

Account of the Quality of Clinical Services



2019/20

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Part 1

A statement on quality from the Chief Executive

The end of 2019/20 will forever be remembered as the time the NHS faced its biggest challenge due to the COVID-19 pandemic. At the time of writing we are still unsure what the future holds in regards to the future but we do know COVID-19 will be with us for some time. In all my time as Chief Executive of North Bristol NHS Trust I have felt nothing but pride for our staff and what they do each and every day. But during the past few months I have not only had that pride reinforced but have been humbled by the way our staff at NBT have risen to the this challenge and ensured we can continue to provide safe care to our patients.

As with many aspects of our hospital, this year's Quality Account has been shaped by the pandemic response. However this response is one which comes from our culture at NBT of committed staff, empowered through our award winning Perform programme to take ownership of decisions and working well in their teams. As a result every one of our 8000 staff are focussed on patients and improving services.

CQC rating

In September 2019, this approach to working collectively for the benefit of our patients was rewarded when we achieved our first Care Quality Commission (CQC) 'Good' rating since moving into the Brunel Building in 2014. This was an incredible achievement and could not have happened were it not for everyone connected to NBT working with a single focus.

I was thrilled that the final report recognised this and our continual commitment to improving services when it stated "quality and improvement was everybody's business." The emergency department, medicine and surgery divisions received special recognition of quality improvement projects that were celebrated nationally. It was particularly pleasing to see the CQC recognise the efforts our staff go to in providing emotional support to patients, families and carers and in our dedication to challenging poor practice when things go wrong. These are just two examples of how providing the very best care to patients matters to everyone at NBT.

The CQC rating marked a significant step in our journey and one where quality improvement was a key theme in helping us achieve 'Outstanding' in both caring and leadership. Our End of Life service was also rated as 'Outstanding', highlighting the support we offer for patients and their families at the most testing of times.

The CQC commented we were "fizzing with enthusiasm" and we will take confidence and energy from this feedback to not only carry on doing what we are doing but to strive day in day out to continue to improve and deliver high quality services for our patients as One NBT.

Patient experience

A key area of focus at the start of the year was to improve the experience of patients with learning disabilities (LD) and autism and we have made good progress with this important work.

We have expanded our team of Learning Disability and autism nurses, which now operates seven days a week. We have also recruited over 80 learning disabilities and autism champions who work at ward level and provide additional support for staff. When the pandemic started we recognised the need to quickly develop a Covid-19 passport for LD and autistic patients to support them through their time in our care.

I am also pleased to announce that in Kelvin Blake, one of our Non- Executive Directors, we have a Board champion for this work.

Ensuring that all of our staff respond appropriately and sensitively to the needs of people with learning disabilities or autism will again be one of our quality priorities in 2020/21 as we want to go further and embed outstanding care every time.

Statement on quality from the Chief Executive

In April 2019 we also launched our Patient Advice and Liaison Service (PALS) to try and address patient feedback and concerns more responsively. We have opened a dedicated drop in space in the Atrium that has enabled us to resolve concerns more effectively and at the time patients or their families raise them. This again is part of our commitment at NBT to respond to concerns and queries from both staff and patients as they happen.

We will continue to listen to feedback from patients, their families and carers to keep improving patient experience. I want to assure anyone reading this that we do listen to what our staff and patients tell us. Feedback over the past year from patients has led to several improvements including better signage across the hospital, improved waiting areas and changes to ensure that staff now inform patients of any appointment delays upon arrival. This feedback will be even more crucial as we look to establish new ways of working due to COVID-19 in a way that patients and visitors can still feel safe when they come to our hospital.

Looking ahead

As we move into 2020/21 we will all have to adapt to the way we run and receive services due to COVID-19, especially in the short term. However there are already numerous examples of how staff have responded to the challenges posed to us in recent months with agility and compassion.

I also know that restrictions to our visitors' policy has caused particular challenges to the wellbeing of patients and families, however staff have responded to this resourcefully by launching several family communication initiatives. For example, patients can now nominate a family member or friend who can be contacted by the medical team to inform and discuss their condition. Similarly frontline staff have also introduced 'virtual visits' for patients, arranging for iPads to be used to connect them with family and friends providing a valuable morale boost.

We accelerated our digital programmes during the COVID-19 period with the rapid implementation of clinical IT systems such as eObservations, Care Flow Connect and Attend Anywhere eObservations. This enables ward staff to enter routine observation recordings onto an iPad, allows all ward staff to see where the sickest patients on the ward are, and supports clinical staff to take a view of the acuity of all our patients across the hospital. It improves reliability and safety as observation recordings are no longer carried about on pieces of paper. Attend anywhere has enabled us to provide advice, guidance and on line consultations through the pandemic and during lockdown when patients were unable to come into the hospital.

I am incredibly proud of our role leading the development of the NHS Nightingale Hospital Bristol at the University of the West of England (UWE) site. The Nightingale will continue to be important in ensuring we can safely deliver care for patients across the region should we experience further Covid-19 surges. It can provide up to 300 intensive care beds for coronavirus patients if needed and is a truly successful piece of collaboration with partners across the Severn Critical Care Network, including the MOD, the Army, UWE and all NHS bodies in the West of England. The hospital was built in 21 days and has now trained over 1000 staff to work in the facility if and when local hospitals fill up their beds.

Finally, we are also working with other Trusts and research partners on a number of crucial coronavirus research studies to further understand how the disease affects people differently and to find an effective treatment or vaccine. Patients at NBT were entered in the RECOVERY trial which has recently reported success in reducing mortality from COVID-19.

Andrea Young
Chief Executive North Bristol NHS Trust



Part 2

Priorities for improvement and statements of assurance from the Board

2.1 Priorities for Improvement

Every year the Trust sets priorities for improvement which are consulted upon internally and externally and represent areas where we would like to see significant improvement over the course of the year.

Our priorities for 2019/20 were:

- 1 Supporting Patients to Get Better Faster and More Safely
- 2 Meeting the Identified Needs of Patients with Learning Disabilities/ Autism
- 3 Improving Our Response to Deteriorating Patients
- 4 Learning and Improving from Patient and Carer Feedback
- 5 Learning and Improving from Clinical Governance Systems



Supporting Patients to Get Better Faster and More Safely

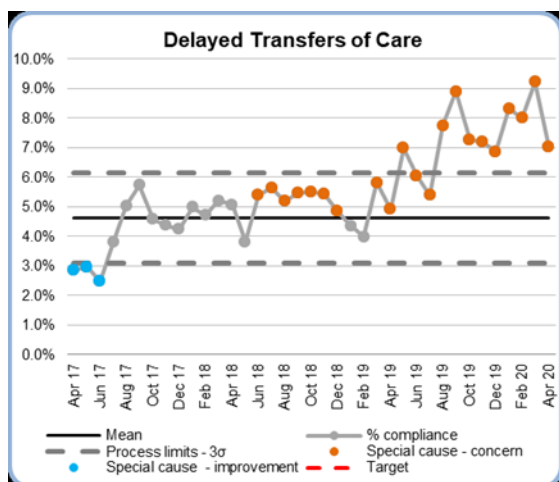


Our commitment: We will continue to improve the identification and assessment of frail patients so that we can tailor our services to their individual needs and reduce the number of 'stranded' patients within our hospital. We will also continue developing our hospital at home service for elective patients, reducing length of stay and ensuring a positive patient experience.

Delayed Transfer of Care

A 'delayed transfer of care' occurs when a patient is medically fit to leave the hospital but is still occupying a bed.

Main reasons for delay are linked to waiting for a complex assessment bed, waiting for rehab bed availability and fast track placements.



The average level of DToC has remained at c.6.5%, above the target level. The impact of this is continued pressure on Trust bed occupancy levels, which are higher than the national goal of 92%.

The impact of COVID-19 has significantly altered the landscape. Since mid-March 2020, there has been a significantly different pattern of hospital activity and the pandemic has also affected the transition of patients into out of hospital locations. In effect the previous 'normal' clinical model has changed completely and consequently new plans and actions are being developed to manage this in the short and medium term in line with emerging national requirements and local intelligence.

Frailty Assessments

The establishment of the Frailty Scores and use of CGA are key tools that have been implemented to support this work and are being embedded into clinical practice.

Hospital at Home

The Hospital at Home service, went from strength to strength during 2019/20 and is widely utilised throughout the Trust. The service prides itself in being a patient centred service; continuously growing, developing and adapting itself for the needs of individual patients, from a variety of different clinical backgrounds.

During 2019/20, 751 patients benefited from the service, enabling them to transfer home to continue their hospital treatments, whilst saving over 6000 bed days for the trust.

751

H@H patients

6,000

Bed days saved

The service has always received excellent patient feedback. In 2019 69% of patients who provided feedback had a very good experience, where 87% of patients were extremely likely to recommend the service to others.

In November 2019, the service established its first formal referral pathway for the Plastic Trauma Clinic which has enabled patients to commence hospital treatment immediately from clinic and avoid an inpatient stay. The Hospital at Home service also became one of the first areas to solely utilise the Careflow Connect handover that has enhanced the level of communication between our community patients and the hospital.

2.1 Priorities for Improvement

Meeting the Identified Needs of Patients with Learning Disabilities & Autism



Our commitment: We will deliver the three NHS Improvement priority standards to improve care delivery to patients and through the new Learning Disability and Autism Steering Group drive work at ward level to train staff and deliver tangible improvements in care quality.

Over a million people in England have a learning disability and we know they often experience poorer access to healthcare than the general population. The NHS Long Term Plan (January 2019) commits the NHS to ensuring all people with a learning disability, autism or both can live happier, healthier, longer lives.

In June 2018, NHS Improvement launched the national learning disability improvement standards for NHS trusts. These were designed with people with a learning disability, carers, family members and healthcare professionals to drive rapid improvement of patient experience and equity of care. The three standards which apply to all NHS trusts cover:

- respecting and protecting rights;
- inclusion and engagement;
- workforce.

North Bristol Trust completed an initial self-assessment exercise against these 3 standards and our feedback is incorporated in our improvement plan and strategy. During 2019/20 a second benchmarking exercise in the form of a patient and staff survey has been completed and submitted to NHS Improvement, the report is yet to be released.

2019/20 achievements:

- We held an Experience Based Design Focus Group with Carers of patients with Learning Disabilities from Bristol & South Gloucestershire.
- We have set up a learning disability and autism steering group which meets bi-monthly.
- Our 3 year plan for improvement has been agreed through the steering group.
- The learning disability liaison team was expanded to a seven day service, supporting patients with autism with a Lead Nurse now successfully appointed and in post.
- We have improved triage / assessment of soft signs and supported wards with Mental Capacity Act and best interest decision making.
- We have over 80 Learning Disability and Autism champions at ward level and a Non Executive Director, Kelvin Blake, nominated as a Board level champion.
- Developed and implemented a COVID-19 passport to add to the hospital passport and guidance notes for clinical staff assessing and treating patients with a Learning Disability or Autism during the COVID-19 pandemic.

Improving Our Response to Deteriorating Patients



Our commitment: 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.

Key achievements during 2019/20:

Management of Sepsis remains good with sepsis screening at 100% and antibiotics administered within 60 minutes at 91%

We have hosted focus groups with staff representation and combined this with a large snapshot audit to identify themes for improvement:

Top 3 Focus Group themes:



Communication



Clinical Experience



Care Planning (and Handover)



Escalation



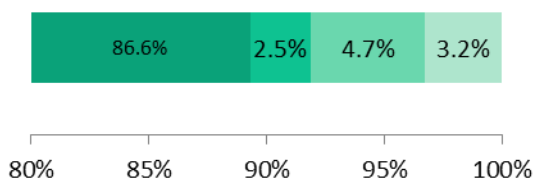
Observation



Documentation

Escalation Profile from e-Obs

■ Level 0 ■ Level 1 ■ Level 2 ■ Level 3



Electronic observations (e-Obs), including a sepsis and separate bespoke NeuroNews2 modules were launched in March 2020, at the start of the COVID-19 pandemic.

Early data helps to identify the proportion of critically unwell patients outside of the Intensive Care Unit.

Further planned actions:

1. A Deteriorating Patient Steering Group with links to divisional governance and executive sponsorship is planned although implementation has been paused to manage the impact of COVID-19.
2. Reviewing what has worked well during the COVID-19 pandemic in terms of ward-based doctors and enhanced 7 day cover, to consider how we develop escalation processes.
3. Using SIM and QI training to support work on psychological safety and improved communication within teams
4. Develop e-Obs assurance reports and data dashboard on QlikSense for accessibility
5. Working with the digital team to explore the connection between e-Obs and Careflow Connect to encourage the safest use of this function for our clinical teams.

2.1 Priorities for Improvement

Learning & Improving from Patient & Carer Feedback



Our commitment: 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.

Patient feedback is an important source of information that should help staff implement changes that will improve care quality and patient safety.

In April 2019, we successfully launched the Patient Advice and Liaison Service (PALS) which has reduced the number of overdue complaint responses. The PALS service has an office in the hospital where patients, carers or family members can walk in and speak to someone about their experience. PALS continues to grow and improve, looking ahead to 2020/21 this means further embedding PALS within the Trust.



The service will move into a new larger office space which will improve the visibility and accessibility of the service.



PALS will increase their profile by educating ward staff, improving the availability of information across the hospital and online and by undertaking engagement events or out-reach events in groups across the community.



PALS will also assess its reporting and monitoring to ensure it can support Divisions to manage, respond to and learn from their concerns.

Further achievements in 2019/20 include:

- A Trust Board committee has been established giving a higher profile to patient and carer experience.
- Engagement with those using our services has increased and is influencing Outpatient improvement.
- The comparison of feedback from the Friends and Family Test and complaints is enabling focused action for improvement.
- Positive engagement with carers' forums is growing and influencing our work to support carers.

Actions taken in response to learning from complaints



We have improved the signage throughout the hospital to help patients and carers.



Improvements to the waiting area for Gynaecology Emergency Clinic

Refreshing manual handling training for ward staff with a focus on ensuring staff are compassionate and kind when moving and handling patients.

Improved staff training on taking consent for clinical procedures, in particular where the nature of the procedure changes from that which was originally discussed or agreed by the patient.



Reception staff to inform patients of any delays when they are checked in for appointments.

The Palliative Care team have reviewed the education they provide focusing on improving communication with patients and their relatives when patients have a poor prognosis.

