



# North Bristol NHS Trust Quality Account 2020/21

*Exceptional healthcare, personally delivered*



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# Part 1

## A statement on quality from the Chief Executive

*Exceptional healthcare, personally delivered*

## Managing the impact of COVID-19

Even as 2020/21 began, we were already starting to tackle the impact of COVID-19. The pandemic touched every aspect of our work at North Bristol NHS Trust - from measures to cope with high numbers of COVID-19 patients, through to restrictions on people visiting loved ones and the impact on our dedicated workforce, 2020/21 was a year unlike any other.

As the new Chief Executive of NBT, I am proud to see the way our teams worked and rose to the challenges that faced them and continued to provide high quality patient care.

Our colleagues have demonstrated their commitment and resilience like never before, showing willingness and ability to adapt, creating innovative solutions to tackle the unique challenges of the pandemic. This has brought opportunities to introduce new technology for appointments and consultations, to fast-track our digital transformation and modernise services.

COVID-19 has given us new problems to solve through a Quality Improvement approach, such as how to continue providing personalised care whilst wearing PPE, developing ways to see patients virtually and importantly for families to stay connected through virtual visiting.

We recognised the need to further enhance our wellbeing support for staff and find ways to help staff to feel connected, particularly with so many people working from home for an extended period and many more shielding. We reached out to staff in a number of ways, including the popular Operational Update email to all staff and regular videos from the Executive to 'check in' and provide visible leadership. We also introduced our 'Start Well, End Well' initiative that was developed to support all staff through the challenging first wave of the pandemic response. This has been shared and implemented across other Trusts in the South West.

Meanwhile, our important research work needed to continue, despite the focus on the pandemic. Our research teams were involved in 33 new studies, including 18 looking at COVID-19. These ranged from treatments for COVID-19, the longer-term impact of the disease on those affected by it and trials of vaccines.

## Continuing to improve our care quality

I am also pleased to reflect that, amidst managing the impact of COVID-19, we have retained a continuous improvement focus in other aspects of delivering safe, high quality care, in line with our Quality Strategy.

Our continued commitment to improve support to patients with a Learning Disability has resulted in expanded 7-day service provision, establishment of over 100 champions across the organisation and signing up to the 'Hidden Disabilities' sunflower scheme. We are also piloting an innovative approach to seeking patient feedback around the quality of their consent for surgery as part of their care pathway. This work will expand across the Trust in 2021/22. We have also continued to respond to complaints and concerns in a timely way, recognising the importance this feedback provides, especially during such a challenging time for us all.

We have actively participated in the national 'Getting It Right First Time' (GIRFT) programme, which reported notable good practice in six different clinical specialities. We have also participated in national clinical audits to a high standard, with excellent outcomes reflecting the high-quality clinical services we provide, for example within the Fractured Neck of Femur, Maternal, New-born and Infant Clinical Outcome Review Programme and the Neurosurgical National Audit Programme (NNAP).

The National Patient Safety team welcomed North Bristol Trust as an early adopter organisation of the NHS Patient Safety Strategy, recognising the significant work already undertaken on our system and culture, as well as our commitment to improving patient safety. One great example of the impact of a really focused approach to patient safety was our achievement of reductions in pressure injuries of all types. We are very well placed to accelerate our safety improvement work during 2021/22.

Our ongoing engagement with the Care Quality Commission provided strong external assurance across a range of areas, including our approach to COVID-19 infection control requirements, delivery of safe medical care in our emergency zone, setting up the Mass Vaccination Centre and an on-site inspection of our Gynaecology service.

### **Working well with our partners**

The last year has seen us work more closely with our local partners in health and social care for the benefit of our local population, particularly with the leadership role we took for the Bristol, North Somerset and South Gloucestershire Vaccination programme and in setting up the Nightingale Hospital Bristol. This has set great foundations for the future.

While the pandemic has brought opportunities, we have also been left with the legacy of longer waiting times for diagnostic and elective procedures, as reflected within the performance information shown in this report. We have continually reviewed our waiting lists to ensure patients are treated in order of clinical need and applied innovative solutions, such as taking part in a pilot using capsule cameras for colonoscopies. This sees patients swallow a miniature camera and the diagnostic procedure can then be completed from home.

We are also proud that Bristol, North Somerset and South Gloucestershire has been named in the national elective accelerator programme to tackle the surgical backlog, carrying out additional appointments and procedures over the summer as we move to restore the services that were affected by the pandemic.

Now is the time for us to build back stronger from the experiences of the past year. To build on the achievements made in these challenging times and to focus on providing high quality, safe and personalised care for our local community and beyond.

I hope you find our Quality Account an informative and interesting read.



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











# Part 2

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



## 2.1 Priorities for improvement

Every year the Trust sets priorities for improvement which are consulted upon internally and externally. These priorities represent areas where we would like to see significant improvement over the course of the year. Due to the operational pressures caused by COVID-19 during 2020/21 the Trust proposed that these priorities continued for 2021/22. Quality Priority 4 has been expanded to reflect the Trust's wider post-COVID-19 focus for this year. This was discussed with, and agreed by, the Trust Management Team and by the Patient Participation Group.

These priorities are aligned with the Trust Quality Strategy which was approved by the Board in July 2020. In line with the principles set out within the strategy, improvement priorities are monitored by a Trust-wide Committee or Group which is responsible for agreeing and overseeing delivery against specific improvement actions. These are a mixture of both quantitative and qualitative measures.

### Our priorities for 2021/22 are:

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

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

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

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

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

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

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

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

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

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

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

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

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

**Our commitment:**

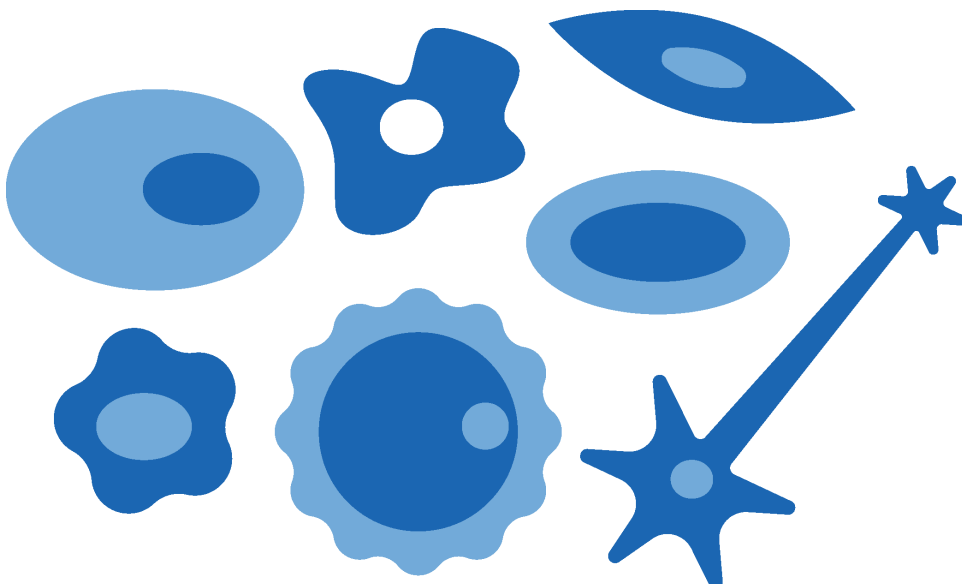
- **We will maintain excellence in infection prevention and control.**
- **Ensure the appropriate clinical priorities for recovery work.**
- **Keep people who are waiting for planned care safe.**
- **Maintain safety and excellent outcomes from emergency care.**

In 2019/20 Priority 4 focused on achieving excellence in infection prevention and control to support delivery of safe care across all our clinical services. This had even greater importance as COVID-19 became more prevalent. In 2020/21 this priority will continue, however has also been expanded to include the Trust's wider focus on the post-pandemic recovery of safe care and provision of excellent outcomes.

The Infection Control team have worked closely with staff throughout 2019/20 to support the provision of safe care throughout the pandemic. This also extended to visitors and patients to the Trust at all of our sites and clinics.

Effective infection prevention and control ensures that patients receive a high standard of care, with an improved clinical outcome. It is also seen as an indicator of the quality and safety of patient care and therefore ongoing compliance is continuously monitored and reported each month to the Board.

Our compliance with national guidance was validated by the Care Quality Commission (CQC) in response to the national Infection Prevention and Control (IPC) Board Assurance Framework, developed by NHS England/Improvement. The Trust received very positive feedback from the CQC as a result of the review.





### **Key achievements in 2020/21:**

Throughout 2020/21 the Infection Prevention and Control (IPC) team took a key role in the Trust's response to the management of the COVID-19 pandemic.

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

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

The team also contributed to the Trust-wide command and control process, as well as devising and implementing new COVID-19 secure patient pathways.

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

Due to clinical pressures the surveillance and monitoring groups were temporarily reduced, however all of the groups have now been re-established.

During this period we saw a reduction in all other infections, with the exception of C Difficile.

### **Further actions for 2021/22:**

- Be an active partner in the BNSSG 'System Accelerator' programme to restore and optimise system-wide and NBT/UHBW planned care pathways and capacity; reducing wait lists as a result of the pandemic and providing safe care for our patients across the region.
- Implement the 'Spring and Refresh' programme to safely reduce the length of stay of patients through continuous improvement of our discharge pathways.
- Continue to closely monitor cancer wait lists through the Trust Cancer Patient Tracking List (PTL) and carry out regular reviews to assess any potential clinical harm for delayed or patient deferred treatments.
- Continue to work with system partners, including South West Ambulance Service (SWASFT), mental health and social care, to support the provision of safe care and delivery of ED performance at a time of national post-pandemic increased demand.
- The Infection Prevention and Control Team will implement a robust plan to return to more 'normal' ways of working across the Trust by supporting Clinical Divisions, contributing to Divisional Control of Infection Committees, staff education to support the prevention of all infections and re-launching Link Practitioner roles. A key focus will be the reduction of C Difficile infections across our health system in collaboration with BNSSG CCG due to a rise in cases across the South West region.







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

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

North Bristol Trust has always put patient safety at the forefront of its vision for patient care. The new NHS Patient Safety Strategy, which NBT will be adopting in June 2021, will enable us to take the next step in learning and improving through how we respond to patient safety incidents.

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

This involves changing how we have responded to incidents for decades, and it will support us in ensuring we put patients at the heart of our services and care delivery.

We have a strong focus on culture, striving for an organisation that lives a restorative just culture in which people feel psychologically safe to be part of learning and improvement.

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



### Key achievements in 2020/21:

- The National Patient Safety team welcomed North Bristol Trust as an early adopter organisation of the NHS Patient Safety Strategy. They recognised the significant work already undertaken on our system and culture as well as our commitment to improving patient safety.
- During 2020/21 the Falls Academy Improvement Programme was launched. The approach taken within the Academy aligns with the patient safety strategy model of identifying themes and trends for ongoing improvement and learning related to patient falls.
- We undertook a thorough and considered review of the existing system and structures underpinning patient safety activity within North Bristol Trust. We conducted a thematic analysis of patient safety activity over a three year period to identify areas 5 key patient safety priorities;
  1. Inpatient falls,
  2. medication management,
  3. responding well to clinically changing conditions,
  4. pressure injuries, and
  5. discharge planning.
- Delivered training in culture and healthcare incident investigations to equip NBT with the knowledge, skills and understanding to embrace learning and continuous improvement.

### Further actions for 2021/22, we will:

- Launch the Trust's Patient Safety Incident Response Plan (PSIRP) in June 2021. This plan will explain how NBT will implement the National Patient Safety Strategy. The PSIRP will be followed by new policies and processes to ensure that the plan is achievable and realistic.
- The five patient safety priorities will each have a programme developed collaboratively by subject matter experts, our patient partners and frontline staff, along with patients and families. Each programme will set out improvement actions and monitor their impact.
- Alongside the structured improvement work looking at underlying systems and processes, NBT will focus on improving the culture of psychological safety within the organisation, which is a fundamental value that enables a positive safety climate.
- We will enable our patients and staff to feel empowered to discuss their concerns openly through supportive reporting and feedback methods, supported by clear and compassionate leadership.





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

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

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

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

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

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





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



### Key achievements in 2020/21:

- The continued provision of high quality care for families, whilst maintaining a COVID-19 safe environment and implementing COVID-19 precautions across our maternity services in the hospital and community.
- Opened new Obstetrics theatres to provide a better environment for women in labour.
- Continued to implement the Maternity Transformation Programme, including increasing both personalised care and continuity of care.
- Worked closely with the Maternity Voices Partnership (MVP) to ensure the voice of the service user is at the heart of everything we do.
- Maintained our research profile in Obstetric and Maternity at national and international level e.g. the ASSIST trial and the Pan-COVID-19 maternity study.
- Completed a self-assessment of our compliance against the essential and immediate actions within the Ockenden report published in December 2020.

### Further actions for 2021/22:

Linked to our objective to being outstanding for safety, ensuring excellence in our maternity services and delivering safe care is one of the objectives of our Quality Strategy.

- We will continue to restore our services following the impact of COVID-19.
- We will work in partnership with our Local Maternity System (LMS), Maternity Voices Partnership and the regional team to co-produce services in line with the workstreams set out in the Maternity Transformation Programme, with a shared goal of family friendly, safe, kind, professional and personalised services.
- Following our self-assessment of compliance with the recommendations of the Ockenden report in December 2020, we have developed an action plan which considers learning identified in the report and links to the safety actions set out in the NHS Resolution maternity incentive scheme. This has enabled us to understand and inform our drive for continuous improvement. This will be a focus for the service during 2020/21.

**Our maternity services work very closely with our Trust Board, with both executive and non-executive director safety champions engaged with the maternity team to strive for excellence across safety and experience.**



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



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

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

In June 2018, NHS Improvement launched the National Learning Disability Improvement Standards for NHS trusts. These were designed with people with a learning disability, carers, family members and healthcare professionals to drive rapid improvement of patient experience and equity of care.

**The three standards which apply to all NHS trusts cover:**

**Respecting  
and  
protecting  
rights**

**Inclusion  
and  
engagement**

**Workforce**

North Bristol Trust completed a self-assessment exercise against these 3 standards and our feedback is incorporated in our improvement plan and strategy. Benchmarking via a patient and staff survey and organisational questions were completed and submitted to NHS Improvement in 2019 and 2020.





### Key achievements in 2020/21:

- Our 3 year plan for improvement was further reviewed during August to September 2020 and builds on the NHS England/Improvement (NHSE/I) standards and incorporates the Bristol, North Somerset & South Gloucestershire (BNSSG) Learning Disabilities Mortality Review (LeDeR) annual report outcomes.
- The Learning Disability Liaison Team expanded to a seven day service in April 2020 at the start of the first COVID-19 lockdown. Benefits include ensuring reasonable adjustments are made, clinical teams are supported, and patients with a learning disability, autism, or both, can access healthcare and ensure their needs are met.
- We signed up as an organisation to the 'Hidden Disabilities' sunflower scheme. Lanyards were sponsored by the hospital Charity and can be provided for patients to provide a discreet way for an individual to choose to make the invisible visible. It indicates to people that the wearer may need additional support, help, or a little more time.
- We have over 100 Learning Disability and Autism champions at ward level and a Non Executive Director, Kelvin Blake, as a Board Level Champion to support Board to Ward awareness and oversight.
- Autism training for the Learning Disability Team, Emergency Department staff & Mental Health Liaison Team was provided by Bristol Autism Spectrum Service (BASS). An Autism Passport and reasonable adjustment checklist has been implemented in partnership with other local providers.



### Further actions for 2021/22, we will:

- Continue work with other providers in the region to transition and prepare young people and their families for care in an adult setting.
- Continue to progress quality improvement programmes of work including 'Poo Matters' preventing and managing constipation in collaboration with system partners.
- Establish our Hospital User Group (HUG), and benefit from the experience of our patients with learning disability and autism
- Implement the Oliver McGowan Mandatory Training in Learning Disability and Autism which is currently being piloted nationally.
- Further develop our online interactive training materials and provision.



## 2.2 Review of Services

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

### Medicine

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

### Anaesthesia, Surgery, Critical care and Renal

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

### Women's and Children's Health

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

### Core Clinical Services

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

### Neurosciences and Musculoskeletal

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

## 2.2 Review of Services

The Trust reviews data and information related to the quality of these services through regular reports to the Trust Board and the Trust's governance committees. To provide data quality assurance there is a Data Quality Tracker, which is updated daily and made available to all staff. The Data Quality Tracker is one of the leading quality management products used by the Data Quality Marshalls within Information Management and Technology (IM&T). This team triages both internal and external data quality queries, ensuring that any item raised is logged, assigned, tracked, and ultimately resolved, engaging wider resources as required.

There is a monthly North Bristol Trust Data Quality Meeting, focusing on all internal and external quality issues. The outcome from this Board is then visible internally to higher level quality forums and to the IM&T Committee, and externally to our commissioners via our Data Quality and Improvement Plan Meeting and Finance Information Group meetings, all of which are held monthly.

Throughout 2020/21, this governance structure has continued to report Data Quality as green and an area of increasing assurance.

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

The income generated by the NHS services reviewed in 2020/21 represents 100% of the total income generated from the provision of NHS services by North Bristol NHS Trust for 2020/21.

