



**North Bristol**  
NHS Trust

# North Bristol NHS Trust Quality Account 2021/22



Exceptional healthcare, personally delivered

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# Part 1

## A statement on quality from the Chief Executive



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# Statement on Quality from the Chief Executive

We started 2021/22 with big ambitions to recover from the impact of the Covid-19 pandemic. However, responding to further waves of Covid and increased demands on our services meant progress remained challenging and required continued re-prioritisation of our efforts, both internally and across our health and social care system.

In light of those challenges, I am very proud to reflect upon the way our teams provided leadership within our system for the highly successful Vaccination Programme, including the rapid set up and deployment of the Mass Vaccination Centre at Ashton Gate.

Similarly, we also led the elective care recovery programme, 'Accelerator' across the system, which quickly gained traction in the Spring and Summer of 2021, before the next Covid wave dominated once again. This culminated in us rapidly establishing and then de-commissioning the Nightingale Surge Hub at Southmead Hospital in response to the national requirements for the Omicron wave as we hoped for the best, but planned for the worst.

Inevitably, as a result, this latest year again proved to be exceptionally challenging for our staff, who continued to work incredibly flexibly and skilfully in the face of uncertainties relating to Covid and pressures in unplanned care, whilst also attempting to reduce the surgical backlog created during the first months of the pandemic.

I must credit our staff for their continuing commitment to providing high quality care while demands on our services have been so high and through this time of continuous change.

Our quality agenda was understandably dominated by Covid and its challenges but, despite this, our culture of continuous improvement was sustained through various projects and workstreams within our quality priorities for patient safety, maternity and support for patients with learning disabilities and autism.

## **Ensuring the quality and safety of services while recovering from the impact of Covid**

Covid remained a dominant priority for much of this year, and demand for our urgent and emergency care grew significantly during this time and remained at unprecedented levels. This required us to balance competing demands on our services, exacerbated by staff shortages due to Covid-isolation, whilst ensuring we kept patients and our staff safe.

Our Infection Prevention and Control (IPC) team played an integral role within our Covid response, informing our approach to changes to national guidance as we shifted to living with Covid and promoting and supporting clinical teams in delivering safe local practice. They worked with teams on wards throughout the hospital to ensure everyone was clear about practices, particularly with the frequently changing landscape.

Clearing our surgical backlog was a priority as we attempted to see patients whose elective care was delayed during Covid. We made good progress, successfully meeting our target of having no more than 99 patients waiting longer than 104-weeks by the end of the year.

While we continue to focus on the clinical backlog, we are prioritising patients by clinical need to ensure the safety of those waiting longer than we would hope for, and then considering those who have been waiting longest. Our clinical staff have worked on ways to best support patients waiting a long time for their elective care to minimise the impact of delays to their health in the meantime.

# Statement on Quality from the Chief Executive

## Being outstanding for Safety – a national leader in implementing the NHS Patient Safety Strategy within a “just” safety culture

In June we were proud to launch our Patient Safety Strategy as an early adopter within the NHS of the national Patient Safety Incident Response Framework. This was an important shift of approach that seeks to prioritise meaningful learning that leads to actions enabling sustainable quality improvement. It also strengthens our involvement of families and patients in investigations and our approach to supporting staff. Having laid these foundations, we are now looking forward to building on this important work in 2022/23. This will continue focusing on our underlying safety culture, enabling an environment in which people feel psychologically safe to raise concerns and actively contribute to learning and improvement.

## Ensuring excellence in our maternity services, delivering safe, supportive maternity care.

As part of our commitment to deliver the ambitions of “Better Births” and the National Maternity Transformation Programme, we maintained a focus on our maternity services and identified and progressed improvements in a wide range of areas, including those linked to the first Ockenden Inquiry national report.

We were pleased to receive positive feedback through the national maternity survey, with many key results above average. This was particularly positive considering that surveys were sent to women who had given birth whilst more stringent Covid restrictions remained in place.

We have continued to increase staffing levels across the service and to improve the maternity environment, making it better for families who use our services and staff alike.

## Meeting the identified needs of patient with learning difficulties, autism or both

Supporting our patients with learning difficulties and autism (LD/A) remained an important focus and we continued with our improvement work, sustaining a seven-day service through our specialist support team. This played a key role in supporting patients when visiting was impacted by Covid-19 restrictions.

We built on the national NHSE/I standards and developed our own strategic plan for improvements, enabled through a trust-wide network of over 120 ‘champions’ from a wide range of roles and grades. We have ambitious further plans for 2022/23 and a strong foundation to deliver this.

Our Learning Disability Liaison Team continued to provide a seven-day service, despite the challenges of Covid, enabling us to ensure reasonable adjustments were made, clinical teams supported, and patients with LD/A can access healthcare and ensure their needs are met. But we know this is an area we must continue to improve.



It was a year of challenge and change but, amidst this, I am proud that our culture for delivering high quality care and commitment to continuous improvement remains strong. This will be key to our ongoing work in 2022/23.

I do hope you find our Quality Account interesting and informative.

A handwritten signature in blue ink that reads "Maria Kane".

**Maria Kane**  
**Chief Executive**  
**North Bristol NHS Trust**

# Part 2

## Priorities for improvement and statements of assurance from the Board



*Exceptional healthcare, personally delivered*

## 2.1 Priorities for Improvement

A Quality Report is an annual report that providers of NHS healthcare services must publish to inform the public of the quality of the services they provide. This not only tells the public of the things we are doing to provide the best quality healthcare services, but also encourages us to focus and be completely open about service quality and helps us develop ways to continually improve.

We collect a large amount of information on the quality of the service we provide within three areas defined by the Department of Health and Social Care: patient safety, clinical effectiveness and patient experience.

This information has been used to report on the 2021/22 priority areas for improvement, as well as the priority areas for 2022/23.

### Our priorities for 2021/22 were:

#### 1. Ensure quality and safety of services is sustained whilst recovering from the impact of the COVID-19 pandemic:

- Maintaining excellence in infection prevention and control (COIC)
- Ensuring the appropriate clinical priorities for recovery work (CEAC)
  - Keeping people waiting for planned care safe (CEAC)
- Maintaining safety and excellent outcomes from emergency care (CEAC)

**Quality Strategy Theme 2:** Safe & Harm Free Care

**Oversight:** Control of Infection Committee (COIC) and Clinical Effectiveness and Audit Committee

#### 2. Being Outstanding for safety—a national leader in implementing the NHS Patient Safety Strategy.

**Quality Strategy Theme 2:** Safe & Harm Free Care

**Oversight:** Patient Safety & Clinical Risk Committee

#### 3. Ensuring excellence in our maternity services, delivering safe and supportive maternity care.

**Quality Strategy Theme 2:** Safe & Harm Free Care

**Oversight:** Patient Safety & Clinical Risk Committee

#### 4. Meeting the identified needs of patients with learning disabilities, autism, or both.

**Quality Strategy Theme 1:** Exceptional Personalised Care

**Oversight:** Learning Disability & Autism Steering Group



## Priority 1: Ensure quality and safety of services is sustained whilst recovering from the impact of the COVID-19 pandemic



### Our commitment:

- **We will maintain excellence in infection prevention and control.**
- **Ensure the appropriate clinical priorities for recovery work.**
- **Keep people who are waiting for planned care safe.**
- **Maintain safety and excellent outcomes from emergency care.**

### Maintaining excellence in infection prevention and control

Throughout 2021/22 the Trust's Infection Prevention and Control (IPC) team played a key role in the Trust's response to the management of the COVID-19 pandemic, actively contributing to the command-and-control processes.

Building on existing infection control policies and practices, the team responded to new and often rapidly changing local and national guidance, ensuring the Trust was compliant as the pandemic unfolded and more was learnt about the virus.

With the heightened focus on infection prevention and control, and the need to protect patients and staff from potential infection, there were key areas of focus for the team, e.g. comprehensive communication of the safeguards that had been put in place and education of all staff, patients and carers within both clinical and non-clinical areas. Support and advice were provided for all staff as new UKHSA guidance was implemented.

Any outbreaks of the virus in the Trust were carefully managed and investigated and were also subject to daily command and control reviews to maintain clinical safety for patients and staff. All outbreaks followed the national reporting system as well as being subject to our internal review process.

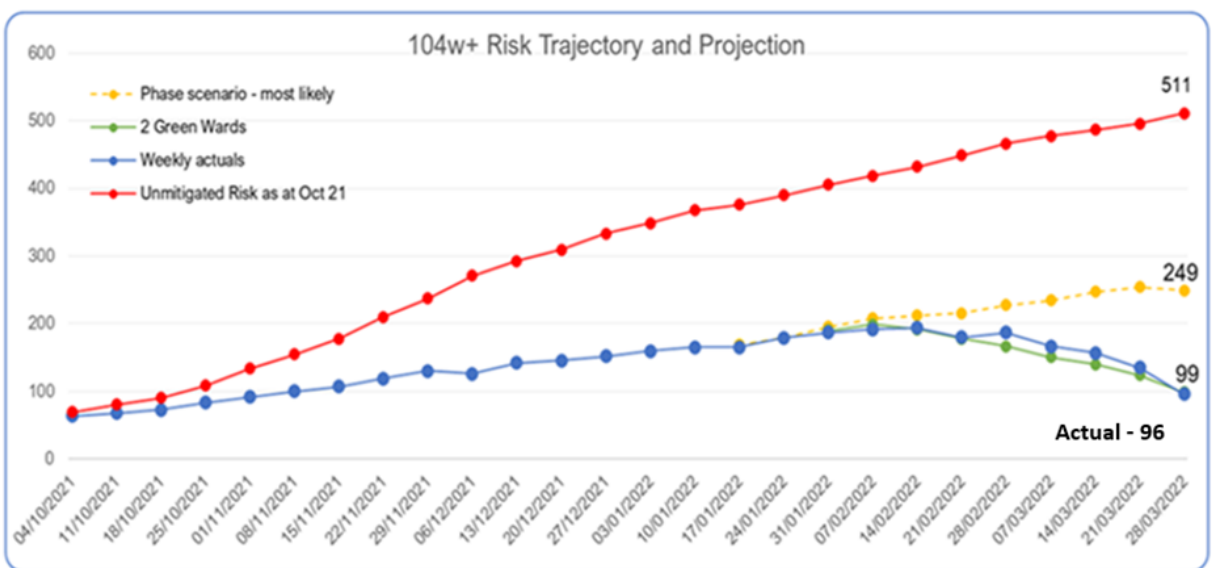
During this period, we saw a reduction in all other infections, with the exception of C Difficile. There was a total of 67 cases of C. Difficile across the year and as a result, the Trust did not achieve its target trajectory of 43.

In response to this the IPC team has changed its support to clinical teams with a more ward based focus. This has been supported through various events such as World Hand Hygiene Day and Infection Awareness Week and provision of shared forums to examine cases, problem solve and share learning.

## 2.1 Priorities for Improvement 2021/22

### Ensure the appropriate clinical priorities for recovery work

The Trust has continued to deliver Elective operations for those patients who most need it, described as 'Priority 2'. In addition, the Trust delivered its ambition to have no more than 99 patients waiting longer than 104-weeks for their treatment. Of the 96 patients waiting >104-weeks at year-end circa 50% of these were due to patients choosing to wait longer. The success in delivery of this target can largely be attributed to ring-fencing access to an additional Elective ward during Quarter 4 of 2021/22. The graph below demonstrates the unmitigated risk (if we had taken no further actions), the number of breaches expected without this second Elective ward, the year-end trajectory and actual performance as a result of its use.



Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria to ensure their safe care and treatment. The Trust has transferred all suitable patients into available capacity across local IS Providers to help deliver the improved position reflected above.

The Trust is actively engaged with the national Getting It Right First Time (GIRFT) programme, with one key workstream engaging with specialists in theatre utilisation improvements to maximise use of our available capacity.

### Keep people who are waiting for planned care safe

In addition to ensuring that patients remain 'safe to wait' via embedded patient review processes, the Trust has also introduced new ways of supporting patients. Examples include: working towards shared waiting lists across the system in areas where more than one organisation provide services to equalise wait times; provision of more information to patients to support them whilst they wait through participation in the national My Planned Care platform; piloting a new way of risk stratifying patients to take into account mortality, complexity, etc. to inform scheduling practices for patients awaiting Elective operations.

The Trust delivered the Cancer 62-Day patient tracking list backlog reduction against the trajectory of 475 by the end of March 2022 from the peak of circa 900 in December 2021. The Trust has continued to carry out regular reviews to identify and assess any potential clinical harm for delayed or patient deferred treatments, with only 1 instance of moderate clinical harm due to 104-Day delay in the last 12-months, which was investigated and managed through our patient safety processes.

## Maintain safety and excellent outcomes from emergency care

With regards to unscheduled care, the Trust is actively working with system partners to achieve system-wide solutions to reduce the number of patients occupying Acute beds, whilst no longer meeting criteria to reside. This includes an agreed business case, which aims to deliver improvements to both internal and external delays for patients requiring complex discharges and reducing unnecessary long length of stay and potential harm through patient de-conditioning and promoting 'Home First' as the main discharge pathway.

A Trust Ambulance improvement plan including BNSSG and SWASFT actions for out of hospital care has been presented to Region, but in light of the high levels of bed occupancy performance has remained challenged throughout the year.

The new Emergency Flow Plan aims at improvements in three key areas:

- 1. Emergency Flow** – creating a clear pathway for patients to receive rapid assessment and treatment in the right setting, decompressing ED and increasing use of SDEC pathways.
- 2. Admitted Flow** – achieving timely patient reviews and reduced harm, including a focus on early decision making using nationally recognised Modern Ward Rounds, AM discharge, improved weekend discharge rates.
- 3. Hospital Flow** – optimising the use of beds in our hospital, including increase in direct admission pathways.

The relocation of medical Same Day Emergency Care services to increase core capacity will take place in late April 2022.

Amidst these significant challenges, we recognise the pressures this places upon staff and patients alike. With this in mind, we were heartened to receive the results of the national **Patient Survey for Emergency Care** reflecting independent feedback obtained in 2021. This recognised that the Trust was above the Picker survey average for informing patients of potential side effects of medications, availability of suitable food or drink and being provided with help whilst waiting. A higher percentage of patients waited under an hour to speak to a doctor or nurse and were told how they would receive test results. Staff also discussed further health or social care needs after leaving the Emergency Department and discussed transport arrangements so patients could get to their destination safely.

We know there is much more needed to improve current staff and patient experience in the coming months and this feedback is an indicator that we have the right culture and commitment to achieve this.

## 2.1 Priorities for Improvement 2021/22

### Priority 2: Being outstanding for Safety - a national leader in implementing the NHS Patient Safety Strategy



**Our commitment:** In 2021/22 we will launch and implement the Patient Safety Incident Response Plan in North Bristol Trust.

**We will establish continuous improvement programmes to support ongoing learning associated with our 5 patient safety priorities identified when developing our Patient Safety Incident Response Plan.**

NBT is dedicated to putting the safety of its patients at the heart of its vision for continuous improvement. The Trust has moved forward with its commitment to be an early adopter of the NHS Patient Safety Strategy, having launched the Patient Safety Incident Response Plan (PSIRP) in June 2021.

The strategy challenges us to look at our underlying systems and culture through identifying patient safety priorities which are individual to the Trust, set by us and based on analysis of patient safety activity and identification of risk within the organisation.

This has involved us changing how we respond to incidents, how we involve families and patients in investigations and how we support staff. For 2021/22 the Trust has focused efforts on implementing process changes, alongside supporting clinical teams to respond to service delivery challenges faced during the pandemic period. This has meant being responsive to emergent risk, reflective to operational pressures and realistic to what our staff and patients need.

In 2022/23 we will continue to evaluate our approach to patient safety and support the embedding of PSIRP. We will build on the systems and process changes by focusing on the underlying culture, supporting an environment in which people feel psychologically safe to be part of learning and improvement.

#### Key achievements in 2021/22:

- The Trust launched the Patient Safety Incident Response Plan (PSIRP) in June 2021 to implement the National Patient Safety Strategy, alongside new protocols and a policy to support staff in managing and responding to patient safety incidents.
- Our top two patient safety priorities – inpatient falls and pressure injuries – have adopted an Academy approach to continuous improvement, with focused education plans and ongoing improvement programmes of work. A third Academy dedicated to medication is currently in development.
- Alongside the structured improvement work looking at underlying systems and processes, NBT will focus on improving the culture of psychological safety within the organisation, which is a fundamental value that enables a positive safety climate.



- We are enabling our patients and staff to feel empowered to discuss concerns openly through supportive reporting and feedback, and clear and compassionate leadership.
- Implementing the PSIRP has challenged a lot of established ways of thinking and responding. The Trust commissioned a six-month review to ensure progress and limitations were acknowledged and responded to.
- Videos and training guides have been developed for the wider staff base and are live on the Trust's intranet pages. Divisional investigation and risk workshops have been cascaded to speciality governance to support clinical teams in responding well to incidents and assessing emergent risks.
- We have conducted an assessment of our readiness to fully realise the Patient Safety Partners Framework, with actions led by our Patient Safety Committee. NBT has an established Patient Partnership Group, who continue to be integral to reflect the elements of the Patient Safety Partners Framework.
- NBT plays a key leadership role in Healthier Together's understanding and plans for the NHS Patient Safety Strategy.

