NHS
North Bristol
NHS Trust

Quality Account 2022/23

Caring

Ambitious

Respectful

Supportive

NBTCARES

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Part 1

A Statement on Quality from the Chief Executive

After two years dominated by our response to the pandemic, 2022/23 was the year when we were able to renew our focus on improvement, including addressing the ongoing challenging consequences of managing Covid-19.

We lifted most of the restrictions put in place during the pandemic, which helped create further capacity to address areas that were most impacted by Covid-19. The biggest legacy was the elective surgery backlog, with patients awaiting procedures and we were able to make significant inroads, hitting the national targets set through the year. We know that waiting for treatment leaves our patients in discomfort and affects their quality of life, so we remain focussed on further reducing our waiting lists to improve their experience of care.

This was a year where demand on our unscheduled care services remained high and we had to rapidly develop new ways of working to manage pressures within our Emergency Zone. Our cancer performance was also challenged, and teams worked exceptionally well to turn things around and improve the experience for our patients.

Partnership working across the local health and care system was strengthened with the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board formally launching in July, as well as ongoing work through our Acute Provider Collaborative with University Hospitals Bristol and Weston Foundation Trust.

Progress with our stated improvement priorities for 2022/23 has been summarised below.

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.

Our overarching aim as an organisation is to deliver an outstanding patient experience, and ensuring our patients feel supported and informed to make decisions about their care is fundamental to that.

We continue to lead nationally recognised work in relation to improving shared decision making, including the national CQUIN scheme. This applies a collaborative, measurable approach where clinicians share information with patients so that they feel informed about the options available to them and empowered to make decisions about their care that are appropriate to their own needs and circumstances.

Providing fully accessible information to patients is vital in ensuring they are fully involved in their care. Over the last year we pushed forward with work on meeting the Accessible Information Standard and worked with key groups, such as Bristol Sight Loss Council, Bristol Deaf Health Partnership and Bristol Disability Equality Forum, to produce and enact our Accessible Information Policy.

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.

Caring for patients in our acute hospital beds when they are well enough to be discharged, nationally defined and reported as "no criteria to reside," was an ongoing challenge for us as an organisation.

Throughout 2022/23 we worked with our system partners in the BNSSG Integrated Care System to find ways of creating additional capacity for patients to step down to, when they no longer require acute care.

We successfully collaborated with the system to deliver the NHS@Home model, supporting appropriate patients to complete their recovery within their own homes. Patients have responded positively to this approach, which ensures we are caring for the right patients in the right place at the right time.

As a health system, additional capacity was created over the Winter in a 'care hotel', where suitable patients were cared for in a step-down setting. Again, feedback for this service was positive, and it supported the flow of patients through our hospital so that we could focus on caring for those who needed us the most.

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.

We opened a Same Day Emergency Care (SDEC) service, providing care for emergency patients in a day so that they do not need to be admitted as an inpatient. Patients with relevant conditions can be assessed, diagnosed and treated rapidly without the need to be admitted, and if clinically appropriate will return home the same day.

We also developed a proactive whole hospital approach to moving patients out of the Emergency Zone and onto our wards to improve the flow of patients through the hospital and reduce pressure in our Emergency Department and Acute Medical Unit.

By the end of 2022/23 we saw an improvement in performance against A&E standards with us ranking among the best performing trusts nationally.

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.

Our maternity teams have been responsive in reacting to the results of high-profile reviews into maternity services in other parts of the country. Following the publication of the Ockenden and Kirkup reports all staff were made aware of their contents, and sessions were arranged for them to discuss their thoughts and experiences and feed into action-planning.

An Ockenden programme board was set up to provide oversight of our implementation of the actions that came out of the report and presentations have been made directly to our Trust Board during the year to provide confidence in the approach and pace of delivery, supported through our Board Executive and Non-Executive Maternity Safety Champions.

Maternity staff of all levels were involved in the innovative Black Maternity Matters pilot, which was developed by the West of England Academic Health Science Network to improve outcomes for black women and babies. This project involved an anti-racism education and training programme to help staff understand racism and its impact on health equalities.

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.

Cancer performance was challenged following the pandemic and NBT was placed in Tier 1 of the national improvement programme in 2022 due to the backlog of patients waiting for a cancer diagnosis or to start treatment.

It is so important that patients receive a cancer diagnosis as early as possible and start their treatment, and staff worked incredibly hard to turn things around, which was acknowledged in November when NHS England took the Trust out of Tier 1 in recognition of the improvements we had made.

Our greatest improvement has been reducing the Cancer 62-day patient tracking list backlog from its peak of over 850 patients at the start of the 2022-2023 financial year, to below 200 patients. This is in line with national targets.

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'.

Like our colleagues at Trusts across the country, patients are waiting for procedures due to the backlog that built up during the pandemic. Treating as many of these patients as possible has been a priority for us and we were pleased to see a significant reduction in long waits.

We reached the milestone of having no patients waiting 104-weeks due to capacity limitations last summer—a month earlier than the national deadline—and ended the financial year by delivering the national target of no patients waiting longer than 78 weeks due to capacity. We still have a way to go but are proud of the progress made to date. We fully appreciate though, that every single patient waiting a considerable time for treatment experiences a significant impact on their comfort and quality of life, and we are committed to further reducing the backlog.

2022/23 has been a year of progress and improving performance for us, but we also recognise that this has been achieved during significant challenges for our staff. In common with experience across the NHS, it is not easy to recruit and retain staff. We continue to provide a significant Wellbeing and Support programme alongside a refreshed leadership and management development programme to equip our teams at all levels, which forms part of our ongoing engagement and response to staff feedback, including through the national staff survey.

We have recently approved a new Trust Strategy, underpinned by clear new values setting out that NBT Cares and is an ambitious, respectful and supportive organisation. Working with staff at every level of the organisation we are passionate about delivering a Patient First approach to our priorities and are ready to innovate to improve. This extends into our new Trust Clinical Strategy, which sets out our clinical service ambitions for the next five years and is nearing finalisation, following extensive development and consultation with our clinical teams.

I want to credit all of our staff for their commitment to providing high quality care, particularly in busy and challenging times. It is because of their dedication and passion that we have seen improvements over the last year and head with optimism into 2023-24.

I hope you will find this Quality Account interesting and informative in further setting out what we have done over the past year and what we intend to do over the next 12 months.

Maria Kane OBE
Chief Executive
North Bristol NHS Trust

Part 2

Priorities for Improvement and Statements of Assurance from the Board

2.1 Priorities for Improvement

Review of 2022/23 Key Priorities

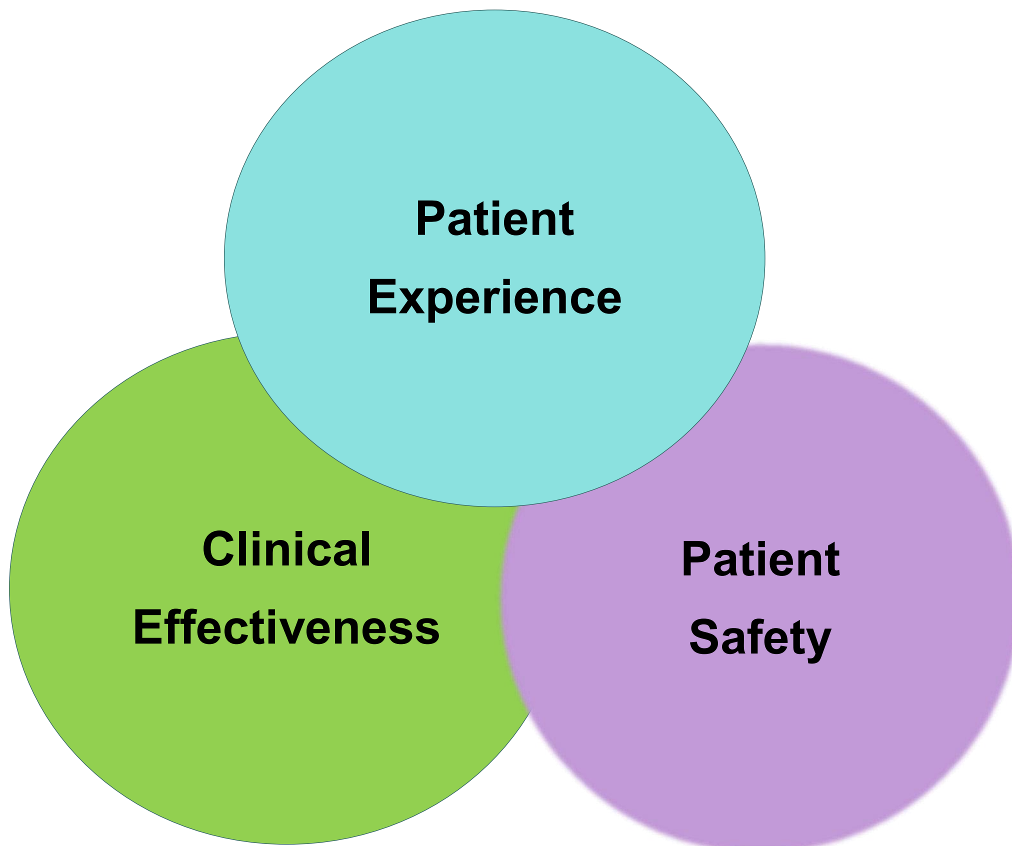
What is a Quality Account?

A Quality Account 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.

Each year 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 Trust's 2022/23 priority areas for improvement. These were developed in line with the CQC 'we statements' which are designed to put the patient at the centre of healthcare.

The quality priority areas for 2023/24 are also included.



2.1 Priorities for Improvement
Review of 2022/23 Key Priorities:

Our priorities for 2022/23 were:

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.

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.

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

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.

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

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

2.1 Priority 1

Personalised Care

Our commitment:

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.

Putting patients at the core of our services, respecting their choice, decisions and voice, whilst becoming a partner in the management of conditions is core to NBT's approach and vision.

We are proud to share continued partnership and collaboration with patients on the Consent and Shared Decision Making programme, Accessible Information Standards and localised improvement work e.g. discharge of Major Trauma patients.

Patient Consent and Shared Decision Making

Shared decision-making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a documented decision about their treatment.

The conversation brings together the clinician's expertise, such as treatment options, evidence, risks and benefits, with what the patient knows best, their preferences, personal circumstances, goals, values and beliefs. This results in:

- **Empowerment:** Patients play an active role in their care with informed decisions about their health.
- **Improved patient satisfaction:** Patients who participate in shared decision making are often more satisficed with the care they receive and the decisions they make.
- **Better outcomes:** Shared decision making can lead to better health outcomes as patients are more likely to adhere to the treatment plan they helped to create.
- **Increased trust:** When patients feel involved and informed it can increase trust in the healthcare provider and system.

Future plans for 2023/24:

Developing plans for the ambitions set out in our new Clinical Strategy, including;

- Routine capture of feedback and insights built into dashboards to support locally-owned improvement actions.
- 'Every encounter counts' - education of staff and patients to focus on prevention and screening.
- Embedding shared decision making in additional elective pathways
- Development of bespoke digital consent tools

2.1 Priority 1

Personalised Care

Accessible Information Standards

We recognise the need for communication and information to be understood by the individual for which it is intended. Since 1st August 2016 all organisations that provide NHS care and/or publicly-funded adult social care have been legally required to follow the Accessible Information Standards (AIS).

The standards set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communications support of patients, service users, carers and parents with a disability, impairment or sensory loss.

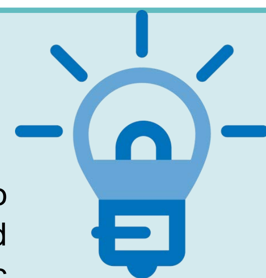
Over the year we have worked collaboratively with partners in our community to co-produce and action our Accessible Information Policy. These partners included:

- Bristol Sight Loss Council
- Bristol Deaf Health Partnership
- Bristol Disability Equality Forum

We have successfully:

- Assigned Champions across the hospital to proactively support the use of newly developed resources e.g. guidance and tools for staff who care for, or communicate with, patients who have sensory loss impairment or disability.
- Introduced induction/ward tours to familiarise patients to layouts, toilets, alert bells etc.
- Worked with Housekeeping to ensure furniture is not moved around which would alter the patient environment.

Spotlight



Major Trauma follow-up calls—Patient centred improvement

The Major Trauma Team has employed a person-centred approach to improve the quality and timeliness of follow-up calls to recently discharged patients, within 14 days, as recommended by the British Orthopaedic Association Standards for Trauma (BOAST).

Patients suggested better coordination amongst the wide range of healthcare professionals involved in their ongoing care. This led to the revision of questions used in the follow-up calls, with input from all relevant healthcare professions, e.g. clinicians, patient representatives and clinical psychologists.

With the use of digital tools, anonymised patient feedback is now sent to relevant areas and teams, both to celebrate positive feedback, and to encourage further improvements. This will occur on a regular basis throughout the year.

Since July 2022 the team have followed up with 406 major trauma patients within two weeks of discharge.

2.1 Priority 2

Personalised Care

Our commitment:

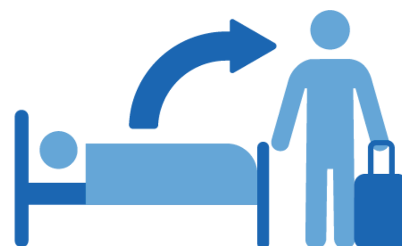
We will work collaboratively with our community partners to efficiently identify and treat healthcare problems, so patients experience safe and effective care and do not stay in hospital longer than necessary.

We have worked collaboratively with our system partners in Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System (ICS) to maximise patient safety and experience within the challenging operational context we have all faced.

Our system-wide challenge has been to support patients who no longer need acute hospital care, to be discharged home or to a setting that can provide ongoing supportive care.

Specific areas of focus to tackle these shared challenges have included:

- Strengthening patient discharge processes
- Increasing and improving our hospital bed capacity
- Expanding our capacity in out-of-hospital care, avoiding unnecessary admissions to hospital.



Strengthening discharge processes. The Trust works closely with system partners to influence and support schemes which will reduce the number of patients in the hospital classed as 'no criteria to reside' i.e. awaiting safe discharge as they are no longer in need of acute care. One of these schemes was the Care Hotel.

Care Hotel: This was a temporary care facility supplying 30 additional beds for the Bristol, North Somerset and South Gloucestershire ICS. We worked with Sirona, our Community Healthcare provider, to select appropriate patients suitable for the care facility, where patients received round the clock care provided by CQC registered staff in a safe and comfortable setting.

Between Wednesday 21st December and Friday 23rd January 45 patients were discharged from NBT to the Care Hotel. These discharges were a positive step for our patients towards home; the best place for them to continue their recovery journey. We have received wonderful feedback from patients and their families on their experience of the Care Hotel.

Tactical Bed Deployment Plan: Since January 2023 this innovative approach has enabled us to provide an extra 30 beds for frail elderly patients with a clear discharge plan. This has been achieved through great collective efforts from our facilities team,

2.1 Priority 2

Personalised Care

Transfer of care documentation (a.k.a. single referral form)

Along with the larger improvements to maintain and sustain bed capacity, we have been analysing our day-to-day processes, finding opportunities to further improve the transfer of care when patients no longer require acute medical hospital care. This has involved the design of transfer or care documentation which ensure the timely and clear communication to our system partners, when a patient is ready to leave the hospital.

Out of hospital capacity—Hospital at Home

Hospital at Home offers hospital-level care and remote monitoring in an individual's home. The service has supported the growth of 'home first' treatment pathways with Sirona Health and Care across BNSSG.

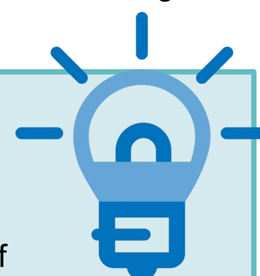
Care is provided by a team of doctors, nurses and other healthcare professionals working from a clinical hub in Bristol and using cutting-edge monitoring devices, smartphones and other technology to check a person's condition remotely and provide clinical advice and support. The initiative provides an alternative to hospital admission and can support patients to return home promptly following an inpatient stay.

This has partnership working with our system partners was successfully first used during the pandemic to support people with Covid-19, however with additional funding during Winter 2022/23 the service has been enhanced to enable clinical teams to support even more types of patients such as those with respiratory and heart conditions.

Over 40 patients have been supported by Hospital at Home and virtual ward pathways over the winter and patient feedback has been very positive as they can recover in their own homes.

Future plans: Transfer of Care Hub

We continue to work with partners across BNSSG, including social care, to improve the timeless of discharge from acute beds. NBT is leading the development of a Transfer of Care Hub at Southmead, using national funding, to speed up decisions for onward care 7 days a week, and ensure that 'home first' principles are embedded within decision making, thereby maximising the potential for home-based congoing care.



Spotlight

Ageing Well Project

This project began as a pilot in January 2022 and is a positive example of expanding 'out of hospital' personalised care for frail vulnerable patients with complex diseases. It has supported avoidance of unnecessary admissions to hospital by providing specialist support outside of the hospital.

2.1 Priority 3

Safe and Harm-Free Care

Our commitment:

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

Same Day Emergency Care (SDEC)

Same Day Emergency Care is the provision of same day care for patients who present to the Emergency Department and who would otherwise be admitted to hospital for treatment.

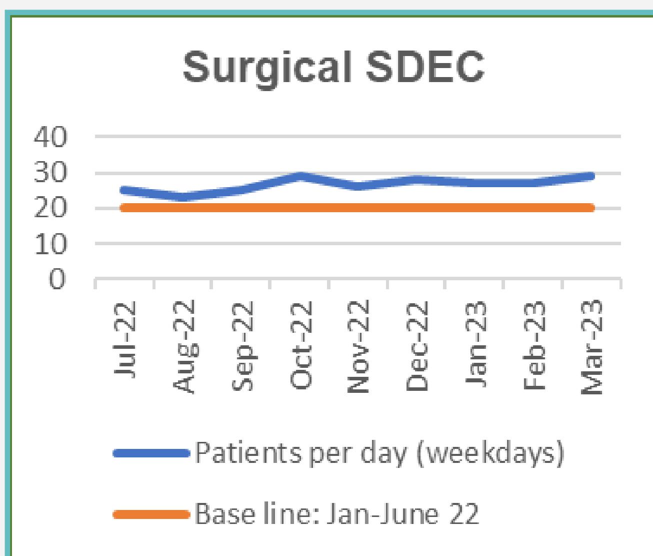
This model of care builds on previous improvement work in ambulatory emergency care (AEC) services across the NHS, with the aim of providing a consistent approach to patient pathways. The benefits include:

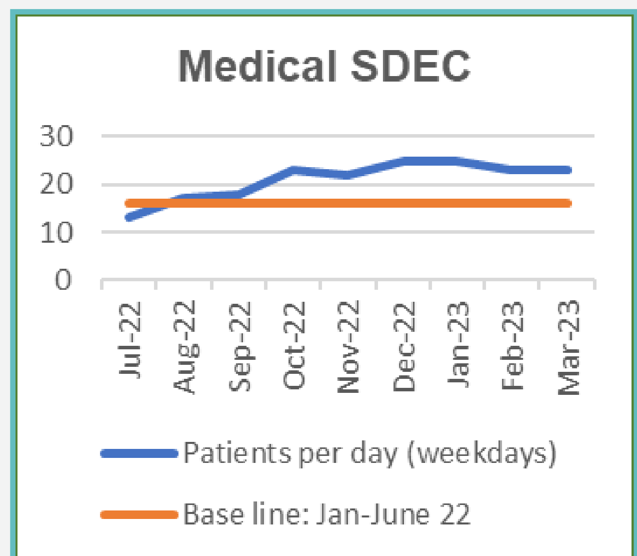
- Patient assessment, diagnosis and start of treatment on the same day, improving patient experience and reducing hospital admissions.
- Avoidance of unplanned and longer than necessary stays in hospitals, resulting in lower risk of infections and de-conditioning for patients.

At NBT we have opened up surgical and medical SDEC services, where clinical teams work together to ensure that patients receive timely and safe care. We have been actively enhancing and expanding our SDEC service since July, with 10 new pathways implemented.

Since that time the service has been able to assess an increased number of people, with the Surgical SDEC treating 259 people, and the Medical SDEC treating 189.

Most of these patients would have been unnecessarily admitted into an acute bed if the SDECs did not exist, which means more beds are available for patients who need to be admitted.





2.1 Priority 3

Safe and Harm-Free Care

Improving patient flow

The Trust is working closely in collaboration with the South West Ambulance Service Trust (SWAST) and Avon and Wiltshire Partnership NHS Trust to develop innovative ways to improve patient flow.

Minimising queuing times for ambulances transferring patients to ED:

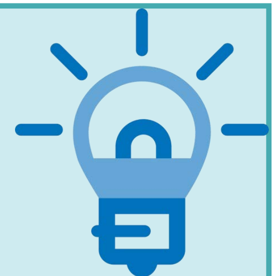
We have worked extensively with the South West Ambulance Service to review and revise our policy for supporting the cohorting of patients before they are handed over to the Emergency Department. This policy has been used during times of surge in demand to ensure that the maximum number of ambulances can be released from the queue to attend the next 999 call in the community.

Reducing unnecessary mental health presentations in ED:

We have worked with both the South West Ambulance Service and Avon and Wiltshire Partnership NHS Trust to put in place a new Mental Health Urgent Care Centre within Gloucester House on the Southmead site.

The pilot has facilitated the transfer of patients presenting with an urgent mental health need and streaming from our Emergency Department, where specific criteria have been met, for ongoing care that does not require treatment for a physical health condition. The pilot will be evaluated in the Spring, before potentially expanding further.