## 2.2 Care Quality Commission

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



North Bristol NHS Trust is required to register with the Care Quality Commission under section 10 of the Health and Social Care Act 2008. NHS trusts are registered for each of the regulated activities they provide, at each location they provide them from.

As at 31/03/2021, the Trust's registration status is that it is registered for all of its regulated activities, without any negative conditions, such as enforcement actions, during the reporting period.

### CQC Engagement Meetings

Quarterly meetings are held with the CQC Inspection Manager and Lead Inspector for the Trust, with specific thematic areas also covered as agreed during the year. Meetings held during the past 12 months are as follows;

04.03.2020 – Scheduled quarterly executive engagement meeting (in person).

20.05.2020 – Virtual meeting particularly focused on COVID-19 pandemic. All subsequent meetings agreed to be 'virtual' due to COVID-19 restrictions.

21.07.2020 – Infection Prevention & Control Board Assurance Framework review

22.09.2020 – Scheduled quarterly executive engagement meeting

30.10.2020 – 'Patient First' publication review.

02.12.2020 – Scheduled quarterly executive engagement meeting

08.12.2020 – DNACPR national review

10.12.2020 – Gynaecology inspection (on site)

16.03.2021 – Mass Vaccination Centre 'roundtable review'

24.03.2021 - Scheduled quarterly executive engagement meeting

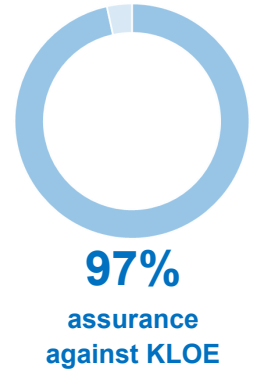
### Infection Control Board Assurance Framework

NHSI/E infection control experts created a board assurance document so that boards could assess the management of COVID-19 infection control in their organisations.

The NBT infection control team made an assessment of the current position in the Trust in relation to the assurance document which provided assurance against **56/58** of the Key Lines of Enquiry. Gaps in assurance were identified as follows:

- Segregation screening, e.g. for reception staff not in place in all areas
- Staff social distancing e.g. during meal breaks

The Quality and Risk Management Committee were reassured that the gaps would continue to be addressed to reduce the gaps in assurance, but accepted that this would take time as it involved a staff culture change .



### Mass Vaccination Centre Review



#### February 2021

CQC issued a set of national Key Lines of Enquiry for Vaccination Centres



#### February 2021

We performed a self-assessment against the KLOEs



#### March 2021

NBT hosted a roundtable review to present findings



### Feedback

No concerns were raised and we received excellent verbal feedback from the CQC. The key points were:

- Clear, strong, co-ordinated effort from NBT as host and across the system to establish the Ashton Gate site.
- Clearly integrated infection control and safeguarding policies and linkages to established NBT governance systems.
- Strong controls for medicines management and supply chain.
- Impressed with approach taken of patient consent, particularly for patients lacking capacity, such as patients with dementia.
- Very impressed with the Learning Disability specialist clinic.
- Finally, the encouragement for uptake using specialist clinics in the community, with support from local community leaders, was also impressive.

### CQC Focused Inspection of Gynaecology Service December 2020

The CQC visited the Trust on 10th December 2020 to carry out a focused announced inspection of the Gynaecology service, reviewing the safe, effective, responsive and well-led key questions, primarily focusing on cancer-related pathways. The inspection was scheduled as the CQC had not inspected the service since 2016 and wanted to test improvements made in recent years. These included the development of clinical guidelines, support for trainee doctors and strengthened governance processes.

Two inspectors from the CQC were on site for one day where they reviewed documentation, held virtual staff focus groups and interviews. They also met with the divisional and speciality management team who gave a presentation of the speciality's leadership as well as key achievements and improvements made in the service.

We received excellent initial feedback after the inspection and the report was published on 18th February which supported this. The report provides extremely positive findings on the quality of services and identified only 2 'should do' actions which the service is in the process of responding to.

A formal rating was not given as the service was not inspected as a whole.



#### Feedback

**Incidents:** The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

**Multidisciplinary working:** Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

**Access and flow:** People could access the service when they needed it and received the right care. Waiting times from referral to treatment had however deteriorated due to the impact of the coronavirus pandemic. This included long waiting times of over 52 weeks for non-urgent treatment.

**Learning from complaints and concerns:** The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

**Leadership:** Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They supported staff to develop their skills and take on more senior roles.

**Management of risk, issues and performance:** Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

### Internal Mock Inspections

Mock inspections are not only an important preparation tool for a CQC inspection, but also a good opportunity for reflection to ensure we are providing the best possible care for our patients.

The mock inspection team act as a 'critical friend' and provide constructive challenge to the service being reviewed. They observe clinical practices, speak with patients and staff, review documentation, e.g. patient records and performance data, before compiling their findings in a report with a rating and recommendations for action by the core service or Division.

#### How are they performed?

Focused mock inspections are unannounced and conducted by a team of at least five clinical and non-clinical staff from varying departments across the Trust. The team use an inspection pack made up of supporting data and a targeted mock inspection tool template.

Teams spend between 4-5 hours in the departments observing practices, speaking with staff and patients and reviewing documentation before coming together to draw conclusions on their findings and deliver high level feedback to the Divisional Management Team.

### Internal Mock Inspections

These included a review of actions completed following the 2019 inspection.

#### October 2020

- ✓ Emergency Department
- ✓ Maternity
- ✓ Theatres

#### February 2021

- ✓ Maternity (follow-up)

#### March 2021

- ✓ Emergency Department (follow-up)
- ✓ Theatres (follow-up)

#### 2021/22

Further follow-up activity and mock inspections are planned for 2021/22 and are included as part of NBT's Internal Assurance Programme





## 2.2 Research and Innovation

North Bristol Trust has had great success in 2020/21, being awarded five National Institute for Health Research (NIHR) grants, designed and led by staff, supported by our patient advisers. We now have a total portfolio of research grants worth £31 million.

**NIHR | National Institute for Health Research** We were awarded £632,000 by the NIHR to identify the amount and type of aerosol generated when medical procedures are performed to improve guidance for safety during pandemics.

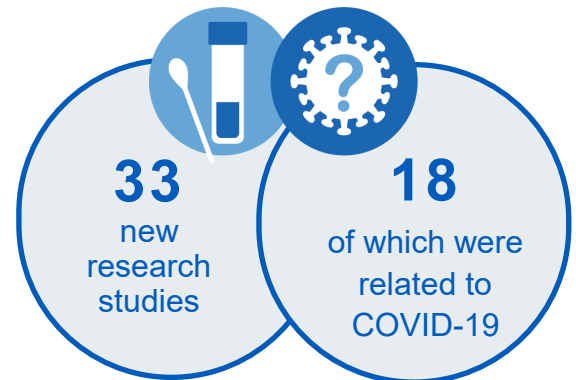
Through the **Aerator** study an evidence base is being provided to a variety of healthcare settings, from ICU to dentistry. This will support the development of policies and procedures to help ensure proportionate social distancing and personal protective equipment is used.



**COVID-19 AvonCap Study:** This is a three year Pandemic Respiratory Surveillance Study, funded by Pfizer and in partnership with the University of Bristol. It uses clinically collected data to estimate population-based levels of lower respiratory tract infections. The findings from this study will be used to inform policymakers about the effects of different interactions and vaccinations.

**DISCOVER Study [COVID-19]:** This pragmatic study is being hosted by the Trust on behalf of the NHS Health Research Authority to look at the identification of diagnostic and severity markers of COVID-19 to enable rapid triage.

The study recruits patients with a diagnosis of COVID-19 and analyses blood samples and medical information, with additional tests at specific time intervals. These follow-up clinics have in turn initiated further fields of study to look at different elements of Long COVID.



In addition to the study collaborations NBT has been working with Acute Trusts within the region to develop novel ways of working; supporting other Trusts to develop their own COVID-19 vaccine trials. Through these collaborations NBT has supported increased accessibility across a wider geographic area and ensured rapid recruitment and evaluation of the safety and effectiveness of vaccines. As part of this collaboration staff from across the region have moved around the local healthcare economy as part of the training and also to support sites to deliver the study effectively.

### Public contribution

We have developed new ways to enable patients and public partners to contribute to our research virtually, and have worked together to design research that matters to our community. We have worked with our patient and public partners to help us decide which research to support with the Southmead Hospital Charity Research Fund. This has led to ground-breaking research into Long COVID-19, the psychological impact of COVID-19 on staff and how to better deliver respiratory diagnostic tests at home.

### What next?

Next year we will restore our research portfolio, enabling people across a diverse range of diseases an opportunity to participate in research, as well as increasing research in new areas such as infection and vaccines. We also aim to focus more research towards priorities identified with our regional partners, focusing on improving the health and wellbeing of our whole community.

## 2.2 Operational Performance



The provision of cancer services was impacted by COVID-19 throughout 2020/21, however every effort was made to protect surgical services using a combination of NBT and Independent Sector resources. Cancer patients were clinically prioritised by all divisions in line with national guidance.

The largest impact to the cancer pathways was a reduced diagnostic capacity which resulted in delays. At the start of COVID-19, aerosol generating endoscopic procedures were also suspended. The procedure was resumed in Quarter 2 with a reduced capacity, but the suspension had created backlogs which added long waits to cancer pathways. The primary breach reason was patient delay, due in part to concerns about coming into hospital during a pandemic, despite reassurances of the patient safety measures that had been put in place.

Throughout the pandemic there were a number of national and local changes to cancer services processes and pathways. The Trust put in place safety nets across all of the pathways to ensure that every patient was tracked through these changes. This provided assurance that all patients were being managed safely and appropriately.

### Our performance

During 2020/21 performance against the 62 day cancer standard failed to achieve national standards or the Trust trajectory, with an average of 72.36% against a planned trajectory of 80%. This performance was slightly lower than 2019/20. Most of the treatment delays are attributed to patient choice to defer until after COVID-19 vaccination, clinical prioritisation to delay start of treatment, as well as access to theatres and diagnostic capacity. Urology were able to continue with their backlog clearance plans from 2019/20, with performance continuing to improve as a result.

The two week wait (2WW) performance across the year was 77.26%, with the highest performance of 97.18% in June 2020; this was due to a drop in referrals as a result of lockdown. The achievement of 77.26%, compared to the overall performance of 2019/20 (without COVID-19 impact) of 80.87%, was due to agile changes in the way 2WW appointments were delivered in terms of virtual clinics, triage and utilising the changes in response to national guidance.

The 31-day first treatment target was achieved three times in 2020/21; with a yearly performance of 93.49% which also exceeded the Trust trajectory of 81.09%. Clinical prioritisation and patients being offered alternative treatment options considered safer during Covid-19 allowed us to maintain a steady performance throughout the year, with an achievement of over 90% for ten of the twelve months.

Cancer Multidisciplinary Team (MDT) Performance	Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
Patients seen within 2 weeks of urgent GP referral	93%	91%	81%	77%	65%
Patients with breast symptoms seen by specialist within 2 weeks	93%	96%	75%	57%	29%
Patients receiving first treatment within 31 days of cancer diagnosis	96%	91%	93%	95%	94%
Patients waiting less than 31 days for subsequent drug treatment	98%	100%	100%	100%	100%
Patients waiting less than 31 days for subsequent surgery	94%	80%	89%	90%	78%
Patients receiving first treatment within 62 days of urgent GP referral	85%	72%	72%	75%	71%
Patients treated within 62 days of screening	90%	66%	87%	83%	81%

### 52 Week Waits

The Trust has historically experienced a number of patients waiting in excess of 52 weeks on Referral to Treatment pathways in a number of specialties. Exceptional actions have been taken to reduce the number of long waiting patients and clear the backlog. These include:

- Demand management through restrictions to access of services;
- outsourcing to the independent sector;
- waiting list initiatives; and
- locum appointments.

These actions have been largely successful in minimising the number of patients with extended waits for treatment, with only 43 patients waiting in excess of 52 weeks at the end of March 2020.

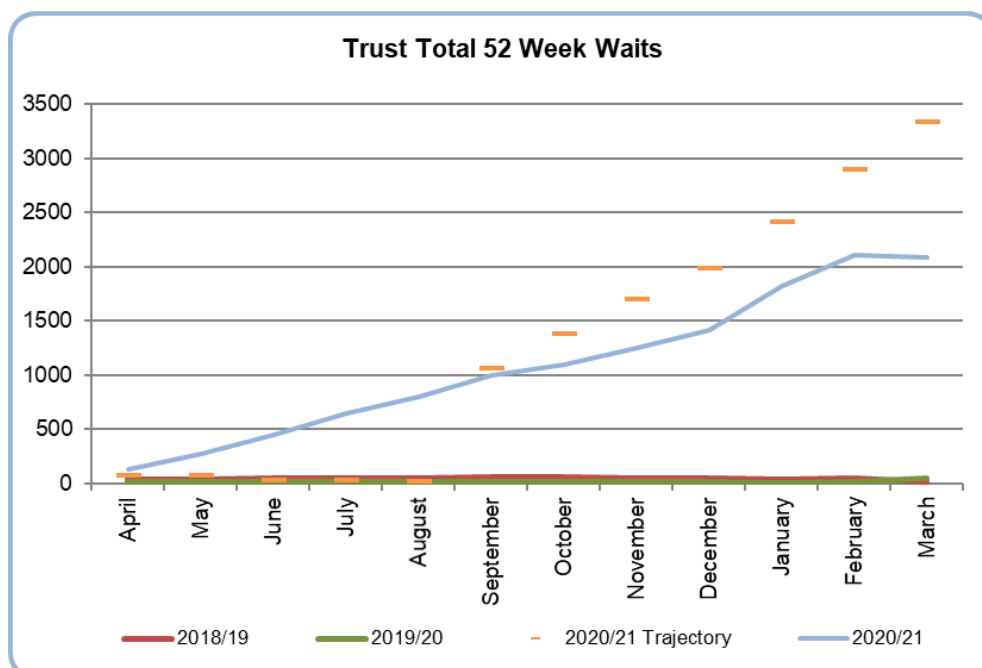


The Trust anticipated an increase in the number of patients waiting in excess of 52 weeks for their first definitive treatment in 2020/21 due to:

- recurrent workforce and staffing capacity issues
- commissioner affordability
- non-elective pressures on elective care.

This has been significantly exacerbated by the need to respond to the COVID-19 pandemic. Nationally patients with a lower clinical priority have had their treatment delayed and this has also been experienced by our patients.

### Trust Total 52 Week Wait 2018/19, 2019/20 and 2020/21 actuals and 2020/21 trajectory





### Referral to Treatment

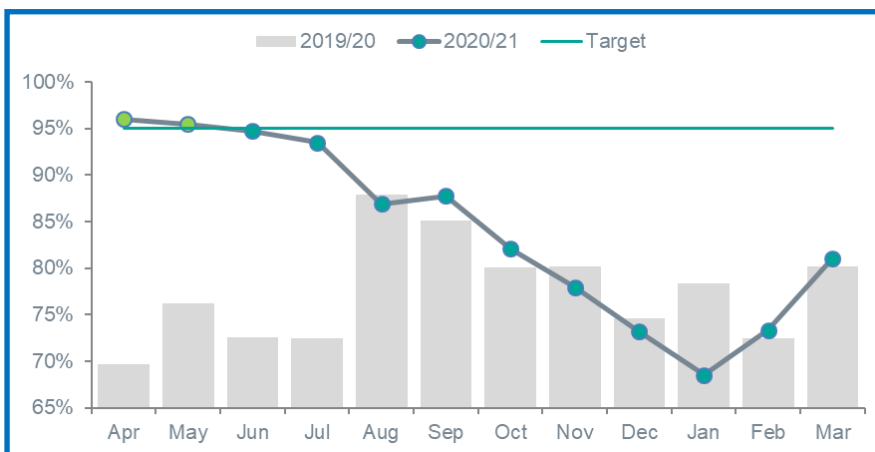
The Trust set a Referral to Treatment (RTT) trajectory predicting a performance position of 63.12% by the end of 2020/21; taking into account the anticipated impact of the COVID-19 response on RTT performance. The postponing of routine elective activity and the introduction of the Royal College of Surgeons clinical prioritisation guidance has adversely impacted the overall performance position, however this has been partially offset by the reduction in demand from new referrals and the maximisation of delivery of Elective activity in the periods when bed occupancy of COVID-19 positive patients was lower.

Actual performance for 2020/21 is 71.64%, with a backlog of 8,390 patients waiting over 18 weeks. The overall wait list size was 29,580 patients at the end of March 2021 against a trajectory of 35,167.

The Trust is ranked 193/399 in the reported performance positions by Acute Trusts nationally, and is in the third quartile as at March 2021. The Trust reported higher than the national average percentage performance and was second out of the eleven national Adult Major Trauma Centres in March 2021.

### Emergency Department (ED) Maximum Waiting Time

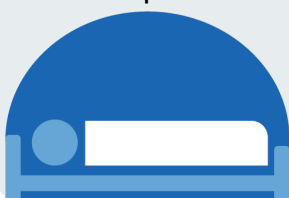
Performance against the four-hour ED waiting time standard improved significantly during the first half of 2021/21. This was due in part to demand for Emergency Care being reduced in line with national trends during the initial response to the COVID-19 pandemic and national restrictions. During the period April 2020 to September 2020 attendances dropped to an average of 6,644, compared with 8,300 in the first 6 months of 2019/20.