### Further actions for 2022/23, we will:

- Support the Trust in journeying through the culture and process changes the launching of PSIRP requires e.g. supporting the embedding of the new approved policy and protocols and develop additional policies to support staff, patients and families in patient safety.
- Focus will be on expanding continuous improvement work into the patient safety priorities of discharge and responding well to clinically changing conditions.
- Continue to build on the foundations for structured improvement work looking at underlying systems and processes.
- Focus on improving the culture of psychological safety within the organisation, which is a fundamental value that enables a positive safety climate.
- Enable our patients and staff to feel empowered to discuss their concerns openly through supportive reporting and feedback methods, supported by clear and compassionate leadership.

## 2.1 Priorities for Improvement 2021/22

### Priority 3: Ensuring excellence in our maternity services, delivering safe and supportive maternity care



**Our commitment:** In 2021/22 we continue to strive to deliver the ambitions of “Better Births” and the National Maternity Transformation Programme.

**Our approach is one of continuous improvement, creating the right environment for our staff to be able to implement best practice.**

**Our commitment is to provide high quality maternity care that is safe, effective and centred on the women and babies that need it and the people that work in it.**

Maternity Services at North Bristol NHS Trust provide a full range of maternity care to our population. More than 6,000 babies are born with us every year and our dedicated midwives, doctors, maternity healthcare assistants (MCAs) and support staff are committed to providing safe, personalised care of the highest standard.

Our maternity facilities offer en-suite birth rooms, birth pools, both complementary and pharmaceutical analgesia options for support during labour, and free parking for women in active labour and their partners, on the Southmead Hospital site. We also have a 24-hour seven days a week Antenatal Assessment Unit and a family room available at Southmead Hospital. We have a variety of single and shared rooms to respond to the requirements of our patients. The Cossam Birth Centre is a standalone Birth Centre led by midwives, based in Kingswood. It offers a birth place option for women without complications who have been assessed antenatally as suitable by their midwife.

Our Community Midwifery teams are based across GP surgeries, Health Centres, Clinics and Children’s Centres. Alongside our maternity care assistants they work as a team to provide holistic care throughout the antenatal and postnatal period across Bristol, North Somerset and South Gloucestershire (BNSSG), as well as intrapartum care for home births.

Our maternity services work very closely with our Trust Board, with both Executive and Non-Executive Director Safety Champions engaged with the maternity team to strive for excellence across safety and experience.

#### Key achievements in 2021/22

- The continued provision of high-quality care for families, whilst maintaining a COVID-19 safe environment.
- Offering COVID-19 vaccination for all expectant parents and their family members.
- National maternity survey results were positive with above average results. Learning and key actions are being taken into 2022/23.
- Significant investment to allow more midwives to be recruited into specialist roles and our existing maternity services.
- Achieved full compliance against the Maternity incentive scheme (CNST).
- Enhanced the relationships with Maternity Voices Partnership (MVP) and our Local Maternity System (LMS) to ensure the voice of the service user is at the heart of everything we do.



- Strong compliance against the essential and immediate actions within the Ockenden report published in December 2020.
- Continue to be supported by our NICU team who in collaboration, achieve exceptional results for pre-term babies, as a tertiary unit.
- Commencement of several estates improvements that will have a significant impact for patients, visitors and staff including a standalone coffee shop for staff and visitors.

### Further actions for 2022/23

#### Strategic enablers for improvement:

We will harness and adopt the use of digital systems, ensuring systems are relevant, safe and easy to use for our staff and patients. Working with partners across BNSSG we will transform the Digital Maternity system in our local health population which will improve patient care, whilst providing the opportunity to capture and analyse the information that will provide better insight and focus for future improvements.

We will build upon and share our expertise through our appointment as the Maternal Medicine Network host for the Southwest. This brings the scope to enhance our relationships with other Trusts, whilst utilising the best of the clinical specialty knowledge in the Southwest.

We will advance our relationship with UHBW to strengthen NICU services across Bristol. This will bring greater sustainability and consistency through the collaboration, and optimisation of the workforce through staff rotation and cross site working.

#### Direct quality impact improvement:

We remain focussed in driving our safety outcomes culture. Launching our Civility Saves Lives programme that aligns with the Trust wide “Just Culture” supporting staff wellbeing and improved patient outcomes.

We will deliver all our services in a way that responds to and reflects the appropriate and necessary actions described in the final Ockenden report, especially staffing levels and recruitment, listening, learning, training and development.

We continue to target areas of health inequality by recruiting to specialist midwifery roles assigned to key areas where these roles will have significant impact.

We will progress our Baby Friendly Initiatives across Maternity and NICU to achieve “Gold Status”.



## 2.1 Priorities for Improvement 2021/22

### Priority 4: Meeting the identified needs of patients with learning difficulties, autism or both



**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 commits the NHS to ensuring all people with a learning disability, autism, or both (LD/A), can live happier, healthier, longer lives.

In June 2018, NHS England/Improvement (NHSE/I) 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. These are:

**Respecting  
and  
protecting  
rights**

**Inclusion and  
engagement**

**Workforce**

North Bristol Trust completed a self-assessment exercise against these 3 standards and our feedback is incorporated in our improvement plan and strategy. Benchmarking via a patient and staff survey and organisational questions were completed and submitted to NHSE/I in 2020 and 2021, forming the basis of our plans for this latest financial year.

#### Key achievements in 2021/22:

- Our 3 year strategic plan for improvement was refreshed in October 2021, building on the NHSE/I standards and incorporates the Bristol, North Somerset & South Gloucestershire (BNSSG) Learning Disabilities Mortality Review (LeDeR) annual report outcomes.
- This plan sets out to improve the quality of care for patients with learning disability or autism whilst supporting staff to deliver person-centred care. The steering group has continued to provide governance and leadership for the programme of work and is represented by all divisions and professional groups chaired by the Head of Patient Experience.
- Despite the challenges of Covid-19 the Learning Disability Liaison Team continued to provide a seven day service, with four whole time equivalent staff. Benefits include ensuring reasonable adjustments are made, clinical teams are supported, and patients with LD/A can access healthcare and ensure their needs are met.





- The Learning Disability Liaison team has worked dynamically with clinical staff to support patients when visiting was impacted by Covid-19 restrictions. This has improved the quality of care and the experience of people with LD/A.
- We now have over 120 LD/A Champions from a wide range of roles and grades. Despite the challenges of Covid-19, we have held 6 virtual workshops organized for champions and front-line staff to evaluate current work and to prioritise actions for the following year.
- We continue working with our healthcare partners on system wide improvements to the experience of care for people with LD/A. NBT played a key role with the BNSSG Provider Network to oversee delivery of the Oliver McGowan multi-agency review action plans.
- The Trust has reviewed and reported on the NHS benchmarking standard and BNSSG LeDeR annual reports, identifying actions to align to its priorities for the coming year.
- Southmead Hospital Charity purchased sensory equipment including 4 Magic Tables to enhance patient experience when in the hospital setting.

### Further actions for 2022/23; we will:

- Provide further training and development for our LD/A Champions.
- Continue to develop support for patients with behaviours that challenge use of Positive Behavioural Support (PBS) and the Behaviour Forum.
- Improve knowledge of autism and use of resources e.g. Autism passport, reasonable adjustments request form and staff access to Bristol Autism Spectrum Service (BASS) autism training .
- Work with the Electronic Patient Record (EPR) Transformation Teams in NBT to ensure LD/A needs and alerts are included in the new EPR currently being implemented.
- Update and revise our training plan, taking into consideration the introduction of the Oliver McGowan Mandatory Training.
- Continue improvement pathways including 'Poo Matters', dysphagia, food and fluids, O2 therapy, and the theatre RADAR pathway.
- Prioritise setting up a Hospital User Group (HUG) of experts by experience and actively use their feedback in development of services.
- Continue to improve the Maternity training and pathway for prospective parents.
- Ongoing promotion of reasonable adjustment support and improvements in the hospital.



## 2.2 Priorities for Improvement 2022/23

Every year the Trust sets priorities for improving the quality of care provided. Development of the priorities for 2022-23 has comprised;

- ◆ Review made of progress against 2021/22 priorities;
- ◆ Reviews with the Medical Director and Director of Nursing & Quality/Chief Nursing Officer;
- ◆ Reference to national & system priorities;
- ◆ Reference to national CQUIN schemes;
- ◆ Consultation with the Patient Partnership Group at their meeting on 9 February 2022 and subsequently through the Clinical Effectiveness & Audit Committee, Patient Experience Group, Patient Safety & Clinical Risk Committee and the Executive Team.

Having taken all of the above into account, the Quality Account priorities for 2022/23 were approved by the Quality Committee and then Trust Board in March 2022.

These 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 Quality Account priorities for 2022/23 are as follows:**

**1. We will ensure patients are supported, active partners in choosing their course of clinical care with their health professional, clarifying what matters most to them and personalising care plans to their specific needs.**

**Quality Strategy Theme 1: Personalised Care**

**2. We will work collaboratively with our community partners to efficiently identify and treat healthcare problems, so patients experience safe and effective care and do not stay in hospital longer than necessary.**

**Quality Strategy Theme 1: Personalised Care**

**3. We will work collaboratively to ensure patients in need of *emergency care* are assessed and treated using services appropriate to their clinical needs and urgency.**

**Quality Strategy Theme 2: Safe & Harm Free Care**

**4. We will provide high quality *maternity care* that is safe, effective and personalised to the women and babies that need it and supportive of people that work in it.**

**Quality Strategy Theme 2: Safe & Harm Free Care**

**5. We will work across primary and secondary care to deliver timely *diagnosis and effective treatment of cancer*, listening to our patients, families and carers to co-design their care.**

**Quality Strategy Theme 3: Excellence in Clinical Outcomes**

**6. We will work collaboratively with patients, communities and system partners to ensure equity in access for *planned care* through appropriate prioritisation and enabling patients to 'wait well'.**

**Quality Strategy Theme 3: Excellence in Clinical Outcomes**

### Review of Services

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

#### Medicine

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

#### Anaesthesia, Surgery, Critical care and Renal

Critical Care  
General surgery  
Vascular Network  
Breast Services  
Plastics, Burns and Dermatology  
Anaesthetics  
Renal & Transplant  
Elective Care  
Urology  
Emergency Care

#### Women's and Children's Health

Maternity Services  
Gynaecology  
Fertility Services  
Neonatal Intensive Care Unit (NICU)

#### Core Clinical Services

Pharmacy Services  
Outpatients  
Clinical Equipment Services  
Therapy Services:  
- Nutrition & Dietetics  
- Speech and Language Therapy  
- Occupational Therapy  
- Physiotherapy  
Severn Pathology:  
- Pathology Services  
- Blood Sciences  
- Cellular Pathology  
- Infection Sciences  
- Genetics  
Imaging Services:  
- Medical Photography & Illustration  
Interventional Radiology

#### Neurosciences and Musculoskeletal

Elective orthopaedics  
Trauma  
Major trauma  
Bristol Centre for Enablement  
Rheumatology  
Neurosurgery  
Spinal Service  
Neurology  
Stroke Service  
Neurophysiology  
Neuropsychiatry  
Neuropsychology  
Neuropathology  
Chronic pain

#### Review of Services

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 Information Management and Technology (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 2021/22, this governance structure has continued to report Data Quality as green and an area of increasing assurance.

The leadership teams of our five clinical divisions are responsible for their own internal assurance systems. Clinical divisions are subject to regular executive reviews during which performance against standards of quality and safety are assessed.

During the year these reviews were disrupted by the operational priorities for responding to the differing waves of Covid-19 therefore placing greater reliance than usual on the corporate processes referenced above.

The income generated by the NHS services reviewed in 2021/22 represents 100% of the total income generated from the provision of NHS services by North Bristol NHS Trust for 2021/22.

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



North Bristol NHS Trust is registered 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.

In 2021 NBT took over the registration of the Urology service based at Weston General Hospital.

As at 31/03/2021, 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.

### CQC Trust Engagement Meetings

Quarterly meetings are held with the CQC Inspection Manager and Lead Inspector for the Trust and key members of the Executive Team, with specific thematic areas also covered as agreed throughout the year.

Meetings held during the past 12 months have been as follows:

- ◆ 23.06.2021 - Quarterly Executive Engagement meeting
- ◆ 24.06.2021 - Children & Young People's Focus Group (BNSSG CQC system wide review)
- ◆ 28.09.2021 - Quarterly Executive Engagement Meeting
- ◆ 13.12.2021 - Quarterly Executive Engagement Meeting (via Teams)
- ◆ 08.03.2022 - Quarterly Executive Engagement Meeting

### CQC Strategy

The CQC published its new regulatory strategy in March 2021, building on the Transitional Regulatory Approach that applied during the pandemic. The new strategy is currently being developed into a model that is less inspection driven, more responsive, and reliant upon patient feedback, data and risk indicators. The current Key Lines of Enquiry are being adapted to reflect what patients should expect from an organisation, and what the provider will do to meet that need e.g. through the development of 'I' and 'We' statements.

Our Quality Priorities for 2022/23 have been developed with this very much in mind and is one of a number of steps we are taking to prepare for the new CQC approach.

These include Executive 'check and challenge' sessions of core service self-assessments and an Executive level self-assessment of the 'Well Led' CQC domain.

## CQC Monitoring Visits

Monitoring visits are an opportunity for the CQC to monitor the quality of care provided in core services in between formal inspections. They do not result in a published report, nor do they affect the ratings of the service.

### What happens on a CQC monitoring visit?

The CQC speak with the divisional and speciality leadership team to gain an overview of the work and improvements that are ongoing within the service.

A focus group is held where a wide range of staff are encouraged to attend and speak to the CQC openly about working within the department. This includes any concerns or good practice that they would like to share.

The visit includes a tour of the service which provides an opportunity to see improvements that had been discussed with the leadership team.

Throughout 2021/22 the CQC carried out monitoring visits of Critical Care, Maternity and Outpatients core services.

After the visit the CQC provides written feedback which is shared with the service.



### Critical Care | 24th May 2021 - Feedback



Strong culture of person-centred care conveyed in the department.  
Dedicated and high-performing team and staff at all levels.

Quality Improvement processes built into well-being work helping to assure sustainability and demonstrated impact with workforce indicators.

Service focused on delivering harm free care and data provided

### Maternity | 2nd August 2021—Feedback



Staff were dedicated, skilled and committed entirely to their role and women, families and babies using the service.

Positive staff feedback re current leadership, however concern that this was largely interim at the time of the visit.

Perinatal quality surveillance matrix was very impressive and provided improved board oversight.

Strong awareness of the Trust's response to the Ockenden report.

Vaccination of pregnant women was impressive, and the Trust were clearly leaders in this area of practice.

Midwifery practice educators were seen to be a positive improvement, especially by junior midwives.

Concerns expressed about changes and uncertainties in the leadership structure, which have since been addressed.

Recognition of antenatal scanning issues, however risk management has been positive.

### Outpatients | 12th October 2021 - Feedback



Innovation and flexibility of services and staff really stood out.

All staff resonated with each other's views - organically and readily about innovations and flexibility of working that they have embraced. People very proud to do what they do and took time to say so.

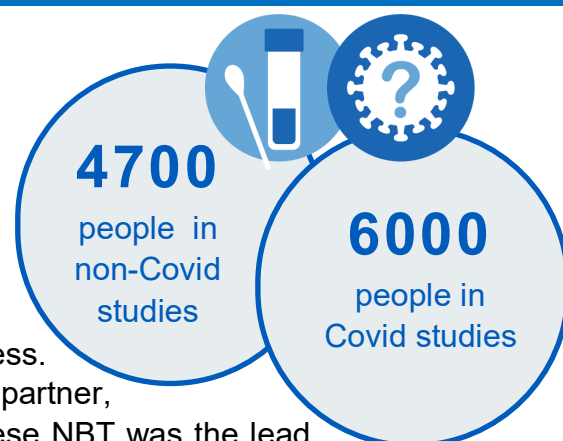
Recognised working life challenges but Trust and Division's well-being work was well received and supportive (not token gesture but really impacting them) - fully corroborated leadership discussion about this work in the opening presentation. This reflected similar feedback from ICU visit too.

Low levels of complaints are a positive indicator - lots of good information to help people raise complaints too so doesn't appear that there is a barrier.

Good work around LD and autism that should be shared outside of NBT.

2021/22 focused on the re-introduction of non-covid research with 113 new studies to recruitment, and restarting previously suspended studies. Research is again underway across all divisions within the Trust. Over 6000 people were recruited into studies understanding, treating, and preventing serious illness from Covid, helping society live alongside Covid in the future.

Our refocus on non-covid is also reflected in our grants success. R&I supported the submission of **82** grants as either lead, partner, site, or co-app (incl. 3 Covid grants in W&CH division). Of these NBT was the lead on **41** of the new awarded grants focusing on non-covid health outcomes.



## NIHR | National Institute for Health Research

The success rate for NBT-led NIHR grants remains outstanding with 75% submitted grants awarded. NBT is the lead for 60 research grants and are a partner on 59 research grants. The total value of these grants is **£27.9 million**.

The STAR (Support and Treatment After joint Replacement) care pathway was implemented within 6 months of the final research report to the NIHR. This is a testament to the research and clinical team's collaboration and acts as a model for the future.

Patients who had STAR had half the hospital admissions and shorter inpatient stays (5.8 days shorter - mean 5.6 days versus 11.4) with a total net cost savings of **£725 per patient** :

### Patient and public involvement (PPI)

Our patient and public involvement groups have developed and adjusted to a hybrid meeting model to reflect members' personal preference and for environmental reasons. This approach facilitates and supports engagement and in 2021/22 R&I support 49 meetings to help shape our work. NBT also continues to work closely with other Trusts and health organisations in the region, leading and supporting the quality improvement programme of work initiated by the West of England CRN.