Spotlight



North Bristol Protocol/Pre-emptive transfer work

NBT has employed a proactive, pre-emptive mode, utilising a whole hospital approach when demand on hospital services have reached critical levels i.e. when the number of patients coming into the emergency services leads to a bottleneck.

The model focuses on the regular transfer of patients who require admission throughout the day, which might mean a patient may not be in the right ward/place on the initial transfer, and this is later rectified. However, it does allow for the flow of patients to move from the emergency department to the wards, allowing for the freeing up on ambulances back into the community.

We acknowledge this has risks and is therefore only used in extreme situations when demand for hospital services reaches a critical level. The strength of this way of working is the collaborative, whole hospital approach.

To mitigate the risk the Trust has carried out an assessment of the risk of delayed ambulance handovers.

2.1 Priority 4

Safe and Harm-Free Care

Our commitment:

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.

Following the nationally high profile Ockenden and Kirkup reports in 2022, the maternity teams at NBT have extensively reviewed existing practices to ensure we are providing safe, high quality care. We have considered the learning from the insights and recommendations provided in the national reports alongside our own local intelligence to ensure it reflects our service needs

This has been established through working with the BNSSG Local Maternity and Neonatal Systems (LMNS) and includes:

- The NBT Ockenden Programme Board established in May 2022. This is co-chaired by the Chief Nursing Officer and W&CH Clinical Director. All Ockenden and Kirkup report recommendations have been embedded within the transformation plans.
- NBT taking the regional lead for an element of the Learning from Maternity Death Immediate and Essential Actions which includes establishing a Maternity Death Overview Panel with representation from all services involved across Bristol.
- NBT reports progress regularly internally to the Trust Board and externally to the NHSE South West Region bi-annually, with Ockenden a standing agenda item for the BNSSG LMNS Response Group, which is the forum for sharing learning, successes and escalating queries.

Future plans for 2023/24:

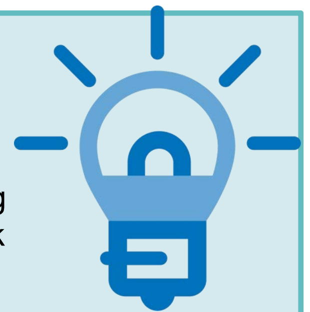
NBT aims to make maternity care safe, more personalised and more equitable via the four key themes outlined in the Three-year Delivery Plan for Maternity and Neonatal Services, published in March 2023;

1. Listening to, and working with, women and families with compassion e.g. through the Maternity Voices and Picker survey to involve service users' feedback in personalising their care.
2. Growing, retaining and supporting our workforce with the resources and teams they need to excel e.g. the Trust Wellbeing scheme and the Maternity Incentive Scheme and international recruitment for midwives and NICU staff.
3. Developing and sustaining a culture of safety, learning and support.
4. Standards and structures that underpin safe, more personalised, and more equitable care with performance reported regularly up to Board level e.g. Saving Babies Lives, MBRRACE Perinatal Mortality Surveillance .

2.1 Priority 4

Safe & Harm-Free Care

Spotlight



Black Maternity Matters

Black Maternity Matters is a ground-breaking collaboration, supporting midwives to reduce the inequitable maternity outcomes faced by black mothers and their babies.

It is also widely accepted that there are inevitable 'near misses' i.e. instances of poor care and psychological impact that have not yet been a focus of research but which add to the negative experience of many black women during pregnancy and post-natal care.

The West of England AHSN is a system partner designing and implementing a regional level pilot quality improvement programme to test potentially scalable solutions. A cohort of NBT and UHBW midwives are part of the pilot, to co-produce and implement small tests of change aimed at offering safer, equitable care for all.

UNICEF Baby Friendly Award

Our Neonatal Intensive Care Unit (NICU) this year has received the Baby Friendly Award from UNICEF UK.

This prestigious award recognises the feeding support mothers and babies receive from NICU staff to help babies get the best possible start in life.

The Baby Friendly Initiative supports and encourages breastfeeding, while also helping parents to form close and loving relationships with their babies, whatever their choice of feeding method.

Our NICU has received the accreditation after UNICEF UK's assessors spoke to mothers about the support they received when their babies were in NICU. This meant the team achieved the final stage 3 and gained full accreditation, having previously gone through the other stages of assessment on the unit.

All the mothers the assessors spoke to were overwhelmingly positive about the support they received from the team.

2.1 Priority 5

Excellence in Clinical Outcomes

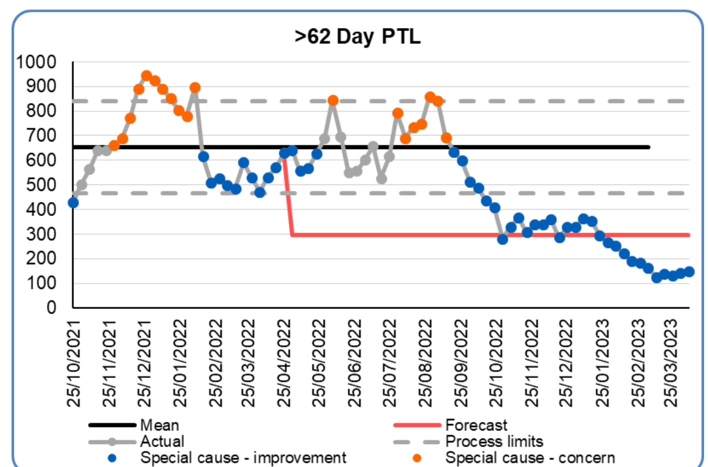
Our commitment:

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

NBT began 2022 categorised as a Tier One Cancer Performance Trust by NHS England, which reflected the scale of the backlog of patients waiting for a confirmed cancer diagnosis or commencement of treatment.

We know the difference early diagnosis and treatment makes to outcomes. Focusing on improving our waiting therefore has been a big priority in 2022/23, with our success demonstrated through removal from both Tier 1 and Tier 2 escalation status by the National team.

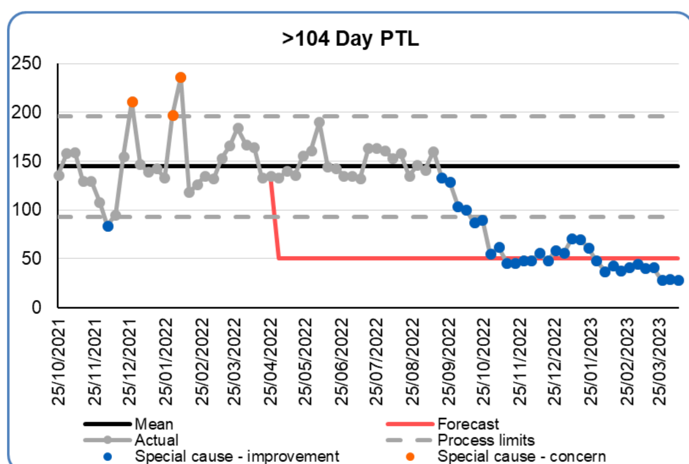
62-day performance



Our greatest improvement has been to reduce the Cancer 62-day patient tracking list backlog from its peak of over 850 patients in April 2022 to below 200 patients. This is in line with National targets, and we have demonstrated sustained improvement since the start of 2023.

The Trust has received recognition from regional and national teams on this improving trend and the tumour site specific improvements in the Breast care service.

104-day performance



Additionally, we have significantly reduced our Cancer 104-day patient tracking list from 200 patients to less than 50, with our data showing sustained improvements since October 2022.

Through adopting a collaborative approach, our significant improvements have been recognised by National teams resulting in NBT no longer being categorised as an outlier with cancer patient tracking list backlogs.

2.1 Priority 5

Excellence in Clinical Outcomes

Spotlight

C'aafi Health:

During 2022/23 BNSSG ICS has worked with C'aafi Health, a local grassroots organisation, to increase awareness on the symptoms of cancer and the importance of cancer screening.

C'aafi Health have supported local Primary Care Networks (PCNs) to deliver community health promotion days, with a range of stakeholders in attendance offering information on bowel and breast screening, opportunistic liver screening, over 40s health checks and other services.

C'aafi Health have also worked to increase cervical screening uptake with local GP practices, through contacting non-responders to encourage them to attend, alongside supporting the ICS in promoting the Cervical Cancer Prevention week by producing short videos to reinforce the importance of screening in local languages.

Sports and Physical Activity:

NBT, Bristol City Council and the ICB Head of Locality for South Bristol are developing a joint bid to the Integrated Care Board for funding for a specialist cancer exercise instructor to be based at Hengrove Leisure Centre. This will enable targeted support to Bristol's population with cancer living in areas of high deprivation in South Bristol. This pilot will enable deliver of 12-week exercise based pre-habilitation and rehabilitation programmes for those who meet the criteria.

Future plans for 2023/24:

Our next phase will be to ensure the improvements made are embedded and sustained.

We will be looking to design best practice pathways to enable ever faster cancer diagnosis.

A faster diagnosis is proven to improve clinical outcomes; patients are more likely to receive successful treatment when diagnosed earlier.

This will be supported and facilitated by the 2023-24 CQUIN scheme that incentivises compliance with timed diagnostic pathways for cancer services, thereby speeding up the overall treatment pathway when that becomes necessary.

2.1 Priority 6

Excellence in Clinical Outcomes

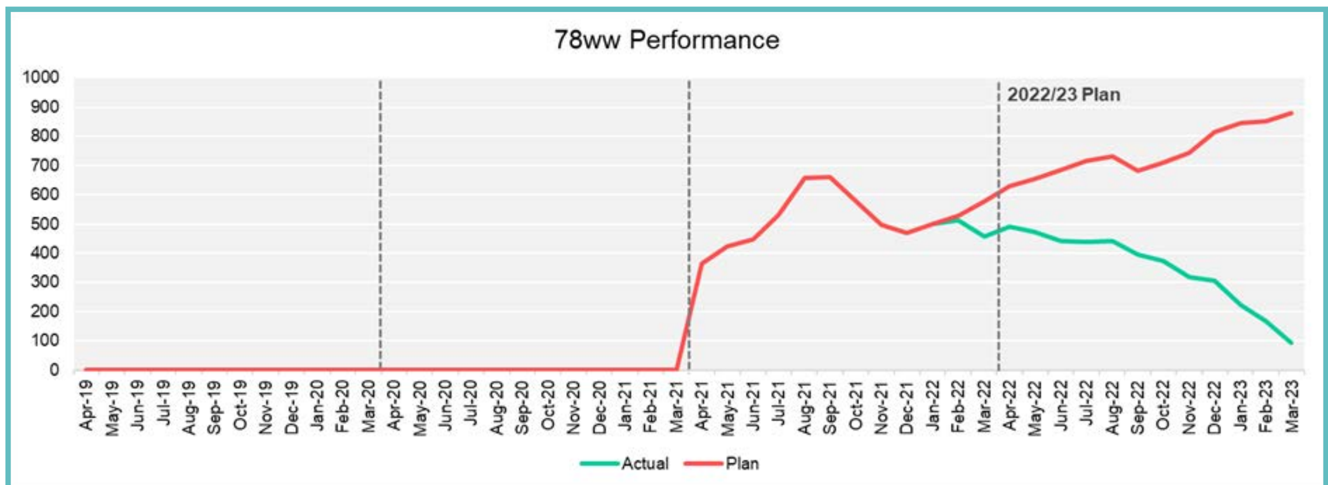
Our commitment:

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'.

2022-23 has been a challenging year with demand on the healthcare system, workforce challenges and periods of industrial action. Despite this we are pleased that we have not cancelled any planned/elective care due to bed pressures and have maintained our planned care services through the challenging parts of the year.

We have also made improvements to our referral to treatment (RTT) longer waiting time measures which are set nationally by NHS England. No patients have been waiting 104 weeks for planned treatments and procedures since the Autumn, and we are heading towards a similar trajectory for the 78 week wait.

The graph shows our actual achievement versus planned trajectories. This shows the impact of our work with patients, communities and system partners to reduce our waiting time lists through measures to improve discharge, increase internal bed capacity and joining up health and care outside of hospital.



Our primary objective is to minimise waits to improve patient experience, however we recognise that this is going to take time and therefore there are a number of initiatives we are actively involved in to ensure equity in care with our waiting lists and to enable patients to 'wait well' where waiting for treatment is unavoidable.

2.1 Priority 6

Excellence in Clinical Outcomes

Spotlight

Cardiology

A Bristol, North Somerset and South Gloucestershire wide project aiming to reduce the variations in the Do Not Attend (DNA) rate by socio-economic factors and ethnicity. This is being achieved by engaging with patients and clinicians to co-develop solutions that will enable our patients to attend their appointment.

Initial data analysis shows that in BNSSG the Cardiology DNA rate for patients from ethnic minority group is 36% higher than non-ethnic minority groups. The DNA rate is 48% higher for those who live in the most deprived areas, compared to the least deprived areas. There is a strong link between health and health inequalities, highlighting the urgent need to improve cardiovascular health in BNSSG.

The project aims are:

1. Understand the barriers faced by our target patient group. Direct outreach work with patients, community groups, system partners and clinicians, will provide holistic insights and enable targeted planning and improvement of cardiology service areas that currently may lead to inequity in outcomes.
2. Co-design improvements with patients and implement these to test solutions. We will ensure that under-served populations have a voice in the design of healthcare services that directly affect them.

We want the impact of this project to be far-reaching, both locally and nationally. While we are starting with the cardiology service, we anticipate that the relevant solutions we develop could be applied to other specialties locally and more widely.

Future plans for 2023/24:

The Trust is currently developing plans to create an Elective Centre which will treat patients across Bristol and the wider BNSSG area. This will provide additional capacity for NBT and UHBW to support each Trust's elective recovery plans.

The Elective Centre will be led by NBT, with the new clinical building to be based on the Southmead site. This will allow us to perform more than 5,999 additional elective operations per year, and improve both patient choice and experience.

2.2 Priorities for Improvement 2023/24

Every year the Trust sets priorities for improving the quality of care provided. Development of the priorities for 2023-24 has comprised;

- Review made of progress against 2022/23 priorities;
- Reference to national & system priorities, including the Trust's priorities under the Patient First improvement programme;
- Reference to national CQUIN schemes;
- Alignment with the new Trust Strategy (see below) and the emerging Trust Clinical Strategy
- Consultation with the Patient Partnership Group and subsequently through the Clinical Effectiveness & Audit Committee, Patient Experience Group, Patient Safety Committee and the Executive Team.

Having taken all of the above into account, the Quality Account priorities for 2023/24 were approved by the Quality Committee and then Trust Board.

The priorities have been agreed in full alignment with the new Trust Strategy 2023-2028 and the quality components that underpin the delivery of an outstanding Patient Experience.

The Trust Strategy was launched across the organisation in early 2023 and is summarised below.

The quality priorities support our overarching aim for an Outstanding Patient Experience, under the Trust objective for delivering Great Care.

Delivery of improvement priorities will be overseen through a Patient First Steering Group, in addition to the existing 'business as usual' insight and assurance governance arrangements that track delivery.

Actions will be defined and monitored with achievement tracked using a mixture of both quantitative and qualitative measures.

2.2 Priorities for Improvement 2023/24

The Quality Account Priorities for 2023/2024 are as follows;

NBT Strategy	Quality Statement	Improvement Goals (inc. KPIs)
Outstanding Patient Experience	**We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions.**	• All Clinical Divisions demonstrate proactive use of PREMs, for insight and improvement. • Improved FFT positive experience scores in each care domain. • Tangible examples of improved patient experience through applying the insights gained. • 100% Achievement of Shared Decision Making national CQUIN. • Expansion of Shared Decision Making and enhanced consent processes to additional specialities.
High Quality Care	**We will support our patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result.**	• Meet agreed national trajectory for 62 day access cancer care standard. • Continued reduction in >15 minute ambulance handover %.
High Quality Care	**We will minimise patient harm whilst experiencing care and treatment within NBT services.**	• Development of Trust-wide improvement goals and workstreams for patients whose care deteriorates whilst in our care. • 100% Achievement of the NEWS2 national CQUIN.
High Quality Care	**We will demonstrate a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.**	• Refresh of Patient Safety Incident Response Plan. • Identification and delivery of improvement goals linked to the national Patient Safety Incident Response Framework. • Implementation of Learning from Patient Safety Events (LfPSE) national reporting requirements.
High Quality Care	**We will make Maternity and Neonatal care safer, more personalised, and more equitable.**	• Continue to deliver the four actions from the final Ockenden report plus those set out in the single delivery plan for maternity and neonatal services: 1. Listening to, and working with, women and families with compassion 2. Growing, retaining and supporting our workforce with the resources and teams they need to excel. 3. Developing and sustaining a culture of safety, learning and support. 4. Standards and structures that underpin safe, more personalised, and more equitable care and reported performance regularly up to Board level. • Retain a CQC rating of Good for the Maternity service when inspected under 2023 national programme.

HUMAN ORGAN IN TRANSIT

2.3 Statement from the Board

Review of Services

The Trust reviews data and information related to the quality of 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 2022/23, 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.

The income generated by the NHS services reviewed in 2022/23 represents 100% of the total income generated from the provision of NHS services by North Bristol NHS Trust for 2022/23.

2.3 Statement from the Board

Review of Services

Medicine

Cluster 1:

- Emergency Medicine
- Acute Medicine
- Mental Health Liaison Team
- Clinical Psychology
- Hospital @ Night

Cluster 2:

- Acute Oncology
- Care of the Elderly
- Clinical Haematology
- Palliative Medicine

Cluster 3:

- Endoscopy
- Diabetes & Endocrinology
- Gastroenterology
- Hepatology
- Medical Day Care
- Immunology & Allergy
- Medical Virology (HIV)
- Infectious Diseases

Cluster 4:

- Cardiology
- Respiratory

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

Women's and Children's Health

- Maternity Services
- Gynaecology
- Fertility Services
- Neonatal Intensive Care Unit

2.3 Statement from the Board

Review of Services

Core Clinical Services

Pharmacy:

- Pharmacy Services
- Regional Quality Control Laboratory

Outpatient Clinics

Clinical Equipment Services:

- Anaesthetic and Medical Gases
- Medical Electronics
- Mechanical and Optical
- Bed Mattresses
- Clinical Equipment Training
- CES Support

Therapy Services:

- Nutrition & Dietetics
- Speech and Language Therapy
- Occupational Therapy
- Physiotherapy

Severn Pathology:

- Pathology Services
- Blood Sciences
- Cellular Pathology
- Infection Sciences
- Genetics
- CT
- Plain Films

Imaging Services:

- MRI
- Ultrasound
- Nuclear Medicine
- Interventional Radiology including Flu

Anaesthesia, Surgery, Critical Care and Renal

- Critical Care
- General Surgery
- Vascular Network
- Breast Services
- Plastics, Burns and Dermatology
- Anaesthetic
- Renal and Transplant
- Elective Care
- Urology
- Emergency Care
- Pre-assessment
- Weston Urology
- Weston Breast

2.3 Statement from the Board

Care Quality Commission Oversight

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.

As at 31/03/2023, 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.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Southmead Hospital	Good ↑ Sept 2019	Good ↑ Sept 2019	Outstanding ↑ Sept 2019	Requires improvement →← Sept 2019	Outstanding ↑↑ Sept 2019	Good ↑ Sept 2019
Cossham Hospital	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015	Good Feb 2015
Overall trust	Good ↑ Sept 2019	Good ↑ Sept 2019	Outstanding ↑ Sept 2019	Requires improvement →← Sept 2019	Outstanding ↑↑ Sept 2019	Good ↑ Sept 2019

The CQC IR(ME)R team conducted a national inspection to benchmark compliance across all Trusts who provide this service, which included NBT. The results into a national report with no ratings assigned locally.

Due to the nature of the service provided at NBT there is some crossover with UHBW (Medical Physics) and they were included in the inspection of NBT which took place on 20th July 2022.

Overall the report was positive and there are no regulatory actions, however 3 areas for improvement were identified.

An action plan was developed and submitted to IR(ME)R within the requested timescales. All actions were delivered by the end of March 2023.

Regulation	Action required	Monitoring and oversight
6(1) Duties of the employer	The employer must ensure a full set of employer's procedures, as required under Schedule 2, are available, up to date and not unduly duplicated	IRMER Sub Committee & Patient Safety Committee
6(5)(a) Duties of the employer	The employer must establish recommendations concerning referral guidelines, including for interventional procedures, and ensure these are available to the referrer	IRMER Sub Committee
15(2) Equipment Inventory	The employer must ensure all required fields of information are included on the equipment inventory, including the year of manufacture	UHBW QA meeting and NBT DRUG meeting

2.3 Statement from the Board

Care Quality Commission Oversight

CQC Monitoring Visits

Monitoring visits are an opportunity for the CQC to monitor the quality of care provided in a core service 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.

During 2022/23 the CQC carried out monitoring visits of:

- Surgery (NMSK & ASCR)
- Urgent & Emergency Care.

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

June 2022 | Surgery

Summary of Feedback from CQC:

Divisional leadership team – freshness, energy and enthusiasm. Staff spoke highly of their connection and commitment to the service, despite the challenges. Staff felt they were doing all they could to make NBT a place they were proud to be.

Approach to performance evaluation was very encouraging – based in realism and need to stay focused

Need to ensure this doesn't stifle opportunities to celebrate success when warranted

Risk management approach – positive and realistic – grounded in a solution focused approach

Planned care recovery programme – solution focused approach

Positive focus on patient experience being used to drive improvement and innovation – this was also a key theme with the staff focus group which demonstrated a group of staff with a shared value base

Key quality initiatives – innovation and impetus to put these into action for benefit of patients was remarkable

Impact of reconfiguration of surgery services on staff – testing and un-settling for staff even though they understood the rationale for the changes.