The Trust exceeded the full-year 2020/21 trajectory for the four-hour ED waiting time standard, with performance of 84.14% against trajectory of 80.99%. The Trust has frequently performed better nationally for Type 1, four-hour performance, with the exception of January and February 2021. The Trust regularly reports the highest performance amongst Adult Major Trauma Centres.

### Bed Occupancy

Bed occupancy during 2020-21 was an average of 76.20% compared to 95.31% for the same period in the previous year. The level of reduction in bed occupancy in the first pandemic wave was not however experienced again during subsequent periods of national restrictions/lockdown, which had an adverse impact on performance in the second half of the year.





### Clinical Prioritisation

On 18 September 2020, NHSE/I wrote to all acute NHS Trusts setting out a nationally mandated programme of work, requiring clinical prioritisation and validation of elective waiting lists for admitted patients.

All patients on the admitted waiting list, waiting over 18 weeks and with lower clinical priority, as determined by the Royal College of Surgeons clinical prioritisation guidance, were sent a letter apologising for the delays due to the response to the COVID-19 pandemic.

Patients were able to respond to the letter by choosing from one of four options:

1. Already received treatment
2. Wished to be removed from the waiting list
3. Would like a review with a Clinician
4. Had no changes in condition and wished to remain on the waiting list.



**3,566** patients were sent a validation letter during December 2020 and January 2021.



**77%**  
response  
rate

**2755** patients responded. Approximately 200 patients who did not respond had either been offered a date for their procedure or had been treated since the validation letter had been sent.



Feedback from patients was extremely positive. The Trust was recognised by the national team as having a **higher than average response rate** and for implementing robust processes.

The validation process is to be embedded into 'business as usual' operational processes by all surgical specialities. It is expected that similar processes will be undertaken for patients awaiting Diagnostic tests and Outpatient appointments throughout 2021/22.

### Safe to Wait

During 2020/21, the Trust has also introduced robust processes for the management of the most clinically urgent patients to ensure they are treated within the 4 weeks indicated, reviewed to ensure they continue to be 'safe to wait' or whether their treatment should be expedited. This is overseen by a Clinical Surgical Prioritisation Group.

Throughout the response to the COVID-19 pandemic, the Trust continued to prioritise treatment for patients who were assessed as requiring urgent treatment, including cancer patients. This included utilising available capacity within the local Independent Sector Providers where appropriate.

### Elective Capacity / Waiting Lists

The Trust's implementation of national guidance, and its local response to the COVID-19 pandemic, has led to an unavoidable increase of patients on the Trust's various wait lists. This is a national trend which has been experienced by providers across the country.

Whilst the Trust has experienced a reduction in demand in referrals which has reduced the overall wait lists, this has been more than offset by the reduction in outpatient and inpatient elective activity, leading to an overall growth in the wait lists. This is partly due to changes resulting from enhanced Infection, Prevention and Control measures which restricted the Trust's physical capacity to undertake Elective activity.

During the COVID-19 pandemic response, patient care prioritisation was changed, with greater risk stratification of patients and the introduction of the Royal College of Surgeons clinical prioritisation guidelines. This has impacted the overall Referral to Treatment (RTT) wait list, with a disproportionate number of patients experiencing extended waits in specialties with less clinical urgency, e.g. Orthopaedics.

It is expected that nationally there will be an introduction of additional clinical prioritisation categories for patients awaiting Outpatient and Diagnostic appointments. This will further impact the waiting list profiles.

### Waiting List Figures as at March 2021

Wait List	March 2020	March 2021
RTT overall wait list	28,516	29,580
RTT >52 week wait breach patients	43	2,088
RTT >78 week wait breach patients	0	276
RTT >104 week wait breach patients	0	3
No of patients on eRs awaiting placement on PAS, ASI, RAS and AFB worklists	1,993	5,728
Overdue follow-ups	27,827	39,623
Diagnostic 6 week wait overall	10,641	11,943
Diagnostic >6-week wait breach patients	596	3,249
Diagnostic >13-week wait breach patients	113	1,358

## 2.2 Hospital Episode Statistics and DQIPs

### Hospital Episode Statistics

The Trust submits a wealth of information and monitoring data centrally to our commissioners and the Department of Health. The accuracy of this data is of vital importance to the Trust and the NHS to ensure high-quality clinical care and accurate financial reimbursement. Our data quality reporting, controls and feedback mechanisms are routinely audited and help us monitor and maintain high-quality data. We submit to the Secondary Users' Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. Within this data we are expected to include a valid NHS number and the General Medical Practice (GMP) Code and report this within each year's Quality Account.

**We have continued to exceed national averages for all measurement criteria in 2020/21;** matching or improving upon 2019/20 performance. The summary of our data quality is detailed below.

M13-Final	2018/19		2019/20		2020/21		2020/21 (National Ave)	
	NHS No	GMP Code	NHS No	GMP Code	NHS No	GMP Code	NHS No	GMP Code
Admitted Patient Care	99.75%	99.99%	99.76%	99.96%	99.87%	99.80%	99.47%	99.80%
Outpatients	99.66%	99.97%	99.81%	99.98%	99.85%	99.99%	99.66%	99.72%
A & E	98.44%	99.9%	98.50%	99.95%	99.02%	100.00%	97.97%	99.02%

### Commissioner Data Quality Improvement Plans (DQIPs)

As part of contractual reporting requirements all Trusts must agree and undertake Data Quality Improvement Plans (DQIP's) for both NHS England and the regional Clinical Commissioning Group. At the start of 2018/19 the Trust had the largest DQIP in the commissioning region, however, after demonstrating unprecedented improvement in data quality no DQIP was required by BNSSG CCG in 2019/20. In 2020/21, we have again had no formal DQIP from either commissioner, and only a small number of ongoing ad-hoc data queries. Progress is detailed in the table below:

There are no plans for a DQIP to be issued in 2021/22 from either NHSE or BNSSG CCG. Processes for raising ad hoc data quality queries are 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 in future should the need arise and with the agreement of all parties.

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

Commissioner DQIP/Ad-hoc Data Query Performance	Contractual DQIP Items	Ad-hoc Data Queries Raised	Ad-hoc Data Queries Resolved	% Ad-hoc Data Queries Complete	Status
NHS England	0	24	22	92%	GREEN
BNSSG CCG	0	14	12	86%	GREEN

### 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 financial reimbursement from Commissioners via the National Tariff Payment System.

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

As part of the annual Data Security & Protection Toolkit submission (formerly known as the IG Toolkit), we are required to demonstrate the accuracy of our clinical coding.

### Clinical Coding Performance

Clinical Coding Performance	DSP Toolkit Met	2019/20	2020/21	↓↑
Primary Diagnosis	90%	90.25%	96.03%	5.78%
Secondary Diagnosis	80%	91.69%	94.16%	2.47%
Primary Procedure	90%	93.36%	92.73%	- 0.63%
Secondary Procedure	80%	84.21%	89.13%	4.92%



The 2020/21 performance has shown a marked improvement on the performance of 2019/20, with progress in three of the four areas examined.

The following factors influenced the results obtained this year:

**Expanded audit regime:** The audit regime greatly increased during 2019/20, this identified areas for improvement, with results reflected in the improved 2020/21 audit results. The expanded audit regime has continued throughout 2020/21.

**Engagement of external coding auditors:** NBT continue to engage highly specialised external clinical coding auditors to ensure a fully impartial and transparent level of scrutiny and assurance, complete with recommendations for further improvement.

**Integration into Coding Improvement strategy:** Full incorporation of audit work into the Clinical Coding Improvement Strategy – areas of improvement and opportunity are being actively sought out and aligned with recommendations from GIRFT and benchmarking sources.

The service has continued to perform to high standards and demonstrated improved results against the backdrop of a national pandemic, ensuring internal and external audit programmes continued, while embracing additional scrutiny and an expanded audit regime.

The overall 2020/21 performance is indicative of Standards Met assurance rating within the Data Security & Prevention (DSP) Toolkit. In isolation primary and secondary diagnosis meet the 'Standards Exceeded' assurance levels within the DSP Toolkit.



## 2.2 Clinical Coding Improvement Strategy

In the face of a national pandemic, the Clinical Coding team have continued to meet operational demands, improved data quality and accuracy, and upheld the continual improvement plan and Trust wide engagement.

### The Clinical Coding Improvement Strategy has been updated and maintained into 2020/21, leading to the following material advancements:



**Data Analytics:** The Clinical Coding Qlik Sense data analytics application continued to revolutionise clinicians' engagement with the inpatient coding process, with a refreshed Clinical Coding Validation report and senior management awareness of the Coding Team's operational throughput. Depth of Coding benchmarking was established and utilised in support and development of the annual improvement plan.



**Annual Improvement Plan:** The annual Clinical Coding Improvement Strategy and plan of improvement works was agreed and implemented to ensure a long-term and measurable programme of continual improvement across clinical divisions; adapted to fit around the response to the COVID-19 pandemic. Evidence of improvement is obtained via enhancement in average Healthcare Resource Group (HRG) (indicative tariff used as block contract in place due to pandemic), and Depth of Coding benchmark performance.



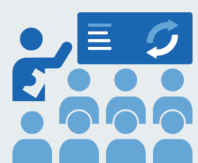
**Partnerships & External Communications:** Our Coding function continues to partner with 3M, following the production of the online webinar hosted by Healthcare Financial Management Association detailing our strategic improvement agenda during 2019/20. The national pandemic has delayed subsequent engagement, however this is due to resume during 2021/22.



**Engagement:** Attendance at Divisional Management Team and Specialty Team meetings, supported by 1-2-1's with Consultants (primarily virtually due to the pandemic), bespoke specialised clinical coding audits, group coding awareness sessions (virtual and reduced volume due to pandemic), and reviews of processes, policies and proformas continued throughout the year.



**Technology:** Medical History Assurance (MHA) coding quality software delivered an additional **£520,000** of assured income from planned inpatient activity during 2020/21.



**Training:** A new comprehensive and robust internal training programme was developed and will be launched in Q1 of 2021/22 (delayed implementation due to pandemic).

## What is the Data Security & Protection Toolkit?

The Data Security & Protection Toolkit replaced the Information Governance Toolkit in 2018/19. It is an online self-assessment tool that allows us to measure our performance against the National Data Guardian's data security standards.

It provides us with assurance that we are practising good data security and that personal information is handled correctly.

In 2019/20 the Trust achieved 'Standards Met' across the toolkit submission. In 2020/21, the toolkit assessment has been expanded to include criteria relating to cyber assurance and related compliance measures. While NBT remains on-track to maintain compliance, the deadline for submission has been moved to June 2021 to enable Trusts to recover from the COVID-19 pandemic responses and mass vaccination programme.

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

	2019/20	2020/21
Mandatory Evidence items provided	116	74*/111
Non-mandatory evidence items provided	4	14*/72
Assertions confirmed	44	22*/42
Assessment status	Standards Met	TBC June 2021*





# Part 3

## Our quality indicators

*Exceptional healthcare, personally delivered*

## 3.1 Patient Safety Indicators

The safety of our patients is at the heart of our approach and culture at NBT. We aim to be outstanding for safety and are at the forefront nationally in implementing the NHS Patient Safety Strategy as an early adopter organisation.

Patient safety incidents that are reported by our staff provide us with key insights into the safety of our patients. Our Patient Safety Incident Response Plan (PSIRP), which went live in June 2021, outlines how we will be responding to incidents to allow us to improve and learn.

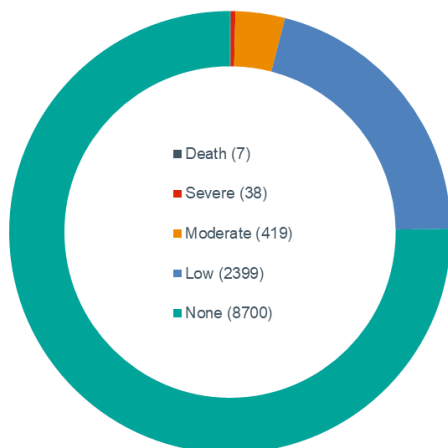
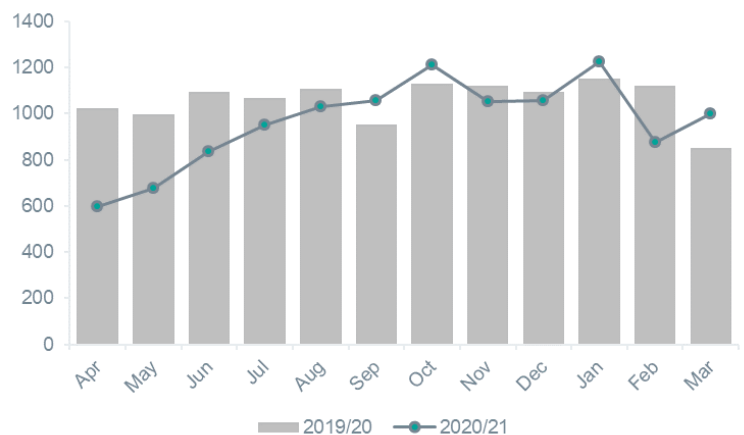
2020-21 was a challenging year for the organisation during the pandemic and our frontline services underwent tremendous pressure. Patient safety was at the forefront of the Trust's focus when responding operationally to the increasing demand and patient admissions. Although some improvement programme work was paused during periods of increased capacity the vision for patient safety and quality were regularly reviewed and considered. We adopted an agile approach to patient safety and risk management during this time to ensure that we were able to plan proactively but also respond reactively to emerging risks.

During 2020-21 we developed the strategy that will underpin our approach to responding to patient safety incidents in the coming financial year which is laid out in the PSIRP. We engaged with our staff, patient partners and stakeholders to form a plan that puts system and culture at the heart of patient safety. We thematically reviewed multiple sources of patient safety activity to define 5 patient safety priorities that we will use to build continuous improvement programmes of work.

In 2021-22 we will be putting the PSIRP into action. We will be launching new policies and processes that will enable the organisation to learn about how we can improve our systems and processes to ensure that they are safe and resilient. We will also be focusing on the underlying culture of our organisation to ensure that patients and staff feel supported and safe to speak up.

The pandemic has affected the number of incidents being reported as the Trust has adapted to the operational pressures over the past financial year. Low occupancy during the first wave resulted in a lower number of incidents being reported.

A review of the incidents that were reported indicate that there were no significant changes in the types of incidents being reported



**68% of patient safety incidents resulted in no harm to a patient.**

Incidents occurring within the 20/21 financial year have been internally validated for level of harm.



## 3.1 Freedom to Speak Up

Freedom to Speak Up (FTSU) is an initiative resulting from the Francis Report recommendations (Mid Staffordshire NHS Foundation Trust public enquiry) to give staff the opportunity to raise issues or concerns in a supportive forum. Effective speaking up arrangements help to protect patients and improve the experience of NHS staff.

FTSU Guardians have been in place at NBT since 2017, with currently 10 Guardians recruited across different areas and groups within the Trust e.g. junior doctors, nursing, support and corporate staff. This gives staff an additional route to raise issues and concerns, and enables the Trust to respond and deal with concerns more effectively. Recruitment is ongoing to encourage a diverse representation of our staff members.



	2020/21	Q1	Q2	Q3	Q4
<b>NBT</b>		<b>8</b>	<b>1</b>	<b>8</b>	<b>16</b>
<b>South West Average</b>		<b>19.5</b>	<b>27</b>	<b>25</b>	<b>tbc</b>

### Key achievements in 2020/21

In early 2020, the Board approved plans for a restructure of the FTSU Guardian network and the creation of a Lead FTSU Guardian post to align NBT with the best practice highlighted by the National Guardians Office (NGO). The new Lead FTSU Guardian joined the Trust in January 2021 and has protected time to enable a more focused and proactive FTSU presence.

Throughout the COVID-19 pandemic FTSU has continued to be promoted via local communications, including a regular operational update, and in October 2020 a roadshow took place around the Trust to raise awareness and encourage staff to speak up if they had any concerns.

During 2020/21 there was a drop in the number of concerns being raised at NBT from the previous year, and a reduction when compared to the national average reported by the NGO. However, the reasons for concerns aligned generally with the national position. A high proportion of concerns were raised anonymously at NBT (67% versus a national average of 13%), which may be a reflection of perceived barriers across the Trust in relation to speaking up. NBT regularly monitors both national and internal FTSU data, triangulates the 'speaking up' data with the findings from local pulse surveys and reports every six months to the Board.

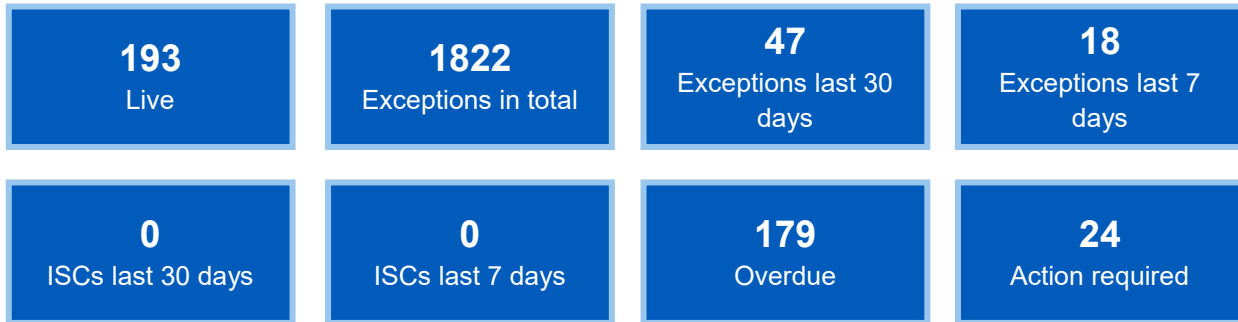
### Focus for 2021/22

We will complete a refreshed Board/Organisational self-assessment and carry out a review across the Trust to identify barriers to speaking up and look at the high percentage of anonymous concerns. This will then feed into the refreshed FTSU vision and strategy and updated improvement plan, with a focus on the following areas:

- Alignment with other work-streams in the Trust, e.g. staff voice, 'just culture' and psychological safety;
- Engagement with the Trust's BAME Networks via the network chairs;
- A proactive and 'tech-savvy' communications and awareness raising strategy.



