

2018/19



Account of the Quality of Clinical Services

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List of Abbreviations

A

ACT	Advice and Complaints Team
AHP	Allied Health Professional
ASCR	Anaesthetics, Surgery, Critical Care and Renal

B

BAME	Black, Asian and Minority Ethnic
BAUS	British Association of Urological Surgeons
BNSSG	Bristol, North Somerset and South Gloucestershire

C

CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CISC	Cancer Information and Support Clinic
CQC	Care Quality Commission

D

DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DoLS	Deprivation of Liberty Safeguards
DQIP	Data Quality Improvement Plan
DSP	Data Security and Protection

E

ECG	Electrocardiogram
ED	Emergency Department

F

fastMRI	Fast Magnetic Resonance Imaging
FFT	Friends and Family Test
FTSU	Freedom to Speak Up

G

GMC	General Medical Council
GMP	General Medical Practice

H

HCA	Healthcare Assistant
HES	Hospital Episode Statistics
HNA	Holistic Assessment and Care Plan
HSIB	Healthcare Safety Investigation Branch
HSMR	Hospital Standardised Mortality Ratio

I

IG	Information Governance
IM&T	Information Management and Technology
ISC	Immediate Safety Concern



KLOE

Key Lines of Enquiry

KPI

Key Performance Indicator

KPMG

Klynveld Peat Marwick Goedeler



LASER

Learning After Significant Event Recommendations

LD

Learning Disability

LoDED

Limit of Detection of Troponin and ECG Discharge

LoS

Length of Stay



MDT

Multidisciplinary Team

MHA

Medical History Assurance

MLE

Managed Learning Environment

MMT

Medicine Management Technician

MSS

Medical Short Stay



NBT

North Bristol Trust

NEWS2

National Early Warning Score 2

NHS

National Health Service

NHSE

National Health Service England

NHSI

National Health Service Improvement

NICE

National Institute for Health and Care Excellence

NICU

Neonatal Intensive Care Unit



ODP

Operating Department Practitioner



PALS

Patient Advice and Liaison Service

PHE

Public Health England

PwC

PricewaterhouseCoopers



RTT

Referral to Treat



SCIE

Social Care Institute for Excellence

SHMI

Standardised Hospital Mortality Indicator



TOIL

Time off in Lieu

TTA

To Take Away



WHO

World Health Organisation

Statement on Quality from the Chief Executive

In the year the NHS celebrated its 70th birthday staff at North Bristol NHS Trust (NBT) worked in teams to make more quality improvements to their services. In so doing they are making sure the NHS is fit for the future and will be here, treating patients who need our care, for the long term.

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 while making sure that every patient's experience is also a good one.

Following the most challenging winter across the NHS in 2017/18 at NBT we committed to finding a way to improve the way we run our hospital that works better for patients as well as enabling them to have empty beds at the start of the day.

Investment in a Quality Improvement Programme called Perform equipped our staff with tools and techniques to manage the flow of patients through our beds, to reduce any unnecessary delays and to help co-ordinate the actions of every member of the team involved in patients care, including the discharge teams.

Over 1,500 members of staff attended OneNBT boot camps, irrespective of grade or role, there are benefits of the PERFORM approach that can be applied to every team activity – admin or clinical. Staff embraced this new learning and we now see PERFORM huddles across the hospital helping teams to manage their work and prioritise actions. Dedicated coaches were trained and assigned to every ward in the hospital for a ten-week period, to support the staff in embedding new practice. This well tested QI approach which was recognised by the HSJ in a Partnership of the Year award in 2019 will now be further developed to support Quality Improvement in maternity, theatre recovery areas (medirooms) and the Emergency Department.

Our strategy sets out an ambition to treat patients as partners in their own care. Our maternity service blazed a trail in setting up a new way to in which mums could access the information they need during their pregnancy.

Historically we gave expectant parents around 80,000 leaflets per year and we received feedback that these leaflets weren't being read and were frequently misplaced. 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 has been well received by users. 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 improving 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.

Statement on Quality from the Chief Executive

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. It is great to know that most of these ideas come direct from our frontline staff and volunteers, across all aspects of care, that are committed to exceptional healthcare, personally delivered. Our job is to listen, engage and ensure they have the resources and support to keep doing what they do best.



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 27/06/2019



Michele Romaine

Chairman

Signed Date 27/06/2019



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

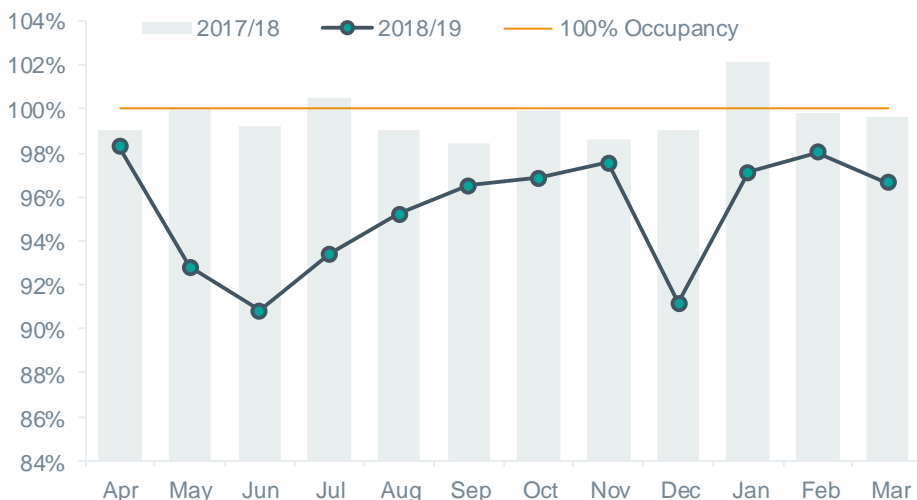
1. Eliminate Delays in Hospital to Improve Patient Safety and Reduce Bed Occupancy

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

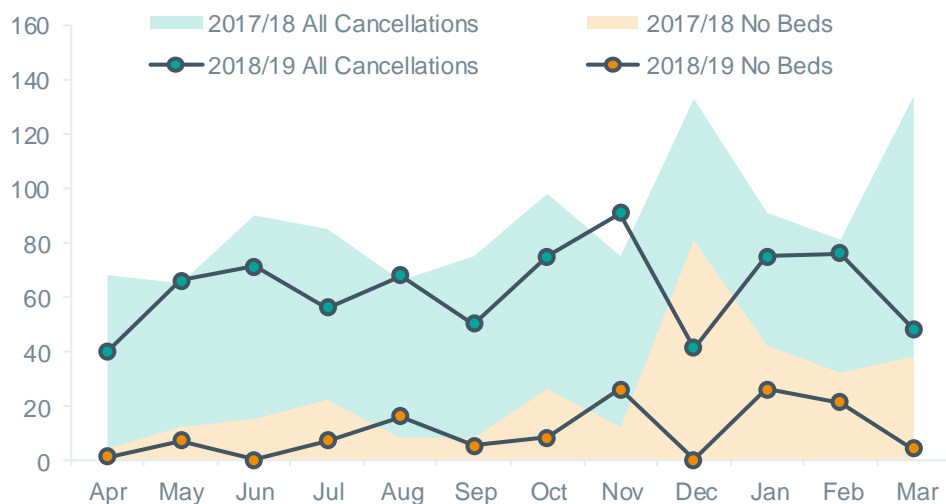
October to ensure wards were allocated to the Medicine Division over the peak periods which significantly reduced medical outliers and improved overall LoS with more effective deployment of staff.

The Trust maximised its capacity in quarter 3 and opened a further 6 medroom 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 increase in spells.



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 ”

95%
average approval



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.

We recognise that we have more work to deliver our improvement ambitions and will continue focusing work in this area during 2019/20 .



Our 2019/20 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

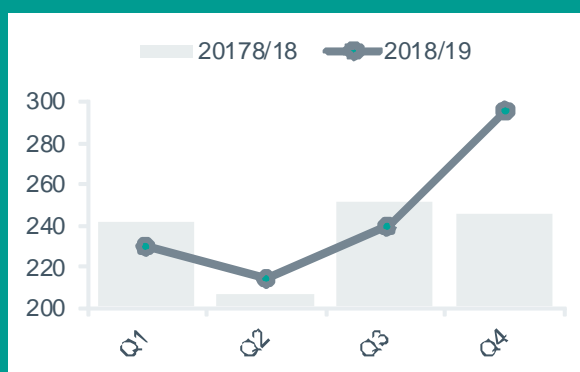


Purchase of a 3 year MCA and DoLS eLearning package produced by SCIE (Social care Institute for Excellence), a highly recommended teaching and training consultancy.

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 it.



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 continue to improve the identification and assessment of frail patients so that we can tailor our services to their individual needs and reduce the number of 'stranded' patients within our hospital. We will also continue developing our hospital at home and enhanced recovery service for elective patients, reducing length of stay and ensuring a positive patient experience.
- 2  **Meeting the Identified Needs of Patients with Learning**

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 through 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 a 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 division 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 last 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. Our 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 reduction in the proportion of women with a post-partum haemorrhage ≥ 1500 mls.

2

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

Divisional Quality Improvement Projects

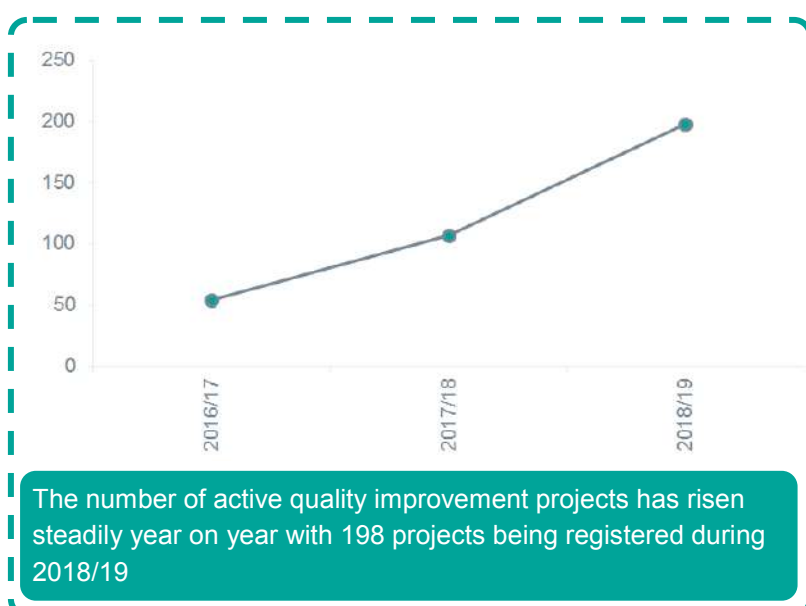
Each year the Trust undertakes a number of staff-led quality improvement projects aimed at improving how we care for our patients. These could be related to improving patient outcomes, making care safer or more effective, improving patient experience or staff wellbeing, or reducing costs.