Weston services still relatively new and still settling in – staff do feel somewhat disconnected from the wider organisation.

November 2022 | Urgent & Emergency Care

Summary of Feedback from CQC:

CQC recognised the system and national challenges of pressures on ED, patient flow and staffing.

These were recognised by the Trust and by staff which reflected a shared understanding and good communication.

Positive feedback of flow initiatives, Ageing Well, planned assessment clinic, patient surveys of boarding patients.

Environment was very good, with Majors in particular being quiet and calm.

Staff were open and honest but spoke of concerns of safety and a shared risk resulting from the boarding process which had pushed staff to breaking point.

Many staff spoke of 'moral injury' where they were not able to provide the level of care that they would wish to.

Despite the pressures and challenges staff were working closely together and are a testament to the determination, fortitude and resilience of the teams, which should be celebrated and are a credit to the organisation.

2.3 Statement from the Board

Research & Innovation (R&I)

During 2022/23 R&I focused on re-establishing the breadth of research opportunities at NBT, opening 129 new studies. Over 12,600 participants were recruited to research, 8000 to two large studies, one a surveillance study monitoring respiratory illness and the other comparing breast cancer screening approaches. In addition, a further 4600 participants were recruited to 185 studies from specialisms across the Trust.

During 22/23 NBT also re-built its commercial research portfolio attaining and then exceeding pre-covid levels of commercial research activity.

In 2022/23 NBT submitted 79 grants (43 NBT led grants) and were awarded grants with a combined value of **£5.9 million.** NBT's impressive success rate **(90%) f**or full stage NIHR grant submissions, places us in an enviable position. NBT also led and managed **34 national studies** and as a result of this work NBT has been awarded **£1.1 million** in Research Capability Funding (RCF). This award places NBT as the **9th largest grant managing Trust in the UK,** out of 248 institutions.

NBT Research Strategy

During the year the R&I department consulted and developed the next five-year research strategy Through a series of consultations the main areas of concern for our stakeholders, internal and external, were elicited and refined. In addition to our four aims we enshrined two foundational principles; seeking true equality and inclusivity in everything we do and to minimise our negative environmental impact.

R&I used the momentum generated through the strategy consultation to undertake and initiate two projects, the first a community health event supported extensively by clinicians from NBT allowing 400 health checks to be undertaken, with new partnership and collaborations forged.

The second was the launch of the new Early Stage Researcher fund, a package of support and backfill funding designed for non -medics to help coach and develop the NMAHPs competence to develop successful grant applications to answer the clinical questions most vexing in their clinical areas.

What's Next:

2023/24 will focus on growth and development. We will aim to maintain and further grow the breadth and depth of our research capability and capacity, continuing to support and develop researchers at NBT and increase the availability research opportunities for our NBT community. In addition, we will focus on three ambitious challenges:

- With our partners, develop and embed equitable and inclusive approaches to all aspects of research.
- Develop and embed strategies to monitor and minimising the negative impact of undertaking research

Grow our commercial research portfolio providing unique opportunities for our patients and continued strengthening the departments sustainability.

2.3 Statement from the Board

Operational Performance

Our services are delivered via our five clinical divisions:

- Anaesthesia, Surgery, Critical Care & Renal
- Core Clinical Services
- Medicine
- Neurological & Musculoskeletal Sciences
- Women & Children's Health

2022/23 has been a successful year for the Trust in terms of delivering our performance objectives, including:

ED 4-hour performance and Ambulance Handovers – working towards in-year improvements and delivery of the Urgent and Emergency Care Plan (there were no national performance targets set out in the 2022/23 Operational Planning Guidance).

Referral to Treatment - zero patients waiting longer than the national milestones of 104-weeks and 78-weeks due to lack of capacity on a referral to treatment pathway.

Diagnostics – no more than 25% of patients waiting for a diagnostic test for longer than 6-weeks and, except for Endoscopy, zero patients waiting more than 26-weeks for their diagnostic test.

Cancer – significant reduction to pre-COVID-19 levels of the number of GP referred patients on the Cancer waiting list for more than 62-days awaiting their Cancer treatment.

Whilst there is still room for further improvement in 2023/24, we are starting from a strong position to deliver our future objectives and tackle our remaining risks and challenges.

Workforce constraints remain significant, with this risk most acute within nursing and midwifery, support to nursing and allied health professionals.

Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	Pre-Emptive Transfers	Improved NC2R, providing opportunity to deploy consistently
	Level 6 Brunel Plan	Delivered - open and deployed tactically to "recycle" ongoing benefit to flow
	NC2R/D2A	Reduction in NC2R - limited assurance on ability to sustain or improve in immediate term
RTT	104 week wait	Delivered for year-end capacity trajectory to zero
	78 week wait	Delivered for year-end capacity trajectory to zero
Diagnostics	25% 6-week target	Delivered and exceeded for year-end trajectory
	Zero 26-week waits	Delivered against profile (note Endoscopy trajectory to Q1 2023/24 due to industrial action)
Cancer PTL	>62-Day PTL volume	Delivered - exceeded requirement
	>62-Day PTL %	Delivered - exceeded requirement

2.3 Statement from the Board

Operational Performance

Future plans for 2023/24

Cancer

We will make investment in 2023/24 in 4 additional Cancer Nurse Specialists which will improve the Faster Diagnosis Standard compliance in Urology, one of NBT's largest tumour sites from 35% to 75% by Quarter 4. Other initiatives will be implemented in the year, to include additional workforce in Gynaecology to improve their compliance.

Urgent and Emergency Care (including ED and Bed Occupancy)

We are leading the development of an onsite Transfer of Care hub to speed up decisions for onward care, improve the timeliness of decision making 7-days a week, and ensure that home first principles are embedded within decision-making, therefore maximising the potential for home based ongoing care once leaving hospital.

Referral to Treatment (RTT)

The Trust's approach for 2023/24 is based on three planning and delivery horizons, which align with t he national priorities.

The most immediate priority for us, and central to our 2023/2024 plan, is to recover our core services and productivity.

We are approaching this by '*doing more*' and '*doing more better*'. In parallel, we are identifying opportunities and progressing work to '*do different*' and transform services. Our approach to recovery is underpinned by Patient First, our continuous improvement methodology.

'Doing more' focuses on the more traditional ways of recovering and closing the gap, for example use of independent sector, insourcing arrangements and waiting list initiatives.

'Doing more better' 'focuses on making better use of our assets, for example how we use our bed capacity in the summer-autumn, when UEC operational pressures are lower, to increase elective capacity; theatre utilisation including GIRFT metrics; and maximising and extending our Same Day Emergency Care.

'Do different' focuses on delivering actions and schemes which transform services or provide a stepped change in service to ensure our capacity and services are sustainable, for example system-wide clinical pathways and models of care; and development of the BNSSG Elective Centre.

Diagnostics

The Trust has committed to continue to deliver a significant volume of activity above its core capacity to ensure that it can deliver two key diagnostic targets: no more than 15% of patients waiting >6-weeks for their diagnostic test and zero patients waiting >13-weeks for their test.

2.3 Statements from the Board

Improvement Strategy (Trust wide Technology)

Secondary User's Service (SUS) 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 – especially significant due to the change in Patient Administration System (PAS) in summer 2022 – and continues the pattern of excellent data quality established in recent years.

Negative variance in ethnicity recording is already subject to an ICS-wide improvement programme. The decline in the patient pathway metric was expected following our transition from one PAS to a new one in July 2022 and is subject to ongoing monitoring and recovery.

NBT Provider vs National SUS Statistics	M10 2022 / 23			FY 2021 / 22			FY 2020 / 21		
Data Item	NBT	National	Variance to National	NBT	National	Variance to National	NBT	National	Variance to National
Attendance Indicator	100.0%	99.6%	+0.4%	100.0%	99.6%	+0.4%	100.0%	99.5%	+0.5%
Attendance Outcome	99.6%	97.6%	+2.0%	96.0%	98.0%	-2.0%	96.6%	97.7%	-1.1%
Commissioner	99.8%	97.9%	+1.9%	99.4%	96.4%	+3.0%	99.7%	94.9%	+4.8%
Ethnic Category	88.5%	93.3%	-4.8%	90.3%	93.6%	-3.3%	90.0%	94.0%	-4.0%
First Attendance	100.0%	99.7%	+0.3%	100.0%	99.6%	+0.4%	100.0%	99.6%	+0.4%
Main Specialty	99.6%	98.9%	+0.7%	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%	99.9%	99.7%	+0.2%
Org of Residence	98.7%	94.2%	+4.5%	93.4%	91.2%	+2.2%	93.2%	94.3%	-1.1%
Patient Pathway	55.3%	66.7%	-11.4%	89.5%	67.3%	+22.2%	89.6%	67.0%	+22.6%
Post Code	100.0%	99.9%	+0.1%	99.9%	99.9%	0%	99.9%	99.9%	0%
Primary Diagnosis	98.3%	96.4%	+1.9%	98.7%	97.6%	+1.1%	99.7%	98.7%	+1.0%
Primary Procedure	100.0%	99.6%	+0.4%	100.0%	99.4%	+0.6%	100.0%	99.6%	+0.4%
Priority Type	100.0%	95.3%	+4.7%	100.0%	96.2%	+3.8%	100.0%	96.2%	+3.8%
Referral Received Date	100.0%	95.0%	+5.0%	100.0%	95.8%	+4.2%	100.0%	95.6%	+4.4%
Referral Source	100.0%	97.9%	+2.1%	100.0%	98.3%	+1.7%	100.0%	98.7%	+1.3%
Registered GP Practice	100.0%	99.5%	+0.5%	100%	99.6%	+0.4%	100.0%	98.7%	+0.3%
Site Code of Treatment	98.6%	97.4%	+1.2%	92.3%	97.1%	-4.8%	91.7%	95.9%	-4.2%
Treatment of Function	100.0%	99.2%	+0.8%	100%	99.6%	**+0.4%**	100%	99.8%	+0.2%
UZ01Z HRGs	No Reporting Requirement			99.4%	98.8%	**+0.6%**	99.7%	98.9%	+0.8%

2.3 Statements from the Board

Data Quality Improvement Plans (DQIPS)

Commissioners' Data

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, and no DQIP has been instigated in the following four years to the end of 2022/23.

The focus in 2022/23 has been to clearly document and manage the transition in Patient Administration System (PAS), providing assurance to commissioners that the inevitably data quality concerns triggered by a change in PAS are comprehensively addressed.

The table below describes the volume of queries identified and progress in addressing them, with the two remaining items expected to be resolved in early 2023/24.

PAS Transition: Remedial DQ Tasks by Commissioner	Tasks Identified	Tasks Completed	Tasks Remaining	Status
Both Commissioners	**17**	**15**	**2**	**AMBER**
BNSSG	**40**	**40**	**0**	**GREEN**
NHSE	**6**	**6**	**0**	**GREEN**

A total of 22 general queries and enquiries received from both Commissioners relating to the PAS transition were resolved. Support is ongoing through our established governance structures.

Nationally mandated Data Quality Improvement Plans may be invoked as part of the 2023/24 contract refresh, although no requirement has been confirmed during 2022/23. The Trust expects to be well-placed to respond to any new national or local 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 and has achieved strong internal audit ratings in each of the past three years.

2.3 Statements from the Board

Clinical Coding

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

Clinical Coding Performance

The 2022/23 performance measure has demonstrated another year of excellent results. We have improved in the areas of secondary diagnosis and primary procedure and maintained high performance in primary diagnosis. There has been a slight decline in 'secondary procedure' coding, however it still attains standards met in the DSPT. The table below shows our year-on-year performance:

Clinical Coding Performance	DSP Toolkit Met	2021/22	2022/23	↓↑
Primary Diagnosis	90%	94.83%	94.83%	0%
Secondary Diagnoses	80%	93.92%	95.22%	1.30%
Primary Procedure	90%	91.47%	92.67%	1.20%
Secondary Procedure	80%	92.38%	90.67%	-1.71%

The following factors influenced the results obtained this year:

Continued audit regime: The external audit regime reviewed several complex surgical areas as well as examining our internal training programme. We appraised recommendations from the prior year's audits and worked internally and with clinical Divisions to implement them.

Delivery of training programme: The department's training programme has yielded successful results, with all trainees progressing through the programme as expected. Several trainees are now promoted to experienced clinical coders, and about to enter the final phase of this programme. This approach allows the department to produce extremely proficient clinical coders who can support the team's performance and improvement initiatives without impacting the operational delivery.

Reporting development: Clinical Coding has worked with Business Intelligence to improve their reporting suite, to easily track performance, identify potential problem areas, and support the operational delivery with a more automated work allocation process.

PAS System change: The transition in PAS systems resulted in our uncoded position increasing dramatically during periods of system go-live and post go-live support. However, by year end this position was recovered to expected levels along with the associated performance metrics.

Overall Performance

The overall **2022/23** performance is indicative of Standards Met assurance rating within the DSP Toolkit. In isolation secondary diagnosis and secondary procedure meet the **'Standards Exceeded'** assurance levels within the DSP Toolkit.

2.3 Statements from the Board

Data Protection and Security Toolkit (DSPT)

What is the Data Security & Protection Toolkit?

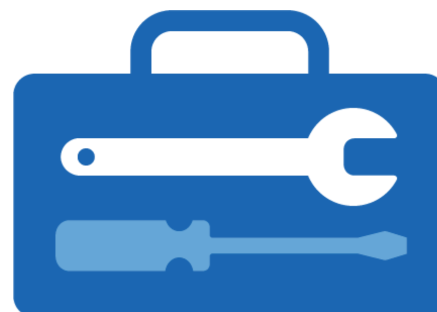
The Data Security & Protection Toolkit is an online assessment tool that allows us to measure our performance against the National Data Guardian's data security standards. It provides assurance that we are practicing good data security and that personal information is handled correctly.

In 2020/21 the Trust achieved **'Standards Met'** across the toolkit submission which was expanded to include criteria relating to cyber assurance and related compliance measures.

In the 2021/22 the Trust achieved **Standards Met'** and made significant strides to achieve the highest level of performance with an internal audit rating of '**Significant Assurance'**. Auditors have advised that we are currently in the top 3% of Trusts nationally.

For a third consecutive year the submission deadline is set to the end of June, and we are working hard to maintain '**Standards Met'** and accordingly deliver another strong internal audit rating.

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 2022/23.



Data Security & Protection Toolkit	2020/21	2021/22	2022/23
Mandatory Evidence items provided	110/110	108/110	113/113
Non-mandatory evidence items provided	32/35	32/32	18/18
Assertions confirmed	39	36/38	36/36
Assessment status	Standards Met	Standards Met	Standards Met

Part 3

Our Quality Indicators

3.1 Patient Safety

3.2 Clinical Effectiveness

3.3 Patient Experience

3.0 Quality Indicator

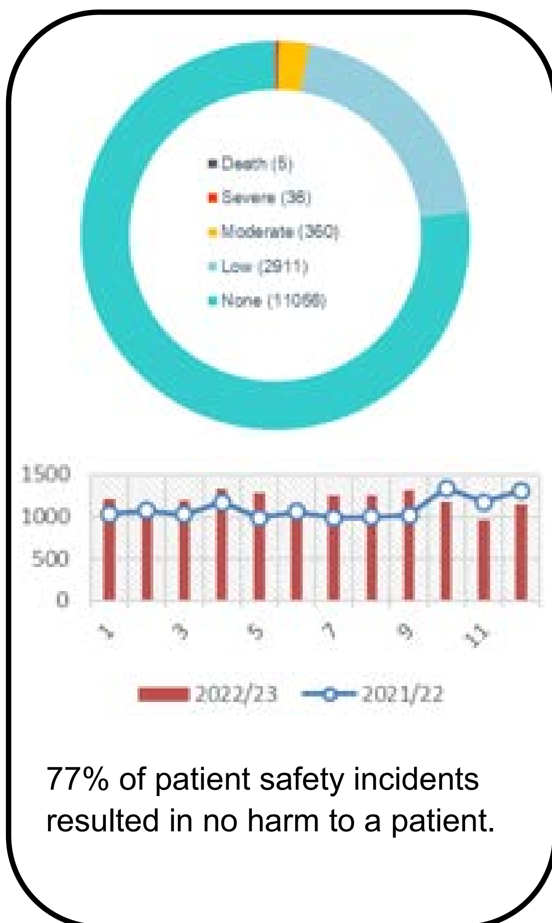
Patient Safety

Our journey is ongoing and will continue our passion to ensure the safety of all our patients. North Bristol NHS Trust has continued in 2022/23 to put patients first and at the centre in everything we do.

NBT was one of the first Trusts to become an early adopter of the new national Patient Safety Incident Reporting Framework (PSIRF) and continued to be at the forefront nationally in implementing the new ways of overseeing patient safety incidents and valuing the learning obtained.

2022-23 was a challenging time for the NHS and the Trust was no different. We launched our Patient Safety Incident Response Plan (PSIRP) and continued working with the National Patient Safety team as an early adopter.

With the ending of the Covid-19 pandemic, we commenced our recovery plan. This certainly has provided many challenges but patient safety has remained at the heart, as a key focus.



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

This supported the strategic direction of the Trust and the Top Five priorities for patient safety which are linked to our newly formed clinical, Patient First and transformation strategies. We are continuing to work with our patient safety partners and stakeholders and developing our relationship to support learning from patient safety incidents

We are using new methodologies and tools for investigating when something goes wrong or as a proactive approach to find a solution or a benchmark with other organisations, for learning. Thematic Reviews are now custom and practice not only for incidents but as a way of evaluating priorities within clinical services and patients experience.

Following on from the NHSE National Patient Safety Incident Response Plan being launched in August of last year the Trust set about completing a gap analysis on the first phase of implementation as an early adopter, and against the new National document and this formed the development for the way forward.

The strategic direction and 2nd phase implementation plan was approved at the December Patient Safety Committee and was immediately commenced within the

The focus on the strategic direction and immediate concentration was to strengthen the:

- Corporate Vision
- Development of the Corporate Patient Safety Team
- Implementation of the 2nd phase plan and development of the PSIRF 4 main priorities and the supporting the clinical divisions with moving this forward.

3.0 Quality Indicator

Patient Safety

Engagement and communication with the Clinical Divisions and Patient Safety Partners was at the forefront of the implementation.

This commenced with “away sessions” and listening to the views of teams with also recognising and supporting their current workload, assessing the Trust Top 5 priorities against the PSIRF priorities and developing the work already underway within the Divisions. This demonstrate that these are all patient safety focused.

All Divisions approach the five Trust Priorities in different ways ensuring that these met the needs of their own Division as their priorities. Women’s and Children’s Health Division are currently assessing their Top 5 priorities presently as they made the decision to commence the PSIRF implementation a little later than the other Divisions.

There has been a broad-spectrum of development with these priorities and thematic review is now a tool regularly utilised across the Trust. It is the intention of the Corporate Patient Safety team to support thematic reviews on learning outcomes during the coming year

In addition to the Patient Safety Investigations thematic reviews that are undertaken regularly, we have summarised below a couple of full reviews completed within this period as to share illustrate our approach to learning and patient safety improvement.

Never Events Review: We reported a succession of Never Events relating to wrong site surgery over a period of 4 months which, through PSIRP, triggered a thematic review alongside each individual incident patient safety investigations. The never events review evaluated four case studies of previous related never events and included the organisation’s response to national patient safety alerts.

The review ultimately determined that the Trust was not able to demonstrate full implementation of the National Safety Standards for Invasive Procedures first issued in 2015 and recommended that the Trust implement a Quality Improvement programme of work that seeks to implement the NatSIPPs2, an updated version of the safety standards. The review was submitted to the April 2023 Quality Committee with the project initiating in the 2023-24 financial year.

Covid-19 Review: A thematic review has also been undertaken during the 2022/23 financial year, looking into the Trust’s response to waves 1 and 2 of the Covid-19 pandemic. This review looked at documentation, staff reflections and care reviews over the first two waves of the pandemic to understand how the Trust responded to the pandemic and whether there further learning could be identified. The final care review panel was concluded in March, and the overall report submitted to the Patient Safety Committee in April 2023., prior to subsequent review and final approval.

3.1 Patient Safety

Freedom To Speak Up (FTSU)

Freedom to speak up is an initiative derived from the Francis Inquiry recommendations to give staff the opportunity and encouragement to raise issues or concerns in a supportive environment. When people speak up, everyone benefits. Building a more open culture, in which leadership encourages learning and improvement, leads to safer care and treatment and improved patient experience, as well as improved staff wellbeing.

FTSU Guardians have been in place at NBT since 2017, and a Lead Guardian with ring-fenced time has been in place since January 2021, with FTSU Champions introduced in late 2021, embedded within teams across the organisation. As an organisation we aim to:

- Support a positive speaking up culture
- Encourage the organisation to become more open and transparent, where staff are valued for speaking up
- Ensure that leaders are challenged to role model the kind of behaviours that encourage speaking up, and that they listen and follow up when matters are raised.

2022/23	Q1	Q2	Q3	Q4
NBT	14	19	25	26
National Comparator Average	32	34	39	Not available yet

Key Achievement in 2022/23:

In 2022/23 the organisation expanded the **FTSU Champion** model, and ended the year with 18 Champions across the organisation.

This means that there are more people across the organisation who are able to encourage, sign-post and support colleagues to speak up with ideas, issues, problems, challenges, opportunities and innovations.