## 3.1 Guardian for Safe Working Hours



### Exception Reporting

The change due to COVID working patterns and the reduction in elective work from March 2020 led to a decrease in exception reporting. Numbers of exception reports are beginning to increase however as the trust begins restoration work of services.

There has been more emphasis on giving clinicians payment for any extra hours worked because of the continuing lack of available capacity to enable Time Off in Lieu.

### Safety Reports

There have been no safety reports received during this reporting period.

### Trainee teaching

Since COVID-19, trainee teaching has been provided remotely via Microsoft Teams. This has proved to be more accessible and as a result there has been an increased trainee attendance and good feedback has been received.

### Junior Doctor Forum meetings

The Junior Doctor Forums are open to all trainees with the Guardian for Safe Working Hours and these are held approximately every quarter. The last meeting was held on 23rd March 2021.

### 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 a number of other Guardians in the region to share updates.

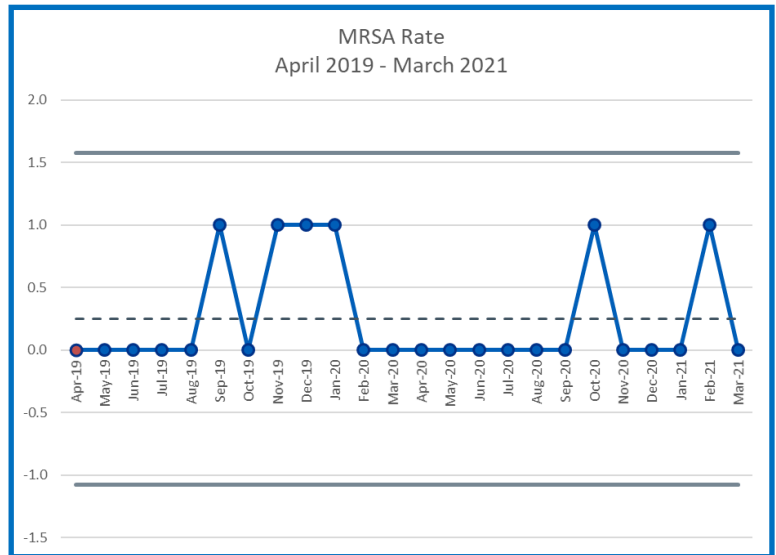
## 3.1 Quality Indicators



### Methicillin-resistant staphylococcus aureus (MRSA)

There were 2 cases of MRSA throughout 2020/21.

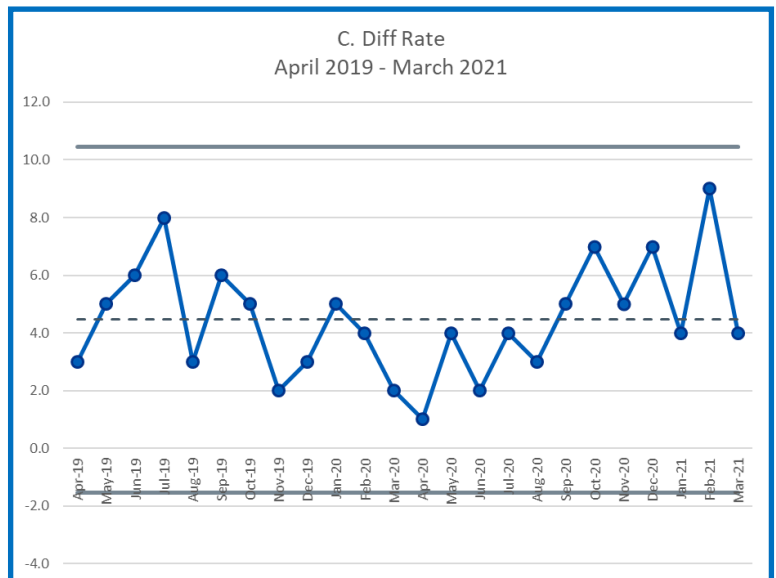
This was a continued reduction from 4 cases in 2019/20.



### Clostridium Difficile (C-Diff)

The Trust has seen a large rise in cases in 2020/21; 78 cases against a trajectory limit of 57 cases.

This rise has been seen across the BNSSG Clinical Commissioning Group network and a quality improvement initiative will be formed to drive reductions in cases, which will be monitored at the C-Difficile Steering Group.

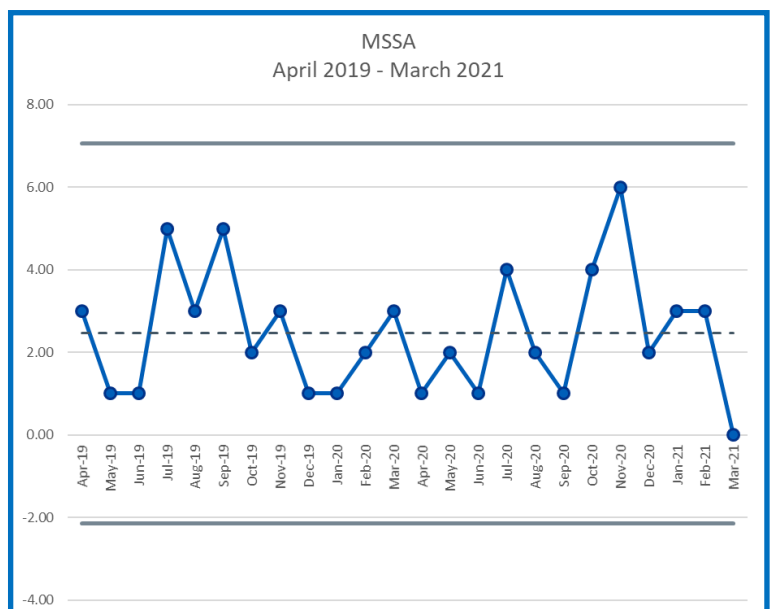


### Methicillin-Susceptible Staphylococcus Aureus (MSSA)

There were 28 reported cases of MSSA Bacteraemia in 2020/21.

This is a slight reduction since 2019/20.

This rate is comparable with the region, who have also noted a reduction of cases. MSSA is continually monitored and reviewed at the Staphylococcus Steering Group.



# 3.1 Quality Indicators

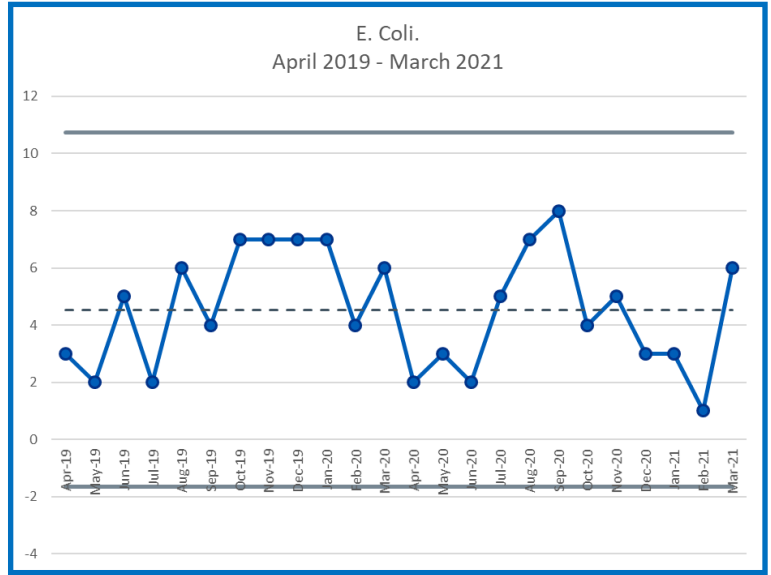


## Escherichia Coli (E-Coli)

There has been a significant reduction in cases of E-Coli across the region, as well as at NBT.

The Trust reported 48 cases in 2020/21 against 60 reported in 2019/20.

Community work originally planned for 2020/21 was not able to take place due to COVID-19, however there was still a reduction in cases of 13%.



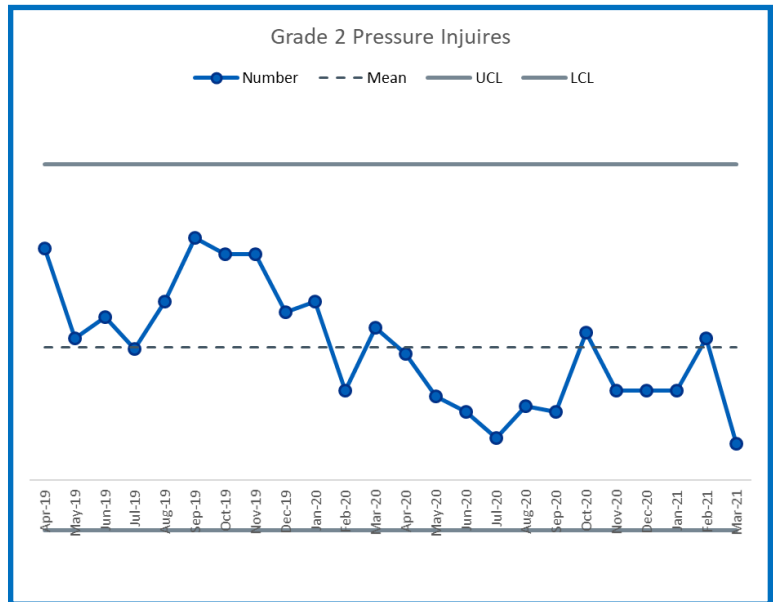
## Pressure Injuries

The Trust achieved a reduction in pressure injuries in 2020/21:

60% reduction in Grade 3 pressure injuries

49% reduction in Grade 2 pressure injuries

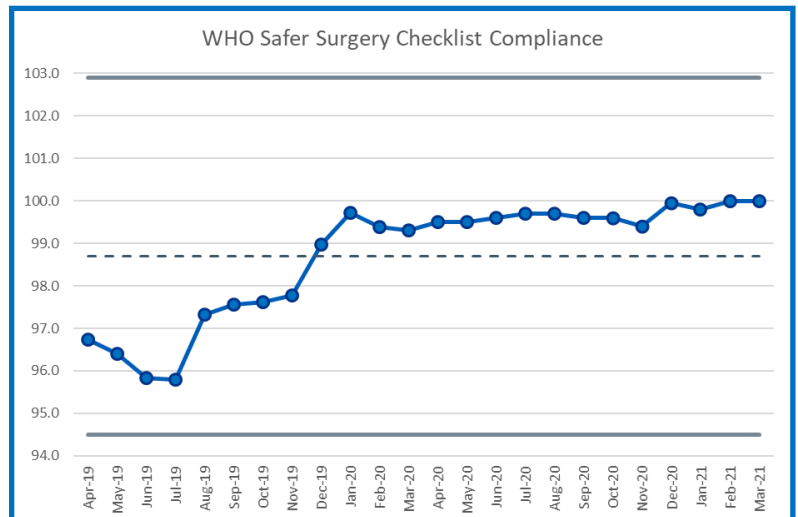
57% reduction in medical device related pressure injuries



## WHO Safer Surgery Checklist

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

NBT has maintained a completion rate of over 95%. This slightly decreased in November 2020 due a change in the Theatre system, however this has now returned to the previous compliance rate.



## 3.1 Safeguarding Adults

North Bristol NHS Trust has a duty and responsibility to protect adults at risk of abuse or neglect due to their needs for care and support. The Trust is committed to ensuring full understanding of roles and responsibilities within the complex and increasing scope of the safeguarding agenda. Safeguarding advice, guidance and support to clinicians and practitioners is provided across the NBT system and wider safeguarding partnerships within BNSSG. This was however reduced in 2020/21 due to the impact and restrictions around the COVID-19 pandemic.

### Key achievements in 2020/21

#### Liberty Protection

**Safeguards (LPS):** The national LPS code of practice and regulations has been delayed, however preparations have begun, in particular scoping the assumed extent of the responsibilities to be transferred to NBT from Local Authorities under the current Deprivation of Liberty Safeguards (DoLS)

**Training:** Safeguarding adults' level 3 training was impacted by clinical pressures, COVID-19 restrictions on face to face training and winter pressures. Additional sessions have been provided and training continues to be promoted.

Compliance is expected to improve significantly in 2021-22 with the support and encouragement of divisional leads.

#### The Domestic Abuse Bill

**(2020):** This was delayed due to the pandemic, therefore the development of local strategy, policies and procedures will be rolled into 2021/22. The legislation creates a statutory definition of domestic abuse and introduces a number of statutory and legal responses. Domestic abuse related presentations have increased across the system during the pandemic.

#### Mental Capacity Act (MCA) and Best Interests:

Improvements have continued to be embedded, with continued provision of robust safeguarding advice and guidance, as well as direction and hands-on support with more complex challenging scenarios.

#### System working:

The Safeguarding Team participates in the South Gloucestershire Safeguarding Adults Board and the Keeping Bristol Safe Partnership (KBSP).

They have been active partners in the domestic abuse, safeguarding adult/domestic homicide review and quality assurance sub-groups and also within the partnership in identifying and contributing to learning for NBT and the wider safeguarding system.

#### Deprivation of Liberty Safeguards (DoLS):

There were 2,009 DoLS applications in 2020/21; over 100% increase on the previous year.

### Focus for 2021/22

- Scope/review the safeguarding team core functions and working capacity with the NBT senior team.
- Continue to forge meaningful and positive partnership working within the BNSSG safeguarding system as the Trust works towards becoming an Integrated Care System (ICS).
- Work with divisional leads to ensure all staff can access and receive the relevant appropriate level of training as per the safeguarding intercollegiate document.
- The Safeguarding Team will be key players in supporting the Trust to prepare for the LPS and continue to embed and support best practice in the MCA and Best Interest process.
- Continue to share lessons and outcomes from Safeguarding Adult Reviews and safeguarding related incidents and support staff to identify learning.



## 3.1 Safeguarding Children

The safeguarding children requirements promote the welfare of children who are patients or family members of our adult patients, protecting them from maltreatment or impairment of their health and development, and supporting children to grow up in circumstances consistent with the provision of safe and effective care. We continually seek to safeguard and promote the wellbeing of children and families who use our services. As a healthcare provider we engage with children and their families as they use our services, which can highlight where early help may prevent harm and contribute to better outcomes.

The impact of the pandemic has heightened awareness of the importance of health contacts for the 'Think Family' approach to safeguarding children. Many children and families have been adversely affected by the pandemic and this will impact the health and development of children and the welfare of families and wider society in the months ahead.

### Key achievements in 2020/21

**Flexible COVID-19 support:** Children's safeguarding activity and reporting continued Trust-wide, supported by experienced safeguarding practitioners. The Named Nurse for Safeguarding Children relocated to the ED during the first lockdown to give additional support for children's social care referrals and as a safeguarding resource for staff temporarily redeployed to support the ED.

**'Drive in' swab centres:** These were recognised nationally as a safe opportunity for people to seek professional help if experiencing abuse. The team developed additional information to enable staff supporting the centres to manage disclosures about domestic abuse.

**Multi agency working:** The team engaged in multiagency safeguarding response cells led by the Keeping Bristol Safe Partnership to frequently review children's safeguarding procedures and the challenges faced by support services in response to redeployments and frequently changing restrictions and Government guidance. The Safeguarding Children Workplan was reviewed with the CCG Designated Nurse for Safeguarding Children to ensure that statutory, regulatory and contractual requirements were prioritised and met throughout the year. NBT contributed to and supported multiagency partnership working across BNSSG, enabling secure and smooth sharing of information at a time of unprecedented challenge and change.

**Training:** Virtual options for mandatory training were provided, alongside face to face training in COVID-19 secure settings, to ensure staff were informed and aware of new developments in safeguarding knowledge and practice e.g. risk management; assessment of needs and onward referral to partner agencies.

### Focus for 2021/22

- Work with NBT colleagues to develop the safeguarding children components of the Electronic Patient Record.
- Continue to offer flexible blended learning options for staff training, including use of partnership webinars and e-learning.
- Work with leads across the safeguarding partnerships to understand the longer-term impact of the pandemic on children and families living in BNSSG.
- Review practice and process in line with legislative changes for the Liberty Protection Safeguards (LPS) and Domestic Abuse.



## What is GIRFT?



**National clinical-led programme**



**Empowers teams to improve quality of care and patient outcomes**



**Shares and promotes best practice**



**Delivers efficiencies and cost savings by reducing unwarranted variations**

### Current GIRFT Trust-wide projects

Improve quality and depth of **clinical coding**: improvement already in neurosciences and vascular.

