - brought forward	**-**	**-**	**-**	**-**	**60,930**	**1,228**	**39,413**	**6,306**	**107,877**
Provided during the year	-	10,703	7	-	6,322	54	2,362	709	**20,157**
Impairments	-	(3,100)	-	-	-	-	-	-	**(3,100)**
Reversals of impairments	-	(1,419)	-	-	-	-	-	-	**(1,419)**
Revaluations	-	(6,183)	(7)	-	-	-	-	-	**(6,190)**
Reclassifications	-	-	-	-	216	-	(123)	55	**148**
Disposals / derecognition	-	(1)	-	-	(11,503)	-	(302)	(2,971)	**(14,777)**
Accumulated depreciation at 31 March 2019	**-**	**-**	**-**	**-**	**55,965**	**1,282**	**41,350**	**4,099**	**102,696**
Net book value at 31 March 2019	**33,625**	**478,400**	**165**	**11,894**	**26,447**	**134**	**4,191**	**3,247**	**558,103**
Net book value at 1 April 2018	**40,900**	**434,912**	**165**	**4,325**	**27,526**	**126**	**5,744**	**3,956**	**517,654**

Note 17.2 Property, plant and equipment - 2017/18

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2017	**41,550**	**431,179**	**1,765**	**3,231**	**83,070**	**1,293**	**44,250**	**10,238**	**616,576**
Additions	-	3,402	15	3,830	6,132	61	947	24	**14,411**
Impairments	-	(1,103)	(1,615)	-	-	-	-	-	**(2,718)**
Reversals of impairments	-	826	-	-	-	-	-	-	**826**
Revaluations	(650)	(908)	-	-	107	-	-	-	**(1,451)**
Reclassifications	-	1,516	-	(2,736)	47	-	(16)	-	**(1,189)**
Disposals / derecognition	-	-	-	-	(900)	-	(24)	-	**(924)**
Valuation/gross cost at 31 March 2018	**40,900**	**434,912**	**165**	**4,325**	**88,456**	**1,354**	**45,157**	**10,262**	**625,531**
Accumulated depreciation at 1 April 2017	**-**	**-**	**-**	**-**	**54,648**	**1,192**	**37,139**	**5,574**	**98,553**
Provided during the year	-	10,648	67	-	6,445	36	2,331	732	**20,259**
Reversals of impairments	-	-	(67)	-	-	-	-	-	**(67)**
Revaluations	-	(10,661)	-	-	107	-	-	-	**(10,554)**
Reclassifications	-	13	-	-	20	-	(33)	-	**-**
Disposals / derecognition	-	-	-	-	(290)	-	(24)	-	**(314)**
Accumulated depreciation at 31 March 2018	**-**	**-**	**-**	**-**	**60,930**	**1,228**	**39,413**	**6,306**	**107,877**
Net book value at 31 March 2018	**40,900**	**434,912**	**165**	**4,325**	**27,526**	**126**	**5,744**	**3,956**	**517,654**
Net book value at 1 April 2017	**41,550**	**431,179**	**1,765**	**3,231**	**28,422**	**101**	**7,111**	**4,664**	**518,023**

Note 17.3 Property, plant and equipment financing - 2018/19

Trust and Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019									
Owned - purchased	33,625	106,213	165	5,042	24,306	20	3,938	3,215	**176,524**
Finance leased	-	-	-	6,755	-	-	249	-	**7,004**
On-SoFP PFI contracts and other service concession arrangements	-	368,654	-	96	-	-	-	-	**368,750**
Owned - government granted	-	-	-	-	80	-	-	-	**80**
Owned - donated	-	3,533	-	1	2,061	114	4	32	**5,745**
NBV total at 31 March 2019	**33,625**	**478,400**	**165**	**11,894**	**26,447**	**134**	**4,191**	**3,247**	**558,103**

Note 17.4 Property, plant and equipment financing - 2017/18

Trust and Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018									
Owned - purchased	40,900	93,508	165	4,309	19,249	55	5,449	3,914	**167,549**
Finance leased	-	-	-	-	5,745	-	289	-	**6,034**
On-SoFP PFI contracts and other service concession arrangements	-	336,595	-	-	-	-	-	-	**336,595**
Owned - government granted	-	-	-	-	79	-	-	-	**79**
Owned - donated	-	4,809	-	16	2,453	71	6	42	**7,397**
NBV total at 31 March 2018	**40,900**	**434,912**	**165**	**4,325**	**27,526**	**126**	**5,744**	**3,956**	**517,654**

Note 18 Donations of property, plant and equipment and intangible assets

In 2018/19 the Trust has received donations in respect of property, plant and equipment and intangible assets as follows. In instances where cash has been received rather than the physical assets, there is no significant difference between the cash provided and the value of the assets acquired.

	Trust and Group
	£000s
Plant & Machinery	918
Buildings	109
Intangibles	66
Transport	62
IT	2
	1,155

Note 19 Revaluations of property, plant and equipment

The District Valuer, who is a member of the RICS and is independent of the Trust, undertook a full valuation of the Trust's land and buildings as at 31 March 2019. These were previously valued as at 31 March 2018. The valuations were carried out in accordance with the RICS Appraisal and Valuation Manual in so far as these terms are consistent with the agreed requirements of the Department of Health & Social Care and HM Treasury. The valuations were undertaken in accordance with the Trust's accounting policy (see note 1) and on a consistent basis with valuations in previous periods.

In assessing the size of the land at Southmead Hospital of a modern equialent asset consideration has been had that a lot of thhe accommodation is single storey and the equivalent modern building would be multi-storey. The valuation has been conducted on the assumption that the assets would remain on their existing sites as an appropriate alternative site to delivery services locally is not readily available.

The valuation has contributed to net upward valuations of £47,927,000 and net impairment reversals of £1,662,000 within Property, Plant & Equipment.

The significant increase in valuations is a result of the BCIS (all price) Tender Price Index (TPI) increasing to 321 compared with 317 in the prior year, along with the BCIS Location Factor increeasing to 1.04 compared with 0.94 in the prior year.

Note 20 Other investments / financial assets (non-current)

	Trust and Group	
	2018/19	**2017/18**
	£000	**£000**
Carrying value at 1 April - brought forward	**9,306**	**10,516**
Acquisitions in year	1,012	1,484
expenditure	297	(153)
Disposals	(1,527)	(2,541)
Carrying value at 31 March	**9,088**	**9,306**

Note 21 Analysis of charitable fund reserves

North Bristol NHS Trust Charitable Funds have been consolidated within this set of accounts.

	Trust and Group	
	31 March 2019	**31 March 2018**
	£000	**£000**
Unrestricted funds:		
Unrestricted income funds	9,755	8,472
Restricted funds:		
Endowment funds	31	31
Other restricted income funds	612	1,005
	10,398	**9,508**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 22 Inventories

	Group		Trust	
	31 March 2019	**31 March 2018**	**31 March 2019**	**31 March 2018**
	£000	**£000**	**£000**	**£000**
Drugs	2,185	1,604	2,185	1,604
Work In progress	-	-	-	-
Consumables	10,473	9,418	10,473	9,418
Energy	170	190	170	190
Total inventories	**12,828**	**11,212**	**12,828**	**11,212**
of which:				
Held at fair value less costs to sell	-	-		

Inventories recognised in expenses for the year were £128,869k (2017/18: £105,837k). Write-down of inventories recognised as expenses for the year were £128k (2017/18: £307k).

Note 23.1 Receivables

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Current				
Contract receivables*	62,962		63,077	
Trade receivables*		47,938		48,122
Capital receivables	5,000	5,000	5,000	5,000
Accrued income*		2,617		2,617
Allowance for impaired contract receivables / assets*	(6,704)		(6,704)	
Allowance for other impaired receivables	-	(6,167)	-	(6,167)
Prepayments (non-PFI)	7,979	7,010	7,979	7,010
PFI lifecycle prepayments	808	58	808	58
VAT receivable	2,434	1,109	2,434	1,109
Other receivables	25	163	25	163
NHS charitable funds: trade and other receivables	117	182	-	
Total current receivables	**72,621**	**57,910**	**72,619**	**57,912**
Non-current				
Capital receivables	8,500	14,000	8,500	14,000
Total non-current receivables	**8,500**	**14,000**	**8,500**	**14,000**
Of which receivable from NHS and DHSC group bodies:				
Current	55,663	35,548	55,663	35,548
Non-current	-	-	-	-

*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 23.2 Allowances for credit losses - 2018/19

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2018 - brought forward	**-**	**(6,167)**	**-**	**-**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	6,167	(6,167)	6,167	(6,167)
New allowances arising	2,930	-	2,930	-
Reversals of allowances	(1,559)	-	(1,559)	-
Utilisation of allowances (write offs)	(834)	-	(834)	-
Allowances as at 31 Mar 2019	**6,704**	**(12,334)**	**6,704**	**(6,167)**

Allowance for credit losses are calculated by class of debtor and the risk assessed for each asset class. A detaled table is provided in Note 23.4

Note 23.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	Trust and Group All receivables £000
Allowances as at 1 Apr 2017	**(5,279)**
Increase in provision	(1,282)
Amounts utilised	83
Unused amounts reversed	311
Allowances as at 31 Mar 2018	**(6,167)**

Note 23.4 Exposure to credit risk

Expected credit losses are calculated and provided for based on different classes of financial asset.

Debt provision table by classification of debtor

Percentage provision by class of debtor and debtor days

	Debtor days					
Class of Debtor	0-30 days	31-60 days	61-90 days	91-180 days	181-360 days	>360 days
NHS receivables	0	0	0	0	0	0
Non-NHS receivables	8	39	11	24	11	81
Overseas	76	68	100	84	96	90
Staff	68	0	27	0	57	97
RTA	22	22	22	22	22	22

The majority of the Trust's and Group's revenue comes from contracts with other public sector bodies, therefore there is low exposure to credit risk. The maximum exposures are in receivables from customers, as disclosed in the trade and other receivables note.

Note 24 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
At 1 April	**17,508**	**4,839**	**17,009**	**4,653**
Net change in year	(5,173)	12,669	(6,777)	12,356
Transfer to FT upon authorisation	-	-		
At 31 March	**12,335**	**17,508**	**10,232**	**17,009**
Broken down into:				
Cash at commercial banks and in hand	2,118	513	15	14
Cash with the Government Banking Service	10,217	16,995	10,217	16,995
Total cash and cash equivalents as in SoFP	**12,335**	**17,508**	**10,232**	**17,009**

Note 25.1 Trade and other payables

	Group		Trust	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£000	£000	£000	£000
Current				
Trade payables	27,482	37,454	27,482	37,454
Capital payables	2,330	2,880	2,330	2,880
Accruals	30,680	20,431	30,680	20,431
Social security costs	3,884	3,657	3,884	3,657
Other taxes payable	3,414	3,024	3,414	3,024
Accrued interest on loans*	-	658	-	658
Other payables	192	274	192	274
NHS charitable funds: trade and other payables	795	295	-	
Total current trade and other payables	**68,777**	**68,673**	**67,982**	**68,378**
Non-current				
Capital payables	-	597	-	597
Total non-current trade and other payables	**-**	**597**	**-**	**597**
Of which payables from NHS and DHSC group bodies:				
Current	5,369	7,196	5,369	7,196
Non-current	-	-	-	-

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 27.1. IFRS 9 is applied without restatement therefore comparatives have not been restated.

Note 25.2 Contract Liabilities (Trust and Group)

The payables note above includes amounts in relation to deferred income liabilities in respect of maternity pathway income as set out below. The Trust expects the income to be recognised within one year.

	31 March 2019	31 March 2018
	£000	£000
Contract liability as at 1st April	2,839	2,983
Increase in contract liability during the year	2,884	2,839
Derecognition of contract liability due to revenue being recognised	(2,839)	(2,983)
Contract liability as at 31st March	**2,884**	**2,839**

Note 26 Other liabilities

	Trust and Group	
	31 March 2019	31 March 2018
	£000	£000
Current		
Deferred income: contract liabilities	3,577	3,450
Deferred PFI credits / income	77	-
Total other current liabilities	**3,654**	**3,450**
Non-current		
Deferred income: contract liabilities	6,959	7,731
Total other non-current liabilities	**6,959**	**7,731**

IFRS 15 is applied from 1 April 2018 without restatement, therefore the comparative analysis has not been restated under IFRS 15.

Note 27.1 Borrowings

	Trust and Group	
	31 March 2019	31 March 2018
	£000	£000
Current		
Loans from DHSC	55,710	29,210
Obligations under finance leases	2,644	971
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	12,444	14,174
Total current borrowings	**70,798**	**44,355**
Non-current		
Loans from DHSC	123,218	133,377
Obligations under finance leases	8,330	3,955
Obligations under PFI, LIFT or other service concession contracts	386,232	394,035
Total non-current borrowings	**517,780**	**531,367**

Note 27.2 Reconciliation of liabilities arising from financing activities

Trust and Group	**Loans from DHSC**	**Finance leases**	**PFI schemes**	**Total**
	£000	**£000**	**£000**	**£000**
Carrying value at 1 April 2018	**162,587**	**4,926**	**408,209**	**575,722**
Cash movements:				
principal	15,681	(2,117)	(9,429)	**4,135**
Financing cash flows - payments of interest	(5,140)	(59)	(24,940)	**(30,139)**
Non-cash movements:				
Impact of implementing IFRS 9 on 1 April 2018	658	-	-	**658**
Additions	-	6,781	-	**6,781**
Application of effective interest rate	5,143	59	25,068	**30,270**
Other changes	(1)	1,384	(232)	**1,151**
Carrying value at 31 March 2019	**178,928**	**10,974**	**398,676**	**588,578**

Note 28 Finance leases. North Bristol NHS Trust as a lessee

	Trust and Group	
	31 March 2019 £000	31 March 2018 £000
Gross lease liabilities	**11,215**	**5,246**
of which liabilities are due:		
- not later than one year;	2,702	1,033
- later than one year and not later than five years;	8,396	3,659
- later than five years.	117	554
Finance charges allocated to future periods	(241)	(320)
Net lease liabilities	**10,974**	**4,926**
of which payable:		
- not later than one year;	2,644	971
- later than one year and not later than five years;	8,259	3,133
- later than five years.	71	822

Significant leasing arrangements include embedded finance lease arrangements with the managed service contracts for the Patient Information System (Lorenzo) and the Local Information System for Pathology (LIMS).

There has also been a new significant finance lease taken out during 2018/19 in respect of replacing the Trust's IT network.

The contingent rents on the above leases are based on the agreed managed contract arrangements.

Note 29 Provisions for liabilities and charges analysis (Trust and Group)

	Pensions: early departure costs	Legal claims	Other	Total
	£000	£000	£000	£000
At 1 April 2018	**1,065**	**91**	**4,521**	**5,677**
Change in the discount rate	(7)	-	-	**(7)**
Arising during the year	100	90	-	**190**
Utilised during the year	(192)	(92)	(2,028)	**(2,312)**
Reversed unused	-	-	(210)	**(210)**
Unwinding of discount	12	-	-	**12**
At 31 March 2019	**978**	**89**	**2,283**	**3,350**
Expected timing of cash flows:				
- not later than one year;	187	89	2,283	**2,559**
- later than one year and not later than five years;	571	-	-	**571**
- later than five years.	220	-	-	**220**
Total	**978**	**89**	**2,283**	**3,350**

Amount Included in the Provisions of the NHS Resolution in Respect of Clinical Negligence Liabilities (£000s):

As at 31 March 2019	230,073
As at 31 March 2018	218,007

The early departure costs provision is for the remaining estimated enhanced pension costs due in relation to staff taking early retirements before 6 March 1995. Actuarial calculations of future pension costs have been provided by the NHS Pensions Agency. Since 1995 all such costs are charged to operating expenses in full in the year they arise.

The legal claims provision relates to insurance excesses on public liability claims against the Trust. The provision is based on standard excess costs per claim, unless the NHS Resolution has advised the Trust that the excess will be lower.

Note 30 Clinical negligence liabilities

At 31 March 2019, £230,073k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North Bristol NHS Trust (31 March 2018: £218,007k).

Note 31 Contingent liabilities

	Trust and Group	
	31 March 2019 £000	31 March 2018 £000
Value of contingent liabilities		
NHS Resolution legal claims	(48)	(65)
Employment tribunal and other employee related litigation	(343)	-
Gross value of contingent liabilities	**(391)**	**(65)**
Net value of contingent liabilities	**(391)**	**(65)**

£48k (2017/18 £65k) contingent liability relates to the assessed potential liabilty advised by NHS Resolution on claims currently in progress where a contribution may become liable.

Note 32 Contractual capital commitments

	Trust and Group	
	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	350	585
Total	**350**	**585**

Note 33 Other financial commitments

The Group is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	Trust and Group	
	31 March 2019 £000	31 March 2018 £000
not later than 1 year	3,076	4,188
after 1 year and not later than 5 years	-	3,076
Total	**3,076**	**7,264**

Note 34 On and off SOFP PFI arrangements

PFI schemes deemed to be on Statement of Financial Position

A contract for the development of the new hospital was signed by the Trust and its PFI partner, The Hospital Company (Southmead) Limited on 25 February 2010. The purpose of the scheme was to deliver a modern, state of the art hospital facility on the Southmead site, which the Trust moved into on 26 March 2014 and which has been fully operational since May 2014.

Under IFRIC 12, the PFI scheme is deemed to be on Statement of Financial Position, meaning that the hospital is treated as an asset of the Trust, being acquired under a finance lease. In addition to the above the PFI partner constructed a multi-storey car park as part of the PFI contract which was completed and has been operating since January 2011. This is accounted for in the same way as the hospital.

A final phase of the project with a capital value of £6,553,000 completed in 2016.

The total construction cost recognised in the accounts to date in relation to these two assets is £431,250,000.

An annual unitary payment is payable to our PFI partner. This payment is subject to RPI based indexation in common with most other PFI schemes. Under the contract, the PFI partner provides a facilities management service along with associated services including pest control and grounds and utilities management. The contractual service charge for 2018/19 was £6,230,000. As well as being subject to movements in RPI, this element can change as a result of service or performance variations. During the course of 2018/19 the Trust has utilised the contractual mechanisms relating to performance to secure reductions in the payments made to the contractor.

PFI schemes deemed to be off Statement of Financial Position

Burden Institute (Burden)

The estimated capital value of the scheme is £2,000,000 and a further £800,000 was incurred for enabling works to BIRU. Crestacare constructed a 25 bed brain injury rehabilitation unit and a separate private nursing home (collectively known as BIRU), as well as constructing accommodation for neuro psychiatry services and the Burden Neurological Institute (collectively known as Burden). The Burden operating agreement is with Crestacare Properties Ltd and is a 22 year contract ending in July 2022.

The Trust does not currently make any payment for the building as the charges are paid by commissioners within the NHS, and the building was constructed at the expense of Crestacare. For this reason there are no items of expense included in the Statement of Comprehensive Income and the building is treated as a donated non-current asset.

The BIRU agreement is principally with Crestacare (GB) Ltd (which is a subsidiary of Crestacare plc) and this agreement is to end in June 2024. In the case of Burden the head lease is for a period of 90 years, BIRU is for 99 years. The Trust's annual commitment to BIRU is currently £165,056.

Note 34.1 Imputed finance lease obligations

The following are obligations in respect of the finance lease element of the on-Statement of Financial Position PFI scheme:

	Trust and Group	
	31 March 2019 £000	31 March 2018 £000
Gross PFI liabilities	**802,701**	**837,304**
Of which liabilities are due		
- not later than one year;	36,955	39,243
- later than one year and not later than five years;	129,240	129,430
- later than five years.	636,506	668,631
Finance charges allocated to future periods	(404,025)	(429,095)
Net PFI obligation	**398,676**	**408,209**
- not later than one year;	12,444	14,174
- later than one year and not later than five years;	36,756	34,729
- later than five years.	349,476	359,306

Note 34.2 Total on-SoFP PFI commitments

Total future obligations under these on-SoFP schemes are as follows:

	Trust and Group	
	31 March 2019 £000	31 March 2018 £000
Total future payments committed in respect of PFI	**1,772,698**	**1,854,671**
Of which liabilities are due:		
- not later than one year;	49,300	50,247
- later than one year and not later than five years;	208,804	202,720
- later than five years.	1,514,594	1,601,704

Note 34.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Trust and Group	
	2018/19 £000	2017/18 £000
Unitary payment payable to service concession operator	**50,557**	**49,081**
Consisting of:		
- Interest charge	25,068	25,662
- Repayment of finance lease liability	9,429	9,399
- Service element and other charges to operating expenditure	6,040	5,739
- Capital lifecycle maintenance	748	376
- Revenue lifecycle maintenance	-	-
- Contingent rent	9,272	7,905
Total amount paid to service concession operator	**50,557**	**49,081**

Note 34.4 Analysis of amounts payable to service concession operator

Up until the 15th January 2018 The Hospital Company (THC) had contracted with Carillion Services Ltd to deliver hard FM services to the PFI facility, and Carillion Construction Ltd to complete the PFI construction works. Following the compulsory liquidation of Carillion Plc on 15 January 2018, PricewaterhouseCoopers were appointed as the official receiver and liquidator (which included their appointment as special managers) for the liquidation event to ensure public service continuity. THC is engaged with PwC to ensure the services are provided to NBT in accordance with the original contract. To ensure continuity of service, an interim arrangement is in place pending the permanent appointment of a replacement services provider.

Note 35 Off-SoFP PFI arrangements

North Bristol NHS Trust incurred the following charges in respect of off-Statement of Financial Position PFI obligations:

	Trust and Group	
	31 March 2019	31 March 2018
	£000	£000
Charge in respect of the off SoFP PFI for the period	**139**	**158**
Commitments in respect of off-SoFP PFI:		
- not later than one year;	139	158
- later than one year and not later than five years;	324	630
- later than five years.	-	-
Total	**463**	**788**

Note 36 Financial instruments

Note 36.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with commissioners and the way those commissioners are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust and Group are principally domestic organisations with the great majority of transactions, assets and liabilities being in the UK and sterling based. They have no overseas operations. Therefore there is low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Charity invests funds to maximise investment income, partly in the form of interest and so bears some risk. From a Group perspective this risk is insignificant.

Credit risk

Because the majority of the Trust's and Group's revenue comes from contracts with other public sector bodies, there is low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in note 23.

Liquidity risk

The Trust's and Group's operating costs are incurred under contracts with primary care commissioners which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust and Group are not, therefore, exposed to significant liquidity risks.

Note 36.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Group	Held at amortised cost	Held at fair value through I&E	Total book value
Carrying values of financial assets as at 31 March 2019 under IFRS 9	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	69,898	-	**69,898**
Cash and cash equivalents	10,232	-	**10,232**
Consolidated NHS Charitable fund financial assets	2,220	9,088	**11,308**
Total at 31 March 2019	**82,350**	**9,088**	**91,438**

Group	Loans and receivables	Assets at fair value through the I&E	Total book value
Carrying values of financial assets as at 31 March 2018 under IAS 39	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	55,476	-	**55,476**
Cash and cash equivalents	17,009	-	**17,009**
Consolidated NHS Charitable fund financial assets	610	9,377	**9,987**
Total at 31 March 2018	**73,095**	**9,377**	**82,472**

Trust	Held at amortised cost	Total book value
Carrying values of financial assets as at 31 March 2019 under IFRS 9	**£000**	**£000**
Trade and other receivables excluding non financial assets	69,898	**69,898**
Cash and cash equivalents	10,232	**10,232**
Total at 31 March 2019	**80,130**	**80,130**

Trust	Loans and receivables	Total book value
Carrying values of financial assets as at 31 March 2018 under IAS 39	**£000**	**£000**
Trade and other receivables excluding non financial assets	55,476	**55,476**
Cash and cash equivalents	17,009	**17,009**
Total at 31 March 2018	**72,485**	**72,485**

Note 36.3 Carrying values of financial liabilities

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Group	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Loans from the Department of Health and Social Care	178,928	**178,928**
Obligations under finance leases	10,974	**10,974**
Obligations under PFI, LIFT and other service concession contracts	398,676	**398,676**
Trade and other payables excluding non financial liabilities	60,682	**60,682**
Provisions under contract	3,350	**3,350**
Consolidated NHS charitable fund financial liabilities	795	**795**
Total at 31 March 2019	**653,405**	**653,405**

Trust	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Loans from the Department of Health and Social Care	178,928	**178,928**
Obligations under finance leases	10,974	**10,974**
Obligations under PFI contracts	398,676	**398,676**
Trade and other payables excluding non financial liabilities	60,682	**60,682**
Provisions under contract	3,350	**3,350**
Total at 31 March 2019	**652,610**	**652,610**

Group	Held at amortised	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Loans from the Department of Health and Social Care	162,587	**162,587**
Obligations under finance leases	4,926	**4,926**
Obligations under PFI	408,209	**408,209**
Trade and other payables excluding non financial liabilities	81,508	**81,508**
Consolidated NHS charitable fund financial liabilities	295	**295**
Total at 31 March 2018	**657,525**	**657,525**

Trust	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Loans from the Department of Health and Social Care	162,587	**162,587**
Obligations under finance leases	4,926	**4,926**
Obligations under PFI	408,209	**408,209**
Trade and other payables excluding non financial liabilities	81,508	**81,508**
Total at 31 March 2018	**657,230**	**657,230**

Note 36.4 Fair values of financial assets and liabilities

The carrying value of financial assets and liabilities is equal to their fair value.