It has also increased the diversity of our FTSU service, which we hope will make it more accessible to all staff.

We also launched an updated **Freedom to Speak Up Policy** in 2022/23, aligned to the newly released national template and guidance.

This was developed in consultation with stakeholders including colleagues at all levels and trade union representatives. It also provided the opportunity for additional communications and engagement with the organisation. We launched the **Health Education England FTSU Training** package across the organisation, making it a compulsory topic for all staff.

Future plans for 2023/24:

During 2023/24, we intend to further expand the FTSU Champion model to make sure that all areas in the organisation have someone close by to support staff to speak up.

We have also increased the ring-fenced time of our Lead FTSU Guardian to better equip her to work with the organisation to improve its speaking up culture, and we will be completing the self-reflection exercise with the Trust board and senior leaders.

This will inform a refresh of our FTSU strategy, and our future approach to communications and engagement.

3.1 Patient Safety

Guardian for Safe Working Hours

What did we do and what were the main changes made during the year to make improvements?

- The terms and conditions of the Postgraduate Doctors Forum (PDF) was refreshed in 2022 and is held every 2 months. It is a productive space where Postgraduate Doctors (PGDs) can discuss new ways of working, challenges on the ward and rota and contract concerns.
- The Trust has acted on the PDF suggestion to trial a locum digital app to improve locum uptake – *"Locums Nest"*– rolled out through Medicine, General surgery, W&C and Anaesthetics.
- Feedback was collected from PGDs on the Acute block within Medicine due to anecdotal reports of burn out. The feedback has been presented and consideration of changing the block for August is underway.

What difference did it make and what is the position at the end of the year?

- There is great feedback on 'Locums Nest'; 85% fill rate of advertised locum shifts with a stretch target of 90% fill now being achieved.

What are the planned next steps for 2023/24?

- Continue to consider if Allocate is the optimal software for exception reporting as the contract is coming to an end .
- Evaluate the impact of the Acute block changes within Medicine.

Exception Reporting:

Exception reporting continues to be via the Allocate IY system.

Trainees are informed in a video at induction, face to face if Foundation level and via monthly emails from the GOSW how and why to exception report. Access to the system is made easy via an icon on the intranet.

Educational supervisors also watch a GOSW video at their update encouraging signposting of Allocate to trainees. Numbers of reports still mainly relate to staying 30-90 minutes after the end of shift, which are resolved with either time off in lieu (TOIL) or payment.

EXCEPTIONS			
Month	2021	2022	2023
January	37	29	56
February	33	28	64
March	16	27	28
April	52	31	
May	46	28	
June	61	24	
July	51	44	
August	27	89	
September	44	79	
October	47	74	
November	29	40	
December	21	52	

3.1 Patient Safety

Guardian for Safe Working Hours

612 exceptions logged between 1/4/22 – 31/3/23 in a spread of specialties.

640 Post graduate doctors (PGD): 0.07 reports per trainee/ month .

- **The increase in exception reporting seen as of mid-2022 is welcomed as we have long felt that we under-exception report.**
- **The increase has not seen an increase in reports around lack of support or access to educational opportunities**
- **Medicine always has the largest number of reports as it has a lot of PGDs**
- **The Surge in T&O reporting in August 2022 was resolved with improved induction and ways of working**

Safety Reports

31 (0.05%) exception reports labelled by the submitting PGD as an Immediate Safety Concern:

- Most relate to short or long-term gaps in rotas without cross cover or locums found
- 8 x Haem SPRs – addressed by divisional leads - cross cover of SHO
- 12 x Respiratory – short staffed - again addressed with locums to cover gaps

Trainee teaching

28 educational exception reports: 0.05% or all reports
Most relate to being unable to attend Foundation teaching that is mandatory weekly training. All foundation teaching is sent out on video after the event

Service support

9 reports: 0.01% or all reports

These again relate to understaffing due to gaps short or long term. None related to a lack of senior clinician support.

Networking

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

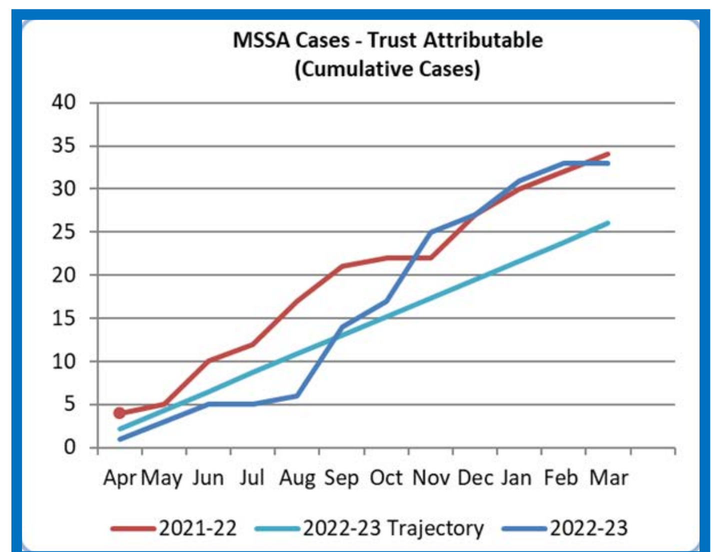
3.1 Quality Indicators

MRSA, MSSA and E. Coli

Methicillin-resistant Staphylococcus Aureus (MRSA)

There have been 4 cases of MRSA during 2022/23.

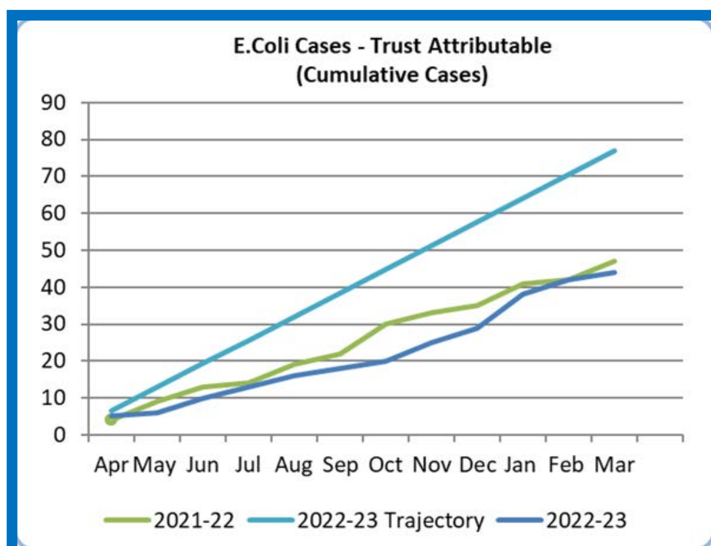
These cases have been in complex patients and have been subject to thematic review and learning, both in NBT and within the ICB.



Methicillin-susceptible Staphylococcus Aureus (MSSA)

Trajectory set for 2022/23 was 26 cases, with an above trajectory of 33 cases delivered.

Like NBT, many other trusts have also reported increased numbers, or a static position, at the end of the year.

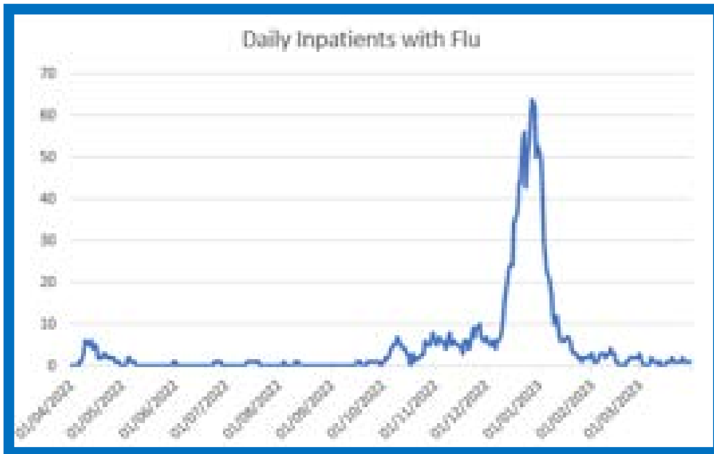


Escherichia Coli (E.Coli)

The reduction of cases has been maintained for the last year. Cases reported at 46 versus a trajectory of 77. This reduction has been seen across the region as well as in the Trust.

3.1 Quality Indicators

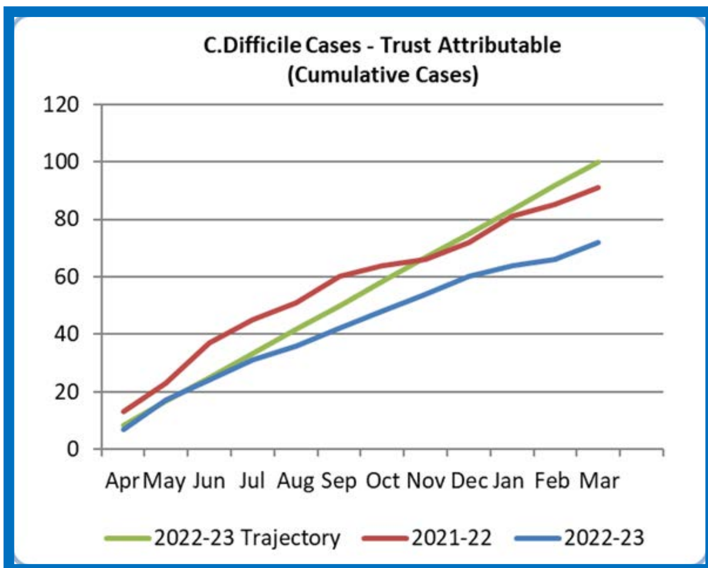
Influenza and C.Difficile



Influenza

Influenza, as predicted, peaked at the beginning of the year. This, along with a Covid peak, contributed to a significant pressure on bed demand and the requirement to isolate patients.

Plans are in place for early detection of cases for next winter using Point of Care testing machines.

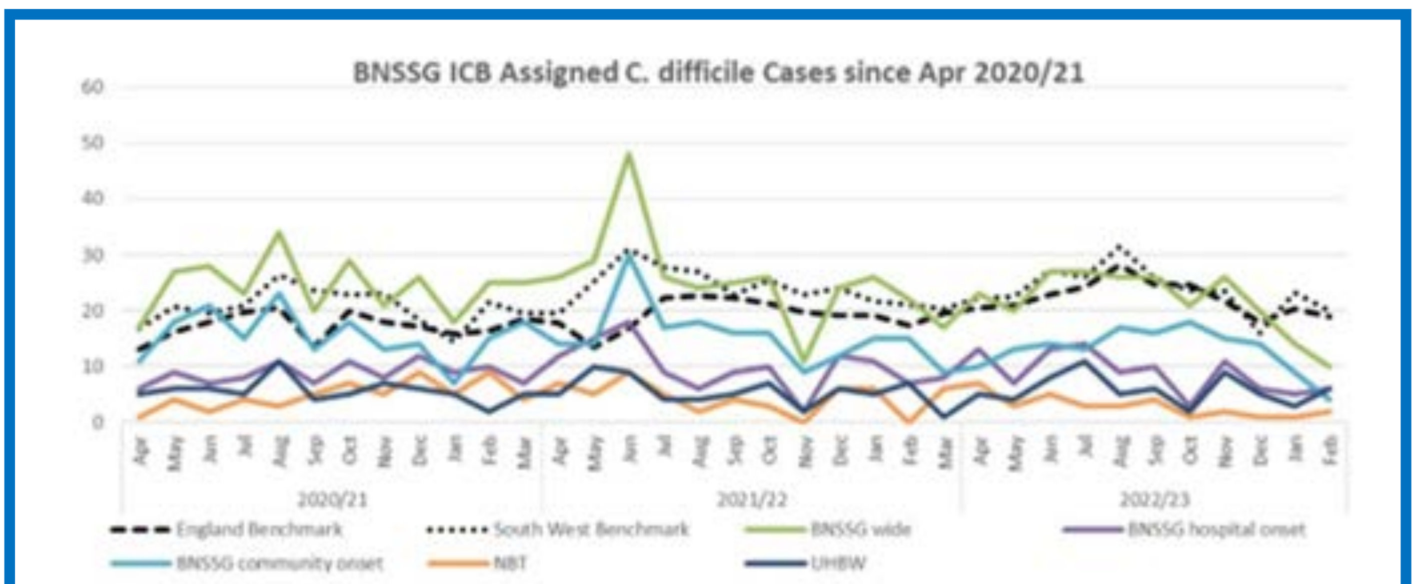


Clostridium Difficile (C.Diff)

NBT reported under trajectory—70 cases versus a trajectory of 100.

This position is very different to the regional and national position, where a substantial increase has been seen.

The C.Diff Steering Group remains the driving force to this change, with a shared learning approach and targeted plans for areas requiring support.



3.1 Quality Indicators

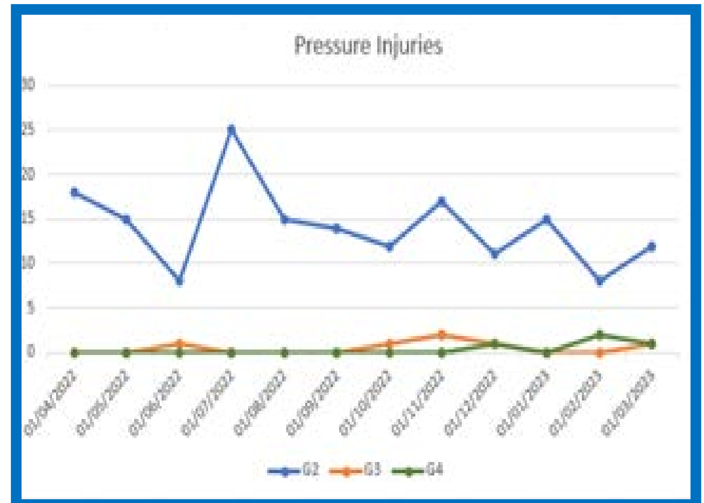
Covid and Pressure Ulcers

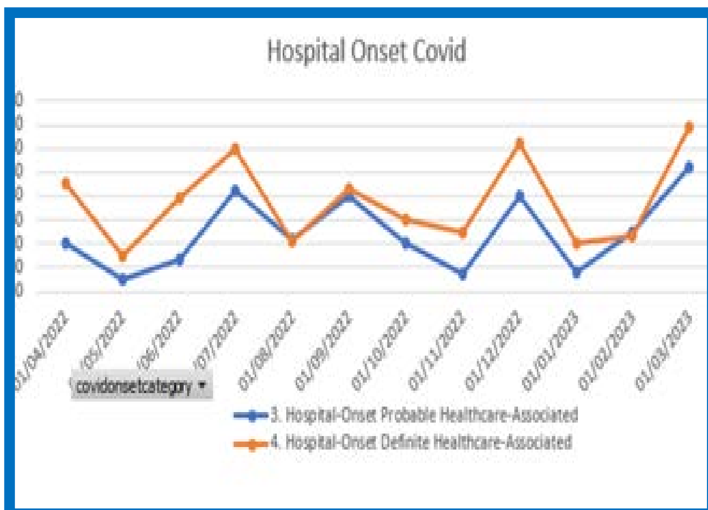
Pressure Ulcers

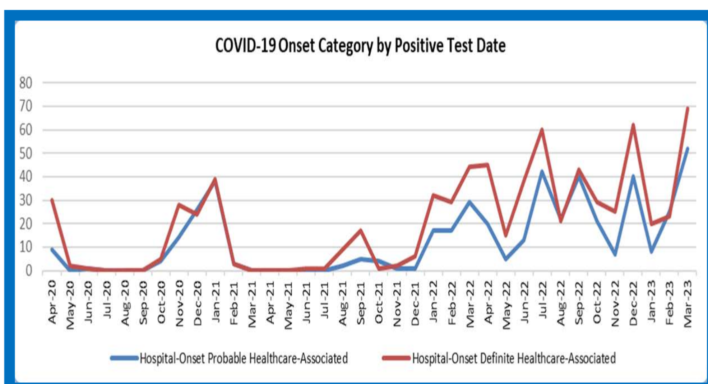
The Trust achieved a reduction in device related pressure ulcers. The position of Grade 2 remained static, with an increase seen in Grade 3 and Grade 4 pressure related damage. This has been attributed to the acuity of patients and the complexity of cases.

Extensive after action reviews have taken place in theses cases, resulting in a number of changes such as hybrid dynamic roll-out to the whole Trust, implementation of PURPOSE T skin assessment wound care bundles.

The Pressure Ulcer Steering Group has been reinstated and, with representatives from all clinical divisions, provides a high-level strategic outlook on cases and the plan going forward.







Covid

Covid-19 pandemic management has remained a constant pressure in NBT. Living with Covid national pathways have been followed in terms of patient testing and management of staff.

Outbreaks in the Trust have been significantly less than in the previous year and have been reported nationally as well as subject to internal review.

Ceiling air purification devices have been installed in EEU with mobile units also available. These have contributed to the decrease of nosocomial spread of respiratory viruses.

3.1 Quality Indicators

Safeguarding Adults

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, including the unborn, to protect them from maltreatment or impairment of their development and support them to grow up in circumstances consistent with safe and effective care.

The Trust is committed to ensuring full engagement with the increasingly complex national and local safeguarding agenda, by providing acute NHS healthcare service expertise and partnership within the Integrated Care System (ICS). Safeguarding advice, guidance, training, supervision and support is offered to all staff within the NBT system and wider safeguarding partnerships across BNSSG.

Throughout 2022/23 the Integrated Safeguarding Team (IST) continued to provide expert support to all Trust staff and highlighted where early help may prevent harm and support better outcomes.

The impact of the cost-of-living crisis following the pandemic has further focused awareness of the importance of the 'Think Family' approach to safeguarding. Many people use contact with healthcare professionals to seek help for a range of issues linked to the cost of living.

Key Achievements in 2022/23

The Integrated Safeguarding Team (IST):
We have further developed our expert team of safeguarding professionals to meet the demands of the local, regional, and national safeguarding agenda. These roles support safeguarding practice trust wide with a focus on making every contact count for adults, children and families. 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 and LPS regulations continued to be delayed. The Associate Director of Integrated Safeguarding has the role of NHS Health Provider representative at the Southwest LPS Group led by NHSE. There has been a significant increase in MCA training compliance.

Partnership working:
The Integrated Safeguarding Team actively participate in the numerous Safeguarding Boards, Partnerships and sub-groups (all ages) across BNSSG. Committed to improved partnership working, the team have agreed a safeguarding collaborative agreement between NBT and UHBW working towards a shared overall delivery system to meet the statutory and non-statutory safeguarding accountabilities of the two Trusts within the Integrated Care System (ICS). This demonstrates the organisations' shared values and principles for positive and effective joint working.

3.1 Quality Indicators

Safeguarding Children

Multiagency Working:

The Associate Director of Safeguarding and Head of Integrated Safeguarding joined with the senior safeguarding health leads in BNSSG to form a systemwide safeguarding strategic group across the ICS. This reflects commitment to improved joined up working relationships and recognises equality within the new system.

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 continued to fully promote 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.

Maternity services continued to be represented at multi agency conferences in response to individual cases when risk was identified (such as multi-agency risk assessment (MARAC) and child protection conferences).

Training:

There has been a significant improvement in safeguarding training compliance, including PREVENT and MCA/DoLS. The IST has specifically focused on supporting these improvements. The divisional teams have demonstrated commitment to furthering their understanding of safeguarding and MCA.

The Safeguarding team offered increased 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 knowledge and practice e.g., risk management; assessment of needs and onward referral to partner agencies.

Future plans for 2023/24

1. Delivery of training, including MCA training and confidence of application in line with continued expected rollout of LPS legislation, Consideration of more workshop style training in conjunction with the healthcare legal team.
2. To build on ICS and partnership working for safeguarding all ages.
3. Learning and continuous improvement supported by improved technology and governance systems. Priorities are to continue to drive learning from Safeguarding Adults Reviews (SAR), Domestic Homicide Reviews (DHR) and Child Safeguarding Practice Reviews (CSPR).

3.1 Clinical Effectiveness

CQUINS

Commissioning for Quality and Innovation (CQUIN)

The Commissioning for Quality and Innovation framework supports improvements in the quality of services and the creation of new, improved patterns of care through continuous improvements. The aim is to deliver better outcomes for patients. They are agreed each year with NHS England and our CCG/ICB commissioners. There is a financial incentive to achieve those aims but this is not the primary driver.

Each Trust's CQUIN scheme must contain mandatory national CQUINs along with those agreed between NBT and our local commissioners. The performance of the CQUINs is reported quarterly over the year. Further detail is at Annex 4.

CQUIN 2022/23	CQUIN Aim	Achievement
CCG1: 90% uptake of flu vaccinations by frontline staff	To reduce risk of flu infections for staff and patients.	Partial
CCG3: Recording of NEWS2 scores, escalation and response times for unplanned critical care admissions.	To ensure that patients in ITU are monitored and any deteriorating patients are escalated to the appropriate clinical teams in a timely way.	Full
CCG6: Anaemia screening and treatment for all patients undergoing major elective surgery	To improve patient care and reduce Length of Stay.	Full
CCG9: Cirrhosis and fibrosis testing for alcohol dependent patients	To carry out proactive testing for patients presenting to the hospital with other concerns e.g. via ED.	Full
PSS1: Revascularisation Standards	To prevent lower limb Ischaemia (within 5 days for unplanned inpatient admissions)	Partial
PSS2: Shared Decision Making (SDM)	To promote high quality SDM conversations in specific specialised pathways to support recovery.	Full
PSS5: Priority categorisation (clinical coding)	To prioritise patients within selected surgery and treatment pathways according to clinical guidelines.	Not met
CCG4: Cancer Service Pathways	To ensure 65% compliance with timed diagnostic pathways for cancer patients.	Partial

3.2 Clinical Effectiveness

GIRFT and Veterans Covenant Healthcare Alliance

Get it Right First Time (GIRFT)

During 2022/23 NBT made changes to the governance structure of the GIRFT programme to embed this work more effectively within the clinical divisions. The Trust-wide GIRFT Board will be held quarterly, chaired by the Deputy Chief Medical Officer along with divisional representation.