### Equality, diversity and inclusivity (EDI)

2021/22 saw a spotlight shine brightly on EDI within our service, in common with the rest of the NBT. Working with our regional partners and Trust EDI leads we are seeking ways to highlight research as a career pathway, a care pathway, and a right for everyone. This will be a long-term project as we seek to redress the inequalities and build trust and confidence across research and the wider NHS.

### What next?

The priority for 2022-23 is to continue to rebuild research engagement opportunities for our patients and communities and establish a process for ensuring the research findings from the NBT led NIHR grants are embedded into care pathways in efficient ways. This year we are also renewing our Research Strategy and R&I are engaging widely to ensure our aims, objectives and aspirations reflect the clinical and service provision needs of our patients, NBT and the ICS.



## Our performance

The Trust's overall 2021/22 performance against key constitutional and regulatory standards is set out below. Detailed monthly performance is set out in Trust Board papers published on our website.

### Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway

The Trust achieved the year-end target of having no more than 99 patients waiting longer than 104-weeks for their treatment. Of the 96 patients waiting >104-weeks at year-end around 50% of these were due to patients choosing to wait longer. The success in achievement of this target can largely be attributed to the ring-fenced provision of an additional Elective ward during Quarter 4 of 2021/22.

The overall RTT waiting list growth remained within the year-end trajectory at 39101 in March; this compares favourably with combined national provider growth.

### ED: maximum waiting time of four hours from arrival to admission/transfer/discharge

Four-hour performance has been challenged throughout the year. However, there was a marginal improvement in March with performance of 52.74%, with the Trust ranking first out of ten reporting peer providers, moving the Trust from the fourth to the third quartile. There have been several 12-hour trolley breaches reported in the majority of months in 2021/22, with the highest volumes reported during Quarter 4. This reflects operational pressures, including high bed occupancy levels and numbers of inpatients not meeting the criteria to reside (a national term for patients requiring an acute hospital bed), experienced throughout the winter period.

### All cancers: 62-day wait for first treatment from urgent GP referral for suspected cancer

62-Day PTL reduction against the trajectory of 475 by the end of March 2022 was achieved.

Trust 62-Day Cancer Waiting Times standard performance has been below the national 85% target throughout the year, although the Trust median is higher than the peer median for each month. Monthly performance has dropped below 65% in every quarter of 2021/22.

A series of Task Force meetings have been established to manage the Cancer pathways and ensure effective plans for improvement are developed and then delivered.

### All cancers: 31-day wait from diagnosis to first treatment

Trust 31-Day performance has deteriorated from the first 6 months of 2021/22, with performance in all months below 90%; in the first 6-months all months were above 90%. The peer group followed the same general trend. April 2021 was the only month in the year where the Trust hit the national 95% target.

More recently however, in February the Trust improved performance reporting 89.91%; this is the first month that the Trust has seen an improvement in the 31-Day standard in the second half of the year. This is due to improvements in the front end of the pathway and increased surgical activity including through using Waiting List Initiatives (WLI).

### Cancer: two-week wait from referral to date first seen for all urgent referrals

Trust two-week wait performance has been below the national 93% target throughout the year, although Trust median was higher than the peer median until November where Trust and Peer performance aligned. Q1 was the most challenged with performance in all months below 40%. Since Q1, performance has been consistently above 40%, with Q2 being the best performing quarter with performance above 50% in all months. More recently the Trust reported a performance of 66.47% in February compared to 41.42% in January 2022.

The performance challenges have been due to increases in referral volumes, workforce and capacity challenges.

Cancer Multidisciplinary Team (MDT) Performance	Target	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22
Patients seen within 2 weeks of urgent GP referral	93%	38%	57%	51%	60%
Patients with breast symptoms seen by specialist within 2 weeks	93%	11%	75%	12%	13%
Patients receiving first treatment within 31 days of cancer diagnosis	96%	96%	93%	86%	93%
Patients waiting less than 31 days for subsequent drug treatment	98%	100%	97%	94%	94%
Patients waiting less than 31 days for subsequent surgery	94%	84%	81%	65%	64%
Patients receiving first treatment within 62 days of urgent	85%	69%	63%	68%	57%
Patients treated within 62 days of screening	90%	71%	74%	59%	67%

### Unscheduled Care - No 'Criteria to Reside'

The proportion of total patients without criteria to reside increased each month from 24.97% in May 2021 to a year high of 34.67% in January 2022. However, since January 2022 the proportion of total patients without criteria to reside has marginally reduced to 33.00% in March 2022.

In March 2022, the total delayed bed days associated with patients recorded as having no criteria to reside and awaiting community discharge pathways rose to 6,711 compared to 6,639 in February. The total delayed bed days associated with community discharge pathways steadily increased from December 2021 to March 2022. Discharges remain impacted by insufficient staff capacity for Local Authority (LA) domiciliary care and Sirona care worker capacity.

This is a key improvement priority working with our partners in community and social care across the Integrated Care System for Bristol, North Somerset & South Gloucestershire to ensure patients are cared for in the right setting most appropriate to their needs.

### Cancelled Operations

National reporting of same-day Cancelled Operations was suspended by regulators in March 2020 until Q3 of 2021/22, in response to the COVID-19 pandemic.

During Q3 and Q4 of 2021/22 0.93% (321) of elective admissions were cancelled, with 85 patients unable to be rebooked with 28-days of their cancellation. This reflected the pressures driven by the latter wave of Covid-19 locally and nationally. The total number of subsequent urgent cancelled operations during Q3 and Q4 was 6.

## Bed Occupancy

Bed occupancy rates were below the 93% target rate in April 2021. In all other months rates were above 95% and in six months the rate was above 97%, peaking in January 2022 at 98.16%. High Non-C2R numbers, as outlined above, have resulted in our inability to meet target occupancy in 11 months of the year.

## Clinical Prioritisation

Throughout 2021/22 the Trust has continued to implement the clinical prioritisation of patients as per the Royal College of Surgeons guidance. The Trust has been able to maintain the delivery of Elective activity for the most urgent (Priority 2) patients during the year, whilst most recently working towards the reduction in the number of patients waiting greater than 104-weeks for their first definitive treatment.

The Trust has introduced clinical prioritisation coding for patients awaiting diagnostic tests and is moving focus to the validation and prioritisation of patients awaiting outpatient appointments during 2022/23. This enhances our ability to track these pathways more closely and to continue in our quest to prioritise care in a fair and equitable manner according to patient needs. We will continue to develop these systems during 2022/23 and are also working collaboratively with our health and social care partners to identify and address causes of health inequality in accessing different treatment options.

## Safe to Wait

In addition to ensuring that patients remain 'safe to wait' via embedded patient review processes, the Trust has also introduced new ways of supporting patients.

Wait List Figures	Mar 2020	Mar 2021	Mar 2022
RTT overall wait list	28,516	29,580	39,101
RTT >52 week wait breach patients	43	2,088	2,242
RTT >78 week wait breach patients	0	276	458
RTT >104 week wait breach patients	0	3	96
No of patients on eRs awaiting placement on PAS, ASI, RAS and AFB worklists	1,993	5,728	9,641
Diagnostic 6 week wait overall (Feb data)	10,641	11,943	16,473
Diagnostic >6-week wait breach patients (Feb data)	596	3,249	6,590
Diagnostic >13-week wait breach patients (Feb data)	113	1,358	3,951

Examples include: working towards shared waiting lists across the system in areas where more than one organisation provide services to equalise wait times; provision of more information to patients to support them whilst they wait through participation in the national My Planned Care platform; piloting a new way of risk stratifying patients to take into account mortality, complexity etc. to inform scheduling practices for patients awaiting Elective operations.

### Secondary User's Services Statistics

The Trust routinely 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 (SUS) for inclusion in the Hospital Episode Statistics (HES).

The table shows that the Trust continues to outperform the National average in the majority of SUS metrics, and continues the pattern of excellent data quality established in recent years.

NBT Provider vs National SUS Statistics	2021 / 22			2020 / 21		
	NBT	National	Variance to National	NBT	National	Variance to National
Attendance Indicator	100.0%	99.6%	+0.4%	100.0%	99.5%	+0.5%
Attendance Outcome	96.0%	98.0%	-2.0%	96.6%	97.7%	-1.1%
Commissioner	99.4%	96.0%	+3.4%	99.7%	94.9%	+4.8%
Ethnic Category	90.3%	93.6%	-3.3%	90.0%	94.0%	-4.0%
First Attendance	100.0%	99.5%	+0.5%	100.0%	99.6%	+0.4%
Main Specialty	100.0%	99.5%	+0.5%	100.0%	99.7%	+0.3%
NHS Number	99.9%	99.7%	+0.2%	99.9%	99.7%	+0.2%
Org of Residence	93.4%	91.0%	+2.4%	93.2%	94.3%	-1.1%
Patient Pathway	89.5%	67.0%	+22.5%	89.6%	67.0%	+22.6%
Postcode	99.9%	99.9%	0%	99.9%	99.9%	0%
Primary Diagnosis	98.7%	97.5%	+1.2%	99.7%	98.7%	+1.0%
Primary Procedure	100.0%	99.5%	+0.5%	100.0%	99.6%	+0.4%
Priority Type	100.0%	96.2%	+3.8%	100.0%	96.2%	+3.8%
Referral Received Date	100.0%	95.8%	+4.2%	100.0%	95.6%	+4.4%
Referral Source	100.0%	98.3%	+1.7%	100.0%	98.7%	+1.3%
Registered GP Practice	100.0%	99.6%	+0.4%	100.0%	99.7%	+0.3%
Site Code of Treatment	92.3%	96.8%	-4.5%	91.7%	95.9%	-4.2%
Treatment Function	100.0%	99.6%	+0.4%	100.0%	99.8%	+0.2%
UZ01Z HRGs	99.4%	98.9%	+0.5%	99.7%	98.9%	+0.8%

## 2.3 Data Quality Improvement Plans (DQIPs) And Clinical Coding

### Commissioner Data Quality Improvement Plans (DQIPs)

As part of contractual reporting requirements all Trusts must agree and undertake Data Quality Improvement Plans (DQIP's) for both NHS England and the regional Clinical Commissioning Group. At the start of 2018/19 the Trust had the largest DQIP in the commissioning region however, after demonstrating unprecedented improvement in data quality, no DQIP was required by BNSSG CCG in 2019/20. In 2020/21 and again in 2021/22, the Trust have again had no formal DQIP from either commissioner, with only a small number of ad-hoc data queries received. A single live query remains at year-end, to be closed early in 2022/23. The table below summarises this external Commissioner-led activity:

Commissioner DQIP/Ad-hoc Data Query Performance	Contractual DQIP Items	Ad-hoc Data Queries Raised	Ad-hoc Data Queries Resolved	% Ad-hoc Data Queries Complete	Status
NHS England	0	16	15	94%	GREEN
BNSSG CCG	0	1	1	100%	GREEN

Nationally mandated Data Quality Improvement Plans are expected in 2022/23 covering Maternity Services and Learning Disability data sets, and the Trust expects to be well-placed to respond to these new national requirements.

Processes for raising ad hoc data quality queries will remain in place 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 DQIPs may be instigated or amended in future should the need arise and with the agreement of all parties.

The performance against our Data Quality plans has been a recurring item for assurance to key governance forums, receiving praise from Commissioners and the Trust's Finance & Performance and Audit Committees.

### What is Clinical Coding?

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 to support financial reimbursement from Commissioners.

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.

### Clinical Coding Performance

The 2021/22 performance has shown a very slight decline in 3 of the 4 areas compared to 2020/21 but overall performance has maintained a high level, meeting all national standards. There has been a continued improvement in secondary procedure coding.

Clinical Coding Performance	DSP Toolkit Met	2020/21	2021/22	↓↑
Primary Diagnosis	90%	96.03%	94.83	-1.20%
Secondary Diagnosis	80%	94.16%	93.92	-0.24%
Primary Procedure	90%	92.73%	91.47	- 1.26%
Secondary Procedure	80%	89.13%	92.38	3.25%

The following factors influenced the results obtained this year:

**Continued audit regime:** The external audit regime tackled some traditionally complex areas of coding over the past year, with excellent results. Lessons were learned from the prior year's audits, and recommendations were implemented influencing continued high performance. NBT continues to engage 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.

**Implementation of new programme of training:** The department has designed an externally facilitated training programme for new trainee coders, as part of establishing the Trust as a Clinical Coding centre of excellence. The 3-year programme commenced during Quarter 3 of 2021/22, with a focus on the development core skills in their first year with the department. The experienced and senior coder cohorts have now been able to direct their focus on their own skills and knowledge, which has supported ongoing high performance.

### Overall performance

The department has performed well alongside continued pressures of COVID recovery programmes, internal process changes including digitisation and remote working initiatives, and staffing issues internally and externally due to the pandemic.

The overall 2021/22 performance is indicative of '**Standards Met**' assurance rating within the Data Security & Protection (DSP) Toolkit. In isolation secondary diagnosis and secondary procedure meet the '**Standards Exceeded**' assurance levels.

### What is the Data Security & Protection Toolkit?

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

In 2019/20 the Trust achieved '**Standards Met**' across the toolkit submission. In 2020/21, the assessment was expanded to include criteria relating to cyber assurance and related compliance measures. The Trust retained 'Standards Met' compliance, but made significant strides towards achieving the highest level of assurance.

For a second consecutive year the submission deadline is set to the end of June, and we are working hard to achieve the highest assurance level of 'Standards Exceeded'.

The table below therefore reflects the prior period's performance, the expansion of the Toolkit criteria in 2020/21, and that overall performance is yet to be confirmed for 2021/22.

	2019/20	2020/21	2021/22
<b>Mandatory Evidence items provided</b>	<b>116</b>	<b>110</b>	<b>108/110</b>
<b>Non-mandatory evidence items provided</b>	<b>4/19</b>	<b>32/35</b>	<b>32/32</b>
<b>Assertions confirmed</b>	<b>44</b>	<b>39</b>	<b>36/38</b>
<b>Assessment status</b>	<b>Standards Met</b>	<b>Standards Met</b>	<b>TBC June '22</b>







# Part 3

## Our Quality Indicators

3.1 Patient Safety

3.2 Clinical Effectiveness

3.3 Patient Experience



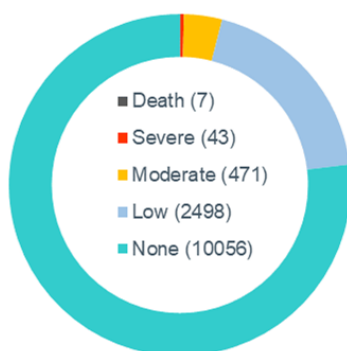
*Exceptional healthcare, personally delivered*

North Bristol Trust believes in putting patients first and aims to be outstanding for safety. We are at the forefront nationally in implementing the new NHS Patient Safety Strategy having launched our Patient Safety Incident Response Plan (PSIRP) in June 2021. We have worked alongside the national Patient Safety Team as an early adopter organisation as we are committed to demonstrating that our patients' safety is at the heart of NBT's approach and culture.

Patient safety incidents that are reported by our staff provide us with key insights into the safety of our patients. Our Patient Safety Incident Response Plan (PSIRP) outlines how we will be responding to incidents to facilitate learning and improvement.

2021-22 was a challenging year for the organisation as the Trust entered its second year of responding to the Covid 19 pandemic. Patient safety was at the forefront of the Trust's focus when responding to emergent risks and the changing face of service delivery. The Trust was able to continue its programme of patient safety improvement work but was responsive and reflective to the clinical picture at all times. We adopted an agile approach to patient safety and risk management to support frontline teams to plan proactively but also respond reactively to emerging risks.

During 2021-22 we implemented the strategy that will underpin our approach to responding to patient safety incidents in the coming years which is laid out in the PSIRP. We worked with staff, patient partners and stakeholders to communicate and educate the new processes and protocols. We have continually reviewed the progress of the implementation work through regular thematic analysis including a comprehensive six-month thematic review.



77% of patient safety incidents resulted in no harm to a patient.

Incidents occurring within 2021 have been internally validated for level of harm.

In 2022-23 we will be building on PSIRP, embedding the new systems and processes. As a Trust we are dedicated to being an organisation that learns and is responsive to how we can improve our systems and processes to ensure that they are safe and resilient.

Key to this is the underlying culture of our organisation; in 2022-23 a continued focus will be ensuring that patients and staff feel supported and safe to speak up.

To facilitate greater insight into patient safety events, we will be moving away from our present patient safety incident reporting system, implementing a new system that will foster a more connected approach across NBT.

In doing this, we will work to the principles of providing a user-friendly system that offers the scope for further integration across other learning events, e.g. patient experience, learning from deaths and clinical audit.

**Freedom To Speak Up (FTSU) Vision:**  
**North Bristol NHS Trust is a safe and fair place where everyone’s voice is encouraged, valued and listened to, helping us to continually learn and improve.**



FTSU is an initiative resulting from the Francis Report recommendations (Mid Staffordshire NHS Foundation Trust public enquiry) to give staff the opportunity and encouragement to raise issues or concerns in a supportive forum. Effective speaking up arrangements help to protect patients and improve the experience of NHS staff. In May 2021 we launched a refreshed *FTSU Vision and Strategy* available on the Trust website (May 2021 Public Board papers).