Note 36.5 Maturity of financial liabilities

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
In one year or less	135,625	126,158	134,830	125,863
In more than one year but not more than two years	101,225	43,418	101,225	43,418
In more than two years but not more than five years	58,858	119,073	58,858	119,073
In more than five years	357,697	368,876	357,697	368,876
Total	**653,405**	**657,525**	**652,610**	**657,230**

Note 37 Losses and special payments

	2018/19		2017/18	
Trust and Group	number of Number	of cases £000	number of Number	value of £000
Losses				
Cash losses	7	54	20	11
Bad debts and claims abandoned	49	834	136	72
Stores losses and damage to property	1	128	2	307
Total losses	**57**	**1,016**	**158**	**390**
Special payments				
arbitration award	8	23	21	76
Ex-gratia payments	37	17	42	25
Total special payments	**45**	**40**	**63**	**101**
Total losses and special payments	**102**	**1,056**	**221**	**491**
Compensation payments received		-		-

Details of cases individually over £300k

A loss was incurred as a result of non recoverable non contracted activity Income relating to 2016 to 2018, relating to the Welsh Health Specialised Services Committee. The total value of this was £501,594, which was recognised in full in 2018/19, resulting in the increase in debts written off compared to 2017/18.

Note 38.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £658k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £0k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classification of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £7,265k.

Note 38.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Note 39 Related parties

The Department of Health and Social Care is the parent department of the Trust.

The main entities within the public sector that the Trust has had dealings with.are:

NHS England;
Bristol, North Somerset and South Glos CCG;
Gloucestershire CCG;
Bath and North East Somerset CCG;
Somerset CCG;
Wiltshire CCG;

Health Education England;
Department of Health and Social Care;
Public Health England;
NHS Resolution;
Care Quality Commission;
HM Revenue and Customs

University Hospitals Bristol NHS Foundation Trust;
Gloucestershire Hospitals NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Weston Area Health Trust

Bristol City Council;
South Gloucestershire Council

Details of related party transactions with individuals are as follows:

Director, Interest and Related parties	Receivables at 31.03.19, £	Income in 2018/19, £	Payables at 31.03.19, £	Expenditure in 2018/19, £
Mr Frank Collins Interim Chair to 30th June 2018				
Chairman of Frontier Medical Ltd	0	0	0	826
Chairman of JRI Orthopaedics Ltd (ceased role of Chair from 1 May 2018)	5,250	381		7,199
Chairman of Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	2,012	2,540	2,000	8,700
Mr Kelvin Blake Non Executive Director from 1st February 2019				
Non Executive Director of BRISDOC	14,791	93,518	0	4,163
Professor John Iredale Non Executive Director				
Pro- Vice Chancellor of the University of Bristol	373,355	1,073,676	1,219,885	3,737,144
Trustee of the British Heart Foundation Children's Liver Disease Foundation Foundation for Liver Research	0	495	0	0

Note 40 Prior period adjustments

The following prior period adjustment has been made to reclassify as a result of a change in accounting treatment prescribed by the DHSC:

- Reclassify £658k interest creditor in respect of DHSC loans as at 31st March 2018, from Trade and Other Payables to Borrowings.

The following prior period adjustments have been made to reclassify prior period errors.

- PFI interest payable creditor of £4,277k as at 31st March 2018 moved from Trade and Other Payables to Borrowings.

- £2,651k of Rental Revenue from Operating Leases for the year to 31st March 2018 moved from Other Contract Income to Rental Revenue from Operating Leases.

The above reclassification adjustments do not affect the financial performance of the Trust or Group.

Note 41 Events after the reporting date

There are no events after the reporting period which would affect the figures in these accounts, nor which require disclosure.

Note 42 Better Payment Practice code (Trust and Group)

	2018/19 Number	2018/19 £000	2017/18 Number	2017/18 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	74,852	352,874	75,806	324,979
Total non-NHS trade invoices paid within target	54,504	285,790	57,995	261,236
Percentage of non-NHS trade invoices paid within target	72.8%	81.0%	76.5%	80.4%
NHS Payables				
Total NHS trade invoices paid in the year	3,244	23,878	3,283	24,102
Total NHS trade invoices paid within target	1,685	12,695	839	6,650
Percentage of NHS trade invoices paid within target	51.9%	53.2%	25.6%	27.6%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 43 External financing (Trust and Group)

The trust is given an external financing limit against which it is permitted to underspend

	2018/19 £000	2017/18 £000
Cash flow financing	12,301	6,338
Other capital receipts	-	-
External financing requirement	**12,301**	**6,338**
External financing limit (EFL)	12,302	21,265
Under / (over) spend against EFL	**1**	**14,927**

Note 44 Capital Resource Limit (Trust and Group)

	2018/19 £000	2017/18 £000
Gross capital expenditure	18,990	16,636
Less: Disposals	(735)	(2,180)
Less: Donated and granted capital additions	(1,036)	(1,126)
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	**17,219**	**13,330**
Capital Resource Limit	26,877	15,966
Under / (over) spend against CRL	**9,658**	**2,636**

Note 45 Adjusted Financial Performance and Breakeven Duty Financial Performance (Trust)

	2018/19 £000	2017/18 £000
Deficit for the period	(6,375)	(15,481)
Add back all I&E impairments / (reversals)	(4,478)	1,662
Surplus / (deficit) before impairments and transfers	(10,853)	(13,819)
Remove capital donations / grants I&E impact	(371)	(379)
CQUIN Risk Reserve - CT non achievement adjustment	-	(1,459)
Adjusted financial performance (deficit)	**(11,224)**	**(15,657)**
Remove CQUIN risk reserve adjustment		1,459
IFRIC 12 breakeven adjustment	3,784	2,055
Breakeven duty financial performance (deficit)	**(7,440)**	**(12,143)**

Note 46 Breakeven duty rolling assessment

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	6,177	7,888	9,002	7,002	5,605	(19,740)	(51,561)	(42,922)	(12,143)	(7,440)
Breakeven duty cumulative position	(25,396)	(17,508)	(8,506)	(1,504)	4,101	(15,639)	(67,200)	(110,122)	(122,265)	(129,705)
Operating income	473,815	492,883	519,430	529,896	541,376	552,911	543,638	530,628	574,469	605,829
Cumulative breakeven position as a percentage of operating income	(5.4%)	(3.6%)	(1.6%)	(0.3%)	0.8%	(2.8%)	(12.4%)	(20.8%)	(21.3%)	(21.4%)

IAS 1 requires the Trust to assess, as part of the accounts preparation process, its ability to continue as a going concern. In the context of non-trading entities in the public sector the anticipated continuation of the provision of a service in the future is normally sufficient evidence of going concern. The financial statements should be prepared on a going concern basis unless there are plans for, or no realistic alternative other than, the dissolution of the Trust without the transfer of its services to another entity within the public sector. These accounts have been prepared on a going concern basis.

The Trust's financial forecast for 2019/20 shows a deficit (as measured for performance purposes) of £4.9m and forecast net liabilities of £22.5m which includes cumulative borrowing (excluding the PFI) of £183.4m. This deficit is after assuming delivery of savings of £25m savings over and above the full year effect of 2018/19 schemes. The 2019/20 financial plan is reliant on £5.2m of additional cash funding for 2019/20 and further financing for 2020/21 is likely to be required. While this is as yet unconfirmed, funding has been made available for drawdown in April 2019. Although the Trust has not received formal notification of future financing, this has always been made available in accordance with the need of the Trust to meet all essential operational liabilities and there is no indication that this will not continue.

At the time of submission to NHS Improvement, of the £25m of savings required for 2019/20, £23.3m had been identified but with £5.5m as opportunities only at this stage and £1.7m unidentified. These plans will be refined by realising the opportunities identified through benchmarking.

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.

North Bristol NHS Trust

Trust Headquarters
Southmead Hospital
Westbury-on-Trym
Bristol BS10 5NB
Telephone: 0117 414 3729
Website: www.nbt.nhs.uk

Grant Thornton UK LLP
2 Glass Wharf
Bristol
BS2 0EL

23 May 2019

Dear Sirs

North Bristol NHS Trust
Financial Statements for the year ended 31 March 2019

This representation letter is provided in connection with the audit of the financial statements of North Bristol NHS Trust and its subsidiary undertaking North Bristol NHS Trust Charitable Funds for the year ended 31 March 2019 for the purpose of expressing an opinion as to whether the group and parent Trust financial statements are presented fairly, in all material respects in accordance with International Financial Reporting Standards and the Department of Health and Social Care Group Accounting Manual 2018-19.

We confirm that to the best of our knowledge and belief having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

Group Financial Statements

i. As Trust Board members, we have fulfilled our responsibilities under the National Health Services Act 2006 for the preparation of the group and parent Trusts' financial statements in accordance with International Financial Reporting Standards and the Department of Health and Social Care Group Accounting Manual 2018-19 (GAM); in particular the group and parent Trust financial statements are fairly presented in accordance therewith.

ii. We have complied with the requirements of all statutory directions affecting the group and parent Trust and these matters have been appropriately reflected and disclosed in the group and parent Trust financial statements.

iii. The Trust has complied with all aspects of contractual agreements that could have a material effect on the group and parent Trust financial statements in the event of non-compliance. There has been no non-compliance with requirements of the Care Quality Commission or other regulatory authorities that could have a material effect on the group and parent Trust financial statements in the event of non-compliance.

iv. We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud.

v. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.

vi. In calculating the amount of income to be recognised in the group and parent Trust financial statements from other NHS organisations we have applied judgement, where appropriate, to reflect the appropriate amount of income expected to be derived by the Trust in accordance with the International Financial Reporting Standards and the GAM. We are satisfied that the material judgements used in the preparation of the group and parent Trust financial statements are soundly based, in accordance with International Financial Reporting Standards and the GAM, and adequately disclosed in the group and parent Trust financial statements. There are no other material judgements that need to be disclosed.

vii. We acknowledge our responsibility to participate in the Department of Health and Social Care's agreement of balances exercise and have followed the requisite guidance and directions to do so. We are satisfied that the balances calculated for the Trust ensure the group and parent Trust financial statements and consolidation schedules are free from material misstatement, including the impact of any disagreements.

viii. Except as disclosed in the group and parent Trust financial statements:

   a. there are no unrecorded liabilities, actual or contingent

   b. none of the assets of the group and parent Trust has been assigned, pledged or mortgaged

   c. there are no material prior year charges or credits, nor exceptional or non-recurring items requiring separate disclosure.

ix. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards and the GAM.

x. All events subsequent to the date of the group and parent Trust financial statements and for which International Financial Reporting Standards and the GAM require adjustment or disclosure have been adjusted or disclosed.

xi. We have considered the adjusted misstatements, and misclassification and disclosures changes schedules included in your Audit Findings Report. The group and parent Trust financial statements have been amended for these misstatements, misclassifications and disclosure changes and are free of material misstatements, including omissions.

xii. We have considered the unadjusted misstatements schedule included in your Audit Findings Report and attached. We have not adjusted the group and parent Trust financial statements for these misstatements brought to our attention as they are immaterial to the results of the group and parent Trust and its financial position at the year-end. The group and parent Trust financial statements are free of material misstatements, including omissions.

xiii. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of International Financial Reporting Standards.

xiv. We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the group and parent Trust financial statements.

Information Provided

xv. We have provided you with:

   a. access to all information of which we are aware that is relevant to the preparation of the group and parent Trust financial statements such as records, documentation and other matters;

   b. additional information that you have requested from us for the purpose of your audit; and

c. unrestricted access to persons within the Trust from whom you determined it necessary to obtain audit evidence.

xvi. We have communicated to you all deficiencies in internal control of which management is aware.

xvii. All transactions have been recorded in the accounting records and are reflected in the group and parent Trust financial statements.

xviii. We have disclosed to you the results of our assessment of the risk that the group and parent Trust financial statements may be materially misstated as a result of fraud.

xix. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the group and parent Trust and involves:

a. management;

b. employees who have significant roles in internal control; or

c. others where the fraud could have a material effect on the group and parent Trust financial statements.

xx. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the group and parent Trust's financial statements communicated by employees, former employees, analysts, regulators or others.

xxi. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

xxii. We have disclosed to you the identity of the group and parent Trust's related parties and all the related party relationships and transactions of which we are aware.

xxiii. We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the group and parent Trust financial statements.

xxiv. The Trust will require an additional cash financing in 2019/20 to maintain current payment performance assuming that it delivers its savings plan. Although the Trust has not received formal notification of future financing, this has always been available in the past in accordance with the need of the Trust to meet all essential liabilities and there is no indication that this will not continue. If the Trust fails to deliver its savings plan in full or its financial deficits are greater than planned in 2019/20 then further cash loans will be required. As the Trust's continuing operational stability depends on finance that has not yet been approved this represents a material uncertainty for the Trust.

Although these factors represent a material uncertainty that may cast significant doubt over the Trust's ability to continue as a going concern, the Directors, having made appropriate enquiries, still have reasonable expectations that the Trust will have adequate resources to continue in operational existence for the foreseeable future. As directed by the GAM, the Directors have prepared the group and parent Trust financial statements on a going concern basis as they consider that the services currently provided by the Trust will continue to be provided in the foreseeable future.

Annual Report

xxv. The disclosures within the Annual Report fairly reflect our understanding of the group's and parent Trust's financial and operating performance over the period covered by the financial statements.

Annual Governance Statement

xxvi. We are satisfied that the Governance Statement fairly reflects the Trust's risk assurance framework and we confirm that we are not aware of any significant risks that are not disclosed within the Governance Statement.

Approval

The approval of this letter of representation was minuted by the Trust's Audit Committee at its meeting on 23 May 2019.

Yours faithfully

Name……

Position……..

Date…….

Name……

Position……..

Date…….

Signed on behalf of the Trust Board

North Bristol NHS
NHS Trust

Southmead Hospital Charity

NORTH BRISTOL NHS TRUST
CHARITABLE FUNDS

Charity Registration No. 1055900

ANNUAL ACCOUNTS 2018/19

NATIONAL HEALTH SERVICE

NORTH BRISTOL NHS TRUST

CHARITABLE FUNDS

ANNUAL ACCOUNTS 2018/19

FOREWORD

These accounts have been prepared by the Trustee under section 98(2) of the National Health Service Act 1977 (as amended) in the forms which the Secretary of State of Health has, with the approval of Treasury, directed.

STATUTORY BACKGROUND

The Trustee has been appointed under s11 of the NHS and Community Care Act 1990.

The North Bristol NHS Trust Charitable Funds Held on Trust (the Charity) are registered with the Charity Commission and include funds in respect of the North Bristol NHS Trust Hospitals. In accordance with guidance from the Department of Health, the Charity also administers Funds Held on Trust on behalf of South Gloucestershire CCG.

The accounts will be avaliable at the link below:
https://www.nbt.nhs.uk/sites/default/files/attachments/North%20Bristol%20NHS%20Trust%20Annual%20Reports%20and%20Accounts%202018-19.pdf

MAIN PURPOSE OF THE CHARITY

The main purpose of the Charity is to apply income for any charitable purpose relating to the National Health Service wholly or mainly for the services provided by the North Bristol NHS Trust.

Statement of Trustee's responsibilities

The Trustee is responsible for:

- keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Charity and to enable it to ensure that the accounts comply with requirements in the Charities Act 2011 and those outlined in the directions issued by the Secretary of State;

- establishing and monitoring a system of internal control; and

- establishing arrangements for the prevention and detection of fraud and corruption.

The Trustee is required under the Charities Act 2011 and the National Health Service Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the financial position of the Charity in accordance with the Charities Act 2011. In preparing these accounts, the Trustee is required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury

- make judgements and estimates which are reasonable and prudent;

- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts on a going concern basis. The financial statements set out on pages 3 to 16 attached have been compiled from and are in accordance with the financial records maintained by the Trustee.

The Trustee provided the financial statements and information to the auditors who have been appointed under section 144 of the Charities Act 2011 and who report in accordance with regulations made under section 154 of that Act.

By Order of the Trustee

Signed and authorised for issue on behalf of the Trustee:

Jaki Meekings-Davis, Chair of Charity Committee Catherine Phillips, Director of Finance

Date

Audit Opinion

NORTH BRISTOL NHS TRUST CHARITABLE FUNDS
Charity Registration No. 1055900

ANNUAL ACCOUNTS 2018/19

Statement of Financial Activities for the year ended 31 March 2019

	Note	Unrestricted General Funds	Unrestricted Designated Funds	2018/19 Restricted Funds	Endowment Funds	Total Funds	2017/18 Total Funds
		£000	£000	£000	£000	**£000**	**£000**
Income and Endowments from :							
Donations and legacies	2	1,408	1,705	16	0	3,129	1,324
Other Trading Activities	3	4	40	0	0	44	25
Investments	4	242	0	18	0	260	278
Other	8	7	3	0	0	10	32
Total Income and Endowments		**1,661**	**1,748**	**34**	**0**	**3,443**	**1,659**
Expenditure on:							
Raising Funds	5	354	10	41	0	405	264
Charitable Activities	6	471	1,850	45	0	2,366	2,270
Other	7	82	10	26	0	118	173
Total Expenditure		**907**	**1,870**	**112**	**0**	**2,889**	**2,707**
Net Gains/(Losses) on investments	9	266	0	71	0	337	(153)
Net Income/(Expenditure)		754	(123)	(78)	0	553	(1,201)
Transfers between funds		(1,371)	1,380	(9)	0	0	0
Net Incoming/(Outgoing) Resources		(617)	1,257	(87)	0	553	(1,201)
Net movement in funds		**(351)**	**1,257**	**(16)**	**0**	**890**	**(1,201)**
Funds brought Forward		2,922	5,550	1,036	0	9,508	10,709
Total Funds Carried Forward		**2,571**	**6,807**	**1,020**	**0**	**10,398**	**9,508**

The notes on pages 6 to 16 form part of the accounts.

NORTH BRISTOL NHS TRUST CHARITABLE FUNDS
Charity Registration No. 1055900

ANNUAL ACCOUNTS 2018/19

Balance Sheet for the year ended 31 March 2019

	Note	2018/19 Unrestricted General Funds	2018/19 Unrestricted Designated Funds	2018/19 Restricted Funds	2018/19 Endowment Funds	2018/19 Total at 31 March 2019	2017/18 Total at 31 March 2018
		£000	£000	£000	£000	**£000**	**£000**
Current Assets							
Stocks		0	0	0	0	0	0
Debtors	10	19	23	75	0	117	182
Investments	14	491	3,976	4,621	0	9,088	9,306
Cash at Bank and in hand	11	393	604	1,106	0	2,103	499
Total Current Assets		**903**	**4,603**	**5,802**	**0**	**11,308**	**9,987**
Liabilities							
Creditors (Amounts falling due within one year)	12	32	873	5	0	910	479
Net Assets/(Liabilities)		**871**	**3,730**	**5,797**	**0**	**10,398**	**9,508**
The Funds of the Charity							
Endowment Funds		0	0	0	31	31	31
Restricted Income Funds		0	0	989	0	989	1,005
Unrestricted Funds		2,571	6,808	0	0	9,378	8,472
Total Charity Funds		**2,571**	**6,808**	**989**	**31**	**10,398**	**9,508**

Approved on behalf of the Trustees

Catherine Phillips, Director of Finance Date

Cashflow for the year ended 31st March 2019

	Note	2018/2019 Total £000	2017/18 Total £000
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	13	790	(1,021)
Cash flows from investing activities:			
Dividends, interest and rents from investments	4	260	278
Proceeds from the sale of property, plant and equipment		0	0
Proceeds from sale of investments	14	1,527	2,541
Purchase of investments	14	(973)	(1,484)
Net cash provided by (used in) investing activities		**814**	**1,335**
Change in cash and cash equivalents in the reporting period		**1,604**	**314**
Cash and cash equivalents at the beginning of the reporting period		499	185
Cash and cash equivalents at the end of the reporting period		**2,103**	**499**

Notes to the Accounts

1 Accounting policies

1.1 Accounting convention

The financial statements have been prepared under the historic cost convention, as modified for the revaluation of certain investments, and in accordance with FRS 102 and the Statement of Recommended Practice "Accounting and Reporting by Charities" issued by the Charity Commission to commence following January 2015. These accounts have been prepared under all applicable charitable law in the charity's country of registration, the UK.

1.2 Incoming resources

a) All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met.

i) Entitlement - arises when a particular resource is receivable or the Charity's right becomes legally enforceable;
ii) Probability – it is more likely than not that the economic benefits associated with the transaction or gift will flow to the charity.
iii) Measurement - the monetary value or amount of the income can be measured reliably and the costs incurred for the transaction and the costs to complete the transaction can be measured reliably

b) Income received from the investment of endowment funds is treated as unrestricted.

c) Legacies are accounted for as incoming resources once the receipt of the legacy becomes probable.

This will be once confirmation has been received from the representatives of the estate that payment of the legacy or transfer of property is likely to be made and once all conditions attached to the legacy have been fulfilled.

d) Gifts in kind:

i) Assets given for distribution by the Charity are included in the Statement of Financial Activities only when distributed.

ii) Assets given for use by the Charity (e.g. property for its own occupation) are included in the Statement of Financial Activities as incoming resources when receivable.

iii) Gifts made in kind but on trust for conversion into cash and subsequent application by the Charity are included in the accounting period in which the gift is sold.

In all cases the amount at which gifts in kind are brought into account is either a reasonable estimate of their value to the Charity or the amount actually realised.

1.3 Fixed assets

No fixed assets are held or owned by the Charity other than investments. However contributions are made towards the cost of capital assets in North Bristol NHS Trust as detailed in note 6

1.4 Resources expended

The Charity's accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

a) The costs of generating funds are the costs associated with generating income for the Charity. These will include the costs associated with appeals, printing, publicity and investment management together with appropriate salary costs.

b) Activities in the furtherance of the Charity's objectives are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant. This includes grants made to NHS bodies.

c) Governance costs of the Charity include costs incurred by the finance department of North Bristol NHS Trust. These are accounted for on an accruals basis and comprise all costs of the Charity and its compliance with regulation and good practice. These costs include costs related to statutory audit together with other direct Trustee costs.

1.5 Fixed asset investments

Fixed asset investments are investments listed on the stock exchange included in the balance sheet at market value. These investments are managed by Smith & Williamson, see note 1.9 for more information.

1.6 Structure of funds

The table below sets out the current structure of funds used within the charity

Fund type	Description
Unrestricted General	Funds that can be spent on any purpose allowed by the Charity's Objects
Unrestricted Designated	Funds that can be spent on any purpose allowed by the Charity's Objects but which have been donated or assigned for a specific purpose
Restricted	Funds which can only be used for a specific purpose and are legally restricted to that purpose
Endowment	Funds which can only be used to generate income via investments and which cannot be spent

1.7 Realised and unrealised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or purchase price if acquired during the year).

1.8 Apportionment

Dividends, interest and governance costs are apportioned monthly to the funds according to the monthly fund balances. Realised and unrealised gains and losses held on reserve are apportioned to the funds using the same method and in accordance with the reserves policy. Central support costs have been allocated to funds on the same basis as it is the Trustee's view that this is equitable and in line with their intention to encourage the effective use of funds. Fundraising costs have been allocated solely to general funds where they do not reflect fundraising solely for a specific fund. This apportionment gives rise to transfers of amounts between funds.

1.9 Investment policy

In order to maximise income potential, the Charity invests monies to generate interest and when appropriate, dividends. To ensure that there are monies available to meet different demands on expenditure, the balances are held as short term, and long term investments. The Charity engages Smith & Williamson Investment Management as its investments manager.

Short term balances

Monies are held in a current account with The Royal Bank of Scotland until such time as they are needed to meet expenditure requirements. As the balances are dependent on the income received on a day to day basis, they fluctuate in accordance with the income received. In addition to this, cash is held with Smith and Willimson to enable them to purchase and sell investments in line with the investment policy.

Long term balances

Under the Trustee Investment Act 1961 and the Trustee Act 2000, the Charity as a corporate body, is empowered to invest in certain categories of investments. The Charity makes investments in accordance with this Act.

1.10 Pooling scheme

An official pooling scheme is operated for investments relating to the following funds:

North Bristol NHS Trust (Expendable Funds) Common Investment Fund
North Bristol NHS Trust (Capital) Common Investment Fund

1.12 Going Concern Policy

These accounts have been prepared on the basis that the charity is a going concern. At this time the trustees have no doubts that the charity holds sufficient funds to meet all its obligations for the forseeable future.