The Board's purpose will be to link the clinical divisions with the national GIRFT agenda, support and review divisional progress against GIRFT priorities, and receive feedback from specialty visits.

To improve the link between the Board and GIRFT, the existing monthly Divisional Performance Reviews (DPRs) will include time to discuss GIRFT priorities, focusing on what GIRFT data is telling divisions about their performance and their concerns.

GIRFT will remain a clinically led programme informing our approach to care. However, in creating space on the DPR agenda for GIRFT discussions and providing better analysis of data it will support clinical divisions to manage the volume of data and recommendations within the context of multiple competing priorities. These changes will be consolidated during 2023/24.

Veterans Covenant Healthcare Alliance

During **2022/23** NBT received the **Silver Award** for The Defence Employer Recognition Scheme:

We proactively demonstrated that service personnel/ armed forces community are not unfairly disadvantaged as part of their recruiting and selection processes.

We actively ensure that our workforce is aware of our positive policies towards defence people issues.

We demonstrated support to mobilisation of our Reserves staff through our comprehensive Reserves Policy.

NBT will apply for the Gold Award in 2023/24.

NBT was also re-accredited as a Veteran Aware Hospital in 2022/23:

- We identify Veterans and armed forces community status patients to ensure they receive appropriate care.
- Our staff are trained and educated in the needs of veterans and the armed forces community.
- We have established links to appropriate nearby veteran and armed forces community services.
- We have easily available information of services that support veterans.

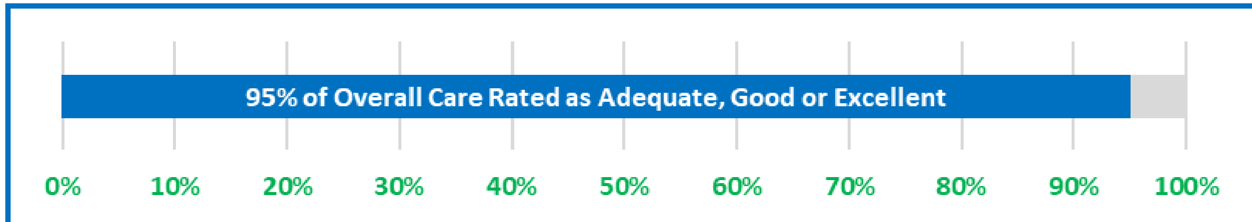
Proudly supporting those who serve.

3.2 Clinical Effectiveness

Mortality and Learning from Deaths

Level of Care

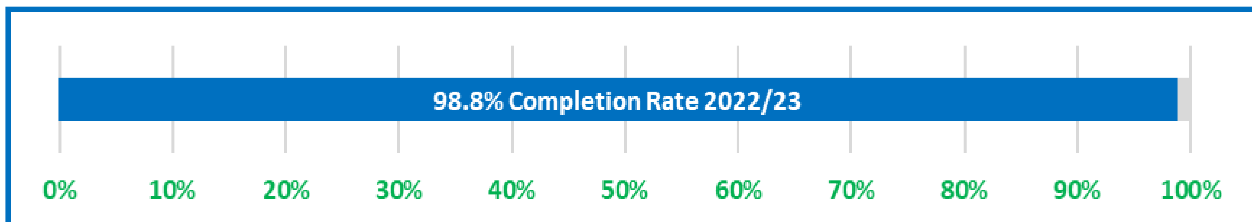
NBT has maintained a high level of care, with 95% of care scores within Structured Judgement Reviews (SJRs) being rated as 'adequate' or above and no cases where 'very poor' care has been identified.



There have been 2 deaths during 2022/23 where poor care was attributed and these are currently under review for scoring accuracy and appropriate learning actions with the Deputy Medical Director.

Activity

NBT has maintained an excellent rate of review across deaths occurring at the Trust. 98.8% of deaths were reviewed last year either via the Medical Examiner, a specialty screening, or a full SJR - up from 95% the previous year. Of all SJRs required during 22/23, 95% were completed. Examples of how these reviews were used to support learning and improvement work are shown in subsequent pages.



Key Achievement in 2022/23:

- The new Clinical Lead for Learning from Deaths was appointed as Dr Joydeep Grover (Deputy Medical Director). This has allowed the Trust to be more focused on identifying and targeting improvement as a result of outcomes from structured judgement reviews. There is now a clear pathway between learning from deaths and embedding learning clinically.
- We have launched a new Quality Governance System (Radar) which is allowing us to capture referrals from the Medical Examiner much more efficiently with clear responsibility and ownership of actions. We are also able to theme referrals more accurately allowing for greater learning possibilities in the future.
- Our review of outstanding SJRs and better highlighting of incomplete cases has boosted our completion rates from last year. We aim to continue to do this throughout 2023/24 to ensure our completion rates remain high.

3.2 Clinical Effectiveness

Mortality and Learning from Deaths

Learning from Deaths – Specialty Level Learning & Improvement

ASCR – ICU

There has been excellent learning and improvement work as a result of mortality meetings and reviews in ICU. In particular:

- An external speaker to ICU re. managing vasospasm in subarachnoid haemorrhage.
- Significant amount of work undertaken re. failed intubation, and in conjunction with ED the emergency airway management guidelines and protocols are being re-written.
- Finally we are looking to develop a pathway for pancreatitis referrals.

ASCR – Urology

Below are two examples where learning was actioned as a result of a mortality review:

Allergic reaction to instillagel; patient was allergic to chlorhexidine

- A Laser Alert was circulated to remind staff that instillagel contains chlorhexidine. After discussion with pharmacy it was confirmed that, while instillagel is a 'P' classification medicine (can be sold by pharmacies without prescription), it is a pharmaceutical product and requires prescription prior to use/administration (it was not being prescribed until that incident). An email was circulated that instillagel needs to be prescribed.
- A Grand Round is being organised to look into the evidence and compare the safety and efficacy of different products which may not contain chlorhexidine.

Delay in actioning an MDT outcome for a patient with metastatic cancer

- MDT outcomes are now monitored by the Urology Administration Team and also the Cancer Services Administration Team. The Team Liaisons meet each week to ensure patients discussed in MDTs have clear pathways to treatment. Cases are escalated to the management team after 14 days when delays in treatment are identified or the pathway is unclear. Immediate action will be taken to provide the best solution.

Medicine – Acute Medicine

We have reviewed both our clinical processes for observations and job handover and will feedback to individual doctors as well as discussing at our next M&M so lessons can be learned as a whole team. We have also reviewed our processes in GPAU and now have task boxes for the nurses and doctors so the nursing staff can highlight patients who need earlier review/tasks needing doing to the medical staff. Our nursing seniors regularly review our staffing levels in SPAU in order to avoid such long delays in observations being performed.

Medicine – ED

Sharing of learning from mortality reviews of patients with a learning disability as shown the importance of involving the learning disability team as soon as the patient arrives in hospital. Early referral allows the team to attend the department and help the ED team with the patient's care, including difficult decisions such as withdrawal of active treatment.

3.2 Clinical Effectiveness

Mortality and Learning from Deaths

Medicine – Gastroenterology

It was highlighted that there is an ongoing need for the team to deliver teaching of acute bundles for GI bleed, Liver, and ASUC to emergency teams. The impact of high bed numbers on the ward in delivering paracentesis within the bed space was also noted.

Medicine – Care of the Elderly

The specialty reviewed a case on one of the complex care wards where a patient had died from a choking episode after being given the wrong meal in error. The ward implemented several changes including:

- The use of modified textured diet signs to go on the door of the rooms
- The implementation of serving breakfast from the kitchen to reduce the likelihood of the housekeepers serving food without a nurse or HCA present
- We have advertised for a nutritional assistant who will support patient, staff and family education around feeding and diets as well as supporting the ward with meal times.

Medicine – Haematology

A number of cases have been reviewed over the past year that have highlighted the below learning opportunities to the specialty:

- GPs should perform serum free light chains as part of routine work-up
- Conversations around starting chemo in patients who've been deemed frail enough to warrant fast track discharge/access to care
- The MDT is to agree a clear pathway for whole node excision
- Avenues should be opened for the team to question the interpretation of radiology if it does not fit the clinical situation
- Need to make sure that reversal of anticoagulation is considered in the setting of critical bleeding
- An error was recognised in the follow-up system – a new clinical outcome form dedicated to haematology needs/patients was created and put in place
- An audit of the process for flagging abnormal samples for medical review was put in place
- Education for the junior medical team on how to interpret bloods in AML patients was started
- Improvements were made in the communication links between BHOC and Southmead.

Medicine – Neurosurgery

- Mortality reviews of elective admissions have resulted in better alignment of our pre-op assessment with general pre-op assessment and also explicit ICU step-down criteria for brainstem patients.
- The specialty has worked reasonably closely with the Medical Examiner, inviting them to two meetings over the year for formal feedback from them on contentious cases.

3.2 Clinical Effectiveness

Mortality and Learning from Deaths

Medicine – Infectious Disease

Being a small department, there fortunately has not been many deaths, however we have picked up on two themes:

Good communication with family when patients were deteriorating

- One case was challenging as the patient was not that keen to let their family know of their clinical situation. When the patient did deteriorate quite rapidly the family was upset by this. As a result, we have learnt that we need to document more clearly when patients decline for the team to update their families.

Communication between nurses and doctors when patients refuse medication

- This has been discussed at our governance meetings and doctors need to be diligent in their review of the drug chart
- Nurses will aim to update doctors at board rounds and when they see them to remind them which patients have been refusing medication.

Medicine – Stroke

The following improvement work has been generated as result of mortality reviews:

- Review of communication process with families
- Audit of prescription of PPI with high dose aspirin
- Close liaison with ICU when stroke cases are managed there

Key Achievement in 2022/23:

- We are currently trialling an enhanced review process for cases where a poor or very poor care score has been given. This process involves reviewing the Structured Judgement Review (SJR) to ensure the care score is appropriate and then working with the division to pinpoint specific learning and improvement actions. This in turn will result in increased accountability and visibility within the process.
- We have migrated the Medical Examiner Referral and Sign-posting process to the new Quality Governance System – Radar. This will allow for easing of administration functions, facilitation of more positive feedback from the medical examiner, better visibility of actionable referrals with clarity of governance function and outcome, clear thematic categorisation of referrals to facilitate the understanding of themes focusing improvement opportunities and increased visibility of ME referral outcomes presented in this report in real -time for all teams involved.
- In the coming year we aim to embed the mortality review process into Radar as well as focusing on the best way to investigate mortality alerts and alarms.

3.2 Clinical Effectiveness

Medical Examiner (ME) Service

The Medical Examiner (ME) service was established nationally in 2019. A Medical Examiner ensures that the Medical Certificate of Cause of Death (MCCD) is correct, and that any referrals that need to go to the coroner are made in a timely fashion to avoid any delays. The ME scrutinises clinical notes and meets with the treating doctor to discuss the deceased's care and the cause of death. ME Officers (MEOs) support MEs and are a point of contact and source of advice for relatives / next of kin of deceased patients. Positive experiences as well as potential concerns are then shared for further review, as summarised below.

NBT ME Referrals	21/22	22/23
Cases referred for Structured Judgement Review (SJR)	36	24
Potential patient safety incident - confirmed	21	14
PALS / Complaints details passed to Next of Kin (NOK)	40	48
General feedback for division - with no specific actions	55	103
Referrals to the Coroner	4	5
Total	**156**	**194**

Key learning themes for the year have concerned communication, particularly between the hospital and the Next of Kin, and the perceived quality of care.

Progress to date

During 22/23 the ME service has been rolled out to NICU and the Postnatal Wards at NBT, following a successful trial starting August 2022. Seven cases have been scrutinised to date, which means learning is ongoing, but the experience so far on both sides has been excellent.

At short notice, we took part in a weeklong audit at the start of February 2023 on request of the national ME Office. This aimed to look at deaths where there had been delays in admission, referral/ access to treatment, ambulance, or diagnosis.

Of the 48 deaths scrutinised by the service at NBT, 2 (4.2%) were noted as having delays involved. However, we would note the guidance was minimal and broad. The service hasn't received formal feedback yet - so caution is advised when interpreting these figures.

Future plans for 2023/24

We are continuing to review our end-to-end process across NBT and UHBW sites, looking at our practice and process to reduce unwarranted variation within the format of our main forms (ME1/2).

We have engaged with the NBT Quality Governance teams to advise on the audit and review our cases for learning and improvement during 23/24.

Although we await more specifics from around national timescales, community roll out continues.

We are engaging with 3 GP practices in the first phase, as primary care will be by far the largest referrers of cases to the new service.

We have also had discussions with Sirona and local hospices. An initial working group will begin engaging with EMIS, the clinical system supplier from Q1 of 23/24. We expect to have our community office set up, to support the initial development / testing of the pilot service from Q2 of 23/24.

3.2 Clinical Effectiveness

National Clinical Audit

ASCR

National Emergency Laparotomy Audit

The National in-hospital mortality is 9.2% (12.7% yr1) and patients receiving a formal preoperative risk assessment is 87% (56% yr1), with NBT achieving 88.2%.

Our time to antibiotics in patients with sepsis was poor. The median time to antibiotics in patients with suspected sepsis was 3 hours from arrival in hospital, with the administration of antibiotics under an hour in 20% of cases.

The National median hospital stay is 10 days. Comparatively, the median length of stay for those with an unplanned return to theatre is 29 days. NBT's median hospital stay is 10.5 days with 4.6% returning to theatre.

91.8% of patients received a pre-operative CT scan and 26.3% had their scan report outsourced. At NBT 63.4% pre-op CTs were reported by an in-house consultant. 55.3% of patients were over the age of 65 and 17.7% of patients were over the age of 80. Only 31.8% of patients 80 or over, or 65 and frail, had geriatrician input (26.8% in Year 7).

Frailty doubled the risk of mortality in patients aged over 65 (13.0% vs. 5.9%). A review from the elderly care team is associated with a significant reduction in mortality (5.9% vs. 9.5%) amongst non-frail patients, and 13.0% vs. 22.3% amongst frail patients.

We are engaging with a number of studies and quality improvement projects:

- **FLOELA data collection complete**
  - Multicentre RCT
  - Does perioperative GDFT save lives and LOS
- **QIP Negative laparotomies (13.7% 30d)**
  - No mortality at NBT
- **Camelot trial started**
  - Multicentre RCT
  - Continuous rectus sheath Analgesia in emergency laparotomy

The areas which need to be focused on are Geriatric Liaison Service funding / Best Practice Tariff , sepsis management and source control, and ICU admission for high-risk patients.

National Vascular Registry

There were 217 cases of Critical Limb Threatening Ischemia (CLTI) in the reporting period. Of those cases, the procedures were 78 open; 187 endo; 52 hybrid. This was the 12th largest volume out of 60+ units over the UK.

We are meeting the CQUIN target of 5 days from non-elective admission to revascularisation for patients admitted with CLTI. NBT has achieved 68% against a national average of 54% and a CQUIN target of 40-60%.

There were 436 bypass surgical revascularisations from 2019- 2021 with NBT achieving 9th in the UK with mortality at 1.7% (lower than national average).

3.2 Clinical Effectiveness

National Clinical Audit

Our adjusted stroke rate reporting from 2019- 2021 is 3.1% against a national average of 2.2%.

Since data reporting period there has been a refiguration of provision to both Carotid and AAA surgery; reduction in number of Consultants offering these interventions with 4 consultants offering Carotid endarterectomy and 5 offering AAA (3 open repair and 2 complex endovascular repair). The aim was to concentrate experience and improve outcomes.

We are focusing on improving completion imaging implemented post CEA with the aim to reduce adjusted mortality/stroke rate.

NMSK

National Early Inflammatory Arthritis Audit

NBT performed well for quality statement 4, 5 and 6. For the period 1st April 2022 to 31st March 2023 we reported >90% compliance with QS4 (% provided with written information at baseline and % received self-management information at follow up). We reported 100% compliance with QS5 (Number of patients with an agreed treatment target) and 100% with QS6 (Number of patients given contact details for advice line).

The quarterly report up to the end of Feb 2023 focuses on one metric we can influence: Proportion seen in rheumatology within timeline: 17.32% (quality statement 2). We have been informed we will be an outlier. We have also not entered any data for QS7 (% who have undergone a formal annual review).

We believe that the low compliance on quality statement 2 is due to understaffing and we are looking to utilise a locum agency to improve this, which should improve our waiting list times. We also recognise that administrative support is needed to ensure that data entry is up-to-date.

Sentinel Stroke National Audit Programme (SSNAP)

We remained at a rating of B on SSNAP, after briefly dropping to C. Our time from arrival to scanning has remained at level A throughout the year. Despite staffing challenges, our therapies team have continued to score highly.

Within a national backdrop of poor ED performance, our time to stroke ward has been one of our lowest scoring metrics throughout the year. This in turn brings down our thrombolysis score as they are linked in the scoring. Our mood and cognition assessment scoring also dipped.

We have monthly SSNAP meetings with a SSNAP action plan. This identifies areas that require improvement, and we use the SSNAP data to drive performance, with each area assigned to the relevant metric. The implementation of a stroke hot bed has shown an improved performance in our unvalidated ward performance measurements. From looking at unvalidated data we expect an improvement in our performance for our January -March 2023 data.

The Stroke Unit Score remains at an E, driving down overall SSNAP score. The specific challenge is time to stroke ward within 4 hours, and there has been a recent ISDN letter noting this. There is continued focus on embedding and utilising the hot bed model. Unvalidated data shows improvements in time to stroke ward to 66% from Feb 23 to April 2023 – this is from a low of 25% in Dec 22.

3.2 Clinical Effectiveness

National Clinical Audit

Thrombolysis has shown a deterioration in score from C to D, driven by lower performance in December 2022. Since 24th July 2023, Thrombectomy is now managed by the Stroke Team.

Occupational Therapy and Physiotherapy improved in score form C to B. The areas of improvement related to individuals meeting goals and the number of people identified with therapy needs.

Standards by Discharge showed significant improvement in scoring from D to B. Audit/data quality were reviewed and measures put in place to improve data quality, specifically continence screens. Areas of specific performance concern were focused on, namely mood and cognition screening completion, which was driven by the Occupational Therapy team.

	Patient Centred	Team Centred
SSNAP Score	B	
Total KI Score	C	B
D1: Scanning	A	A
D2: Stroke Unit	E	E
D3: Thrombolysis	C	D
D4: Specialist Assessments	B	B
D5: Occupational Therapy	C	B
D6: Physiotherapy	B	B
D7: Speech and Language	B	B
D8: Multidisciplinary team working	D	B
D9: Standards by Discharge	B	B
D10: Discharge Process	B	B

WACH

Maternal and Newborn Infant Clinical Outcome Review Programme (MBRRACE)

All maternal heats have been reported to MBRRACE. The Maternal Mortality response report was shared at the February PQG. NBT was compliant with all elements of Safety Action 1 (PMRT) of the Maternity Incentive Scheme in Year 1, Year 2 and Year 3. The Trust has submitted a position of full compliance for Safety Action 1, Maternity Incentive Scheme in Year 4. NBT continues to demonstrate an improved position for neonatal and still birth mortality rates in comparison to the previous reporting year.

There is improved reporting with the Medical Examiner. NBT was compliant with all elements of Safety Action 10 (HSIB/NHS Early Notification Scheme) of the Maternity Incentive Scheme in Year 1, Year 2 and Year 3. The Trust has submitted a position of full compliance for Safety Action 10, Maternity Incentive Scheme in Year 4. Not all maternal deaths will be investigated by HSIB, however, those that have been in the years of 2021 and 2022 were reported and investigated in full. Maternal mortality cases that were not eligible for HSIB investigations, for example: suicides, have been scrutinised via other platforms including Women and Children's Insight Group meetings, Central Patient Safety Groups/Committees if appropriate.

3.2 Clinical Effectiveness

National Clinical Audit

Indirect death cases will also have a structured judgement review (SJR) completed and shared as we continue to recognise these cases are opportunities for learning and improvement work:

- Improving access to maternity care where English is not a first language
- Improving intrapartum care following a bereavement
- Targeted training and education on Carbon Monoxide monitoring and symphysis fundal height measurements
- Continued roll out of Civility programme to all staff within Division

Process improvements have been implemented throughout 2022 working in collaboration with the medical examiners and ITU consultant colleagues to improve the quality of reporting for indirect deaths (late maternal deaths and suicides). Improvement work is ongoing and links directly to Immediate and Essential Action 6 from the Ockenden report. Whilst we await national guidance regarding joint review panel/investigations with external clinical expert opinion the LMNS have agreed to hold joint MDT review meetings to identify any immediate and shared learning.

We have taken steps to improve the following during 202/23:

Trauma Informed Care

Specifically addressing the importance of trauma history in the context of regular risk assessments. This work will be further enhanced by the launch of the 'Maternal Loss and Trauma' (MALT) posts across the BNSSG.

Triage/Resources Provisions

This will be audited to assess compliance and consistency.