Learning and Improving through Clinical Governance Systems



Our commitment: 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.

A key component of embedding strong quality assurance and improvement as close to the patient as possible has been the strengthening of Quality Governance in clinical divisions.

A change programme with strong executive leadership, lay membership and Non-Executive Director oversight was delivered between September 2018 and June 2019. This delivered a range of significant improvements that underpinned the CQC inspection success, in September 2019, when the Trust achieved a 'Good' rating overall. The Trust was awarded an Outstanding rating in the Well Led domain which includes assessment of governance.

In addition a further review of the Improvement Programme by the Trust's internal auditors, KPMG, provided 'Significant Assurance' that it had demonstrably achieved its goals.

Key improvements included;

- Investment in quality governance resources within clinical divisions and appointment into those posts during 2019 to improve the timeliness and quality of work undertaken.
- The establishment of trustwide quality governance learning events, within which clinical and corporate teams share approaches and learning to improve quality of care.
- The creation of a robust Patient Advice & Liaison Service (PALS) and increasing number of concerns managed through this route rather than requiring a formal complaints process.
- Significant improvements in risk management and patient safety incident governance, supported by tailored staff training.
- Improvements in quality governance structures supporting the Trust Board.
- New trust wide policies for mortality and morbidity reviews, patient consent and completion of multidisciplinary team meetings (MDTs).
- The establishment of a project to deliver the new medical examiner service for NBT, jointly with University Hospitals Bristol Foundation Trust and Weston Area Health Trust.
- Agreement to implement a new ward accreditation model taking the learning from a site visit to University College London Hospitals (UCLH) Foundation Trust to review their approach.

A phase 2 programme designed to maximise the learning and benefits from the work already completed commenced in early 2020. This programme is now being adapted in light of the COVID-19 pandemic and will evolve in the coming months.

2.1 Priorities for Improvement

Every year the Trust sets priorities for improvement. These have been developed through engagement with the Patient Safety & Clinical Risk Committee, Clinical Effectiveness & Audit Committee, Trust Management Team and with patient and wider representation at the Patient Experience Group, Patient Participation Group and the BNSSG CCG.

They were developed in conjunction with a new Trust Quality Strategy, which will be finalised for approval at Trust Board in July 2020.

In line with the principles set out within the new strategy, improvement priorities are monitored by a Trust-wide Committee or Group which is responsible for agreeing and overseeing delivery against specific improvement actions. These will typically be a mixture of both quantitative and qualitative measures.

The development work on these is in progress, having been disrupted by the COVID-19 pandemic response. This work will be overseen as set out below.

The Quality Account priorities for 2020/21 and their related governance arrangements are:

Objective	Trust wide Oversight
1. Meeting the identified needs of patients with Learning Disabilities, Autism or both.	Learning Disability & Autism Steering Group Chair: Director of Nursing & Quality
2. Being outstanding for safety – a national leader in implementing the NHS Patient Safety Strategy, within a ‘just’ safety culture.	Patient Safety & Clinical Risk Committee Chair: Director of Nursing & Quality
3. Ensuring excellence in our maternity services, delivering safe and supportive maternity care.	Patient Safety & Clinical Risk Committee Chair: Director of Nursing & Quality
4. Excellence in Infection Prevention and Control to support delivery of safe care across all clinical services	Infection Prevention & Control Committee Chair: Medical Director

In addition, quarterly updates against the improvement goals will be provided from the end of Quarter 2 (September 2020), with formal reporting to the Trust Management Team, chaired by the Chief Executive and the Quality & Risk Management Committee, chaired by one of the Trust Non-Executive Directors.



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

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

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 2019/20, this governance structure has continued to report Data Quality as green and an area of increasing assurance.

In line with the principles of Service Line Management embedded during 2018/19 the leadership teams of our five clinical divisions are responsible for their own internal assurance systems. Clinical divisions are then subject to regular executive reviews during which performance against standards of quality and safety are assessed. Through these mechanisms the Trust reviews all of the data available on the quality of care across its services.

The income generated by the NHS services reviewed in 2019/20 represents 100% of the total income generated from the provision of NHS services by North Bristol NHS Trust for 2019/20.



NBT rated Outstanding for care and Good overall by CQC

Since the Trust's last inspection two years ago NBT has improved on every assessment bar one. Crucially, the Trust's approach to caring for patients has been rated as Outstanding, as has the way the organisation is led. The Trust's end of life service has also been rated as Outstanding.



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 31/03/2020, 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.



July 2019 Inspection

A team of inspectors from the CQC visited the trust during June and July 2019 to check the quality of five core services: urgent and emergency services, medical care (including older people's care), surgery, maternity and end of life care. The CQC also looked specifically at management and leadership to answer the key question: Is the Trust well led?

Inspectors found:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- Staff provided emotional support to patients, families and carers.
- Services are well planned and managed by staff with the right skills, knowledge and experience.
- The Trust has a strong culture, with good morale and a clear set of patient-centred values.
- The Trust has a proactive approach to preventing harm, with staff willing to challenge poor practice, but when things do go wrong lessons are learned.
- The Trust has a culture of learning, innovation and continuous improvement.
- The CQC found us "fizzing with energy".

**37 domains were
inspected and
84% were either
rated as either
Good or
Outstanding**

2.2 Statements from the Board Care Quality Commission

Overall Trust Rating

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

Southmead Hospital Rating

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

Cossham Hospital Rating

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

This year more patients than ever had the opportunity to take part in research.

101 new research studies

5584

The number of patients receiving relevant health services provided by North Bristol NHS Trust in 2019/20 that were recruited to participate in research approved by a research ethics committee.

**INVESTORS
IN PEOPLE™**

Our research and innovation team was recognised nationally with an Investors in People Silver Accreditation award. We were also shortlisted as finalists in the employer of the year category for our work to support our research staff.

Recognition

NBT had huge success, being awarded 6 National Institute for Health Research (NIHR) grants designed and led by NBT staff supported by our patient advisers. We now have a total portfolio of research grants worth £32 million. NBT led a regional project to help understand barriers to engaging staff in research across the NHS. This will help Research and Innovation design better engagement packages for both staff and patients; increasing opportunities for all.

Collaboration

NBT are leading a collaborative project across the West of England to ensure all patients have equal access to research. We set up a joint research team with Sirona to enable respiratory patients in the community access to greater research opportunities. Through this project 3 new studies were opened enabling more than 113 patients to participate.

Public contribution

We ran 40 sessions for patients to contribute to research design and help us make sure we are delivering the research that is important to our community. Patients and the public helped us decide which research to support with the Southmead Hospital Charity Research Fund and we recently awarded £166,082 supporting projects across NBT.

What next?

Next year we will focus more research towards priorities identified with our regional partners, focusing on improving the health and wellbeing of our community. We also aim to increase research in areas of new technology focused on transforming healthcare for the future.

COVID-19

Research is one of the Governments three key strategies for dealing with the pandemic. Currently there is no known treatment for this disease but NBT is working alongside other research organisations and NHS Trusts across the country to ensure that we can get the best answers and treatment to our patients. We have created a dedicated COVID-19 Research Team, together with Pathology and Pharmacy and we are seeking to give as many patients as possible the opportunity to join in this research.

We are running a number of trials looking at different treatments for COVID-19, as the disease infects so many different people from different patient populations and we are investigating the use of different treatments for different patients so we can ensure everyone receives the very best care. In addition to this, we are looking at the impact during pregnancy for both mother and infant and how we can improve diagnostics.

2.2 Statements from the board

CQUIN Achievement 2019/20

A proportion of our income in 2019/20 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 2019/20 are available electronically at;

<https://www.england.nhs.uk/wp-content/uploads/2019/03/ccg-cquin-1920-indicator-specifications-feb-2020.pdf>

<https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/>

Title	National & Local CQUINs (CCG contracted)	Outcome
1. Antimicrobial Prescribing	Achieving 90% of antibiotics treatment for lower UTI in 65+ IP Achieving 90% of antibiotics surgical prophylaxis treatment for elective colorectal surgery	
2. Staff Flu Vaccinations	Uptake of flu vaccinations by frontline clinical staff of 80%	
3. Risky Behaviours	Achieving 80% Timely Screening (Alcohol & Tobacco) Achieving 90% of identified smokers given brief advice 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral	
7. Falls Prevention	Achieving 80% of 65+ inpatients receiving key falls prevention actions	
11. Same Day Emergency Care	75% of patients with confirmed pulmonary embolus being managed in a same day setting 75% of patients with confirmed atrial fibrillation managed in a same day setting Patients with or confirmed Community Acquired Pneumonia should be managed in a same day setting	

Title	Specialised CQUINs (NHS England contracted)	Outcome
PSS1 Medicines Optimisation	1. Improving efficiency in the IV chemotherapy pathway from pharmacy to patient 2. Supporting national treatment criteria (Blueteq) 3. Faster adoption of prioritised best value medicines and treatment 4. Anti-Fungal Stewardship	
PSS8 Severe Asthma	1. Appropriate initiation prescribing and annual review of biologics by a severe asthma centre 2. Virtual network MDTs 3. Network spokes prescribe repeat medication 4. Completion of data to the UK Severe Asthma Registry and NHS England Quality Dashboard	
PSS10 Spinal Surgery Network	1. Spinal Network MDT Oversight 2. Data entry on BSR 3. Concentration of Specialised Surgery 4. Avoidance of unnecessary interventions	
PSS11 Promoting Transplantation	1. Establish a Network 2. Organ utilisation 3. Donor and recipient experience in networked providers 4. Promoting donation	

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

Cancer Performance

Performance against the 62 day cancer standard improved in 2019/20 with the Trust achieving against its planned trajectory for 50% of the year. The standard achieved the national target of 85% in August. The majority of treatment delays have been the result of capacity issues in Urology with backlog clearance plans ongoing and performance improving as a result, after some issues with patient choice over the winter months.

The Trust carried out the highest amount of treatments year to date in March without having a major impact on breach totals.

The 31-day first treatment target was achieved once, in December 2019, with 96.8%. Performance fell below 90% in four months but has improved to above 90% since November 2019. The decline in performance is attributable to delays in robotic surgery within Urology and complex pathways and capacity issues in other Specialties.

The two-week waiting (TWW) time for urgent cancer referrals has delivered against trajectory for the 6 months since September 2019, with the highest performance reported in November 2019 at 90.21%. Performance against national standard has been challenged by workforce issues, demand outstripping capacity in dermatology during the summer months and patients choosing not to accept the appointments offered or cancelling those booked within the two-week target. Development and implementation of longer-term plans to close the demand and capacity gap should see an overall return to TWW standards by the end of 2020/21.

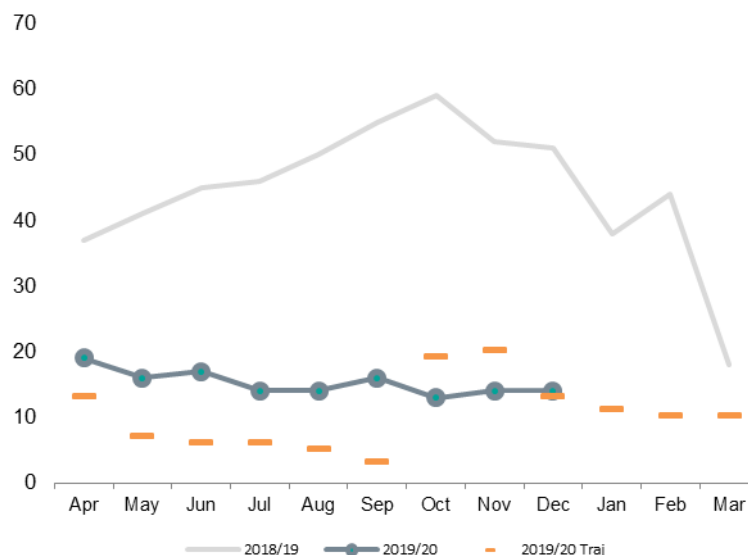
Cancer Multidisciplinary Team (MDT) Performance	Target	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Patient seen within 2 weeks of urgent GP referral	93%	82%	69%	86%	86%
Patients with breast symptoms seen by specialist within 2 weeks	93%	85%	96%	91%	81%
Patients receiving first treatment within 31 days of cancer diagnosis	96%	90%	90%	92%	95%
Patients waiting less than 31 days for subsequent drug treatment	98%	100%	100%	100%	100%
Patients waiting less than 31 days for subsequent surgery	94%	80%	80%	77%	76%
Patients receiving first treatment within 62 days of urgent GP referral	85%	80%	79%	71%	68%
Patients treated within 62 days of screening	90%	90%	89%	80%	72%

52 Week Waits

Throughout 2019/20, 52 Week waits have remained the lowest they have been for the last three years. Cancellations in the elective plan hindered the Trust's ability to continue releasing these patients and have therefore reported an increased number of long waiters in March 2020. Actions are being taken to support the clearance of breaches in 2020/21.

We are continuing to work with system partners to ensure that the number of patients waiting more than 52 weeks for elective surgery is minimized in 2020/21; however this is likely to be further impacted by the coronavirus Covid-19 outbreak in the UK.

Trust Total 52 Week Wait 2018/19 vs 2019/20 and 2019/20 trajectory



The Trust has historically experienced patients waiting in excess of 52 weeks on Referral to Treatment (RTT) pathways in a number of specialties. Exceptional actions have been taken to reduce the number of long waiting patients, including demand management through restrictions to access of services, outsourcing to the independent sector, waiting list initiatives and locum appointments to clear the backlog. The Trust's ambition to achieve zero patients waiting more than 52 weeks in 2019/20 has been held back by a number of factors, including:

- Complexities with accessing independent sector capacity;
- The impact of pension changes on staff capacity;
- Commissioner affordability; and
- The pressure of delayed transfers of care impacting the Trust's elective activity.

Referral to Treatment

The Trust had set a trajectory predicting a performance position of 88.13% by the end of 2019/20. However, postponing the routine elective plan in response to COVID-19 negatively affected the March RTT position. Had the elective programme been delivered as planned, an end of year position of 83.50% was expected.