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



Anaesthetics, Surgery, Critical Care & Renal

The Clinical Simulation Space	23
Human Factors Training	24
Enhancing Patient Information	30

Core Clinical Services

ChemoCare Electronic Prescribing	25
Pharmacy Weekend Service Re-Design	26
Reducing Waste	26

Medicine

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Hip and Knee Replacement Physiotherapy Rehabilitation	29
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Simulation



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

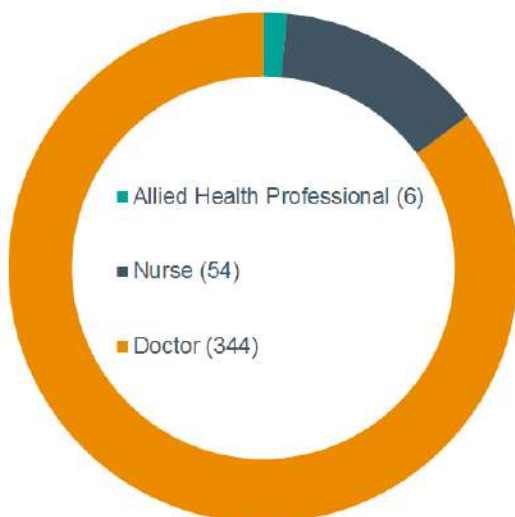
Simulation-based training has long been recognised as a way for healthcare professionals to learn and improve on their skills. This includes clinical skills but also teamwork, communication, leadership and decision making, all of which are vitally important to the functioning of a safe and effective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



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."



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.

47%



INCREASE IN KNOWLEDGE SCORES

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

ChemoCare Electronic Prescribing



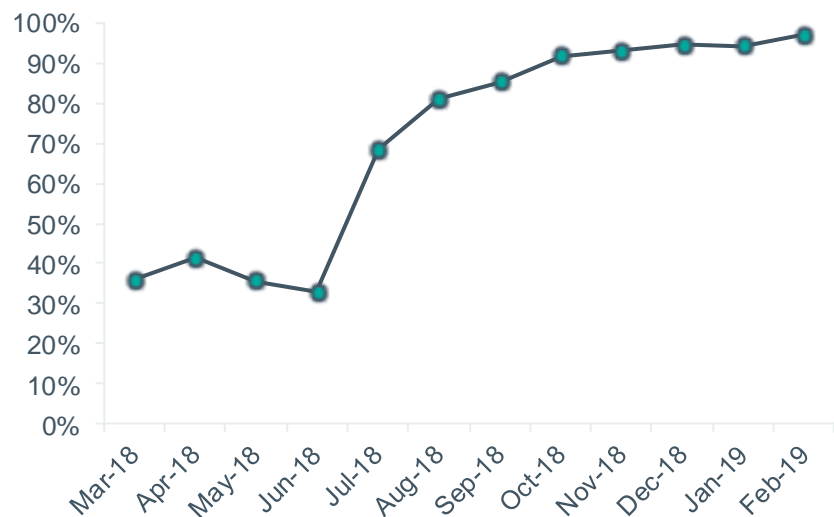
During 2018/19 the pharmacy team in partnership with clinical haematology implemented ChemoCare, an electronic prescribing system for chemotherapy drugs. Electronic prescribing significantly reduces the likelihood of medication prescribing errors in this high risk clinical area.

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.

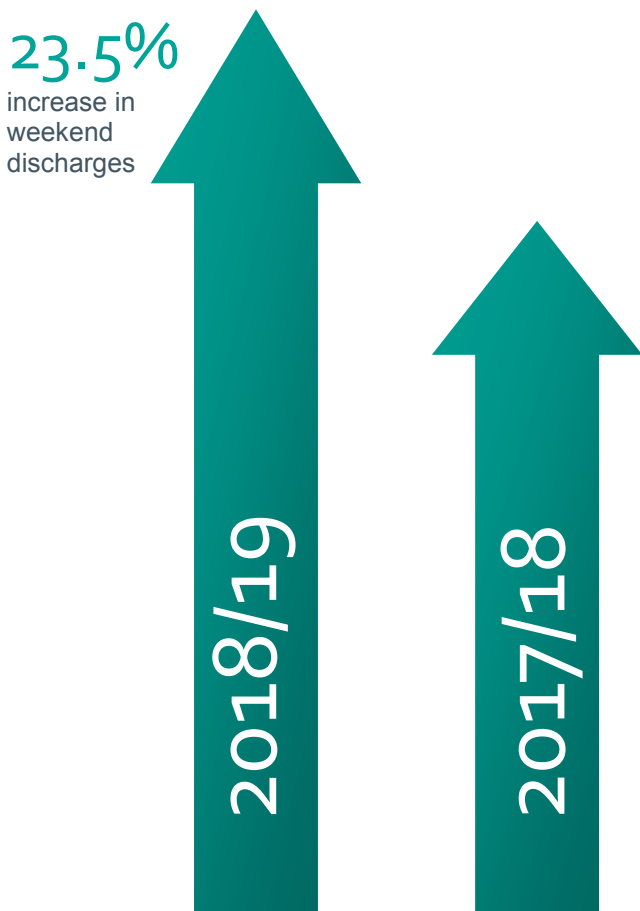


Pharmacy Weekend Service Re-Design

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.

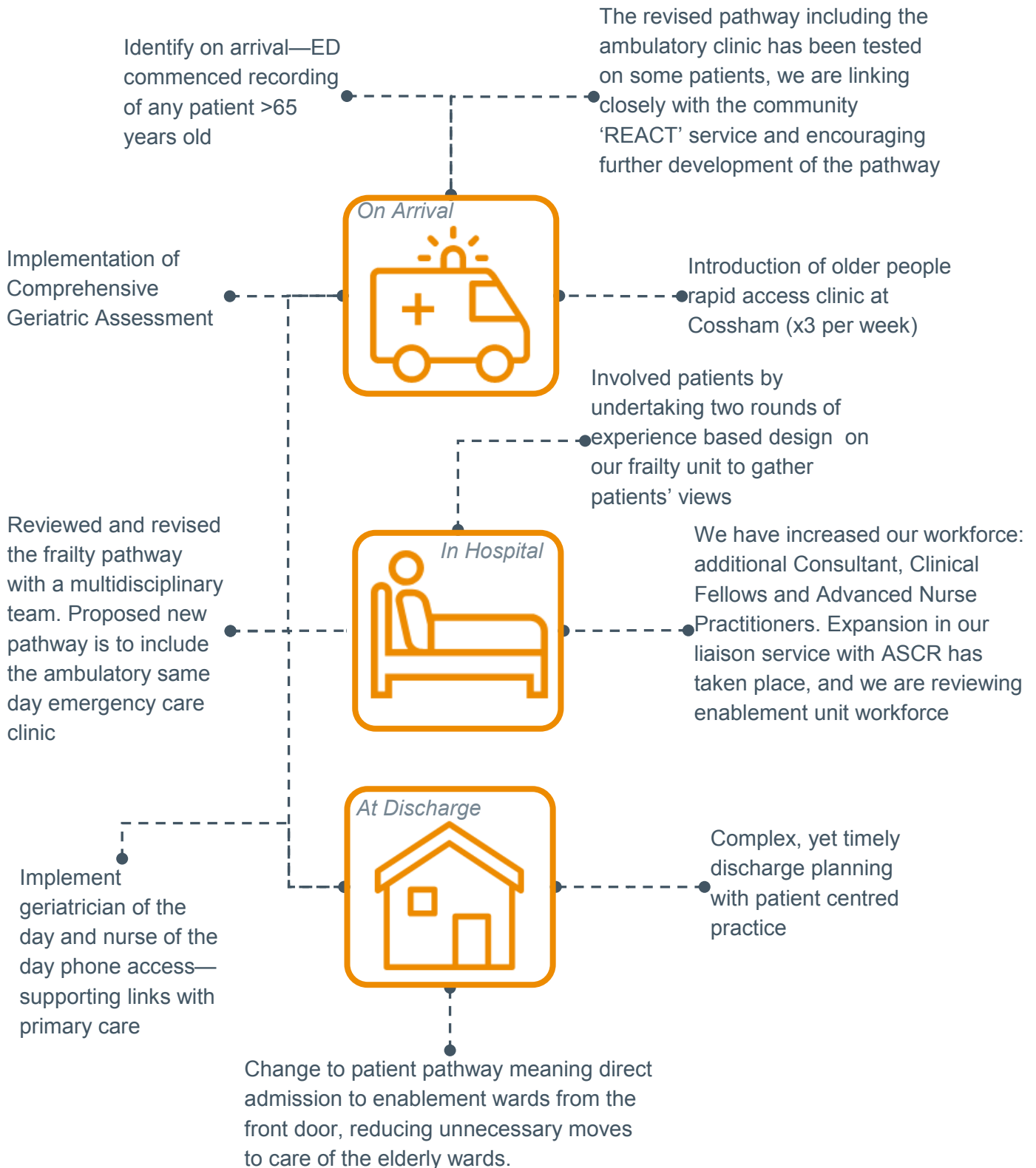
Despite problems we estimate we have saved the trust around £227k and prevented a lot of viable medications being destroyed.

A circular graphic with a dashed white border on a dark background. Inside the circle, the text '£227k' is written in a large white font, and the word 'saving' is written in a smaller white font below it.