A greater focus is being placed on substance misuse/teenage pregnancy and multiple adversity cohorts of women within NBT and how our services (combing all of the above can ensure their specific care needs are met).

Insomnia and Its Contribution to Potential Underlying Mental Illness

NBT's Cedar Team (which comprises of Complex Care and Perinatal Mental Health Services) are providing staff education as part of clinicians mandatory annual compliance along with 'Tea Trolley Training' in all areas and a monthly HotSpot focus. Future plans include the informatic system BadgerNet to have specific fields for assessing for trauma informed care.

National Maternity and Perinatal Audit

NBT have complied with MSDS. Data and outcomes from the NMPA were shared at the February PQG 2023. NBT is still an outlier form 3rd and 4th degree tear rate. In order to improve this we are instigating:

- OASI training on mandatory study days
- OASI hotspot training

National Perinatal Mortality Review Tool

The perinatal mortality review tool is used to grade care from A-D. Meetings are held monthly with other clinicians from external trusts for impartiality. The care provided in NBT to families that meet PMRT criteria is most often graded as A or B.

During 2022/23 there have been 3 cases that have been graded as C or D.
In order to improve we are:

- Listening to women and families
- Instigating a Theme 1 three-year delivery plan
- Improving early access to maternity care

3.3 Patient Experience

Friends and Family Test (FFT)

Learning from Patient Feedback

The NHS Friends and Family Test (FFT) allows people using our services to give 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 2022 to 31st March 2023, a total of 78,932 responses were received. This is consistent with the previous year.

Our Trust-wide response rate has increased from 15% to 16% and we achieved a 91.41% positive rating. This is marginally higher than last year when we achieved 90.79%.

Top Themes			
+ Positive		**- Negative**	
1. Staff	23072	1. Waiting Time	2094
2. Waiting Time	10801	2. Communication	1536
3. Clinical Treatment	8451	3. Staff	1444
4. Communication	4734	4. Clinical Treatment	1095
5. Environment	3173	5. Environment	862
6. Discharge	536	6. Discharge	225
7. Catering	474	7. Catering	163
8. Staffing Levels	271	8. Staffing Levels	116

Breakdown of Trust FFT Data

2022/23	Response rate	Rating (positive)	Rating (negative)
Trust-wide	**16%**	**91.41%**	**4.65%**
Emergency Department	**18%**	**77.25%**	**15.50%**
Inpatients	**23%**	**88.30%**	**5.76%**
Outpatients	**13%**	**94.21%**	**2.56%**
Birth	**23%**	**92.61%**	**4.89%**
Day-case	**22%**	**95.50%**	**2.23%**

3.3 Patient Experience

Patient & Community Engagement

Example of FFT comments

"My appointment was at 4.10pm. I arrived at 4pm. I was seen at 4.10pm. The person who did my ultrasound was very professional and sympathetic to my pain. Thank you for caring".

"Staff brilliant, professional, and explanatory of the procedure"

"The staff were wonderful friendly polite lovely appointments on time and treated with total respect my option is 11/10"

Patient Engagement Activity

Local Surveys

The Trust carried out 91 local surveys to gather more targeted feedback from patients and staff. These surveys help us to understand the experience of specific patients, the impact of changes or proposed changes on patients and to understand how we can improve our services.

An example of this is in the Emergency Department. A survey was introduced to understand the experience of 'boarded patients' from the Emergency Department to wards.

The surveys helped to identify that privacy and disturbances were a main concern for patients. The lighting in the corridors was raised as a specific issue.

This feedback enabled ward staff to find a short-term solution by providing eye masks to patients. The team could then investigate longer-term solutions such as dimming the corridor lighting. Some of the comments received are shown to the right

"Staff did very well with the stress they are under"

"Well taken care of and treated medically despite many moves. Daughters well informed"

"Staff were brilliant. In A&E they treated patients with most kindness"

Community Engagement

This year we have maintained close links with the Bristol Care Forum, Bristol Deaf. Health Partnership and Bristol Sight Loss Council. We have also built on our relationship with Healthwatch. Healthwatch patient representatives and members attend our quarterly Patient and Carer Experience Group. Healthwatch also runs a monthly feedback stall from our hospital atrium . They speak to staff, patients, visitors, carers, and members of the public and share this feedback with us. We also receive a quarterly Healthwatch feedback report which we review and respond to.

We continue to proactively capture patient stories which are shared at Trust Board, Patient and Carer Experience Committee, Patient Experience Group and Divisional Patient Experience Group to celebrate good practice and identify areas for improvement. We look forward to introducing a refreshed Patient Story Framework for 2023/24 which reflects the strategic priorities of the organisation.

3.3 Patient Experience

Patient & Carer Partnership

This year we held a Patient Experience Celebration Event in September for our stakeholders, staff, patient partners, local voluntary organisations and colleagues in other health and social care organisations. This was a great opportunity to reflect on just a few of the improvements to patient experience that we have realised in the past year.

In addition to holding our own event we have also attended a couple of community events to raise awareness of our team and how we can support patients, their carers or family to provide their feedback whether that's through the complaints process or by joining us as a partner.

Patient and Carer Partnership

Our Patient and Carer Partnership continues to grow from strength to strength and will be celebrating its 20th Anniversary next year.

We have increased the diversity of the partnership. We now have 14 patient and carer partners who reflect our local community. We have members of the BAME community, LGBTQ+ community, working mothers, a carer, a partner with learning disabilities and a partner with visual impairment.

Our Patient and Carer Partners have contributed to a broad range of work this past year, using their lived experience and expertise to advise and guide us.

We are proud to have a Patient Safety Partner contributing to the patient safety agenda including attending Patient Safety Committee. Our partners also support many committees, groups and meetings including the Equality Diversity and Inclusion Committee and the Accessible Information Standard Steering Group. Our partners have contributed to numerous projects including Digital Patient, Management of Patient's Property and the RADAR project board.

Aside from this, they continue to share valuable feedback on their experience accessing our services as patients, enabling us to make quick but significant changes, such as ensuring the availability of sanitary wear for women across all wards.

3.2 Patient Experience

National Patient Surveys

National Survey Programme

The Trust continues to participate in the Care Quality Commission's National Patient Survey programme. In 2022/23 we received results for the Maternity Survey 2022 and Adult Inpatient Survey 2021.

Adult Inpatient Survey 2021

Positive Highlights

Patients scored their overall experience whilst in the hospital as 8.3 out of 10. We saw an improvement in scores around pain control and information on discharge showing the impact of ongoing work in these areas.

We also scored highly on areas including privacy for discussions, quality of food and noise from other patients .

Areas for Improvement

Areas in which the report highlighted the patient experience could be improved include asking patients to give feedback, helping patients with eating, meeting their dietary requirements, and giving patients information about how their procedure went and notice for when they may leave the hospital. There is a current action plan in place to look at how we improve these areas within the divisions.

Maternity Survey 2022

Positive Highlights

- Mothers being involved in the decision to be induced.
- Mothers being able to see or speak to a midwife as much as they wanted during their care after birth.
- During pregnancy, mothers received the help they needed when they contacted a midwifery team.
- Mothers being offered a choice about where to have their baby during their antenatal care.
- During antenatal check-ups, mothers are asked about their mental health by midwives.

Areas for Improvement

- Partners or someone else involved in the mother's care being able to stay with them as much as the mother wanted during their stay.
- Mothers being given information about their own physical recovery after birth.
- Midwives or doctors appearing to be aware of the medical history of the mother during labour and birth.
- At the start of their pregnancy, mothers are given enough information about coronavirus restrictions and any implications for their maternity care.
- Provision of relevant baby feeding information to mothers during pregnancy.

Compliments

This year we formally logged **6,930 compliments**. This is a **48% increase** from last year when **4,672 compliments** were logged. We know that this is only a small proportion of the total compliments and 'thank yous' received by our staff across the Trust every day.

3.2 Patient Experience

Complaints and PALS

Complaints

The overall number of formal complaints received has remained consistent in 2022/23—665, compared to 666 received in 2021/22.

It has been a challenge to significantly improve complaints performance throughout 2022/23 back in line with Trust targets however, we are pleased to have been able to sustain performance from last year and have begun to see gradual improvements in the last quarter.

In 22/23, 77% of complaints were responded to within agreed timeframes, which is consistent with the previous year. Despite not reaching our internal targets for complaint response times, we feel reassured that our service is responsive at initial contact with 100% of complainants receiving an acknowledgement of their complaint within three working days. Benchmarking activity against similar-sized Trusts and are pleased that our performance ranked 2 out of 5 amongst our peers.

Complaints Lay Review Panel

We are proud of our Complaints Lay Review Panel which continues to be recognised nationally as an exemplar best practice model. The panel has gained two new members this year.

The panel reviewed 12 cases, looking at how we handled the case, providing a score, and noting areas of good practice and opportunities for improvement. A member of the panel now attends our Divisional Patient Experience Group meeting to feedback directly to divisions on the panel's findings. The panel is now also following up on complaint actions to ensure that any actions identified in the complaint response have been completed.

Patient Advice and Liaison Service (PALS)

Since its re-launch in 2019 PALS has continued to grow busier demonstrating its importance as a support for patients, carers, families and staff.

The number of PALS concerns received continues to increase. This year it increased by 30% from 1,283 to 1,668. There was also an increase in the number of enquiries received from the previous year from 910 to 1,012.

Despite this increase in activity, PALS was able to meet its aim to improve response time frames. 100% of PALS concerns were acknowledged within 1 working day and 75% were responded to within agreed timeframes.

Feedback from users of PALS shows that 83% would recommend the service and 83% were happy to the timeframes in took to respond to their concerns.

"*Within a quarter of an hour of my contacting PALS, Urology contacted me to arrange a 'hot MRI clinic' phone consultation within the following 48 hours.*"

Future plans for 2023/24 – Complaints and PALS

We will move our existing governance system to a new system (RADAR). We will ensure our policies and processes reflect this change and all relevant staff are trained on the new system. We anticipate this will lead to time efficiencies and improved reporting for central and divisional teams.

We will continue to drive performance around response timeframes for complaints and PALS. We will continue to strive towards 90% compliance for complaints and PALS. We will also closely monitor the number of returned complaints and escalated PALS concerns.

We will embed the new Parliamentary and Health Service Ombudsman complaints standards into our complaints practice.

3.3 Patient Experience

Mental Health

Mental health care vision within NBT:

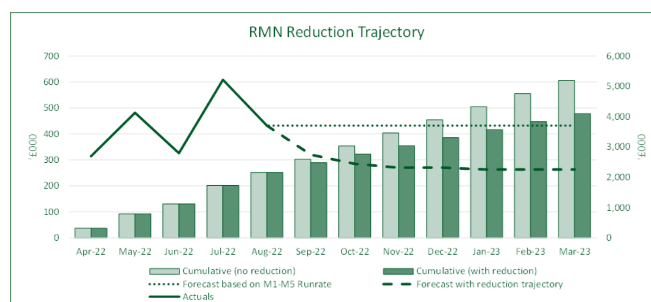
The integration of mind and body; unity and parity in diversity. Everyone in our Trust psychologically literate and skilled. Our services are cohesive, stable and structured with a consistent response at any time.

Our commitment:

- We will make mental health wellbeing universal and seamless throughout all divisions within the Trust. We will empower our team and colleagues to deliver high-quality services.
- We will deliver a rapid response to clinical requests, with a plan for every patient.
- We will work with our partners in the NHS and community to deliver an uninterrupted service. Our goal is to achieve parity of esteem in the integration of body and mind.
- We will make every contact an opportunity to educate and care.

Key achievements in 2022/23:

- **Planned Assessment Clinic**—this diverts ED referrals safely to have face to face appointments in Gloucester House, Southmead. This has led to a 53% reduction in EDOU overnight waits for mental health assessments and 38% reduction for ED, excluding EDOU, for overnight delays in mental health assessments. This has also resulted in a reduction in re-attendance, with 47 ED presentations averted. There has been 100% satisfaction feedback from patients using this service.
- **Reaccreditation** of the Royal College of Psychiatry PLAN in 2022.
- **NHS Parliamentary Awards Finalist 2022.**
- **Engagement Support Worker** role developed and RMN reduction project has significantly increased patient satisfaction



Further actions for the Mental Health Liaison Team in 2023/24:

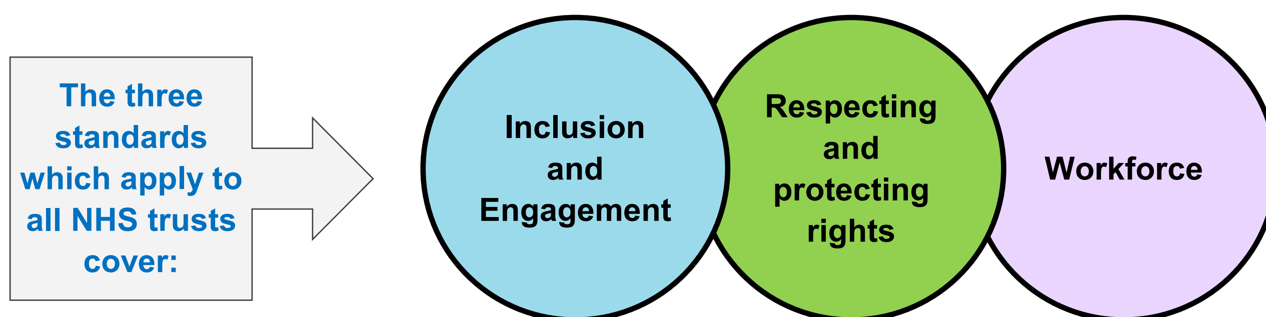
- Drive Core 24 deliver in the Emergency Department along with BNSSG ICB and Mental Health Crisis Pathway.
- Increase numbers of Engagement Support Workers to support 24/7 RMN cover.
- Publish the new Mental Health Strategy which will form part of a joint strategy with UHBW.
- Increase inpatient workforce and provide 7 day service for all divisions and wards outside of the emergency zone.

3.3 Patient Experience

Learning Disabilities & Autism

Our commitment: We will deliver the three NHS Improvement priority standards to improve care delivery to patients and through the 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, can live happier, healthier, longer lives.
- In June 2018, NHS Improvement launched the National Learning Disability Improvement Standards for NHS trusts. These were designed with people with a learning disability, carers, family members and healthcare professionals to drive rapid improvement of patient experience and equity of care.



North Bristol Trust continues to complete the self-assessment exercise against these 3 standards and our feedback is incorporated in our improvement plan. Benchmarking via a patient and staff survey and organisational questions are completed and submitted to NHS Improvement yearly. We review results yearly and share learning through the steering group who share further with their teams in the various divisions.

Key Achievement in 2022/23:

Meeting the identified needs of patients with learning difficulties, autism, or both remains one of our Trust's Priority yearly and this links into our Patients First Strategy of delivering Outstanding Patient Experience for all our patients in the Trust.

The pandemic has continued to impact services throughout the NHS and has presented many challenges for patients, including those with Learning Disability & Autism. The Trust has worked with the BNSSG ICS system, and Sirona Learning.

The Disability and Autism Liaison Team (LDALT) have now received permanent funding for an additional nurse, increasing the service to 5 WTE specialist LD nurses to provide a 7-day services. This continues to enable the team to review patients within one working day of referral, and ensures families and carers are kept informed, clinical teams have support, advice and guidance and patients' individual needs are identified and met.

3.3 Patient Experience

Learning Disabilities & Autism

Key LD&ALT 2022/23 Achievement

- **Improvement in the alert system to identify patients with LD/A -** Previously Business Intelligence (BI) sent out a daily list of inpatients with a Learning Disability or Autism flag, once a day. As this was not real-time information patient admissions were sometimes missed. The LD&ALT have worked with the EPR Systems Team to be the first team within the hospital to receive 'alert subscriptions' on Careflow. This enables the LD&ALT to be informed of any patients with a learning disability at the point of being clerked into hospital, meaning they can triage and respond quicker, if capacity allows. This has enabled the team to offer reasonable adjustments and support to patients in a timely way. Similar system is in the process of being developed for autistic patients.

- A summary of care needs continues to be captured in clinical notes to ensure this is easily identifiable and patients needs and reasonable adjustments are clear to clinicians. This is captured on yellow paper with the sunflower sticker to make it easily identifiable.

- The LD&ALT have also worked closely with the Accessible Information Standard (AIS) Lead, and Speech and Language Therapist (SALT), to develop more tailored reasonable adjustments on Alerts on the new Care Flow system. This helps to meet the communication needs of patients with LD/A.

- **Training -** The LD&ALT have continued to offer a variety of training sessions, from regular inductions to tailored team training, to training for LD & A Champions. This has included:

    - F1's & F2's
    - Trainee GP's,
    - Radiology, Pain Team,
    - Physiotherapy team
    - ED, AMU, Medirooms, Midwives, Palliative Care, and inpatient wards.

- The LD&ALT also support students, Advance Nurse Practitioners (ANP) Medical Prescribers and Trainee Nursing Associates (TNA's) with additional shadowing opportunities. A wide range of resources remain available on the Team's intranet page for staff, and these resources continue to be updated. These resources are also provided in a yellow box file for every ward and clinical area, kept up to date by the LD&A Champions. The resource box includes communication books, sensory lights, MCA and best interest paperwork

- In this financial year, we have added more Easy Read leaflets and Social Stories to the Easy Read library on our link page, and developed a template for staff to use.

- The team have worked closely with the Bristol Autism Spectrum Service (BASS) who have provided joint training to the LD&ALT, Mental Health Liaison Team, and some members of ED to increase their knowledge around Autism.

3.3 Patient Experience

Learning Disabilities & Autism

Key LD&ALT 2022 Achievement

- Audit- the Hospital environment and systems was successfully audited by peer specialist who have lived experienced of Autism and Learning Disability. They were able to highlight areas of improvement to the Trust which we have worked on and continue to improve. This was done in collaboration with BASS and the Brandon Trust patients.
- **The Trust was able to achieve its goal of setting up a Hospital User Group for Autistic Patients which started in June 2022 and continues to grow.**
- In the last 12 months, the Trust has engaged in a ReSPECT Audit. The results showed there was much room for improvement around discussions held, and documentation around CPR decisions. The results and actions have been shared across the BNSSG ICS and some of the Southwest Learning Disability and Autism Forums. The Audit has now been added in the Audit cycle for the Trust and this will be carried out annually to monitor results and improvements.
- This year the Trust successfully recruited a patient partner who has lived experience of LD and she will be working with the Trust to improve training and help amplify the voice of patients with LD.
- **In November 2022, we were privileged to host David Harling, National Deputy Director for Learning Disability Nursing for NHSE, who came to NBT to carry out a review of the hospital as part of a 2-day Quality review with the BNSSG ICS. His feedback was excellent and commended the Trust for the great work it is doing to meet the needs of those with LD/A. There was also a recommendation to set up a Rapid Escalation Panel to review complex cases where there is conflict of opinion. This is currently being developed.**

We continue to train and grow LD/A champions within the Trust. Currently there are 98 champions in the Trust from a variety of departments and NBT will continue to facilitate 3 monthly sessions for champions. There is a 'LD Champions Folder' on the shared drive that all Champions have access to for resources.

Future plans for 2023/24

- Continue to grow the HUG for Autistic patients. Current plans in place to go out to community groups across BNSSG to gain improved engagement.
- Put a HUG in place for patients with Learning Disability in 2023.
- Work with the BNSSG ICS to implement the Oliver McGowan Training.
- Complete and get a sign off for Rapid Escalation Panel Protocol to share across other Acute Hospital through Provider Networks.
- Continue to improve maternity training and pathways for prospective parents.
- Ongoing promotion of reasonable adjustment support / improvements in the hospital.
- Support complex patients to access services and reduce admissions.
- Continue to work in collaboration with services to improve transitions process.
- Continue improvement pathways including Poo Matters, dysphagia, food and fluids, O2 therapy, and the theatre RADAR.
- Develop a LDA Strategic Plan

3.3 Patient Experience

Feedback of Patient Experience

Email from Mother to LD&ALT

I wanted to put in writing just how very grateful my husband and I are for the planning that went into yesterday's surgery for XXXXX. We were kept up to date every step of the way, so throughout the process we felt supported and reassured. The day ran really smoothly and the care that we both received was exemplary. My special thanks to Kate the anaesthetist and Wendy the nurse who stayed with us throughout the process. I think The Little One, as she seems to have been affectionately named by the team, could not have been in better hands.

Email sent regarding a high security patient's MRI

Hi all

I can confirm Mr XXX is now safely back at the unit after what was clearly a very successful appointment.

Myself and the rest of the team at Fromeside are so grateful for the excellent communication, flexibility and cooperation from all the various teams involved in planning and executing this today. We do understand this creates extra work for everyone but clearly this has paid off.

A huge thank you to you all.

Dr XXX—Clinical Psychologist—West of England Forensic Mental Health Service

Emailed Compliment

Hi All

I have just had a telephone follow up with XX mum. she wanted to pass on her compliments.

She said it was the most stress-free hospital admission they have ever experienced. The LD team called her on the Friday, and she was very impressed with how much you all listened to her. She also said that it was lovely to see XXX go off into theatre with a smile on her face and not tears streaming down her face.

She has been telling everyone she knows how good it was.

Good work team!!

I had reason to attend Southmead Hospital yesterday and whilst there observed something, that was so good, I wanted to let you know (and ask you to pass onto the relevant people).