**FTSU Guardians** have been in place at NBT since 2017 and a Lead Guardian role was introduced in mid-January 2021 to support:

- a positive ‘speaking up’ culture of continuous learning
- the organisation in becoming a more open and transparent place to work, where all staff are valued for speaking up
- training for managers in ‘listening up’ and managers and leaders to ‘follow up’
- identification and addressing any barriers to speaking up and assessment of trends and responses to issues being raised, and
- holding the Board to account for taking appropriate action to create a positive speaking up culture across NBT.

### Key achievements in 2021/22

Throughout the COVID-19 pandemic FTSU has continued to be promoted and e-learning provided for all staff and managers. October 2021 was “Freedom to Speak Up Month” and included a roadshow, launch of the first FTSU Champions and Speak Up pledges from leaders.

As illustrated below, during 2021/22 there has been a consistent increase in the number of concerns raised at NBT, although still less than the national comparator average. This is viewed positively and potentially results from increased awareness through more proactive work (communications, Divisional huddles, walk-arounds, links with stakeholders) and the new FTSU Lead Guardian.

2021/22	Q1	Q2	Q3	Q4
NBT	14	18	27	19
National Comparator Data	24	26	30	n/a

### Focus for 2022/23

We will complete a gap analysis against NGO case studies to identify any learning opportunities for NBT and will continue to roll out the FTSU Champion Model to more of the organisation. We also hope to refresh the NBT FTSU policy, pending release of a new national standard policy document. This will take place alongside ongoing engagement and awareness raising across the Trust.

## Guardian for Safe Working Hours

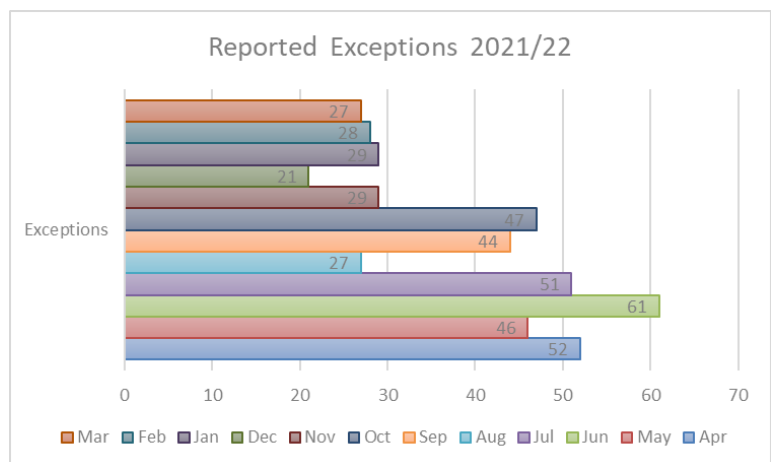
The Guardian for Safe Working Hours is an independent advocate for Junior Doctors to ensure that they are working a safe number of hours with adequate breaks and rest between shifts.

This is to support the provision of safe, high quality patient care and to provide assurance to the Board that doctor's working hours are safe. Junior Doctors are encouraged to make exception reports of any concerns they have to do with safe working hours.

### Exception Reporting

Trainees are informed how and why to exception report on induction, face to face if Foundation level, and via monthly emails from the Guardian for Safe Working Hours (GOSW). Exception reporting is accessible via Allocate on the Trust intranet and educational supervisors also signpost trainees.

The numbers of exception reports have been consistent and mainly relate to staying 30-90mins over the end of their shift, and are resolved with either TOIL or payment.



### Safety Reports

There were 15 Immediate Safety Concern exceptions in the 5 quarters. Half were from one trainee on a small rota affected by sickness/staffing during COVID and was well managed by the department. The remainder related to staffing in the medical registrar rota – again this was proactively managed by clinical leaders to implement an SOP to safeguard staff and patients.

### Trainee teaching

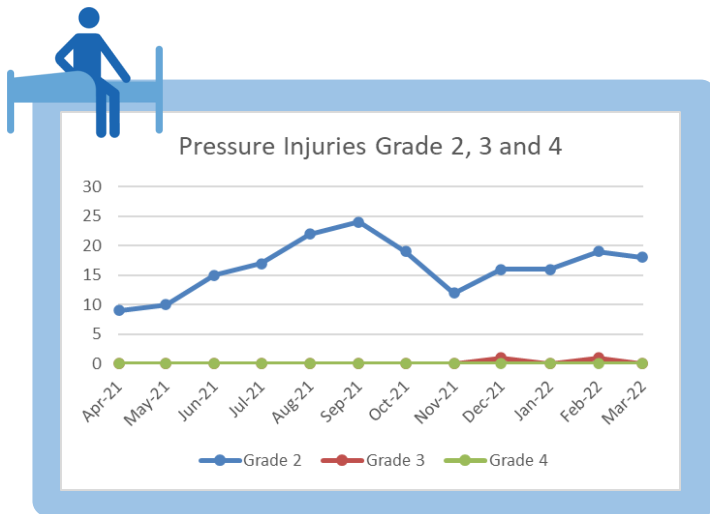
28 educational exception reports have been made which equates to 0.05% of all reports. Most relate to being unable to attend Foundation teaching which is mandatory weekly training. All foundation teaching is sent out on video post event to enable trainees to watch at a later date.

### Junior Doctor Forum meetings

There has been an improved attendance at the bi-monthly Junior Doctor Forum meetings, which are a productive opportunity where Executives can meet with trainees. The Trust has acted on the Forum's suggestion to trial a locum app to improve locum uptake.

### Networking

The NBT Guardian for Safe Working Hours is a member of the Regional Forum of Guardians for Safe Working Hours and is also in regular contact with national and regional WhatsApp groups, as well as email contact with several other Guardians in the region to share and discuss updates.



## Pressure Injuries

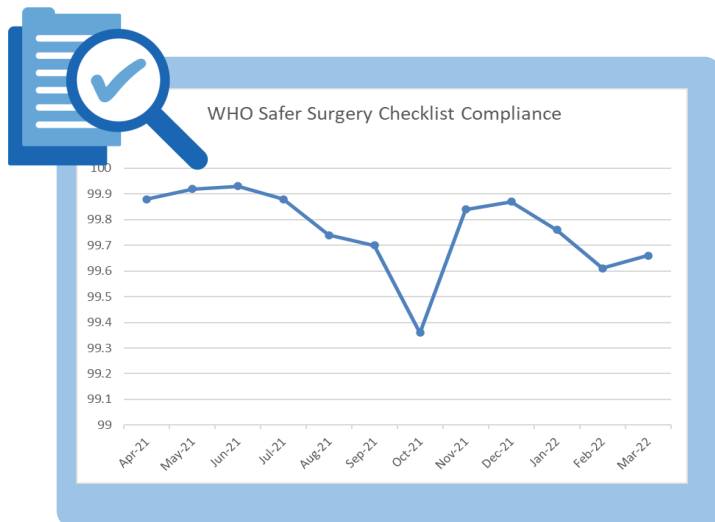
The KPI for reduction of NBT attributable pressure injuries for 2021/22 was set at:

- 30% reduction in NBT attributable medical device related pressure injuries
- 30% reduction in NBT attributable Grade 2 pressure injuries
- Zero NBT attributable Grade 3 and Grade 4 pressure injuries

The trust achieved the reduction target for grade 2 pressure injury reduction, unfortunately with 2 grade 2 pressure injuries the KPI was not met.

In 2021/22 there were:

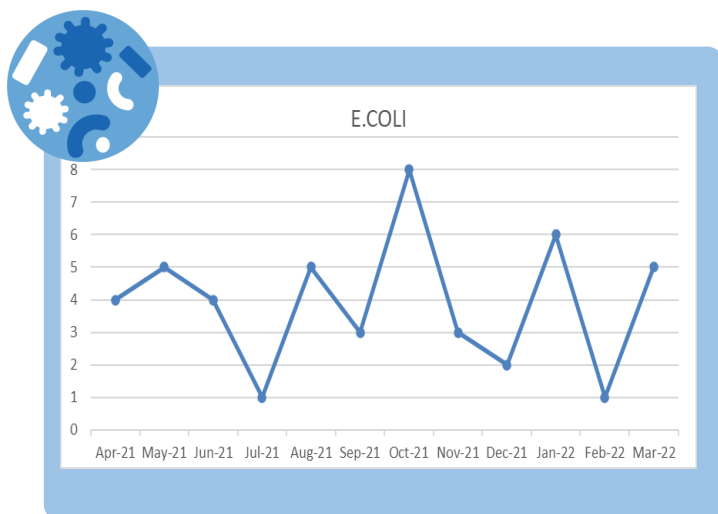
- 161 pressure injuries Grade 2 - **49% reduction**
- 2 pressure injuries Grade 3 - **60% reduction**
- No Grade 4 pressure injuries
- **57% reduction** in pressure injuries related to medical devices



## WHO Safer Surgery Checklist

Surgical safety checklists are completed prior to every prior to every operation carried out in Theatres.

NBT has maintained a completion rate of over 95% throughout the year.



## Escherichia Coli (E-Coli)

There were 53 cases reported against Trajectory as set for the year was 104. There has been a sustained reduction in cases across the region as well as within the Trust.

- 48 cases reported in 2020/21
- 53 cases reported in 2021/22

## Methicillin-Resistant Staphylococcus Aureus (MRSA)

There have been zero cases of MRSA during 2021/22.

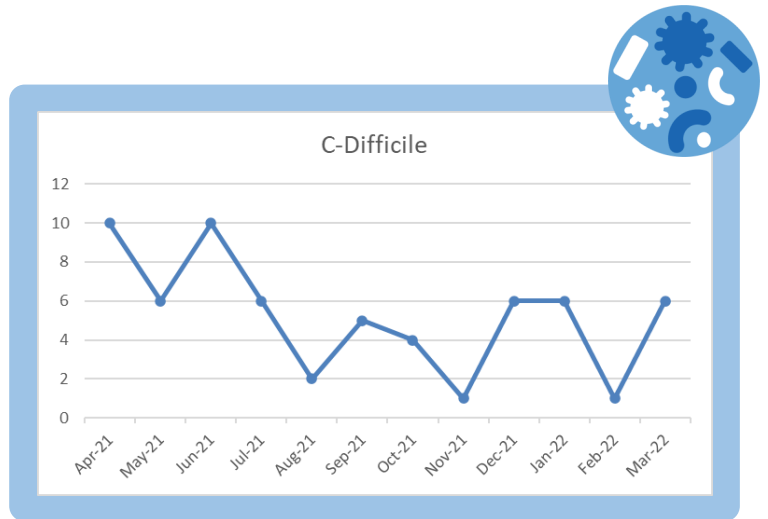
## Clostridium Difficile (C-Diff)

The trajectory set for 2021/22 was 52, however this was not met with 91 cases reported during the year.

Of the 92 cases reported:

- 63 are recorded as Hospital Attributed onset (HoHA)
- 28 as Community Attributed Onset (CoHA)

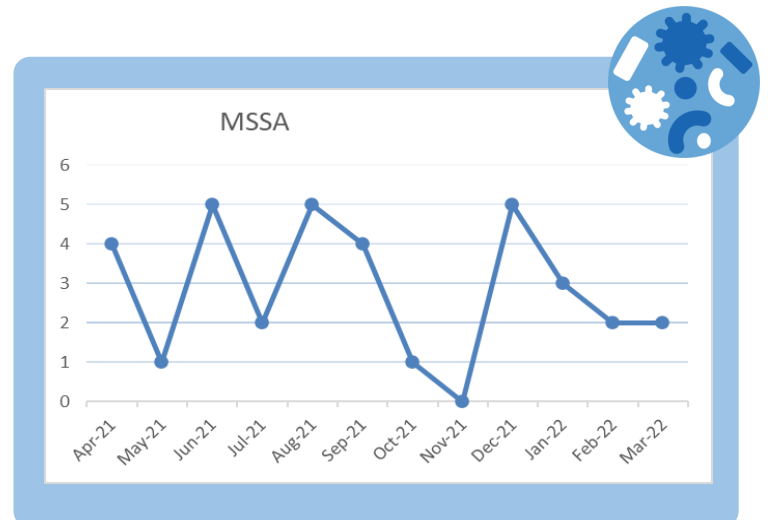
The cases of C-Diff have continued to rise across regional and this pattern has been seen within the Trust. against a Trajectory of 57 cases. The IPC team are participating in a collaborative Southwest quality improvement initiative focusing on reducing HoHA and CoHA infections.



## Methicillin-Susceptible Staphylococcus Aureus (MSSA)

Trajectory set for 2021/22 was 26 with a delivery above trajectory of 34 cases recorded during the year. As seen in graph there were clusters of cases which have contributed to the breaching of trajectory: these occurred during June, August and December.

All cases have been reviewed and learning shared through Staph Aureus Steering Group and Control of Infection Committee to continue the focus on reducing infections.

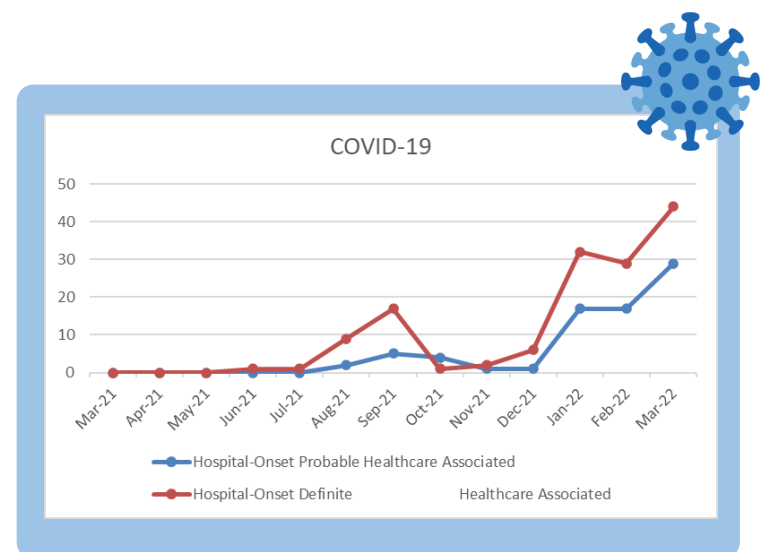


## Hospital Onset Covid-19

COVID 19 Pandemic management remained at the forefront of infection control management and responding to the trusts response to pandemic management.

Outbreaks in the trust required careful management and investigation, these were subject to daily command and control reviews to maintain clinical safety for patients and staff . All out breaks followed the national reporting system as well as internal review.

As a Trust we have continued to see COVID cases and have managed 17 outbreaks affecting 158 patients and 129 staff 2021-2022. These outbreaks have identified learning that we have applied to other situations and shared in the regional management of COVID as well to the trust command and control structure.



North Bristol NHS Trust has a duty and responsibility to protect patients of all ages, including any children of patients. This includes:

- All adults at risk of abuse or neglect due to their needs for care and support,
- The welfare of children in order to protect them from maltreatment or impairment of their development, and support them to grow up in circumstances consistent with safe and effective care;
- Ensuring a framework for responding to safeguarding concerns during all stages of pregnancy and birth.

The Trust is committed to ensuring full engagement within the complex safeguarding agenda. Safeguarding advice, guidance, training, supervision and support is offered to clinicians and practitioners across the NBT system and wider safeguarding partnerships within BNSSG.

The COVID-19 pandemic continued throughout 2021/22 however, the Integrated Safeguarding Team continued to provide timely support to all Trust staff, and highlighted where early help may prevent harm and support better outcomes.

The impact of the pandemic has increasingly heightened awareness of the importance of the 'Think Family' approach to safeguarding. Many people have been adversely affected by the pandemic which will continue to impact their health and welfare and children's development for some time to come.

### Key achievements in 2021/22

**The Integrated Safeguarding Team (IST):** We have recruited a professional and expert team to meet the increasing demands of the Regional and National Safeguarding agenda; two specialist safeguarding posts for children and one practitioner for all ages, and additional support to the maternity unit and the Women and Children Division. These roles will focus on quality improvement for all contacts with children and families with safeguarding concerns. Safeguarding processes are being integrated across all divisions, delivering the key message that safeguarding is everyone's responsibility.

**Mental Capacity Act (MCA), Best Interests, and Liberty Protection Safeguards (LPS):** The national MCA revised code of practice, LPS regulations and public consultation continued to be delayed, however preparations continue to scope the impact of the legislative change on NBT and the wider safeguarding system. The Head of Integrated Safeguarding has the role of NHS Health Provider representative at the Southwest LPS Group led by NHSE/I to ensure full engagement in the process. Improvements in the application of the MCA and Best Interests continue to be noted, however training compliance remains a challenge.

**The Domestic Abuse Act (2021) (2020):** This new legislation includes a statutory definition of domestic abuse and a number of statutory and legal responses. A new NBT Domestic Abuse Act (2021) Policy has been produced in line with the Statutory Framework and introduced into operational procedures across the Trust. Domestic abuse related presentations have significantly increased across the system during the pandemic.



**Partnership working:** The Integrated Safeguarding Team actively participate in the Safeguarding Adults Boards (SAB) and numerous sub-groups for South Gloucestershire SAB, Keeping Bristol Safe Partnership (KBSP), as well as increasingly contributing to requests from the North Somerset SAB.

A significant increase in partnership arrangements across three Boards has led to health provider collaborations across BNSSG (through a strategic health forum including CCG) in order to try identifying suitable shared representation as we enter an ICS.