1.13 Reserves Policy

The Charity receives income in the form of donations and bequests/legacies. This income is banked as and when it is received. By its very nature, it is difficult to predict in advance the amount of income that the Charity is likely to receive, and therefore it is essential that the Charity maintains sums of money on reserve, to meet its requirements and to act as a buffer against stock market fluctuations.

It is the policy of the Trustee to retain on reserve a minimum of 20% of the value of the Charity's investment portfolio in the form of unrealised and realised gains. In addition the Charity holds a minimum cash balance of six months operating costs as a cash reserve.

The Charity's Financial reserves mainly comprise of cash and investment funds. The main purpose of these reserves is to maintain sufficient finance for the Charity's planned future operations and activities. The aim of the reserves is to protect the Charity from unforeseen financial challenges, while making funds available for investment in future

The Charity requires the Fund Holders for each fund to provide a commitment forecast for the year to assist the Charity with its overall financial plans.

The level of reserves and expenditure plans are reviewed annually to ensure that the Charity expenditure is in line with income and reduces the level of reserves held.

1.14 Statement of Charitable Purpose

North Bristol NHS Charitable Funds is a charity (charity number 1055900) operating under the name Southmead Hospital Charity. As such it is registered with the Charity Commission in the United Kingdom as a charity and is a Public Benefit Entity as defined in

The Charity's registered office is Southmead Hospital, Southmead Road, Bristol. This is the same as North Bristol NHS Trust which is its parent entity.

The Charity is considered a wholly controlled subsidiary of North Bristol NHS Trust as the Board of North Bristol NHS Trust is, as a corporate body, the trustee of North Bristol NHS Trust Charitable Funds. North Bristol NHS Trust's purpose is to improve healthcare in the region in which it treats patients.

1.15 Staff

During the year the charity had 10 staff members. No staff member was paid £60,000 or more during the year.

1.15 Stock

Stock is included at the lower of cost or net realisable value. Donated items of stock are recognised at fair value which is the amount the charity would have been willing to pay for the items on the open market.

1.16 Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

1.17 Cash at bank and in hand

Cash at bank and cash in hand includes cash held in banks and cash held by the Trust on the Charity's behalf.

1.18 Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

1.19 Financial Instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2 Details of Donations and Legacies

	2018-19					2017/18				
	Unrestricted funds	Designated funds	Restricted funds	Endowment Funds	**Total funds**	Unrestricted funds	Designated funds	Restricted funds	Endowment Funds	**Total funds**
	£000	£000	£000	£000	**£000**	£000	£000	£000	£000	**£000**
Individual Donations	5	32	0	0	**37**	8	148	4	0	**160**
In Memory	16	62	1	0	**79**	14	72	2	0	**88**
Community	119	257	5	0	**381**	105	353	77	0	**535**
Corporate	8	35	0	0	**43**	2	55	26	0	**83**
Major Donors	4	124	0	0	**128**	0	0	0	0	**0**
Grants	18	455	10	0	**483**	14	49	7	0	**70**
Legacies	1,238	740	0	0	**1,978**	149	239	0	0	**388**
	1,408	**1,705**	**16**	**0**	3,129	**292**	**916**	**116**	**0**	1,324

Legacies - In the current year two significant legacies for £1.4m and £400k were received

3 Details of Trading Activities

	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Endowment Funds £000	**Total funds £000**	**2017/18 Total £000**
Café Sales	2	6	0	0	**8**	5
Community Sales	2	34	0	0	**36**	20
	4	**40**	**0**	**0**	**44**	**25**

4 Details of Return on Investments

	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Endowment Funds £000	**Total funds £000**	**2017/18 Total £000**
Dividends	242	0	18	0	**260**	278
Deposit Interest	0	0	0	0	**0**	0
	242	**0**	**18**	**0**	**260**	**278**

5 Details of Fundraising Costs

	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Endowment Funds £000	**Total funds £000**	**2017/18 Total £000**
Salary cost	207	0	0	0	**207**	111
Pension costs	25	0	0	0	**25**	15
Social Security costs	18	0	0	0	**18**	10
Materials	1	0	0	0	**1**	5
Events	27	1	0	0	**28**	16
Volunteers	0	0	0	0	**0**	0
Cafe Costs	0	2	0	0	**2**	4
Investment	12	0	41	0	**53**	43
Other	64	7	0	0	**71**	60
	354	**10**	**41**	**0**	**405**	**264**

6 Details of Charitable Spend

	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Endowment Funds £000	**Total funds £000**	**2017/18 Total £000**
Patients	52	267	1	0	**320**	323
Staff Welfare	281	445	25	0	**751**	620
Research	2	136	0	0	**138**	333
Art	68	11	0	0	**79**	65
Contribution to Capital Assets	68	988	19	0	**1,075**	924
Trust Volunteers	0	3	0	0	**3**	5
	471	**1,850**	**45**	**0**	**2,366**	2,270

7 Details of Other Resources Expended

	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Endowment Funds £000	**Total funds £000**	**2017/18 Total £000**
Investment Costs	2	7	0	0	**9**	0
Bank Charges	1	0	0	0	**1**	1
Support costs	71	0	26	0	**97**	126
Computer Costs	4	3	0	0	**7**	3
External Audit						
Statutory Audit	4	0	0	0	**4**	4
External Advisors	0	0	0	0	**0**	19
Insurance	0	0	0	0	**0**	1
Bad Debt Provison	0	0	0	0	**0**	19
	82	**10**	**26**	**0**	**118**	**173**

7.1 Other Resources Expended by Activity

	2018/19 Investment Costs £000	Bank Charges £000	Staff Costs £000	Computer Costs £000	External Audit £000	External Advisors £000	Insurance £000	Total £000	2017/18 Total £000
Patients	1	0	11	1	0	0	0	**13**	19
Staff Welfare	2	0	27	2	1	0	0	**32**	38
Research	0	0	5	0	0	0	0	**5**	22
Art	0	0	3	0	0	0	0	**3**	3
Contribution to Capital Assets	4	0	38	3	2	0	0	**47**	76
Fundraising	1	0	13	2	1	0	0	**17**	15
Miscellaneous	0	1	0	0	0	0	0	**1**	0
Total	**9**	**1**	**97**	**7**	**4**	**0**	**0**	**118**	173

Note 7.1 is a further breakdown of costs detailed in Note 7.

8 Other Income

	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Endowment Funds £000	**Total funds £000**	**2017/18 Total £000**
Bank Interest	7	0	0	0	**7**	3
Transfers from other Charities	0	3	0	0	**3**	29
	7	**3**	**0**	**0**	**10**	**32**

9 Gain/(Loss) on Investments

	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Endowment Funds £000	**Total funds £000**	**2017/18 Total £000**
Sales of Investments	415	0	111	0	**526**	295
Unrealised Gains	(149)	0	(40)	0	**(189)**	(448)
	266	**0**	**71**	**0**	**337**	**(153)**

10 Debtors

	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Endowment Funds £000	**Total funds £000**	**2017/18 Total £000**
Trade Debtors	2	(1)	0	0	**1**	66
Accrued Income	17	24	75	0	**116**	71
Other Debtors	0	0	0	0	**0**	45
	19	**23**	**75**	**0**	**117**	**182**

11 Cash

	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Endowment Funds £000	**Total funds £000**	**2017/18 Total £000**
RBS	390	599	1,096	0	**2,085**	482
Smith & Williamson	3	5	9	0	**18**	17
	393	**604**	**1,106**	**0**	**2,103**	**499**

12 Creditors (Amounts falling due within one year)

	Unrestricted funds £000	Designated funds £000	Restricted funds £000	Endowment Funds £000	**Total funds £000**	**2017/18 Total £000**
Trade creditors	5	767	24	0	**796**	262
Amounts owed to group and associated undertakings	27	106	(19)	0	**114**	69
	32	**873**	**5**	**0**	**910**	**331**

13 Reconciliation of Net Income/(Expenditure)

	2018/19 £000	**2017/18 £000**
Net Income/(Expenditure) for the reporting period	890	(1,201)
Adjustments for :		
Depreciation	0	0
(Gains)/Losses on investments	(336)	153
Dividends	(260)	(278)
Loss/(profit) on the sale of fixed assets	0	0
(Increase)/Decrease in Stocks	0	1
(Increase)/Decrease in Debtors	65	(27)
Increase/(Decrease) in Creditors	431	331
Net cash provided by (Used in) Operating activities	**790**	**(1,021)**

14 Investment

	31st March 2019	31st March 2018
	£000	£000
Opening Balance (1st April)	9,306	10,516
Less Disposals	(1,527)	(2,541)
Add Acquisitions	973	1,484
Net Gain on revaluation	336	(153)
Closing Market Value	**9,088**	**9,306**
Closing Historic Costs @ 31st March	**9,306**	**8,775**

All Investments are held in an investment pool of listed investments managed by Smith and Williamson. Investments are priced using the mid-price for assets quoted on a regulated stock exchange. Where stock is held with Open Ended Investment Companies, investments are valued using the published price by the fund administrator

15 Contingencies

As at 31 March 2019 there are no contingent assets (31 March 2018: Nil)

There are number of additional incomplete legacies that are currently ongoing but it is not possible at this time to reliably estimate their value to the Charity.

16 Post balance sheet events

There are no post balance sheet events relating to the financial year ended 31st March 2019

17 Trustees representatives' expenses reimbursed

No representative of the Trustee received reimbursements in respect of expenses from the Charity (2018: Nil)

18 Trustee Remuneration

No representative of the Trustee received any remuneration paid or payable from the Charity.

19 Related party transactions

During 18/19 there were no related party transactions with the Directors of the Trust Board of North Bristol NHS Trust (2018: Nil)

The Charity has made revenue and capital payments to North Bristol NHS Trust where the representatives, as listed earlier, of the Trustee are also members of the Trust.

Funds owed to North Bristol Trust at the year end are disclosed in note 12.

Details of the remuneration of Trustees from North Bristol NHS Trust are included in the accounts of North Bristol NHS Trust.

20 Details of Transactions with Trustees or Related Persons

The Charity has made revenue and capital payments to North Bristol NHS Trust during the year where the representatives of the Trustee are also members of the Trust Board. During the the year members of the Trust Board have received no remuneration and there has been no transactions between them individually and the Charity (2018: Nil). North Bristol NHS Trust remuneration to the trustees is disclosed in the North Bristol NHS Trust accounts.

21 Major Funds (>£50,000 at year end)

		Transfers in	Income	Expenditure	YE Unrestricted	YE Restricted
Legacy General		£ -	£ 490,943	£ -	£ 1,879,863	£ -
General Fund		£ -	£ 1,359,484	-£ 213,303	£ 657,248	£ 224,250
Dialysis		£ -	£ 9,409	-£ 23,234	£ 345,495	£ 420
Research Fund (Springboard)		£ -	£ 132,572	-£ 4,289	£ 282,192	£ -
Functional Neurosurgery		£ -	£ -	-£ 25,342	£ 278,669	£ -
Urology Robot Appeal Fund		£ -	£ 458,569	£ -	£ 260,487	£ 18,351
BRAMS		£ -	£ -	£ -	£ 258,307	£ -
ICU		£ -	£ 66,323	-£ 43,644	£ 230,255	£ -
Brain Tumor Bank and Research - PhD Designa		£ -	£ -	-£ 69,006	£ 226,254	£ -
General Fund - Helipad Monies		£ -	£ -	£ -	£ 224,250	£ -
Ms Clinical Research		£ -	£ -	£ -	£ 196,865	£ -
NICU		£ -	£ 54,590	-£ 158,390	£ 195,990	£ -
Medicine Cardiology		£ -	£ 20	-£ 1,827	£ 183,886	£ -
Stroke and TIA		£ -	£ 6,228	-£ 42,690	£ 183,819	£ -
Bacteriology Research		£ -	£ -	£ -	£ 166,896	£ -
PAT Fund Adult Speech And Language Therap		£ -	£ 621	-£ 1,656	£ 158,830	£ -
2090 Restricted Reserve		£ -	£ 23,746	-£ 3,701	£ 151,473	£ -
Vascular		£ -	£ 3,523	-£ 10,084	£ 140,822	£ -
Neurology and MSK		£ -	£ 57,498	-£ 15,630	£ 140,222	£ -
Renal Directorate		£ -	£ 47,583	-£ 16,861	£ 132,365	£ -
Radiology Scanning		£ -	£ 221	£ -	£ 125,497	£ -
BUI Urology Gate 36		£ -	£ 2,818	-£ 1,164	£ 124,765	£ -
Cossham General Amenities		£ -	£ -	-£ 13,845	£ 116,928	£ -
BUI Oncology Urology Gate 36		£ -	£ 1,210	-£ 6,915	£ 115,395	£ -
Breast Care Centre		£ -	£ 2,724	-£ 1,600	£ 108,130	£ -
BUI Functional Urology		£ -	£ 32,024	-£ 51,489	£ 103,656	£ -
IPTV		£ -	£ -	£ -	£ 98,907	£ -
BUI Biomed Research & Education		£ -	£ -	-£ 12,378	£ 98,707	£ -
MRI Scanners Gate 18 & 20		£ -	£ -	-£ 106	£ 98,111	£ -
General Fund - New Intranet		£ -	£ -	£ -	£ 89,183	£ -
Maternity		£ -	£ 11,154	-£ 5,481	£ 86,119	£ -
The NBT Wellbeing Centre Fund		£ -	£ 38,450	-£ 3,866	£ 84,357	£ -
Medical Postgraduate Centre		£ -	£ -	£ -	£ 77,743	£ -
Volunteers		£ -	£ 1,998	-£ 6,784	£ 69,723	£ -
Pounsford Research & Travel		£ -	£ -	-£ 11,124	£ 69,118	£ -
General Fund Holding		£ -	£ 78	£ -	£ 64,129	£ -
Microbiology Academic Fur Other Funds		£ -	£ -	£ -	£ 58,392	£ -
Lung Cancer Fund		£ -	£ 4,347	-£ 3,578	£ 57,132	£ -
Dreams and Wishes	Total	£ -	£ 48	£ -	£ 54,141	£ -
Gate 27		£ -	£ 1,042	-£ 1,685	£ 53,738	£ -
			£ 2,807,223	**-£ 749,673**	**£ 8,048,060**	**£ 243,021**
	Other Funds		£ 929,029	-£ 557,654	£ 1,330,603	£ 745,894
	Total		**£ 3,736,251**	**-£ 1,307,327**	**£ 9,378,663**	**£ 988,915**

* BUI funds are those held in respect of the Bristol Urological Institute

The majority of the funds above are held for the specific benefit of the patients and staff of the listed part of the North Bristol NHS Trust.

The Southmead General Fund is held for the benefit of the patients and staff of North Bristol NHS Trust

The Research Fund is held to provide research into health issues affecting the patients of North Bristol NHS Trust and specific research funds are held for research into specific health issues affecting patients of North Bristol NHS Trust.
During the year a program of consolidation of funds was undertaken. This resulted in funds holding both restricted and unrestricted funds. All funds from the prior year were transferred into new funds so the Brought Forward balances are recorded as Transfers in for the 16/17 financial year

North Bristol NHS Trust

Report To:	Trust Board		**Agenda Item:**	20
Date of Meeting:	30 May 2019			
Report Title:	North Bristol NHS Trust Annual Report 2018/19			
Report Author & Job Title	Xavier Bell, Director of Corporate Governance & Trust Secretary			
Executive/Non-executive Sponsor (presenting)	Xavier Bell, Director of Corporate Governance & Trust Secretary			
Purpose:	**Approval/Decision**	**Review**	**To Receive for Assurance**	**To Receive for Information**
	X			
Recommendation:	That Trust Board ratify the Annual Report.			
Report History:	The Annual Report was approved by Audit Committee on 23 May 2019, has been signed and submitted to regulators on 29 May 2019.			
Next Steps:	The report will be presented formally at the Trust's Annual General Meeting on 25 July 2019.			

Executive Summary	
All NHS Trusts are required to prepare an annual report and annual accounts, in line with guidance release by the Department of Health & Social Care and NHS Improvement. The report must comprise of: • A Performance Report which must include: - An overview; - A performance analysis; and • An Accountability Report, which must include: - An Annual Governance Statement; - A Remuneration and Staff Report; and • The Financial Statements (being approved separately by Audit Committee). The report was reviewed by Trust Board in draft at its April meeting, and was approved by Audit Committee and the Chair and Chief Executive prior to submission on 29 May 2019.	
Strategic Theme/Corporate Objective Links	The report includes reference to all of the Strategic Themes in its performance analysis section.

Board Assurance Framework/Trust Risk Register Links	The Annual Governance Statement includes a substantial section on how the Trust manages and oversees risk, and outlines key strategic and operational risks that were managed and mitigated in 2018/19.
Other Standard Reference	Department of Health Group Accounting Manual 2018/19 NHSI Annual Governance Statement Guidance 2018/19
Financial implications	**Total cost:** £0 **Is this capital and/or revenue?** N/A **Is this in the budget (revenue and/or capital) If not, how will it be funded?** N/A
Other Resource Implications	N/A
Legal Implications including Equality, Diversity and Inclusion Assessment	NHS Trusts have a statutory requirement to produce and annual report and accounts following the end of the financial year.

Appendices:	None

North Bristol NHS Trust

Annual Report and Accounts

2018/19

Annual Report 2018/19

Contents

Performance Report

Overview

The purpose of the overview is to give the reader a short summary of the organisation and its purpose, the key risks to achievement of its objectives and how it has performed during the year. It contains sufficient detail that there should be no need to look further into the rest of the report and accounts unless the reader is interested in further specific detail.

Chief Executive's Statement

It was a year of celebration in the NHS as we marked its 70th birthday. At North Bristol NHS Trust (NBT) we heard from staff past and present and members of the public about how the NHS has changed their lives.

Across the board the Trust has made considerable progress on a number of fronts during 2018/19. We have stabilised our financial position and are gradually reducing our over-spend and I am pleased that so many staff have contributed to making sure we spend our resources wisely and get value from every pound spent. Four years into the new hospital and we have developed new services, including hospital at home, same day emergency surgical care, and ways of making our state of the art hospital really work for the increasing numbers of patients, with broad ranging conditions choosing to come to North Bristol.

Our surgical teams are able to provide more operations on a day case basis, and for those suitable for a short stay we are providing 23 hour post-operative care in our single medirooms enabling patients to be cared for overnight and go home the next day.

During the winter of 2018/19 we increased the hours of service for our medical ambulatory emergency care service – patients can be assessed and treated within a few hours, which saves an unnecessary inpatient admission. This has been so successful that we have continued extended hours into the new financial year.

<u>Listening and improving</u>

Our staff are our biggest asset and it is important we listen to those on the frontline to understand how we can support them and they in turn provide better care for our patients.

We held an extensive staff feedback exercise following the challenging 2017/18 winter. Staff told us that they expect it will be busy but they would welcome early notice of winter ward changes, good staffing ratios, support for taking breaks and appreciate managers and leaders being visible at times of pressure.

By listening to these suggestions our winter plan for 2018/19 was agreed early (June rather than November) and our ability to deliver high quality care whilst ensuring staff felt supported gave us our best winter experience so far.

We know staff have the answer to many of the challenges we face, we were delighted to fully realise their aspirations through our award winning Perform programme.

Perform is a set of practical tools and techniques that enable teams to set their own goals, monitor progress, provide focus on actions, celebrate successes and troubleshoot problems. The approach has been tested elsewhere but at NBT we were keen that Perform should reach as many staff as possible.

We held OneNBT Perform bootcamps throughout the year with over 1,500 members of staff attending to understand tools and techniques of working together. Every ward in the hospital had a dedicated coach for a ten-week period to embed the tools and techniques required to problem solve.

As an improvement programme Perform has helped staff realise their aims of reducing delays in patient stays, improving discharge experience, making sure we have the right bed available for patients when they are admitted and starting the day with empty beds in our emergency area. Despite serving an increasing number of emergency patients this year (up by 10%) staff have been better placed to care for patients with fewer beds occupied every day through better team working and management of inpatient care. Many wards and teams now use the Perform huddle to review the days' activities and priorities.

Staff survey

Every year we get a snapshot view of how staff feel about working at the Trust, including their experience at work, the culture and the care they are able to provide. In 2017 we prioritised support to staff in managing their health and wellbeing, reducing work pressures and creating opportunities for staff to have their say.

Our survey showed definite improvement in staff feeling engaged and valued. We were told Perform, listening events and our award-winning wellbeing programme means our Trust is a better place to work. However, while the 2018 staff survey results show we're making good progress, there is more we want to do including further support in management and leadership development, enabling staff to be engaged in Trust activities and development of their services, and feeling empowered to speak up.

Our health and wellbeing programme includes a confidential employee advice service, fast access physiotherapy, counselling and a wide range of psychological support sessions and classes, support for improving fitness, exercise, and healthy eating, and we put in place a nurse-led urgent care clinic for staff over winter.

Improving access to our services and planning for future growth

In 2018/19 we saw more outpatient and more patients in our emergency department. The increase in demand for our services is driven by a combination of factors; new

housing and increase in population, busy primary care, increased awareness of the importance of health screening and new programmes, the range of specialties at North Bristol which are not available elsewhere and an aging population who we are much better placed to treat than ever before with minimally invasive surgery, better treatments and personalised medicine.

With this demand on our hospitals increasing every year it is a challenge to treat everyone as quickly as we would like. Our four hour accident and emergency waiting time standard improved from 2017/18 but at 79.78% was below our aim of 84%. However, set against the national picture this placed NBT close to the national average of 81.58%, particularly when looking at patients requiring more serious urgent care, described as type 1 care.

At North Bristol we are also seeing an increasing number of patients requiring cancer care and have planned ahead to increase our diagnostic capacity and recruit more Consultants to ensure we can treat patients within 31 and 62 days during 2019/20. The Trust pioneered a new prostate cancer pathway which sees patients assessed via MRI reducing outpatient visits and more invasive diagnostic tests. Our living with and beyond cancer service was praised by MacMillan as one of the best in any hospital in the country.

As we move into our fifth year since we moved into the Brunel building, there is so much going on that makes NBT a great place for patients, volunteers and staff alike. We have improved our training facilities with the introduction of a state-of-the-art simulation room, we opened 112 new research studies meaning more patients have access to clinical trials, we were praised for our completion of trials to time and standard, winning an increasing share of NHS research funding for 2019/20. We are also one of eight national genomic hubs in the country underpinned by exceptional diagnostic expertise, putting us at the forefront of modern medicine. We continue to lead the way in sustainability and Southmead Hospital Charity and our volunteers have excelled in making NBT the heart-warming, welcoming place it is today.

I hope you enjoy reading this annual report. We know we don't always get things right, but we want to listen, and improve all the time. What these stories tell us is the story of the people who make up NBT and their commitment to excellence in all they do. As ever we know we must always live up to the trust that patients put in us. It is a privilege to serve our patients and we look forward to working with them and for them in 2019.

Andrea Young
Chief Executive
Date:

Trust Purpose and Activities

NBT is a centre of excellence for health care in the South West in a number of fields as well as one of the largest hospital trusts in the UK with an annual turnover of £605.8 million. Of this, approximately £462 million comes from commissioning through Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) and specialist services through NHS England for direct patient care. Further income is also received from other NHS commissioner organisations and for purposes other than direct patient care.

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

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

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

These values underpin the way we deliver the vision through our strategic themes, which focus on:

- Changing how we deliver services to better meet the demands of the future;
- Treating patients as partners in their care;
- Being one of the safest Trusts in the UK;
- Creating an exceptional workforce for the future;
- Devolving decision making and empowering front-line staff;
- Maximising the use of technology;
- Enhancing patient care through research; and
- Playing our part in delivering a successful health and care system;

Our Trust Board is committed to creating a strong, vibrant organisation that is at the forefront of healthcare delivery in the West of England. The Trust's Executive and senior management are responsible for delivering the strategic vision. Each year, the Trust and Divisional business plans detail actions that specify how the strategic themes will be progressed. Implementation of these plans is overseen by the Trust's management team and the Board.

Overview – the last 12 months

Flow, Perform & Winter Planning

In 2017/18 the Trust faced significant challenge to patient flow through the hospital, particularly during winter.

To help improve patient experience, performance, staff workload and staff resources in 2018/19, we partnered with Price Waterhouse Cooper (PWC) to roll out a large scale staff investment program called Perform, aimed initially at improving patient flow through the hospital. The Perform program provided a coach to each ward to support and develop teams to use tools and techniques to set their own vision and improvement journey. Teams felt engaged and empowered which helped the effective use of resources and workloads. A key part of the program is recognising successes and celebrating those which have improved morale.

The 2018/19 Winter Plan was informed by lessons learnt in 2017/18, and developed with extensive staff engagement. The plan was developed and enacted much earlier than in the previous year and ensured that more wards were allocated appropriately to the Medicine Division to use for non-elective patients from the beginning of November, meaning that patients could be treated in a much more efficient manner, rather than becoming outliers on surgical or elective care wards.

The Trust developed a range of Standard Operating Procedures (SOPs) for the use of escalation areas when facing particular pressures and also developed and tested a Surge Protocol in the autumn to assist the decompression of the Emergency Department (ED).