I noticed a LD Liaison Nurse with a patient both in X-Ray and leaving Orthopaedic Outpatients after consultation and the corridors in between. What I noticed was that the Nurse accompanied the patient at all times. They were engaged in conversation and that the conversation was relaxed. The patient appeared calm, relaxed and very engaged with not a hint that he might have needed extra assistance. It was heartwarming – the only clue I had was the nurses' yellow top.

Quality & Patient Safety Manager

NHS Bristol, North Somerset and South Gloucestershire ICB

Email from Autistic Patient

'If it is not broke then don't fix it'

I am so pleased that I did have a hospital passport otherwise I might not have had your help & support. & I am so pleased that I had said yes to having a hospital passport. & I would recommend it to anyone as it has opened a lot more doors for me to have the help & support that I needed as this is my first long time stay in hospital since my mother's death during covid. & knowing that I had someone that I can turn to has been amazing as my next of kin lives in London.

3.3 Patient Experience

Patient Consent & Shared Decision-Making Programme

The Patient Consent and Shared Decision Making programme of work has continued to progress and expand during 2022-23. We recognise the importance of patients being heard and supported in their treatment decisions, despite the increasing clinical pressures, such as extended waiting lists. The projects have focussed on elective surgery pathways but will now expand into other clinical specialties.

The importance of consent and shared decision making is increasing nationally, with SDM being included in the 2022-23 national CQUINs. The data collected for SDM project has enabled NBT to fully achieve this CQUIN target.

The Shared Decision Making (SDM) project has evolved from an ongoing piece of research (at the University of Bristol) to determine whether we can monitor patient responses to questionnaires in real time. The project started with two surveys regarding SDM being automatically sent to patients once they have decided to have surgery (in seven surgical specialties), using a bespoke software system. Following a Quality Improvement project in 2021-2, an intervention event has now been designed within the elective surgery pathway for those patients returning a low-scoring SDM survey. If the score returned is, on average, less than 4/9 (or under 46%), the governance team are alerted via email. The process has been designed to contact the patient to understand any potential issues and escalate if needed before the patient has their planned procedure. All calls, actions and outcomes are recorded in a bespoke register. A free text box has also been added to the survey to provide additional insight. The process has been embedded within GI surgery and neurosurgery this year, and roll-out has commented in two other specialities

2022-23

7000 +

Patients were sent the surveys

46%

Responded and completed the surveys

84% (average)

NBT's score for SDM given by patients across 7 specialities

100%

NBT's score across 7 specialities given by **65%** of patients who responded

During this same year, **220 patients triggered a low score alert.** In the specialties where the intervention process has been introduced, patients have been contacted to discuss their concerns. Of these, **86% were happy** with the outcome of the conversation and were happy to proceed with surgery. The remaining **14% were facilitated** in speaking to another clinician, after which their concerns were addressed, and they proceeded to have their treatment.

Research is continuing in this field, and the software has been secured and financed for the next financial year. This will allow further development and expansion of the project to help us improve SDM and experience for patients at NBT.

3.3 Patient Experience

Patient Consent & Shared Decision-Making Programme

Consent Project

The process of consent for surgery consists of a series of discussions and decisions between clinicians and patients. However, for over 75% of surgical procedures at NBT, the consent forms are only introduced on the day of surgery.

Following the redesign of Consent Form 1 in 2021, pre-populated procedure-specific forms are now being used successfully in multiple specialties. Versions for procedures without a general anaesthetic have also been designed (Consent Form 3). These include risks specific to the patient, and also a box for the patients to record any information they feel is important to them which may influence their choice of treatment. Initial results suggest that Shared Decision Making scores increase when the new forms are used compared to the previous consent forms.

The blank Consent Form 1 has also been introduced into one of the emergency wards. Typically, these forms are being used with patients arriving for unplanned surgery, but are a good prompt for enhanced discussion between the patients and clinicians. The next step is to widen the release of these forms across the hospital. This is a complex project, as it involves a change in process rather than simply a change in the form.

We hope to further enhance the consent process for patients and staff with the introduction of a digital consent solution in the coming year.

3.3 Patient Experience

Accessible Information Standard

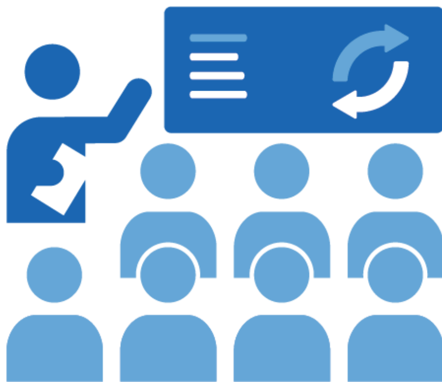
North Bristol NHS Trust (NBT) is committed to the Accessible Information Standard (AIS). Whilst we recognise there is still much to improve, we have made great progress in the last year.

Our Accessible Information Standard Steering Group has met several times since launching in May 2022. The group has great engagement from patient representatives from local Deaf, Visually Impaired and Disabled communities. There is also diverse representation from hospital staff. The group has effectively contributed to and steered the work described below.

“ It is really nice to work with an organisation who wants to work collaboratively to make services better for those with visual impairment and sight loss. With lots in the pipeline, I am excited to see how things will evolve. NBT are leading the way for other hospitals.”

Anela Wood,
Patient and Carer Partner and member of Bristol sight Loss Control

NBT recently adopted an Accessible Information Standard Policy which clearly sets out the trust’s commitment to the standard and staff responsibilities. During Disability History Month in November, we delivered an AIS awareness campaign targeted at increasing staff knowledge of the AIS. Alongside patient representatives we visited several departments in person including ED and Maternity. We have also created an AIS section on the staff intranet sharing information about alerts, training, communication needs and a video of the five steps to achieving the AIS, with input from both Deaf and Visually Impaired patient representatives. The site has had over 500 clicks since launching.



NBT delivers regular training for accessibility. We work with the Bristol Sight Loss Council and have trained over 100 staff in supporting patients with visual impairments. We have hosted several Deaf Awareness sessions in connection with our Sign Language Interpreting Agency, Sign Solutions. We have also launched an e-learning package on LEARN, the trust’s online training platform, for accessibility which hosts the NHS England Accessible Information Standard Introduction and Towards Excellence sessions. In addition, we have co-designed a Visual Impairment Awareness session and plan to add a deaf awareness and digital accessibility session to complete

We have a new Interpreting and Translation Policy and Process at NBT and strive to ensure patients have information in a way they can understand, this includes having more information on our website and ability to create variations such as Easy Read.

Our new electronic system CareFlow now hosts a full list of Accessible Information / Impairment alerts. When a patient has a communication alert on their record it will flag up to the member of staff accessing their record.

We are continuing to work on ensuring these alerts are added effectively and that staff understand how to meet each of the communication needs. We are also working as part of the AIS BNSSG (Bristol, North Somerset and South Gloucestershire) group and our key priorities as a group include patient alerts and creating awareness of AIS amongst our patients in BNSSG.

3.2 Patient Experience

End of Life - Improvement Programme

We continue to strive to support delivery of excellent end of life care across the trust and to continue to develop our identification of and support for patients likely to be in their last year of life. Our improvement work is underpinned by the 'Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026 (2021).

Last Year of Life

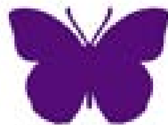
Last year we developed a ReSPECT network, allowing us to have oversight over our ReSPECT processes across the trust. The network was invaluable this year, when our large trust-wide audit found we need to improve our ReSPECT practice for patients with learning disability and autism.

We have developed a competency framework for non-medical practitioners to hold and document ReSPECT conversations. Training sessions are established and very popular.

We continue to explore ways to improve documentation of capacity for ReSPECT decisions and are now building this into the emergency zone Electronic Patient Record.

Our Ageing Well pilots to improve care in care homes, complex Parkinson's disease and onco-frailty were highly successful; we have secured £3.5m over 5 years to continue this work. Our next priority is to identify and support care homes in more deprived areas of BNSSG and find a

Last Days of Life



Purple Butterfly is our approach to deliver compassionate, individualised end of life care to patients and their families across NBT.

Our end-of-life education program has been awarded 12 months further funding from HEE and has been rolled out across the Trust and beyond helping to ensure our end-of-life care is excellent on every ward, at all times.

We have appointed a palliative care support worker for two days a week to carry out a 1 year pilot project. This post was funded with a generous donation to Southmead Charity and aims to support all patients who have end stage diseases.

This fits in well with our priority for the coming year, which is to seek feedback on end-of-life care from a more culturally diverse population. A band 7 specialist nurse has been appointed to support the project.

All end of life documentation in ICU is now digital and we hope to continue to explore how we can transfer symptom observations to the digital system to ensure appropriate escalation of patients with uncontrolled symptoms at the end-of-life throughout the rest of the trust.

We now have an established team of 10 “Purple Butterfly volunteers” who have been specially trained to support patients and their loved ones when approaching the end of life. From mouthcare to organising carers passes or just listening these volunteers have received compliments and positive feedback from staff, patients and loved ones.

Care After Death

Our Aim is to always treat patients with dignity.

- Work with the mortuary team to deliver bespoke training to ward teams to ensure all care after death is of a high standard.
- Continued to work with our digital teams and community colleagues to ensure GP’s are notified in a timely manner when a patient dies
- Working with a charity developing supportive information packs for the bereaved.

3.3 Patient Experience

Volunteers

This year our NBT volunteers have donated over **35,000 hours** of their time. We currently have over **370 active volunteers** across our sites, conducting a variety of roles. This is a percentage increase of at least **25% more donated hours** and **37% more volunteers** than the previous year.

Volunteer Teams

This year we have successfully returned our **Pets as Therapy** volunteers and **Macmillan Wellbeing Centre** volunteers, as well as introducing a new **Patient Experience Survey** role and **ICU Volunteer Patient Tutor** role. We have particularly focused on recruiting for our ward base volunteer roles who support patients with befriending and mealtimes. We have supported many young people in to volunteering, with **35%** of these roles being conducted by a volunteer **under the age of 20**, and a further **17% aged between 21-30**.

Ward-based volunteers

Our ward-based volunteers donate more than **575 hours** of volunteering a month.

We are continuing to work towards our priority objective to increase the diversity of our pool of volunteers to reflect our local community and the patients we serve.

Our demographic data results show that **40%** of our ward-based volunteers indicated that they are from an ethnic minority background.

"It was our third visit to Southmead Hospital and yet again these wonderful people came to our rescue, your Move Makers. It started in the car park with me getting more and more frantic. There was nowhere to park, and it was pouring with rain. I spied a Move Maker and tearfully called out; his name was Kevin. In an instant he calmed me down promising to find a wheelchair and assist my husband, which he did wonderfully."

-Patient Family Member

"I just wanted to give some feedback from the daughter of a patient, who was super complimentary about Ben our volunteer on Gate 32a Acute Frailty Unit today. She said he spoke of with such compassion and care and really reassured her—she anted to pass on her thanks to him. H is an asse the team!"

-Divisional Director of Nursing

Move Makers

Our **Move Makers** have continued to be one of the first points of contact for most outpatients and ED patients. They offer directions, check in support, and transportation to waiting areas. This year the Move Maker buggy conducted over **30,000 buggy runs.**

The Move Makers support the Sunflower Hidden Disability Scheme by providing lanyards and bracelets to patients who require them. They have also been a key voice in shaping improvements to the patient journey.

Move Makers provide feedback regarding the check in kiosk, patient letter errors, and signage/ map improvements, this feedback is escalated to the relevant department for resolution.

3.3 Patient Experience

Volunteers

Peer Support

Our peer support volunteers continue to dedicate time to use their lived experience to support patients within the **Alcohol Team, Head Injury Therapy Unit, Pain Management team,** and **Living Well with Cancer** workshops.

In October 2022, **Kidney Peer Mentor Volunteers** were winners in the NBT Staff Awards in the We Make Improvements to

"My mentor has given me lots of helpful information to help me come to terms with what's happening, as well as methods and products to help with some of the side effects that have affected me."

Major Trauma

Our **Major Trauma volunteers** have continued to improve the Major Trauma Service patient experience and care journey by providing support, signing posting and companionship to allocated patients who are required to have a longer in-patient hospital stay.

Fresh Arts Musicians

We have **55 volunteer pianists** who support our patients and staff wellbeing by playing the piano regularly within the Atrium, this year they donated over **400 hours** of playing time.

"Walking through the atrium to an appointment and hoping that the news will be good can be stressful, so I sat down and listened for a while as I usually do for the piano. It makes the hospital feel less medical and much happier. Congratulations and gratitude to everyone."

- Patient

Southmead Hospital Charity volunteers

Southmead Hospital Charity volunteers have offered their time this year to help at fundraising events and collect donations from generous members of the public. From Buskathons to book stalls bakes sales to cheering stations, they are a hugely appreciated part of the Charity team.

Adverse Weather Drivers

For the last 3 years, we have been lucky to have a team of eight 4 x 4 drivers who are placed on call each winter to support the transportation of staff members in the event of adverse weather. This year has been no different with the volunteers returning to be on call as a part of the Trust emergency plan.

League of Friends

Southmead Hospital League of Friends and the **League of Friends of Cossham Hospital** have continued to serve patients, visitors, and staff with affordable refreshments to raise funds to benefit the Trust. They are a much valued and important part of the hospital community.

3.3 Patient Experience

Patient and Carer Partnership Group

Our Patient and Carer Partnership continues to grow from strength to strength and will be celebrating its 20th anniversary next year.

We have realised our goal of increasing the diversity of the partnership. We now have 14 patient and carer partners who reflect our local community. We have members of the BAME community, LGBTQ+ community, working mothers, a carer, a partner with learning disabilities and a partner with visual impairment.

Whilst we are proud of the progress, we have made and the vibrancy of our partnership, we recognise that there is still more to do. We will continue to actively recruit to broaden our membership as the desire to engage our partners continues to increase across the Trust.

Our Patient and Carer Partners:

- have contributed to a broad range of work this past year, using their lived experience and expertise to advise and guide us. We are proud to have a Patient Safety Partner in role, contributing to the patient safety agenda including attending Patient Safety Committee.
- continue to support many committees, groups and meetings including the Equality Diversity and Inclusion Committee and the Accessible Information Standard Steering Group.
- have contributed to numerous projects including Digital Patient, Management of Patient's Property and RADAR project board. Aside from this, they continue to share valuable feedback on their experience accessing our services as patients, enabling us to make quick but significant changes such as ensuring the availability of sanitary ware for women across all wards.
- have played significant roles in our Complaint Lay Review Panel, which continuous to be recognised nationally as an exemplar. The panel reviewed 12 cases in the last year, looking at how we handled the case, providing a score, and noting areas of good practice and opportunities for improvement. A member of the panel now attends our Divisional Patient Experience Group meeting to feedback directly to divisions on the panel's findings.

In July 2022 one of our partners formed part of the NHS Learning Disability Quality Checkers Project. The Quality Checkers reviewed our Emergency Department and suggested helpful improvements for our administrative and reception staff.

One of our patient partners who has worked with us for the last two years is blind and brings her personal experience to the work she does, raising awareness for people with visual impairment in the hospital. This includes being involved in Digital Patient work and delivering sight loss awareness training to staff. She also attends the Patient Partnership Group, Patient Experience Group and Carers Strategy Group. She is also a member of the Bristol Sight Loss Council and provides a strong link between the council and the Trust.

Future plans for 2023/24

We continue to work to improve recruitment of patient and carer partners to ensure this continues to provide us with the feedback we need and the critical friend support we require to improve services and care of our patients..

Annex 1: A Statement of Directors' Responsibilities for the Quality Report

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

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

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

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

By order of the Board

Michele Romaine

Chairman

Date: 29th June 2023

Annex 2: Quality Account Engagement External Stakeholder Consultation

External Stakeholder Consultation

The draft Quality Account was circulated to the organisations listed below for review and comment during the period 9th May to 7th June.

- Healthwatch Bristol , North Somerset and South Gloucestershire
- North Bristol Patient and Carer Partnership Group
- Bristol, North Somerset and South Gloucestershire ICB
- Bristol— Health Scrutiny Committee
- North Somerset Health Overview and Scrutiny Panel
- South Gloucestershire Public Health Scrutiny Committee
- NHS England 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 3.

Presentation of the North Bristol NHS Trust 2022/23 Quality Account to Bristol Health Scrutiny Committee

Professor Steve Hams, Chief Nursing Officer and Paul Cresswell, Director of Quality Governance presented an overview of this year's Quality Account to the Bristol Council Health Scrutiny Committee on 22nd May 2023.

The presentation included a summary of the progress of the key priorities for 2022/23 as well as the identified priorities for 2023/24 and some key examples of quality improvement and patient & carer feedback and engagement.

NB: Due to the timing of local elections this year, this meeting did not include South Gloucestershire Council Health Scrutiny Committee or North Somerset Health Overview and Scrutiny Panel.

Annex 3: Statements from External Stakeholders

Bristol, North Somerset and South Gloucestershire Integrated Care Board

Bristol, North Somerset and South Gloucestershire ICB

This statement for North Bristol NHS Trust's (NBT) Quality Account 2022/23 is provided by the Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB).

NBT's annual Quality Account provides an opportunity to celebrate the Trusts quality and performance during 2022/23. The data provided reflects information shared by NBT with the ICB throughout the year and the ICB welcomes this opportunity to review and reflect on the Quality Accounts and fully supports the collaborative working between NBT and the ICB, with a clear focus on quality improvement.

BNSSG ICB acknowledges the continued challenges faced by NBT during the post pandemic restoration period, including the impact of health professional industrial action. This has inevitably impacted on the achievement levels for a range of quality indicators and the ICB acknowledges these challenges include a continued high demand on unscheduled care services as well as recovery of cancer performance.

Six quality objectives were selected for 2022/23.

1. Ensure patients feel supported and active partners in choosing their course of care.
2. Collaborative working with system partners to efficiently identify and treat healthcare problems to prevent longer than necessary hospital stays.
3. Work collaboratively to ensure patients requiring emergency care are assessed and treated using services appropriate to their clinical need and urgency.
4. Provide high quality maternity care that is safe, effective and personalised to women and babies.
5. Work across primary and secondary care to deliver timely diagnosis and effective treatment of cancer.
6. Work collaboratively with patients, communities and system partners to ensure access to planned care and enable patients to 'wait well'.

Objective 1: Personalised Care; informed and shared decision making.

BNSSG ICB acknowledges the ongoing commitment NBT has in ensuring there is collaborative working and empowering patients in shared decision making. The ICB commends NBT for the collaborative working with Bristol Sight Loss Council, Bristol Deaf Health Partnership and Bristol Disability Equality Forum to produce and enact NBT's Accessible Information Policy. The efforts taken by NBT to support the more diverse patient including ward tours to familarise patients to ward layout and assigning champions to support the use of newly developed resources is commended.

Objective 2: Personalised Care; collaboration with system partners to strengthen discharge process.

The ongoing challenges that NBT face with patients who are defined as having 'no criteria to reside' is acknowledged and the ICB commends the collaborative working between NBT and the Integrated Care System to create additional capacity for these people when they no longer require acute care. Examples of this collaborative working include the successful delivery of the NHS@Home model and the 'Care Hotel' both providing suitable care accommodation.

Objective 3: Safe and Harm-Free Care; identifying and treating patients who require emergency care.

The ICB commends NBT for the efforts made to ensure patients who require emergency care are treated and assessed appropriately. Examples include:

- Commissioning a Same Day Emergency Care (SDEC) service
- A risk based proactive whole hospital approach to improve flow from Emergency Department through to the inpatient wards.
- A test pilot to reduce unnecessary mental health presentations in ED.

Objective 4: Safe and Harm-Free Care; providing high quality maternity care

The ICB acknowledges the responsiveness of NBT in reacting to national recommendations following maternity service reviews. NBT have demonstrated several collaborative initiatives including:

- Engaging with staff to discuss and respond to the Ockenden and Kirkup reports.
- Commencement of an Ockenden programme board to ensure oversight of the implementation of actions.
- Maternity staff involvement with the Black Maternity Matters pilot.

Objective 5: Excellence in Clinical Outcomes

The ICB acknowledges and commends the dedication shown by NBT in improving cancer performance as part of the Tier 1 national improvement programme which also resulted in national recognition for the trust. Since this improvement work has been undertaken NBT are no longer categorized as an outlier for cancer patient tracking list backlogs.

Objective 6: Excellence in Clinical Outcomes

NBT have not cancelled any planned/elective care episodes during periods of industrial action which the ICB applauds. NBT have achieved the milestone for having no patients waiting 104 weeks for planned treatments and procedures. The ICB commends this excellent work and acknowledges that further work is still required to reduce waiting times but recognises NBT's commitment to further reduce the backlog.

Future Planning

BNSSG ICB acknowledges NBT's five priorities for the 2023/24, which includes further development of existing objectives. The ICB thanks NBT for their collaboration and continued focus on patient safety and quality care delivery and looks forward to supporting NBT in achieving an overarching aim for an 'Outstanding Patient Experience.'

Michael Richardson

Deputy Chief Nursing Officer

BNSSG ICB

Annex 3: Statements from External Stakeholders

Bristol— Health Scrutiny Committee

Comments on 2022/23 Quality Account North Bristol NHS Trust (NBT)

Bristol Health Scrutiny Committee members attended a helpful presentation/question and answer session in relation to the NBT 2022/23 Quality Account attended by the NBT Chief Nursing Officer and Director of Quality Governance.

Members' comments are summarised below:

1. The general progress in delivering objectives against each of the 2022/23 Quality Priorities is welcomed, including the improved cancer performance, where the focus on reducing waiting lists has seen the removal of both tier 1 and tier 2 escalation status by NHS England so that NBT is no longer categorised as an outlier in relation to cancer patient tracking list backlogs.