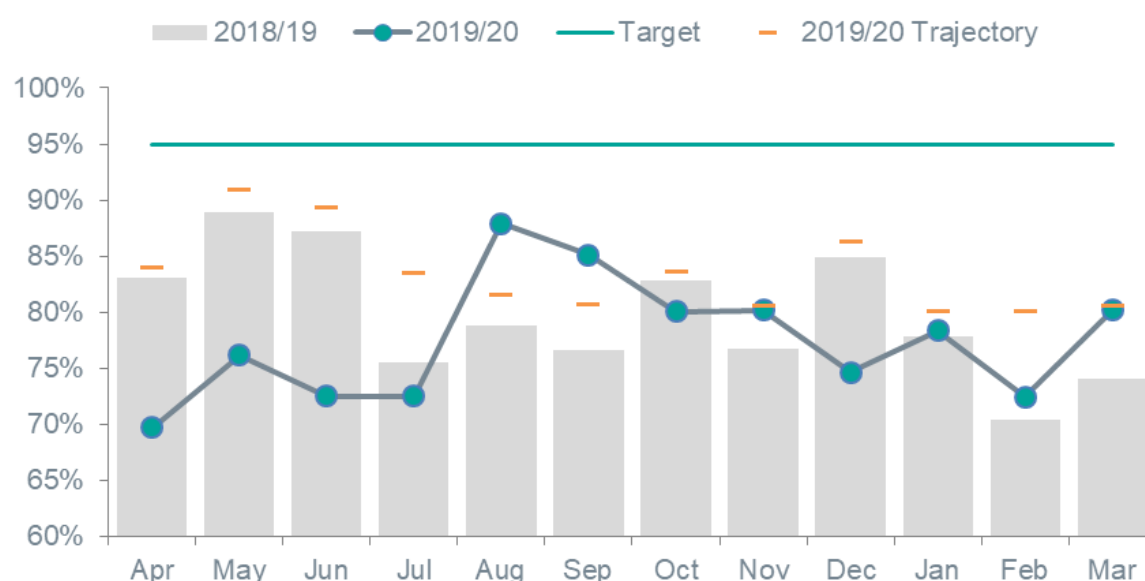
Actual performance for 2019/20 is 80.02% with a backlog of 5697 patients waiting over 18 weeks. The overall wait list size was 28,516 patients at the end of March 2020 against a trajectory of 27,754, which was set excluding patients on the e-Referral service (eRS). Therefore, the Trust would have met its trajectory for wait list size excluding patients on eRS, with a reported position of 26,588.

In January 2020 the Trust included all patients with an active RTT clock reporting in eRS in the national RTT submission. The inclusion of these patients improved the position and brought the Trust in line nationally. Following the inclusion of eRS patients the Trust's position is more closely aligned to the national picture. The Trust moved from position 304/373 to 297/375 and is now ranking second out of 11 Adult Major Trauma Centres.

Accident & Emergency Maximum Waiting Time

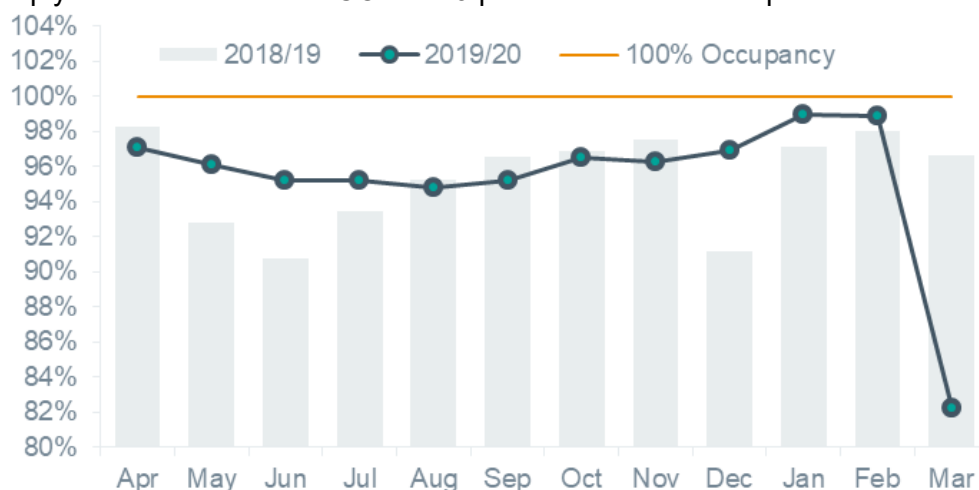
The four-hour ED waiting time standard remained challenged in 2019/20 with a full year performance of 77.49% against a trajectory of 86.09%. However, waiting times significantly improved in August 2019, resulting from improved staffing. Since August 2019 the Trust has performed well nationally for Type 1, four-hour performance.

Frequently reporting in the upper or second quartile, the Trust regularly reports the highest performance amongst Adult Major Trauma Centres.



Bed Occupancy

The flow of patients through hospitals is recognised nationally to be affected when bed occupancy rises above 92%. The Trust has reported monthly bed occupancy positions in 2019/20 varying from 94.81% in August 2019 and 95.19% and 95.18% in June and September 2019 respectively. The highest reported bed occupancy has been in January (98.95%) and February 2020 (98.86%). This was against the Trust's ambition of not exceeding 95% bed occupancy in any period. This demonstrates an improvement in 5 months when compared to 2018/19. Improved bed occupancy reduced the need to use escalation capacity and numbers of patient outliers, supporting the ethos of 'right place, first time'. Bed occupancy fell sharply in March due to the COVID-19 pandemic and the suspension of elective hospital admissions.



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 submit 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. The summary of our data quality on these items is detailed below.

M9	2018/19		2019/20		2019/20 National average	
	NHS No.	GMP code	NHS No.	GMP code	NHS No.	GMP code
Admitted Patient Care	99.8%	100.0%	99.8%	100.0%	99.5%	99.7%
Out Patients	99.7%	100.0%	99.8%	100.0%	99.7%	99.6%
A&E	98.4%	99.9%	98.5%	99.9%	97.7%	97.9%

We have exceeded national averages for all measurement criteria in 2019/20.

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, and demonstrated unprecedented improvement in data quality which led to no DQIP from BNSSG CCG in 2019/20. The Trust's response to our Commissioner DQIP in 2019/20 is summarised as follows:

Commissioner DQIP Performance	DQIP Items	Items Delivered	% Complete	DQIP Status
NHS England	18	12	66.7%	On Track*
BNSSG CCG	N/A	N/A	N/A	N/A

** The monitoring of DQIP was paused from Month 11 in 2019/20 as part of the overall COVID-19 pandemic response. The 6 remaining items on the 2019 DQIP have a full delivery plan in place, and will be completed within Q1 2020/21.*

There are no plans for a DQIP to be issued in 2020/21 from either NHSE or BNSSG CCG. Processes for raising ad hoc data quality queries have been in place since 2018/19, and will be utilised on an ongoing basis to support the existing governance structures around quality and performance. Both Commissioners and key Trust stakeholders will be advised of data quality performance via established governance structures, and DQIP's may be instigated in future should the need arise and with the agreement of all parties.

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

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 year-on-year performance is detailed below:

Clinical coding performance	DSP Toolkit Met	2018/19	2019/20	↑↓
Primary Diagnosis	90%	94.50%	90.25%	-4.25%
Secondary Diagnosis	80%	96.40%	91.69%	-4.71%
Primary Procedure	90%	95.90%	93.36%	-2.54%
Secondary Procedure	80%	85.70%	84.21%	-1.49%

The 2019/20 performance has shown a decline on the performance of 2018/19, with the following factors influencing the results obtained this year:

- **Expanded audit regime:** There has been a material increase in the frequency and scope of audit activity throughout 2019/20 which has led to ten times the volume of spells audited.
- **Engagement of external coding auditors:** NBT have engaged highly specialised external clinical coding auditors to ensure a fully impartial and transparent level of scrutiny and assurance, complete with recommendations for further improvement.
- **Integration into Coding Improvement strategy:** Full incorporation of audit work into the Clinical Coding Improvement Strategy – areas of improvement and opportunity are being actively sought out and aligned with recommendations from GIRFT and benchmarking sources.

The service has continued to perform to high standards against the backdrop of increasing volume and complexity in activity, while embracing additional scrutiny and an expanded audit regime. The overall 2019/20 performance is indicative of Standards Met assurance rating within the DSP Toolkit.



CLINICAL CODING IMPROVEMENT STRATEGY

The Trust's Clinical Coding team has consistently developed and matured its offering to the Trust since receiving an internal audit rating of Significant Assurance with Minor Improvement in November 2017. The development of the Clinical Coding Improvement Strategy in 2019 has led to the following material advancements in 2019/20:

- ✓ **Annual Improvement Plan:** A full Clinical Coding Improvement strategy and 18 month plan of improvement works has been ratified via Finance and IM&T Committee. This ensures a long-term and measurable programme of continual improvement across clinical divisions, with evidence to be obtained via improvement in average tariff, and enhanced Depth of Coding benchmark performance.
- ✓ **New Technology:** Implementation of Medical History Assurance (MHA) coding quality software which delivered an additional £1.98m of assured income from planned inpatient activity during 2018/19, with a further £819k in 2019/20.
- ✓ **Data Analytics:** Deployment of Clinical Coding QlikSense data analytics app, which is revolutionising clinicians' engagement with the inpatient coding process, and senior management awareness of Coding's operational throughput. Further analytics development on Depth of Coding benchmarking is planned for 2020/21
- ✓ **Engagement:** Attendance at Divisional Management Team and Specialty Team meetings, supported by 1-2-1's with Consultants, bespoke specialised clinical coding audits, group workshops, new online learning packages, and reviews of processes and pro-forma.
- ✓ **Partnerships & External Communications:** Our commitment to continual improvement has drawn attention from professional networks and technology providers in 2019/20. Our Coding function worked with 3M and to produce an online webinar hosted by HFMA detailing our strategic improvement agenda.

Our progress has drawn national attention and recognition, starting with the Future NHS Award Nomination in 2018/19, and continuing in 2019/20 with our engagement by HFMA to share the ongoing success surrounding our transformation work.

DATA SECURITY & PROTECTION TOOLKIT

The Information Governance Toolkit was replaced in 2018/19 with 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 data security standards. The toolkit provides us with assurance that we are practising good data security and that personal information is handled correctly.

In 2018/19 the Trust achieved Standards Met across the toolkit submission. In 2019/20, the toolkit assessment has expanded to incorporate further criteria relating to cyber assurance and related compliance measures. While NBT remains on-track to maintain compliance, the deadline for submission has been moved to September 2020 to enable Trusts to focus on the COVID-19 pandemic response. The table below therefore reflects the prior period's performance, the expansion of the Toolkit criteria in 2019/20, and that overall performance is to be confirmed during 2020/21.

	2018/19	2019/20
Mandatory evidence items provided	100	116*
Assertions confirmed	40	44*
Assessment status	Standards Met	TBC September 2020*



Part 3

our quality indicators

- Patient Safety
- Clinical Effectiveness
- Patient Experience

Exceptional healthcare, personally delivered

3.1 Patient Safety

Patient Safety Incidents

The safety of our patients is at the core of our approach and culture and we aim to be outstanding for safety and at the forefront nationally in implementing the NHS Patient Safety Strategy.

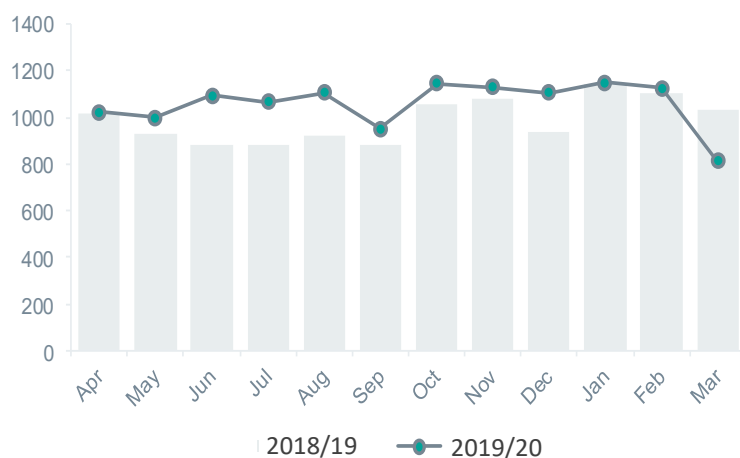
Patient safety incidents that are reported by our staff provide us with key insights into the safety of our patients.

In 2019/20 we have built on work done previously by focussing on embedding our systems and processes that facilitate learning. We have a strong approach to reporting and learning from incidents, regularly reviewing and analysing trends and themes of incidents and learning.

We continued to be heavily engaged in the national developments led through the Healthcare Safety Investigation Branch (HSIB), with Trust staff seconded to lead the support programme for Maternity Safety training. We have already adopted good practice identified in the HSIB approach and are engaging with national patient safety leads across a range of areas set out in the NHS Patient Safety Strategy.

We are driving our improvement work within the two foundations of the Patient Safety System and Patient Safety Culture. Our response to the NHS Patient Safety Strategy to date has involved a wide range of presentations and discussions at various forums across the Trust to engage our staff and prepare the ground for implementation of specific plans. These will be developed alongside the detail released within forthcoming national guidelines that support the strategy implementation.

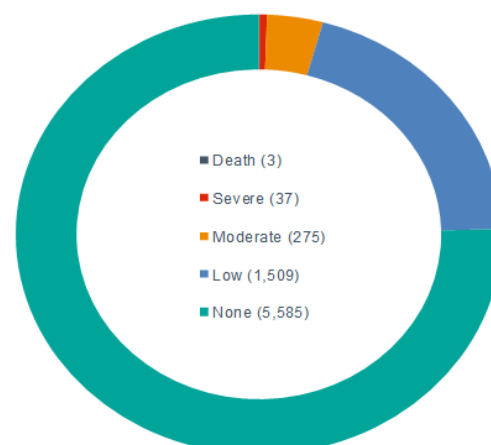
During 2020-21 our focus will include developing and implementing an annual patient safety plan to underpin our Quality Strategy, enhancing how we turn learning into improvement and focusing on our Patient Safety Culture and systems that provide us with insights into the safety of our patients.



In our most recent patient safety incident upload to the national system we have shown an increased incident reporting rate, often considered as an indication of a good safety and learning culture.

The reduction in March 2020 is accounted for by the reduced activity levels due to COVID-19 impact on services.