Frailty at the Front Door

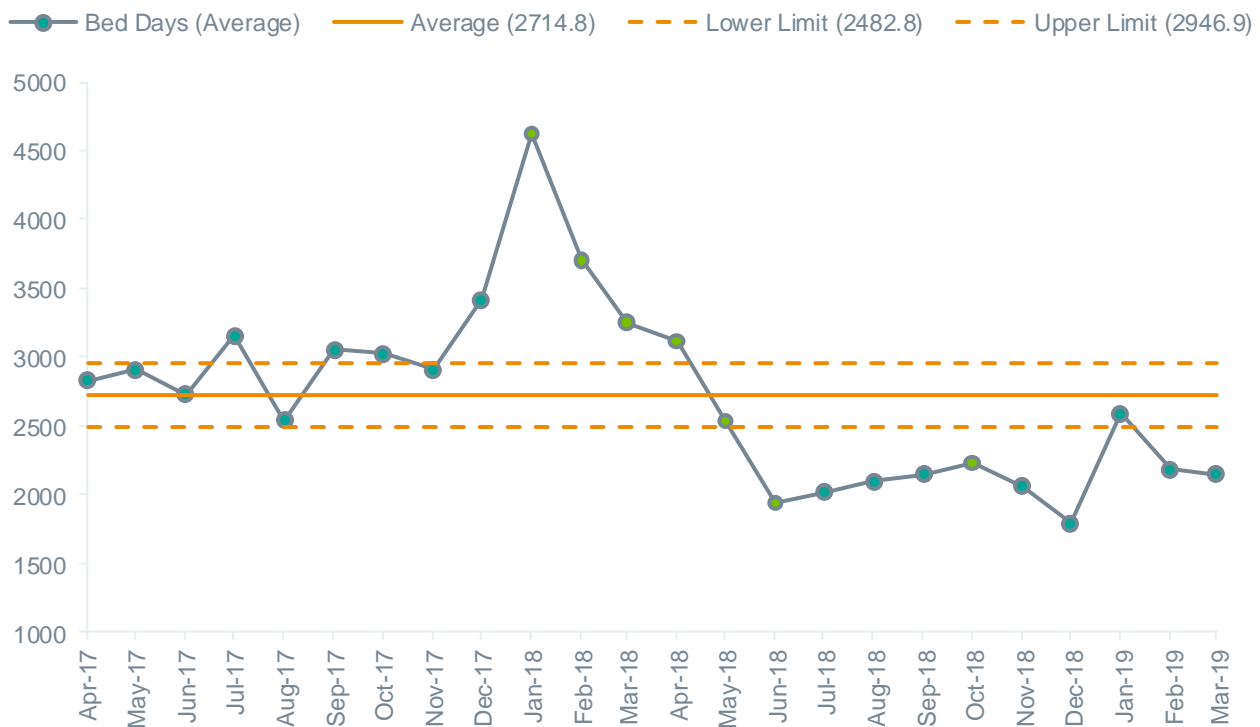
NBT has taken part in Cohort 5 of the Acute Frailty Network Collaboration, focusing on frailty at the front door. Although the focus on how we can address and manage frailty is at the front door, the approach recognises the need to think about flow across the whole system, and how at one stage of the 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.

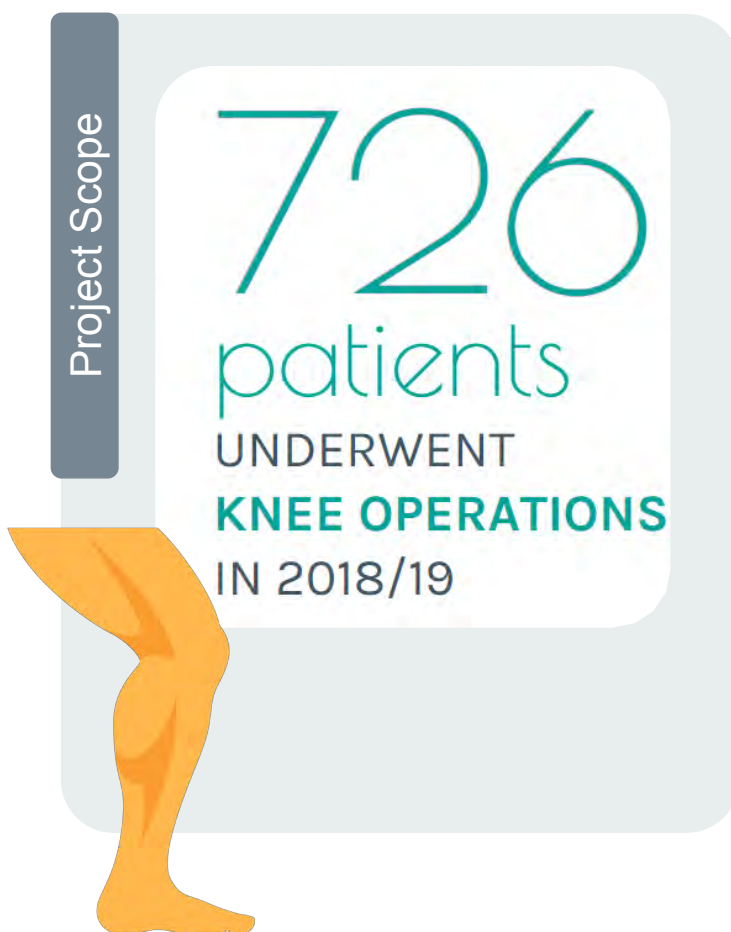
We wanted to empower patients through education to ensure that they are not only well-informed, but well-equipped to manage their care pre and post operation.

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.



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 and how they want to give birth.

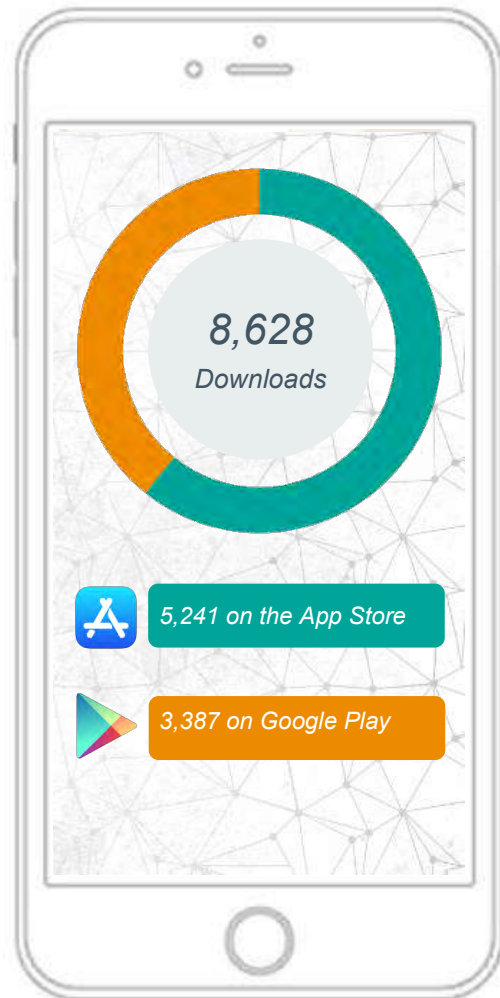
The app is designed for women who are under the care of North Bristol NHS Trust Community Midwives, or are planning on having their baby at Cossham Birth Centre, Mendip Birth Centre or the Central Delivery Suite.

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.

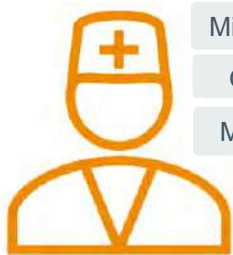
#TheatreCapChallenge



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

Anaesthetic Nurses

Scrub Practitioners

ODPs

Maternity Care Assistant

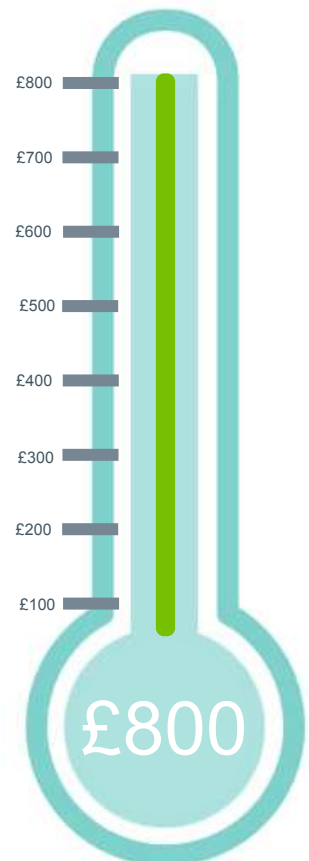
Obstetric Doctors

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

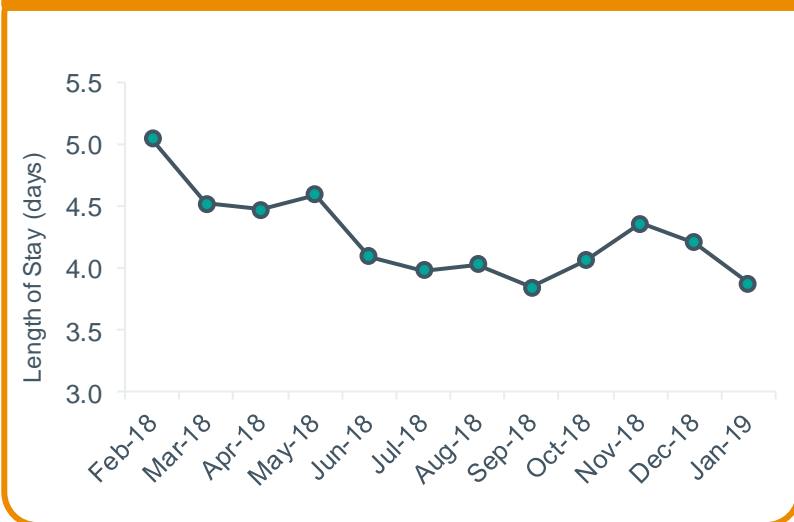
We were determined to have a better winter in 2018/19, and therefore, in April 2018, we embarked upon a journey in partnership with PwC to minimise delays in patient care. The methodology for improvement that we introduced predicated on empowering and investing in staff and is called Perform. By deploying 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.

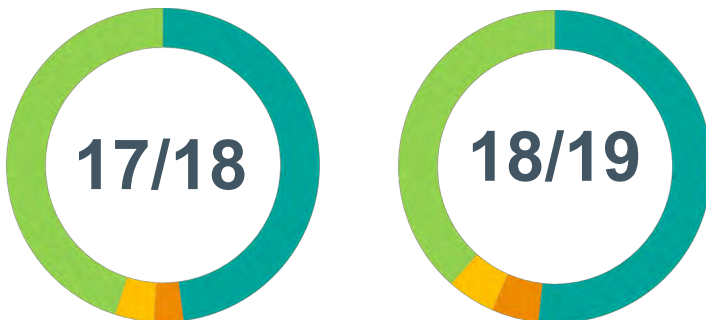
There is also a regulatory requirement for all NHS Complaints, to acknowledge them within three working days, which we normally meet and have only missed on one occasion during the year.

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.

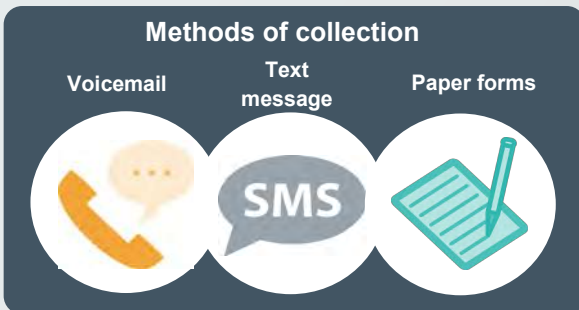
150	150	100+
Movemaker volunteers meeting and greeting and supporting people to get to the right place	Chaplaincy volunteers visiting and supporting patients on wards and assisting with Sunday services.	50 befrienders and other volunteers supporting services that include Macmillan wellbeing, Rosa Burden 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	<ol style="list-style-type: none"> Care Staff Environment 	<ol style="list-style-type: none"> Staff Communication Clinical treatment
Outpatients	<ol style="list-style-type: none"> Staff Clinical Treatment Waiting time 	<ol style="list-style-type: none"> Waiting Time Communication Staff
Emergency Department	<ol style="list-style-type: none"> Staff Care Waiting time 	<ol style="list-style-type: none"> Waiting time Staff Communication
Birth	<ol style="list-style-type: none"> Staff Care Waiting time 	<ol style="list-style-type: none"> Waiting time Staff 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.