**Multiagency Working:** The Deputy Head of Integrated Safeguarding engaged in multiagency safeguarding response cells led by the Keeping Bristol Safe Partnership to frequently review children's safeguarding procedures and the pandemic challenges on support services. Statutory, regulatory and contractual requirements for safeguarding children were prioritised and met throughout the year.

Multiagency partnership working across BNSSG has enabled secure and smooth sharing of information, along with development of processes and support offers for contextual, complex and transitional safeguarding approaches.

The Named Midwife, Named Nurse for Safeguarding Children and Named Professional for Adults fully promoted the principles of partnership working, in particular Early Help approaches, in response to families identified as being at risk of disadvantage which may lead to harm or neglect.

**Training:** COVID-19 and winter pressures significantly impacted training attendance. The Head of Integrated Safeguarding liaised regularly with Divisional Leaders to support compliance, supported by the Executives responsible for Safeguarding.

The Safeguarding team has continued to offer bespoke training and face to face support to teams to ensure staff across the clinical professions were kept up to date with new developments in safeguarding children knowledge and practice e.g. risk management; assessment of needs and onward referral to partner agencies.

Gender-based violence training to women and children's staff has been developed and delivered, in response to the new Domestic Abuse Act 2021.

## Focus for 2022/23

- Training, including MCA training and application in line with expected rollout of LPS legislation, and more robust safeguarding adults supervision framework
- ICS and partnership working for safeguarding of children and families
- Learning and continuous improvement supported by improved technology and governance systems. Priorities are to drive learning from Safeguarding Adults Reviews (SAR), Domestic Homicide Reviews (DHR) and Child Safeguarding Practice Reviews (CSPR) within a no-blame, restorative 'Just' culture.
- Continued promotion of safeguarding needs of pregnant women and unborn babies.



GETTING IT RIGHT FIRST TIME

### Deep dive visits during this period:

Service	Date
Orthopaedic Trauma	16/06/2021
Intensive & Critical Care	09/09/2021
Lung Cancer	20/09/2021
Neonatology	21/02/2022
High Volume Low Complexity (HLVC)	28/02/2022
Cardiology	14/03/2022

Formal report following the deep dive is not available for Cardiology at the time of writing this report.

### Notable good practice observed by GIRFT:

#### Orthopaedic Trauma

Conscious effort made by the clinical staff with management support to not out-lie patients, particularly notable for a Major Trauma Centre (which NBT is designated as). High rate of 120-day follow up for hip fractures, due to efforts of specialist nurses and administrator. Equitable provision of Orthogeriatric support for patients on the basis of need and not just targeted at BPT. Patients reviewed by an anaesthetist post-operatively.

#### Intensive and Critical Care

ICU at North Bristol was rated 'Outstanding' in the most recent CQC inspection. Enthusiastic participation in multi-centre research. Psychology support services in place for patients and staff. Culture being embedded to discuss all patients with the consultant on call at time of admission.

#### Lung Cancer

Robust cancer governance in place, including performance and cancer specific exemplar practice and learning. Higher than average number of early stage patients seen within the Trust - most likely due to the Trust being a tertiary referral centre for other specialities. Improvements can be seen in MDT streamlining. Over the past 18 months, the team have removed a lot of the diagnostics from the MDT meeting, moving patients forward in real-time and removing unnecessary delays. The Trust has consistently low NOS rates in their pathology reporting of NSCLC. There is surgical and oncology cover 52 weeks per year. There is an excellent surgical pathway.

The team have a strong research focus and hold a wide portfolio of clinical trials.

## What is GIRFT?



National clinical-led programme



Empowers teams to improve quality of care and patient outcomes



Shares and promotes best practice



Delivers efficiencies and cost savings by reducing unwarranted variations

### Neonatology

High level of responsibility and ownership for all babies in the network who require additional support. Strong QI mind-set with several QI projects showing significant improvements over a number of years. Active review and exploration of issues where performance is not as good. Lower than average number of term babies admitted and transitional care is well developed. Significant improvement in temperature on admission and improving results for optimal cord clamping. PDA ligation rates are low. Extended Mortality rates are low (MBRRACE-UK) and proportion of high-risk inborn infants dying in the unit is in the lowest decile.

High rates of maternal milk administration by 3/14 days and on discharge home (top quartile/decile). The unit has achieved **UNICEF neonatal BFI stage 2** and is expecting to go for stage 3 in April. These very high breast milk rates for preterm infants are to be **highly commended**.

### High Volume Low Complexity (HVLC) pathways

Maturity of collaborative working demonstrated a system team that is truly clinically led with robust executive support; driving clinical improvements and equity of access for patients. Clear and solid grip on data, issues and variation, with solutions to address this in planning. Low T&O 'on the day' cancellations for clinical reasons demonstrates good pre-op pathways. Variation seen across the region in the rate of minimally invasive hysterectomy (below 50 yrs.) highlights a regional opportunity to review training for laparoscopic pathways and the trendline shows these rates are steadily increasing for BNSSG. Notable low rates for patients staying over 4 days when admitted for back or radicular pain and no procedure.

### Veterans Covenant Healthcare Alliance (VCHA) Accreditation

Application for the accreditation will be re-submitted following recent changes in the process, before Autumn 2022. NBT is expected to achieve this accreditation.

NBT is well placed for complying with the new public sector duty stemming from the Armed Forces Act 2021, which will come into force in Autumn 2022. Government Guidance is expected in summer 2022.

#### Key achievements during this period:

NBT signed our hospital Armed Forces Covenant in August 2021 and submitted an application for the Silver Award of the Defence Employer Recognition Scheme in February 2022.

Changes in our ERS and EPR systems to record Armed Forces status for staff and patients. Improvements in the information available for patients and staff as regards support for Veterans and Armed Forces personnel. Veteran support information is included in induction packs for all new starters.



The national Medical Examiner (ME) service was established nationally in 2019 to provide independent scrutiny of the cause and circumstances of all deaths in hospitals. This will eventually be expanded to also include all deaths in primary care (outside of hospital).

The key aims of the ME service are to:

- Improve patient safety
- Ensure the quality and accuracy of Medical Certificates of Cause of Death (MCCDs)
- Ensure accurate and appropriate referrals to the HM Coroner
- Support local learning
- Drive improvements in clinical governance processes.

The ME Service also provides important confidential support and transparency to bereaved families, by answering any queries or concerns they may have at a difficult time, escalating these where needed, and providing advice and signposting to support or other services.

### Progress to date

Since the inclusion of deaths in ICU in February 2022, the Medical Examiner Office have reliably reviewed 100% of adult deaths at NBT. A proposed process for reviewing maternal and neonatal deaths is in place, and Medical Examiner Offices nationally are awaiting approval to commence scrutiny. The Medical Examiner service is anticipated to become statutory in late summer 2022.

ME Referrals 2021/22	No
Cases referred for Structured Judgement Review (SJR)	36
Potential patient safety incident (33 potential—21 confirmed)	21
PALS/Complaints details passed to Next Of Kin	40
General feedback for division —no specific action	55
Referrals to the Coroner	4
Total	156

### Early Benefits

The ME service has reported that this has been very well received by the bereaved, who are overwhelmingly grateful and pleased to be able to speak with an independent party.

The independent review by a trained consultant (ME) also provides good opportunity for the Quality Attending Practitioners (usually junior doctors) to discuss any aspects of the case they wish to, which aids their own learning and provides opportunity for concerns or positive feedback to be fed back into the specialities involved in patient care.

Through the many challenges of COVID-19 pandemic we have continued to aim for delivery of excellent End of Life Care and with our improvement work, underpinned by the 'Ambitions for Palliative and End of Life Care' (2021) national framework.

### Last Year of Life

**ReSPECT** facilitates conversations between clinicians and patients to explore a patient's priorities of care in the context of their condition and discuss clinical recommendations for appropriate interventions, treatments and cardiopulmonary resuscitation (CPR).



The ReSPECT form is a patient held document capturing the discussions and recommendations so they are communicated across healthcare settings. The NBT ReSPECT network provides oversight, reporting and a forum to share information relating to ReSPECT. Each speciality will report outcomes from ReSPECT audits yearly from autumn 2022. We have:

- Sought patient and relative feedback about ReSPECT discussions.
- Reviewed complaints to inform a project to improve communication, training and documents.
- Supported development of a BNSSG digital shared record (ReSPECT plus) to enable primary and secondary care to have sight of the ReSPECT form. Our team are helping to pilot and provide feedback on this new process.
- Developed a ReSPECT specific mental capacity form to ensure clear documentation relating to mental capacity assessments for ReSPECT conversations.
- Secured funding from Ageing Well for a care home outreach pilot project working with the community to provide holistic assessments and discuss priorities of care.

### Last Days of Life



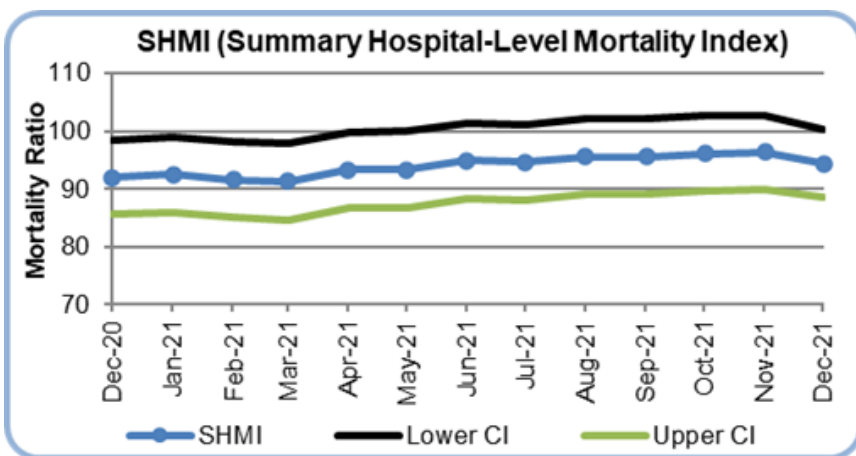
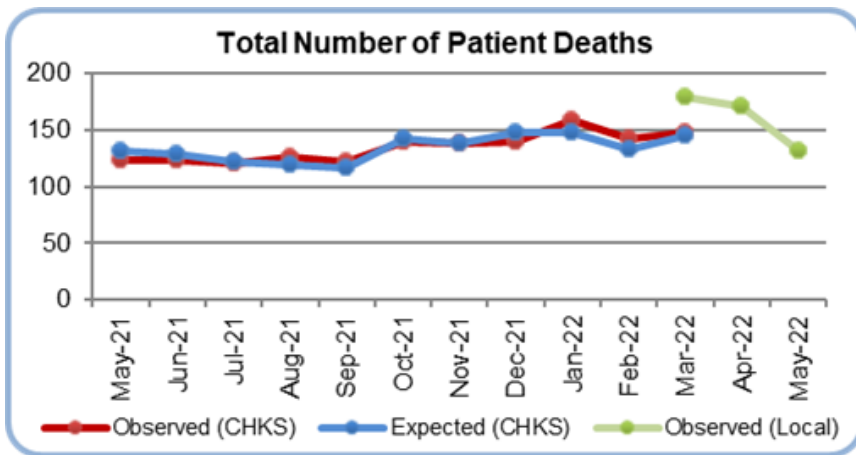
**Purple Butterfly** is our approach to deliver compassionate, individualised end of life care to patients and their families across NBT. It aims to ensure comfort, privacy and dignity are maintained during their last days of life. We have:

- Comprehensively reviewed current purple butterfly tool to ensure appropriate use and identify areas of improvement.
- Secured funding for development of an End of Life Care education programme with Practice Education Facilitators in post to assess staff education needs and create resources to support all staff deliver outstanding end of life care across NBT.
- Recruited and trained Purple Butterfly volunteers to best support patients and families.
- Worked with the digital transformation team to ensure visibility of patients receiving end of life care, to support appropriate escalation for patients with uncontrolled symptoms and ensure patients are not moved between wards at end of life.

### Care after death

Our aim is to ensure patients are always treated with dignity. We have:

- Ensured dignified after death care and wishes of patients and families concerning tissue donation are respected with improved documentation and staff training.
- Worked with our digital team on processes to ensure GPs are notified in a timely manner.
- Developed our bereavement support: 'Good Grief' cards are now sent to relatives immediately after death to provide additional support.



## Level of Care

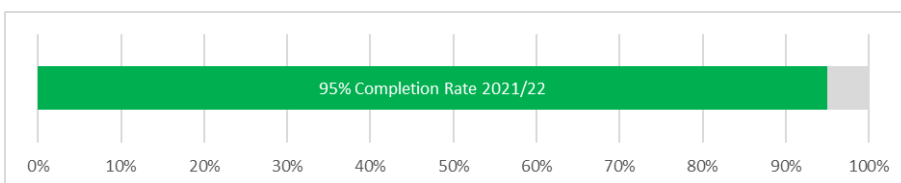
NBT has maintained a high level of care, with 96% of care scores within Structured Judgement Reviews being rated as 'adequate' or above, and no cases where 'very poor' care has been identified.

There have been 10 mortality reviews with a score of 1 or 2, indicating potentially poor, or very poor care, which undergo a learning review through divisional and specialty governance processes.



## Activity

Despite the challenges presented by the pandemic NBT has maintained an excellent rate of review across deaths occurring at the Trust.



**95% of adult deaths were reviewed in 2021/22, an increase from 94% in the previous year. Examples of how this was used to support learning and improvement work are shown on the next page.**

## Key Achievements in 2021/22:

- We embedded our review of concerns flagged by the Medical Examiner to ensure these were directed to the most appropriate mechanism to effectively evaluate the circumstances for learning and feedback to bereaved families, or carers.
- We initiated a structured review of our approach to learning from deaths with strong clinical engagement and an openminded approach to alternative ways of completing this work.
- This provided areas for further development that we have commenced exploring with a national support team (Better Tomorrow, hosted by NHSE/I). We are progressing this collaboratively with our colleagues at University Hospital Bristol & Weston Trust so we can raise our standards across both trusts.

## Learning from Deaths—Specialty Level Learning & Improvement

### Anaesthetics, Surgery, Critical Care and Renal Division—Urology

The care of the elderly liaison service has made a significant difference to the care we provide to patients who are coming towards the end of life with significant co-morbidities. They are admitted with urological issues but require holistic care and open conversations about their prognosis and involvement of relatives. A number of our mortality reviews have commented on the benefits of this multidisciplinary approach.

### Medicine Division—Care of the Elderly

Over the last year the following recurring themes were noted from mortality reviews and M&Ms resulting in the following improvement priorities within the service:

- Highlighting the need for neurology examination for patients with neurological presentations
- Highlighting the need to avoid acronyms in patient notes
- Encouraging the discussion of frailty/guarded prognosis with families
- Highlighting the need to document tertiary survey in trauma patients
- Monitoring of sepsis care
- Monitoring of symptom control out of hours

### Neurological and Musculoskeletal Sciences—Neurosurgery

The following learning has resulted from mortality reviews over the course of the past year:

- An elective pathway death mid-COVID prompted a length neuro-oncology discussion. The outcome of this discussion was sub-specialty morbidity meetings which were found to be a really positive experience. It also resulted in clearer stratification of patients for different post-operative areas.
- The move to the Medical Examiner Service reviewing cases has meant we have had more time to discuss complex cases enabling the identification of better learning. Previously the large amount of administrative time needed from clinicians to screen each death meant that we weren't targeting our capacity where the greatest benefit could be realised.

### Women and Children's Health- Obstetrics and Gynaecology

Fortunately there are very few deaths within this specialty. In the last 2 years there have been 2 expected deaths of patients on the Purple Butterfly pathway with a cancer diagnosis. These cases were discussed at the specialty morbidity and mortality meeting, with the care given on the ward noted to be excellent, supportive and caring, with lovely feedback from the families.

### Improvements as a Result of National Clinical Audit

National Clinical Audit has always been a catalyst for improvement at NBT. We actively engage with national clinical audits to provide assurance in our practice, and to learn from our outcomes; be they examples of best practice or ways in which we can improve.

Below are examples of outcomes and improvement work that has been undertaken as a result of national clinical audits we have participated in over the last year. This is a small cross-section of some of the work that has taken place.

#### National Emergency Laparotomy Audit

NBT performed well on:

- National 30 day mortality rate (NBT 8.4% - National 8.7%)
- Formal pre-op risk assessment in 85% (56% yr1) (NBT 96%)
- Pre-op CT scans (NBT 78%)
- Both consultants being present during surgery (NBT 88%)
- Post-op ICU in 82% high risk patients (NBT 87%)

The focus of improvements in 2021/22 included post-op respiratory complications in EL patients with a reduction in incidence, ICU stay, length of stay and mortality. It also focused on increasing the use of antibiotic prophylaxis to decrease incidents of sepsis and AKI.

Following the audit further focus will be on reducing hospital stay, ensuring all patients receive antibiotics for sepsis within 1 hour and increase the percentage of patients over 80 years, or over 65 years and frail, who have geriatrician input (NBT 50% - National 27.1%).

#### National Vascular Registry

NBT performed well on:

- NVR submission rate
- Revascularisation for inpatients
- Below national average for LOS (NBT 12 days—National 19 days)
- NBT is not an outlier in any of the key measurements and is well within parameters.

Quality improvement workstreams for 2021/22 included interventions in carotid and aortic surgery and focusing on the review of all clinical pathways to identify any delays which could be mitigated.

Going forward there will be a focus on mortality rate for AAA repair and stroke rate for CEA.