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



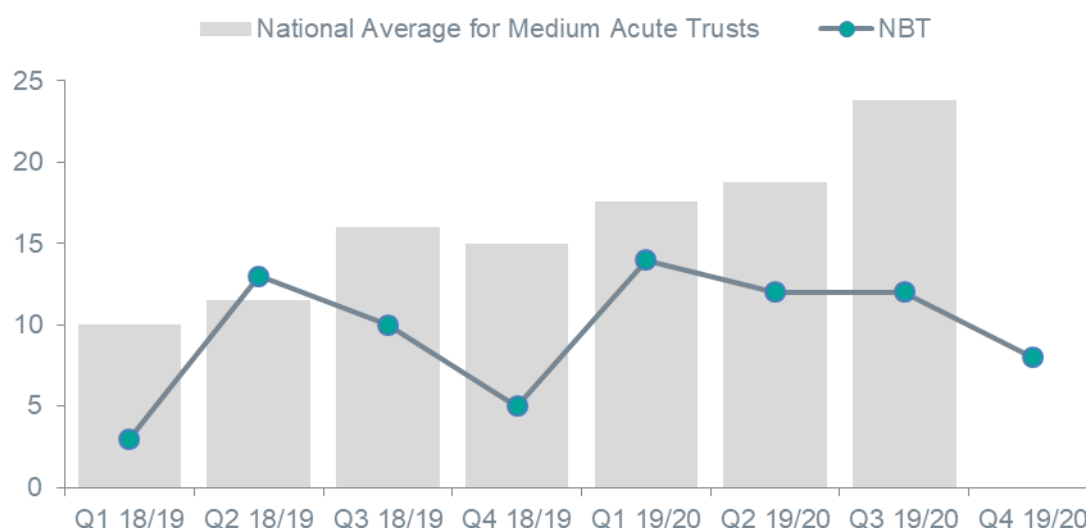
Freedom to Speak Up (FTSU) is an arrangement arising from the recommendations in the Francis report (the Mid Staffordshire NHS Foundation Trust public enquiry). Effective speaking up arrangements help to protect patients and improve the experience of NHS workers.

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 2019/20 are broadly in line with national expectations, covering patient safety and quality and staff behaviours, but are slightly below the national average for medium sized acute Trusts.

The numbers of staff who report suffering a detriment as a result of speaking up has reduced compared to 2018/19, although the number of staff raising concerns anonymously is higher than the national average. The Board 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 are in place with progress being monitored by the FTSU Guardian group and the Board.

NBT FTSU Cases vs National Average Medium Acute Trusts



**National average data for Q4 2019/20 not available at time of reporting*

What next?

The following key areas of focus have been agreed for 2020/21, as follows:

1. The recruitment of a Lead FTSU Guardian with ring-fenced time allocated to the role. This individual will lead the existing NBT Guardian network.
2. The FTSU vision and strategy to be updated as part of the Trust's overall people strategy and focus on creating a "just culture"
3. Continue to ensure a range of FTSU Guardians/champions from diverse groups e.g. BAME and different levels and professions within the Trust.
4. Refreshing the Trust Board's FTSU self-evaluation, with results to feed into the refreshed strategy and vision.
5. Ongoing communication to the Trust as a whole about Freedom to Speak Up

Exception Reports for Review 26/02/2020 – 26/05/2020



Type of report

Hours	Service Support	Safety
36 reports	2 reports	0 reports

New Contract Rules

The British Medical Association and NHSEmployers are in discussion regarding enhanced payment rates for weekend work frequency greater than 1:2, an issue which is becoming more common. As well as guidelines for payment of annual leave not taken due to Megateam working during Coronavirus pandemic.

Exception Reports

Guardian now able to action and close overdue Exception Reports if a supervisor has not done so within 7 days.

Networking

The Guardian has attended a national meeting held in London, and is a member of the Regional Forum of Safer Working Guardians. Now in contact by WhatsApp with national and regional groups as well as having email contact with a number of other Guardians in the region to share updates.

Payroll

Process in place for payment of excess hours worked which will include new trainees who leave in August 2020 but have outstanding monies.

Junior Doctor Contract Meetings

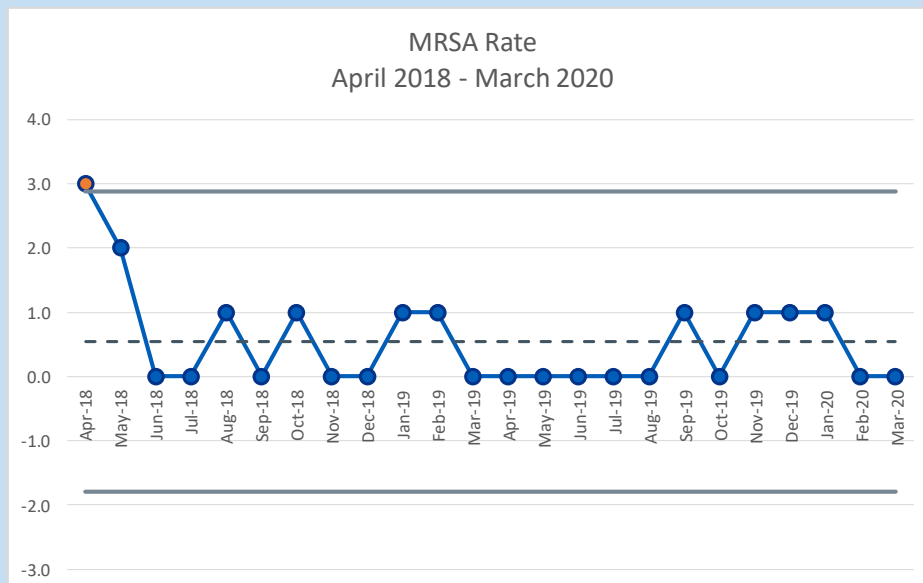
Initiated by the Deputy Medical Director, these meetings are held every 6 weeks between the Guardian for Safe Working Hours, the Deputy Medical Director, Medical HR Lead and the Director of Medical Education.

Local Negotiating Committee

Guardian attends or submits progress reports to each meeting to increase awareness of current issues and interfaces with British Medical Association.

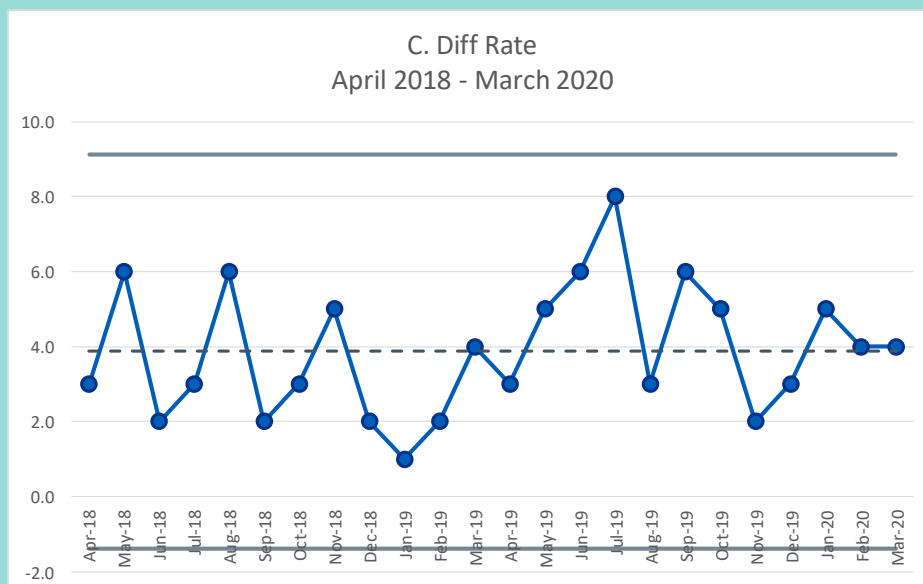
MRSA

In 2018/19 the Trust identified MRSA Bacteraemia as a significant internal control issue. The Trust has reported four cases of MRSA Bacteraemia in 2019/20, a significant reduction in the nine cases reported in 2018/19, and a clear indication that the Trust's quality improvement initiative to reduce these infections has had effect. This is no longer considered to be a significant internal control issue.



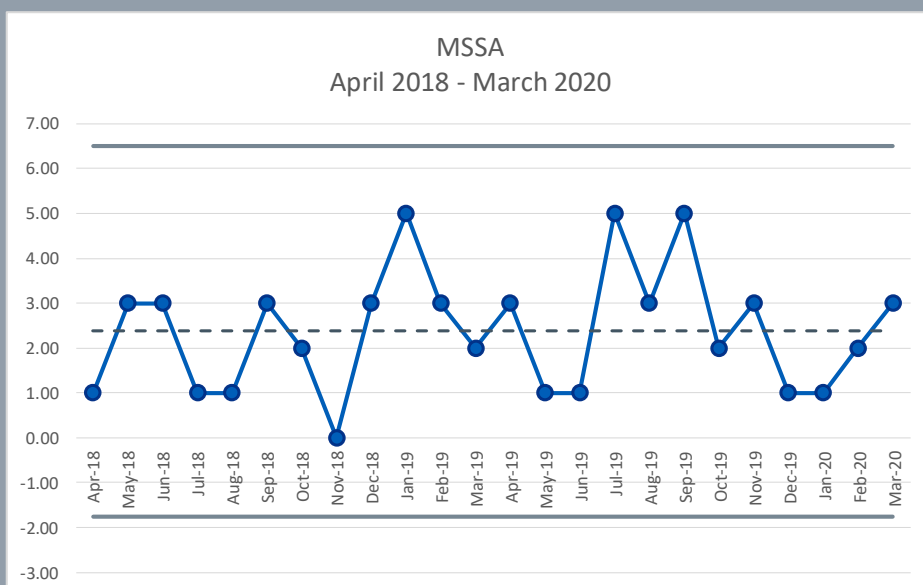
C-Difficile

The Trust reported 51 cases cumulatively in 2019/20 against the target of fewer than 57 cases and therefore successfully delivered the overall reduction of cases across the year.



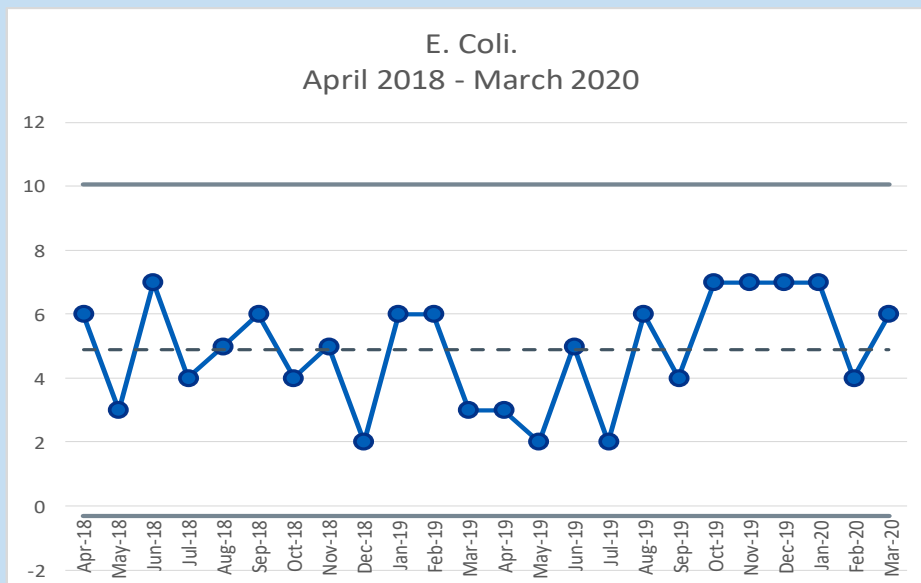
MSSA

There were 30 reported cases of MSSA bacteraemia during 2019/20. This rate is comparable to the regional and national benchmark and is continually monitored and reviewed at the Trust's Staphylococcus Steering Group.



E. Coli.

Unfortunately, the Trust did not meet its target of a 10% reduction in E.Coli. infections and further community wide work to reduce these infections is planned for 20/21.

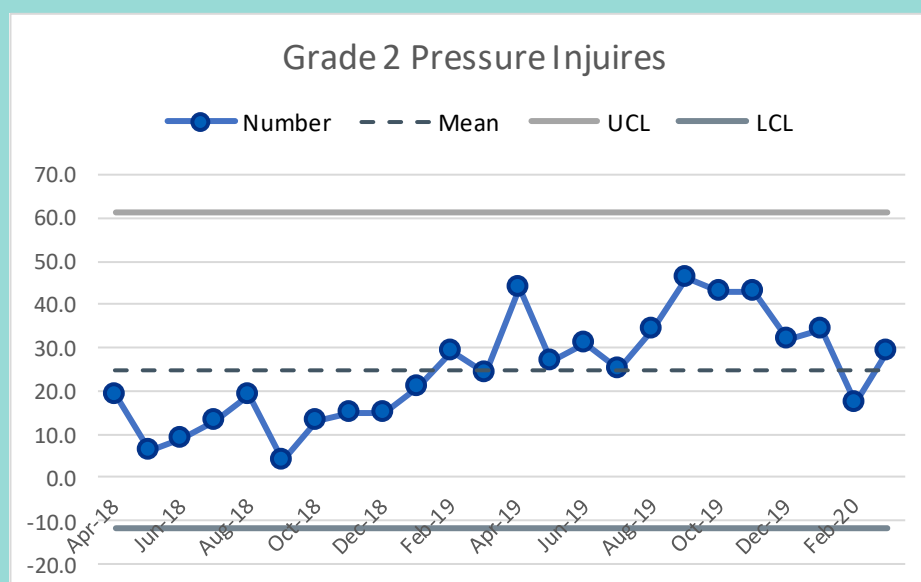


Pressure Injuries

The trust achieved 0 grade 4 pressure injuries during 2019/20.