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

















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

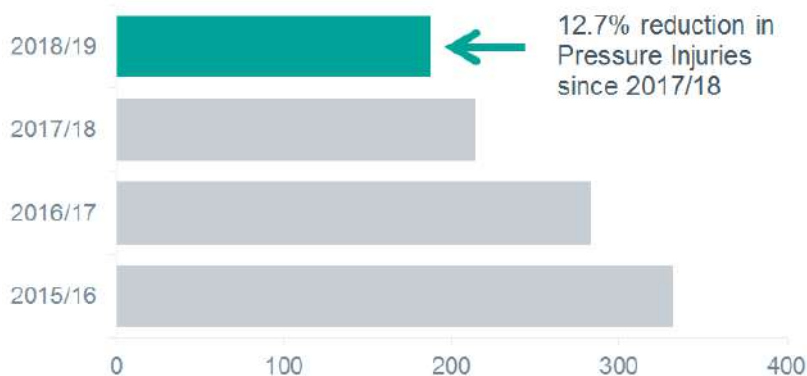


This section showcases some of the quality indicators we have used over the last year to gauge how well we have been doing. These indicators are applicable to a lot of patients that enter our hospital, and nationally are areas which need to be closely monitored to ensure the safety of our patients.

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.

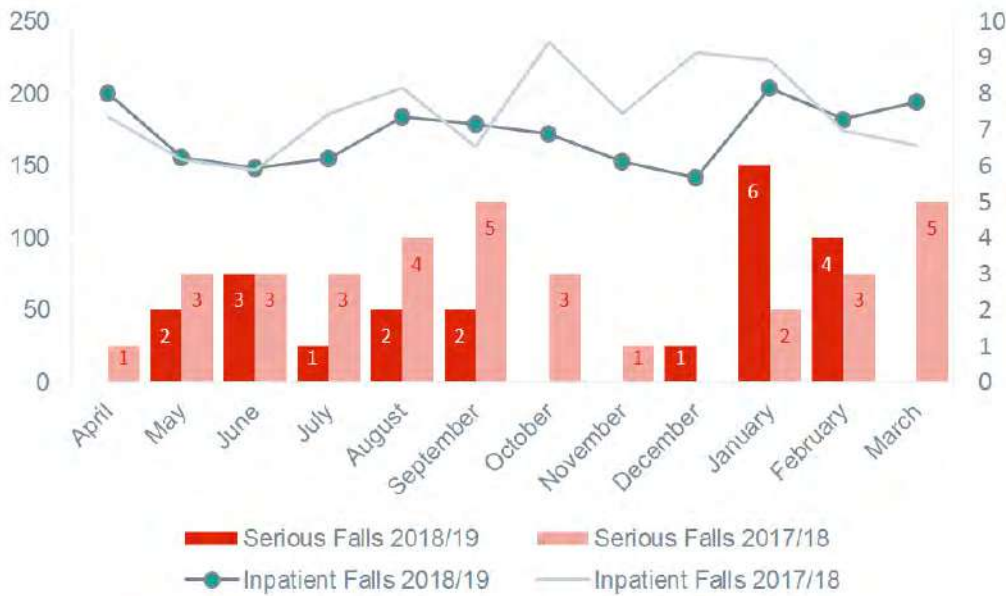
Work is ongoing to determine why these fluctuations occur and how we can better manage the causes that lead to them.



Grade 3 NBT attributable pressure injuries



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

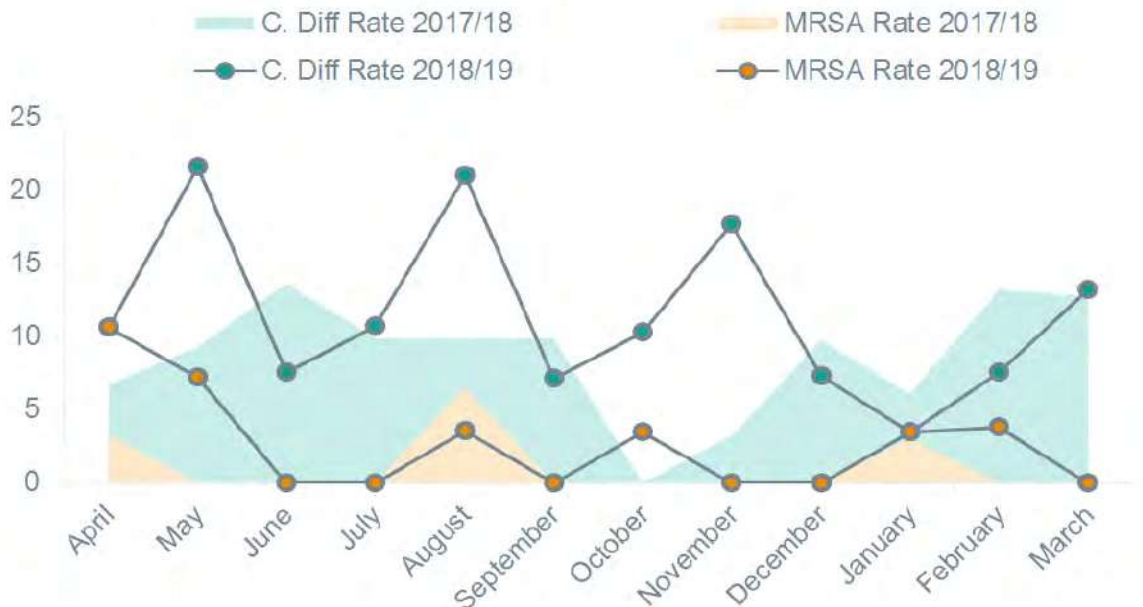
Hospital Acquired Infections (per 100,000 bed days)

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

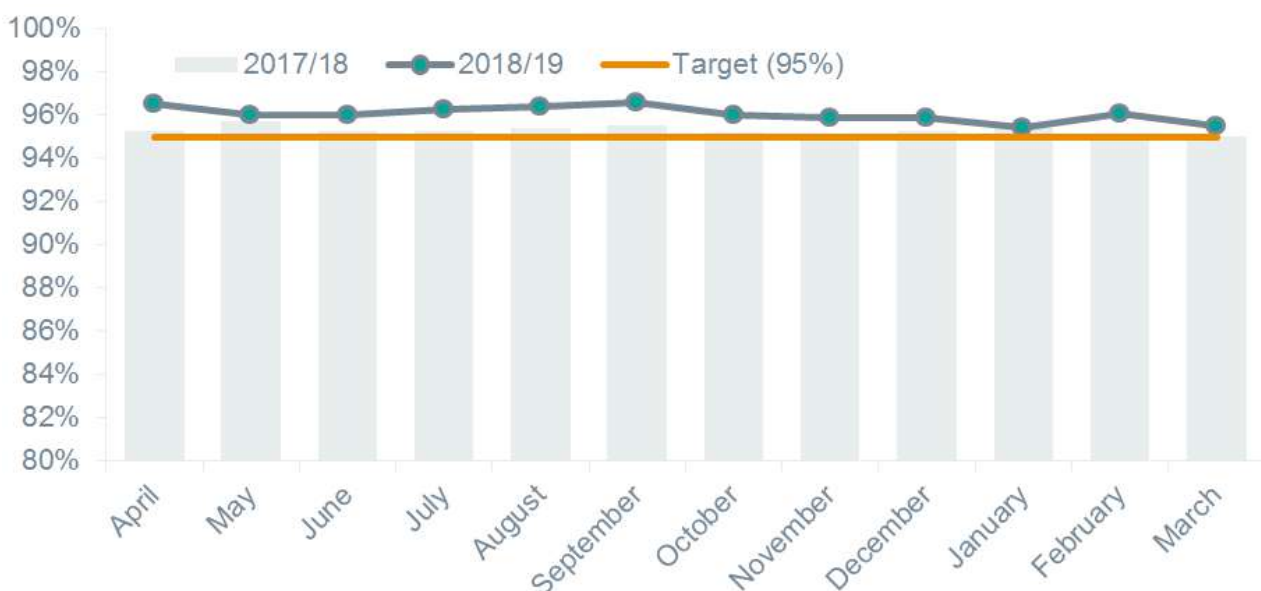
Cancer Multidisciplinary Team (MDT) Performance	Target	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Patient seen within 2 weeks of urgent GP referral	93%	89.71%	89.85%	83.60%	86.15%
Patients with breast symptoms seen by specialist within 2 weeks	93%	84.22%	94.21%	57.10%	71.02%
Patients receiving first treatment 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.

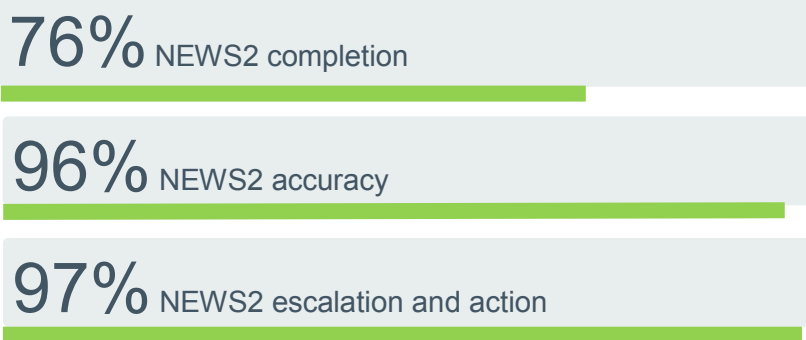


WHO Safer Surgery Checklist



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



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.

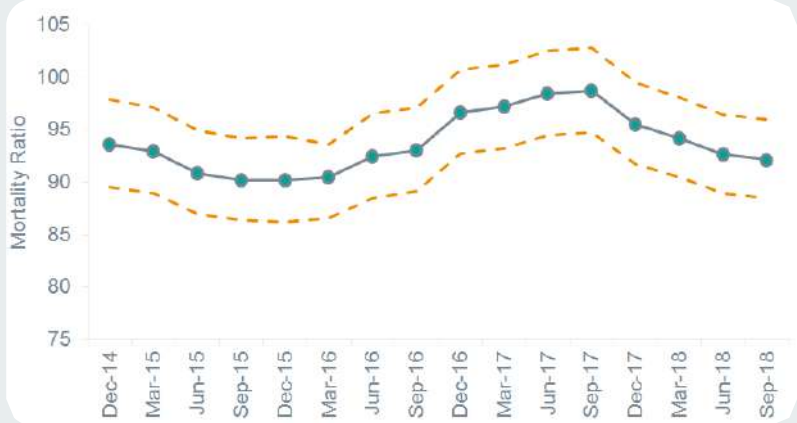


Mortality Outcomes

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.