### National Heart Failure (HF) Audit

NBT comfortably achieved the BEST Practice Tariff for HF data, however there was a noted increase in the readmission rate, especially after premature discharges from admitting wards.

The data collection for this audit has been fully digitised during Covid 19 and this has supported the virtual completion of the quarterly data submissions.

### National Cardiac Arrest Audit (NCAA)

Cardiac arrest rates at NBT remain very low and our observed risk-adjusted outcomes for surviving cardiac arrests are within the predicted range.

There is ongoing monitoring of the areas which have the most frequent cardiac arrests so that any changes to trends can be identified easily and responded to.

During 2021/22 the team have been working on a quality improvement project to instigate daily safety briefings for the Clinical Emergency Team to improve team working and communication in a call to a cardiac arrest. This isn't currently measured by the NCAA.

### National Early Inflammatory Arthritis Audit

In previous reports NBT was an outlier for the main Quality Standard for this audit: patients with suspected Early Inflammatory Arthritis should be seen within 3 weeks of referral. This report shows that there has been an excellent improvement from 20% to 97% of patients now seen.

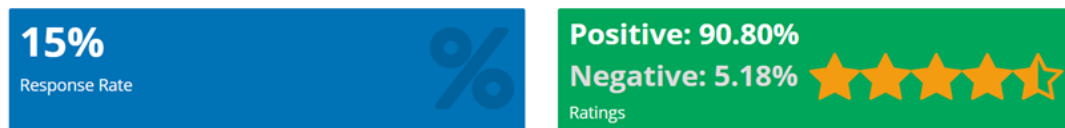
Key improvements that have been made during 2021/22 have been to rearrange out clinics to include dedicated Early Arthritis clinics. Work has been carried out with Central Outpatients to carefully manage these slots, and finally a new consultant post has enabled increased capacity.

## Friends and Family Test (FFT)

The NHS Friends and Family Test (FFT) enables people using our services to give real-time feedback about their experience. The questions we ask are:

**“Overall, how was your experience of our service?”** and, **“Please tell us why you gave your answer”**.

Between 1st April 2021 to 31st March 2022, a total of 79,177 responses were received. This is an increase of 14% on the previous year however, our response rate has fallen from 19% to 15% for the whole trust.



	Response rate	Rating (positive)	Rating (negative)
Trust-wide	15%	90.80%	5.18%
Emergency Department	20%	75.31%	16.75%
Inpatients	22%	89.31%	5.34%
Outpatients	13%	94.56%	2.44%

The Trust also carried out 33 local divisional surveys to gather more targeted feedback from patients and staff which was then fed into service improvement initiatives to improve patient experience and monitor clinical outcomes, e.g. the Rheumatology Patient Representatives Group asked staff to undertake a survey due to concerns about worsening physical or mental health as a result of restrictions on activities due to the pandemic. Staff also noted a substantial increase in calls and emails to the NBT Rheumatology Advice Line. The survey results identified additional patient needs resulting from the pandemic and were used to plan additional services to address this need. This is a successful continuous improvement tool and is being carried out by several other patient groups across the Trust.

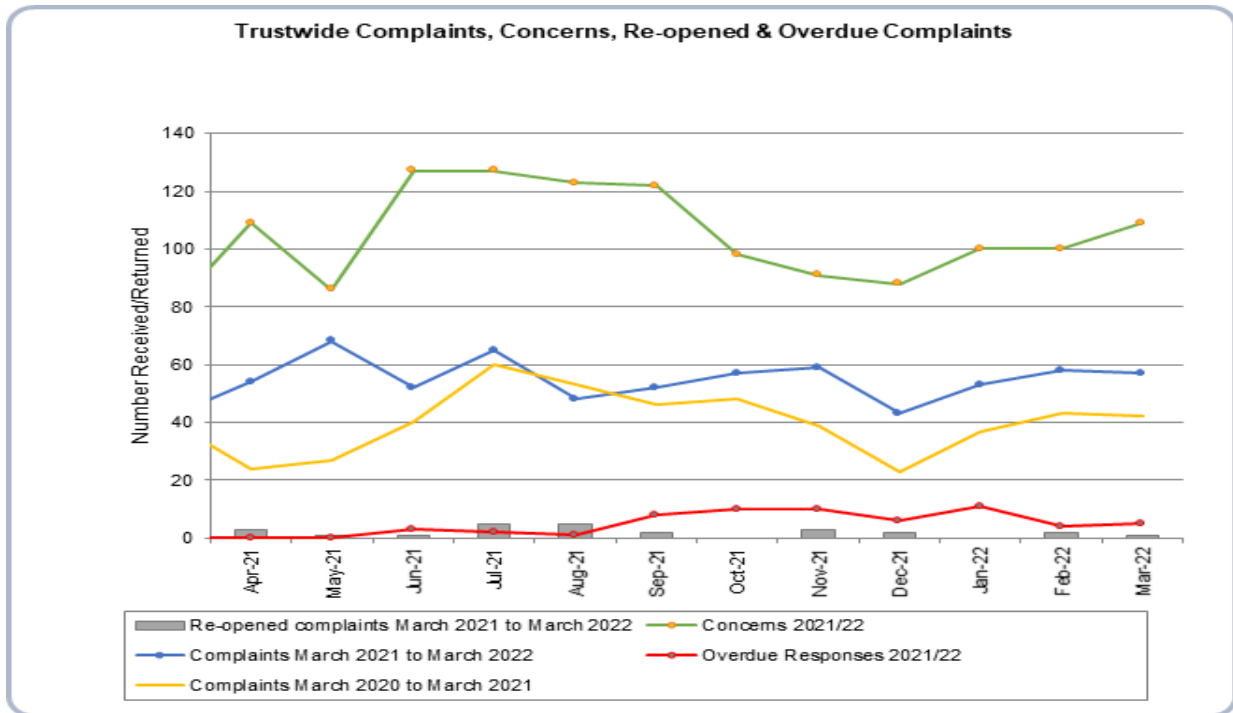
The Patient Experience Team have focused this year on engaging with staff to share both the FFT results and overwhelmingly positive feedback and comments and to further support staff understanding of FFT as a valuable tool to drive improvement at a team and divisional level.

## Complaints & Patient Advice Liaison Service (PALS)

The overall number of formal complaints received dropped in 2019/20, however the numbers have now returned to 666 which is comparable to pre-Covid figures.

The number of PALS concerns increased in 2021/22 from 776 to 1283. There was also an increase in the number of enquiries received from the previous year from 659 to 911.

Overall activity has increased significantly and is now higher than it was pre-pandemic which reflects national pressures on the NHS impacting on patient satisfaction levels. The following chart illustrates the increase in activity.



It has been a challenge to maintain complaints performance throughout 2021/22, with a decrease in complaint response time compliance and an increase in the number of overdue complaints against agreed timescales. This reflects increased pressures across the Trust, however targeted recovery plans are in place and compliance is expected to improve over the next year to meet our internal response time target of 90% with zero overdue complaints. The quality of complaint responses has improved due to staff training across the Trust and quality checks, with fewer returned or re-opened complaints logged.

### Complaints Lay Review Panel

Throughout 2021/22 our Complaints Lay Review Panel has continued to convene virtually each quarter to review a randomised selection of our complaints against our policy and national best practice standards. This model was presented at the NHS Complaints Summit and has been shared with colleagues across health and social care.

### Patient Advice and Liaison Service (PALS)

PALS has continued to grow and embed itself as an important resource for patients, carers, family and staff since its launch in April 2019. The service is increasingly busy as is evident in the number of enquiries and PALS concerns the team have managed. Due to Covid restrictions this year we have focused on strengthening our reporting and completion and response times to those who use the service.

### Looking ahead to 2022/23

Our focus is on improving our complaints performance so we are back to zero overdue complaints and at least 90% compliance. We will continue with complaints training and ensuring the quality of investigations and responses, with clear actions and learning identified and taken forwards. In PALS we will continue to increase awareness of the service by outreach to groups across the community, attending ward huddles or holding engagement events.

## Patient Experience Patient Surveys

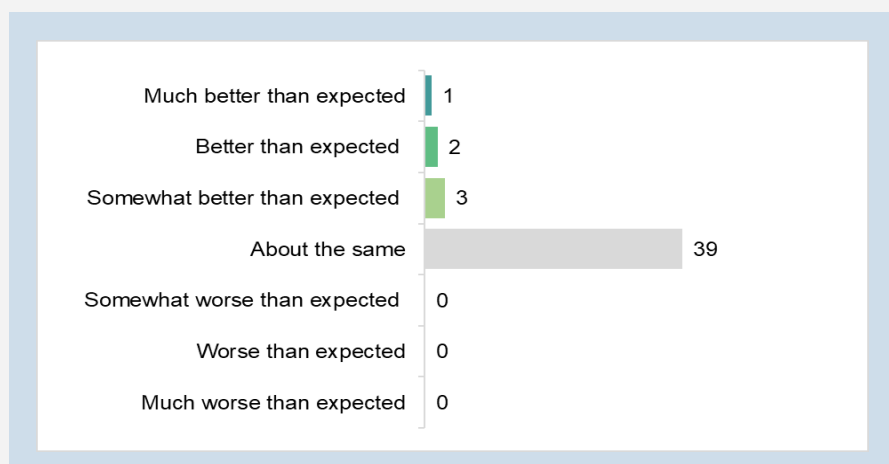
The Trust continues to participate in the Care Quality Commission's National Patient Survey programme. In 2021/22 we received results for the Urgent and Emergency Care Survey, the Maternity Survey and Adult Inpatient Survey. We are incredibly proud of the results within the Urgent and Emergency Care Survey where our results were outstanding and demonstrated the excellent work of the Emergency team.

A workshop was held for each survey to review the results and agree an action plan for areas for improvement. The results and actions are reported and monitored through the Patient Experience Group and the Patient and Carer Experience Committee.

### Adult Inpatient Survey 2020- (Published in November 2021)

A total of 1,250 inpatients were asked to complete the annual survey, with 549 completions. The response rate was 46%, which is slightly higher than the average response rate for similar organisations (45%).

NBT performed better on 6 questions and the same on 39 questions. We did not score worse than expected for any questions.



#### Best performance areas

The areas where we performed 'much better', 'better' or 'somewhat better' than other organisations were:

- Care and treatment—confidential discussion about condition or treatment
- Ability to sleep at night without noise from other patients
- Explanations of ward moves at night
- Inclusion in discussions about care in front of patients

#### Areas for improvement

- Staff responsiveness to patients—an action plan is in place with support from Patient Experience manager to review Call bell response times through an audit.
- Supporting patients to sleep better at night— there is currently ongoing work to include a questionnaire for patient experience within our developing quality accreditation tool.
- Improving our discharge processes through the discharge project work.

### Urgent and Emergency Care

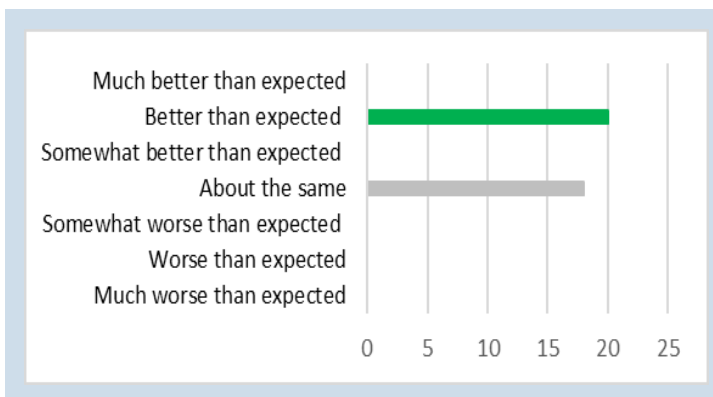
The Urgent and Emergency Care Survey is undertaken every 2 years, and all eligible organisations are required to conduct this. 1250 patients were invited to complete the survey, with the 31% response rate slightly higher than the previous completion (2018) which was 30%.

#### Most improved Areas

- Patient were informed of side effect of medication
- Information given around test results
- Under an hour wait to speak to doctor or nurse
- Staff were helpful in controlling pain

#### Areas for improvement

- Posters on social distancing reminders at A&E
- Work on information leaflet explaining the process and wait times within the Dept
- Patients' information about different conditions and investigation and signposting to appropriate resources



### Maternity Survey 2021

The NHS Maternity Survey runs every other year and all eligible trusts in England are required to conduct the survey. The sampling period for the 2021 survey was January and February 2021, whilst the UK was still in lockdown due to COVID-19. Fieldwork took place between April and August 2021. There was a 58% response rate which was much higher than the previous survey response rate in 2019.

#### Positive Highlights

- Women were happy with the level of information and choice regarding where to give birth
- Nearly 100 % of women were provided help from Midwives as needed
- Evidence of personalised care through addressing mental health needs
- Most women who give birth with us at NBT said they were treated with respect and dignity
- The Trust scored similar to other Trusts in allowing partners to be present during labour and birth – this didn't change during Covid
- We scored higher than other Trusts in providing women with help and advice regarding feeding their baby within the first 6 weeks after birth
- Nearly 100 % of women found our ward very or fairly clean

#### Areas for improvement

- Induction of Labour Suite on delivery suite post covid re-established in February 2022
- Improved information on Maternity app in relation to provision of information about induction of labour with more details regarding consent and decision making.
- Introduction of a new digital maternity system (implementation 2023 ) to improve information giving for women accessing services at NBT – women will have access to their maternity notes online and will have the ability to add comments and preferences.
- Review of current visiting guidelines to improve experience of birth partners
- All postnatal visits now occur at home and restriction on use of GP surgeries for postnatal care has been lifted. Current community midwifery accommodation is being reviewed to improve access for maternity care provision

### Accessible Information Standards

**“The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.” (NHS England)**

NBT is committed to being compliant with the Accessible Information Standard and improving the quality of patient information to support our patients and carers.

In January 2022 KPMG completed an audit on the Trust’s work towards meeting the requirements of the Accessible Information Standard. In November 2021 NBT recruited two new roles to lead on this area of work: Patient Communications and Engagement Lead and Assistant.

We are now working through an action plan based on the following themes which will help us to achieve the standard:

#### **Steering group:**

We have established an Accessible Information Standards Steering Group which brings together staff from across the Trust with patient representatives, who are experts by experience. This group is co-designing, advising and overseeing the work towards the standard.

#### **Training:**

We have piloted both Deaf and Visual Loss Awareness Training and are working to develop a programme of both in-person and E-Learning training to ensure staff are confident with the requirements of the Accessible Information Standard and how to support those with a disability, impairment or sensory loss.

#### **Electronic patient record:**

We are working to ensure the new electronic patient record system (which goes live in July 2022) allows for the recording, flagging and sharing of patient needs and that staff are trained on how to use alerts and how to meet the required needs.

#### **Communications:**

We are reviewing our delivery of patient information, ensuring clear guidance for accessible formats. We are also raising the awareness of accessibility through campaigns such as increasing knowledge of how to use interpreters at NBT or what reasonable adjustments might look like for those with a learning disability or autism.

#### **Complaints:**

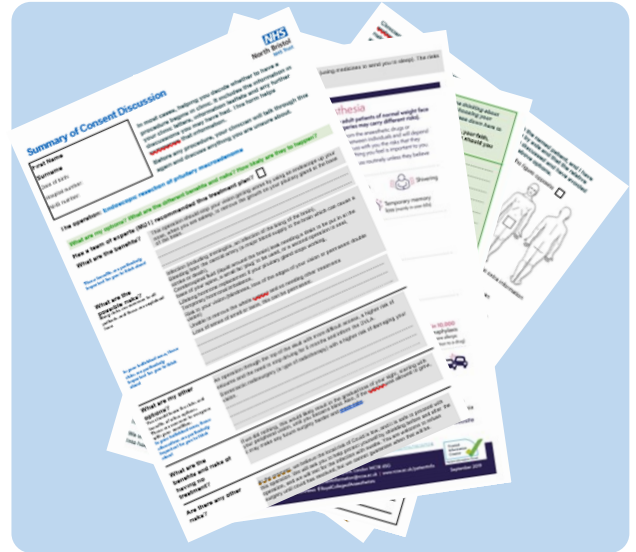
We will be reviewing complaints and PALs data on a quarterly basis to identify trends, patterns or learning actions linked to Accessible Information Standards and ensure these are addressed.

## Patient Consent and Shared Decision Making Programme

The patient consent and share decision making programme has made significant progress during 2021-22, despite the pressures of COVID-19 on clinicians. We are focusing on the elective surgery pathway across seven specialties (within three of our five clinical divisions), as we know the decision to proceed with surgical treatment is often not a simple one. This has become increasingly important following the pandemic with extended waiting lists for elective surgery and the associated potential changes in patient health.