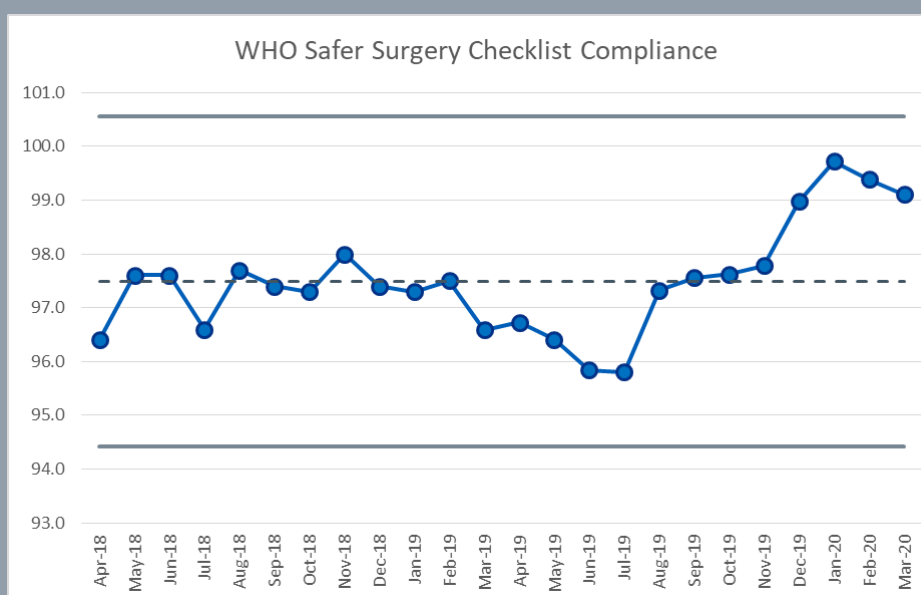
The trust saw a reduction in the number of grade 3 pressure injuries during 2019/20.

5 grade 3 were reported 2019/20 compared with 6 reported in 2018/19



WHO Safer Surgery Checklist

The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres. NBT theatres have consistently remained above the 95% target for completing the WHO Safer Surgery Checklist for the totality of 2019/20.



What we did in 2019/20

We continued to embed good practice in Mental Capacity Act (MCA) and we introduced new capacity assessment documentation that is simpler to use and meets NBT's legal obligations. The form has also been adopted by the CCG for use in Primary Care.

We supported staff with 1,962 concerns providing significant training, telephone advice, case discussions, support with best interests meetings and signposting / diversion to alternative services.

We contributed to multiagency forums and sub groups of the Safeguarding Adults and Joint Boards (SABs).

We developed the content of the level 3 training for adult safeguarding alongside colleagues at University Hospitals Bristol and Weston General Hospital and the Clinical Commissioning Group (CCG) to ensure uniformity across Bristol, North Somerset and South Gloucestershire (BNSSG). We also reviewed all training and policies in line with legislation and guidance.

We engaged in NBT audits and multiagency audits to better understand the experiences of adults at risk and their carers who present to our services.

We amended the Deprivation of Liberty Safeguards (DoLS) application to include a capacity assessment; this ensures legal process for detaining a patient is evidenced with practitioners being supported in their practice.

What difference did it make?

We improved staff understanding and compliance of the MCA & DoLS, as recognised by the CQC in their 2019 inspection, and have continued to complete and submit an increased number of DoLS applications which support the safeguarding of our patients who cannot consent to be in hospital for their treatment.

The learning and recommendations for NBT, from Domestic Homicide Reviews (DHR) and Serious Adult Reviews (SAR), have been embedded into safeguarding training and incorporated into clinical practice where appropriate and possible.

Our staff have acted appropriately and increased the concerns and disclosures from adults at risk, as part of their core practice and alerted these to the safeguarding team for additional support, guidance and onward referral.

Safeguarding team has continued to improve the governance with the electronic incident system for the safeguarding platform to understand the types of concerns our staff are managing most frequently and target training and support to these areas. This has also ensured better reporting and data collection.

Objectives 2020/21

We will continue the MCA project plan with to embed and sustain ongoing improvements, including work on the Best Interests process with new forms to support clinical staff and protect our patients' human rights.

We will develop Liberty Protection Safeguards LPS strategy, policy and practice guidance when regulations and Code of practice are published to ensure NBT is ready to meet the legal requirements when the MCA Amendment Act comes into force.

We will complete Audits to demonstrate compliance with MCA/ DoLS and safeguarding requirements.

We will review the DoLS process to ensure lawful detention of patients is carried out in a uniform and auditable way, review information governance across the different external DoLS teams and improve internal quality assurance processes.

We will review practice guidance, policy and training when the Domestic Violence Bill is published

Safeguarding children is about protecting children from maltreatment, prevention of impairment of their health and development which includes taking actions to enable all children to have the best outcomes. As a health provider organisation we have opportunities to engage with children and their families as they use our services and can offer help for families and children that may prevent harm and contribute to better outcomes. We do this in partnership with families through assessment, care planning, and sharing of information with partner agencies and referral to appropriate services.

Key achievements during 2019/20:

We embedded the use of the Child Protection - Information Sharing (CP-IS) system in line with NHS England and NHS Digital that supports professionals to help identify children who are most vulnerable and may need additional support whilst accessing the Emergency Department, maternity care and direct admissions to wards through GP referral. This system now enables us to receive alerts for children using our services that are not local to our area. This enables staff to liaise with local authorities across England to share information and act to protect children in our care.

In 2020/21, we plan to roll the CP - IS system out Trust wide.

We established links with the 'Safer Options' team Bristol in partnership with University Hospitals Bristol and Weston (UHBW) for the health contribution to reducing the impact of knife crime on children and communities. This is a newly established Local Authority team designed to combat criminal exploitation of young people and serious youth violence.

By working with our partners and taking action together health services can contribute to protecting the most vulnerable in our communities from becoming victims, we can help stop young people from being exploited and we can find solutions to support those at risk of being drawn into a life of violence.

We focused on quality improvement of referrals to Children's Social Care with particular emphasis on the voice of the child where the adult parent was our patient. Sharing clear information and concerns and advocating the child's voice when we raise concerns is a core skill for all staff and is integral to good safeguarding children practice. The local authority needs clear information that explains the needs of the child and how the current concerns are impacting on them.

In 2020/21, we will continue working with teams to provide specialist safeguarding training enabling staff to gain a clearer understanding of the voice of the child allowing them to be better advocates for children who may have emerging need for early help.

We incorporated learning from local and national reviews into our training and supervision and have used feedback from staff to redesign our level 3 safeguarding children training to be more practice focused building confidence in having challenging conversations with families and quality information sharing with partner organisations. Building confidence and capacity in our workforce contributes to better outcomes and experiences for patients.

In 2020/21, we will be expanding group supervision to level 3 safeguarding children trained staff in the Medicine Division and working with clinical leaders to ensure they have the confidence and skills to support their staff.

3.2 Clinical Effectiveness

Provision of Seven Day Services

We fully recognise the importance of providing safe care seven days a 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.

It is a requirement, reflected in the Government's mandate and NHS planning guidance for North Bristol Trust to ensure that our services achieve four priority standards which are in place to check that patients have access to consultant-directed assessment (Clinical Standard 2), diagnostics (Clinical Standard 5), interventions (Clinical Standard 6) and on-going review (Clinical Standard 8) every day of the week.

Clinical Standard 2

Clinical standard 2 requires all emergency admissions to be seen and have a thorough clinical assessment by a suitable consultant as soon as possible and within 14 hours from the time of admission to hospital.

The clinical audit shows that we achieved 89% during weekdays and 92% during weekends which means we meet the standard during weekend periods but not during the week. However against a 90% standard we underperform by only 1% during week days and our average overall compliance is 90% across seven days.

We are assured that we provide sufficient daily consultation presence to support the delivery of this standard.

Clinical Standard 5

Our provision of consultant directed diagnostic tests has remained the same.

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

Clinical Standard 6

Our provision of consultant directed interventions has also remained the same.

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

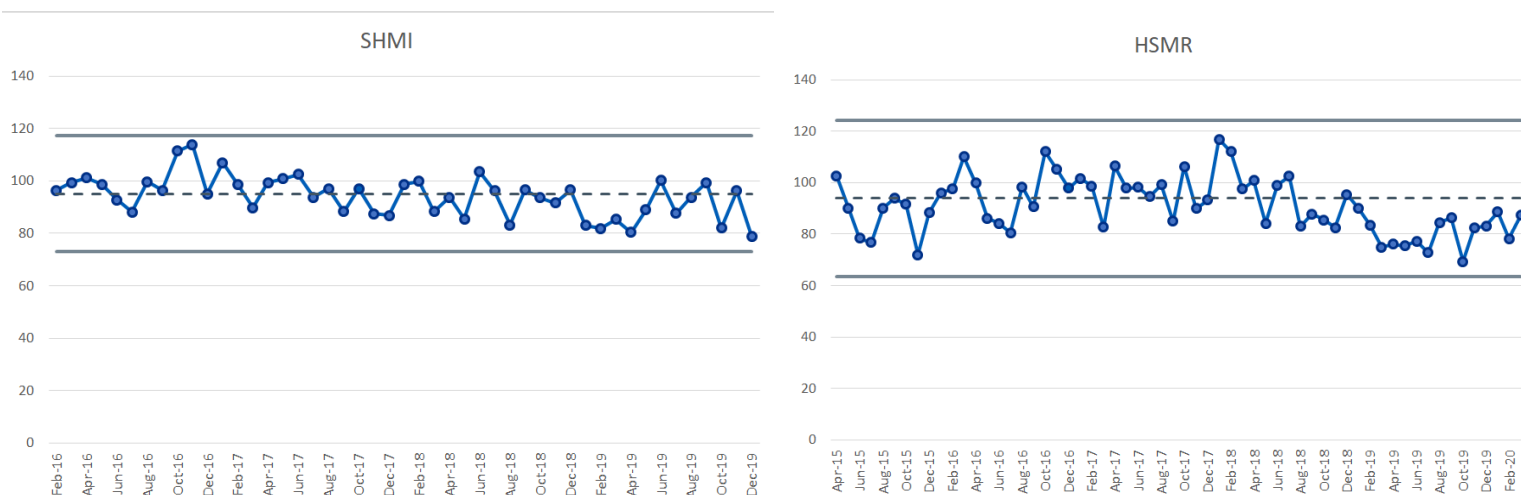
Clinical Standard 8

This standard requires all patients with high dependency needs to be seen and reviewed by a consultant twice daily unless a clear pathway requires a different frequency. At NBT that standard is met for over 90% patients on weekdays but the standard was not met during weekends where 79% patients received twice daily reviews and 85% once daily reviews. However it should be noted that these figures represent a total of 11 daily reviews which were not documented and therefore assumed not to have taken place.

3.2 Clinical Effectiveness

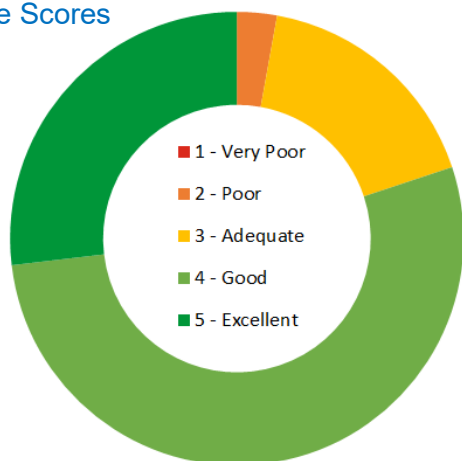
Mortality and Learning from Deaths

North Bristol NHS Trust has a policy of reviewing every patient death. We also monitor our mortality rates using the Summary 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.



Both SHMI and HSMR data presents a good picture for mortality rates at NBT, with the local ratio remaining at or below 100 for the past 12 months. HSMR also displays a shift in the data below the mean since December 2018 indicating a sustained drop in the mortality rate.

Care Scores

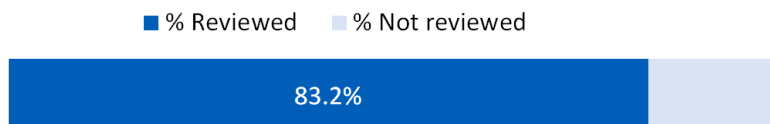


COVID-19 Response

During the peak of the COVID-19 outbreak staff were under increasing clinical pressures and we had to amend our working practices to ensure the safety of our patients and staff whilst protecting our capacity to cope with a surge of COVID-19 patients.

We are undertaking an Initial Pandemic Mortality Review on 30 cases from the initial pandemic period to ensure that the quality of care remained high for both COVID and non-COVID patients.

Activity



NBT has reviewed 83.2% of all deaths occurring between 01/04/2019 and 31/03/2020 as of 01/06/2020. This includes via structured judgement reviews (SJR), serious incident investigations and coroner's inquests. Reviewers undertaking an SJR are given a window of 2 months since date of death to review a case.

Care scores for 2019/20 show 0% very poor care with 2.8% of reviews rating overall care as poor. 97.2% of care scores were adequate, good, or excellent (80.1% good or excellent).

Throughout 2020/2021 we will be looking at how we can extract more meaningful learning from mortality reviews and, how we can turn that learning into action to improve care for our patients. This will involve deeper analysis of the review data looking at extracting themes, and undertaking roundtables led by clinical staff.

Participation in National Clinical Audits

During 2018/19 North Bristol NHS Trust participated in 47 out of 48 National Clinical Audits the Trust was eligible for. (For full details please see Annex 4).

Outcomes and Learning

North Bristol NHS Trust reported good outcomes for the majority of national clinical audits during 2019/20. The responsibility to ensure national clinical audits are reviewed and actions are taken forward lies within individual specialties and divisions. Where there is a national audit 'outlier' (meaning it is of potential concern to the Trust) the investigation, response and improvement actions are escalated to the Clinical Effectiveness and Audit Committee (CEAC), chaired by the Trust Medical Director. This ensures we respond in a timely and thorough manner, and improvement actions are approved and undertaken.

The Trust was notified that NBT was presenting as an outlier on certain measures within 4 of 47 national clinical audits during 2019/20 (8.5%). The Trust undertook reviews of all outcomes that were outside the expected levels and used the learning from these reviews to implement improvement work to better our outcomes in these areas. Details of the learning and reviews are outlined below.