2. We welcome the range of actions taken in relation to emergency care, improving patient flow and tackling the issue of ambulance queuing times and handover delays. We note that this has included ensuring appropriate triage arrangements are in place in the emergency department, the Same Day Emergency Care arrangements as documented in the QA and the introduction of a continuous flow model to move patients on from the emergency department as soon as it is safe to do so, noting also the additional measures taken to increase ward capacity to relieve pressure on the emergency setting.

3. We were interested to hear about the actions being taken to improve mental health and autism services, noting that a collaborative and coherent approach is being developed. We welcome the focus that will be included around mental health services in the Trust's new clinical strategy.

4. We note and welcome the fact that following the Ockenden and Kirkup reports in 2022, the existing practices of maternity teams have been extensively reviewed to ensure safe and high quality maternity care. We also note the commitment around health inequalities and, whilst noting actions already taken, suggest there should be a particular focus on supporting women of colour and communities of colour, including access to maternity services, building on the Black Maternity Matters project to improve outcomes for black and minority ethnic women and babies.

5. We note the ongoing challenges faced by NBT around recruitment and retention, recognising the national situation/context around these issues.

6. We welcome the plans to develop a new elective centre to enable approx. 6,000 additional elective operations per year and improve both patient choice and experience. We note that this will provide additional capacity for NBT and UHBW to support each Trust's elective recovery plans.

7. We note and welcome the action taken to strengthen hospital discharge processes, including the work with system partners to reduce the numbers of patients assessed as 'no criteria to reside' and were interested to hear of the positive experience of the 'care hotel' temporary care facility over the winter period. We note that we still have very high NC2R numbers in Bristol, and this is an area which we plan to further scrutinise during 2023/24.

8. We welcome NBT's commitment to providing fully accessible information to patients, including work on meeting the Accessible Information Standard. We suggest that it would be helpful to share data demonstrating the progress made.

9. We welcome the arrangements made to avoid cancellations of elective surgery that might have become necessary as a result of industrial action.

Ian Hird

Scrutiny Advisor

Bristol Health Scrutiny Committee

NHS England Specialised Commissioning - South West

Thank you for sharing the Quality Account 2022/23. It is heartening to see summarised the important work on improvements the Trust has undertaken over the past year and the impact this has had, and more than that to see the Trust has ambitions for further improvements in the coming year.

I recognise that some of these improvements have come about as a result of adverse incidents, but learning and improvement opportunities have been taken to ensure better services and experiences for patients.

Many improvements though are borne of the desire of the Trust to continue to improve all aspects of what is provided and deliver high quality healthcare for the patients they serve locally and regionally.

All of those have been achieved against the backdrop of COVID recovery, financial challenges within the NHS, staffing challenges and more, in what has been a tough year for everyone, which makes it all the more important to recognise these achievements and the continuing ambition for ongoing improvement.

Greg Martin

Senior Commissioner

Specialised Commissioning

NHS England – South West

Annex 3: Statements from External Stakeholders

Healthwatch Bristol , North Somerset and South Gloucestershire

Healthwatch across BNSSG are pleased to be working closely with the Patient Experience Group which bring our ***Local Voices*** reports to the attention of Leaders at NBT. In 2022 we spoke to over a hundred people in Southmead A&E to understand attendance which helped to inform and improve system-wide communication with patients and support for people with long-term conditions.

In 23/24 we look forward to contributing to your mental health care parity commitment. By sharing the experience, quality and access related evidence from patients, families, and carers, we aim to contribute towards better Emergency Department care, and better experiences for people accessing the Mental Health Crisis Pathway.

Vicky Marriott

Healthwatch BNSSG Chief Officer

North Bristol Patient and Carer Partnership Group

I've read through this. So detailed and must have taken hours or more likely days. I don't see anything to comment on other than it looks like so much hard work has been done by everyone.

All the best

Amanda Threlfall

North Somerset Health Overview and Scrutiny Panel

South Gloucestershire Public Health Scrutiny Committee

No formal response provided this year due to local elections and changes to Committee membership.

Annex 4: CQUINS

Commissioning for Quality and Innovation (CQUIN)

CQUIN	Q1	Q2	Q3	Q4
CCG1: Flu vaccinations for frontline healthcare workers (Min 70%, Max 90%)			10.6%	70.2%
CCG3: Recording of NEWS2 score, escalation and response times for unplanned critical care admissions (Min 20%, Max 60%)	95%	88%	89%	88%
CCG6: Anaemia screening and treatment for all patients undergoing major elective surgery (Min %, Max 60%)	98.9%	99.4%	92%	99.1%
CCG9: Cirrhosis and fibrosis tests for alcohol dependent patients (Min 20%, Max 35%)	37.4%	61.2%	57%	51.4%
PSS1: Achievement of revascularisation standards for lower limb Ischaemia (Min 40%, Max 60%)	62.5%	55%	50%	35%
PSS2: Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery (Min 65%, Max 75%)	88.4%	90%	90.4%	93.3%
PSS5: Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines (Min 74%, Max 98%)		51%	66%	
CCG4: Compliance with timed diagnostic pathways for cancer services (Min 55%, Max 65%)		47%	51.5%	71.3%

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

NHS England Quality Accounts List 2022-23

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 72 individual projects listed for inclusion in the Quality Account. Of these, NBT is eligible to participate in 57 (79.2%), of these, NBT is confirmed to be participating in 53 (93.0%).

	Programme/Workstream	Provider Organisation	NBT Eligible?	NBT Participating?
1	Breast and Cosmetic Implant Registry	NHS Digital	Yes	Yes
2	Case Mix Programme	Intensive Care National Audit and Research Centre	Yes	Yes
3	Child Health Clinical Outcome Review Programme*	National Confidential Enquiry into Patient Outcome and Death	No	N/A
4	Cleft Registry and Audit Network Database	Royal College of Surgeons – Clinical Effectiveness Unit	No	N/A
5	Elective Surgery: National PROMs Programme	NHS Digital	Yes	TBC
6	Emergency Medicine QIPs	Royal College of Emergency Medicine		
6a	Pain in Children		Yes	Yes
6b	Assessing for Cognitive Impairment in Older People		Yes	Yes
6c	Mental Health Self Harm		Yes	Yes
7	Epilepsy 12 – National Clinical Audit of Seizures and Epilepsies for Children and Young People*	Royal College of Paediatrics and Child Health	No	N/A
8	Falls and Fragility Fracture Audit Programme*	Royal College of Physicians		
8a	Fracture Liaison Service Database		Yes	Yes
8b	National Audit of Inpatient Falls		Yes	Yes
8c	National Hip Fracture Database		Yes	Yes
9	Gastro-Intestinal Cancer Audit Programme*	NHS Digital		
9a	National Bowel Cancer Audit		Yes	Yes
9b	National Oesophago-Gastric Cancer Audit		Yes	Yes
10	Inflammatory Bowel Disease Audit	IBD Registry	Yes	No
11	LeDeR – Learning from Lives and Deaths of People with a Learning Disability and Autistic People	NHS England and NHS Improvement	Yes	Yes
12	Maternal and Newborn Infant Clinical Outcome Review Programme*	University of Oxford/MBRRACE – UK Collaborative	Yes	Yes
13	Medical and Surgical Clinical Outcome Review Programme*	National Confidential Enquiry into Patient Outcome and Death	Yes	Yes

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

	Programme/Workstream	Provider Organisation	NBT Eligible?	NBT Participating?
14	Mental Health Clinical Outcome Review Programme*	University of Manchester/ National Confidential Inquiry into Suicide and Safety in Mental Health	No	N/A
15	Muscle Invasive Bladder Cancer Audit	The British Association of Urological Surgeons	Yes	TBC
16	National Adult Diabetes Audit*	NHS Digital		
16a	National Diabetes Core Audit	NHS Digital	Yes	Yes
16b	National Diabetes Foot Care Audit	NHS Digital	Yes	Yes
16c	National Diabetes Inpatient Safety Audit	NHS Digital	Yes	Yes
16d	National Pregnancy in Diabetes Audit	NHS Digital	Yes	Yes
17	National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme*	Royal College of Physicians		
17a	Adult Asthma Secondary Care	Royal College of Physicians	Yes	Yes
17b	Chronic Obstructive Pulmonary Disease Secondary Care	Royal College of Physicians	Yes	Yes
17c	Paediatric Asthma Secondary Care	Royal College of Physicians	Yes	Yes
17d	Pulmonary Rehabilitation – Organisational and Clinical Audit	Royal College of Physicians	Yes	Yes
18	National Audit of Breast Cancer in Older Patients*	Royal College of Surgeons	Yes	Yes
19	National Audit of Cardiac Rehabilitation	University of York	Yes	Yes
20	National Audit of Cardiovascular Disease Prevention (Primary Care)*	NHS Benchmarking Network	No	N/A
21	National Audit of Care at the End of Life*	NHS Benchmarking Network	Yes	Yes
22	National Audit of Dementia*	Royal College of Psychiatrists	Yes	Yes
23	National Audit of Pulmonary Hypertension	NHS Digital	No	N/A
24	National Bariatric Surgery Registry	British Obesity and Metabolic Surgery Society	Yes	Yes
25	National Cardiac Arrest Audit	Intensive Care National Audit and Research Centre	Yes	Yes

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

	Programme/Workstream	Provider Organisation	NBT Eligible?	NBT Participating?
26	National Cardiac Audit Programme*	Barts Health NHS Trust		
26a	National Congenital Heart Disease Audit	Barts Health NHS Trust	Yes	Yes
26b	Myocardial Ischaemia National Audit	Barts Health NHS Trust	Yes	Yes
26c	National Adult Cardiac Surgery Audit	Barts Health NHS Trust	Yes	Yes
26d	National Audit of Cardiac Rhythm Management	Barts Health NHS Trust	Yes	Yes
26e	National Audit of Percutaneous Coronary Interventions	Barts Health NHS Trust	Yes	Yes
26f	National Heart Failure Audit	Barts Health NHS Trust	Yes	Yes
27	National Child Mortality Database*	University of Bristol	No	N/A
28	National Clinical Audit of Psychosis*	Royal College of Psychiatrists	No	N/A
29	National Early Inflammatory Arthritis Audit*	British Society of Rheumatology	Yes	Yes
30	National Emergency Laparotomy Audit*	Royal College of Anaesthetists	Yes	Yes
31	National Joint Registry	Healthcare Quality Improvement Partnership	Yes	Yes
32	National Lung Cancer Audit*	Royal College of Surgeons	Yes	Yes
33	National Maternity and Perinatal Audit*	Royal College of Obstetrics and Gynaecology	Yes	Yes
34	National Neonatal Audit Programme*	Royal College of Paediatrics and Child Health	Yes	Yes
35	National Obesity Audit*	NHS Digital	Yes	Yes
36	National Ophthalmology Database Audit	The Royal College of Ophthalmologists	No	N/A
37	National Paediatric Diabetes Audit*	Royal College of Paediatrics and Child Health	No	N/A
38	National Perinatal Mortality Review Tool*	University of Oxford/ MBRRACE – UK Collaborative	Yes	Yes
39	National Prostate Cancer Audit*	Royal College of Surgeons	Yes	Yes

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

	Programme/Workstream	Provider Organisation	NBT Eligible?	NBT Participating?
40	National Vascular Registry*	Royal College of Surgeons	Yes	Yes
41	Neurosurgical National Audit Programme	Society of British Neurosurgeons	Yes	Yes
42	Out-of-Hospital Cardiac Arrest Outcomes	University of Warwick	No	N/A
43	Paediatric Intensive Care Audit*	University of Leeds/ University of Leicester	No	N/A
44	Perioperative Quality Improvement Programme	Royal College of Anaesthetists	Yes	Yes
45	Prescribing Observatory for Mental Health	Royal College of Psychiatrists		
45a	Improving the Quality of Valproate Prescribing in Adult Mental Health Services	Royal College of Psychiatrists	No	N/A
45b	The Use of Melatonin	Royal College of Psychiatrists	No	N/A
46	Renal Audits	UK Kidney Association		
46a	National Acute Kidney Injury Audit	UK Kidney Association	Yes	Yes
46b	UK Renal Registry Chronic Kidney Disease Audit	UK Kidney Association	Yes	Yes
47	Respiratory Audits	British Thoracic Society		
47a	Adult Respiratory Support Audit	British Thoracic Society	Yes	Yes
47b	Smoking Cessation Audit – Maternity and Mental Health Services	British Thoracic Society	Yes	Yes
48	Sentinel Stroke National Audit Programme*	King's College London	Yes	Yes
49	Serious Hazards of Transfusion UK National Haemovigilance Scheme	Serious Hazards of Transfusion	Yes	Yes
50	Society for Acute Medicine Benchmarking	Society for Acute Medicine	Yes	Yes
51	Trauma Audit and Research Network	Trauma Audit and Research Network	Yes	Yes
52	UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	No	N/A
53	UK Parkinson's Audit	Parkinson's UK	Yes	Yes

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

Annex 6: Learning from Deaths

27.1	During 2022/23 2,078 of NBT's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 481 in the first quarter 518 in the second quarter 561 in the third quarter 518 in the fourth quarter
27.2	By 07/06/2023, 2,054 case record reviews and 6 investigations have been carried out in relation to 2,078 of the deaths included in item 27.1. In 0 cases a death was subjected to both a case record review and an investigation. * The number of deaths in each quarter for which a case record review or an investigation was carried out was: 474 in the first quarter 517 in the second quarter 550 in the third quarter 513 in the fourth quarter * This is because where a death is covered by another investigation the mortality review request is withdrawn from
27.3	0 representing 0% of the patient deaths during the reporting period is judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter this consisted of: 0 representing 0% for the first quarter 0 representing 0% for the second quarter 0 representing 0% for the third quarter 0 representing 0% for the fourth quarter
27.4	Recent learning from deaths identified in item 27.3: Not applicable
27.5	Recent actions undertaken as a result of the learning outlined in item 27.4: Not applicable
27.6	The impact of the actions undertaken in section 27.5 Not applicable
27.7	97 case record reviews and 0 investigations completed after 07/06/2022 which related to deaths which took place before the start of the reporting period.
27.8	0 representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated by counting those deaths that were subject to an investigation as a result of it being more likely than not that the death was due to problems in care.
27.9	0 representing 0% of the patient deaths during 2021/22 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Annex 7: Mandatory Indicators

Mandatory indicators are based on recommendations by the National Quality Board. These align closely with the NHS Outcomes Framework and are based on data that Trusts report on nationally.

	Mandatory indicator	NBT Most Recent	National average	National best	National worst	NBT Previous
12	**Summary Hospital-level Mortality Indicator (SHMI) value and banding**	**April 2022 — March 2023 NBT Score: 99.92 (Peer average 101.56)** **April 2021 —March 2022 NBT Score : 96.21 (Peer average 99.41)**				
	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. with-					
18	**Patient Reported Outcome Measures – No. of patients reporting an improved score;**					
	Hip Replacement Primary EQ-VAS	**2021/22 NBT score 66.7% (England average 69.8%)** **2020/2021 NBT score: 16.7% (England average 69.7%)**				
	Hip Replacement Primary EQ 5D	**2021/22 NBT score 100.0% (England average 90.1%)** **2020/21 NBT score: No data available (England average 89.8%)**				
	Knee Replacement Primary EQ -VAS	**2021/22 NBT score 100.0% (England average 61.3%)** **2020/21 NBT score: No data available (England average 58.6%)**				
	Knee Replacement Primary EQ 5D	**2021/22 NBT score 100.0% (England average 82.4%)** **2020/21 NBT score: No data available (England average 82.2%)**				
	Varicose vein, Groin hernia	**Not applicable**				
	The Trust considers that this data is as described as it is obtained directly from NHS Digital. The Trust will act to improve this percentage, and so the quality of its services by analysing the outcome scores and continuing to focus on participation rates for the preoperative questionnaires 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 & 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.					
19	**Emergency readmissions within 28 days of discharge: age 0-15**	**Comparative data for 2011/12: NBT 10.2%; England average 10.0%; low 0%; high 47.6%.**				
	Emergency readmissions within 28 days of discharge: age 16 or over	**Comparative data for 2011/12: NBT score 10.9%; England average 11.4%; low 0%; high 17.1%.**				
	Comparative data since November 2011 is not currently available from the Health & Social Care Information Centre.					

Annex 7: Mandatory Indicators

<table>
<tr><th></th><th>Mandatory indicator</th><th>NBT Most Recent</th><th>National average</th><th>National best</th><th>National worst</th><th>NBT Previous</th></tr>
<tr><td rowspan="3">23</td><td>Venous thromboembolism (VTE) risk assessment</td><td>94.51%
Feb 21—Mar 22</td><td colspan="3">The VTE data collection and publication is currently suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic</td><td>94.87%
Apr 20—Mar21</td></tr>
<tr><td colspan="6">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.</td></tr>
<tr><td colspan="6">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.</td></tr>
<tr><td rowspan="3">24</td><td>Clostridium difficile rate per 100,000 bed days (patients aged 2 or over) - Trust apportioned cases only</td><td>72.8
2021/22</td><td>60.2</td><td>0</td><td>192.0</td><td>20.8
2020/21</td></tr>
<tr><td colspan="6">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.</td></tr>
<tr><td colspan="6">*Latest national data published on https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data is 2020/21 2021/22 data will be published in July 2021 after the Quality Account has been published.</td></tr>
<tr><td rowspan="6">25</td><td>Rate of patient safety incidents reported per 1,000 bed days</td><td>52.8
Apr 20—Mar21</td><td>63.7</td><td>235.8</td><td>15.2</td><td>49.8
Oct 19—Mar 20</td></tr>
<tr><td>Rate of patient safety incidents resulting in severe harm or death per 1,000 bed days</td><td>0.29
Apr 20—Mar21</td><td>0.40</td><td>0.00</td><td>3.28</td><td>0.2
Oct 19—Mar 20</td></tr>
<tr><td colspan="6">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.</td></tr>
<tr><td colspan="6">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.</td></tr>
<tr><td colspan="6">As part of this review, the annual publication which was due to be released in March 2023 has been delayed. Further announcements about this dataset will be made on the publication page in due course.</td></tr>
<tr><td colspan="6">Latest publication: March 2022</td></tr>
<tr><td rowspan="2">20</td><td>Responsiveness to inpatients' personal needs</td><td>76.1
2020/21</td><td>74.5</td><td>85.4</td><td>67.3</td><td>70.2
2019/20</td></tr>
<tr><td colspan="6">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.</td></tr>
<tr><td rowspan="2">21</td><td>Percentage of staff who would be happy with standard of care provided if a friend or relative needed treatment</td><td>77.3%
2022</td><td>62.9%
2022</td><td>100.0%
2022</td><td>51.7%
2022</td><td>83%
2020</td></tr>
<tr><td colspan="6">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.</td></tr>
</table>

Glossary

AKI	Acute Kidney Injury
AIS	Accessible Information Standard
ANP	Advance Nurse Practitioners
BASS	Bristol Autism Spectrum Service
BNSSG	Bristol, North Somerset & South Gloucestershire
BAU	Business As Usual
BOAST	British Orthopaedic Association Standards for Trauma
CRN	Clinical Research Network
CQC	Care Quality Commission
CCG	Clinical Commissioning Group
C-Diff	Clostridium Difficile
CSPR	Child Safeguarding Practice Reviews
CQUINS	Commissioning for Quality and Innovation
DHR	Domestic Homicide Reviews
DNA	Do Not Attend
DQIPS	Data Quality Improvement Plans
DSP	Data Security & Prevention
DSPT	Data Protection and Security Toolkit
DoLS	Deprivation of Liberty Safeguards
DNACPR	Do Not Attempt Cardio-Pulmonary Resuscitation
ED	Emergency Department
EDOU	Emergency Department Observation Unit
E-Coli	Escherichia Coli
EEU	Elgar Enabling Unit
EMIS	Egton Medical Information System
FTSU	Freedom to Speak Up
FFT	Friends and Family Test
GMP	General Medical Practice
GOSW	Guardian of Safe Working Hours
GP	General Practitioner
GIRFT	Getting it Right First Time
HES	Hospital Episode Statistics
HUG	Hospital User Group
ICB	Integrated Care Boards
IPC	Infection Prevention and Control
IM&T	Information Management & Technology
ICS	Integrated Care System
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
IST	Integrated Safeguarding Team
LDALT	Disability & Autism Liaison
LPS	Liberty Protection Safeguards
LMS	Local Maternity System
MARAC	Multi-Agency Risk Assessment Conference
MCA	Mental Capacity Act
MCA/ DoLS	Mental Capacity Act/Deprivation of Liberty Safeguards
MCCD	Medical Certificates of Cause of Death
ME	Medical Examiner
MEO	Medical Examiner Officer
MRSA	Methicillin-Resistant Staphylococcus Aureus
NHS	National Health Service
NHSE	National Health Service England
NICU	Neonatal Intensive Care Unit
NIHR	National Institute for Health Research
NBT	North Bristol NHS Trust
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
PCN	Primary Care Network
PDF	Postgraduate Doctors Forum
PGD	Postgraduate Doctor
PSIRP	Patient Safety Incident Response Plan
PSRIF	Patient Safety Reporting Framework
PSRIP	Patient Safety Incident Response Plan
RTT	Referral to Treatment
SAR	Safeguarding Adults Reviews
SALT	Speech and Language Therapist
SDEC	Same Day Emergency Care
SDM	Shared Decision Making
SJR	Structured Judgement Review
SUS	Secondary Users' Service
TNAs	Trainee Nursing Associates

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