In October, the Virtual Integrated Care Bureau (ICB) and Single Referral Form (SRF) process was launched, which together with assistance from partners, contributed to an overall reduction in patient length of stay at the hospital.

The introduction of ‘Diamond Escalation’ three times per week that focuses on the reduction of stranded patients has been very effective, particularly in the lead up to Christmas 2018, where there was a significant reduction in bed occupancy.

A very successful flu campaign was run during the winter of 2018/19 with the highest ever reported number of both frontline staff being vaccinated (87.9%).

A stocktake of staff was undertaken and additional staff deployed, including pharmacy and therapy staff, across the weekends around Christmas and New Year. This was to ensure there was sufficient capacity to meet the anticipated peak in demand and continue to efficiently discharge patients to maintain flow.

As a result of effective early planning, which engaged staff and partners, the Trust was able to ensure patient flow across the hospital was maintained, and that negative impacts to patient experience were minimised, even when faced with high levels of activity in ED.

Feedback on the Winter Plan in 2018/19 to-date has been extremely positive with comments mostly relating to:

- A managed process of pre-emptive transfer, which ensured there were not additional patients in four bedded bays as a consistent feature;
- Our ability to remain within our core bed base due to the positive impact of Divisional length of stay reduction schemes, including the Perform methodology;
- We had a plan and we have stuck to it and have been consistent in our messaging, and ensured awareness of the plan across the Trust;
- Staff have been able to take breaks and there has been an improvement in staff health and wellbeing in comparison with winter 2017/18;
- The positive impact of the medical outlier team working to actively manage the outlying process. This has been reviewed by our Internal Auditors and has been acknowledged as a robust process.

The Trust continues to fail to meet the national four hour standard in the Emergency Department and has agreed an improvement trajectory and improvement plan with regulators. This element of the Trust's performance remains a focus for the Board, and the successful Perform methodology will continue to be sustained and embedded.

Sustainability and Transformation Partnership – Healthier Together

As a member of Healthier Together system, the Trust is committed to addressing our common challenges of sustainability, workforce and the care of patients with urgent care needs. In 2018/19 we have worked with system partners to deliver more integrated services and developed plans for better infrastructure and better digital alignment. As a system, we aim to become an Integrated Care System in 2020, and have commenced this work by developing a single system plan for 2019/20.

Our directors and senior managers are closely involved in the work of the Sustainability and Transformation Partnership (STP) across a variety of areas, including strategic communications, service development (including pathology, stroke, and local maternity services), the STP digital board, workforce development, the clinical oversight group and system leadership groups. As a Trust we recognise the challenges across the system, but will continue to achieve greater progress through collaborative working with our partners.

Private Finance Initiative

The collapse of Carillion in January 2018 halted all of the Trust's outstanding redevelopment construction works and could have affected the servicing and operation of the Brunel building (PFI Hospital) and its associated estate. However The Hospital Company, responsible to the Trust for servicing the Brunel facilities, in partnership with the Trust ensured there was no interruption to service and that the

construction recommenced as soon as possible. Bouygues Energy Services are the new, permanent PFI Service Provider. Bath Demolition and Churngold Construction are due to complete the site redevelopment works, commenced in 2010 by Carillion, by the end of summer 2019. There is a positive outlook with this new provider and it is not envisaged there will be any lasting consequences for the Trust from the Carillion collapse.

Awards

This year we celebrated lots of success at NBT. Every quarter we celebrate staff who have gone above and beyond in patient care at our Hero Tea awards and in November we held our biggest ever Exceptional Healthcare Awards, where we had over 14 awards and received record numbers of nominations.

Our commitment to improving staff wellbeing was highlighted when we won 'most improved' against 140 organisations across all sectors at the REBA Employee Wellbeing Awards.

We had a number of individuals who were awarded prestigious honours for their work.

Dr Jason Kendall won the Unsung Hero Award at the Anticoagulation Achievement Awards held at the Houses of Parliament. Jason also received the President's Medal from the Royal College of Emergency Medicine.

Dr Alex Hamilton received the Raine Award from the Renal Association in recognition of his significant contribution to research. Three of our trainee anaesthetists received awards at Association of Anaesthetists of Great Britain and Ireland. Phil Bewley and Ben Greatorex were awarded for their contribution to training and Chris Monk received the Pask Award for his gallantry in rescuing individuals from a gas explosion on a boat in Bristol.

There was British Medical Journal (BMJ) success with the Purple Butterfly Project wining in the Palliative and Hospice Team category and our acute medical unit, emergency department and quality and safety improvement team winning in the patient safety category for their work in applying the National Early Warning Score (NEWS) in managing acutely unwell patients.

Sarah Moreley and Richard Bursey received the best practice award for supporting healthcare student radiographers while the interventional radiology team were awarded Exemplar Status by the patient safety and quality committee of the British Society of Interventional Radiology.

Performance Summary

The Trust's overall 2018/19 performance against key constitutional and regulatory standards is set out below. Detailed monthly performance is available in Trust Board papers published on our website.

Standard/Measure	Performance
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway`	The Trust had predicted an overall performance of 87.04% by the end of 2018/19. The Trust's actual performance for 2018/19 was 86.71%. Whilst performance was not at the planned level, the total number of patients waiting over 18 weeks for treatment continued to reduce from the position reported in 2017/18. Performance has tracked reasonably against trajectory with a maximum variance of 1.48%. Areas of underperformance largely relate to Urology, Plastic Surgery and Gynaecology. The Trust has finished the year with 3708 patients waiting greater than 18 weeks for treatment.
ED: maximum waiting time of four hours from arrival to admission/transfer/discharge	The four-hour ED waiting time standard remained challenged in 2018/19 with an actual performance of 79.78% against a trajectory of 84.00%. Whilst performance did not meet the predicted level, it was improved on the 2017/18 full year position of 77.06% and was improved in 7 out of 12 months compared to the same period in the previous year, despite the increase in attendances in every month. The waiting time improvement is largely attributable to better patient flow and reduced bed occupancy in 2018/19. Further improvement of the four-hour ED waiting time standard proved difficult with the Trust receiving 7% more attendances and 6% more emergency admissions when compared with 2017/18. The majority of breaches were due to delays in ED assessment resulting from surges in attendances, increased acuity and workforce issues.
All cancers: 62-day wait for first treatment from urgent GP referral for suspected cancer	Performance against the 62 day cancer standard deteriorated in 2018/19 with the Trust underachieving against its planned trajectory for the majority of the year. The standard achieved the national target of 85% in December, but then continued to report under trajectory. The majority of treatment delays have been the result of capacity

	issues in Urology. It should be acknowledged that where patients started and finished their pathway with the Trust the national standard was delivered in all but two months. There remain ongoing issues with late tertiary referrals impacting on overall Trust performance.
All cancers: 31-day wait from diagnosis to first treatment	The 31-day first treatment target was achieved consistently April – August. Performance fell below standard in September and has not been achieved for the rest of the year, with the exception of November 2018. The decline in performance is attributable to capacity issues within Urology.
Cancer: two-week wait from referral to date first seen for all urgent referrals	The two-week waiting time for urgent cancer referrals was achieved once during the year. Performance has been challenged by workforce issues and patients choosing not to accept the appointments offered or cancelling those booked within the two-week target. The Trust is working towards delivering a joint Remedial Action Plan, which contains actions for both the Trust and Commissioners.
C. Difficile: meeting the C. Difficile target of a maximum of 43 cases	There have been 39 reported cases of C. Difficile infection this year against the target of 42.
MRSA: meeting the objective of none	Nine cases of MRSA bacteraemia were recorded; an increase of five from 2017/18.
Mortality ratios	Overall, the Trust has reported lower than the nationally expected rate of deaths for a hospital of its size and activity.
Delayed transfers of care	The level of delayed transfers of care began the year at 5.08% and gradually reduced to its lowest point at 3.99% in February. March 2019 reported an increase to 5.14%. The national target of 3.5% was not achieved for 2018/19.
Complaints: reducing overdue responses	Monthly numbers of complaints and concerns have ranged between 48 and 84 for the former and 26 and 90 for the latter.

	Overdue responses have remained reasonably stable for most of the year and closed on a position of ten. The majority of complaints are about an aspect of clinical care or a communication issue.
Sickness absence	Sickness absence has stayed above the target for the majority of the year but is improved on 2017/18. Anxiety, stress, depression and other psychiatric illnesses are the main reasons cited for long term sickness whilst cold and flu are the most commonly cited reasons for short term sickness absence, despite the high level of flu vaccination uptake.
Agency usage	Agency expenditure has been consistently above plan for 2018/19 with the majority of above plan spending happening throughout the winter months and the summer peak. Bank expenditure has exceeded plan every month this year, with quarter 3 onwards being in excess of double the planned spend.
Cancelled Operations	The national requirement is to maintain the number of cancelled on the day operations at below 0.8 percent of daily operations. The Trust has had varied performance throughout the year ranging between 0.76 and 1.67 percent on the day cancellations. The Trust met the 0.8 percent target once in year but has reported significantly less variation and an improved position on 2017/18.
Bed Occupancy	The flow of patients through hospitals is recognised nationally to be affected when bed occupancy rises above 85%. The Trust has reported monthly occupancy positions in 2018/19 varying from 91% in June 2018 and December 2018 to a maximum of 98% in April 2018 and February 2019. This was against the Trust's ambition of not exceeding 95% bed occupancy in any period. This demonstrates a significant improvement from 2017/18, where occupancy exceeded 100% on two occasions. Improved occupancy reduced the need to use escalation capacity

	and numbers of patient outliers, supporting the ethos of right place, first time.

Performance Analysis

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

Other details of quality and performance measures are provided by the BIU and are considered by the Executives at weekly meetings. The Quality and Risk Management, Finance and Performance and Workforce sub-committees and other specialist groups also review their specific appropriate elements from the IPR. These sub-committees provide the Board with assurance that it is receiving correct data and that the right processes are in place to ensure patient safety and performance standards are not only being maintained, but also improved. The BIU, in conjunction with the Operations Team, also monitors and acts to improve data quality and assurance of reporting throughout the year through comparative measures and audits. During 2018/19, the BIU have been implementing a new data warehouse with a move to reporting via Qlik Sense, which will provide self-service access to a range of core performance reports. This new way of reporting will continue to be developed into 2019/20.

Executive Directors view information on recent performance on admissions, outpatient attendances, bed occupancy, ED four-hour standard, identification of savings and agency usage. The IPR is formatted to be based around the Care Quality Commission's (CQC) domains of safety, caring, responsiveness, effectiveness, and well-led. Responsiveness covers a number of national access standards for urgent, elective and cancer treatments, length of stay, cancelled operations and ED performance. Safety and effectiveness covers issues such as never events, screening standards, infection control, safety triggers, serious incidents, medicines management and mortality. Measures for caring include friends and family test results, complaints and concerns, whilst well-led includes, staff turnover, sickness absence, agency usage and mandatory training. The IPR also covers the latest financial information and a monthly look at the provider licence compliance statements.

Progress against 2018/19 objectives

Although we have not achieved all of the targets that we set ourselves, we have improved performance against our top three priorities in 2018/19, in the face of rising levels of demand for our services:

- **Advance the safety of care for patients by reducing bed occupancy to below 95%**: Bed occupancy has been significantly improved (lower) compared to last year although it has not consistently been maintained below the target 95% level;

- **Progress the sustainability of our services and achieve our financial control total of a £18.4 million deficit**: We have achieved our financial control total in 2018/19;

- **Improve on retention of staff and support of their wellbeing**: Workforce retention remains a significant challenge with turnover exceeding targeted performance. However the Trust has delivered enhanced well-being support to staff as planned, and this has been well-received by our people.

The Board has received regular reports on performance against the Trust's objectives throughout the year. The table below summarises the achievement for each objective:

Strategic priority: Change how we deliver services to generate affordable capacity to meet the demands of the future	
2018/19 Corporate Objective	Performance
Deliver the financial plan to achieve an improved year end deficit of £18.4m	The control total for 2018/19 was delivered. However, this was achieved as a result of a number of mitigating actions, some of which are non-recurrent in nature. This has not improved our underlying financial position as planned.
Improve the flow of patients through the hospital by ensuring maximum bed occupancy of 95%	The Trust has focussed on improving its key productivity challenges of flow through the Hospital and reducing LoS. Investment in 'Perform' methodology, along with Speciality-led LoS improvement schemes e.g. Enhanced Supported Discharge for Stroke patients, has enabled absorption of c.6% growth in non-elective activity, improving bed occupancy from 99.93% on average across 2017/18 to 95.11% in 2018/19. The Trust also stopped using additional beds in four-bedded bays on core

	wards, leading to a safer and better experience for patients and providing a better working environment for staff.
Improve estate utilisation raising the share of the estate in clinical use from 73% to 78% by March 2019	The Trust has met the revised target of maintaining estate utilisation to above average benchmark levels through focus on efficient use of space for clinical activities and minimising space allocated for non-clinical activities.
Strategic priority: Be one of the safest trusts in the UK	
2018/19 Corporate Objective	Performance
Improve access to emergency care	The four-hour ED waiting time standard remained challenged in 2018/19 with an actual performance of 79.78% against a trajectory of 84.00%. Whilst performance did not meet the predicted level, it was improved on the 2017/18 full year position of 77.06% and was improved in seven out of 12 months compared to the same period in the previous year, despite the increase in attendances in every month. The waiting time improvement is largely attributable to better patient flow and reduced bed occupancy in 2018/19. Further improvement of the four-hour ED waiting time standard proved difficult with the Trust receiving 7% more attendances and 6% more emergency admissions when compared with 2017/18. The majority of breaches were due to delays in ED assessment resulting from surges in attendances, increased acuity and workforce issues.
Maintain delivery of the national cancer standards	The two-week waiting time for urgent cancer referrals was achieved once during the year. Performance has been challenged by workforce issues and patients choosing not to accept the appointments offered or cancelling those booked within target. The Trust is working towards delivering a joint Remedial Action Plan, which contains actions for both the Trust and Commissioners. The 31-day first treatment target was achieved consistently

	April – August. Performance fell below standard in September and has not been achieved for the rest of the year, with the exception of November. The decline in performance is attributable to capacity issues within Urology. Performance against the 62 day cancer standard deteriorated in 2018/19 with the Trust underachieving against trajectory for the majority of the year. The standard achieved the national target of 85% in December, but continued to report under trajectory. The majority of treatment delays have been the result of capacity issues in Urology. It should be acknowledged that where patients started and finished their pathway with the Trust the national standard was delivered in every month with the exception of two months. There remain ongoing issues with late tertiary referrals impacting on overall Trust performance.
Ensure there are no 52-week breaches	The Trust has significantly reduced the number of 52 week breaches during 2018/19 compared with previous years ending the year with 18 breaches. Ongoing actions are being taken to clear all breaches in 2019/20.
No increases in the overall waiting list for elective care	The size of the overall waiting list is being maintained at a steady state, ending 2018/19 at only 332 patients over trajectory (total wait list size was 27,910).
Safety thermometer compliance	Safety thermometer performance has consistently improved over the second half of the year.
Particular focus on reducing pressure injury and infectious complications from indwelling devices	MRSA blood stream infection (bacteraemia) has not achieved the regulators target of zero tolerance. MSSA blood stream infection (Bacteraemia) has observed an improved position from previous year. The Trust ambition of a zero tolerance for grade 3 & 4 pressure injuries has not been achieved, however we were close to achieving the ambition of a 20% reduction of grade 2 pressure injuries.

Achieve an overall CQC rating of 'Good'	CQC did not carry out a formal assessment in 2018/19; however the majority of actions from the 2017 have been delivered, as reported to Trust Board and sub committees. A small residue of ongoing work has been transferred into the Task Group preparing for the 2019 inspection.
Strategic priority: Treat patients as partners in their care	
2018/19 Corporate Objective	Performance
More patients receiving inpatient care will recommend treatment at NBT to friends and family, increasing from 91% in September 2017 to 93% by March 2019, making progress to our goal of 95% by March 2020	Improvement trajectory achieved consistently through the year.
Increase the score for National Inpatient survey question 'were you engaged as much as you wanted to be in decisions about your discharge' from 6.6 to 6.8 in 2018	Improvement target was achieved, based on the results of the National Inpatient survey, published in June 2018.
Strategic priority: Create and exceptional workforce for the future	
2018/19 Corporate Objective	Performance
Increase the overall engagement score in the staff survey from 3.72 to national average (3.78 in 2017)	The scoring system changed in 2018. Under the new system, NBT staff engagement increased from 6.8 in 2017 to 6.9 in 2018. The national average for 2018 remained at 7.0, the same as 2017. Whilst we did not meet the national average, we made significant progress towards it. Scores improved in 55 of 81 comparable questions between 2017 and 2018.
Improved scores achieved in the staff survey in the health and wellbeing categories, so that exceeding average of all Trusts	Our score increased from 5.6 in 2017 to 5.7 in 2018. National average reduced from 6.0 in 2017 to 5.9 in 2018. We closed the gap with the national average from 0.4 to 0.2. Our increasing score was in contrast to the national trend of decreasing scores. In one of the three questions, "Does your organisation take positive action on health and wellbeing?" we scored 2% better than national average. We won a national REBA award for staff wellbeing (Most Improved) in February 2019.

Improve staff retention - increase retained staff from 84.9% in 2017-18 to 90% in 2018-19	Staff retention increased to 85.4% in 2018-19, however we did not achieve the 90% target. We made progress towards model hospital benchmark retention rate (which was 2.7% higher than NBT at last assessment in Nov 2018). The most challenging areas to improve retention have been nursing and midwifery. A retention steering group has identified and targeted interventions in these areas.
Strategic Priority: Devolve decision making and empower clinical staff to lead	
2018/19 Corporate Objective	Performance
Deliver the Service Line Management development programme for the specialty leads and their triumvirate teams (clinical specialty lead, Matron and assistant general manager)	Programme objectives for 2018/19 have been delivered on time and within budget. The programme has been reviewed and planned activity for 2019/20 agreed. Development continues as part of the Leadership Framework during 2019/20 aimed at front line leaders.
Agree the accountability and decision making framework to maximise devolved decision making	Programme objectives for 2018/19 have been delivered. Continual review of the accountability framework has been built into the programme of development in 2019/20 and is part of the Divisional Performance Reviews.
Strategic priority: Maximise the use of technology so that the right information is available for the key decisions	
2018/19 Corporate Objective	Performance
Deliver Enterprise Network replacement to enable access to reliable and fast network connections across the whole estate	The project is on track and is progressing well. The expectation is that it will meet its delivery date of December 2020.
Finalise plans for Electronic Prescribing & Medicines Administration system and a Patient Observation system for 2019-20 delivery	The outline business case has been approved through the various Trust Committee's and Boards. Application for National Funding has been submitted.
Extend Paper Light to more services to improve clinical access to information	Paper Light has been extended into more clinical areas and a task and finish group has been established to ensure roll out continues successfully.
Deliver a new intranet platform	The intranet project is progressing to plan with supplier appointed and new intranet

	due to be in place by September 2019.
Roll out of Bring Your Own Device to enhance IT support to staff	Staff can access Wi-Fi on their phones & laptops across the site & the initiative has been taken up by over 2,500 employees
Ensure compliance with General Data Protection Regulations and maintain robust cyber security protect for critical services	Trust has robust policies in place to ensure compliance and is on track to deliver on the recommendations of the internal audit report on GDPR compliance. There is a IT plan to ensure robust cyber security arrangements.
Strategic priority: Enhance patient care through research	
2018/19 Corporate Objective	Performance
Increase the number of research projects led by nurses and AHPs	Achievement of 24 projects led by nurses or AHPs, which exceeds significantly the initial target of matching 2017/18 total of 13 projects.
Strategic priority: Play our part in delivering a successful health and care system	
2018/19 Corporate Objective	Performance
Develop with partners high quality and efficient models for urgent care, stroke, orthopaedics, and pathology	In 2018/19 we have worked with our partners to develop designs for our urgent care system and developed an Integrated Care Bureau (to facilitate faster transfers into care services), secured additional community capacity through Rapid React to for urgent care needs and piloted redirection of patients to primary care from A&E. Expansion of stroke thrombectomy services at NBT has been commissioned with a roll out plan in place. A system stroke transformation group has been established to develop proposals for establishing hyper-acute services to recommend proposals during 2019/20 to improve patient outcomes. NBT is leading an exemplar joint procurement with 4 partner Trusts and Public Health England for a Pathology Managed Service Contract valued at £300m (whole lifetime costs). NBT successfully bid for regional contracts to provide a genomic laboratory hub and primary HPV laboratory

	service for the cervical screening programme. NBT has transferred Cellular Pathology services from Weston Area Health Trust which completes a full consolidation programme across BNSSG. We have also developed proposals to provide NBT delivered care models for Breast surgery and Urology services in 2019 at Weston hospital.
Develop the STP refresh with partners to agree system plans to restore financial balance in BNSSG	We have worked with our partners to develop a system plan for 2019/20, focussing on addressing our 3 system challenges – urgent care, workforce and finance. There remain significant challenges going in to 2019/20, including a substantial financial gap from the total system control total. We are continuing to work with partners to develop a financial recovery plan alongside our longer term plans which we will be finalising in autumn 2019.

2018/19 Financial Performance

Overall Financial Position

The Trust has achieved a performance adjusted deficit for 2018/19 of £11.2m (1.8% of turnover), compared with a planned deficit of £18.4m (3.1% of turnover). This position includes £23.2m of Provider Sustainability Funding (PSF). NHS Improvement (NHSI) measure delivery of the control total pre-PSF, with the Trust reporting a deficit of £34.4m pre-PSF compared with a plan of £34.6m; which is an £0.2m favourable position.

	Plan £m	Actual £m	Variance £m
Surplus / (Deficit) excluding PSF - NHSI Control total under PSF rules	(34.6)	(34.4)	0.2
PSF	16.2	23.2	7.0
Surplus / (Deficit) - for NHS Accountability	**(18.4)**	**(11.2)**	**7.2**

Within this position income is £14.2m above plan with Trust Turnover having increased to £606m (from £571m in 2017-18). This includes significant over-

performance on non-elective activity with the Trust having experienced continuing increases in emergency activity. Pay and non-pay expenditure are £11.2m and £2.8m above plan respectively which partly reflects the under-delivery of efficiency savings but also increased usage of temporary staff and investment in additional resource to manage the increased demand.

The position has benefitted from a number of non-recurrent measures which have resulted in the underlying deficit remaining static at £48.8m (excluding PSF) going into 2019/20. The underlying deficit reflects the complexity of the Trust's financial position and the impact of the mix of services within the PFI hospital. The financial sustainability of the PFI was predicated on improvements to upper quartile performance in operational performance around patient flow, length of stay and productivity which have been partly hampered by increased demand for non-elective services above expected rates.

A financial sustainability plan is being produced alongside a refresh of the Trust's strategy which will focus on transforming services and making best use of the highly specialised infrastructure offered by the PFI. This will include focus on working with system partners to ensure that patients are treated in the most appropriate and cost effective setting.

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 PFI hospital. The deficit was supported by interest bearing loans from the Department of Health.

Financial duties and financial health

The Trust has three key financial duties:

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

The table below sets out the Trust's performance against these targets in 2018/19 and in the previous four years of the Trust.

	2014-15 £m	2015-16 £m	2016-17 £m	2017-18 £m	2018-19 £m
Break-even in year position	(19.7)	(51.6)	(42.9)	(12.1)	(7.4)
Break-even cumulative position	(15.6)	(67.2)	(110.1)	(122.2)	(129.6)
External financing limit	Achieved	Achieved	Achieved	Achieved	Achieved
Capital resource limit	Achieved	Achieved	Achieved	Achieved	Achieved

The break-even performance excludes impairments and accounting for donated assets as well as a technical adjustment for the 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 NHSI of £11.2m.

Trust results	£m
Retained deficit for the year	(6,374.6)
Add back:	
Impairments	(4,478.0)
Donated assets	(371.0)
Performance adjusted deficit	**(11,223.6)**

Notes:

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

The deficit of £11.2m is after delivering £26.3m of savings in-year. Capital expenditure for the year was £19m and was funded primarily from internally generated resources. Major areas of expenditure included £9.6m in IT investment, £4.2m on medical equipment and £1.4m on estates and infrastructure.

Forward look to 2019/20

The Trust's financial forecast for 2019/20 shows a deficit of £5.4m, which requires savings of £25m. Of the £25m savings, £23.4m has been identified to date although £18.4m only is recurrent.

The forecast deficit in 2019/20 means that the Trust has a significant cash shortfall in 2019/20 and cash support from the Department of Health is essential. The Trust has received funding in April and it is anticipated that funding will continue to be made available throughout the year to meet ongoing operational liabilities.