National Bowel Cancer Audit (September 2019)

30 day unplanned readmission rate

The investigation showed that the following contributed to a higher than expected 30 day unplanned readmission rate:

- NBT includes Surgical Hot Clinic day attendances, same day stoma therapy attendances and all ward day attendances for catheter removal as readmissions—these cases should not be classed as readmissions, when the readmission rate is adjusted for these cases it is within the expected range

The following action was put in place to address the issue:

- Review coding practices for outpatient attendances

National Early Inflammatory Arthritis Audit (October 2019)

Proportion of patients with their first review within 3 weeks of referral

The investigation showed that the following contributed to delayed reviews:

- NBT has seen an exponential rise in urgent and suspected referrals to the EIA service over the last 4 years
- There has been a shortage of staff and a lack of applicants to fill locum posts
- NBT is the preferred centre for patients who live closer to UHB or Weston

The following actions were approved to address these issues:

- Business cases have been approved for additional staff members
- The EIA referral form and pathway criteria was reviewed and updated to prioritise patients most likely to have EIA (this was a collaborative piece of work with UHB, Weston, and primary care)
- Implemented RAS on the Electronic Referral System resulting in more stringent triaging
- Linking with high performing trusts in the region to share learning

National Neonatal Audit Programme (October 2019)

Documented consultation with parents by a senior member of the neonatal team within 24hrs of a baby's first admission

The investigation showed that the following issue was identified:

- Consultation was not logged in the electronic system which uploads to the NNAP data set, yet ward records indicated that 95% of episodes had parental consultations within 24 hours

The following actions were undertaken to address the issue:

- Business case has been agreed for data management support within the division
- New NICU admission documents are being developed to capture the summary of parental communications more comprehensively
- An awareness campaign is being implemented to highlight the importance of documentation

National Maternal and Perinatal Audit (October 2019)

% of term, singleton births with an obstetric haemorrhage more than or equal to 1500ml

% of term, singleton, cephalic, vaginal births with a 3rd or 4th degree perineal tear

The investigation highlighted the following practices which led to a reported higher rate of haemorrhage $\geq 1500\text{ml}$ and 3rd or 4th degree perineal tears:

- NBT has a higher than average rate of instrumental births and there is an increased use of forceps over vacuum. Although forceps are safer for the baby, they do carry a higher risk of 3rd or 4th degree tear
- The service measures blood loss as opposed to estimating blood loss after births which many other units do, this could lead to under-reporting at other units

The following actions have been undertaken in order to lower the rates of $\geq 1500\text{ml}$ haemorrhage and 3rd or 4th degree perineal tears:

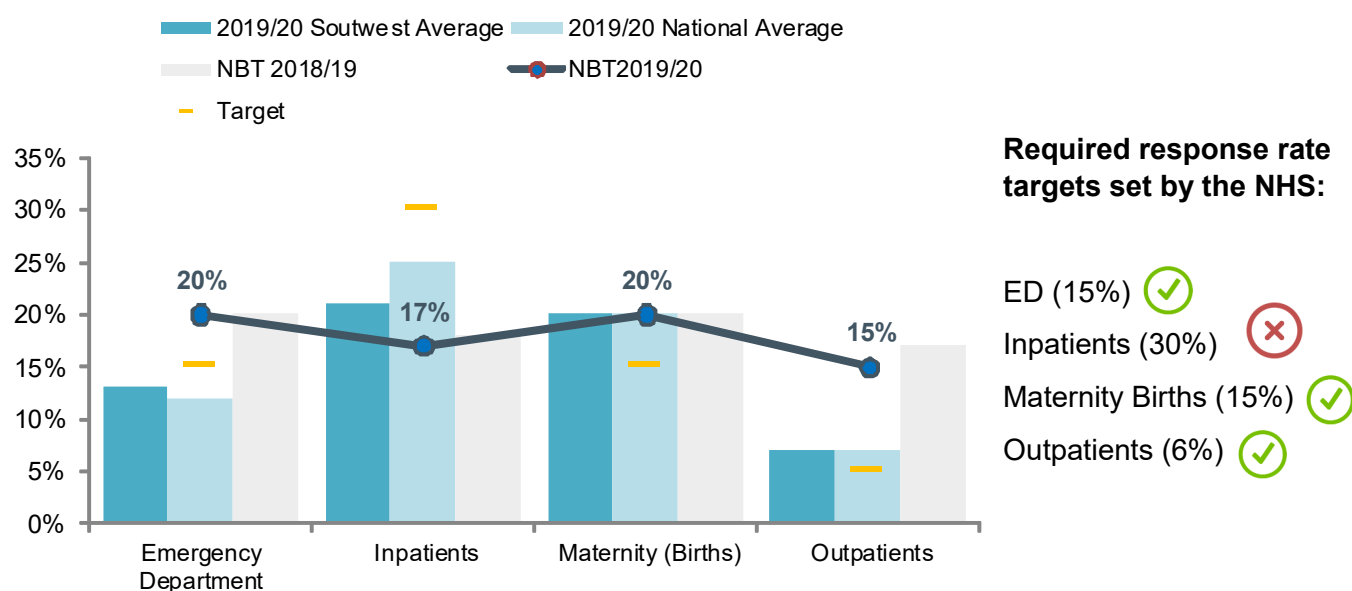
- Both metrics are monitored on the local dashboard and reductions have been seen across both measures
- Action plans have been put in place to increase staff education for our local processes as well as best practice guidance
- NBT is the founder of Practical Obstetric Multi-Professional Training (PROMPT) for PPH management and drill stations training is undertaken regularly
- We are also working with the Maternal Neonatal Health Safety Collaborative (MNHSC) on a project to reduce PPH $\geq 1500\text{ml}$ by 30% by May 2020
- There has been significant change to practice and training on prevention and recognition of Obstetric Anal Sphincter Injury (OASI) which is likely to lead to a further reduction in rates over the coming years

The Friends and Family Test (FFT) is an important feedback tool that enables people using our services to give real-time feedback about 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 and why. The commentary given is critical in helping us to make improvements to the care we provide and to recognise what we are doing well. The survey is completely anonymous and provides patients with a choice to opt out.

We report monthly Trust Board and NHS England on the percentage of patients who have completed a survey and percentage of those respondents who would recommend the service to their family and friends.

NBT average response rate 2019/20 compared to national average, south west average and NBT average response rate 2018/19



**Due to the Coronavirus Pandemic, 2019/20 data is from April 2019 to the end of February 2020. March 2020 data is not included as FFT was paused, in line with NHS England guidance.*

What % of our patients would recommend us to their friends and family?

<p>93%</p> <p>of our inpatients would recommend us to friends and family.</p> <p>This is compared to 95% in the region, and 96% nationally.</p>	<p>95%</p> <p>of our outpatients would recommend us to friends and family.</p> <p>This is compared to 95% in the region, and 94% nationally.</p>	<p>90%</p> <p>of our emergency department attendees would recommend us to friends and family.</p> <p>This is compared to 87% in the region, and 85% nationally.</p>	<p>96%</p> <p>of our maternity patients would recommend us to friends and family.</p> <p>This is compared to 97% in the region, and 97% nationally.</p>
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Friends and Family Test Results Overview

Inpatients: In 2019/20 there has been a slight decrease again in the annual average response rate for inpatients, but within this an overall increase from day-case patients. There was no overall change in the average percentage of patients recommending the inpatient services. The majority of feedback is very positive and relates to staff attitude: staff being professional, caring, helpful and friendly. The negative experiences, which are in the minority, relate to poor communication.

In the **Emergency Department** the response rate remained well above the required rate and also above the national and regional average. The percentage of patients recommending the service has varied across the months but overall there has been an upward trend. The positive feedback relates to positive staff attitude and behaviour and the negative about the lack of information on their waiting experience.

Outpatient services continue to have overall excellent response rates between 12 -19% and well above the national and regional average levels. The percentage of patients recommending the services is also above these benchmarked averages at national and regional level. The positive feedback relates to positive staff attitude, behaviour and care and the small amount of negative feedback relates to lack of communication about waiting.

Maternity Services (Birth): The number of responses received from mothers following their birth experience has shown a decreasing trend. The percentage of those recommending the service has varied but an overall increase in the number of mothers recommending the service has been identified. The vast majority of feedback is very positive, relating to positive staff attitude and behaviour, staff really listening and respecting the mother's views, being caring and professional.

The wealth of feedback is available in near time to all wards, department and many specialities through the Envoy data platform. The appointment of patient experience leads in the Divisions has enabled an increased use of the data to maintain and celebrate good practice that is giving a positive experience to patients and also addressing areas of improvement. A national change in FFT will occur in 2020/21 with an explicit change in the questions being asked and a clear requirement to demonstrate and report on the use of the feedback from our patients.



3.3 Patient Experience

Learning from Patient Feedback

The overall number of formal complaints received in 2019/20 was 613 this is 15% decrease compared with the previous year, 2018/19 where the number of formal complaints received was 723

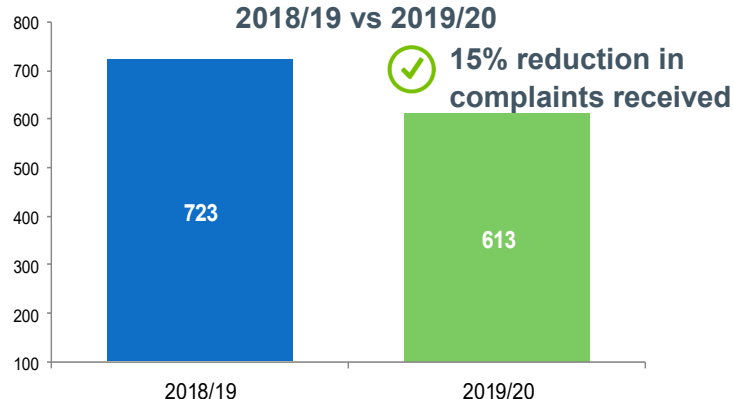
100%

compliance rate in acknowledging complaints within three working days

(NHS Complaint Regulations)

We have seen a significant reduction in the average number of complaints received per month and our average monthly completion rate has improved. This highlights the impact of divisional recovery plans which continue to be implemented.

Number of complaints received
2018/19 vs 2019/20



Average number of complaints received per month

2018/19

62

2019/20

53

Average monthly completion rate

2018/19

60.5%

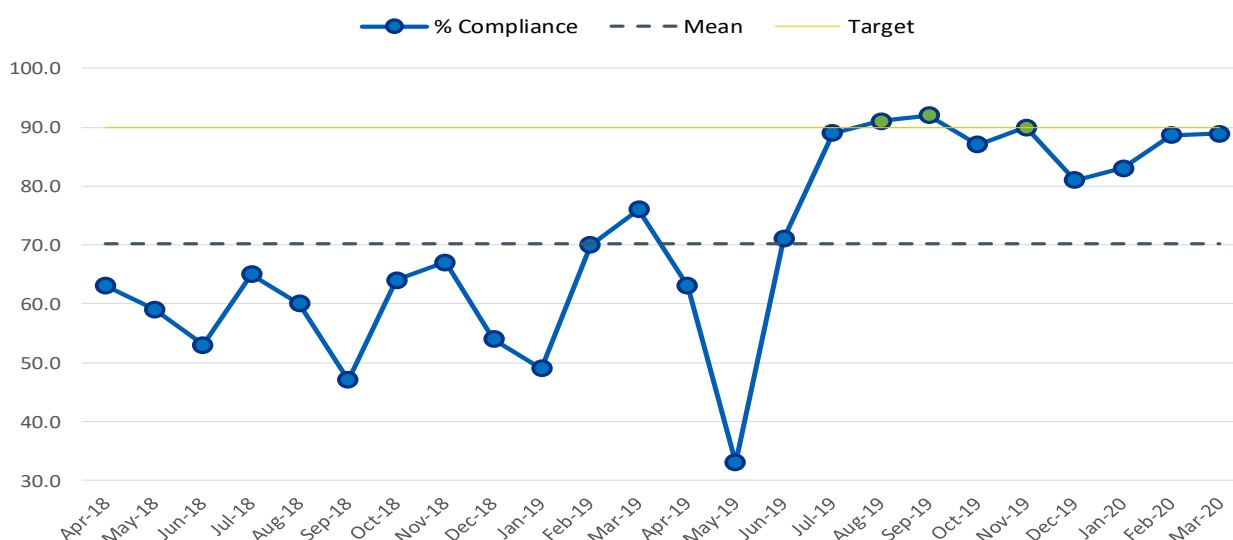
2019/20

78.5%

In 2019/20 we have worked very hard to reduce the number of overdue responses. Since April 2019 we have consistently reduced the number of overdue responses every month. In January 2020, for the first time we had no overdue responses.

We aim to continue this work into 2020/21.

Complaint Response Rate
April 2018 - March 2020



In April 2019, we successfully launched the Patient Advice and Liaison Service (PALS) which has reduced the number of overdue complaint responses.

Throughout 2019/20, the service has continued to grow and has staff to support people with resolving their concerns and issues quickly. PALS has improved the accessibility of raising concerns in the hospital with a 'drop in' office where patients, carers or family members can walk in and speak to someone about their experience.

Patient Perspective

PALS were contacted by a patient's daughter (PD) regarding her mother's (M) treatment. M was brought into Southmead via ambulance with suspected heart attack. M was assessed and informed it wasn't a heart attack but she had probable liver metastasis, and needed an urgent CT scan to discover where the primary cancer was located. PD said M was sent home with no information or pain management plan, and told to wait for a phone call.

Time passed and the PD called to chase a date for M's CT scan. She was told there was an IT problem which meant the request had not been received and M was not on the list. M was added to the list and given an appointment for 10 days later. PD felt that whilst staff had been trying their best, communication was very poor and they were not given sufficient information.

PD asked PALS to help her and M navigate the hospital system to understand what was happening and the best way forward to get a speedy diagnosis for M and the pain relief she needed.

The PALS officer arranged for the speciality team to contact PD the same day. The PALS officer also contacted radiology and asked if M's scan could be expedited. After the PALS officer was able to clarify M's availability, they were able to rebook the appointment for the next day. The PALS officer agreed that M would be contacted with the CT results to discuss how her treatment would be taken forward.

PD was grateful for the help from PALS who provided clarity, reassurance and positive action to support PD and M.

Looking ahead to 2020/21

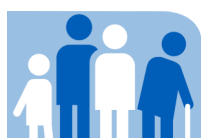
- ✓ The service will move into a new larger office space which will improve the visibility and accessibility of the service.
- ✓ PALS will increase their profile by educating ward staff, improving the availability of information across the hospital and online and by undertaking engagement events or out-reach events in groups across the community.
- ✓ PALS will also assess its reporting and monitoring to ensure it can support Divisions to manage, respond to and learn from their concerns.