### Consent project

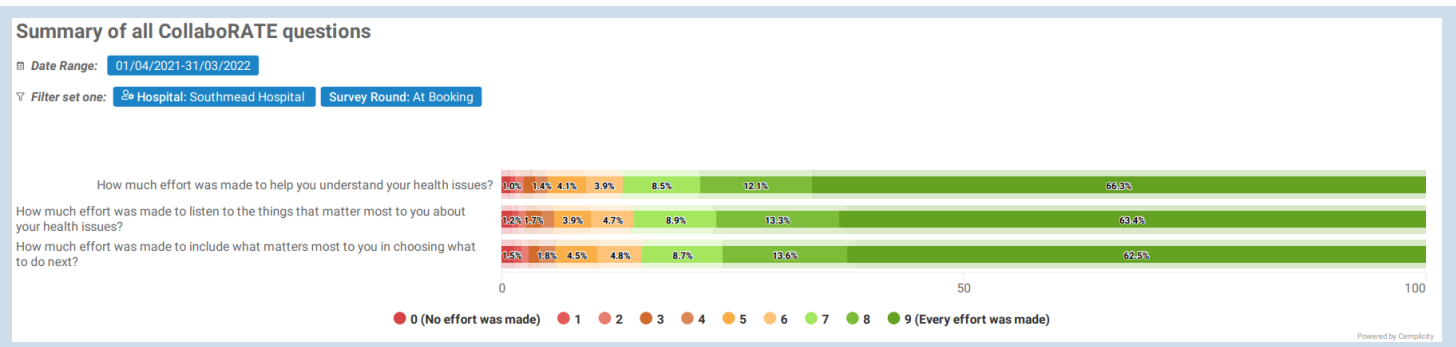
Following the collaborative development of new consent documentation at the start of 2021, this year saw the roll-out of new procedure-specific consent forms in neurosurgery and urology. These forms provide an opportunity for the patients to consider their wider needs, such as social and faith, in the context of their surgery. Having had time to absorb and reflect on the procedure, the patient can record information important to them, prompting more meaningful discussion between the clinicians and patients



### Shared decision making project

A new software system has been implemented, which sends and records Patient Reported Outcome Measures (PROMs) in the form of two questionnaires. In the last twelve months, nearly 8,000 questionnaires have been sent to patients added to a waiting list for surgery. The response rate over this time is just under 50%.

The next development was creating a 'low-score alert', where a survey score below a recommended threshold triggers an email alert to the project team. This has allowed us to quantify the low scores, and investigate potential processes to respond to these patients. On average, we receive around 15 low scores each month across the seven specialties.



A registrar-led Quality Improvement project was carried out to trial the feasibility of 'triaging' the low scoring patients. Over two months, all patients returning a low score were contacted directly to help us understand the reasons behind their feedback. We found that less than 50% of the respondents were dissatisfied with their clinical discussions and decisions. Other issues included general experience in the entire process and language barriers. These are being addressed by introducing more explanation of shared decision making, and producing versions in other languages. We are now ready to trial the improved processes into our clinical teams.

This year our NBT volunteers have donated over **28,000 hours** of time in many roles across the hospital. We currently have over 270 active volunteers across our sites.

Each volunteer is motivated by improving the patient experience and staff wellbeing. Collectively, all our active volunteer teams won **Team of the Year** for the Nursing and Quality Directorate at the **Exceptional Health Care Awards**, in recognition for their passion, dedication and time they have donated to the Trust.

The **Fresh Arts Pianists** have played over 250 hours of live piano music for the enjoyment of patients and staff to improve their wellbeing and their hospital experience.

We have worked with teams such as **Major Trauma, Sustainability, Speech and Language**, and **Hepatology** to create new volunteer roles to support their patients and service users. The **Macmillan Wellbeing Centre** created a meaningful new role to provide virtual yoga sessions with a qualified volunteer yoga instructor.

The **Southmead Hospital Charity** volunteers supported fundraising events, research and adhoc task to raise funds to support the hospital.

The **Response Volunteer** team have continued to support the pharmacy to deliver medication to wards—completing over 12,000 pharmacy runs in 2021/22.

We have welcomed back our ward-based volunteers who support patients with befriending and mealtimes.

We have also welcomed our Kidney, Alcohol, HITU and Cancer Peer Support volunteers who offer a listening ear and encouragement to patients with their lived experiences

We look forward to working with departments such as Maternity, Spiritual and Pastoral Care, and our **Pets as Therapy** teams to return their volunteers to the Trust in the future.

We welcomed back our **League of Friends** coffee shops based at Southmead and Cossham hospital, so that they could offer refreshments and snacks to our patients and visitors, with all their proceeds benefiting their respective hospital sites.

We have worked closely with **Bristol Sight Loss Council** to produce bespoke Visual Awareness training for the volunteers, and a procedure to safely guide and support Visually Impaired outpatients.

The **Move Maker Team** continued our meet and greet service at Southmead and Cosham. Many had been stood down during the height of the pandemic but are now supporting check-in, patient belongings and promoting infection control measures.

We were successful with the application for NHS England and NHS Improvement Volunteering Services Funding which supported a temporary staff position to help with the safe return of volunteers.



The **Patient and Carer Partnership Group (PCPG)** continues to play an important role within North Bristol NHS Trust, supporting the Trust to provide consistent high quality care with a patient perspective and voice across a wide range of forums. All PCPG members are volunteers and give many hours of their time each year to take part in meetings, interviews, focus groups, workshops and projects.

They are proactive participants in many Committees, e.g. the Patient Safety & Risk Committee, Clinical Effectiveness and Audit Committee, the Patient Experience Committee and the Clinical Policies and Documentation Group. They provide an invaluable patient view and help to guide and influence the work of the Trust.

The PCPG are also active participants in research and finance working groups e.g. the Medical Research Group and Losses and Compensation Group, as well as the Southmead Hospital Charity Research Allocation and Patients Association. They are included in the recruitment process for staff in key roles e.g. Consultant interview focus groups and interview panels. The members have also supported many projects including the Pain Relief Project, the Consent & Shared Decision Making Project and the Complaints Lay Review Panel. Future projects will include the development of the Trust's new Digital Strategy.

A key focus for 2021/22 was to increase the membership and diversity of the PCPG to better represent our local community. NBT has worked collaboratively with existing Partners to create a short-term consultancy type role that is more accessible and flexible for those with childcare or work commitments or other responsibilities. The PCPG website has been updated with information and co-designed recruitment posters will be distributed across the community to encourage new members, particularly from a BAME background or LGBTQ+ group.

This year the Trust maintained close links with the Bristol Care Forum, Bristol Deaf Health Partnership and Bristol Sight Loss Council. We are proud to have been able to work with the Bristol Sight Loss Council to offer our staff Visual Impairment Training and also provide Deaf Awareness Training with Sign Solutions. Feedback from these training sessions is positive and ensures greater staff awareness and understanding of the experience of those with a hearing or visual impairment.



## 3.3 Patient and Carer Partnership Group

The members of the Patient and Carer Partnership Group are highly valued and appreciated members of the North Bristol Trust family.

One such incredible person was **Christine Fowler**, who was a patient partner for 15 years and the Chair of the Patient and Carer Partnership Group for a number of years. Despite her own health challenges, she was passionate about the patient voice and worked with different services throughout the Trust to improve this.

Christine worked closely with the Patient Experience team to improve on the patient involvement and engagement agenda and has left a legacy for the team to work on. Christine supported the Trust to develop the patient incident response plan, supported training and research, as well as sitting on many committees as a true critical friend.

Christine sadly passed away on the 18<sup>th</sup> of December 2021 in Southmead Hospital.

Christine was described by one of her fellow patient partners as ***“a tenacious fighter for patients, patient care and the best interests of the NHS. She was always worth listening to, and would argue her case firmly, but never aggressively. She was always positive and quick to reach out to others.”***

Our Associate Director of Patient Safety:

***“We were all very lucky and honoured to work closely with such an inspirational person as Christine. She is someone that is truly irreplaceable.***

***Christine was often our reality check, our north star, guiding us and reminding us of why we do what we do.***

***Christine was ever supportive and has given so much to NBT over the years; she has left a long and lasting legacy here.”***

Christine's own words:

***“The strongest of people cannot appreciate the impact of going from living as normal a life as they do to that of putting on a hospital gown and receiving hospital care whilst in a hospital bed. Unless this has been a lived experience, it is almost impossible to understand how that feels, the vulnerability and lacking control of one's life.***

***This is why it is of huge importance to involve past and present patients together with carers, in order to give them a voice within hospital trusts at the highest level, participating in committees to assure patients and families that independent oversight is in place, whilst being a critical but constructive friend”.***



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

**Michele Romaine**  
**Chairman**

Date: 30th June 2022

From 16 March 2020 North Bristol Trust 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 provided strategic direction and coordination and acted as a point of escalation for Silver Command. It was the key liaison with BNSSG Health and Care Silver Command and connected with regulators and other external bodies. Gold Command provided reports to Trust Management Team and Trust Board on all COVID-19 related matters.

The 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.

The command and control framework was stood down on 10th March 2022 with responsibility and oversight transferred to the Operational Pressures weekly meeting.

## Ashton Gate Mass Vaccination Centre (MVC)

NBT assumed responsibility (approved at the Trust Board on 26 November 2020) for the setting up and operation of one of the national COVID-19 vaccination hubs at Ashton Gate, to provide vaccinations from 8am to 8pm, 7 days a week. A strong collaborative approach ensured effective coordination of vaccine providers across the system. These included the Primary Care Networks (of GP practices), hospital hubs, the Ashton Gate Mass Vaccination Centre and rapid community pharmacies, as well as a comprehensive roaming model. NBT was responsible for coordinating responses and reports upwards to the regional and national vaccination teams.

The MVC was reviewed by the Care Quality Commission (a roundtable review against CQC key lines of Enquiry) and also by the National COVID-19 Vaccination Programme (NHSE). The outcomes of these reviews were both very positive and points raised for further development, primarily around potential workforce future models, were considered and progress overseen by the Trust's Quality Committee.

On 4th August 2021 the Ashton Gate Vaccination Centre was closed after having delivered 235,048 Covid-19 vaccinations. Vaccination appointments were subsequently transferred to the Vaccination Centre at UWE Bristol. This coincided with the Vaccination Programme's focus on second and subsequent doses.

## NHS Nightingale Hub Bristol

On January 2021 NBT was identified as the location for one of the eight regional NHS England Nightingale surge hubs to provide additional bed capacity at a time of rising omicron variant infections and additional hospital admissions. This coincided with a time of existing winter pressures across the NHS. The temporary hub was based in an existing carpark within Southmead hospital.

Existing Covid surge plans were refreshed to see how the hospital could increase escalation capacity within its existing estate, the Clinical Model was defined with regional and system clinical colleagues and an operational delivery Standing Operating Procedure was put in place.

The temporary surge hub was also intended to only be used 'in extremis' and, whilst it did not need to be put into affect, it was an important element of the contingency planning for the entire region. It was formally stood down by NHS England in February 2022.

## External Comments on the Quality Account

The draft Quality Account was circulated to the organisations listed below for review and comment during the period 13th May to 11th June.

- Healthwatch Bristol , North Somerset and South Gloucestershire
- North Bristol Patient and Carer Partnership Group
- Bristol, North Somerset and South Gloucestershire CCG
- Bristol— Health Scrutiny Committee
- North Somerset Health Overview and Scrutiny Panel
- South Gloucestershire Public Health Scrutiny Committee
- NHS England and NHS Improvement Specialised Commissioning—South West

We would like to thank all of our external stakeholders for their review and all comments received have been included within Annex 4.

## Presentation of the North Bristol NHS Trust 2021/22 Quality Account to Bristol Health Scrutiny Committee, North Somerset Health Overview and Scrutiny Panel and South Gloucestershire Public Health Scrutiny Committee

Professor Steve Hams, Chief Medical Officer and Paul Cresswell, Associate Director of Quality Governance presented an overview of this year's Quality Account to the South Gloucestershire Council Health Scrutiny Committee, Bristol Council Health Scrutiny Committee and North Somerset Health Overview and Scrutiny Panel on 6<sup>th</sup> June 2022.

The presentation included a summary of the progress of the key priorities for 2021/22 as well as the identified priorities for 2022/23 and some key examples of quality improvement and patient & carer feedback and engagement.

Following the presentation the members of the council recognised the challenges faced during the preceding year and thanked the Trust for the report.

The committee members asked a number of questions related to maternity (including the estate) and the actions that the Trust had taken to manage long waiting lists resulting from Covid.

## **Healthwatch Bristol, North Somerset and South Gloucestershire**

Healthwatch Bristol, North Somerset and South Gloucestershire values the culture of collaboration at North Bristol Trust in 2021/22. Access to patients and staff has led to opportunities for learning and the ability to recognise dedication and empathy. We spoke to patients at Southmead's A&E in late 2021 which helped provide insights for a media campaign. The coproduction with NBT staff has given additional depth to our 2022 reports on improving care around Hospital Discharge and Dignity.

We commend your focus in your 2022-2023 QA on improving adjustments for people with a Learning Disability or Autism. We also acknowledge the plan to fully align with the Accessible Information Standard in Trust communications.

In previous years we have provided a Quality Account statement in May with themes from our public and patient feedback. However, we are aware that Trusts often prioritise their work at an earlier stage. We have therefore agreed to share the themes of local insights at the beginning of each calendar year, to ensure services can respond in their Quality Account. We look forward to working with you to empower people who provide and use services, & their carers to take a supportive role in improving the health and wellbeing of the BNSSG population.

**Georgie Bigg**

**Chair of Trustees**

**Healthwatch Bristol, North Somerset and South Gloucestershire**

## **North Bristol Patient and Carer Partnership Group**

The Quality Account was reviewed by the members of the North Bristol Patient and Carer Partnership Group. We recognise that this was a very detailed report and no changes or amendments were requested.

**Gordon Halford**

**Deputy Chair**

**Patient and Carer Partnership Group**

## Bristol, North Somerset and South Gloucestershire CCG

This statement for the North Bristol NHS Trust (NBT) Quality Accounts 2021/22 is provided by the Bristol North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG).

BNSSG CCG welcomes the opportunity to review and provide comments on NBT's Quality Account which offers a review of the Trusts quality and performance during 2021/22. The reviewed data reflects the information provided to the Commissioners throughout the year and supports the collaborative working in quality improvement initiatives by the Trusts within Bristol.

BNSSG CCG acknowledges the challenges NBT has faced in recovery from the effects of the Covid-19 pandemic, which in turn has inevitably impacted on the achievement levels for the range of quality indicators. BNSSG CCG has reviewed and noted the progress made against each of the four Priorities for improvement selected for 2021/22.

### **Priority one- Ensure equality and safety of services is sustained whilst recovering from the impact of the Covid-19 pandemic.**

BNSSG CCG acknowledges the work undertaken by the NBT Infection Control and Prevention (ICP) team in response to managing the Covid-19 pandemic and supports the ICP focus for managing and reducing Clostridium Difficile cases.

BNSSG CCG applauds the success for delivery of elective operations which was made possible by having a dedicated ward for elective surgical patients, whilst also ensuring patients were 'safe to wait.'

BNSSG CCG acknowledges the challenges that the system wide pressures have had on NBT's emergency services and welcomes the NBT emergency flow plans designed to improve patient flow through emergency and admitted care pathways by optimizing the use of beds; the ongoing work to improve patient and staff experience in the emergency department is also noted and welcomed.

### **Priority two- Being outstanding for safety – a national leader for implementing the NHS patient Safety Strategy.**

BNSSG CCG commends NBT as an early adopter of the NHS Patient Safety Incident Response Framework which has facilitated structured improvement to take place. NBT have identified inpatient falls and pressure injuries as their top two patient safety priorities and BNSSG acknowledges the work which has taken place and welcomes the further actions for 2022/23.



**Priority three- Ensuring excellence in our maternity services, delivering safe and supportive maternity care.**

BNSSG CCG recognises and supports the work which NBT have undertaken to deliver the “essential and immediate actions” resulting from the Ockenden report, the ambitions of ‘Better Births’ and the national maternity transformation programme to address areas for continuous improvement in NBT maternity services and looks forward to the identified further improvements in 2022/23. BNSSG CCG also applauds the identified actions for 2022/23 to harness and adopt the use of digital maternity systems and driving safety outcomes through the ‘Civility saves Lives’ programme to align with the Trust wide ‘Just Culture’.

**Priority four- Meeting the identified needs of patients with learning disabilities and/or autism.**

BNSSG CCG acknowledges that despite the challenges NBT have faced, they have appointed 120 Learning Disability and Autistic champions from across the Trust during the last year and provided virtual training sessions to them and front-line staff designed to improve the experience of patients with learning disabilities and autism. BNSSG CCG welcomes the further actions identified for 2022/23.

BNSSG CCG also welcomes the six priorities for improvement identified for 2022/23 and looks forward to supporting the Trust in their delivery.

BNSSG CCG commends NBT for participating in forty-eight national clinical audits and engaging in the national enquiries, whilst also acknowledging the extensive Clinical Research Portfolio of 113 non-covid studies. The achievement by NBT for the recruitment of over 6,000 people into studies related to understanding, treating, and preventing serious illness from covid and helping society live along side covid in the future is also noted.

BNSSG CCG commends NBT on sharing with staff the positive patient comments received from conducting thirty-three divisional patient experience surveys which were designed to collect specific information to feed the quality improvement initiatives.

BNSSG CCG looks forward to working with NBT to support the delivery of improvements identified in their 2022/23 objectives.

**Sandra Muffett**

**Head of Patient Safety & Quality**

**NHS Bristol, North Somerset & South Gloucestershire CCG**

## NHS England Quality Accounts List 2021-22

The table below lists the National Clinical Audits, Clinical Outcome Review Programmes and other national quality improvement programmes which NHS England advises Trusts to prioritise for participation and inclusion in their Quality Accounts for 2022-23.

There are 78 individual projects listed for inclusion in the Quality Account. Of these, NBT is eligible to participate in 49 (62.8%), of these, NBT is confirmed to be participating in 48 (98.0%).