Listening to and working with our patients

Friends and Family Test

The Friends and Family Test (FFT) is an important feedback tool that supports people using our services at NBTand any other NHS services, to give us real-time feedback of their experiences. It asks people if they would recommend the service they have used to their family and friends, should they ever need to use it too. It also gives people an opportunity to explain why they have given their response. The commentary given is critical in helping us to make improvements to the care we provide and to honour what we are doing well. All patients, whether they are attending an outpatient appointment, have an inpatient stay on our wards, attend the ED or use our Maternity Services, have an opportunity to give us feedback about their care. We collect this data mainly through texting or interactive voice messaging. We do also use FFT survey cards in areas where this better suits the patient group. The survey is completely anonymous and provides patients with choice to opt out of taking part in the survey.

Response rates are set by the Department of Health and we report against these on monthly basis. The tables below show the year end position in relation to response rate at NBT performance against required targets and previous year's performance.

Response Rate

In 2018/19 there has been a slight decrease in the annual average response rate for inpatients, but an overall increase from day-case patients. There has also been an improvement in response rates from patients in the ED, Out-Patient Services and Maternity Services.

The percentage of patients who would recommend the service they experience to family and friends has increased across all areas in 2018/19. Further detail can be located in the Trust's Quality Accounts.

Complaints Concerns and Compliments

This year the overall the number of formal complaints in 2018/19 was 723; a significant increase from 592 in 2017/18.

The number of overdue complaints has varied considerably month on month. The number of overdue responses has varied between 10 and 41. There have been concerted efforts made to decrease the number of overdue complaints by the Divisions, and this is a key area of focus for 2019/20

During Quarter 4 we agreed a target of 85% of complaints responded to within the agreed time frame (agreed with Commissioners as part of the quality contract). This performance indicator gives a more reliable picture of performance. The average monthly completion rates have varied between 53% and 76% (March 2019). Recovery plans are being developed with Divisions to improve set trajectories to

meet the required targets.

There is regulatory requirement for all NHS Complaints, to acknowledge them within three working days. This has been only been missed on one occasion by the Advice and Complaints Team (ACT).

Activity levels 2018/19

Type	2016/17	2017/18	2018/19	Commentary
Compliments	9,065	9,440	7704	The data reflects just a proportion of the significant number of compliments received across the Trust.
Complaints	654	592	723	The number of complaints has increased by 18% from 2017/18. The Patient Advice and Liaison Service (PALS) which commenced in February 2019 is enabling enquires, concerns complaints to be addressed more quickly and to the satisfaction of the 'customer.' The full impact will be seen over the coming year.
Concerns	1,394	800	744	
Enquiries	7,059	8,878	5729	
Response Time (within timescale)	77%	67%	59%	A programme of improvement work is expected to deliver significant progress in the timeliness of our response to those who have raised a complaint.

The table below provides an overview of the themes of the types of issues raised in complaints in 2018/19. This is of course subjective and is dependent on the view of the person entering the information. Further work will be undertaken with staff to increase alignment and conformity.

Themes of subject matters arising from complaints 2018/19		
Subject	**Number of times recorded**	**% of total**
All aspects of care and treatment	340	35%
Communication	242	24%
Attitude of staff	106	11%
Admission/ Discharge/ Transfer	78	11%
Delay/ cancellation of OP episode	78	8%
Other	131	14%

Additional information on our complaints and compliments can be found in our Quality Accounts.

NHS Choices Website Feedback

Our current rating from feedback to NHS Choices is 4.5 out of 5. All postings are responded to and people are encouraged to contact NBT through ACT or PALS going forward, to address poor experience. All are shared with the applicable wards, department or team. Many postings are very complimentary.

PALS

A PALS was reintroduced as a service for patients in February 2019, initially as a pilot. This has been already proved successful, resulting in a speedy resolution of patients concerns before they escalate. The top themes have included cancelled appointments/surgery, clinical care, discharge, lost property and communication. Feedback from patients and staff has been very positive and we are starting to roll out training on early resolution to all areas. All concerns are acknowledged within one working day with 82% being resolved within three working days and requiring no further action. This proactive response is starting to show a decrease in the number of formal complaints where some patients feel confident that their issue has been resolved fully without the need for them to proceed formally. A permanent PALS will be put in place during 2019.

Learning from Complaints

The learning from complaints includes the following:

- Improving the content of outpatient letters (feeding into the Outpatient Service Improvement Programme);
- Developing a consistent means of sharing specific information that is crucial to a patient's wellbeing;
- Enhancing employees understanding and knowledge of the adjustments in communication required for people with Learning Disabilities and or Autism in ED (this is being taken forward across the Trust);
- Setting up an appropriate space in ED for patients that need a quiet, less stimulating environment;
- Reinforcing the message to staff of the importance of explaining to patients the process and purpose of any examination, care or treatment and gaining their agreement. This has been emphasised with a revised Consent Policy; and
- Ward 27b improved information in the ward leaflet by adding more information on individualised care needs and discharge.

Patient Surveys

The Trust participated in the national patient survey programme in 2018, and received the results from a number of 2017 and 2018/19 surveys, which showed areas of good practice, as well as areas where additional improvement is required.

National Cancer Survey 2017:

Two areas scored significantly higher in 2017 than in 2016, where patients reported that staff explained how the operation had gone in an understandable way, and Patients were told about side effects that could affect them in the future. Other areas where the Trust scored higher than the national average included:

- Giving information about support groups;
- Doctors and nurses not talking in front of patients as if they were not there; and
- Privacy when discussing condition or treatment.

National Maternity Survey 2018:

This survey seeks a mother's view across the care pathway of antenatal care to care after delivery into the community, and is now undertaken annually. There was significant improvement in the reported experience of mothers from the previous year with and increased response rate of 45% from 40%.

The most improved aspects since the last survey were:

- Patients offered a choice of where to have baby;
- Given enough information about where to have baby;
- Had a telephone number for midwives;
- Had skin to skin contact with baby shortly after birth;
- Not left alone when worried.

Following the 2017 survey the Trust focused on a number of key actions, and was able to improve in the following areas:

- Patients being treated with kindness and respect;
- Information provided to mothers about their recovery after birth; and
- Patients being provided with consistent advice on feeding.

The key focus for improvement from the 2018 survey will be improving:

- Access to feeding advice out of hours;
- Involvement of partners in care during labour and birth;
- Embedding practice and behaviour changes that have secured improvement especially in relation to treating mothers with dignity and respect.

National In-patient Survey 2018/19:

The National Inpatient Survey is undertaken annually with the cohort of patients taken from those attending the Trust during July. This year our response rate increased again from 48% to 49% (591 respondents).

The results showed that we have improved in the following areas:

- Discharge: staff discussed the need for additional equipment or home

adaptations;
- Discharge: delayed by no longer than an hour;
- Discharge: told of side effects of medications;
- Waiting times to get a bed on the ward;
- Hospital: got enough help from staff to eat meals.

A new question was added to this year's survey relating to discharge, asking if the expected care and support were available when needed; 89% of respondents reported a positive experience.

Following review of the data, the focus for improvement is:

- Care: reduce incidents of staff contradicting each other;
- Hospital: staff explaining reasons for changing wards at night
- Discharge; and
- Overall: Making explicit the opportunity to give feedback on the quality of care and how to make a complaint.

Service User Engagement

Wherever possible, our services engage with patients and their families and carers to improve our service offering and the information we provide to service users. As an example, the Rheumatology Service has created a patient representatives group which meets every two months, and has been instrumental in improving the service by providing feedback directly to front-line staff, reviewing patient information leaflets and providing input into service redesign.

In partnership with Healthwatch we also held the first Breast Health Awareness Day specifically for black and minority ethnic (BME) women in the St Paul's areas of Bristol. Healthcare staff from NBT were in attendance to speak to women about looking for symptoms and accessing support.

We hold a number of patient and support groups for service users in a variety of fields including stroke, movement disorders and our alcohol team who offer group sessions.

Our Patient Partnership Group meets regularly and acts as a reference group for service reviews and improvements, and raises matters with services across the Trust based on patient feedback. The views of this group have been taken into account on numerous projects in the past year, including:

- A review of the contents of service specific leaflets;
- Changing the content of outpatient letters; and
- Policy review (such as policies on Privacy and Dignity, Chaperoning, Duty of Candour).

We have also worked with carers and the feedback they provide through forums

such as the Carers' Advisory Partnership to:

- Redefined the criteria for access to the NBT Carers Support Scheme;
- Publicising the NBT Carers Support Scheme more widely internally and externally;
- Purchased more foldaway beds for carers to stay overnight; and
- Working to proactively engage carers in care and decision making with the patient as much as they wish to be.

The Trust Board hears directly from service users at its bi-monthly public board meeting. These "patient stories" have influenced:

- Increasing staff awareness of the need of those who are severely sight impaired / blind in relation to being shown and guided in a new environment especially moving wards or location on a ward the help and support needed in eating and drinking;
- Improvement in the discharge lounge environment increasing patient privacy;
- Improving communication in the discharge process;
- Improving communication for staff in relation to those patients on the Enhanced Recovery Programme; and
- Positive feedback to staff on the 'amazing' care given with great compassion and kindness.

Cancer Services Listening Event

In February 2019 NBT and University Hospitals Bristol (UHBristol) held a patient experience event in partnership with Macmillan. People affected by cancer whose care had been provided by one or both of the hospitals were invited to attend the interactive session to share their views, ideas and experiences, and to have their say on how cancer services should be developed and improved. Partners were also welcome. It was very well attended and well received. The participants were asked what works well, what could be improved and for any ideas that could help that improvement. The information was grouped into key themes of pre-diagnosis, information, communication, and treatment and support. Further analysis is being undertaken developing actions for improvement as well as celebrating good practice and experience.

Fundraising, Fresh Arts and Volunteers

North Bristol NHS Trust Charitable Funds (Southmead Hospital Charity)

Southmead Hospital Charity enables patients, their families and other donors to support NBT. Thanks to them we are able to fund innovative and nurturing projects which really improve the care our patients at NBT receive, and projects which help develop our staff.

We make a real impact by funding pioneering research; cutting edge equipment;

improvements to the hospital buildings and spaces; and support for our staff and patients. Every pound donated to us stays locally, and everything we fund enriches the healthcare the trust provides.

2018/19

In 2018/19 we received £3.1m through individual donations, community fundraising, corporate support, grants and legacies, and in total we gave £2.4m to NBT.

Our 2018-19 highlights

It has been a busy, exciting and demanding year for the charity. Over the last 12 months the charity has expanded in size to nine members of staff, our fundraising activity has increased, and our income is higher now than ever before.

We opened our very own charity café in the Brain Centre here at NBT; we hosted last summer's NHS70 celebrations at Southmead Hospital; and bought a £60,000 ambulance for NBT to help with patient flow.

Prostate Cancer Care Appeal

The focus for the charity's fundraising for the last year continued to be our Prostate Cancer Care Appeal. In 2017-18 we successfully raised sufficient funds to purchase the first of two surgical robots, and we are now on target to purchase a second robot.

Our appeal has received wide support from community fundraisers, corporate partners, individual donors, and Trusts and Foundations, and we are indebted to everyone.

Other projects which we're particularly proud to have funded last year include:

- A new £80,000 clinical simulation centre – to provide state of the art training for the next generation of healthcare professionals at Southmead Hospital
- brain cancer tumour research - we funded two PHD students to continue this pioneering project
- NICU flat – we fund much-needed accommodation for families who live away from Bristol but who have babies being treated in our Neonatal Intensive Care Unit
- Helpline for staff – as part of our support for the Wellbeing Programme for staff here at NBT, the charity has funded a round-the-clock helpline for staff who need assistance

To find out much more about us, please visit www.southmeadhospitalcharity.org.uk.

Fresh Arts

The arts programme engages patients, visitors and staff in creative arts and performances to help make their time in hospital more welcoming and to boost their

wellbeing.

We want to provide environments that create distraction, interest and comfort. Research has shown that through the arts, hospitals can create a better healing environment – helping patients to get better quicker. This is through both small environmental improvements to brighten the hospital walls as well as arts interventions with patients to support their wellbeing including the following throughout 2018/19:

- Over 11,744 patients, visitors and staff benefited from the music programme at Cossham and Southmead Hospitals this year through 73 hours of music on the wards and 28 hours in waiting areas and circulation spaces;
- The artist's residency at Cossham focussed on '70 Things We Didn't Know About Cossham' with 12 staff and public workshops;
- Southmead's Department of Kindness residency was in place at Gate 5 for 51 days as well as out on tour in the emergency department, Gate 5, Gate 28 and Rosa Burden, offering staff and patients time to practice some self-compassion;
- 2018 saw the launch of Fresh Arts on Referral, supporting 65 cancer, chronic pain and dementia patients to better manage long-term and chronic conditions. 54 hands-on creative sessions and six follow-on weeks saw their wellbeing increase from an average score of 41.62 to 47.2;
- 690 patients were entertained and engaged over 30 weeks of live music and singing on Elgar wards through the Play It Again programme;
- Weekly Dance for Parkinson's sessions helped 275 patients and their carers. The group made three public performances and featured in The Guardian in November 2018 in an article raising awareness of the importance of dance for this patient group;
- Our grand piano in the Brunel atrium attracted a group of 48 talented local pianists with a generous total of 481 hours of their free time donated to play for our patients, staff and visitors;
- Creative Companions is our arts volunteering programme. In 2018-19, it delivered 310 one-to-one creative sessions at the patient bedside with two cohorts of 25 volunteers; in addition nine health care assistants had creative activity training and we became part of the on-going NBT Enhanced Care training programme;
- Our Exhibitions programme is rolled out in four areas of the Brunel building, working with local artists, schools, community groups and NBT staff to provide bright and stimulating healing environments;
- Environmental improvements continue with the installation of fun, distracting and comforting wall vinyls in Elgar House entrance and dining room and in four dementia cubicles in ED.

Volunteers

Our volunteers continue do a great job in enhancing the care of our patients with much appreciation from staff, patients and families alike.

We currently have 150 Movemaker volunteers meeting greeting and supporting people to get to the right place. The number of chaplaincy volunteers has now increased to 150. They are visiting and supporting patients on wards and holding or assisting with Sunday services in the Sanctuary.

There are a 100 volunteers working as befrienders on the wards with over 50 other volunteers supporting services that include Macmillan wellbeing, the Rosa Burden Centre, Memory Café and others.

This year we have increased the number of Pets as Therapy Dogs on the ward (by popular request) as well as musicians not only in the Atrium but on the wards. We have also been able to open the Brain centre café again with the contribution of volunteers. We have also, proactively and with positive effect, increased the number of volunteers from three to 25 in the ED and AMUin order to help support patients who are waiting and anxious. Feedback from patients their families and staff has been excellent.

Our Patient Partners (service users) continue to influence the work of the Trust, being active participants on core committees and working groups. These include the Quality Committee, Medicines Management, Research Committee, Patient Experience Group, Consent, Clinical Audit, Clinical Risk and the Complaints Lay Review Panel. As a group they also seek information from services or about processes where patients are raising concerns, in order to understand how systems and processes work and offer possible improvements from a patient' perspective. For example, delay in discharge due to waiting for to-take-away (TTA) medication. Their contribution has also been sought from practitioners and managers across the Trust on improvement projects or new initiatives.

Next Steps:

We will be:

- Reviewing the roles of volunteers and seeking to understand how we can continue to enhance the care of patients and all those coming to the Trust more widely;
- Developing a volunteer strategy for the next three years. Through this we will explore the development of volunteers to help enhance care at the end of life;
- Recruiting to the Patient Partnership Group to enable to be strong patient and carer voice.

Research and Innovation

This year we have given more patients than ever before the opportunity to take part

in research. We opened 112 new research studies and 5834 new people participated in research, with a further 2461 involved in existing research.

Over the last year we have had huge success, being awarded nine National Institute for Health Research (NIHR) grants for projects designed and led by NBT staff with the help of our patients. This represents a 50% increase in our total awarded grants over the last three years. We have also supported more nurses, midwives and Allied Health Professionals (AHPs) to design and lead research with 16 now actively involved as researchers together with our first clinical nurse academic, appointed to a role at University of the West of England, Bristol.

We are working collaboratively across the West of England with community and secondary care providers to ensure all patients have equal access to research. We have set up a joint research team with Sirona to enable respiratory patients in the community access to greater research opportunities. If this pilot is successful we hope to enable this for other patients.

What will we do next?

Next year we aim to increase staff engagement in research, enabling an increased number of staff to signpost patients to research opportunities and increase research.

During the same period we aim to increase the opportunities offered to patients and the public to participate in research and work with the research community to expand research and ensure what we are delivering is important to our population. We will specifically aim make it easier for patients to get involved with designing research and get feedback to make sure we provide services that patients are happy with.

Our People

Staff Engagement

In this year's national staff survey, staff told us that overall, we are making great progress on our journey of continuous improvement, and together we are making NBT a better place to work. We know we have more work to do, but in areas where we are behind other Trusts, we are closing the gap, and there are many areas where we are performing very well.

3,362 staff had their say via the survey in 2018, and compared to 2017, we improved in 55 out of 81 questions.

Last year there were four key areas that staff asked us to focus on: Staff Health and Wellbeing, Workload and Resources, Management and Leadership Development, and Communications and Engagement. Staff said that we have improved significantly in all these target areas.

In staff health and wellbeing, we expanded our existing programme by introducing:

- a new 24/7 Employee Assistance Programme;

- a health check kiosk; and
- an onsite nurse providing health advice to staff over winter.

We also expanded our successful Physio Direct, Psychological wellbeing and Fresh Arts staff wellbeing programmes; and introduced targeted support for employees who are carers and those who suffer critical illnesses. Our programme is now having a significant positive impact in reducing Musculoskeletal and Stress related staff illness. In February 2019 the success of our programme was recognised when we won the national cross-sector Rewards and Employee Benefit Award for Staff Wellbeing in the "Most Improved" category, and were shortlisted in three other categories.

Staff communications and engagement has improved this year too. Having undertaken a large listening exercise with staff about how we could prepare better for winter challenges in 2018/19, we used the responses to improve our Winter Planning, and shared, checked, and refined it with staff. The result was that we were all prepared for our busiest time of year. We managed pressures much more effectively, recovered from peaks more quickly and our staff were much more engaged and better supported. We have also increased the use of our Happy App which enables staff to log how they are feeling at work and anonymously share anything that is affecting them. Teams own how they respond to the feedback and make the improvements asked for themselves teams are using it for debriefs at the end of shifts to assist their learning. A 'Thank you' week, our annual Exceptional Healthcare Awards, and quarterly NBT Heroes events were used to show gratitude and celebrate success for all the amazing work being done by our teams.

Learning & Education

<u>Apprenticeships</u>

NBT successfully achieved "main provider" status in January 2018 which removed the cap for spending the apprenticeship levy in-house, providing greater flexibility. The Trust maintains 'Employer Provider' status which means we also deliver training to our own apprentices. We exceeded our public sector target of 2.3%, with 3.06% of the workforce engaged in apprenticeships. Since the introduction of the levy in 2017, we have increased the number of apprenticeships delivered in-house and externally and in comparison to 2017/2018, most divisions have increased their apprenticeship numbers. We are not at risk of losing expired funds through the levy which means we are in a strong position to determine apprenticeship numbers through organisational and divisional business planning, rather than being pressured to take on more apprenticeships than divisions can safely support. During 2018/19, NBT have been meeting with the Healthier Together STP apprenticeship group and working together to jointly procure apprenticeship provision, including for leadership and management and nursing associates. We have launched our in-house leadership and management apprenticeships at levels three and five, and have had

a good level of interest. Looking ahead to 2019/20 we will be working with divisions to embed apprenticeships across the organisation and develop a strategy based on divisional needs.

One NBT Leadership programme

Since the arrival of a new head of learning and organisational development in October 2018, we have been consulting with staff to develop a new leadership programme for our leaders. The new approach is based on a diagnostic understanding of our leaders' strengths and areas for development. The programme will be based around the NHS Health Leadership Model and will develop the capability and skills of our leaders, with a particular focus on under-represented staff and managers at bands 5-7, whom our divisions have identified as needing particular investment. We have around 700 people at this level and we will be offering the programme over two years to enable us to manage resources and release time whilst ensuring there is sufficient pace to enable a change of culture.

Service Line Management (SLM)

Development of the SLM programme for senior leaders continued in 2018/19 with a series of master classes for participants. The masterclasses were well attended throughout the year achieving an average attendance of 86%. During the development of the FRP proposals, the Executive team reviewed the capability and capacity of the Directorates to deliver against objectives. This model of assessment was subsequently adopted to measure the success of the learning interventions and support provided to the divisions to achieve their objectives. We formalised changes in accountability with Clinical Directors now reporting into the new Chief Operating Officer, and we implemented an accountability framework to ensure consistent divisional oversight and challenge.

Equality, Diversity & Inclusion

The Trust has taken a fresh look at its programme of work on equality and diversity and strengthened our capacity with the first appointment of a Head of Equality, Diversity and Inclusion.

This year we have played a pivotal role in the city wide launch of the Bristol Equality Charter. This Charter is to mark the commitment of key players across Bristol in working towards achieving race equality across the city, with everyone having the opportunity to succeed and thrive. Drawn up in partnership with public bodies, private companies and the voluntary sector this is unique to Bristol and is already offering valuable collaborations with other signatories. For more information visit https://www.bristol.gov.uk/people-communities/bristol-equality-charter

Through partnership with 11 other organisations across Bristol and its surrounding areas we are taking a look at the 'bigger picture' for equality through a Strategic leaders group. This group has been responsible for setting up the Bristol "Stepping

Up" programme. This group was awarded the 2018 'Transparency Award' at the Global Equality and Diversity Awards for their work in researching and presenting the race diversity statistics of all of the public sector organisations in Bristol. Further information can be found at https://www.bristol.gov.uk/policies-plans-strategies/bristol-race-equality-strategic-leaders-group.

Internally we have worked with disabled staff, trade unions and managers to develop a Reasonable Adjustments Passport. This passport offers staff the opportunity to record locally agreed adjustments with managers so that their adjustments can be supported through their experience across the Trust.

Looking into 2019/2020, our newly appointed Head of Equality, Diversity and Inclusion will be refreshing the Equality and Diversity strategy with clear goals to ensure we deliver on the Board's ambition.

Freedom to Speak Up

Freedom to Speak Up (FTSU) is an arrangement arising from the recommendations in the Francis report (Mid Staffordshire NHS Foundation Trust public enquiry). Trusts are required to have effective arrangements in place to enable staff to speak up with concerns, to protect patients and improve the experience of NHS workers.

FTSU Guardians have been in place at NBT since 2017 and are now well established. Guardians have been identified and recruited across different areas and groups within the Trust (including junior doctors, nursing, support and corporate staff), giving staff an additional route to raise issues and concerns, and enabling the Trust to respond and deal with concerns more effectively.

The number and type of concerns raised in 2018 are broadly in line with national expectations, covering patient safety and quality, staff behaviours and suffering detriment. The Board and its Workforce Committee reviews this information several times a year, alongside other incident and feedback information, to ensure that themes are identified and appropriate action taken. A FTSU vision, strategy and action plan was approved by the Board in November 2018 with progress being monitored by the FTSU Guardian group and the Board.

Health & Safety

What's happened in 2018/19?

The year saw a slight reduction of serious incidents (RIDDORs) which has built on the lowering of incidents seen in the previous year.

The reporting system DATIX, introduced in 2017/18, has become further established and helped facilitate better incident analysis. Amongst other things it has enabled us to produce regular Divisional dashboard reports, ensuring the right information is available to those managing and learning from incidents.

There has been a sustained focus on Fire Safety in 2018/19 with an increase in training for Fire Wardens and a focus on addressing a small number of remaining fire defects. A survey to identify weaknesses and remedial actions regarding fire safety in the older buildings on the Southmead site has also taken place

New Radiation legislation IIR17 came into force in early 2018 which includes more stringent exposure limits, particularly around eye exposure. The Trust's Radiation Protection Advisor has been working with medical teams to monitor exposure and tighten controls to ensure compliance with this legislation and protect our staff and patients.

What have been the issues in 2018/19?

In our 2017/18 annual report we identified an incident where there was a short temporary loss of pressurised airflow to a controlled containment area in the Pathology Laboratory. We are pleased to report that the Health & Safety Executive investigation into this incident has now been closed. There continues to be focus and work to reduce the likelihood of this ever occurring again.

There have been challenges regarding training compliance levels particularly in the area of Manual Handling. This has been partially addressed through the appointment of a trainer in the department to support additional training delivery.

We have reviewed the way we will run health and safety meetings in 2019/20 to maintain and improve engagement with the Clinical Divisions.

There have been delays in the demolition of Sherston, Brecon and the Lime Walk buildings due to asbestos. This has delayed wider changes to improve road safety and in particular the trialling of a new type of crossing on Southmead Way which will start in June 2019.

Violence and aggression continues to remain a high cause of incidents. The Neuro-Muscular Division has commenced a new programme of training staff to manage challenging or difficult behaviour, and it is expected that others will follow this lead and develop tailored approaches which address their needs. This will better equip staff to diffuse conflict and aggression and manage difficult situations.

What are the plans / challenges in 2019/20?

In 2019/20 we will continue to simplify policies and make documents and best practice more accessible and forms easier to use. A significant update to the Managers Responsibilities Training will take place to ensure it is contributing to strengthening our safety culture and equipping our managers to lead.