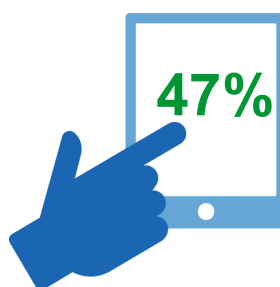
The Trust participated in the Care Quality Commissions National Patient Survey programme in 2019, and received the results from a number of 2018 and 2019 surveys. All results are reviewed alongside data from FFT, complaints and concerns, to identify areas for improvement and celebrate good patient reported experience. The results and actions are reported and monitored through the Patient Experience Group and the Patient and Carer Experience.

Inpatient survey 2019 (to be published in May / June 2020)	National Cancer Patient Experience Survey 2018, published in 2019
Urgent and Emergency Care Survey 2018, published in 2019	Maternity Survey 2019, published January 2020

Inpatient survey 2019 (published 2020)



We surveyed, **1,250** randomly chosen patients who were admitted in July 2019



The **response rate** remained high at **47%** The average response rate for similar trusts is 44%.

Most improved areas:

- ✓ Planned admission: admission date not changed by hospital (focus for improvement from last year).
- ✓ Right amount of information about treatment or condition in the Emergency Department.
- ✓ Staff completely explained reasons for changing wards at night (focus for improvement from last year).
- ✓ Not bothered by noise at night from other patients.
- ✓ Food was very good or good.

The following areas were identified for improvement and shared with each Division:

- Patients asked to give views on the quality of care.
- Patients received information explaining how to complain.

Discharge:

- Family and friends given enough information on how to help care.
- Patients told what to look out for and who to contact if worried.
- Family and home situation considered in planning.
- Enough notice is provided about when discharge will be.

National Cancer Patient Experience Survey 2018 (published in 2019)

Overall care score



This survey is undertaken every year. NBT was rated **8.8/10** for overall care, an improvement on last year.

We scored above or within the expected range in 51 (96%) questions out of 53 reported.



Staff, patient care and treatment and the NHS in general



Appointment delays, diagnostics and results and waiting times

Improvements since the last survey in April 2017:

Funding from NHS England and Macmillan Cancer Support has been used to improve patient experience. The Cancer Support Worker role for inpatients and outpatients was enhanced and dedicated physiotherapists, dieticians and psychologists support was put in place to address patients' holistic needs. All patients are offered a holistic needs assessment, personalised care plan and are encouraged to attend a health and wellbeing event.

NBT's Macmillan Wellbeing Centre continues to be a flagship service providing a vast range of information and support. Over 16,000 people affected by cancer and their families used the Centre in 2018.

Urgent and Emergency Care Survey 2018 (published in 2019)

The **response rate** was **30%**, which is in-line with similar Trusts..

Most improved from last survey

- ✓ Told when could resume normal activities
- ✓ Understood why tests were needed
- ✓ A&E department was very or fairly clean
- ✓ Staff did not contradict each other
- ✓ Family or home situation considered

Least improved from last survey

- Told side-effects of medications
- Waited under two hours to be examined by a doctor/nurse
- Able to get suitable food or drink
- Staff helped control pain
- Waited under an hour in A&E to speak to a doctor/nurse

Areas of focus for improvement:

- Medication - Told side-effects of medications
- Communication of results - Told how would receive the results of tests
- Patient/Carer Refreshment - Able to get suitable food or drink
- Waited under two hours to be examined by a doctor/nurse – action relates to ensuring the patient understands the role of the person (nurse or doctor) and the review was classed as an examination.



Maternity Survey 2019 (published January 2020)

This survey is undertaken every year. The response rate was **41%**, 5% higher than the average response rate of similar organisations (36%).

Feedback

Most improved areas:

- ✓ Discharged without delay.
- ✓ Partner / companion involved.
- ✓ Found decisions as to how to feed their baby were respected by midwives.
- ✓ Involved enough in decisions about their care (antenatal).
- ✓ Offered a choice of where to have baby.

Least improved areas:

- Had a telephone number for midwives (antenatal)
- Provided with relevant information about feeding their baby
- Felt concerns were taken seriously
- Saw the midwife as much as they wanted (this was already a top scoring area)
- Not left alone when worried

Areas for improvement

- Provision of a telephone number for Midwives (antenatal care)
- Provision of relevant information about feeding their baby
- Provision of appropriate advice and support at the start of labour
- Not left alone when worried (Labour)
- Felt concerns were taken seriously (Labour)
- Able to ask questions afterwards about labour and birth
- Discharged without delay (Postnatal care)
- Partner was able to stay with them as long as they wanted





Volunteers continue to play a crucial role in enhancing the experience of our patients and their carers for which we remain extremely thankful.

Our volunteers supported Southmead Hospital Charity to facilitate events such as; The Great Bristol Buskathon, Abseil Adventure, Run Row Ride and our Christmas market and raffle. Two members of the volunteer team, were awarded with the 'Southmead Hospital Charity Supporter of the Year Award'.

Our Move Maker Team continues to welcome and support the thousands of patients who enter the hospital. They were awarded with the Queens Award for Voluntary Service and were visited by HRH the Duke of Gloucester to present the award. The ED Volunteer Team increase to 30 volunteers and are making a huge difference to improving the patient experience within ED and AMU.

The Patient Partners continue to influence the work of the Trust, being active participants on core committees and working groups, including the Quality Governance Improvement Programme, Risk and Safety Groups, Patient Experience Group and others. Their involvement in the appointment of staff at all levels continues and is greatly valued. Key contributions this year have included giving a patient perspective on the process and approach on the use of the ReSPECT document, improvements in the patient check in kiosk and patient involvement in research

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.

Our Fresh Arts Music Team has conducted over 500 hours of live music including pianists playing for patients and staff. They have participated in hospital events throughout the year and successfully auditioned 21 new volunteers.

A volunteer Response Team have been recruited and trained to provide valuable practical help and emotional support and advice for patients during the discharge process.

During the COVID-19 Crisis the Response Team adapted their role to suit the needs of the hospital at a critical time. The team have delivered an average of 169 medications to wards, freeing up ward staff to concentrate on other important tasks, as well as supporting the distribution of donated items, delivering patient belongings to wards and improving patient and staff wellbeing by continuing the volunteer pianist program.

Our ward volunteers continue to make a very positive difference in a variety of roles including befriending, supporting meal time staff and providing administrative support. An NHS Heroes award was presented to one of our volunteers this year after a nomination from his ward manager for exceptional service. The year also marked the 90th birthday of one of our volunteers who has been volunteering on our wards for over 24 years.

Our Macmillan Wellbeing Centre Volunteers supported 16,000 people by welcoming and signposting visitors, providing complementary therapies and running craft workshops. They have also attended cancer forums, and supported the running of Health and Wellbeing events.

Our Spiritual and Pastoral Care volunteers have continued to provide valuable support to patients and their families. A new team called Purple Butterfly Volunteers were recruited and specially trained to support compassionate end of life care. The volunteers offer one-to-one support, compassionate listening, comfort and companionship particularly for those patients with few or no visitors.

Over 450 Volunteers, including Movemakers, Chaplaincy, Fresh Arts, Southmead Hospital Charity and ward based volunteers.

Annex 1: A statement of directors' responsibilities for the quality report.

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 30/07/2020



Michele Romaine
Chairman

Signed Date 30/07/2020



Andrea Young
Chief Executive

From 16 March 2020 NBT implemented formal central command and control arrangements in response to the COVID-19 crisis:

- Silver Command: Meeting twice daily and overseeing the organisational response to the emerging pandemic. Silver Command is supported by a series of Bronze-level cells focusing on specific areas including workforce, communications, facilities, out-patients, divisional management teams, personal protective equipment, and finance and logistics.
- Clinical Reference Group: Bringing together senior clinical leaders from across the Trust, this group provides advice to both Silver and Gold Commands, and is responsible for determining clinical thresholds and guidelines.
- Gold Command: Chaired by the Chief Operating Officer with the Medical Director and Director of Nursing & Quality, Gold Command provides strategic direction and coordination and acts as a point of escalation for Silver Command. It is the key liaison with BNSSG Health and Care Silver Command and connects with regulators and other external bodies as appropriate. Gold Command is responsible for reporting to Trust Management Team and Trust Board on all COVID-19 related matters.

Trust Board ratified the command and control arrangements at its meeting on 27 March 2020, and agreed a series of amendments to the Trust's Standing Orders and Standing Financial Instructions, creating a streamlined process for financial decision making related to the COVID-19 response, while still maintaining appropriate risk-based controls. These amendments were also reviewed by the Trust's Audit Committee on 7 April 2020 to ensure they were robust and appropriate in the circumstances.

On 30 March 2020 NBT was identified as the host organisation for the NHS Nightingale Hospital Bristol, accountable for the setting up and operation of the new unit. This has involved the creation of a new Nightingale division within the NBT governance structure, and will be described in detail in the 2020/21 annual governance statement.

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

Bristol—People Scrutiny Committee

The Health Scrutiny Committee (Sub-Committee of the People Scrutiny Commission) holds the statutory health scrutiny function for Bristol City Council. The Committee received a copy of the North Bristol NHS Trust Quality Account 2019-20 draft report on the 18 June 2020.

Due to changes in working practice as a result of Covid-19 response and recovery planning, it was agreed that the Health Scrutiny Committee would not request a formal briefing, and that it would not meet to discuss the report. Instead, the report would be circulated to all Members of the Committee, who would provide comments to the Chair, Cllr Massey. This would form the Committee's comments to North Bristol NHS Trust, which are detailed in this letter.

- The Committee commented that it was good to see the Trust had developed the hospital improvement for patients with learning disabilities.
- It was noted that it was important to learn from patient and family feedback and so the emphasis on progress with PALS was positive news.
- The ongoing work on Freedom To Speak Up (FTSU) through encouraging staff to raise concerns and issues was welcomed.
- The Committee noted that it appeared that more work needed to be done to reduce the number of eColi infections, although other infection rates had generally improved.
- It was very positive to see the links with the Safer Options team in the local authority and other examples of work on safeguarding children.
-

Overall, the Committee would like to extend its congratulations to the Trust for achieving the CQC rating of Outstanding for Care, and Good overall, which was a considerable improvement on previous inspections. The Chair noted that it was particularly positive to see the recognition for end of life care, as this was an aspect that impressed Members on an earlier visit to the Hospital.

Yours sincerely,



Dan Berlin

Scrutiny Advisor

North Bristol Trust Patient Partnership Group

It would be remiss of me if I failed to start my Patient Partnership Group Comments without mentioning the exceptional time the Trust has undergone in 2020 due to COVID-19. As with all other Trusts across the country, NBT rose to the challenge and dedicated themselves wholeheartedly to this, at times, an overwhelming task. Speaking from personal experience, and on behalf of the rest of the Partnership Members, I would like to express my deepest gratitude to ALL the staff who have given their all in working above and beyond what can humanly be expected of them. I continue to be proud and honoured to be a Patient Representative for this Trust and its heroic staff. THANK YOU.

Since the last Quality Account NBT has continued to strive towards improving the services and care it provides for its patients. Their continued commitment to provide safe and effective care for all is a constant source of tremendous positivity. An enormous amount of work has been undertaken in the last year on Patient Safety and this shines through in this Quality Account. The introduction of Electronic Observations is another great initiative project which will replace the paperwork involved in recording these observations making life easier for nurses and doctors alike. There remains a gap in ward based doctors and 7 day coverage. I know that work continues on this and I am confident this will be reflected in next year's Quality Account. Obviously, as most outpatient departments, scans etc. were reduced to those most at need, the reduction will have been tremendous therefore this is going to take some time to get back on track and to catch up. This, of course, is true across the country.

We, as partners have been involved in the recruitment of some wonderful new Consultants and senior members of staff, ensuring that the continuance of the great work the Trust has achieved continues and will also continue to improve.

Christine Fowler

Chair, NBT Patient Partnership Group

Healthwatch Bristol, North Somerset and South Gloucestershire

We welcome the opportunity to comment on the Quality Account for North Bristol Hospitals NHS Trust. This account shows good involvement with patients and groups, and in particular the representation of people with Autism and Learning Disabilities aligning well with the goal of the NHS Long Term Plan. We suggest your Steering Group establishes a working group from the main organisations who support LD groups with users, to look at issues. This would fit well with your 2020/21 priority Meeting the identified needs of patients with Autism and Learning Disabilities.

Your emphasis on learning from patient feedback in 2019/20 and establishment of the PALS service has helped to further understanding of your patient community. We continue to be impressed with your engagement with organisations that amplify patient experiences and the Trust has established systematic ways to collect, discuss and inform the planning and delivery of care. Your chosen themes for your focus groups on clinical experience, communication and care-planning & handover, match issues from patient feedback we have collected.

We commend the focus for 2020/21 on safe and supportive maternity care, prevention and infection control and a 'just' safety culture. This will support your workforce and embed a culture of continuous learning, transparency and accountability.

Vicky Marriott

Area Manager, Healthwatch Bristol, North Somerset and South Gloucestershire

North Somerset Health Overview and Scrutiny Panel

It was felt that the NSC Health Overview and Scrutiny Panel had had insufficient contact with NBT over 2019/20 – partly due the Panel's overriding focus during that period on the Healthy Weston proposals – to be in a position to comment on the Quality Account. Furthermore, due to recent Covid-19 challenges, the Panel has not had an opportunity on this occasion to meet with the Trust prior to its QA response to discuss performance specifically in respect of North Somerset residents.

During 2019/20 106 local clinical audits were completed and reviewed. Actions from these audits are put onto the Trust audit action log.