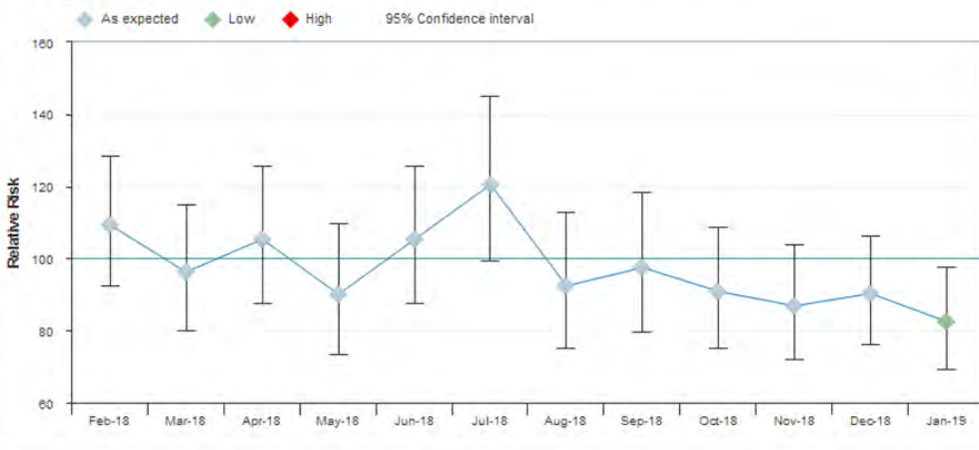
SHMI

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.



Diagnoses - HSMR | Mortality (in-hospital) | Feb 2018 - Jan 2019 | Trend (month)

Period: Month



HSMR

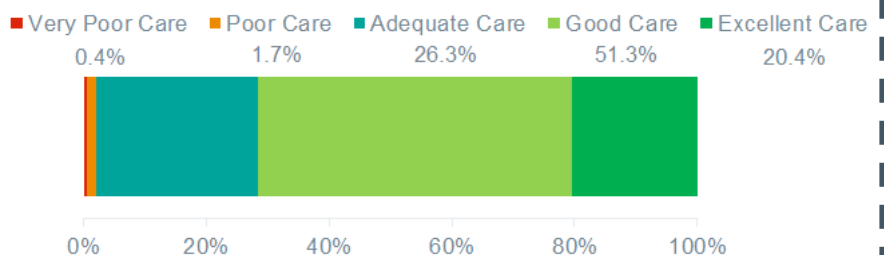
NBT's mortality ratio has remained as expected for the last 12 months of available data. In January 2019 this even dropped to 'low', indicating that our mortality ratio was better than expected.

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.

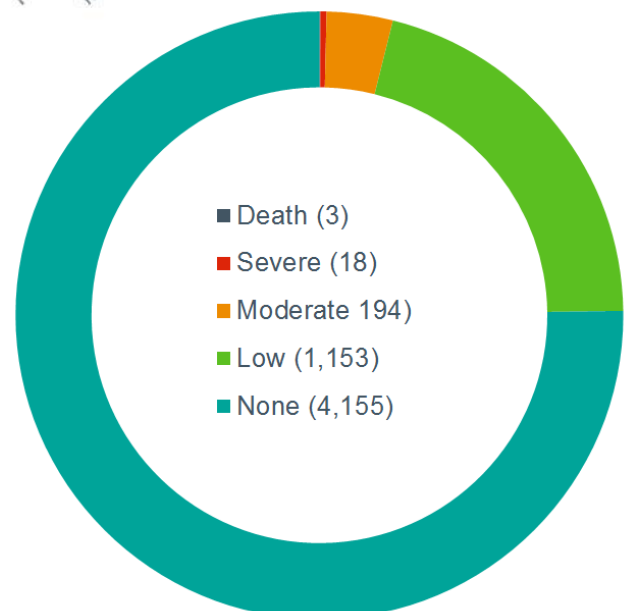
Throughout 2018/19 we have embedded Datix as our incident governance tool. We foster and encourage an open culture based on learning from incidents. Whereas it was disappointing to have had 5 Never Events in 2018/19, it is encouraging that our staff were open in reporting these and, in particular reporting 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.



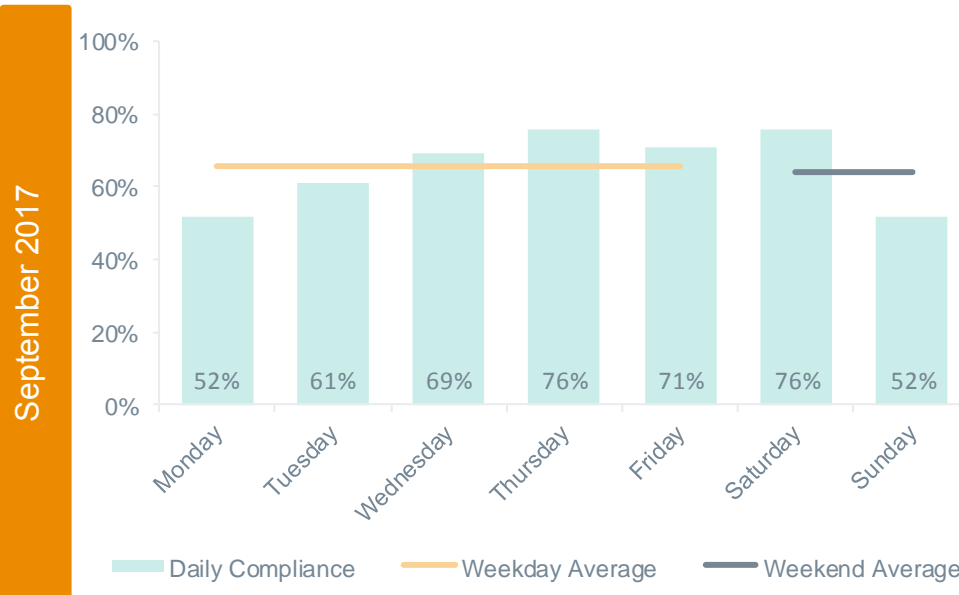
We recognise that we are in the lower quartile of incident reporting nationally and one of our objectives for 2019/20 is to focus on incident reporting through our safety culture

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.

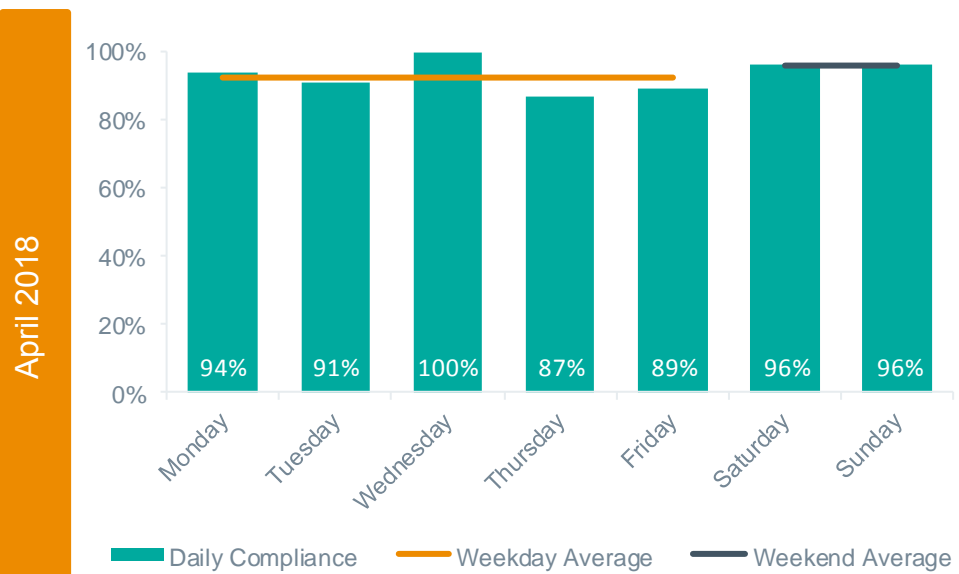


Clinical Standard 2

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	✓	✓

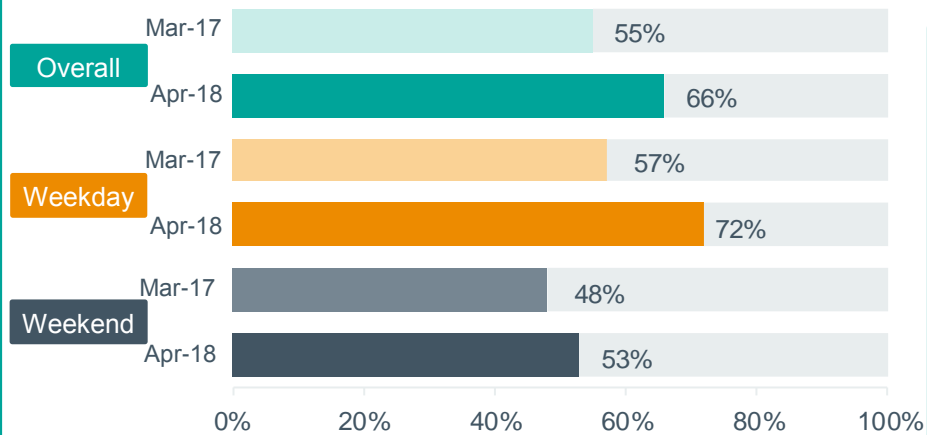
Our provision of consultant directed diagnostic tests has remained the same since the March 2017 audit

Clinical Standard 6

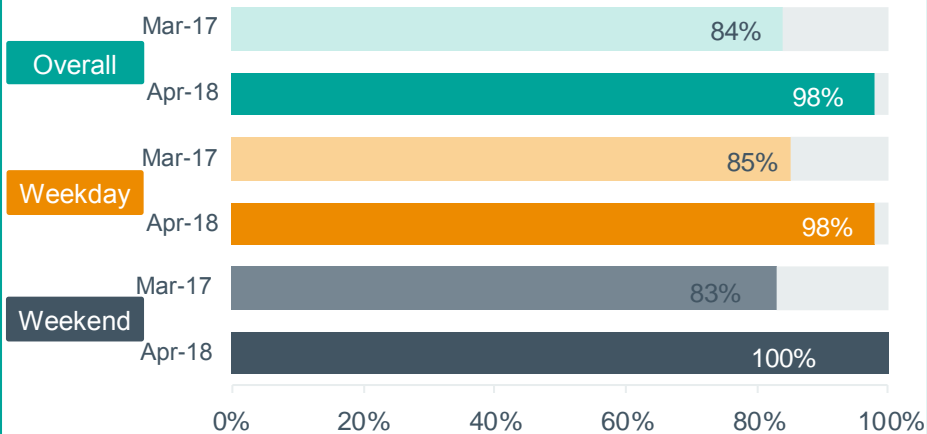
	Weekend	Weekday
Critical Care	✓	✓
Primary PCI	✓	✓
Cardiac Pacing	✓	✓
Thrombolysis for Stroke	✓	✓
Emergency General Surgery	✓	✓
Interventional Endoscopy	✓	✓
Interventional Radiology	✓	✓
Renal Replacement	✓	✓
Urgent Radiotherapy	✓	✓