Other plans for 2019/20:

- We will target significant accident causes through four behavioural campaigns to raise awareness of injury causes and equip staff with the knowledge to

avoid incidents;

- A new joint risk assessors training course is to be developed along with competency based assessment and support for trained staff in the workplace;
- The use of Safer Sharps continues to be an area of focus and a business case for further investment, as incident numbers have remained high. A campaign will launch in this subject area in early 2019/20 to raise awareness of the dangers;
- A big push will take place in 2019/20 to further raise fire safety standards by addressing historic defects and areas of potential improvement. This will include a 'Love your Building' campaign to reduce unintentional damage to fire doors and other fittings, a campaign to reduce false activations of the alarm system and a continued push to increase fire safety training compliance levels.

Sustainability

1. Leadership in Sustainable Development

Sustainable Development Vision

Our aspiration to deliver a healthy, resilient and sustainable healthcare service ready for changing times and climates is delivered through our Sustainable Development Policy and Sustainable Development Management Plan (SDMP). Our policy commits us to minimising our environmental, social and economic impacts whilst delivering health co-benefits to our staff, patients, visitors and the local community. The SDMP is a structured framework which drives forward progress against our sustainable development policy commitments. Progress is reported every six months to Trust Board and published annually. The Trust's SDMP is available to view online here: www.nbt.nhs.uk/sustainablehealthcare

The Director of Estates, Facilities and Capital Planning is the lead for Sustainable Development. He chairs our steering group alongside the new Trust Chair. The group monitors progress against the SDMP objectives and targets. The principle team for supporting the delivery of the objectives and targets is the Sustainable Development Unit.

Collaboration

We are working in collaboration across "Healthier Together", the BNSSG STP to deliver the Climate Change and Sustainability work stream within the regional STP Estates Programme. Collaborative partners include the CCG, local NHS Trusts, local authorities and other partners delivering healthcare services locally.

Assessment

We are assessed annually using the national Sustainable Development Assessment Tool (SDAT). The tool measures progress against ten modules of sustainable development and reports the Trust's results. The Trust has made significant

progress over the last year rising from 39% to 58% overall. The SDAT tool is aligned with the United Nations Sustainable Development Goals which aim to end poverty, protect the planet and bring prosperity to all by 2030.

Carbon reduction target

As part of the NHS Long Term Plan, the NHS is committed to meeting the carbon target in the UK Government Climate Change Act (2008) by reducing carbon emissions (on a 1990 baseline) by 51% by 2025. During 2018/19, the Trust and Bouygues Energy Services completed a high level energy review to identify carbon reduction opportunities to be delivered over the next five years.

Table 1 Carbon Emissions (tCO_2e) 2015-2019

	2015-16	2016-17	2017-18	2018-19
Scope 1 (gas, oil, vehicles, medical gases)	13,820	13,132	13,907	14,217
Scope 2 (electricity)	21,236	20,067	17,515	14,483
Scope 3 (procurement, waste, travel, water)	24,512	33,341	55,190	47,546
Total carbon emissions (tCO_2e)	59,568	66,540	86,612	76,246

2. Our People

Staff engagement on sustainability

The Trust is committed to actively engaging staff on sustainability. During 2018, we ran our third year of Green Impact, a scheme which encourages simple and effective actions to support our objectives. 225 members of staff from 25 clinical and non-clinical teams undertook 1052 actions. The scheme saved at an estimated 166kg of carbon dioxide and at least £33,000 over the year. Since Green Impact was adopted in 2015, we have saved an estimated 374,155 tonnes of carbon dioxide and £73,145 in total.

The Trust delivers innovative events to encourage staff to get involved in sustainability. During the year we encouraged staff to make pledges on national Clean Air Day, we ran an apple pressing event in collaboration with the National Trust and we made jewellery from recycled plastics from theatres. We take part in the national Sustainable Health and Care Week running engagement fairs onsite and promoting the links between sustainability and health and wellbeing.

Sustainability supporting wellbeing in the workplace

We recognise that sustainability and health are intrinsically linked. We see the value

staff health and wellbeing has on our patients and our own resilience as a healthcare provider. The sustainability and health and wellbeing teams work together to deliver a series of projects promoting personal resilience. Activities such as our pathway to wellbeing project, staff green gym, staff herb garden, planting spring bulbs, sowing wildflower meadows, building insect hotels, running staff lunchtime walks and our weekly fruit and veg stall on site have all played an important part in staff health promotion.

3. Resources, Purchasing and Waste

Energy consumption and renewable energy generation

We are reliant on electricity and gas to keep our healthcare services running. As a result, we consume a significant amount of gas and electricity annually. We have seen an increase in both gas and electricity consumption over the last year, however this has been supported through our own energy generation onsite from solar power. Our learning and research building is also heated by ground source heat pumps, using the earth's natural heat to regulate the temperature of the building throughout the year. We have seen an increase over the last year of renewable energy generated onsite.

Table 2 Energy Consumption (kWh) 2015-2019

	2015-16	**2016-17**	**2017-18**	**2018-19**
Electricity Consumed (kWh)	36,937,547	38,828,428	39,295,816	41,057,092
Gas Consumed (kWh)	42,548,780	42,115,642	46,759,825	47,664,394
Oil Consumed 9 (kWh)	865,098	543,381	892,324	798,087
Green electricity (kWh)	23,813	39,717	36,057	42,228
Total (kWh)	**80,375,238**	**81,527,168**	**86,984,022**	**89,561,801**

Table 3 Energy Carbon Emissions (tCO2e) 2015-2019

	2015-16	**2016-17**	**2017-18**	**2018-19**
Electricity	21,236	20,067	17,515	14,483
Gas	8,905	8,802	9,914	10,124
Oil	276	172	292	255
Total carbon emissions (tCO_2e)	**30,417**	**29,04**	**27,720**	**24,862**

Water consumption (m3/CO2e)

We consume high levels of water across our sites and services, a trend which has seen an increase over the last year following a burst water main and a significant leak at Southmead Hospital.

Table 4 Water Consumption and Carbon Emissions 2015-2019

	2015-16	**2016-17**	**2017-18**	**2018-19**
Water volume (m^3)	259,753	237,418	357,389	402,366
Waste water volume (m^3)	207,802	189,934	285,911	321,893
Water and sewage cost (£)	558,476	493,081	665,091	413,922
Total carbon emissions (tCO_2e)	**237**	**216**	**325**	**366**

Waste production and management of resources (weight/CO2)

During 2018/19, our recycling rates continued to be low following ongoing challenges facing the waste sector, particularly in relation to clean clinical plastic and packaging waste which are not accepted into the recycling stream.

Our waste reuse portal Warp-It, which reuses unwanted items of furniture from across the Trust has achieved total savings of £127,306 avoided 21,123 kg waste and saved 54,506kg CO2e since inception in September 2016.

Our anaesthetics team have been working with Bristol's Children's Scrapstore to divert 1,000kg of plastic from the waste-to-energy stream, a first for the UK, and one which other Trusts have been replicating nationally.

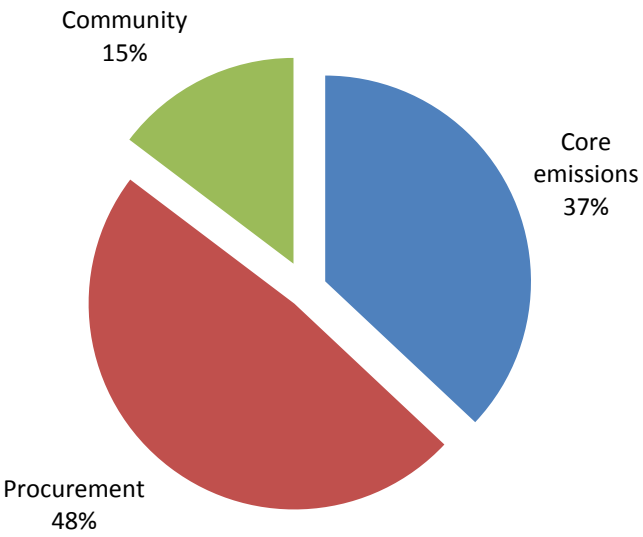
Table 5 Waste and recycling carbon emissions (tonnes/CO2)2015-2019

	2015-16	**2016-17**	**2017-18**	**2018-19**
Recycling (tCO_2)	31.2	26.6	11.3	7.85
Recovery (tCO_2)	18.1	20	58.1	52.5
Landfill (tCO_2)	301	461	65.8	70.3
Total carbon emissions (tCO_2)	**350**	**508**	**135**	**131**

CO2 impact on the supply chain

Procurement accounts for over 48% of carbon emissions from across the Trust and an estimated 37,987 tonnes of CO2e per annum.

Graph 1 Carbon emissions 2018-2019



The Trust is working to ensure sustainability is built into the contracting process for the delivery of all Facilities Management contracts and commissioned services.

This will ensure these FM services consider the wider social and environmental impacts as part of delivering social value.

4. Travel

During early 2019, the Trust adopted our new Travel Plan which sets out how we will deliver more sustainable travel across the Trust over the next five years. We hope to improve human health and reduce our impact on local air quality by encouraging active travel for staff, patients and visitors.

Staff travel (commuting)

TravelSmart is our one stop shop travel advice bureau designed specifically to help staff make sustainable travel choices to and from work. TravelSmart provides staff with personal travel plans, free bike safety checks, signposting to discounted bus tickets, bike loans plus many other activities which promote sustainable travel alongside providing high quality cycling facilities.

Business and internal fleet travel

We measure our grey fleet (how many miles our staff travel in their own vehicles for work) and encourage this practice to reduce where we can. Alternatives to the private car, such as our Co-Wheels hybrid pool cars are available for staff to use.

Table 6 Business Travel 2015-2019

	2015-16	2016-17	2017-18	2018-19
Grey fleet (km)	1,725,973	857,369	658,443	743,474

Fleet vehicles electric/hybrid (miles)	-	14,473	18,094	16,163
Fleet vehicles non electric (miles)	-	-	-	540,792
Cycle (miles)	-	856.8	1464.8	930

Patient and visitor travel

We have recently started measuring patient travel choices via our patient check in screens in the Brunel atrium. To support this work stream, we now offer personalised travel plans for patients travelling to our sites. We have also installed a network of electric vehicle charging points at Southmead Hospital available for patients and visitors to use.

5. Sustainable and resilient healthcare

Healthy, resilient and sustainable communities

We recognise the importance of working in harmony with our local community to promote resilience, healthy lifestyles and develop opportunities to work together for the benefit of our local area. Southmead Development Trust (SDT) is a local charity based in our community. The Trust is working with SDT to explore ways to embed sustainable health and resilience in Southmead and investigating development opportunities as part of the One Public Estate agenda. Southmead Development Trust sits on the sustainable development steering group.

Adaptation to climate change

The Trust has produced a joint Climate Change Adaptation Plan and risk assessment with colleagues across the Healthier Together STP region. This collaborative work enables partners to identify shared risks and opportunities to address the risks of climate change and work collaboratively to adapt to these risks. The findings of the BNSSG climate change risk assessment feeds into the wider STP Estates Strategy. The Trust has included climate change adaptation as a driver within its own Estate Strategy to ensure all our future developments are fit for purpose.

Sustainable Models of Care

Sustainable Models of Care (SMoC) aim to deliver better health outcomes for our patients, whilst also achieving environmental and social improvements. A recent project to reduce the amount of pressure injuries is a good example of this. Staff identified opportunities to improve training, resources, communications and raise awareness to reduce the number of patients developing these unnecessary injuries. The reduction in the number of pressure injuries also reduces excessive resource use associated with prolonged stays in hospital e.g. medications, dressings,

equipment use, paper consumption, waste. The Trust is developing a directory of SMoCs which are aligned with the divisional plans.

Biodiversity and green space

The Trust recognises the huge importance of the provision, protection and enhancement of its green spaces for staff and patient health and wellbeing, biodiversity and numerous other environmental and social benefits. The Trust has been preparing a Biodiversity Management Plan which aims to maximise and enhance our green spaces over the coming years. Green spaces are recognised within our Estate Strategy as part of any future redevelopment of our sites. We encourage our staff to use outdoor spaces and to engage in nature-related activities, for example: wildflower seed planting, food growing, building insect hotels, outdoor meetings, lunchtime walks, participation in the RSPB's Big Garden Count and the Wildlife Trust's 30 Days Wild. We are also working with carpentry students from our local SGS College and Robbins timber merchant, who have provided us with 25 free bird boxes for use across our sites.

Accountability Report

Corporate Governance Report

NHS bodies are statutorily obliged to prepare their annual report and accounts in compliance with the determination and directions given by the Secretary of State for Health. This section takes account of the Department of Health guidance for NHS trusts in the manual for accounts.

Directors' Report

The Trust Board

The Trust Board is a unitary board accountable for setting the trust's strategic direction, vision and values, monitoring performance against strategic and operational objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and the local community, including the local STP.

The Trust Board is made up of the chair, chief executive, four executive directors and six non-executive directors all with voting rights. A number of additional executive directors attend the board in a non-voting capacity. As of 31 March 2019 there were no executive or non-executive vacancies.

The Trust Board meets regularly in public and invites questions from any members of the public on any items covered during the meeting. In 2018/19 the board met eight times in public, including the Annual General Meeting (AGM) on 21 May 2018 to present the annual report and accounts.

The board plays a key role in shaping the strategy, vision and purpose of the Trust. It is responsible for holding the organisation to account for the delivery of the strategy, quality and safety of healthcare services, and value for money. Day-to-day responsibility for implementing the trust's strategy and delivering operational requirements is delegated through the chief executive to the executive directors and their directorates. Key duties are set out in the Trust's standing orders and standing financial instructions which are available on the Trust's website (https://www.nbt.nhs.uk/about-us/trust-board/standing-orders).

Board members for the year ending 31 March 2019 are set out below. Biographies of existing board members can be located on the Trust's website.

Non-Executive Directors	Executive Directors
Frank Collins, Interim Chair *(to 30 June 2018)*	Andrea Young, Chief Executive
Michele Romaine, Chair *(from 1 July 2018)*	Evelyn Barker, Interim Chief Operating Officer *(from 9 April 2018 – 31 December 2018),* Chief Operating Officer and Deputy Chief Executive *(from 1 January 2019)*

Dr Liz Redfern CBE *(to 31 August 2018)*	Kate Hannam, Director of Operations *(to 8 April 2018),* Director of Partnerships *(from 9 April 2018 – 27 February 2019, non-voting)*
John Everitt	Dr Chris Burton, Medical Director
Robert Mould	Sue Jones, Director of Nursing & Quality *(to 1 July 2018)*
Jaki Davis	Helen Blanchard, Interim Director of Nursing & Quality *(from 2 July 2018)*
Professor John Iredale	Catherine Phillips, Director of Finance
Tim Gregory	Jacolyn Fergusson, Director of People and Transformation *(non-voting)*
Kelvin Blake *(from 1 February 2019)*	Simon Wood, Director of Facilities *(non-voting)*
	Neil Darvill, Director of IM&T *(non-voting)*

Changes to the Trust Board

There were a number of personnel changes in the board in 2017/18. Frank Collins, Interim Chair, undertook a six month contract taking over from Peter Rillet in November 2017 and concluded his appointment on 30 June 2018. The recruitment of a substantive Chair was undertaken by NHS Improvement, and Michele Romaine joined the Trust as the new Chair from 1 July 2018. Dr Liz Redfern, Non-Executive Director, left her post effective from 31 August 2018 and was replaced by Kelvin Blake, Non-Executive Director from 1 February 2019.

Evelyn Barker, who joined the Trust as interim Chief Operating Officer on 9 April 2018, was appointed, following a competitive process, as substantive Chief Operating Officer and Deputy Chief Executive from 1 January 2019.

Kate Hannam, Director of Operations, was seconded to the role of Director of Partnerships on 9 April 2018 and left the Trust effective from 27 February 2019.

Sue Jones, Director of Nursing & Quality was absent due to ill health from 1 July 2018, and Helen Blanchard joined the Trust as Interim Director of Nursing & Quality from 2 July 2018.

NHS Improvement 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 Regulation requirements.

Declarations of Interests

The register of interest of current board members can be found at:
https://www.nbt.nhs.uk/about-us/trust-board/declarations-interest

The Trust has published an up-to-date register of interests for decision-making staff

within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

Trust Board and Committees

The board has established a number of committees to assist it to carry out its functions. The board committees currently comprise of an Audit Committee, Finance and Performance Committee, Workforce Committee, Quality and Risk Management Committee (QRMC), Trust Management Team, and a Nomination and Remuneration Committee. Terms of reference for these committees are reviewed on an annual basis, and they report to Trust Board following each meeting. These reports are available each month with the Trust Board meeting papers on the Trust's website. Further detail on the composition and business of the board's committees are set out in the Annual Governance Statement below.

Audit Committee

Members of the Trust's Audit Committee in 2018/19 have been:

- Jaki Davis, Non-Executive Director (Chair)
- John Everitt, Non-Executive Director
- Prof John Iredale *(to 16 October 2018)*
- Tim Gregory, Non-Executive Director *(from 11 February 2019)*

External Auditors' Remuneration

The Trust's auditors are Grant Thornton. During the financial year there was expenditure of £79,200 (including VAT) for statutory audit services to the Group (£74,400 for the Trust). A further £8,000 (net of VAT) of non-audit work has been undertaken in 2018/19 related to the Trust's quality accounts.

Public Sector Payment Policy – Better Payments Practice Code

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

The Trust paid 73% of non-NHS invoices within 30 days compared with 77% in the previous year. Further details of compliance with the Code are contained in note 41 to the Annual Accounts.

Fraud, Bribery and Corruption

The Trust's Counter Fraud & Corruption Policy sets out the arrangements that the Trust maintains to deter, prevent, detect and investigate instances of fraud, corruption and bribery carried out against the Trust and the wider NHS. The Trust maintains a qualified Local Counter Fraud Specialist (contracted from KPMG LLP) who ensures that the annual plan of proactive work minimises the risk of fraud within

the trust and is fully compliant with NHS Counter Fraud Authority counter fraud standards for providers. Counter fraud reports are presented to the Audit Committee at each meeting.

Annual Governance Statement

The Chief Executive of NHS Improvement, in his capacity as the Accounting Officer (AO) for the NHS Trust Development Authority legal entity, requires NHS trust Accountable Officers to give him assurance about the stewardship of their organisations. For the North Bristol NHS trust the Accountable Officer is Ms Andrea Young, Chief Executive, who makes the following statement:

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

The purpose of the system of internal control

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

- identify and prioritise the risks to the achievement of the policies, aims and objectives of NBT;
- evaluate the likelihood of those risks being realised and the impact should they be realised; and
- manage them efficiently, effectively and economically.

The system of internal control has been in place in NBT for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Governance Framework

The role of the Trust Board is to govern the organisation effectively and in doing so, to build public and stakeholder confidence in the organisation and the services that it provides. The board maintains overall accountability for the effectiveness of the Trust's system of internal control. In 2018/19 it primarily discharged this responsibility through the receipt and review of:

- Quarterly reports on the Board Assurance Framework to ensure key risks are identified and controls or assurance gaps are being addressed with more detailed reporting on risk management to each meeting of the QRMC;
- Regular reports from its board committees;
- An Integrated Performance Report providing internal assurances at monthly intervals on quality, finance, activity and workforce measures and other quarterly and six monthly measures on quality and safety, clinical governance and safe staffing; and
- External assurance sources, including the External Auditors review of the Trust's Quality Account and financial year-end accounts and value-for-money (VFM) opinion and reports from the CQC and other external regulators as relevant.

Authority is delegated by the board to various board committees and the role and terms of reference of these committees are regularly reviewed with the aim of clarifying how all aspects of the Trust's business is delivered.

The approved terms of reference for each of the committees in the structure below are available on the Trust's website (https://www.nbt.nhs.uk/about-us/trust-board/committee-terms-reference):

Audit Committee

The Audit Committee provides independent and objective scrutiny of Trust activities through its membership, which consists of three Non-Executive directors. A number of Executive Directors, senior managers, Internal and External auditors are also in attendance.

Key responsibilities of this committee:

- Provides the board with assurance that there are arrangements for the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical);
- Ensures that there is an effective internal audit function put in place by management that meets mandatory NHS Internal Audit standards and provides appropriate independent assurance to the audit and risk committee, chief executive and board;
- Considers the findings of internal and external audit work and the

management response and acts as the auditor panel, making recommendations to the board on appointment and removal of external audit partners.

The chair of the Audit Committee is a qualified accountant with a strong background in corporate and public sector finance.

Finance and Performance Committee

The Finance and Performance Committee (F&PC) is the assurance committee responsible for overseeing the management of the Trust's finance and performance and providing assurance to the board the Trust's mechanisms for monitoring its finance and performance are robust and integrated.

In 2018/19, membership of this committee comprised of two non-executives (one of them as chairman) and the Chair of the Trust and three executive directors.

Key responsibilities of this committee include:

- Monitoring the Trust's Cost Improvement Programme (CIP);
- Reviewing forecast performance against operational targets;
- Overseeing the ongoing development of the Trust's integrated performance report, and reviewing any significant performance variations;
- Reviewing the capital programme and approving capital and revenue business cases in line with the Trust's Standing Financial Instructions and Scheme of Delegation; and
- Ensuring that the Trust has robust financial and operational risk management systems and processes in place.

Quality and Risk Management Committee

The QRMC is responsible for ensuring that the board is adequately assured in relation to all quality, clinical governance, health & safety and research matters. In 2018/19 its membership comprised of two non-executives (one of them as chair) and five executive directors.

This committee's work focuses on 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 includes overseeing the system of control for directorates' clinical and non-clinical risk registers including escalation where appropriate.

The committee receives assurance via reports and presentations from specialist staff, reports on performance of systems against key performance indicators, progress against action plans to address identified gaps and internal/external audit reports.

Workforce Committee

The Workforce Committee is the assurance committee responsible for overseeing the management of the Trust's workforce and ensuring the Trust's mechanisms for driving change in its workforce, and processes for complying with regulation and legislation are robust. In 2018/19 its membership comprised of two non-executive directors (one of them as chair) and five executive directors.

Specific responsibilities include developing and overseeing the workforce strategy, monitoring key workforce performance indicators, oversight of the Trust's equality, diversity and inclusion agenda, relationships with educational partners and receiving regular reports from the Guardian of Safe Working (which is a role introduced as part of changes to the junior doctor contract to protect patients and doctors by making sure doctors aren't working unsafe hours).

Trust Management Team

The Trust Management Team (TMT) is the primary operational committee of the board, and has delegated powers to oversee the day to day management of the Trust, and an effective system of integrated governance, risk management and internal control across the whole organisation's activities (both clinical and non-clinical), which also supports the achievement of the organisation's objectives.

In 2018/19, membership of TMT comprised all executive directors, including the Chief Executive as chair of the committee, together with the five Clinical Directors, five Directors of Divisions (Operational) and other core functional leaders including Director of Research and Innovation, Chair of the Medical Advisory Committee

Nominations and Remuneration Committee

NHS Improvement, on behalf of the Secretary of State, appoints the non-executive directors, negating the need for a formal nomination committee but the Trust Board maintains a Nominations and Remuneration Committee which meets to discuss and approve executive and senior appointments and remuneration.

Attendance at Trust Board and board committees

Attendance by members:

Board member	TB (public)	TB (private)	AC	FPC	QRMC	TMT	WC	NRC
Frank Collins	3/3	4/5	-------	-------	-------	-------	-------	2/3
Michele Romaine	5/5	9/9	-------	3/5	4/5	-------	3/4	4/5
Liz Redfern	3/3	6/7	-------	-------	2/3	-------	2/3	3/4
John Everitt	8/8	11/13	4/4	5/6	-------	-------	-------	7/8

Robert Mould	8/8	12/13	-------	6/6	4/6	-------	4/6	8/8
Jaki Davis	7/8	12/13	4/4	1/6	-------	-------	3/6	6/8
John Iredale	6/8	7/13	-------	-------	3/6	-------	-------	6/8
Tim Gregory	4/8	8/13	1/2	4/6	2/6	-------	5/6	8/8
Kelvin Blake	1/1	2/2	-------	-------	1/1	-------	1/1	2/2
Andrea Young	8/8	12/13	1/4	-------	2/6	11/12	-------	8/8
Evelyn Barker	6/7	10/12	-------	5/6	2/6	10/12	3/6	-------
Kate Hannam	3/7	5/11	-------	-------	-------	4/11	-------	-------
Chris Burton	8/8	13/13	-------	-------	5/6	12/12	5/6	-------
Sue Jones	1/2	2/5	-------	-------	-------	-------	1/2	-------
Helen Blanchard	5/5	7/8	-------	-------	4/5	6/9	3/4	-------
Catherine Phillips	7/8	12/13	4/4	5/6	-------	11/12	-------	-------
Jacolyn Fergusson	6/8	11/13	-------	-------	4/6	12/12	6/6	8/8
Simon Wood	7/8	12/13	-------	2/6	2/6	10/12	5/6	-------
Neil Darvill	6/8	11/13	-------	5/6	5/6	11/12	4/6	-------

Board Effectiveness & Development

The inspection report from the CQC received in March 2018 found that the Trust "requires improvement" when assessed against the CQC well-led framework. During 2018/19, substantive appointments were made to non-executive and executive director roles to strengthen and consolidate the Trust Board. Two formal board development sessions took place during 2018/19, and the board also took part in the first of a series of away-days with the board of UHBristol, focusing on joint working within the healthcare system.