Share and learn from **litigation**: starting to disseminate litigation and trial proceedings to the divisions for quality improvement, learning and adopting good practice.

Create and expand a **blended workforce**: currently looking to accelerate our Physicians Associate and Advanced Care Practitioner roles.

Reduce **surgical site infections**: commissioned audits and projects in Theatres, Orthopaedics and Breast Surgery.

**Veterans Covenant Healthcare Alliance (VCHA) accreditation 2018.** Re-accreditation as a Veteran Aware Hospital is expected Autumn 2021. The GIRFT Veteran Aware team continuously raise awareness of the needs of Armed Forces families at NBT e.g. staff induction and our internal and external websites. NBT is an active member of BNSSG local Armed Forces Covenant Groups and collaborates with other SW Trusts and National GIRFT Veteran Group to learn, disseminate good practice and prepare for the forthcoming Armed Forces Bill 2021 public sector duty.

### Specialties which have received a GIRFT visit during 2020-2021

**2020:** Cranial Neurosurgery, Imaging and Radiology, Plastic Surgery and Burns, Rheumatology, Gastroenterology and Hepatology.

**2021:** Pathology, Acute and General Medicine.

#### Notable good practice observed

**Cranial neurosurgery** has the second best length of stay for non-elective patients in the country.

**Plastic Surgery and Burns** records very low numbers of pressure ulcers and short lengths of stay; good management pre-operatively supporting other services and community.

**Rheumatology** is recognised as exemplar in their holistic approach to systemic pain issues. They were also commended for the speed at which biosimilars are switched, which is one of the highest that the GIRFT team have seen.

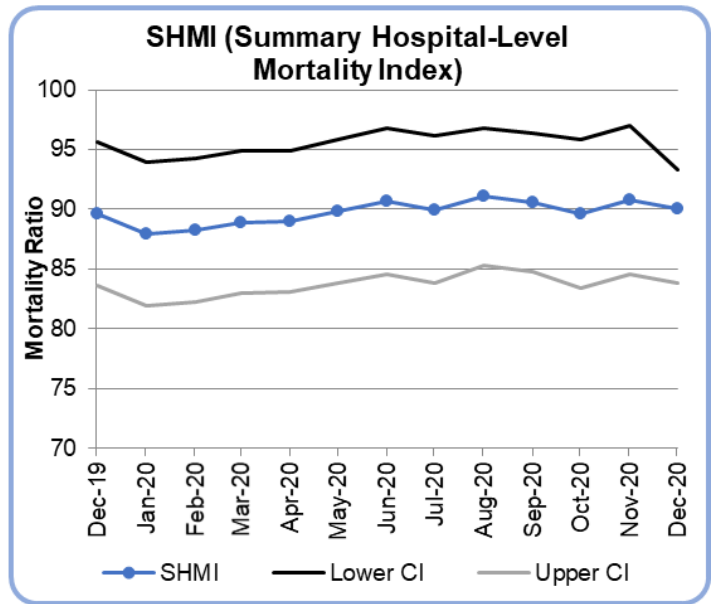
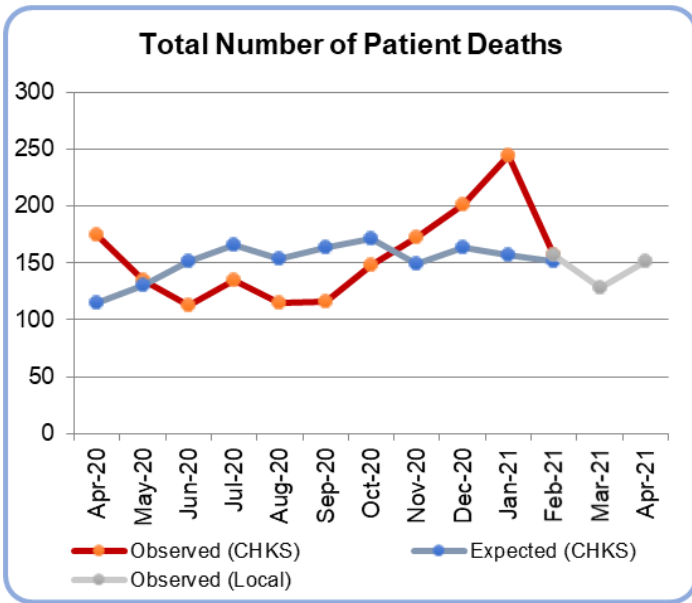
**Imaging and Radiology** has created their own portering service and hot/cold areas in their emergency zone to help prioritise patients and improve flow.

**Gastroenterology and Hepatology** has a pre-assessment service for direct-to-test colonoscopy, a dedicated segmented portal hypertension endoscopy list, a Lynch syndrome register and a proactive liver service with a Hepatology patient helpline. They were also commended by the day-case rate for paracentesis and for being an early adopter for the Infliximab biosimilar.

**Pathology** has good Diabetic Diagnosis/Monitoring and AKI Monitoring. They were also commended for their Haematology and Biochemistry Emergency Zone Result Timeliness and for their Immunology Test Timeliness for Connective, as well as their Tissue Disease/Vasculitis Pathway.

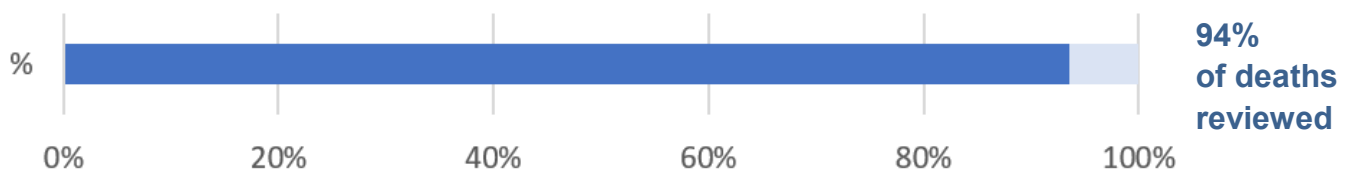
No final report for the visit to **Acute and General Medicine** was available at the time of writing this report.

# 3.1 Mortality and Learning from Deaths



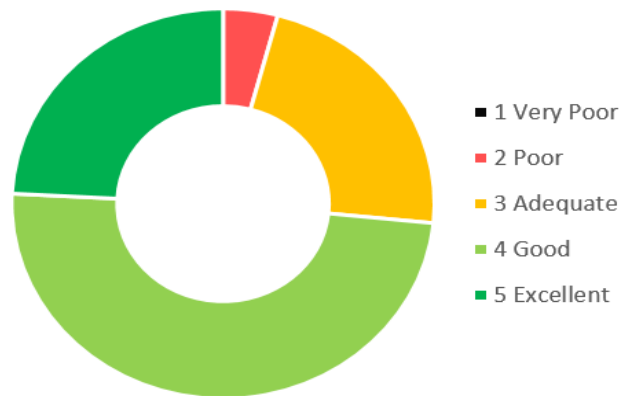
## Activity

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



## Level of Care

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



## Key Achievements

- Over the course of 2020/21 NBT has undertaken two cohort mortality reviews, firstly on patients that died in hospital during the first wave of the pandemic, and secondly specifically for patients with a learning disability who died in hospital during the first wave.
- The results of these specific cohort reviews have driven improvement actions across the Trust that not only helped to tailor our response to the pandemic, particularly during the second wave, but also allowed us to improve care for patients with learning disabilities.
- We are committed to undertaking more patient cohort reviews during 2020-21 to ensure that we are responsive to our mortality data and proactively undertake quality improvement.

## 3.1 Medical Examiner Service

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

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

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

### Progress to date

In April 2020, North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) joined together to develop and then host the ME service for the population of Bristol, North Somerset and South Gloucestershire (BNSSG). This collaborative approach has enabled processes and reporting to be developed and streamlined, with visibility across this local system. NBT has created a clear referral framework to record and act upon any concerns, or areas of good practice that the MEs bring to the attention of the Trust.

The ME team currently review an average of 66% of all adult deaths in NBT. This is the mean average of percentage scrutinised every week since recording began at the beginning of January 2021. The expectation is that the service will expand to review all adult deaths and also extend to include neonatal and maternal deaths. The ME service awaits national guidance on the scrutiny of paediatric deaths, which are planned to become statutory by April 2022.

Of the 369 adult deaths that the ME service has reviewed between 1st January and 31st March 2021, approximately 16% (59 cases) have resulted in referrals to the Trust. These referrals include both positive feedback and areas for the Trust's attention for learning purposes or for further scrutiny if required. Of these, in February 2021, 3.8% were referred for Structured Judgement Review (case note review by a consultant), 4.8% as a potential patient safety concern, and 1.9% were signposted to the Patient Advice Liaison Service or Complaints.

### Early Benefits

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

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



### Participation in National Clinical Audits

During 2020/21 North Bristol NHS Trust participated in 44 out of the 45 National Clinical Audits the Trust was eligible to take part (for full details please refer to Annex 5).

### Quality Improvement as a result of National Clinical Audit

The results of national clinical audits are reviewed at divisional level and areas of focus for improvement identified. The following are some examples of the improvement work undertaken across a cross-section of national clinical audits that have published reports during 2020/21:

#### Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE)

2020/21 saw the continuation of various pieces of improvement work originally inspired by national clinical audit data, including work to reduce postpartum haemorrhage and obstetric anal sphincter injuries. These two projects have seen successes individually, but are now working in collaboration with the ambition that greater improvements will be seen in the future.

The work as part of the **PERIPrem** project has also been very successful. Although the theory of most care-bundle elements was not new to North Bristol Trust, the processes and multi-disciplinary working across the specialties have been examined and led to improvements in compliance and teamworking.

In response to findings from the use of the Perinatal Mortality Review Tool (PMRT), improvement work took place in October 2020 to produce a local guideline regarding histological investigation of the placenta. An audit scheduled to take place during 2021 will evidence the increased compliance rate apparent from regular case reviews. The need for improvement work in this area was highlighted in several of the MBRRACE-UK reports this year so this is clearly a national theme, rather than just a local one.

More recently, at the beginning of 2021, a service evaluation has started to examine mortality outcomes and ethnicity. The need for this examination is highlighted multiple times in the MBRRACE-UK reports and it is hoped that the findings will identify future areas for improvement, as well as areas of good practice.

#### Neurosurgical National Audit Programme (NNAP)

NBT received a strongly positive report in October 2020. The Trust was a positive outlier at the 99.8% limit for low 30-day mortality rates, as compared to peers using case-mix adjustment.

There were no areas of concern raised in the report. Our unadjusted rate for non-procedural deaths was recorded as higher than the national rate, but after querying this with the Society of British Neurological Surgeons (SBNS) it was discovered that there was an issue with the data capture. NBT clinicians were subsequently invited onto the NNAP group to help improve aspects of the data collection and reporting to address the issue.



### Royal College of Emergency Medicine (RCEM) Fractured Neck of Femur (NOF) Audit

NBT performed well on:

- the use of the analgesic ladder for prescribing analgesia
- patients that had a suspected neck of femur fracture had an x-ray quickly to diagnose their fracture
- patients that were in pain on initial presentation to the department were reassessed to see whether further analgesia was administered within a timely manner.

The focus for improvement during 2020/21 was on improving knowledge of the NOF pathway in the department—engaging with staff regarding the pathway and raising awareness across the department. The clinical team developed a teaching method on how to perform a fascia iliaca block which is currently undergoing re-audit. This aims to improve the time from x-ray to FI block which will overall improve our patients' experience. The importance has also been highlighted to clinical staff of the need to document whether a bladder scan was considered for the patient, therefore ensuring that the fluid status of the patient has been reviewed.

### Outlier Response

North Bristol NHS Trust reported good outcomes for the majority of national clinical audits during 2020/21. The responsibility to ensure national clinical audits are reviewed and actions are taken forward lies within individual specialties and divisions.

Where there is a national audit 'outlier' (meaning it is of potential concern to the Trust) the investigation, response and improvement actions are escalated to the Clinical Effectiveness and Audit Committee (CEAC), chaired by the Trust Medical Director. This ensures we respond in a timely manner, and improvement actions are approved and undertaken.

The Trust was notified that NBT was presenting as an outlier on certain measures within 3 of 45 national clinical audits during 2020/21 (7%). The Trust undertook reviews of all outcomes that were outside the expected levels and used the learning from these reviews to implement improvement work to better our outcomes in these areas. Details of the learning and reviews are outlined below.

### National Bowel Cancer Audit (October 2020)

#### *30 day unplanned readmission rate*

The investigation showed this to be a coding issue whereby NBT includes Surgical Hot Clinic day attendances, some day stoma therapy attendances and all ward day attendances for catheter removal as readmissions. Accounting for this, NBT's readmission rate is in line with the national figure at 10.9% versus 11.8% for England and Wales. NBT's readmission rate has improved since 2019.

### National Neonatal Audit Programme (NNAP) (October 2020)

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

Following investigation this appears to be an issue with documentation rather than a failure of communication. As part of the NNAP action plan for 2019 a Data Support Manager has been appointed and we anticipate an improvement in documentation and data input for this audit.

### National Lung Cancer Audit (February 2021)

*Patients assessed by a lung cancer nurse specialist (LCNS)*

This outlier alert originally refers to December 2019, but due to COVID-19 the National Lung Cancer Audit paused their outlier management process. This was restarted in February 2021 and the response to this outlier was submitted at this time. NBT have recruited an additional Lung Cancer Nurse Specialist (LCNS) as the Trust had been operating below the minimum recommended requirement. The Trust is confident that with an additional LCNS in post it will be possible to achieve the target recommended for LCNS contact and presence at diagnosis.

In addition to recruiting a further LCNS, NBT have undertaken the following:

- Increased the allied cancer workforce to support the LCNS and reduce additional demands on their time.
- Recruited a lung cancer coordinator to support the administrative demands associated with the lung cancer diagnostic pathway.
- Sourced funding for a cancer navigator position to work closely with patients at the early stages of their pathway, further easing pressure on the LCNSs.

It is recognised that actions taken in response to the 2018 results may not be reflected in the audit results for another year or more.

### Clinical Audit focus for improvement for 2020/21



1. Enhanced recovery programmes for intrinsic tumour and pituitary surgery.
2. Improved early management of spinal cord injury patients through better documentation (proforma re-written), new collar care advice and early input of ICU to review ward-based patients to predict early respiratory decline.
3. Proactive response to changes in key metrics (such as mortality) using CHKS—the online mortality indicator system which benchmarks nationally. For example, we have previously responded to CCG concerns about traumatic brain injury mortality rates, which use Dr Foster metrics, by demonstrating that the analysis is not appropriate for our patient cohort. Rather than being reactive to these CCG requests, we are now using CHKS mortality ratios to proactively seek out time periods when such an alert may occur and respond in advance of a formal request.

### Friends and Family Test

The Friends and Family Test (FFT) is an important feedback tool that enables people using our services to give real-time feedback about their experiences. Last year NHS England and NHS Improvement released new FFT guidance to improve accessibility for all patients. This became effective on 1<sup>st</sup> April 2020 and we have successfully implemented the requirements across the Trust. The changes included new questions: *‘Overall, how was your experience of our service?’* and *‘Please tell us why you gave your answer’*.

National submissions to NHS England were paused in March 2020 as a result of the COVID-19 pandemic, however these resumed in December 2020. Locally, we opted to resume collection of FFT feedback earlier, on 4th July 2020.

NHS England will continue to monitor response levels but there is no longer a requirement to meet ‘target’ response rates, or collect feedback at specific times. The emphasis is now on demonstrating how we use FFT feedback and this will be a focus in 2021/22 to ensure a consistent, Trust-wide model. Between 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 (including the pause in FFT between April—July 2020) 69,306 responses were received in total. 93.6% of responses were positive and the overall response rate was 19%. This is slightly higher than the average in 2019/20 of 18%.

FFT Feedback	Response Rate	Positive	Negative
Trust wide	19%	93.60%	3.24%
Inpatients	23%	91.24%	3.94%
Outpatients	23%	88.86%	6.70%
Emergency Department	17%	94.68%	2.46%

### Using FFT to engage staff, embed good practice and make improvements

In the Theatres department, the governance team has been working hard to improve staff engagement with FTT, share results and feedback and make improvements. FFT data for each of the theatre areas, learning identified from comments and sharing of positive feedback and best practice is shared at the monthly Theatre Governance Meeting

As a result Theatre FFT response rates have shown sustained improvement since September 2020, with March 2021 data showing L2 theatres at 26.4% (up from 8.9%) and L3 theatres at 46.4% (up from 22.5%).



By reviewing their FFT feedback regularly, the Theatres team have been able to spot frequent issues being raised, e.g. the lack of a shelter for the admissions area. In order to improve this, the team have engaged with Estates and Facilities to arrange a shelter/covered area for the admissions area. This demonstrates the potential of FFT to signpost positive changes for patient experience.

## 3.3 Learning from Patient Feedback

### Complaints

The overall number of formal complaints received in 2020/21 was 490; a 22% decrease compared with the previous year of 626. This may reflect the impact of the COVID-19 pandemic and the level of reduced activity across the Trust as clinical prioritisation and reduced visiting numbers came into effect.

In March 2020, following guidance from NHS England, the PALS and Complaints team introduced an escalation process for the management of complaints and concerns during the COVID-19 pandemic. This process was introduced as many staff were re-deployed from their usual roles to support the delivery of clinical care. All non-urgent complaints and concerns were placed on hold and cases that had been received before the escalation process were reviewed and resolved where possible, or temporarily placed on hold.