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

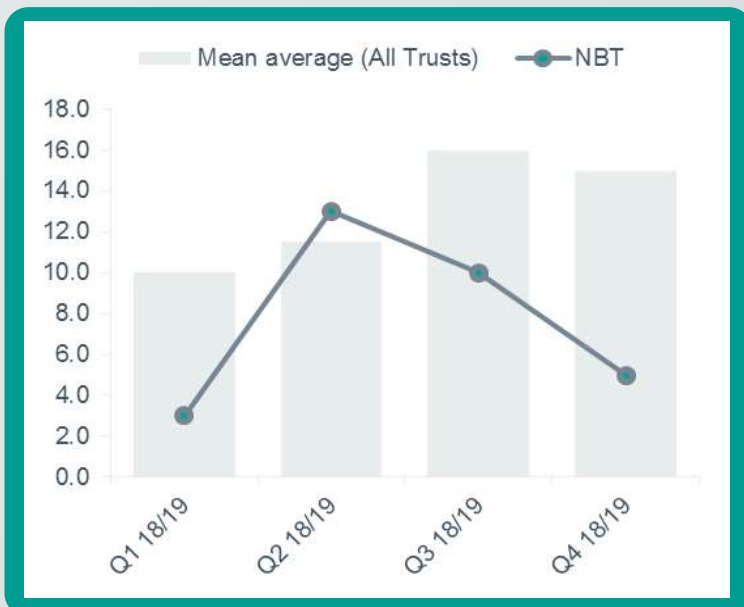
Freedom to speak up

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.

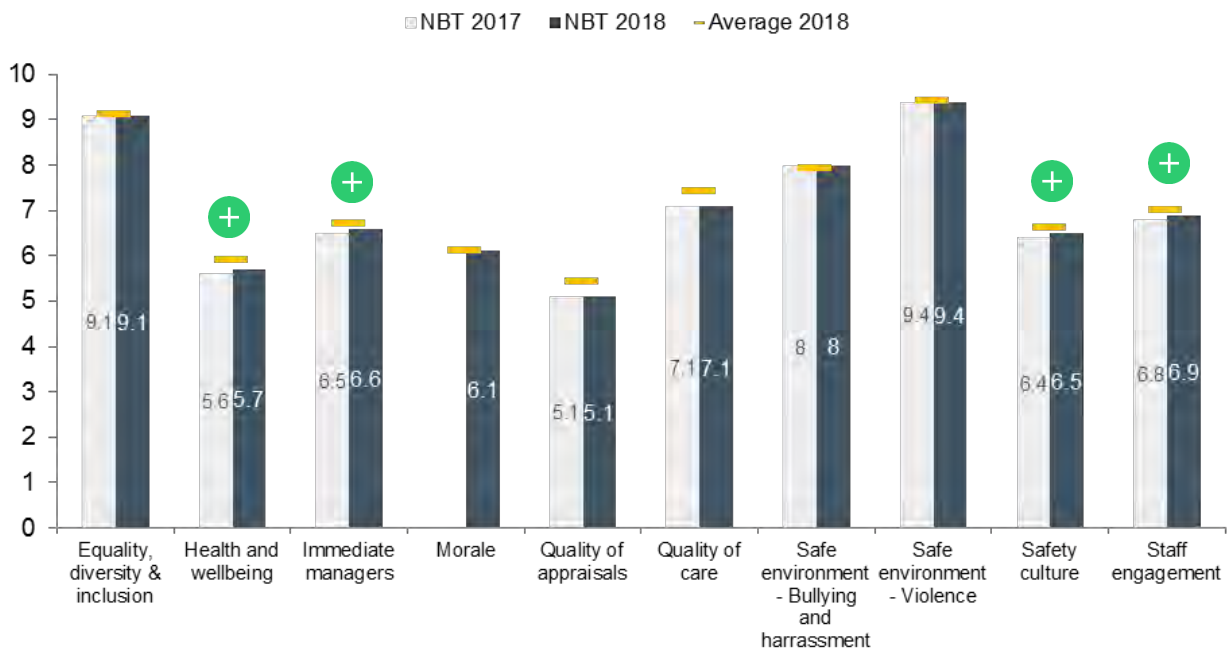


Completed questionnaires **3,362**

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.

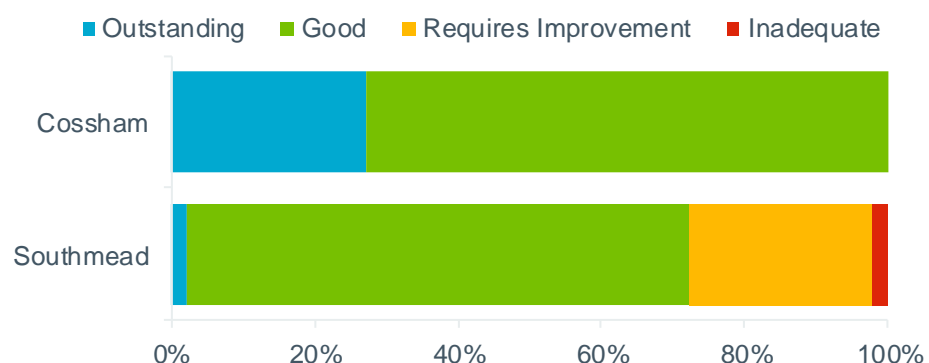
Preparation for the Future

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 CEO 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	Requires	Requires	Good	Requires	Requires

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.



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 important health questions for our local population and increased opportunity for patients.



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 of 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 fastMRI 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

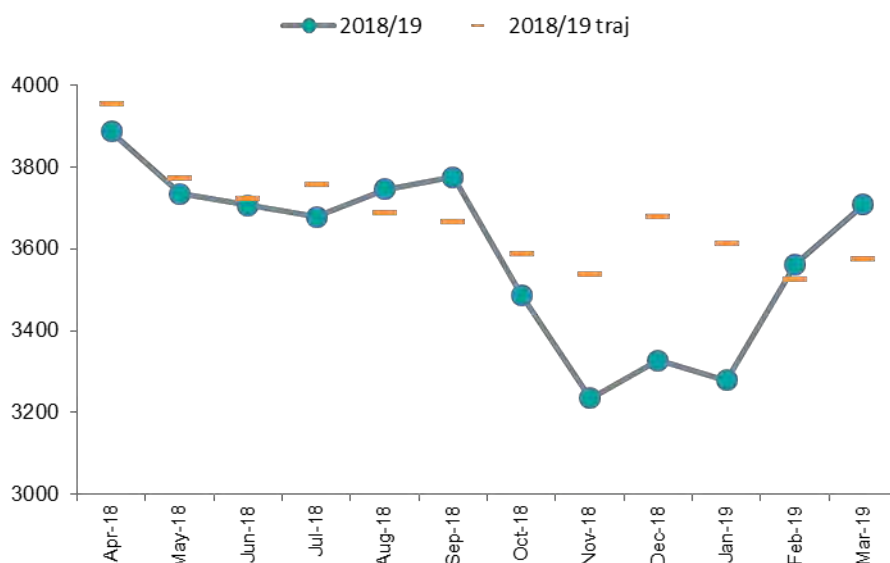
Clinical Validation

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



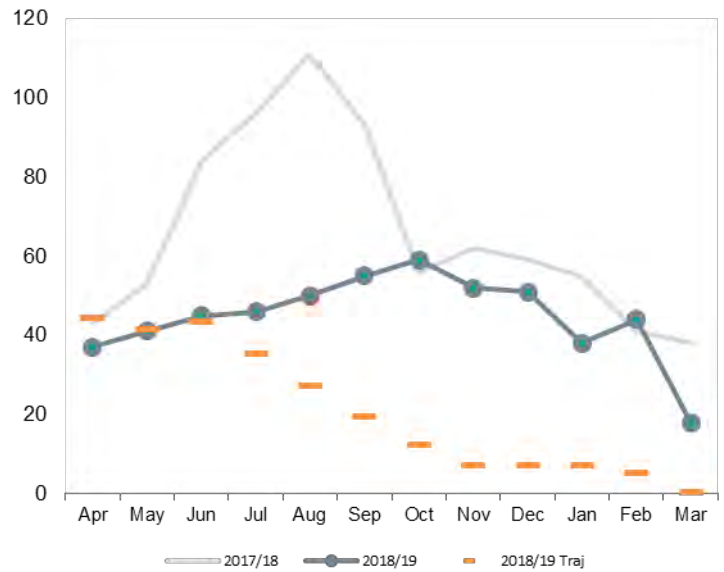
Long Waiting Specialties

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

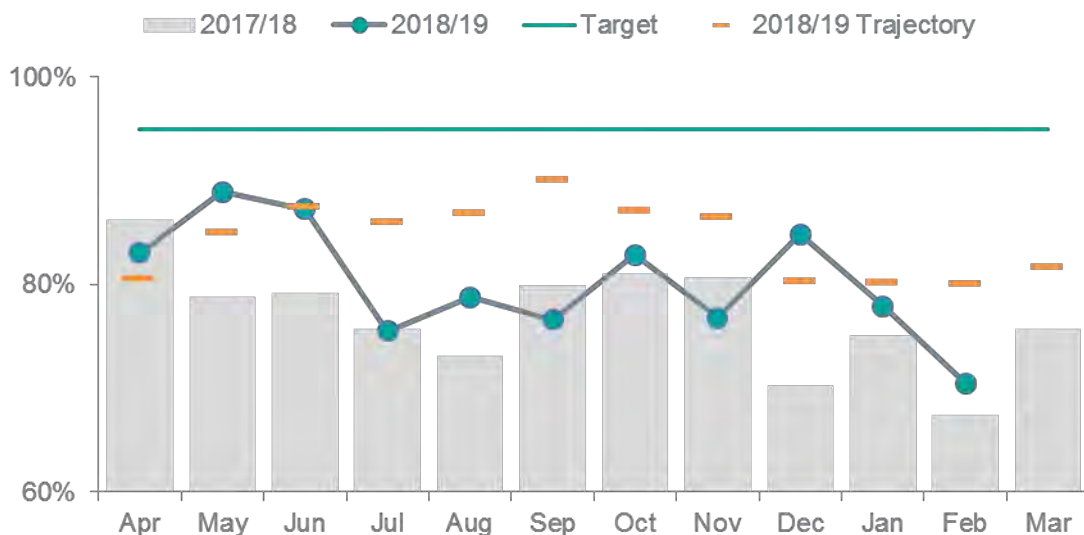


Plans are in place to continue this improvement into 2019/20, with clearance of 52 week waits not related to patient choice by the end of September 2019.