During 2019/20 44 national clinical audits and 3 national confidential enquiries covered NHS services that NBT provides. During that period NBT participated in 98% 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 2019/20, and the national clinical audits and national confidential enquiries that NBT participated in, and for which data collection was completed during 2019/20, 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	Data Year
1	Assessing Cognitive Impairment in Older People/Care in Emergency	Royal College of Emergency Medicine (RCEM)	Y	Y	+100% (71/50)	2019
2	BAUS Urology Audit – Cystectomy	British Association of Urological Surgeons	Y	Y	+100% (221/217)	2016-2018
3	BAUS Urology Audit – Female Stress Urinary Incontinence	British Association of Urological Surgeons (BAUS)	Y	Y	96	2016-2018
4	BAUS Urology Audit – Nephrectomy	British Association of Urological Surgeons	Y	Y	+100% (614/469)	2016-2018
5	BAUS Urology Audit – Percutaneous Nephrolithotomy	British Association of Urological Surgeons (BAUS)	Y	Y	206	2016-2018
6	BAUS Urology Audit – Radical Prostatectomy	British Association of Urological Surgeons	Y	Y	+100% (913/904)	2016-2018
7	Care of Children in Emergency Departments	Royal College of Emergency Medicine (RCEM)	Y	Y	+100% (137/50)	2019
8	Case Mix Programme (CMP)	Intensive Care National Audit and Research	Y	Y	100% (2617/2617)	2019/20
9	Child Health Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death	N	N/A	N/A	N/A
10	Elective Surgery – National PROMs Programme	NHS Digital	Y	Y	Participation Rate: 31.1% (441/1,418) Response Rate:	2017/18
11	Endocrine and Thyroid National Audit	British Association of Endocrine and Thyroid Surgeons (BAETS)	Y	Y	103	2013-2017

National Clinical Audit and Clinical Outcome Review Programmes		Host Organisation	NBT Eligible	NBT Participating	Case Ascertainment	Data Year
12	Falls and Fragility Fractures Audit Programme (FFFAP)	Royal College of Physicians (RCP)	Y	Y		
	Fracture Liaison Service Database		Y	Y	2093	2018
	National Audit of Inpatient Falls		Y	Y	100%	2019
	National Hip Fracture Database		Y	Y	96.8% (575/594)	2019
13	Inflammatory Bowel Disease (BD)	IBD Registry Ltd	Y	Y	0% (0/0)	2019
14	Major Trauma Audit	Trauma Audit Research	Y	Y	100%	
15	Mandatory Surveillance of Bloodstream Infections and	Public Health England (PHE)	Y	Y	100%	
16	Maternal, Newborn and Infant Clinical outcome Review Programme	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK	Y	Y	100%	
17	Medical and Surgical Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Y	Y		
	In Hospital Management of Out of Hospital Cardiac Arrests		Y	Y	100% (2/2)	2019
	Dysphagia in Parkinson's Disease		Y	Y	0% (0/1)	2019
	Acute Bowel Obstruction		Y	Y	50% (4/8)	2019
18	Mental Health – Care in Emergency Departments	Royal College of Emergency Medicine	Y	Y	+100% (135/50)	2019
19	Mental Health Care Pathway – CYP Urgent & Emergency Mental Health Care and Intensive Community	National Collaborating Centre for Mental Health (NCCMH)	N	N/A	N/A	N/A
20	Mental Health Clinical Outcome Review Programme	National Confidential Inquiry into Suicide and Homicide in Mental Health (NCISH)	N	N/A	N/A	N/A
21	National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Royal College of Physicians (RCP)	Y	Y		
	Paediatric Asthma Secondary Care		N	N	N/A	
	Asthma (Adult and Paediatric) and COPD Primary Care – Wales only		N	N	N/A	
	Adult Asthma Secondary Care		Y	Y	100% (320/320)	2019/20
	Chronic Obstructive Pulmonary Disease (COPD) Secondary Care		Y	Y	100% (800/800)	2019/20

Annex 4: National Clinical Audit Case Ascertainment

National Clinical Audit and Clinical Outcome Review Programmes		Host Organisation	NBT Eligible	NBT Participating	Case Ascertainment	Data Year
22	National Audit of Breast Cancer in Older People (NABCOP)	Royal College of Surgeons	Y	Y	100% (770/770)	2019
23	National Audit of Cardiac	University of York	Y	Y	100%	2019
24	National Audit of Care at the End of Life (NACEL)	NHS Benchmarking Network	Y	Y	100% (40/40)	2019/20
25	National Audit of Dementia	NHS Digital	Y	Y	100% (50/50)	2018
26	National Audit of Pulmonary Hypertension	Royal College of Paediatrics and Child Health (RCPCH)	N	N/A	N/A	N/A
27	National Audit of Seizure Management in Hospitals (NASH3)	University of Liverpool	Y	Y	N/A	Not yet published
28	National Bariatric Surgery Registry (NBSR)	British Obesity and Metabolic Surgery Society (BOMSS)	Y	Y	100% (303/303)	Apr 14—Mar 17
29	National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC)/ Resuscitation Council UK	Y	Y	100%	2019
30	National Cardiac Audit Programme (NCAP) – National Audit of Cardiac Rhythm Management	Barts Health NHS Trust	Y	Y	100% (141/141)	2015-2018
31	National Clinical Audit of Anxiety and Depression	Royal College of Psychiatrists (RCPsych)	N	N/A	N/A	N/A
32	National Clinical Audit of Psychosis	Royal College of Psychiatrists (RCPsych)	N	N/A	N/A	N/A
33	National Diabetes Audit – Adults	NHS Digital	Y	Y		
	National Diabetes Foot Care Audit		Y	Y	195/195 (100%)	2015-2018
	National Diabetes Inpatient Audit (NaDIA)		Y	Y	142/142 (100%)	2018
	NaDIA – Harms		Y	Y	N/A	Trust level data not available
	National Core Diabetes Audit		Y	Y	79/79 (100%)	2019
	National Pregnancy in Diabetes Audit		Y	Y	75/75 (100%)	2016-2018
34	National Early Inflammatory Arthritis Audit (NEIAA)	British Society for Rheumatology (BSR)	Y	Y	15% (320/2144)	
35	National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists (RCOA)	Y	Y	83% (179/228)	
36	National Gastro-intestinal Cancer Audit Programme (GICAP)	NHS Digital	Y	Y		
	National Oesophago-gastric Cancer (NOGCA)		Y	Y	100% (93/93)	2014-2018
	National Bowel Cancer Audit		Y	Y	+100% (251/218)	2019

National Clinical Audit and Clinical Outcome Review Programmes		Host Organisation	NBT Eligible	NBT Participating	Case Ascertainment	Data Year
37	National Joint Registry (NJR)	Healthcare Quality Improvement	Y	Y	100% (1523/1523)	2019
38	National Lung Cancer Audit	Royal College of	Y	Y	235/235 (100%)	2017
39	National Maternity and Perinatal Audit (NMPA)	Royal College of Paediatrics and Child Health (RCPCH)	Y	Y	100%	2016/17
40	National Neonatal Audit Programme – Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health (RCPCH)	Y	Y	100% (624/624)	2019
41	National Ophthalmology Audit (NOD)	Royal College of Ophthalmologists (RCOphth)	N	N/A	N/A	N/A
42	National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health (RCPCH)	N	N/A	N/A	N/A
43	National Prostate Cancer Audit	Royal College of Surgeons (RCS)	Y	Y	100% (595/595)	2019
44	National Smoking Cessation Audit	British Thoracic Society (BTS)	Y	Y	100% (1/1)	2019
45	National Vascular Registry	Royal College of Surgeons (RCS)	Y	Y		
	AAA		Y	Y	100% (60/60)	2019
	CEA		Y	Y	100% (88/88)	2019
	Bypass		Y	Y	100% (654/654)	2019
	Angioplasty		Y	Y	100% (186/186)	2019
	Amputation		Y	Y	100% (208/208)	2019
46	Neurosurgical National Audit Programme	Society of British Neurological Surgeons	Y	Y	N/A	Trust level data not available
47	Paediatric Intensive Care Audit Network (PICANet)	University of Leeds/ University of Leicester	N	N/A	N/A	N/A
48	Perioperative Quality Improvement Programme (PQIP)	Royal College of Anaesthetists	Y	Y	N/A	N/A
49	Prescribing Observatory for Mental Health (POMH-UK)	Royal College of Psychiatrists (RCPsych)	N	N/A	N/A	N/A
50	Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis)	Public Health England (PHE)	Y	Y	100% (174/174)	2018/19
51	Sentinel Stroke National Audit Programme (SSNAP)	King's College London	Y	Y	90%+	2019
52	Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Serious Hazards of Transfusion (SHOT)	Y	Y	100%	2019
53	Society for Acute Medicine's Benchmarking Audit (SAMBA)	Society for Acute Medicine (SAM)	Y	Y	100%	2019

National Clinical Audit and Clinical Outcome Review Programmes		Host Organisation	NBT Eligible	NBT Participating	Case Ascertainment	Data Year
54	Surgical Site Infection Surveillance Service	Public Health England (PHE)	Y	Y		2018/19
	Hip replacement		Y	Y	100% (811/811)	
	Knee replacement		Y	Y	100% (678/678)	
55	UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	N	N/A	N/A	N/A
56	UK Parkinson's Audit	Parkinson's UK	Y	Y		2019
	Elderly Care		Y	Y	100% (20/20)	
	Neurology		Y	Y	+100% (40/20)	
	Physiotherapy		Y	Y	+100% (36/10)	
	Speech and Language Therapy		Y	N	N/A	
	Occupational Therapy		Y	N	N/A	

27.1 During 2019/20 1,520 of NBT's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

423 in the first quarter
420 in the second quarter
455 in the third quarter
222 in the fourth quarter

27.2 By 03/06/2020, 1,200 case record reviews and 64 investigations have been carried out in relations to 1,520 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:

381 in the first quarter
346 in the second quarter
362 in the third quarter
175 in the fourth quarter

27.3 0 representing 0% 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:

0 representing 0% 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:
Not applicable

27.5 Recent actions undertaken as a result of the learning outlined in item 27.4:
Not applicable

27.6 The impact of the actions undertaken in section 27.5
Not applicable

27.7 276 case record reviews and 6 investigations completed after 13/05/2019 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.

27.9 1 representing 0.05% of the patient deaths during 2018/19 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

Annex 6: Mandatory Indicators

Mandatory indicator		NBT Most Recent	National average	National best	National worst	NBT Previous
	Venous thromboembolism (VTE) risk assessment	95.81% Mar19-Dec19	95.48% Mar19-Dec19	100% Mar19-Dec19	69.76% Mar19-Dec19	96.05% 2018/19
23	<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>					
	Clostridium difficile rate per 100,000 bed days (patients aged 2 or over) - Trust apportioned cases only	9.8 2018/19*	13.2	0.0	91.0	9.9 2017/18
24	<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 2018/19. 2019/20 data will be published in July 2020 after the Quality Account has been published.</p>					
	Rate of patient safety incidents reported per 1,000 bed days	47.0 Apr19-Sep19	49.8	103.8	26.3	35.2 Apr18-Sep18
25	Percentage of patient safety incidents resulting in severe harm or death	0.5% Apr19-Sep19	0.3%	1.6%	0.0%	0.4% Apr18-Sep18
	<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	69.2 2018/19	67.2	85.0	58.5	71.2 2017/18
	<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	80% 2019	71%	88%	41%	74% 2018
	<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	October 2018—September 2019 NBT Score 90.37 (Peer average 99.08) October 2017—September 2018 NBT Score 93.64				
	<p>The Trust considers that this data is as described as it is directly extracted from the CHKS 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 indicator	NBT Most Recent	National average	National best	National worst	NBT Previous
18	Patient Reported Outcome Measures – No. of patients reporting an improved score;					
	Hip Replacement Primary EQ-VAS	2018/19 NBT score 70.3% (England average 68.6%) 2017/18 NBT score 66.8%				
	Hip Replacement Primary EQ 5D	2018/19 NBT score 89.6% (England average 89.9 %) 2017/18 NBT score 86.8%				
	Knee Replacement Primary EQ-VAS	2018/19 NBT score 47.2% (England average 59.6%) 2017/18 NBT score 53.3%				
	Knee Replacement Primary EQ 5D	2018/19 NBT score 76.2% (England average 82.3 %) 2017/18 NBT score 73.7%				
	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.					

A&E	Accident and Emergency	MCA	Mental Capacity Act
BAME	Black and Minority Ethnic	MDT	Multi-disciplinary Team
BNSSG	Bristol, North Somerset, South Gloucestershire	MHA	Medical History Assurance
BSR	British Spine Registry	MNHSC	Maternal Neonatal Health Safety Collaborative
CCG	Clinical Commissioning Group	MRSA	Methicillin-Resistant Staphylococcus Aureus
CEAC	Clinical Effectiveness and Audit Committee	MSSA	Methicillin-Sensitive Staphylococcus Aureus
CGA	Comprehensive Geriatric Assessment	NBT	North Bristol NHS Trust
CP-IS	Child Protection Information Sharing	NEWS2	National Early Warning Score
CQC	Care Quality Commission	NHS	National Health Service
CQUIN	Commissioning for Quality and Innovation	NHSE	National Health Service England
CT	Computed Tomography	NICU	Neonatal Intensive Care Unit
DHR	Domestic Homicide Review	NICU	Neonatal Intensive Care Unit
DoLS	Deprivation of Liberty Safeguards	NIHR	National Institute for Health Research
DQIP	Data Quality Improvement Plan	NNAP	National Neonatal Audit Programme
DSP	Data Security and Protection	OASI	Obstetric Anal Sphincter Injury
DToC	Delayed Transfer of Care	PALS	Patient Advice and Liaison Service
EIA	Early Inflammatory Arthritis	PHE	Public Health England
e-Obs	Electronic Observations	PPH	Post-Partum Haemorrhage
EQ-VAS	EuroQol Visual Analogue Scale	PROMPT	Practical Obstetric Multi-Professional Training
eRS	e-Referral Service	PSS	Prescribed Specialised Services
FFT	Friends and Family Test	QI	Quality Improvement
FTSU	Freedom to Speak Up	RAS	Referral Assessment Services
GIRFT	Getting it Right First Time	RTT	Referral to Treat
GMP	General Medical Practice	SABs	Safeguarding Adults and Joint Boards
GP	General Practitioner	SAR	Serious Adult Review
HES	Hospital Episode Statistics	SHMI	Summary Hospital Mortality Index
HIV	Human Immunodeficiency Viruses	SIM	Simulation
HSIB	Healthcare Safety Investigation Branch	SJR	Structured Judgement Review
HSMR	Hospital Standardised Mortality Ratio	TWW	Two week wait
IG	Information Governance	UCLH	University College London Hospitals
IM&T	Information Management and Technology	UHB	University Hospitals Bristol
IP	Inpatients	UHBW	University Hospitals Bristol and Weston
IT	Information Technology	UTI	Urinary Tract Infection
KPMG	Klynveid Peat Marwick Goerdeler	UWE	University of the West of England
LD	Learning Disabilities	VTE	Venous Thromboembolism
LPS	Liberty Protection Safeguards	WHO	World Health Organisation



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