The Trust resumed 'business as usual' (BAU) on 4th May 2020 and cases that had been placed on hold were resumed.

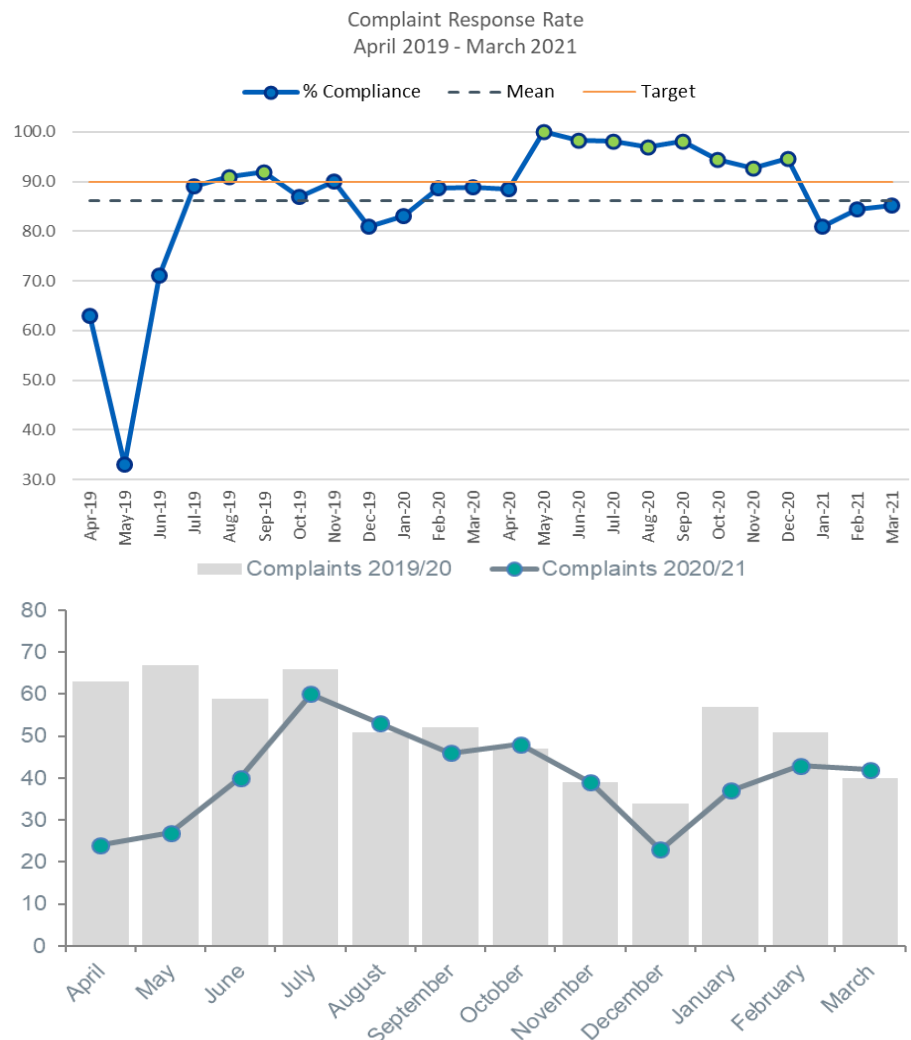
The decrease in complaints may also be the positive result of changes in policy and processes. On 1st May 2020 the policy for 'Managing Complaints and Concerns' was re-launched. We have also continued developing PALS, and increasingly more issues are being successfully dealt with at an earlier stage. All PALS and Complaint Officers are able to work interchangeably across both services, which enables our officers to triage issues raised by patients, carers or relatives and advise of the most appropriate route to resolving an issue quickly and effectively.



### Performance

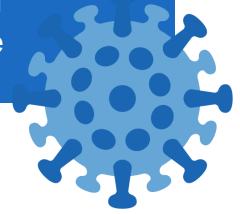
We continue to work very hard to reduce the number of overdue responses. Since April 2020 we have consistently kept the number of overdue complaints low, with 8 months with no overdue complaints. This is a significant achievement which we will continue to monitor and maintain in 2021/2022.

Overdue Complaint Response 2020/21		
Apr 2	May 1	Jun 0
Jul 0	Aug 0	Sep 0
Oct 2	Nov 2	Dec 0
Jan 0	Feb 0	Mar 0



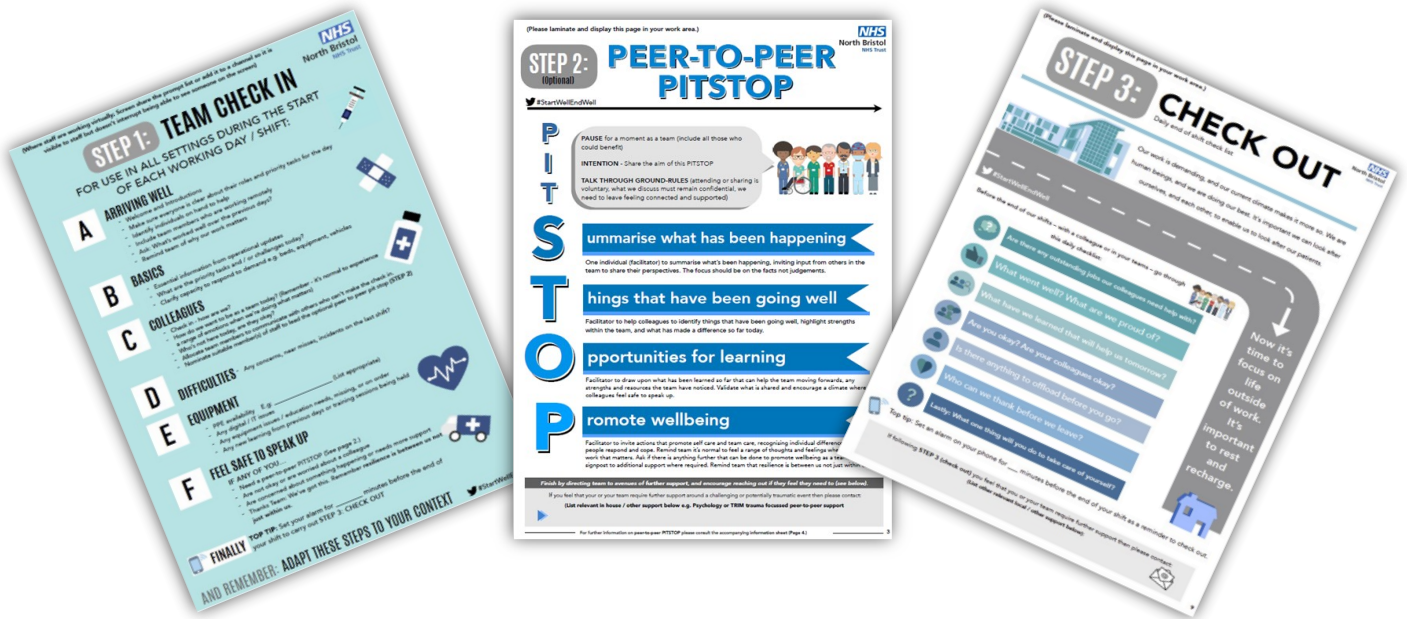
## Virtual Visits

As a result of the pandemic response visiting restrictions were put in place as part of the Trust's Infection Control Policy. In the first wave we initiated the use of virtual calls to enable patients and family to stay in touch during the patient's stay, regardless of where they were in the hospital. These calls were facilitated by staff redeployed to a family liaison team. This team agreed with the family a time and date for the virtual visit and then attended the ward to support the visit. This has since been adapted throughout the year to ward staff using the 'Attend Anywhere' app on the ward handheld devices to facilitate the calls.



## Clinical Communication

Due to the visiting restrictions and families being unable to physically attend the hospital there was a need to ensure that patients and loved ones were kept well informed of their condition, treatment plans, and given reassurance that they were being supported and cared for. A communication model was established to ensure that relatives could expect the same level of communication based on the clinical condition of the patient, at each stage of their patient journey, regardless of where they were in the hospital. This provided an invaluable link with patients and families at a very difficult time and ensured they were kept as informed as possible.



## Start well, end well

Start well, end well is an initiative that was developed to support all staff through the challenging first wave of the pandemic response. Due to the need to prioritise clinical care, 'mega teams' were formed, often with staff redeployed from other departments. It was recognised that staff, both on site and working virtually, needed support with their own health and wellbeing at this time. A three step framework was put in place to bring teams together at the beginning and end of each shift, along with peer-to-peer pitstops whenever needed. These steps encouraged the daily sharing of experiences, promoting health and wellbeing, and identifying whether additional support was needed in response to a challenging or potentially traumatic event. This was an opportunity for shared learning during a period of rapidly evolving pandemic guidelines and ways of working and has since been implemented by other Trusts in the South West.



### Patient Consent & Shared Decision Making Programme

Shared decision making between clinical professionals, patients and carers is at the heart of our approach to delivering high quality care. One of the biggest decisions any of us can make is to proceed with surgical treatment, whether simple or complex. These are significant choices and not always easy to make and therefore require excellent communication between clinicians and patients to appreciate what really matters in this decision-making process.

During 2020-21 we have embarked upon a development programme to really understand how well we support patients in making these decisions, including how we use our processes and documentation to support good conversations prior to the day of surgery. This entails:

1. **Improved consent documentation:** a focus on the use of plain English, more space for a tailored emphasis on the individual needs of the patient, including a much greater emphasis on wider social, religious, family and professional factors.
2. **Real time patient feedback:** piloting a new digital system, that enables patients to provide feedback on whether they feel empowered to make informed choices about their care and treatment, helping us to understand where they wish to make alternative decisions.

### Improved Consent Documentation

Working collaboratively with patients within the Neurosurgery specialty and patient representatives in the consent working group we have developed improved documentation that helps to really focus on what matters most to patients. Some examples of feedback from patients involved in reviewing the re-design are shown below:

*"...The new form gives you more of a voice. A narrative can be completed..."*

*"...space to be heard..."*

*"...Likes the section 'this is what is important to me'..."*

*"...very good because it looks at each patient as an individual..."*

*"...the form uses layman's terms..."*

*"...links on form to the internet are excellent..."*

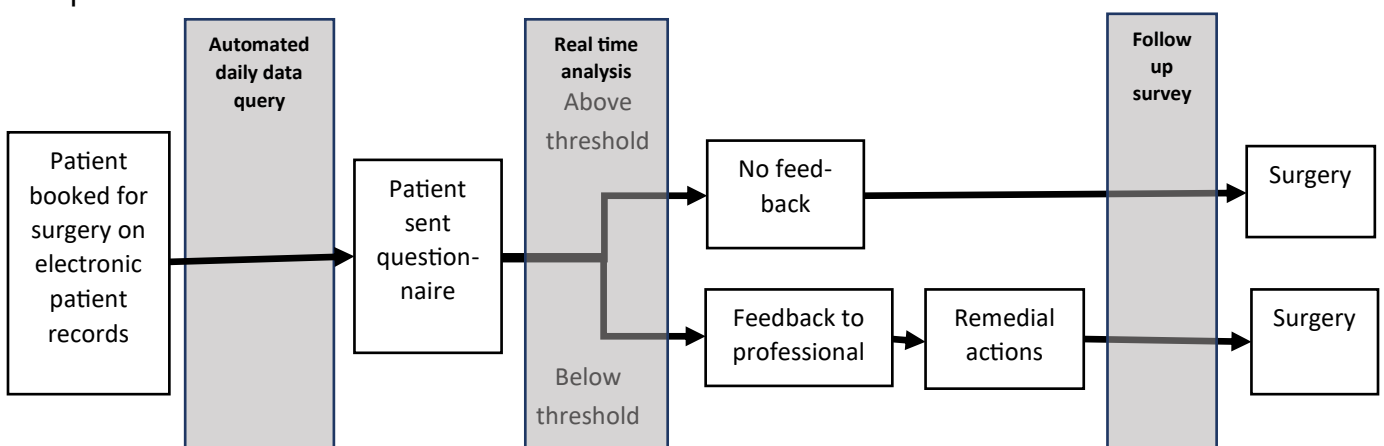
*"...A lot more appealing on the eye..."*

### Real Time Patient Feedback

We have implemented a new system to seek effective understanding of Informed Consent in clinical practice using validated patient-reported measures, which went live on 1st April 2021.

This is a proof of concept project, underpinned by academic research through the University of Bristol which will help us to rigorously assess its impact and determine its ongoing benefits.

The approach utilises simple feedback questionnaires to understand how informed patients are prior to and after receiving treatment or an intervention, and the level of shared decision making and patient involvement.



## Southmead Hospital Vaccination Hub

The Vaccination Hub at Southmead Hospital was one of 50 hospital hubs established across the country to provide the safe provision of vaccines to public and staff. It delivered the first vaccine in Bristol to a 97 year old gentleman on 8<sup>th</sup> December 2020, and just over 100 days later had delivered 30,000 doses. The hub was staffed by NBT permanent and bank staff, with the support of volunteers to ensure that patients and staff were vaccinated in a safe, socially distanced manner. With the rollout of additional vaccine provision across the region the Hub officially closed in March 2021 and resumed its primary function.

## Ashton Gate Mass Vaccination Centre

NBT was also commissioned to set up and deliver the Ashton Gate Mass Vaccination Centre, which is one of ten vaccination centres across the country with the capacity to vaccinate more than a thousand people per day, 12 hours per day and seven days per week.

The Centre has hosted a series of dedicated clinics for vulnerable groups, for example people with mild to severe learning disabilities.

North Bristol Trust continues to support Bristol, North Somerset and South Gloucestershire's whole system approach to the COVID-19 vaccination programme, which brings GPs, pharmacies, hospital hubs and mass vaccination centres together to offer people a vaccination in the most appropriate setting possible as they become eligible.

NHS Nightingale Hospital Bristol was one of seven critical care temporary hospitals established by NHS England in response to the first wave of the COVID-19 pandemic. It was created in April 2020 to improve the resilience of the Severn hospital network and provide additional critical care capacity of 300 beds if needed, with space to treat up to 1,000 people in total.

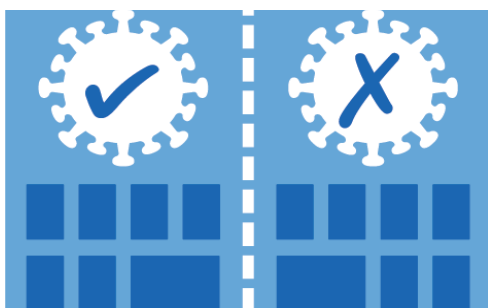
North Bristol NHS Trust was commissioned by NHS England to set up the new hospital which was based in the University of the West of England Exhibition and Conference Centre at Frenchay.

The environment, equipment, staff and clinical pathways were rapidly designed, tested and 'ready to go' within a short timeframe of just three weeks. Partnership working with many other organisations was fundamental to this unprecedented achievement and ensured that, in the event that the additional capacity was required, patients would receive safe quality patient care.

Whilst, thankfully, it was not needed to play its original role, the hospital has played an invaluable part in supporting non-COVID routine care in the region. More than 7,000 non-COVID patients of Bristol Royal Hospital and the Bristol Eye Hospital have attended daytime paediatric services and patient assessments. During this time it continued to remain on standby to provide intensive care capacity if needed.

The NHS Nightingale Hospital Bristol was officially decommissioned on 31<sup>st</sup> March 2021, however there have been long term systemic improvements that have resulted through the new, innovative solutions developed there, such as;

- All seven Intensive Care Units across the system are now linked together in a strengthened and robust critical care network, with a single IT system.
- Adaptable models of step-down care supporting patient flow in hospitals have been developed, and the skills, expertise and experience of staff have been expanded as a result.
- Organisational relationships have strengthened and stronger professional networks developed which is benefitting partnership working across the health and social care system.
- A joint mentoring programme between NBT and the Ministry of Defence has been developed and recently launched.



## 3.3 Volunteers

Together with the rest of NBT, the COVID--19 pandemic brought Volunteer Services many challenges.

To ensure the safety of patients and volunteers a significant proportion of volunteers temporarily stepped down from their patient facing roles.

Existing volunteer roles were adapted and new ones created to ensure that the volunteers could continue to support patients and staff throughout the pandemic.

We currently have over **100 active volunteers**, and we are looking forward to welcoming our temporarily stepped down volunteers back when it is safe to do so across the Trust.

These include our **Spiritual and Pastoral Care Volunteers, Macmillan Wellbeing Centre Volunteers**, our ward based befrienders and many, many more who provide invaluable support to our patients, carers and staff.

The **Response Volunteer** role was adapted to focus on supporting the pharmacy to deliver medications to wards, with the aim of freeing up ward staff to focus on clinical tasks.

This dedicated team of volunteers have passionately committed to these roles, donating over **2,000** hours of their time.

Our volunteers supported **Southmead Hospital Charity** to distribute donations of food and gifts to staff throughout the hospital. They also supported the collection of mask adjusters and scrubs bags for staff.

Our **Fresh Arts Music Team** has conducted over **150 hours of live piano music**, playing for patients and staff. This has been implemented by 15 volunteers, 12 of whom are NBT staff. New volunteers were recruited for special performances to celebrate Black History Month.