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	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.





8

appendices



Consultation with External Organisations

Setting Our Quality Priorities—Consultation

The process for review and decision of our quality priorities included:

- Strategy developed through Quality Committee with clinical divisions
- Patient Engagement—Patient Partnership Group and Patient Experience Group (including Healthwatch representatives)
- Clinical Commissioning Group engagement (Quality Sub Group)
- NHS Long Term Plan—January 2019 review
- Annual Quality Account priorities consulted upon, with March 2019 Board approval
- May 2019 Board review
- July 2019 Board approval

External Comments on the Quality Account

The draft Quality Account was circulated for comment in the period 23/05/2019—19/06/2019. A list of the organisations that were sent the document as part of the consultation is shown below:

- North Bristol Patient Partnership Group
- NHS Specialised Commissioning
- Bristol, North Somerset and South Gloucestershire CCG
- Healthwatch South Gloucestershire and Healthwatch Bristol (combined response)
- Healthwatch North Somerset
- South Gloucestershire—Public Health Scrutiny Committee (no response received)
- Bristol—People Scrutiny Committee (no response received)
- North Somerset Health Overview and Scrutiny Panel (no response received)

North Bristol Trust Patient Partnership Group

This years Quality Account comes to the Patient Partnership after a year of change, hard work, dedication and forward thinking by the Trust. This is reflected in the account.

There has been significant work done in the reconfiguration of the committees and groups. This work should come to fruition later this year and we look forward to our continued input and scrutiny on these committees and groups.

The introduction of the reporting system Datix has taken some imbedding, but has proved to be an improvement in the reporting of incidents and providing valuable data.. The challenge remains getting staff to report all incidents.

The re-introduction of the PALS service is a huge step forward, one that the Partnership has been very keen for the Trust to re-instate and fully supports. We are confident this service will resolve a lot of issues quickly and formal complaints should decrease as a result.

There remains room to improve patient feedback. There are a number of patients who do not get the opportunity to give their feedback for one reason or another and this valuable data is lost. Although, the Patient Experience Team continue to work hard to capture this group of patients.

As ever, we acknowledge the dedicated hard work all the staff at NBT put into their roles and we wish to thank them all on behalf of all the patients and carers that visit NBT.

Thank you for sharing the North Bristol Hospital Trust Quality Account with NHS England as the Specialised Commissioner for the Trust. This quality account provides a clear overview of the quality challenges the Trust is addressing and the improvements made during 2018/19.

The data is in line with data provided and reviewed through the monthly quality contract performance meetings. Achievements within the five priorities for quality delivery are applauded, especially those that form part of the CQC improvement plan e.g. the use of escalation wards, and the implementation of the Purple Butterfly Project which won a BMJ award. Areas for improvement have a clear plan, and initiatives such as the PALS pilot scheme show a commitment to "*hearing the patients voice*", to inform service delivery and improvement.

NHS England Specialised Commissioning supports the three year quality strategy informed by the ten year plan. Specialised Commissioning are keen to be a collaborative partner alongside the CCG in the strategic development of chosen areas for sustainable quality improvement for 2019/20, through participation in the quality sub-group. NHS England would suggest that the 'Safe and Effective Care Theme' should also include improving learning from recent Serious Incidents and Never Events, which in turn improves the quality and safety services.

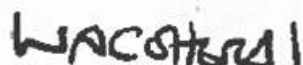
NHS England Specialised Commissioning acknowledges significant demand and flow pressures within the Trust are affecting performance, however, it is reassuring to note that Remedial Action Plans have had a successful impact upon improving performance, particularly in relation to Neurosurgery and Urology.

NHS England Specialised Commissioning recognises that staffing challenges are replicated on a national basis, however is keen to understand any additional plans that will be implemented in order to maintain the quality and safety of patient care.

Participation, follow-up and actions resulting from Peer Reviews—particularly, Adult Major Trauma Centre, Skull Base surgery and Neonatal Intensive Care are to be commended. Collaboration around understanding and responding to services appearing on Specialised Services Quality Dashboards and in the annual self-declaration of services will be developed further in 2019/20 and may merit mention in a future Quality Account.

NHS England Specialised Commissioning endorses this Quality Account and looks forward to building upon the collaborative working arrangements already established in order that improvements to the quality of care will continue for patients accessing Specialised Services at North Bristol NHS Trust.

Yours sincerely



Wendy Cotterell

Regional Director of Nursing, Specialised Commissioning—South East and South West

This statement on the North Bristol Trust (NBT) Quality Account 2018/19 is made by Bristol, North Somerset & South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG). BNSSG CCG welcomes NBT's Quality Account, which provides a comprehensive reflection on the quality performance during 2018/19. The data presented has been reviewed and is in line with data provided and reviewed through the monthly quality sub group/contract performance meetings.

BNSSG CCG acknowledges the progress made against the six quality priorities undertaken by the Trust in 2018/19. We note the positive work undertaken to eliminate delays in hospital, the improvements to length of stay and the reduction in bed occupancy and cancelled operations, although we would have liked further information to include plans to carry this work forward into 2019/20.

The Trust has introduced a number of measures to embed quality governance within the organisation. We welcome the progress made to enable triangulation of data in response to patient feedback and we are pleased to see that the Trust plans to establish a permanent Patients Advice and Liaison Service, that will support improvements to resolve concerns and improve complaint response times.

The CCG commends the Trust on the innovations it has introduced including the 'My Pregnancy App' to provide information on pregnancy, labour and post birth to parents to be and the 'Perform Approach' to reduce length of stay and minimise delays to patient care.

The CCG recognises the good progress made to improve compliance with MCA/DoLs in the Trust following the CQC inspection in February 2018 that identified a need for the Trust to improve the management and care of patients who lack capacity to make decisions around their care. Following a request from the Trust, the CCG undertook an assurance visit in January 2019 and saw the improvements that were being put in place by the Trust.

The Trust has noted their disappointment in having 5 Never Events during 2018/19 of which 4 related to unintentional connection of patients to an airflow meter. The CCG received notification of all 5 Never Events and received the investigation reports following the internal investigation and has seen evidence to show that the Trust has taken action to address the learning arising from the investigation. The Trust has also been an active participant in its contribution to the CCG led Never Events summit and system learning.

The CCG agrees with the priorities for improvement for 2019/20 and we welcome the chosen priority to improve the care of patients with Learning Disabilities /Autism. However, each of the identified priorities does not provide a measure of improvement in order to objectively define if the improvement has been made and we would like to see further information included by the Trust to demonstrate the changes they will be embedding to achieve these priorities. It would be helpful if the Trust articulated their ongoing improvements and learning in relation to improving the experience of people with Learning Disabilities or Autism including the full implementation of the Hospital Passport.

Within the quality account NBT has demonstrated continued progress in reducing the number of inpatient falls and pressure injuries. An increase in Clostridium Difficile and MRSA bacteraemia cases is noted within the Quality Account and reference is made to aseptic non-touch technique. However the CCG would welcome further narrative on the next steps to reduce this increasing trend.

The CCG notes the progress in 2018/19 to return unused medication to pharmacy, and the savings this initiative has achieved. The CCG would have liked to have seen this work carried forward to include reduction of medicines waste in the hospital and how this might be achieved. We would also like to see further narrative to understand the consistent performance against the 2% reported medication errors. It is not clear from the information provided what constitutes a medication error; how medication errors are measured such as a snapshot audit; if this is an internally set target or what plans there are to see continual improvement in this area going forward.

Going forward BNSSG CCG will continue to work closely with the Trust in areas which need either further improvement or development. These include:

- Closer working with primary care and community partners to help support the reduction in incidences of healthcare associated infections, namely MRSA, C. Difficile Infection, and E coli bacteraemia.
- Improvement in performance to address actions identified through the CQC inspection.
- Focused work to review themes and embed learning arising from Serious Incidents and Never Events to improve patient safety.

BNSSG CCG acknowledges the good work within the Trust and the quality account clearly demonstrates this. We note the areas that have been identified by the Trust for further improvement and we look forward to working with the Trust in 2019/20 to deliver those improvements.



Jan Baptiste-Grant

Interim Director of Nursing

On behalf of Bristol, North Somerset and South Gloucestershire CCG

Healthwatch South Gloucestershire and Healthwatch Bristol

Healthwatch South Gloucestershire and Healthwatch Bristol combined response to North Bristol NHS Trust Quality Account 2018/2019

Healthwatch welcomes the layout of the quality account. It would be useful to see a 'red, amber, green' rating for each priority, so that you can see at a glance if the priority has been met, partially met or not met.

Healthwatch would like to see the Trust addressing equalities issues throughout the report, but welcomes the fact that some photographs are inclusive.

A glossary of terms and abbreviations at the front of the document would be helpful.

Feedback on the priorities for 2018/2019

1. Healthwatch read with interest that bed occupancy has improved following the first wave of the 'Perform Programme'. Healthwatch notes the efforts made with such a challenging target.
2. Healthwatch were surprised to read that a permanent Patient Advice and Liaison Service has only just been piloted. We welcome the establishment of PALS as a permanent service, and hope that the service will have a clear identity and will be well-signposted within the hospital.
3. Healthwatch welcomes rollout of the Purple Butterfly project. We would like to know if the chaplaincy team covers all faiths—including where people do not have a faith—when supporting end of life care.
4. Healthwatch notes that the Trust has made a good start in embedding quality governance and would like to know more about the new Patient Experience Board.
5. Healthwatch noted the internal audit looking at compliance with MCA/DOLS and the review of patients' records in regards to mental capacity assessment. Healthwatch will follow the target of 95% of patients having an assessment completed, with interest.

Priorities for Improvement 2019/2020

Supporting patients to get better faster and more safely

Healthwatch is interested to know more about the Trust's approach to reducing 'PJ paralysis', with the aim of preventing patients from being in hospital for longer than clinically necessary.

Meeting the identified need of patients with learning disabilities and autism

Healthwatch welcomes the new Learning Disabilities Steering Group and the drive to train staff.

Improving our response to deteriorating patients

Healthwatch looks forward to hearing more about the successful implementation of NEWS2.

Learning and improving from patient and carer feedback

Healthwatch welcomes a stronger and more responsive approach using different forms of patient feedback, which we hope will include feedback from us.

Learning and improving from clinical governance systems

Healthwatch looks forward to hearing more about actions to drive improvements in quality of care and would welcome ongoing meetings with the Trust to identify how it is moving forward with priorities for 2019/2020

Under the pharmacy weekend service redesign, Healthwatch were interested to read about robots being unable to pick our partial packs of medicine. We ask if this is a training issue for clinicians who may be prescribing partial packs for patients.