The board is now undertaking a formal self-assessment against the CQC Well-Led framework which will be complete in April 2019. In line with best practice, an externally facilitated assessment will then be commissioned, which will include a review of board effectiveness and development needs. This will be conducted in Quarter 1 of 2019/20 and will inform further board development plans.

In 2018/19 the board also undertook a formal review of its committee structures and approved a number of changes intended to strengthen the corporate governance processes that support the board and ensure that all levels of governance and management function and interact with one another appropriately. It is also intended to empower the committees to undertake more detailed assurance work on behalf of the board. This will allow additional time for the board to focus on strategic and system issues. These changes will come into effect from 1 April 2019 and will be

reviewed throughout the year and reported in the 2019/20 annual report.

Board to Ward

In 2018/19 the board maintained its focus and attention on patient care, with patient and staff stories presented at the beginning of each board meeting in public, usually presented by the patient or staff member directly. This has allowed board members to be exposed to both positive and negative feedback, and helped ensure that board business is focused on delivering high quality and effective care for patients, regardless of the topic under discussion.

Members of the board undertake regular visits to clinical areas and speak to staff and patients to understand their experiences and then feed these back into board discussions. Oversight of these visits is maintained by the QRMC, with any significant issues or concerns escalated to the board.

Quality Governance

The Trust is fully compliant with the registration requirements of the CQC and maintains an active dialogue with the local inspection team to address any specific issues raised during the year and also to facilitate in year 'monitoring' visits undertaken by the CQC. During the 2018-19 financial year engagement visits have been undertaken for the following service lines;

- Women's and Children's, including Gynaecology
- Cossham (all services)
- Urgent & Emergency Care and Medical Care
- Diagnostic Services
- Surgery

Each of these visits includes discussions with the senior management team for the core service, a tour of selected service locations and opportunities for the CQC inspector(s) to engage with frontline staff. A feedback letter is provided by the CQC to the Trust's CEO with a summary of their observations. These are shared with the clinical teams and also reported through the trust's governance structure.

Following the Trust's most recent inspection in November 2017, an Action Plan was submitted to the CQC. Delivery has been primarily monitored through the trust's Quality Committee (Executive level) and QRMC (Non-Executive chaired board committee).

The quality governance arrangements for the Trust during 2018/19 have been reviewed operationally through the Quality Committee and its sub committees which include:

- Clinical Effectiveness Committee;
- Patient Safety & Clinical Risk Committee;

- Clinical Audit Committee
- Patient Experience;
- Safeguarding Committee;
- The Drugs and Therapeutics Committee;
- The Control of Infection Committee.

Other key areas are overseen directly by the Quality Committee, for example the CQC Inspection Action Plan, quality account priorities and national quality priorities (e.g. those set within the agreed plan with NHS Improvement), CQUIN schemes and any quality related Contract Performance Notices with commissioners.

In January 2019 the Board approved a revised committee structure which will take effect from 1 April 2019. From that date, the committees shown above will report into the QRMC.

Independent assurance is provided through the Trust's internal audit programme. The outcomes are reported through the usual route to the Audit Committee but also through the Quality & Risk Management Committee. Examples in 2018/19, reported by the internal auditors, were the Implementation of the CQC Action Plan and Risk Management.

It is a Trust objective to achieve a CQC outcome of 'Good' at its next inspection and preparations are underway to plan for whenever that occurs during 2019. A preparation task group has been established. In addition, the Trust reviews the monthly publication of CQC Insight data which acts as their tool to monitor where the performance of services may have improved or declined. There are approximately 260 indicators from various data streams which are aligned to the CQC's Key Lines of Enquiry (KLOE). This is reviewed through the Quality Committee, Trust Management Team and directly at Trust Board.

<u>Modern Slavery</u>

The Modern Slavery Act 2015 became statutory law from October 2015. The Trust has reviewed the controls it has in place to comply with the law and is assured that these are adequate. The controls in place include:

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

The Trust is a member of the Bristol and Weston NHS Purchasing Consortium (B&WPC), and is fully committed to B&WPC's aim to ensure that Ethical Procurement is at the forefront when having discussions with suppliers. B&WPC is working with the supply chain to set out a clear Code of Conduct for suppliers. This Code will support the principles in the United Nations Global Compact, the UN

Universal Declaration of Human Rights and the 1998 International Labour Organisation Declaration on Fundamental Principles and Rights at Work, in accordance with national law and practice, especially;

> Child Labour - Suppliers shall not use child labour younger than the age of 15. In no event, especially when National Law or Regulations permit the employment or work of persons 13 to 15 age on light work, shall the employment prevent the minor from complying with compulsory schooling or training requirements and being harmful to their health or development.
>
> Forced Labour - Suppliers shall make no use of forced or compulsory labour.
>
> Compensation and Working Hours - Suppliers shall comply with National applicable laws and regulations regarding working hours, wages and benefits.
>
> Discrimination - Suppliers shall promote the diversity and heterogeneity of the individuals in the company with regard to race, religion, disability, sexual orientation or gender among others.

Risk Management

As designated accountable officer, I have overall accountability for risk management in the trust. The Director of Nursing & Quality leads on risk management issues at board level.

Capacity to handle risk

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

The Board maintains oversight of the risk management system and reviews the Board Assurance Framework on a quarterly basis and the top operational risks every six months. QRMC in particular reviews the top scoring risks at each of its meetings and the TMT now monitors the work of its supporting committees on a quarterly basis with reports including an assessment of the risks within their remit. During 2018/19 the development of the Service Line Management (SLM) Accountability Framework has included the consideration of top risks and the need for a robust risk management approach. This framework underpins the monthly Divisional Performance Reviews with the Executive Team and will be embedded and strengthened during 2019/20.

The Trust Risk Management Strategy and Policy provides practical guidance on how to manage and report risk in the workplace. Risks are recorded electronically in a trust wide Risk Management System, Datix, which is available to all staff. Guidance

on using Datix to manage risks is available from within the system, on the Patient Safety and Assurance intranet pages and there is also a Datix e-learning module for staff covering risk.

Datix is used to record, escalate and report risks to trust-wide risk committees where learning is shared and reviewed alongside related incidents and Health and Safety and Patient Safety matters. Datix is also used locally at specialty and divisional governance meetings where risks and related patient safety incidents can be reviewed in tandem.

The Risk and Assurance Team support staff across the Trust to identify and manage their risks, working closely with staff in key risk management roles. Risk Assessor training on a face to face support basis is provided for all staff that are required to assess risk as part of their role. Further work to support staff understanding of risk management and the use of risk registers will be undertaken in 2019/20 in line with the deliverables agreed by QRMC within the Trust's overall Clinical Governance Improvement Programme.

There is an annual audit of risk management processes undertaken by the Trust's internal auditors which includes reference and comparison to best practice guidance and good practice in other organisations. Recommendations are acted upon by the Trust and this is overseen by the Audit Committee and QRMC. In 2017 the Trust commissioned an external clinical governance review which reported in March 2018 and included specific recommendations on risk management. A Trust-wide programme was established to action these recommendations which included learning from good practice across the NHS.

The risk and control framework

Risk strategy and management

The Trust's risk strategy and objectives are in place to ensure a pro-active approach to risk management by engaging staff at all levels in efforts to resolve risk locally. Formal escalation and moderation systems at a more senior level of management are in place where necessary. Extreme risks, identified at directorate level, are primarily escalated to one of two Trust-wide risk committees; Patient Safety & Clinical Risk and the Health and Safety Committees and, where required, are escalated to the QRMC for review. QRMC has oversight of the entire escalation process for all risks originally scored as extreme. The Finance and Performance Committee oversee risks to performance.

Risk management is embedded throughout the Trust through a risk management framework that is made up of committee structures, staff risk leads familiar with patient safety and risk management and risk management tools e.g. the Datix risk register system.

The system of internal control is designed to manage risk to a reasonable level

rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

Risk assessment

The Board Assurance Framework (BAF) defines and assesses the principle strategic risks to the Trust's objectives and sets out the controls and assurances in place to mitigate these. Each of the risks in the BAF have been aligned to the objectives within the Trust Strategy, have their original, current and target risk scores reported, and information showing the anticipated changes in rating over time. Gaps or areas where controls can be improved are identified which are translated into actions.

The BAF is reviewed by the Board in an ongoing quarterly cycle with key risk changes highlighted, and updates provided on any ongoing actions to improve risk control and mitigation. The BAF is also used to inform the Internal Audit work programme, and audit outcomes are used to inform further actions, or are used by the Board as part of its assurance process that the risk is adequately controlled. The risks are also used to inform the work programmes Board's committees to ensure they are focusing on the key risks to the delivery of the Trust's Strategy.

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

All clinical and corporate directorates have a risk lead responsible for ensuring risks are recorded onto the Datix 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. At these groups the directorate identifies risks and reviews incidents, taking action to minimise risk and learn lessons from incidents. Risk assessments are used at all levels of the Trust, from service planning to assessing day-to-day risks. The Risk Management Strategy/Policy gives guidance on scoring risks.

Risk assessments can be clinical and non-clinical. Risks that cannot be controlled adequately at local level are escalated to divisional level. Divisional risk registers are reviewed at Divisional governance meetings and are also used to inform/prioritise the budget setting process.

Risk register entries are collected, reviewed and updated electronically. This facilitates risk moderation and escalation more efficiently and is driving greater transparency and appreciation of risks at all levels of the organisation. During the year the QRMC has reviewed the highest risks and tracked progress on them at each meeting. During 2018/19 the QRMC have continued to focus on those high risks that have been on the risk register for a significant period of time to try and seek assurance on mitigations, as well as supporting the increasing scrutiny and action of risks at divisional level in line with the principles of Service Line

Management. In addition there is a weekly Executive Incident Review meeting that primarily reviews actual and potential Serious Incidents but is also used to escalate risk entries where specific executive scrutiny is requested by QRMC.

Reports from incidents are provided to 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) investigation is undertaken. Following the occurrence of a Serious Incident the Trust conducts a rapid 'SWARM' which is a face to face meeting between senior clinical leaders from the central clinical governance team, sometimes including the executive leads, and the local clinical team. Its aim is to identify immediate learning and actions, to confirm that the patient or relatives have been suitably engaged in line with the Duty of Candour requirements and that staff are supported in their actions and with any stressful consequences.

Reports of these RCA's and action plans are considered at the Patient Safety & Clinical Risk and Trust Health and Safety Committees. The weekly Executive Incident Review meeting reviews actual and potential Serious Incidents and acts as a point of decision-making and escalation where necessary. In addition, a Clinical Risk Operational Group meets weekly at which divisional and corporate leads for patient safety review potential serious incidents at the initial stage and then support and critique the work needed to fully investigate those identified as serious. This is driving more timely review, investigation and closure of serious incident investigations, reducing breaches of timeframe with commissioners and improving the collaboration between clinical divisions and also with external organisations where care crosses organisational boundaries.

The Trust Board receives a monthly Integrated Performance Report which includes details of new serious incidents and progress of actions of previous serious incidents. In the months where the Board only meets in private, the IPR is published on the Trust website to maintain transparency of information to the public. The Quality & Risk Management Committee reviews, as a standing agenda item, a summary of Serious Incidents and receives full details of any Never Events and related improvement plans. All patient safety incidents are reported electronically to the NHS Commissioning Board via the National Reporting & Learning Scheme (NRLS) in line with required practice. Serious incidents are also reported to NHS Improvement and Clinical Commissioning Groups. The Local Area Team and the CCGs have agreed on a standard understanding of which incidents need reporting at national level. Incidents meeting the criteria of the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995 (RIDDOR) are reported to the Incident Contact Centre.

<u>Risks to Data Security</u>

Risks to data security are controlled by the Information Management and Technology (IM&T) Department in a number of ways. Internally, any risks to Trust data can be/are raised on a central risk register which is open to all staff which helps manage, control and mitigate risks, with an escalation process to Committee/Board level if appropriate. On a day to day basis, any unusual IT activity can be/is reported to our IT Service Desk who log all reported incidents from staff and investigate further, i.e. for virus risks, phishing attacks etc. IM&T also monitor our network security boundaries to pick up and block any suspicious activity.

Externally, IM&T are an active member of the National Cyber Security Centre (NCSC) Cyber information sharing partnership (CiSP) which is a national forum for sharing security incidents and receiving advice & support. IM&T are subscribers to the NHS Digital CareCERT initiative and receive regular security advice and guidance on how to update our IT systems and prevent unauthorised access to our data.

Major and extreme risks

During 2018/19 the following extreme internal strategic risks have been monitored via the Board Assurance Framework, and remain on the framework moving into 2019/20:

Extreme Strategic Risk (rated as 15 or above)	Key actions to reduce or mitigate risk
Reduction in flow affects the performance of the hospital against the A&E, RTT, and DTOC targets. In turn this affects the financial performance of the organisation resulting in a loss of income and increased costs.	• The perform programme has been implemented across the trust, aimed at improving patient flow through the hospital. This has seen improvements in the number of early patient discharges, the length of time patients spend in the hospital, and staff coming into empty beds in the morning. • A system wide recovery plan has resulted in a number of new initiatives being implemented, including Rapid and React and Virtual Integrated Care Bureau, monitored via the system A&E Delivery Board. • Winter planning was undertaken much earlier in the year, resulting in significantly improved hospital performance and patient experience during winter 2018/19. • Hospital at Home, launched in January 2018, now consistently looks after 20 patients per night in their own homes, improving their experience and ensuring that more hospital beds are available for patients that need them.
Lack of investment in appropriate technologies and infrastructure in a timely manner impacts the ability of the Trust to deliver operational, financial performance and quality improvement.	• A new Digital Strategy was developed and approved by the Board in November 2018. • Digital investment and the implementation of the digital strategy have now been given more exposure at the Workforce Committee. • The Board approved a business case to

	implement a replacement network and wireless solution across the entire Trust estate. Implementation has commenced.
A significant cyber-attack takes out the Trust's I.T. systems leading to an inability to treat patients and a potential loss of critical data.	• The Board approved a business case to implement a replacement network and wireless solution across the entire Trust estate. • Plans are in place to migrate the Trust to Windows 10. • Relevant staff have received cyber security training and staff have achieved the national cyber resilience certification.

Theses align with the major operational risks that have been managed in-year:

- **That activity levels and poor patient flow results in four-hour ED target performance failing to improve in line with planned trajectories.**

  This has been mitigated via robust operational performance management, investment in staff and systems, and close system partnership working to support effective flow through the system. While performance remains under pressure, the Trust has seen significant improvement in 2018/19 compared to 2017/18.

- Due to high activity levels the Trust is unable to reduce bed occupancy below 95% resulting in failure of patient flow

  This has been mitigated through the delivery of the Perform programme, work by Heads of Nursing with system partners to reduce patient delays (stranded patients) and the development of new models of care such as Hospital at Home.

- The Trust is unable to deliver a CIP programme at the scale and pace required resulting in a failure to deliver its control total

  This has been mitigated through using benchmarking information (such as model hospital data and the results of Getting it Right First Time reviews (GIRFT)) to identify new opportunities, and using the Project Management Office (PMO) to support divisions to deliver Cost Improvement Plans. The Trust has achieved its 2018/19 control total.

- Failure to secure planned workforce efficiency and productivity improvements

  Mitigations have included the roll out of the Perform programme which has enabled us to provide care to more patients within our bed base through length of stay reductions. Divisions have also reviewed workforce requirements, targeted retention hotspots and appointed leads within their teams to support recruitment initiatives. The Trust has delivered an ambitious

health and wellbeing programme, in response to staff survey and other feedback. The programme has been nationally recognised and is proving of value to all staff.

The Trust also managed a number of clinical risks in 2018/19, which are monitored and via Divisional risk registers and escalated to the Trust's QRMC as required. For example, in 2018/19 the Trust took the decision to temporarily partially close the Cossham Birth Centre in order to mitigate the significant risk of insufficient midwifery staff at its Central Delivery Suite. The Birth Centre remains closed, pending the recruitment of additional staff.

Principal Risks to compliance with the NHS Provider Licence condition 4

As an NHS trust, the Trust is exempt from the requirement to apply for and hold a Provider Licence; however directions from the Secretary of State require the NHS Trust Development Authority to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate. The Trust's regulators therefore base their oversight, using the Single Oversight Framework, of all NHS trusts on the conditions of the NHS provider licence.

The NHS Provider Licence requires trusts to meet compliance standards for finance, performance and governance. Since exiting Financial Special Measures regime in July 2017, the Trust has been receiving targeted support from regulators in line with the Single Oversight Framework, and has complied with its agreed financial control total in 2017/18 and 2018/19. However, the Trust continues to have a substantial underlying financial deficit and has faced significant performance pressures throughout the year, resulting in a failure to meet some key performance targets including the four-hour standard in the Emergency Department and the target for zero incomplete RTT pathways waiting over 52 weeks. As a result, NHS Improvement determined that the Trust was in breach of its licence conditions and should be subject to mandated support.

The Trust has agreed a series of enforcement undertakings with NHS Improvement under section 106 of the Health and Social Care Act 2012 to address identified areas for improvement and to secure that the breaches to its licence do not continue or recur. These undertakings were approved by the Board on 28 March 2019 and commit the Trust to a series of performance improvement trajectories and detailed improvement plans, and the creation and delivery of a long term financial model leading to financial sustainability.

The principal risks to ongoing compliance with Provider Licence condition 4 continue to be:

Financial Performance

The Trust has delivered a financial position in 2018/19 that achieves its control total but it continues to operate at an underlying deficit. Increases in emergency

patients requiring care continues to adversely impact the Trusts ability to provide routine elective care for patients. The Trust has a 2019/20 operational plan that will reduce its underlying deficit, and is developing a long term financial model leading to financial sustainability.

Four-hour wait standard within ED

Due to sustained operational pressures during 2018/19, including significant increases in non-elective patient activity, delayed transfers of care and patients with an extended length of stay, the Trust did not meet the ED four-hour wait standard. An improvement plan has been agreed by the Board.

Incomplete RTT pathways waiting over 52 weeks standard

The Trust has historically experienced patients waiting in excess of 52 weeks on Referral to Treatment (RTT) pathways in a number of specialities. Exceptional actions have been taken to reduce the number of long waiting patients, including demand management through restrictions to access of services, outsourcing to the Independent Sector, waiting list initiatives and locum appointments to clear the backlog. A recovery trajectory in place to that will see the Trust return to zero patients waiting 52 week by the end of September 2019.

Workforce

Workforce is a fundamental part of our Trust Strategy and delivered each year through our annual corporate objectives and business planning cycle. Strategic direction and assurance on behalf of the Trust Board on all workforce matters is delivered through the Workforce Committee, who ensure that the workforce agenda supports safe and high quality care. Through these corporate governance frameworks we ensure that our staffing governance processes are safe and sustainable.

In 2018/19 the focus of the Workforce Committee included:

- EU staff members and Brexit staffing implications;
- Review of staff shortage heat maps;
- Staff health and wellbeing activity;
- Feedback from the Freedom to Speak Up guardians;
- Updates on actions around the Workforce Race Equality Standards;
- Sight of the Trust's gender pay gap; and
- Staff survey results and actions to tackle areas where improvement is required.

At a strategic level the Director of People and Transformation is responsible for delivery and is supported by a number of groups focusing on specific aspects of our workforce plan. Our accountability framework includes key workforce metrics and indicators to support focused monitoring of progress and performance monitoring

against divisional workforce plans, which underpin the service line management model of the Trust.

Our priorities are closely aligned to the STP's strategic priorities and we are actively engaged in the STP's workforce programme.

In October 2018 NHS Improvement released NHS Workforce Safeguards to establish more robust governance around workforce to support trusts to manage common workforce problems. There are a number of recommendations which support compliance with the CQC's fundamental standards on staffing and related legislation. NBT's compliance with these recommendations is set out below:

Recommendation:		**Actions being taken to improve/ensure compliance:**
1	Trust's must formally ensure the National Quality Board's (NQB) 2016 guidance on safe nursing and midwifery staffing is embedded in their safe staffing governance	Right Staff: The annual review of all divisional ward skill mixes was undertaken in July/August 2018. This review was to understand the baseline staffing position across the inpatient wards and maternity. A further review of inpatient wards where acuity/dependency exceeded funded staffing took place in March 2019. Right Skills: The Trust has demonstrated a commitment to investing in new roles and skill mix reviews which enables registered nurses to spend more time to focus on clinical duties and decisions about planning and implementing nursing care. It is recognised that the range of specialist and advanced practitioners at NBT provide expert advice, intervention and support to ward based teams, along with the 'link nurse' model which is in place for certain specialties e.g. Tissue viability, Diabetes. Right place and time: Each month the Trust submits the ward planned and actual staffing levels including Care Hours per Patient Day (CHPPD) via the national Unify system. Details on the trust's shift fill rates throughout 2018/19 can be located in the Safer Staffing Reports which are reviewed by the Board on a six monthly basis and reported on the Trust's website. Managing safe staffing every day: The Trust has a Safe Staffing Standard Operating Procedure, developed in December 2018, to ensure consistency in the process of managing safe staffing. This articulates the triangulated approach to safe staffing that the NQB requires and ensures robust decision making for all staff around the safe care of our patients.
2	Trust's must ensure the three components are used in their safe staffing processes	A quality dashboard is in development to triangulate the 3 components on a monthly

	and will be checked in a yearly assessment a. Evidence based tools (where they exist) b. Professional judgement c. Outcomes	basis. This will be available to the Trust in draft form from 1 April 2019. Daily flow and leadership meetings take place in the divisions to monitor and organise safe staffing, taking account of the 3 components..
3	As part of the safe staffing review, the director of nursing and medical director must confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable	A six monthly safer staffing report is presented to the Trust Board by the Director of Nursing and Quality which advises the Board on whether staffing is safe, affective and sustainable. Work is ongoing to ensure that there is alignment on medical staffing levels.
4	Trusts must have an effective workforce plan that is updated annually and signed off by the chief executive and executive leaders. The board should discuss the workforce plan in a public board meeting	A workforce plan exists as part of the Trust's annual Business Plan, which is signed off by the Executive Directors and approved by the Board. A longer term workforce strategy and plan is under development in 2019/20.
5	Trusts must ensure that their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill-mix with other efficiency and quality metrics such as the Model hospital dashboard which should be reported to board every month	The monthly quality dashboards are being further developed to report on quality and safety measures, and patient/service user feedback down to ward level. The Integrated Performance Report, reviewed by the Board on a monthly basis currently provides comparative data on staffing.
6	An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence based toolkit where available) must be reported to board by ward or service area twice a year, in accordance with NQB guidance and NHSI resources	This assessment is undertaken in NBT twice-yearly, with information reported to the Board.
7	There must be no local manipulation of the identified nursing resource from the evidence based figures embedded in the evidence based tool uses, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from using the tool	The Trust is currently meet existing guidance in its nursing establishment.
8	As stated in CQCs well-led framework guidance (2018) and NQBs guidance any service changes, including skill mix changes, must have a full quality impact assessment (QIA) review	Work has been initiated on Quality Impact Assessments where appropriate, including for Nursing Associates, which have been piloted at the Trust since 2017, and for the planned Advanced Care Practitioner roles which are currently being implemented at NBT.
9	Any redesign or introduction of new roles (including but not limited to Physician	See above. The QIAs will be presented to the April 2019 Nursing and Midwifery Workforce

	associates, nursing associates and advanced clinical practitioners) would be considered a service change and must have a full QIA	Group for consideration.
10	Given day to day operational challenges, we expect trust's to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments	This is undertaken where appropriate as part of business-as-usual, supported by a staffing escalation standard operating procedure.
11	Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example wards, beds and teams, realignment or a return to the original skill mix	The Trust has robust business continuity plans in place, and has processes for escalating risks and taking decisions such as the closure or restriction of services to ensure patient and staff safety.

Compliance with NHS pension scheme regulations

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Compliance with obligations under the Climate Change Act

The trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Further detail on the Trust's progress on environmental sustainability is set out elsewhere in the Annual Report.

Review of economy, efficiency and effectiveness of the use of resources

The Board of Directors and its Finance and Performance Committee has received regular reports about the economy, efficiency and effectiveness of the use of resources. The reports provide detail on the financial and operational performance of the Trust and the delivery of CIP, and highlight any areas where there are concerns.

Internal audit has reviewed various systems and processes in place during the year and has published reports setting out any required actions to ensure economy, efficiency, effectiveness and use of resources. The outcomes of these reports are graded as to the level of assurance and are reviewed by the appropriate board committee.