A new remote **Volunteer Reader** role was created to support the communications team to receive feedback on patient leaflets and other reading material.

Special short term roles were created in response to the pandemic, such as; **Bereavement Services support**, an **Adverse Weather Volunteer Driver team** to transport staff into work; and a team to deliver letters to patients from loved ones who were unable to physically attend due to the visiting restrictions

A new **Antenatal Meet and Greet** role was created to support the flow of patients through the waiting area during scan visiting restrictions, donating over **1,000** hours of volunteer time.

The **Complaints Lay Review Panel** has adapted to virtual working, with support from the Patients Association and the flexibility and willingness of the members of the panel.

The Panel's work is hugely important to ensure the quality of our complaints process, ensuring we adhere to regulations, internal policy and that we deliver a person-centred approach in all that we do.

The **Move Maker Team** continued our meet and greet service, supporting check-in and promoting mask wearing and hand hygiene measures. In addition, the team delivered patient belongings to wards to support the visiting policy restrictions. The team also supported the Vaccination Centre to improve the patient welcome experience.

The team also contributed to the Hidden Disability Sunflower Scheme by providing lanyards and bracelets to those who require one. This year the Move Maker service donated more than **20,000** hours of time.

Our **peer support** roles have been adapted so that they can be conducted safely over the telephone instead of face to face. A small team of volunteers have continued to support outdoor workshops with our **Head Injury Therapy Unit**.

## 3.3 Patient Partnership Group

The Patient Partnership Group (PPG) is an important part of North Bristol NHS Trust, supporting the provision of consistent high quality care by providing a patient perspective and voice across a wide range of forums in the Trust. All members of the group are volunteers and give many hours of their time each year to attend and take part in meetings, interviews, focus groups, workshops and projects.

The members of the PPG are proactive participants in a variety of Committees, e.g. the Patient Safety Committee, Clinical Effectiveness and Audit Committee, as well as the Patient and Carer Experience Committee and the newly established Clinical Policies and Documentation Group.

By reviewing papers and policies, and taking part in the subsequent discussions in meetings, they provide an invaluable patient view and help to guide and influence the work of the Trust.



Due to the pandemic the majority of meetings in the Trust have been held virtually, however the Patient Partnership Group have remained committed and have adapted to working virtually to maintain their presence and input.

They have continued to be active participants on core committees and governance, but also research and finance working groups across the Trust, for example the Medical Research Group and Losses and Compensation Group, as well as the Southmead Hospital Charity Research Allocation and Patients Association.

The members of the group have also been involved in the recruitment process for staff in key roles, with attendance at Consultant interview focus groups and the recent interview panel for the new Head of Patient Experience.

The membership of the Patient Partnership Group have also supported many projects across the Trust, including the Pain Relief Project, and the Consent & Shared Decision Making Project.

Future projects will include the development of the new Digital Strategy.

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







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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**  
**Chair**

Signed Date: 29 July 2021

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

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

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

The command and control framework remains in place, flexing in line with operational decision-making needs at differing stages of the pandemic, for example with changes in the frequency of meetings. The one recent exception to this is that financial decision-making powers have been suspended and all recommendations on spend have to go to Executive Directors.

### NHS Nightingale Hospital Bristol

On 30 March 2020 NBT was identified as the host organisation for the NHS Nightingale Hospital Bristol, accountable for the setting up and operation of the new unit. This involved the creation of a new Nightingale division within the NBT governance structure.

A quality governance framework and model was approved by the Board, following NBT policies and processes to ensure the safe and accountable provision of high quality care. These included the development of key quality metrics, audit systems, incident and risk registers and reporting mechanisms, bespoke policies, safeguarding, Mental Capacity Act, DNACPR, learning from deaths and clinical governance. Also included were procedures to manage complaints and concerns, as well as Freedom to Speak Up (FTSU).

NHS Nightingale Bristol was registered as a separate centre with the Intensive Care National Audit Research Centre (ICNARC). It was also registered as a separate location with the CQC as part of North Bristol NHS Trust. A comprehensive approach to risk management was established, summarised within a risk register which was regularly refreshed and approved by the executive team. It was then reported into the NBT Quality and Risk Management Committee (QRMC), which is a Board sub committee chaired by a Non Executive Director.

The NHS Nightingale Hospital Bristol was decommissioned 31st March 2021.

### Ashton Gate Mass Vaccination Centre (MVC)

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

The MVC has been reviewed by the Care Quality Commission (a roundtable review against CQC key lines of Enquiry) and also by the National COVID-19 Vaccination Programme (NHSE). The outcomes of these reviews were both very positive. Some points identified for further development, primarily around potential workforce future models, are being considered and progress overseen by QRMC.

## External Comments on the Quality Account

The draft Quality Account was circulated to the organisations listed below for review and comment during the period 18th June to 17 July 2021.

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

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

## Bristol, North Somerset & South Gloucestershire CCG

This statement on the North Bristol NHS Trust's Quality Account 2020/21 is made by Bristol, North Somerset & South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG).

BNSSG CCG welcomes the North Bristol NHS Trust (NBT) Quality Account, which provides a review on the overall quality and performance of the provider during 2020/21. The data presented has been reviewed and is in line with data provided throughout the year, predominantly via the monthly Integrated Performance Report (IPR), our discussions with the provider and more recently through the monthly quality assurance meetings. Additionally, the CCG commends the provider's approach to the account which provides an informative account for both lay and professional audiences.

BNSSG CCG acknowledges that the period under review has been one of the most challenging in history as we respond and adapt to the onset and management of the COVID-19 pandemic, affecting a wide range of performance indicators.

NBT's previous priorities will continue for 2021/22, mapped against their quality strategy themes, with clear oversight and governance processes. BNSSG CCG notes that progress has been made amidst the disruptions of the necessary response to the COVID-19 pandemic.

### ***Priority 1 – 'Meeting the identified needs of patients with learning difficulties, autism or both'***

The CCG notes the progress which has been made including the Learning Disability Liaison Team providing a seven day service from April 2020, enabling support to clinical teams, and applying reasonable adjustments, to ensure individual needs are met. Learning Disability and Autism champions at ward and board level also promote awareness and oversight.

### ***Priority 2 – 'Being outstanding for safety - a national leader in implementing the NHS Patient Safety Strategy'***

The CCG commends the Trust on being accepted as an early adopter of the new national strategy which is recognition of commitment and work on systems, processes and culture. This has led to the identification of the 5 key patient safety themes which are in patient falls, medicines management, responding well to changing clinical conditions, pressure injuries and discharge planning. The progression of the Patient Safety Incident Response Framework will undoubtedly provide some challenges in 2021/22 and the CCG will support NBT with its implementation and associated work streams including the falls academy.

Additionally, the CCG congratulates NBT in achieving significant reductions in pressure injuries of all types including those associated with medical devices.

***Priority 3 – ‘Ensuring excellence in Maternity Services, delivering safe and supportive maternity care’.***

In 2020/21 NBT demonstrated progress with this priority in a number of ways which included maintaining a COVID-19 secure environment across maternity services in hospital and the community, providing improved facilities for women in labour with the opening of new obstetric theatres, participation in a number of maternity initiatives and national and local research programmes. The CCG also acknowledges the completion of the Trust self-assessment against the seven immediate and essential actions published from the Ockenden Independent Review of Maternity Services at The Shrewsbury and Telford NHS Trust; the CCG look forward to seeing the implementation of the resulting action plan which addresses areas requiring ongoing improvement which will result in the delivery of safe and supportive maternity care.

***Priority 4 – ‘Ensure quality and safety of services is sustained whilst recovering from the impact of the COVID-19 pandemic’.***

The CCG acknowledge the challenge and difficulties of maintaining a COVID-19 secure environment and pathways. During 2020/21, national guidance was reviewed and circulated on a frequent basis, requiring clear communication processes to ensure both clinical and non-clinical staff were working to the latest available guidance. The CQC reviewed NBT’s compliance with the national Infection Prevention and Control Board Assurance Framework and the CCG notes the positive feedback provided. The CCG welcomes the further focus planned for this priority, whilst recovering from the impact of the COVID-19 pandemic for 2021/22.

We welcome and thank the trust for its continuing engagement in national audits and national enquiries, contributing to national datasets and associated guidance. The CCG also wishes to acknowledge and extend its thanks for NBT’s contribution to the body of research on COVID-19, both in the studies to support safety during pandemics and other initiatives looking at long COVID and enabling patients to be involved in vaccine trials.

The CCG acknowledges the reduction in hospital onset MRSA, MSSA and E.coli bacteraemia cases. Across our local BNSSG systems, a significant increase in Clostridium difficile has been reported during 2020/21, which is also noted by NBT. The CCG is supportive of NBT’s intention to clarify roles and responsibilities in healthcare acquired cases of C. difficile which includes education and antibiotic stewardship.

Patient experience through the Friends and Family Test was re-introduced in July 2020, following a pause due to COVID-19. Over 69000 responses were received during 2020/21 and 93.6% rate the service positively.

BNSSG CCG reiterates that 2020/21 has been one of the most challenging for the NHS and our local providers during the year. The CCG would like to thank NBT for providing additional leadership and support in setting up and preparing for the opening of the Nightingale hospital in Bristol and the successful establishment of the Mass Vaccination Centre at Ashton Gate. We note the areas that have been identified by the Trust for further improvement and we look forward to working with the Trust in 2021/22 to achieve these improvements.

**Sandra Muffett**

**Head of Clinical Governance & Patient Safety**

## Bristol — Health Scrutiny Committee

The Health Scrutiny Committee (Sub-Committee of the People Scrutiny Commission) discharges the statutory health scrutiny function for Bristol City Council. The Committee received a copy of the North Bristol NHS Trust draft Quality Account 2020/21 on the 18 June 2021.

Due to time constraints it was agreed that the Health Scrutiny Committee would not request a briefing or meet to discuss the report. Instead Members of the Committee would provide comments to the Chair, Councillor Graham Morris. This would form the Committee's statement to the Trust, detailed in this letter;

- The Committee noted the impact of COVID-19 to the cancer pathways, including reduced diagnostic capacity and also patient concerns about coming in to the hospital during the pandemic, and felt the report would benefit from further commentary on whether the vaccination programme had helped reduce deferred appointments; and what was planned to further reassure patients that safety measures were in place which enabled patients to be managed safely and appropriately (reference p.22).

**Trust response:** This report covers the financial year 2020-21 when the vaccination programme was just beginning, therefore any potential impact on the reduction of deferred appointments will be addressed in our 2021-22 Quality Account.

- Members acknowledged the 'exceptional actions' the Trust needed to take to minimise the number of patients with extended waits for treatment and that this had been largely successful. The Committee recommended that there should be some commentary which detailed who was responsible for any additional and remedial work and care following operations outsourced to the independent sector (reference p.23).

**Trust response:** The Trust made extensive use of the independent sector in 2020-21 under nationally funded and contracted arrangements in order to limit the impact of COVID-19 on access to services. The use of the independent sector has continued during 2021-22, but under locally funded and contracted arrangements. The bulk of independent sector activity during both years was largely diagnostic or elective—day-case or inpatient. The independent sector is not routinely commissioned for any additional or remedial activity. This would typically be undertaken in-house, although patients could be re-referred if appropriate.

- The Committee noted the Trust's anticipated increase in the number of patients waiting in excess of 52 weeks for their first definitive treatment in 2020-21, and that the reasons for this included 'recurrent workforce and staffing capacity issues.' Members felt this section required commentary to explain those issues and what plans were in place to resolve them (reference p.23).

**Trust response:** The issues referred to in the report are a combination of factors, seen nationally during the pandemic, while maintaining the safe prioritisation of services. In particular these include the impacts of the pandemic on staff and staff wellbeing. For example, the requirement to self-isolate, staff contracting COVID-1, the redeployment of many staff to areas of high pressure, and subsequent potential 'burnout'. This is monitored on a daily basis and actions taken where required.

As a Trust we have recognised the need to focus on the wellbeing of our staff and have in place initiatives such as Start Well, End Well for both clinical and non-clinical teams (page 48). Staff have been kept informed of changes in status and practices throughout the pandemic via regular team meetings, cascade learning and newsletters, and have been supported to ensure they had the skills required if deployed to prioritised teams.



- The Committee commended the focus and commentary on safeguarding children; Members appreciated the attention to the wellbeing of, and engagement with, children and families who use health services, and the acknowledgement that 'Many children and families have been adversely affected by the pandemic and this will impact the health and development of children and the welfare of families and wider society in the months ahead' (reference p.38).
- The Committee commended the principles of the Getting It Right First Time programme, and recommended further commentary on the Veterans Covenant Healthcare Alliance re-accreditation of North Bristol Trust as a Veteran Aware Hospital (reference p.39).  
**Trust response:** Page 39 has been expanded to provide additional commentary.
- Members were pleased to read that all seven Intensive Care Units across the system were now operating on the same IT systems, and commended this approach to enable closer and stronger links (reference p. 49).

The Committee commended the report, that it was clear and well written, language appropriate for the audience, and accessible.

Councillor Morris and the Committee would like to thank the North Bristol NHS Trust for its positive work over the past year and its wide-ranging achievements as set out in the report, especially with all the challenges the pandemic has brought. The Committee's comments are made within the context of supporting the Trust's priorities and being a 'critical friend' to help enable positive outcomes for Bristol.

**Dan Berlin**

**Scrutiny Advisor**

## Healthwatch Bristol, North Somerset and South Gloucestershire



Dear North Bristol Trust,

Thank you for this opportunity for respond to your Quality Account 2020/21. It has been a troubling year for the whole nation and especially for your Hospital staff having managed to work with Covid 19 all through this time. We are full of praise and thanks for the efforts of all of them.

We have read the Trust's summary of performance over this past year while knowing that many of the benchmarks for quality and performance were set aside in 20/21. A lower bed occupancy at 76% would have helped to manage workload in the first lockdown, but this did not occur in the subsequent one, when occupancy rose back to normal 95% levels.

We are pleased to see that it would appear NBT carried on performing well and was able to rearrange facilities to achieve Covid safe environments without huge impact. However, one aspect of the CQC score is your responsiveness to patient need, which is rated as 'requires improvement'. This is conditional on a follow-up inspection, and we look forward to hearing how this can be improved.

There is already a recognition that you are going to focus on better personalised care, connecting families to their loved ones in hospital & offering virtual opportunities where they are appropriate. Adding to your difficulty is the huge drop in volunteer numbers at the Trust, until Covid is fully under control.

We applaud the priorities set this year around caring for people with autism and/ learning disabilities, safe and effective maternity care, and safety for patients both waiting for or having care in a post Covid recovery. Signing up to the sunflower scheme for hidden disabilities and using lanyards and champions is to be welcomed. NBT could recognise more of the hidden disabilities in this scheme, which include deafness or visual impairments, Chronic Fatigue, Epilepsy, Chron's, Diabetes and brain injury. The aim to create a Hospital User Group of people with lived experience of autism and/or a learning disability is a necessary step towards understanding these patients' needs, as will the implementation of the Oliver McGowan mandatory training in 2021/22.

The culture of learning at NBT is evidenced from the fact that the PALs service is performing well and problems are dealt with quickly. It would be helpful to report on more than just the complaints category. You divide PALS contacts into complaints, concerns, and enquiries. The 'concerns' are at an equal or greater number to complaints under this new system. Themes of the top concerns could be helpful to recognise too.

We can expect waiting times for elective treatments will become an increasingly difficult issue for patients. Your operations, except for cancer were virtually stopped during Covid. For the over 2000 patients now waiting over a year for elective surgery, your commitment to sustaining and managing clinical priorities for recovery work, are essential. Being part of the national accelerator programme to manage backlogs of elective surgery is fantastic news.

**Trust response:** The points raised will be discussed with our Head of Patient Experience for action as required.

Yours sincerely

**Georgie Bigg**  
**Chair of Trustees**  
**Healthwatch Bristol North Somerset**  
**and South Gloucestershire**

**Vicky Marriott**  
**Area Manager**

### North Bristol Patient Partnership Group

The continuing challenges that face not only NBT, but the NHS as a whole cannot be underestimated. It is a source of constant amazement to me how the resilience, strength, commitment, and selflessness of NBT staff never waivers.

Whilst the Patient Partnership has had to adjust its way of working, we have managed to maintain our relationship alongside NBT staff ensuring the Patient/Carer/Family voice is very much heard. This is most evidence around the work to implement PSIPR in June 2021, together with the introduction of the National Patient Safety Strategy.

NBT continues to be a very Patient Safety focused Trust and remains passionate about implementing actions from learning after incidents, thus helping to ensure such incidents do not reoccur.

As a PPG, our main priority is to ensure the safe care and treatment of patients. However, as such, we also need to ensure that the staff that provide such wonderful care are themselves cared for in order that they too do not become patients. This is why it is so important that we get regular, up to date presentations with reports on the processes which NBT has in place to provide support for their staff. As there is such a nationwide shortage of staff working in the NHS it is imperative that such support exists and we are, as a group, very impressed with the processes that NBT has in place.

We continue to be hugely grateful and therefore fully committed to our work with these truly wonderful people. There is much exciting work in the pipeline for the coming years and we look forward to working alongside them to ensure the success of these works.

**Christine Fowler**  
**Chair, NBT Patient Partnership Group**

## **NHS England and NHS Improvement Specialised Commissioning—South West**

I have reviewed the Quality Account which seems comprehensive and testament to great achievement despite the challenging year.