Healthwatch looks forward to learning more about the frailty pathway for older people, and asks if the same pathway can be used for patients who are frail but not elderly?

Healthwatch are interested to read about the joint replacement physiotherapy video and welcomes the instructional videos for each exercise to assist patients' recovery.

Healthwatch welcomes the My Pregnancy @NBT app.

Your Impact

Healthwatch noted the increase in complaints and would like to see a breakdown of complaints with further information about the themes of complaints.

Although Friends and Family Test results are above the national average, it was disappointing to see the theme of communication as a negative in each area. Communication between departments and other services, e.g. primary care, is something that Healthwatch frequently hears about from members of the public. It would be useful to know more about how this is being addressed.

Healthwatch would be happy to join a workshop to discuss service improvements following the inpatient survey but notes that this did not happen in May 2019. Healthwatch was pleased to read the ways in which the Trust has said it will improve.

Quality Indicators

It was disappointing to read that there has been one Grade 4 pressure injury and six Grade 3 pressure injuries during the year. Healthwatch seeks assurance that learning from these events is being used to prevent further incidences occurring.

It was good to read that Venous Thromboembolism assessment targets have been met and, although there has been a reduction this year, Healthwatch urges the Trust to continue to keep this target at 95% or above.

With the introduction of electronic prescribing Healthwatch hopes to see a drop in medication errors over the coming year.

The number of deaths, severe injuries and five 'never' events is concerning. We understand the Trust is continuing to investigate and embed learning to ensure patient safety.

Healthwatch welcomed the change of wording from 'do not attend' to 'was not brought' to signify the difference under safeguarding children. Healthwatch asks if the Trust has a Youth Council to feed into the Board to ensure that the voices of young people are heard.

The introduction of the 'Freedom to Speak Up' guardians is welcomed, although we did note there is no longer a 'Duty of Candour' section in the quality account and the survey shows a very slight rise in bullying and harassment.

Healthwatch welcomes the clear layout of the Care Quality Commission feedback and notes the overall rating of 'requires improvement'. It is heartening to read that end of life care was rated 'outstanding'.

More information is required under the heading NBT Guardian Exception Report to allow the reader to understand the graph and the context.

The waiting times at the Trust are disappointing with 3,708 patients waiting longer than 18 weeks for treatment. Healthwatch notes plans for continued improvement for patients waiting in excess of 52 weeks for treatment. The four hour wait at A&E remains challenging.

Healthwatch asks whether the clinical coding performance is benchmarked to compare with other hospitals and notes the slight fall in primary diagnosis.

The list of services provided by NBT in the appendix is a welcome addition.



Healthwatch North Somerset

Statement for Quality Account: 2018/19

Healthwatch North Somerset welcomes the opportunity to comment on the Quality Account for North Bristol Hospitals NHS Trust. This is a comprehensive and detailed Quality Account covering all the required areas of operation and reporting.

It is pleasing to see amongst your Quality Account priorities a focus on Enhancing the Use of Patient Feedback to identify areas of good practice and things that can be improved upon. We provide our Healthwatch North Somerset Patient Feedback Reports to your Patient Experience Group meetings. One of our committed volunteers has been attending this group as a representative of North Somerset patients for a number of years. We commend your work to provide a platform for the influence of patient partners in the new subcommittee for embedding governance (part of your QP4) and in other core committees and working groups to inform and co-design your work.

We note that your 2018/19 pilot Patient Advice and Liaison Service is now being established on a permanent basis and we welcome this as a direct route for patients who wish to complain by phone or in other ways to comment on their experience at your Trust. We look forward to regular communication with PALS in response to our monthly patient feedback reports. We note your aim to improve the management of complaints and your intention to seek early resolution and reduce the number of complaints escalated, which will be a comfort to patients.

Your video tools for empowering patients through education, in particular for instilling the importance of continued exercise post operatively alongside physiotherapy, is an interesting approach. We are pleased this will inform patients and equip them to manage their own care.

In the case of those with disabilities such as impaired sight, we welcome innovations that support inclusion such as using voiced instructional guides.

We commend the performance against the quality priorities, One NBT and CQUINS and note that they were achieved. Holding your CQUIN Staff Health and Wellbeing Initiative as a high priority is to be encouraged. This ongoing commitment to help staff who are stressed or have mental ill-health is important given the sometimes pressurised nature of the work.

Improvement in 2019/20

At Healthwatch North Somerset we consider the priorities for improvement as set out in the draft NBT Quality Account to be sufficiently challenging to drive improvements. It is clear to us how improvement has been measured in the past and will be measured in the future. We note the five priority areas for significant improvement in 2019/20, as follows:

- Supporting patients to get better faster and more safely—going forward this work can link into newly established frailty services across the BNSSG area
- Meeting identified needs of patients with learning difficulties and autism—these developments are in line with NHS Improvement priority standards with additional government-backed training planned for roll-out later in 2019
- Improving response to deteriorating patients—we welcome NBT's successful implementation of the NEWS2 (early warning system) to quickly identify deteriorating scores and effectively treat need
- Learning and improving from patient feedback—we support developments in learning from patient experience and feedback and are particularly interested in the new Board sub-committee for Patient Experience
- Learning from clinical governance systems—we welcome the introduction of, and improvements to, robust quality assurance systems throughout NBT

In early 2018 we received some concerns from our patient feedback about follow-up hospital care/discharge. Feedback stated that discharge information was not comprehensive and that there had been an unacceptable wait for support particularly with regard to physiotherapy. Feedback since February 2018 has been positive.

Healthwatch North Somerset welcomes the Trustwide MCA/DoLS improvement programme introduced in 2018 following independent audit. As staff awareness in this crucial area has risen so have DoLS authorisations to the Safeguarding team, so initial evaluation of the programme is difficult to assess as the figures fluctuate. We welcome the roll-out of the SCIE approved training package and changes made to assessment forms to simplify the process for the workforce.

We particularly welcome NBT's goal against cancer targets to reduce diagnostic wait times and review all cancer pathways.

The Quality Account evidences a culture of collecting, reflecting upon and learning from the experiences and feedback of patients and the public. Patient feedback data overall indicates that patients are reporting good levels of care and positive experiences.

Overall the NBT Quality Account provides a comprehensive reflection on quality performance and demonstrates a good listening and learning approach.

Mandatory Indicators

Mandatory indicator	NBT Most Recent	National average	National best	National worst	NBT Previous
23	Venous thromboembolism (VTE) risk assessment 96.05% Apr18-Mar19	95.6%	100%	70.9%	95.30% 2017/18
	<p>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.</p> <p>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.</p>				
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
	<p>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.</p> <p>*Latest national data published on https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data is 2017/18. 2018/19 data will be published in July 2019 after the Quality Account submission deadline.</p>				
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
	<p>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.</p> <p>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.</p>				
20	Responsiveness to inpatients' personal needs 71.2 2017/18	68.6	85.0	60.5	69.2 2016/17
	<p>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.</p>				
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
	<p>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.</p>				
12	Summary Hospital-level Mortality Indicator (SHMI) value and banding 92.3 Oct17-Sep18	100.0	69.2	126.8	98.45 Jul16-Jun17
	<p>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.</p>				

Mandatory Indicators

Mandatory indicator	NBT Most Recent	National average	National best	National worst	NBT Previous
Patient Reported Outcome Measures – No. of patients reporting an improved score;					
18	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.					

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.

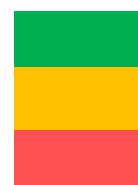
Further details of the agreed goals for 2017/18 & 2018/19 (2 year plans) are available electronically at <https://www.england.nhs.uk/wp-content/uploads/2018/04/cquin-guidance-2018-19.pdf>

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

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.

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

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 95.7% 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	N	N/A	N/A
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	Participation Rate: 31.1% (441/1,418) Response Rate: 70.5% (320/440)	2017/18
12 Falls and Fragility Fractures Audit Programme (FFFAP)	Royal College of Physicians of London	Y	Y	>100%	2018
– Fracture Liaison Service Database (FLS-DB)		Y	Y	79.4%	2018/19
– National Hip Fracture Database (NHFD)		Y	Y	100% (30/30)	2017
– 2 nd National Audit of Inpatient Falls		Y	Y		
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	100% (7/7) 100% (6/6) 50% (4/8)	Data collected during 2018/19
		Y	Y		
		Y	Y		
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	100% (837/837) 100% (102/102)	2018/19
		Y	Y		
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

	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	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	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	100% (25/25 <i>minimum</i>)	2019
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

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

Auditor's Opinion



Independent Practitioner's Limited Assurance Report to the Board of Directors of North Bristol NHS Trust on the Quality Account

We have been engaged by the Board of Directors of North Bristol NHS Trust to perform an independent assurance engagement in respect of North Bristol NHS Trust's Quality Account for the year ended 31 March 2019 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS Trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account)

Regulations 2010 and as subsequently amended in 2011, 2012, 2017 and 2018 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to the limited assurance engagement consist of the following indicators:

- Percentage of patients risk-assessed for venous thromboembolism (VTE); and
- Percentage of patient safety incidents resulting in severe harm or death

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of the directors and Practitioner

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and NHS Improvement has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the 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, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health and NHS Improvement guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Auditor's Opinion

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations ;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by the Department of Health in March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

Board minutes for the period 1 April 2018 to May 2019;

- papers relating to quality reported to the Board over the period 1 April 2018 to June 2019 ;
- feedback from commissioners dated 17/05/2019 and 11/06/2019;
- feedback from local Healthwatch organisations dated 18/06/2019 and 21/06/2019 ;
- feedback from the patient partnership dated 10/06/2019;
- the national Cancer Patient Experience Survey dated September 2018 ;
- the NHS Inpatient Survey dated February 2019 ;
- the NHS Maternity Survey dated September 2018 ;
- the national staff survey dated 2018 ;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2019 ;
- the annual governance statement dated 29/05/2019; and
- the Care Quality Commission's inspection report dated 08/03/2018

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information .

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Auditor's Opinion

This report, including the conclusion, has been prepared solely for the Board of Directors of North Bristol NHS Trust. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and North Bristol NHS Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management ;
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations ; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health and NHS Improvement. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our limited assurance work has not included governance over quality or non-mandated indicators which have been determined locally by North Bristol NHS Trust.

Auditor's Opinion

Our audit work on the financial statements of North Bristol NHS Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as North Bristol NHS Trust's external auditors. Our audit reports on the financial statements are made solely to North Bristol NHS Trust's directors, as a body, in accordance with the Local Audit and Accountability Act 2014 . Our audit work is undertaken so that we might state to North Bristol NHS Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of North Bristol NHS Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such directors as a body may be interested for such purpose. In these circumstances , to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than North Bristol NHS Trust and North Bristol NHS Trust's directors as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.



Grant Thornton UK LLP

Chartered Accountants

Bristol

27 June 2019

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