The Trust reference cost index moved from 100 in 2016/17 to 99 in 2017/18 which reflects the delivery of real cost efficiencies relative to other Trusts.

In 2018/19 efficiency savings of £26.3m were delivered against an original plan of £34.7m. Of this £15.3m was recurrent in-year, with a full year recurrent delivery of £17.5m. This achievement follows £88.9m cost improvements delivered in the previous three years. To achieve this level of saving, efficiencies have been delivered across a range of services. Specific examples include:

- Reduced length of stay for inpatients, resulting in lower occupancy and despite increased level of admissions of roughly 5,463 spells based on a comparison of 2017/18 and 2018/19 average non-elective length of stay has reduced from 4.6 days April 2017 – January 2018 to 4.1 days April 2018 – January 2019 (data sourced from Dr Foster) .This has been enabled by the application of the Perform Programme which is a major change coaching programme that has been systematically applied across all hospital wards. In the last year over 2,000 staff have been through a 1 day boot camp on applying Perform methodologies;
- Earlier and more comprehensive winter planning and preparedness. This followed a detailed staff listening and engagement programme with earlier decision making on the allocation of resources so that best value was obtained;
- Increased number of the cases per day in theatres from 107 to 110. The focus on improving list uptake, in list utilisation and the reduction of cancellations has contributed to more elective cases being treated this year;
- Increased number of outpatients being seen with improved administration processes and standardisation of operational procedures. Combined with the full adoption of electronic bookings for all GP referrals;
- Developments of IM&T systems to support the digitalisation agenda and the first phase of the Trust Digital Strategy;

- Continued roll out of electronic rostering. Now 80% of the non-medical workforce are on an electronic rota, leading to improvements in rostering indicators. Overall more agency staff were used Medical staff will be added in 2019/20;
- Continued development of Service Line Management with a new accountability framework introduced in January 2019.

Information governance

The Trust has reported four level 2 data security breaches in the last 12 months through the Data Security & Protection Toolkit, which replaced the Information Governance Toolkit in 2018/19. Two of the incidents, relating to disclosure of personal identifiable information in error, and personal identifiable information partly lost or damaged in transit, were reported onwards to the Information Commissioners Officer (ICO). The ICO took no action against the Trust for the breaches.

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

The Quality Account is produced to a strict timetable that commences in January and supports the engagement in its production from clinical staff, internal and external stakeholders and board review and final approval for the required deadline of 30th June for public publication. This includes review and scrutiny of the overall contents, selection of quality priorities and overall contents at the Trust's Quality Committee, Patient Participation Committee, Patient Experience Committee and Quality & Risk Management Committee before review at Trust Board. Any unusual trends in data are investigated and considered in light of the narrative provided and in light of the wider knowledge of clinical services applied through the senior clinical and managerial leads included in those reviews.

An annual External Audit of the Quality Account is performed by the Trust's External Auditors, currently Grant Thornton. The audit includes two clinical indicators from the national 'picklist' as well as a broader review of compliance with the Quality Account regulations and in doing so a consistency check with other Trust information sources – for example comparing data within Board Integrated Performance Reports with that include in the Quality Account.

Work has continued in year to identify data quality issues and address these. Issues are identified through a data quality reporting tool which highlights where review and remedial action is required. The Trust has a number of Data Quality Marshalls who work within the hospital to holistically look at data pathways from input stage to reporting, to identify and take action to correct issues. Their role is to also ensure that capability in the workforce is increased through the provision of on-going engagement and consultancy across the organisation. In addition the

Trust's internal Auditors, KPMG have undertaken undertake a robust programme of Data Quality audit, achieving Significant Assurance with Minor Improvements in 2018/19, and with a further audit programme agreed at Executive level for 2019/20.

To provide data quality assurance there is a Data Quality Tracker, which is updated daily and made available to all staff. The Data Quality Tracker is one of the leading quality management products used by the Data Quality Marshalls within IM&T. This team triages both internal and external data quality queries, ensuring that any item raised is logged, assigned, tracked, and ultimately resolved, engaging wider resources as required. There is a monthly North Bristol Trust Data Quality Meeting, focusing on all internal and external quality issues. The outcome from this Board is then visible internally to higher level quality forums and to the IM&T Committee, and externally to our commissioners via our Data Quality and Improvement Plan Meeting and Finance Information Group meetings, all of which are held monthly. Throughout 2018/19, this governance structure has continued to report Data Quality as Green and an area of increasing assurance.

The Data Quality Tracker includes approximately 50 Key Performance Indicators covering all elements of the Referral to Treatment (RTT) patient pathway. The data is reviewed on a regular basis by all specialities and any data quality issues are validated and amended to ensure accuracy. Training issues are also identified by using the Data Quality tracker to ensure that staff are adhering to the SOPs that are in place.

There are various reports on the Data Quality Tracker relating specifically to waiting lists, for example, there is a report which identifies patients who should have been added to an elective waiting list. This is validated by specialities to ensure that all patients are added to the correct waiting list. In addition, there are monthly validation processes in place to ensure the quality of our national RTT submissions, which are signed off by the Associate Director of Performance prior to submission.

The Trust has implemented the RTT suite of reports, as recommended by the NHS Improvement Intensive Support Team and continues to monitor RTT performance against these. From 2019/20, an annual report will be issued to the Trust's Audit Committee during Q1 which outlines the previous year's quality improvement activity.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee, the QRMC and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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 Board Assurance Framework provides me with evidence of the effectiveness of controls that manage the risks to the organisation achieving its strategic objectives which have been reviewed and are being actively managed. Internal Audit provides me with an opinion about the effectiveness of the Board Assurance Framework and the internal controls reviewed as part of the Internal Audit plan. Work undertaken by Internal Audit is reviewed by the Board's committees (Audit, Finance and Performance, Workforce, and QRMC). The Board Assurance Framework is reviewed by the Board on a quarterly basis, and the top risks on the Risk Register are reviewed by the QRMC at every meeting. Other Board committees review relevant risk registers at each meeting. This provides me and the Trust Board with evidence of the effectiveness of controls in place to manage risks to achieving the Trust's principal priorities;

The Head of Internal Audit provides me with an opinion (HIAO) based on:

- An assessment of the design and operation of the underpinning Board Assurance Framework and supporting processes; and
- An assessment of the range of individual assurances arising from the risk-based internal audit assignments that have been reported throughout the period. This assessment takes account of the relative materiality of these areas.

The HIAO states that "'significant assurance with minor improvements can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control."

My review is also informed by External Audit opinion, inspections carried out by the CQC and other external inspections and reviews.

The processes outlined below are well established and ensure the effectiveness of the systems of internal control and data quality through:

- Trust Board's review of the Board Assurance Framework, including the risk register and internal audit reports on its effectiveness
- Board committees' review of the Trust risk register and divisional/directorate

risk registers;
- Review of serious incidents and learning by the Executive Incident Review Meetings and the Clinical Risk Operational Group;
- Review of progress in meeting the CQC's essential standards by the Quality Committee and QRMC;
- Clinical Audits;
- National Patient and Staff Surveys;
- Internal audits of effectiveness of systems of internal control;
- The Board's Well-Led Framework Self-Assessment.

Conclusion

In 2017/18 the Trust identified four issues which it considered to be significant internal control issues; namely patient flow and bed occupancy, financial performance, never events, and MRSA bacteraemia.

In 2018/19 the Trust has improved its bed occupancy rates, particularly over the winter period. Due to careful forward planning for the winter period and investment in the Perform programme, the Trust has not had to utilise ward based escalation capacity which has resulted in a better experience for patients. The Trust continues to fail to meet the national four-hour standard but has agreed an improvement trajectory and improvement plan with regulators. During winter 2018 the Trust performed significantly better than 2017 on a range of metrics; namely, numbers of time OPEL 4 was declared (highest level of criticality), 12 hour trolley waits, cancelled operations, and overall four-hour performance. Whilst four-hour performance in our urgent care service remains a focus for the Board I no longer consider patient flow and bed occupancy to be significant internal control issue. Systems of recovery are much improved.

Taking into account the guidance provided by NHS Improvement on determining significant internal control issues, I have outlined below the issues which the Trust considers to be significant internal control issues in 2018/19:

<u>Financial Performance</u>

The Trust agreed a control total of £12.38m with NHS Improvement for 2018/19. This required the delivery of a substantial CIP in year.

The Trust has delivered a financial position that achieves its control total but it continues to operate at a deficit, and increases in emergency patients requiring care continues to adversely impact the Trusts ability to provide routine elective care for patients, impacting the Trust's income. Because the Trust is not yet in financial balance and is not meeting its statutory duty to "break even", its external auditors have made a referral to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014. The Trust has agreed undertakings with NHS Improvement to develop and deliver a Long Term Financial Model to move

the Trust to a sustainable financial position and considers its financial performance to represent a significant internal control issue.

Never Events and MRSA Bacteraemia

There have been five Never Events reported during the year. Four relate to unintentional connection of a patient requiring oxygen to an airflow meter and one retained foreign object post procedure. More details of the incidents, including the root cause, learning points and actions, are published in the Quality Account 2018/19.

There have been nine MRSA bacteraemia reported during the year (2018/19), an increase on the five cases reported in 2017/18. The Trust's improvement plan is focussed on good management of indwelling vascular devices. A Trust quality improvement initiative has been commenced led by the clinical divisions and this is being overseen by the infection control monitoring group.

Signed

Andrea Young, Chief Executive

Date:

Remuneration Report

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 2019 and what action has been taken in regard to their tax status since that date.

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

Existing off-payroll engagements as of 31 March 2019, for more than £245 per day and that last longer than six months:

	2018/19 Number	2017/18 Number
Number of existing engagements as of 31 March 2019	8	0
Of which, the number that have existed		
for less than one year at the time of reporting	2	0
for between one and two years at the time of reporting	2	0
for between 2 and 3 years at the time of reporting	3	0
for between 3 and 4 years at the time of reporting	0	0
for 4 or more years at the time of reporting	1	0

For all new off-payroll engagements, or those that reached six months in duration between 1 April 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months:

	2018/19 Number	2017/18 Number
Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	5	2
Of which		
Number assessed as caught by IR35	5	2
Number assessed as not caught by IR35	0	0
Number engaged directly (via PSC contracted to the entity) and are on the entity's payroll	0	0
Number of engagements reassessed for consistency / assurance purposes during the year	0	0
Number of engagements that saw a change in IR35 status following the consistency review	0	0

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019:

	2018/19 Number	2017/18 Number
Number of off-payroll engagements of Board members, and / or senior officers with significant financial responsibility, during the financial year	0	0
Total no. of individuals on payroll and off-payroll that have been deemed "Board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both on payroll and off-payroll engagements.	18	17

Salary and Pensions entitlements of senior managers 2018/19

Remuneration of senior managers (audited)

Name and title	2018-19						2017-18					
	(a)	(b)	(c)	(d)	(e)	(f)	(a)	(b)	(c)	(d)	(e)	(f)
	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	Total (a to e) (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	Total (a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000	£000	£	£000	£000	£000	£000
Non-Executive Directors												
Peter Rilett - Chair Left 01/11/17	-	-	-	-	-	-	10-15	-	-	-	-	10-15
Frank Collins - Interim Chair Started 02/11/17 Left 30/06/18	10 - 15	700	-	-	-	10 - 15	15-20	-	-	-	-	15-20
Michele Romaine - Chair Started 01/07/18	30 - 35	100	-	-	-	30 - 35	-	-	-	-	-	-
Andrew Willis - Non Executive Director Left 30/04/17	-	-	-	-	-	-	0-5	-	-	-	-	0-5
Liz Redfern CBE - Non Executive Director Left 31/08/18	0 - 5	200	-	-	-	0 - 5	5-10	-	-	-	-	5-10
John Everitt - Non Executive Director	5 - 10	-	-	-	-	5 - 10	5-10	-	-	-	-	5-10
Kelvin Blake - Non Executive Director Started 01/02/19	0 - 5	-	-	-	-	0 - 5	-	-	-	-	-	-
Robert Mould - Non Executive Director	5 - 10	-	-	-	-	5 - 10	5-10	-	-	-	-	5-10
Jaki Davis - Non Executive Director	5 - 10	-	-	-	-	5 - 10	5-10	-	-	-	-	5-10
John Iredale- Non Executive Director	5 - 10	-	-	-	-	5 - 10	5-10	-	-	-	-	5-10
Tim Gregory - Non Executive Director Started 01/07/17	5 - 10	-	-	-	-	5 - 10	0-5	-	-	-	-	0-5
Executive Directors												
Andrea Young - Chief Executive	190 - 195	-	-	-	-	190 - 195	190-195	100	-	-	27.5-30	220-225
Catherine Phillips - Director of Finance	140 - 145	100	-	-	-	140 - 145	140-145	-	-	-	60-62.5	200-205
Chris Burton - Medical Director	185 - 190	-	-	-	97.5 - 100	285 - 290	150-155	-	-	-	20-22.5	170-175
Evelyn Barker - Interim Chief Operating Officer 09/04/18 to 31/12/18. Chief Operating Officer and Deputy Chief Executive from 01/01/19	150 - 155	18,100	10 - 15	-	-	175 - 180	-	-	-	-	-	-
Kate Hannam - Director of Operations until 08/04/18. Director of Partnerships from 09/04/18. Left 27/02/2019	280 - 285	-	-	-	25 - 27.5	305 - 310	120-125	-	-	-	32.5-35	150-155
Sue Jones - Director of Nursing and Quality	110 - 115	-	-	-	45 - 47.5	160 - 165	115-120	-	-	-	15-17.5	130-135
Helen Blanchard - Interim Director of Nursing and Quality Started 02/07/18	100 - 105	-	-	-	112.5 - 115	210 - 215	-	-	-	-	-	-
Corporate Directors												
Neil Darvill - Director of Informatics	120 - 125	-	-	-	-	120 - 125	120-125	-	-	-	15-17.5	135-140
Simon Wood - Director of Estates, Facilities & Capital Planning	110 - 115	100	-	-	2.5 - 5	115 - 120	110-115	100	-	-	15-17.5	125-130
Jacolyn Fergusson - Director of People and Transformaion	140 - 145	19,200	15-20	-	-	180 - 185	140-145	16,800	15-20	-	-	175-180

Salary

From 1 July 2018 to 30 September 2018, the Interim Director of Nursing and Quality, Helen Blanchard was on secondment from Royal United Hospitals Bath NHS Foundation Trust.

Jacqui Marshall commenced employment with the Trust as Director of People and Transformation, replacing Jacolyn Fergusson on 1 April 2019.

Included within the 2018/19 salary of the Director of Partnerships is a redundancy payment of £160,000.

The salary for the Medical Director, Chris Burton, for 2018/19 included a one-off payment in arrears following the regrading of the post to the lower quartile of medical directors in large acute Trusts.

Expense Payments

Expense payments within the Trust largely relate to taxable mileage expenses, some telephone rental expenses and, where applicable, relocation expenses. Both the Director of People and Transformation (Jacolyn Fergusson) and Chief Operating Officer (Evelyn Barker) received in-year living allowance payments of £18,000. This reflects the short and fixed nature of the contracts in recognition of living away from home during the week.

Performance Pay and Bonuses

The Director of People and Transformation (Jacolyn Fergusson) received a performance related bonus contribution of £17,500, to recognise the complexity of the role and the deliverables strongly associated with the success of the Trust. Detailed quarterly objectives have been agreed and achievement of these signed off by the Chief Executive throughout the year.

Whilst in post as Interim Chief Operating Officer, Evelyn Barker received a bonus of £11,249 based on detailed quarterly objectives as reviewed and signed off by the Chief Executive.

The performance related bonuses were agreed by NHS Improvement and the Trust's Remuneration and Nominations Committee for these specific posts. These roles were difficult to recruit to and are critical to the Trust.

All Pension Related Benefits

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Remuneration Policy

The Trust's approach to Remuneration Policy for Directors is in line with the guidance issued by NHS Improvement in order that directors' pay remains both competitive and value for money.

The Trust has a Remuneration and Nominations Committee that agrees the remuneration packages for executive directors.

Pay Multiples (audited)

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.

The banded remuneration of the highest paid director in the organisation in the financial year 2018/19 was £190k-£195k (2017/18: £190k-£195k). This was 6.4 times (2017/18 6.7 times) the median remuneration of the workforce, which was £30,213 (2017/18 £28,524).

The median remuneration of the workforce increased due to the 2018 NHS Agenda for Change national pay increase.

In 2018/19 five employees (2017/18 five employees) received remuneration in excess of the highest-paid director. Remuneration ranged from £17,460 to £273,518 (2017/18: £15,404 to £222,819). The higher end of the remuneration range increased in 2018/19 due to a senior doctor being paid to work unsocial hours on a temporary bank contract.

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

Pension Entitlements of senior managers (audited)

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31 March 2019 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000) £000	Cash Equivalent Transfer Value at 1 April 2018 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2019 £000	Employer's contribution to stakeholder pension £000
Executive Directors								
Andrea Young - Chief Executive	0	0	75 - 80	225 - 230	1,718	0	0	0
Catherine Phillips - Director of Finance	0 - 2.5	0	50 - 55	130 - 135	851	86	986	0
Chris Burton - Medical Director	5.0 - 7.5	15.0 - 17.5	60 - 65	185 - 190	1,159	218	1,440	0
Evelyn Barker - Interim Chief Operating Officer 09/04/18 to 31/12/18. Chief Operating Officer and Deputy Chief Executive from 01/01/19	0	0	65 - 70	205 - 210	1,660	0	0	0
Kate Hannam - Director of Operations	0 - 2.5	0	40 - 45	90 - 95	557	92	683	0
Sue Jones - Director of Nursing and Quality	2.5 - 5.0	7.5 - 10.0	55 - 60	170 - 175	1,070	159	1,278	0
Helen Blanchard - Interim Director of Nursing and Quality Started 02/07/18	5.0 - 7.5	15.0 - 17.5	45 - 50	135 - 140	814	197	1,045	0
Corporate Directors								
Neil Darvill - Director of Informatics	0 - 2.5	0	40 - 45	120 - 125	819	73	935	0
Simon Wood - Director of Estates, Facilities & Capital Planning	0 - 2.5	0 - 2.5	55 - 60	165 - 170	1,159	115	1,324	0
Jacolyn Fergusson - Director of People and Transformation	0	0	0	0	0	0	0	0

Note:

The Director of People and Transformation has opted out of the NHS Pension scheme and therefore there are no employee or employer pension contributions made.

There are no Cash Equivalent Transfer Value (CETV) figures as at 31 March 2019 for the Chief Executive or Chief Operating Officer and Deputy Chief Executive as they are over the normal retirement age, and therefore the CETV calculation is not applicable.

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

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

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

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a

pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase CETV

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

Staff Report

The Staff Report is subject to audit.

Staff Numbers (audited)

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

	2018/19			2017/18
	Total	Permanently employed	Other	Total
	Number	Number	Number	Number
Average Staff Numbers				
Medical and dental	952	911	41	922
Administration and estates	1,530	1,431	99	1,461
Healthcare assistants and other support staff	1,747	1,419	328	1,735
Nursing, midwifery and health visiting staff	2,437	2,165	272	2,404
Scientific, therapeutic and technical staff	760	756	4	740
Healthcare Science Staff	609	604	5	602
Total	**8,035**	**7,286**	**749**	**7,864**
Of the above - staff engaged on capital projects	29	27	2	26

Staff Composition

	2018/19			2017/18		
	Male	Female	Total	Male	Female	Total
Board members	7	9	16	10	7	17
Other staff	1,964	6,055	8,019	2,026	5,821	7,847
Total	1,971	6,064	8,035	2,036	5,828	7,864
Total %	25%	75%		26%	74%	

Staff Costs (audited)

The table below shows staff costs:

	Group			
			2018/19	2017/18
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	280,425	4,461	**284,886**	**272,613**
Social security costs	27,638	-	**27,638**	**26,335**
Apprenticeship levy	1,372	-	**1,372**	**1,306**
Employer's contributions to NHS pensions	33,653	-	**33,653**	**31,817**
Pension cost - other	-	-	**-**	**-**
Other post employment benefits	-	-	**-**	**-**
Other employment benefits	-	-	**-**	**-**
Termination benefits	411	-	**411**	**390**
Temporary staff	-	11,158	**11,158**	**6,261**
NHS charitable funds staff	-	-	**-**	**-**
Total gross staff costs	**343,499**	**15,619**	**359,118**	**338,722**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**343,499**	**15,619**	**359,118**	**338,722**
Of which				
Costs capitalised as part of assets	1,113	131	**1,244**	995

Exit Packages (audited)

Reporting of compensation schemes – exit packages 2018/19 (audited)

The Exit packages agreed by the Trust are as follows:

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	1	1,000	27	93,699	28	94,699	0	0
£10,000 - £25,000	1	20,680	1	11,615	2	32,295	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	1	160,000	0	0	1	160,000	0	0
>£200,000	1	229,211	0	0	1	229,211	0	0
Totals	**4**	**410,891**	**28**	**105,314**	**32**	**516,205**	**0**	**0**

Reporting of compensation schemes – exit packages 2017/18 (audited)

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	4	18,413	31	112,308	35	130,721	0	0
£10,000 - £25,000	4	78,333	4	56,590	8	134,923	0	0
£25,001 - £50,000	4	125,366	0	0	4	125,366	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Totals	**12**	**222,112**	**35**	**168,898**	**47**	**391,010**	**0**	**0**

Redundancy and other departure costs have been paid in accordance with the provisions of the relevant contractual obligations and NHS Pensions scheme. Exit costs in this note are the full costs of departures agreed in the year. Where North Bristol NHS Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Exit Packages: Other (non-compulsory) departure payments (audited)

Exit packages: other (non-compulsory) departure payments (audited)

	2018/19		2017/18	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	28	106	35	169
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**28**	**106**	**35**	**169**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in the Exit Packages tables above, which will be the number of individuals.

The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report.

Sickness Absence Data and Pension Liabilities

	2018	2017
Total Days Lost	69,707	71,494
Total FTE Staff Years	7,259	7,176
Average working days lost per staff year	10	10

***Note**:*

Figures presented are per calendar year.

Pension liabilities are detailed within the accounts under Note 10. The policy note for pensions is presented under note 1.5 detailing how pension liabilities are treated in the accounts. Salary and pension entitlements of senior managers has been provided within the Remuneration Report.

Trade Union Facility Time as at 1 April 2019

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017.

Under the Regulations, North Bristol NHS Trust is required to publish the following information relating to trades union officials and facility time.

Trades Unions and numbers of representatives	
Staff who are Union representatives	57
Staff who are Union representatives (H&S only)	16
Staff who are Union representatives with regular paid facility time	8
Unions (covering the above) BDA (British Dietetic Association) BMA (British Medical Association) CSP (Chartered Society of Physiotherapists) FCS (Federation of Clinical Scientists) GMB RCM (Royal College of Midwives) RCN (Royal College of Nurses) SOR (Society of Radiographers) UNISON Unite	

Relevant Union Officials	
What was the total number of your employees who were relevant union officials during the relevant period?	
Number of employees who were relevant union officials employed during the relevant period	Number of employees (WTE) in the organisation
74	7348.6

Percentage of time spent on facility time for each relevant union official	
How many of your employees who were relevant union officials employed during the relevant period spent a) 0 - 50%, b) 51 – 99%, c) 100% of their time on facility time?	
Percentage of time	Number of employees
0 – 50%	71

51 – 99%	1
100%	2

Percentage of pay bill spent on facility time
*What is the percentage of pay bill spent on facility time?**
0.046%

Paid Trade Union activities
As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials?
100%

Staff Policies applied during the year

The Trust has a range of Human Resources policies that support staff and which are widely available on the Intranet.

In respect of disability, the Trust's Recruitment and Selection Policy and Guidelines sets out its commitment to ensuring that all staff, including those who are disabled, are treated fairly and equitably in relation to the appointment processes.

The Trust is now a Disability Confident employer guaranteeing an interview for disabled applicants who meet the person specification and to ensure reasonable adjustments are made.

The Trust has an Equality and Diversity Committee, which amongst others ensures that disabled persons have equal access to development and support.

The Trust monitors its employment and policies to ensure actions are taken to avoid unlawful discrimination whether direct or indirect.

Expenditure on consultancy

Expenditure on consultancy services was £1,667,000 (2017/18 £259,000) during the year.

Statement of the chief executive's responsibilities as the accountable officer of the trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum.* 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 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;
- as far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and all steps have been taken that ought to have been taken to make myself aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.; and
- the Annual Report 2018/19 is, as a whole, fair, balanced and understandable, and I take personal responsibility for the Annual Report 2018/19 and the judgements required for determining that it is fair, balanced and understandable.

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.....Chief Executive

Date.....

Statement of directors' responsibilities in respect of the accounts

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

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

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

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

The directors confirm that they know of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and have taken all the steps that ought to have been taken to make themselves aware of any such information and to establish that the auditors are aware of it.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy

By order of the Board

.....Date.....Chief Executive

.....Date.....Finance Director