One point of note, organisationally we are not: NHS Specialised Commissioning. Could this be amended to: NHS England and NHS Improvement Specialised Commissioning – South West

**Trust response:** The document has been amended.

**Greg Martin**

**Senior Commissioner**

**Specialised Commissioning**

**NHS England and NHS Improvement – South West**

## **North Somerset Health Overview and Scrutiny Panel**

We have circulated the NBT QA to Members but have not received any feedback. To be honest, I'm not surprised given the unprecedented circumstances and the understandable lack of the usual level of contact we have had with our healthcare providers during these difficult times.

Having discussed this with the Chairman, he has agreed that we will not provide an official response to the Trust's QA this year.

That should though in no way detract from our full recognition of the huge challenges faced by all of our health and social care colleagues and the amazing way they have responded to this crisis.

**Leo Taylor, Scrutiny Officer**  
**North Somerset Council**

## **South Gloucestershire Public Health Scrutiny Committee**

No statement was received for inclusion by the Committee on this occasion.

- 27.1** During 2020/21 1,908 of NBT's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:
- 435 in the first quarter
  - 374 in the second quarter
  - 547 in the third quarter
  - 552 in the fourth quarter
- 
- 27.2** By 18/05/2021, 1,723 case record reviews and 61 investigations have been carried out in relation to 1,908 of the deaths included in item 27.1. In 0 cases a death was subjected to both a case record review and an investigation.<sup>1</sup>
- The number of deaths in each quarter for which a case record review or an investigation was carried out was:
- 428 in the first quarter
  - 364 in the second quarter
  - 527 in the third quarter
  - 465 in the fourth quarter
- 
- 27.3** 0 representing 0% of the patient deaths during the reporting period is judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter this consisted of:
- 0 representing 0% for the first quarter
  - 0 representing 0% for the second quarter
  - 0 representing 0% for the third quarter
  - 0 representing 0% for the fourth quarter
- 
- 27.4** Recent learning from 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** 225 case record reviews and 9 investigations completed after 03/06/2020 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 2019/20 are judged to be more likely than not to have been due to problems in the care provided to the patient.

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



During 2020/21 114 local clinical audits were completed and reviewed. Actions from these audits have been put onto the Trust action log.

During 2020/21 43 national clinical audits and 2 national confidential enquiries covered NHS services that NBT provides. Of these, NBT were eligible and participated in 42 national clinical audits and 2 national confidential enquiries.

The data collected for all relevant national clinical audits and national confidential enquiries during 2020/21 are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. Where only a percentage is shown, actual submission numbers were not available.

National Clinical Audit and Clinical Outcome Review Programmes		Host Organisation	NBT Eligible	NBT Participating	Case Ascertainment	Data Year
1	Antenatal and New-born National Audit Protocol 2019 to 2022	Public Health England	Y	Y	N/A	N/A
2	BAUS Urology Audit – Cystectomy	British Association of Urological Surgeons (BAUS)	Y	Y	96.1% (220/229)	2017-2019
3	BAUS Urology Audit – Female Stress Urinary Incontinence	British Association of Urological Surgeons (BAUS)	Y	Y	150	2017-2019
4	BAUS Urology Audit – Nephrectomy	British Association of Urological Surgeons (BAUS)	Y	Y	93% (650/699)	2017-2019
5	BAUS Urology Audit – Percutaneous Nephrolithotomy	British Association of Urological Surgeons (BAUS)	Y	Y	156	2017-2019
6	BAUS Urology Audit – Radical Prostatectomy	British Association of Urological Surgeons (BAUS)	Y	Y	89% (856/959)	2017-2019
7	Case Mix Programme (CMP)	Intensive Care National Audit and Research Centre (ICNARC)	Y	Y	100% (2617/2617)	2018-2019
8	Child Health Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	N	N	N/A	N/A
9	Cleft Registry and Audit Network (CRANE)	Royal College of Surgeons	N	N/A	N/A	N/A
10	Elective Surgery – National PROMs Programme	NHS Digital	Y	Y	52.6% (643/1223)	2018 - 2019

National Clinical Audit and Clinical Outcome Review Programmes		Host Organisation	NBT Eligible	NBT Participating	Case Ascertainment	Data Year
11	Emergency Medicine QIPs—Pain in Children	Royal College of Emergency Medicine	Y	Y	+100% (59/50)	2020-2021
12	Emergency Medicine QIPs—Infection Control	Royal College of Emergency Medicine	Y	Y	+100% (80/50)	2020-2021
13	Emergency Medicine QIPs—Fractured Neck of Femur	Royal College of Emergency Medicine	Y	Y	+100% (116/50)	2020-2021
14	Falls and Fragility Fractures Audit Programme (FFFAP)	Trauma Audit Research Network (TARN)	Y	Y		
	Fracture Liaison Service Database		Y	Y	100% (2093/2093)	2018
	National Audit of Inpatient Falls		Y	Y	100% (18/18)	2020
	National Hip Fracture Database		Y	Y	100% (541/541)	2020
15	Inflammatory Bowel Disease (IBD) Audit	IBD Registry	Y	N	N/A	N/A
16	Learning Disabilities Mortality Review Programme (LeDeR)	University of Bristol/ Norah Fry Centre for Disability Studies	Y	Y	100% (26/26)	2020-2021
17	Mandatory Surveillance of Healthcare Associated Infections (HCAI)	Public Health England	Y	Y	MRSA 100% (2) MSAA 100% (29) CDI 100% (68)	2020 - 2021
18	Maternal and New-born Infant Clinical Outcome Review Programme	University of Oxford/ MBRRACE-UK	Y	Y	N/A	N/A
19	Medical and Surgical Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Y	Y		
	In Hospital Management of out of Hospital Cardiac Arrest				100% (2/2)	2020
20	Mental Health Clinical Outcome Review Programme	National Confidential Inquiry into Suicide and Homicide in Mental Health (NCISH)	N	N/A	N/A	N/A

National Clinical Audit and Clinical Outcome Review Programmes		Host Organisation	NBT Eligible	NBT Participating	Case Ascertainment	Data Year
21	National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Royal College of Physicians (RCP)	Y	Y		
	Paediatric Asthma Secondary Care		N	N	N/A	
	Asthma (Adult and Paediatric) and COPD Primary Care – Wales only		N	N	N/A	
	Adult Asthma Secondary Care		Y	Y	33% (135/405)	2019-20
	Chronic Obstructive Pulmonary Disease (COPD) Secondary Care		Y	Y	69	2020-21
22	National Audit of Breast Cancer in Older People (NABCOP)	Royal College of Surgeons	Y	Y	100% (770/770)	2018
23	National Audit of Cardiac Rehabilitation	University of York	Y	Y	100%	2020
24	National Audit of Care at the End of Life (NACEL)	NHS Benchmarking Network	Y	Y	100% (40/40)	2019-2020
25	National Audit of Dementia (NAD)	Royal College of Psychiatrists (RCPsych)	Y	Y	100% (50/50)	2018
26	National Audit of Pulmonary Hypertension	Royal College of Paediatrics and Child Health (RCPCH)	N	N/A	N/A	N/A
27	National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Royal College of Paediatrics and Child Health (RCPCH)	N	N/A	N/A	N/A
28	National Bariatric Surgery Registry (NBSR)	British Obesity and Metabolic Surgery Society (BOMSS)	Y	Y	100% (416/416)	April 16 – March 19
29	National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC)/ Resuscitation Council UK	Y	Y	100%	2019-2020
30	National Cardiac Audit Programme (NCAP) – National Audit of Cardiac Rhythm Management	Bart's Health NHS Trust	Y	Y	100% (141/141)	2020
31	National Clinical Audit of Anxiety and Depression	Royal College of Psychiatrists (RCPsych)	N	N/A	N/A	N/A

National Clinical Audit and Clinical Outcome Review Programmes		Host Organisation	NBT Eligible	NBT Participating	Case Ascertainment	Data Year
32	National Clinical Audit of Psychosis	Royal College of Psychiatrists (RCPsych)	N	N/A	N/A	N/A
33	National Comparative Audit of Blood Transfusion Programme – 2020 Audit of the Management of Perioperative Paediatric Anaemia	NHS Blood Transplant	N	N/A	N/A	N/A
34	National Diabetes Audit – Adults	NHS Digital	Y	Y		
	National Diabetes Foot Care Audit		Y	Y	100% (195/195)	2015-2019
	National Diabetes Inpatient Audit (NaDIA)		Y	Y	100% (147/147)	2019
	NaDIA – Harms		Y	Y	-	Data not available
	National Core Diabetes Audit		Y	Y	100% (77/77)	2020
	National Pregnancy in Diabetes Audit		Y	Y	100% (75/75)	2016-2018
35	National Early Inflammatory Arthritis Audit (NEIAA)	British Society for Rheumatology (BSR)	Y	Y	100% (619/619)	2019-2020
36	National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists (RCOA)	Y	Y	82% (191/233)	2018/-2019
37	National Gastro-Intestinal Cancer Programme	NHS Digital	Y	Y		
	National Oesophago-gastric Cancer (NOGCA)		Y	Y	<65% (67/150-199)	2017-2019
38	National Joint Registry (NJR)	Healthcare Quality Improvement Partnership (HQIP)	Y	Y	100% (1660/1660)	2019

National Clinical Audit and Clinical Outcome Review Programmes		Host Organisation	NBT Eligible	NBT Participating	Case Ascertainment	Data Year
39	National Lung Cancer Audit (NLCA)	Royal College of Physicians (RCP)	Y	Y	100% (312/312)	2018
40	National Maternity and Perinatal Audit (NMPA)	Royal College of Paediatrics and Child Health (RCPCH)	Y	Y	100%	2016-2017
41	National Neonatal Audit Programme – Neonatal Intensive and Special Care (NNAP)	Royal College of Paediatrics and Child Health (RCPCH)	Y	Y	100% (624/624)	2019
42	National Ophthalmology Audit (NOD)	Royal College of Ophthalmologists (RCOphth)	N	N/A	N/A	N/A
43	National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health (RCPCH)	N	N/A	N/A	N/A
44	National Prostate Cancer Audit	Royal College of Surgeons (RCS)	Y	Y	100% (757/757)	2020
45	National Vascular Registry	Royal College of Surgeons (RCS)	Y	Y		
	AAA		Y	Y	100% (48/48)	2020
	CEA		Y	Y	100% (88/88)	2020
	Bypass		Y	Y	100% (606/606)	2020
	Angioplasty		Y	Y	100% (401/401)	2020
	Amputation		Y	Y	100% (225/225)	2020
46	Neurosurgical National Audit Programme	Society of British Neurological Surgeons	Y	Y	100% (3493)	2020
47	NHS Provider Interventions with Suspected/ Confirmed Carbapenemase Producing Gram Negative Colonisations/ Infections	Public Health England	Y	Y	100% (49)	2020-2021
48	Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry	University of Warwick	N	N	N/A	N/A



National Clinical Audit and Clinical Outcome Review Programmes	Host Organisation	NBT Eligible	NBT Participating	Case Ascertainment	Data Year
49 Paediatric Intensive Care Audit (PICANet)	University of Leeds/ University of Leicester	N	N/A	N/A	N/A
50 Perioperative Quality Improvement Programme (PQIP)	Royal College of Anaesthetists	Y	Y	N/A	N/A
51 Prescribing Observatory for Mental Health UK (POMH-UK)	Royal College of Psychiatrists	N	N	N/A	N/A
52 Sentinel Stroke National Audit Programme (SSNAP)	King's College London (KCL)	Y	Y	90%+	2019-2020
53 Serious Hazards of Transfusion: UK National Hemovigilance Scheme	Serious Hazards of Transfusion (SHOT)	Y	Y	100%	2019
54 Society for Acute Medicine's Benchmarking Audit (SAMBA)	Society for Acute Medicine (SAM)	Y	Y	100%	2019
55 Surgical Site Infection Surveillance Service  Hip replacement Knee replacement	Public Health England (PHE)	Y  Y Y	Y  Y Y	100% (625/625)  100% (652/652)	2019-2020  2019-2020
56 The Trauma Audit & Research Network (TARN)	The Trauma Audit & Research Network (TARN)	Y	Y	N/A	N/A
57 UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	N	N	N/A	N/A
58 UK Registry of Endocrine and Thyroid Surgery	British Association of Endocrine and Thyroid Surgery (BAETS)	Y	Y	103	2013-2017
59 UK Renal Registry National Acute Kidney Injury Programme (AKI)	UK Renal Registry	Y	Y	100%	2018

Mandatory indicator	NBT Most Recent	National average	National best	National worst	NBT Previous
<p><b>Venous thromboembolism (VTE) risk assessment</b></p> <p>23 The Trust considers that this data is as described as there is a continued close focus on VTE risk assessment performance given that it is a board reported quality metric within the Integrated Performance Report.</p> <p>It is also regularly scrutinised through the Thrombosis Committee as part of the wider reviews undertaken of Hospital Acquired Thrombosis and related Root Cause Analyses (mini RCAs). In 2017 the effectiveness of this work was recognised by the awarding of VTE Exemplar Status to the Trust.</p>	<p>94.87%</p> <p>Apr 20—Mar21</p>	<p>The VTE data collection and publication is currently suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic.</p>			<p>95.81%</p> <p>Mar 19-Dec 19</p>
<p><b>Clostridium difficile rate per 100,000 bed days (patients aged 2 or over) - Trust apportioned cases only</b></p> <p>24 The Trust considers that this data is as described as it is directly extracted from Public Health England National Statistics and the trend variation from previous year is consistent with internal data intended to inform ongoing improvement actions.</p> <p>*Latest national data published on <a href="https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data">https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data</a> is 2019/20 2020/21 data will be published in July 2021 after the Quality Account has been published.</p>	<p>8.9</p> <p>2019/20*</p>	<p>13.2</p>	<p>0.0</p>	<p>51.1</p>	<p>12.4</p> <p>2018/19*</p>
<p><b>Rate of patient safety incidents reported per 1,000 bed days</b></p> <p>25</p> <p><b>Rate of patient safety incidents resulting in severe harm or death per 1,000 bed days</b></p> <p>The Trust considers that this data is as described as it is supplied by the National Reporting and Learning System (NRLS) and is consistent with internal data reviewed on a monthly basis during the year and reported to the Board.</p> <p>The Trust will continue to act to increase the overall rate of reporting, which is a sign of a positive safety culture, whilst also acting upon lessons learned to identify improvements to practice. This has already shown a reduction in the proportion of severe harm or death related incidents in the period stated above.</p>	<p>49.8</p> <p>Oct 19—Mar 20</p>	<p>47.0</p>	<p>140.6</p>	<p>16.9</p>	<p>40.2</p> <p>Oct 18—Mar 19</p>
<p><b>Responsiveness to inpatients' personal needs</b></p> <p>20 The Trust considers that this data is as described as it is directly extracted from National Survey data and the trend variation from previous year is consistent with internal surveys intended to inform ongoing improvement actions.</p>	<p>70.2</p> <p>2019/20</p>	<p>67.1</p>	<p>84.2</p>	<p>59.5</p>	<p>69.2</p> <p>2018/19</p>
<p><b>Percentage of staff who would be happy with standard of care provided if a friend or relative needed treatment</b></p> <p>21 The Trust considers that this data is as described as it is directly extracted from National Survey data and the trend variation from previous year is consistent with internal surveys intended to inform ongoing improvement actions.</p>	<p>83%</p> <p>2020</p>	<p>73%</p>	<p>96%</p>	<p>50%</p>	<p>80%</p> <p>2019</p>
<p><b>Summary Hospital-level Mortality Indicator (SHMI) value and banding</b></p> <p>12 The Trust considers that this data is as described as it is directly extracted from the CHKS system and analysed through the Trust's Mortality Group, the medical Director and within specialties. The rate is also consistent with historic trends and the Trust's understanding of the increased acuity of patients being seen within different specialties.</p>	<p>October 2019—September 2020 NBT Score 89.99 (Peer average 100.75)</p> <p>October 2018—September 2019 NBT Score 90.37 (Peer average 99.08)</p>				

Mandatory indicator	NBT Most Recent	National average	National best	National worst	NBT Previous
<b>Patient Reported Outcome Measures – No. of patients reporting an improved score;</b>					
	<b>Hip Replacement Primary EQ-VAS</b>				
	2019/20 NBT score 66.7% (England average 70.0%)				
	2018/19 NBT score 72.5% (England average 70.1%)				
	<b>Hip Replacement Primary EQ 5D</b>				
	2019/20 NBT score 87.4% (England average 90.4%)				
	2018/19 NBT score 91.4% (England average 90.9 %)				
18	<b>Knee Replacement Primary EQ-VAS</b>				
	2019/20 NBT score 48.0% (England average 59.9%)				
	2018/19 NBT score 53.0 (England average 59.5%)				
	<b>Knee Replacement Primary EQ 5D</b>				
	2019/20 NBT score 75.0% (England average 83.2%)				
	2018/19 NBT score 80.0% (England average 82.9 %)				
	<b>Varicose vein, Groin hernia</b>				
	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					
	<b>Emergency readmissions within 28 days of discharge: age 0-15</b>				
	Comparative data for 2011/12: NBT 10.2%; England average 10.0%; low 0%; high 47.6%.				
19	<b>Emergency readmissions within 28 days of discharge: age 16 or over</b>				
	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.					

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







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