Programme/Workstream		Provider Organisation	NBT Eligible?	NBT Participating?	Case Ascertainment	Data Year
1	Case Mix Programme	Intensive Care National Audit & Research Centre	Y	Y	2638/2638 (100%)	2018/19
2	Child Health Clinical Outcome Review Programme*	National Confidential Enquiry into Patient Outcome and Death	N	N/A	N/A	N/A
3	Chronic Kidney Disease Registry	The Renal Association/ The UK Renal Registry	Y	Y	159/159 (100%)	2019
4	Cleft Registry and Audit Network Database	Royal College of Surgeons – Clinical Effectiveness Unit	N	N/A	N/A	N/A
5	Elective Surgery (National PROMs Programme)	NHS Digital	Y	Y	643/1223 (52.6%)	2018/19
6	Emergency Medicine Quality Improvement Projects	Royal College of Medicine				
6a	Pain in Children (Care in Emergency Departments)		Y	Y	142/142 (100%)	2020/21
6b	Infection Prevention and Control		Y	Y	80/80 (100%)	2020/21
7	Falls and Fragility Fractures Audit Programme*	Royal College of Physicians				
7a	Fracture Liaison Service Database		Y	Y	1946/1946 (100%)	2020
7b	National Audit of Inpatient Falls		Y	Y	14/14 (100%)	2021/22
7c	National Hip Fracture Database		Y	Y	400/424 (94.4%)	2021
8	Inflammatory Bowel Disease Audit	IBD Registry	Y	N	N/A	N/A
9	Learning Disabilities Mortality Review Programme	NHS England	Y	Y	25/25 (100%)	2021/22
10	Maternal and Newborn Infant Clinical Outcome Review Programme*	University of Oxford/ MBRRACE-UK Collaborative	Y	Y	2/2 (100%)	2020/21
11	Medical and Surgical Clinical Outcome Review Programme*	National Confidential Enquiry into Patient Outcome and Death	Y	Y	100%	2021/22

# Annex 5: National Clinical Audits (and number of local audits)

Annex 5

Programme/Workstream		Provider Organisation	NBT Eligible?	NBT Participating?	Case Ascertainment	Data Year
12	Mental Health Clinical Outcome Review Programme*	University of Manchester/ NCISH	N	N/A	N/A	N/A
13	National Adult Diabetes Audit*	NHS Digital				
13a	National Diabetes Core Audit		Y	Y	77/77 (100%)	2020
13b	National Pregnancy in Diabetes Audit		Y	Y	100/100 (100%)	2020
13c	National Diabetes Footcare Audit		Y	Y	115/1250 (9.2%)	2017-18
13d	National Inpatient Diabetes Audit, including National Diabetes Inpatient Audit – Harms		Y	Y	147/147 (100%)	2019
14	National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme*	Royal College of Physicians				
14a	Paediatric Asthma Secondary Care*		N	N/A	N/A	N/A
14b	Adult Asthma Secondary Care		Y	Y	135/405 (33%)	2019/20
14c	Chronic Obstructive Pulmonary Disease Secondary Care		Y	Y	173	2021/22
14d	Pulmonary Rehabilitation – Organisational and Clinical Audit		Y	Y	52	2021/22
15	National Audit of Breast Cancer in Older Patients	Royal College of Surgeons	Y	Y	1670/1670 (100%)	2014-20
16	National Audit of Cardiac Rehabilitation	University of York	Y	Y	100%	2020
17	National Audit of Cardiovascular Disease Prevention*	NHS Benchmarking Network	N	N/A	N/A	N/A
18	National Audit of Care at the End of Life*	NHS Benchmarking Network	Y	Y	CNR** 40/40 (100%) Survey: 40/40 (100%)	2019/20
19	National Audit of Dementia*	Royal College of Psychiatrists	Y	Y	Org checklist 1/1 (100%) CNR: 50/50 (100%) Staff questionnaire: 93. Carer questionnaire: 35	2018/19
20	National Audit of Pulmonary Hypertension	NHS Digital	N	N/A	N/A	N/A
21	National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)*	Royal College of Paediatrics and Child Health	N	N/A	N/A	N/A

# Annex 5: National Clinical Audits (and number of local audits)

Programme/Workstream		Provider Organisation	NBT Eligible?	NBT Participating?	Case Ascertainment	Data Year
22	National Cardiac Arrest Audit	Intensive Care National Audit and Research Centre/Resuscitation Council UK	Y	Y	100%	2021/22
23	National Cardiac Audit Programme*	Barts Health NHS Trust				
23a	National Audit of Cardiac Rhythm Management		Y	Y	43/43 (100%)	2019/20
23b	Myocardial Ischaemia National Audit Project		Y	Y	498/498 (100%)	2021/22
23c	National Adult Cardiac Surgery Audit		N	N/A	N/A	N/A
23d	National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)		Y	Y	8/8 (100%)	2019/20
23e	National Heart Failure Audit		Y	Y	623/623 (100%)	2021/22
23f	National Congenital Heart Disease	Barts Health NHS Trust	N	N/A	N/A	N/A
24	National Child Mortality Database*		N	N/A	N/A	N/A
25	National Clinical Audit of Psychosis*		N	N/A	N/A	N/A
26	National Comparative Audit of Blood Transfusion					
26a	2021 Audit of Patient Blood Management & NICE Guidelines	NHS Blood and Transplant	N	N/A	N/A	N/A
26b	2021 Audit of the Perioperative Management of Anaemia in Children Undergoing Elective Surgery	NHS Blood and Transplant	N	N/A	N/A	N/A
27	National Early Inflammatory Arthritis Audit*	British Society of Rheumatology	Y	Y	619/619 (100%)	2019/20
28	National Emergency Laparotomy Audit*	Royal College of Anaesthetists	Y	Y	186/210 (88.6%)	2019/20
29	National Gastro-Intestinal Cancer Programme*	NHS Digital				
29a	National Oesophago-gastric Cancer Audit	NHS Digital	Y	Y	68/106 (64%)	2018-20
29b	National Bowel Cancer Audit	NHS Digital	Y	Y	251/max 314 (>80%)	2019/20
30	National Joint Registry	Healthcare Quality Improvement Partnership	Y	Y	875/875 (100%)	2021/22
31	National Lung Cancer Audit*	Royal College of Physicians	Y	Y	No data available for NBT	N/A

# Annex 5: National Clinical Audits (and number of local audits)

Programme/Workstream		Provider Organisation	NBT Eligible?	NBT Participating?	Case Ascertainment	Data Year
32	National Maternity and Perinatal Audit*	Royal College of Obstetrics and Gynaecology	Y	Y	5273/6142 (86%)	2017/18
33	National Neonatal Audit Programme*		Y	Y	98/98 (100%)	2020
34	National Paediatric Diabetes Audit*		N	N/A	N/A	N/A
35	National Perinatal Mortality Review Tool*		Y	Y	100%	2021/22
36	National Prostate Cancer Audit*		Y	Y	998/998 (100%)	2019/20
37	National Vascular Registry*	Royal College of Surgeons	Y	Y	AAA repair 148/148 (100%) Carotid Endarterectomy 70/70 (100%) Lower Limb Angioplasty/Stent 537/537 (100%) Lower Limb Bypass 500/500 (100%) Lower Limb Amputation 192/192 (100%)	2018-20
38	Neurosurgical National Audit Programme*		Y	Y	3487/3487 (100%)	2018/19
39	Out-of-Hospital Cardiac Arrest Outcomes Registry		N	N/A	N/A	N/A
40	Paediatric Intensive Care Audit*		N	N/A	N/A	N/A
41	Prescribing Observatory for Mental Health	Royal College of Psychiatrists				
41a	Prescribing for Depression in Adult Mental Health Services		N	N/A	N/A	N/A
41b	Prescribing for Substance Misuse: Alcohol Detoxification		N	N/A	N/A	N/A
42	Respiratory Audits	British Thoracic Society				
42a	National Outpatient Management of Pulmonary Embolism	British Thoracic Society	Y	Y	Clin Audit: 17 Org Audit: 1/1 (100%)	2021
42b	National Smoking Cessation 2021 Audit	British Thoracic Society	Y	Y	Clin Audit: 120 Org Audit: 1/1 (100%)	2021
43	Sentinel Stroke National Audit Programme*	King's College London	Y	Y	+90%	2021
44	Serious Hazards of Transfusion	Serious Hazards of Transfusion	Y	Y	100%	2021/22
45	Society of Acute Medicine Benchmarking Audit	Society for Acute Medicine	Y	Y	49/49 (100%)	2021

Programme/Workstream		Provider Organisation	NBT Eligible?	NBT Participating?	Case Ascertainment	Data Year
46	Transurethral Resection and Single Instillation Mitomycin C Evaluation in Bladder Cancer Treatment	BURST Collaborative/British Urology Researchers in Surgical Training	Y	Y	51 cases entered – data collection ongoing	2021/22
47	Trauma Audit & Research Network	The Trauma Audit & Research Network	Y	Y	+100%	2021
48	UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	N	N/A	N/A	N/A
49	Urology Audits	British Association of Urological Surgeons				
49a	Cytoreductive Radical Nephrectomy Audit	British Association of Urological Surgeons	Y	Y	Not yet reported	N/A
49b	Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	British Association of Urological Surgeons	Y	Y	Not yet reported	N/A

\*These projects are part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). The requirement to participate in the HQP commissioned NCAPOP projects stems from the NHS Standard Contract.

\*\*CNR = Case Note Review

**27.1** During 2021/22 2,035 of NBT's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

444 in the first quarter  
469 in the second quarter  
546 in the third quarter  
576 in the fourth quarter

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**27.2** By 07/06/2022, 1,921 case record reviews and 9 investigations have been carried out in relation to 2,035 of the deaths included in item 27.1. In 0 cases a death was subjected to both a case record review and an investigation.<sup>1</sup>

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

427 in the first quarter  
453 in the second quarter  
504 in the third quarter  
537 in the fourth quarter

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**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

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**27.4** Recent learning from deaths identified in item 27.3:

Not applicable

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

Not applicable

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**27.6** The impact of the actions undertaken in section 27.5

Not applicable

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**27.7** 105 case record reviews and 0 investigations completed after 18/05/2021 which related to deaths which took place before the start of the reporting period.

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**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.

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**27.9** 0 representing 0% of the patient deaths during 2020/21 are judged to be more likely than not to have been due to problems in the care provided to the patient.

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<sup>1</sup> This is because where a death is covered by another investigation the mortality review request is withdrawn from the system

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	Mandatory indicator	NBT Most Recent	National average	National best	National worst	NBT Previous
	<b>Venous thromboembolism (VTE) risk assessment</b>	<b>94.51%</b> <b>Feb 21—Mar 22</b>	<b>The VTE data collection and publication is currently suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic</b>			<b>94.87%</b> <b>Apr 20—Mar21</b>
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>					
	<b>Clostridium difficile rate per 100,000 bed days (patients aged 2 or over) - Trust apportioned cases only</b>	<b>20.8</b> <b>2020/21</b>	<b>15.8</b>	<b>0</b>	<b>80.6</b>	<b>8.9</b> <b>2019/20*</b>
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 <a href="https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data">https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data</a> is 2020/21 2021/22 data will be published in July 2021 after the Quality Account has been published.</p>					
	<b>Rate of patient safety incidents reported per 1,000 bed days</b>	<b>52.8</b> <b>Apr 20—Mar 21</b>	<b>63.7</b>	<b>235.8</b>	<b>15.2</b>	<b>49.8</b> <b>Oct 19—Mar 20</b>
25	<b>Rate of patient safety incidents resulting in severe harm or death per 1,000 bed days</b>	<b>0.29</b> <b>Apr 20—Mar 21</b>	<b>0.40</b>	<b>0.00</b>	<b>3.28</b>	<b>0.2</b> <b>Oct 19—Mar 20</b>
	<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	<b>Responsiveness to inpatients' personal needs</b>	<b>76.1</b> <b>2020/21</b>	<b>74.5</b>	<b>85.4</b>	<b>67.3</b>	<b>70.2</b> <b>2019/20</b>
	<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	<b>Percentage of staff who would be happy with standard of care provided if a friend or relative needed treatment</b>	<b>No comparable data available at time of writing accounts</b>				<b>83%</b> <b>2020</b>
	<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	<b>Summary Hospital-level Mortality Indicator (SHMI) value and banding</b>	<b>October 2020— September 2021 NBT Score: 94.53 (Peer average 98.43)</b>				
		<b>October 2019—September 2020 NBT Score : 89.99 (Peer average 100.75)</b>				
	<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
<b>Patient Reported Outcome Measures – No. of patients reporting an improved score:</b>					
Hip Replacement Primary EQ-VAS	2020/2021 NBT score: 16.7% (England average 69.7%)				
	2019/20 NBT score 66.7% (England average 70.0%)				
Hip Replacement Primary EQ 5D	2020/21 NBT score: No data available (England average 89.8%)				
	2019/20 NBT score 87.4% (England average 90.4%)				
Knee Replacement Primary EQ-VAS	2020/21 NBT score: No data available (England average 58.6%)				
	2019/20 NBT score 48.0% (England average 59.9%)				
Knee Replacement Primary EQ 5D	2020/21 NBT score: No data available (England average 82.2%)				
	2019/20 NBT score 75.0% (England average 83.2%)				
Varicose vein, Groin hernia	Not applicable				
<p>The Trust considers that this data is as described as it is obtained directly from NHS Digital.</p> <p>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</p> <p>In order to respond to the challenges posed by the coronavirus pandemic, NHS hospitals in England were instructed to suspend all non-urgent elective surgery for patients for parts of the 2020/21 reporting period. This has directly impacted upon reported volumes of activity pertaining to Hip &amp; Knee replacements reported to PROMs. In addition it is possible that behaviours around activities relating to the completion, return and processing of pre and post-operative questionnaires may have also been impacted when compared to earlier years data where behaviours and processes related to managing the current pandemic were not in place.</p>					
19	<b>Emergency readmissions within 28 days of discharge: age 0-15</b>	<b>Comparative data for 2011/12: NBT 10.2%; England average 10.0%; low 0%; high 47.6%.</b>			
	<b>Emergency readmissions within 28 days of discharge: age 16 or over</b>	<b>Comparative data for 2011/12: NBT score 10.9%; England average 11.4%; low 0%; high 17.1%.</b>			
Comparative data since November 2011 is not currently available from the Health & Social Care Information Centre.					

<b>AKI</b>	Acute Kidney Injury	<b>MVC</b>	Mass Vaccination Centre
<b>BAME</b>	Black, Asian and Minority Ethnic	<b>MCA</b>	Maternity Care Assistants
<b>BASS</b>	Bristol Autism Spectrum Service	<b>MVP</b>	Maternity Voices Partnership
<b>BNSSG</b>	Bristol, North Somerset & South Gloucestershire	<b>MCCDs</b>	Medical Certificates of Cause of Death
<b>BAU</b>	Business As Usual	<b>ME</b>	Medical Examiner
<b>CRN</b>	Clinical Research Network	<b>MHS</b>	Medical History Assurance
<b>CQC</b>	Care Quality Commission	<b>MCA</b>	Mental Capacity Act
<b>CCG</b>	Clinical Commissioning Group	<b>MRSA</b>	Methicillin-Resistant Staphylococcus Aureus
<b>CEAC</b>	Clinical Effectiveness and Audit Committee	<b>MSSA</b>	Methicillin-Susceptible Staphylococcus Aureus
<b>C-Diff</b>	Clostridium Difficile	<b>MBRRACE</b>	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
<b>DQIPS</b>	Commissioner Data Quality Improvement Plans	<b>MDT</b>	Multidisciplinary Team
<b>DSP</b>	Data Security & Prevention	<b>NGO</b>	National Guardians Office
<b>DoLS</b>	Deprivation of Liberty Safeguards	<b>NHS</b>	National Health Service
<b>DNACPR</b>	Do Not Attempt Cardio-Pulmonary Resuscitation	<b>NHSE/I</b>	National Health Service England / Improvement
<b>ED</b>	Emergency Department	<b>NIHR</b>	National Institute for Health Research
<b>E-Coli</b>	Escherichia Coli	<b>NOF</b>	Neck of Femur
<b>FTSU</b>	Freedom to Speak Up	<b>NNAP</b>	Neurosurgical National Audit Programme
<b>FFT</b>	Friends and Family Test	<b>NBT</b>	North Bristol NHS Trust
<b>GMP</b>	General Medical Practice	<b>PALS</b>	Patient Advice and Liaison Service
<b>GP</b>	General Practitioner	<b>PPG</b>	Patient Partnership Group
<b>GIRFT</b>	Getting it Right First Time	<b>PSIRP</b>	Patient Safety Incident Response Plan
<b>HRG</b>	Healthcare Resource Group	<b>PMRT</b>	Perinatal Mortality Review Tool
<b>HES</b>	Hospital Episode Statistics	<b>PPE</b>	Personal Protective Equipment
<b>HUG</b>	Hospital User Group	<b>RTT</b>	Referral to Treatment
<b>IPC</b>	Infection Prevention and Control	<b>SUS</b>	Secondary Users' Service
<b>IM&amp;T</b>	Information Management & Technology	<b>SBNS</b>	Society of British Neurological Surgeons
<b>ICS</b>	Integrated Care System	<b>2WW</b>	Two Week Wait
<b>ICNARC</b>	Intensive Care National Audit Research Centre	<b>UKHSA</b>	UK Health Security Agency
<b>LeDeR</b>	Learning Disabilities Mortality Review		
<b>LPS</b>	Liberty Protection Safeguards		
<b>LMS</b>	Local Maternity System		
<b>LCNS</b>	Lung Cancer Nurse Specialist		



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