



North Bristol
NHS Trust

Quality Account 2023/24



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2023/24

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PART 1

A Statement on Quality from the CEO



Maria Kane, OBE

Like the wider NHS, 2023/24 was a year in which we continued to face several challenges, including the ongoing legacy of the Covid-19 pandemic and the backlog of patients waiting for planned procedures it brought, as well as the ongoing national industrial action. Our Emergency Department (ED) also continued to see high attendances throughout the year, and in March 2024 we had the highest number we have seen in recent years at 9,450 attendances, or 305 a day. This number of high attendances coupled with challenges in discharging patients who no longer need the care we provide continued to bring its own difficulties, but we strived to make internal improvements to support the discharge of patients and continue to work with external partners on the areas outside of our control.

Despite all of this, 2023/24 was also a year in which we delivered significant achievements benefiting our patients, including:

- **Launching our Transfer of Care Hub**, a physical space at Southmead Hospital where our teams and partners from external organisations work together to achieve safe and timely discharges.
- **Opening a Community Diagnostic Centre**, enabling us to provide 45,000 diagnostic procedures every year, in partnership with independent healthcare provider InHealth.
- **Starting work on a brand new £49.9 million Elective Centre, which** will enable an additional 6,500 operations to be carried out across the Bristol, North Somerset, and South Gloucestershire area every year when it opens in 2025.
- **Meeting a number of key performance targets**, including 15% six week waits, 13-week diagnostics, and consistently performing at or near the top of our peer group against the four-hour ED target (although, at the time of writing, not yet meeting the national standard of 76%).
- **Announcing a strategic intent to form a Hospital Group with University Hospitals Bristol and Weston**, to address shared challenges around workforce, estates and finances whilst remaining independent Trusts. This has included launching a Joint Clinical Strategy, which sets a clear direction for our work together, outlining our vision for services that are seamless, high quality and equitable.
- **Delivering a break-even budget** – despite record financial pressure – without compromising on clinical care.

I was also incredibly proud of our maternity teams, as our Maternity Services were rated as Good in a Care Quality Commission (CQC) inspection in November 2023. As well as rating the services as Good overall, inspectors increased the rating for how safe our services are to Good, and identified a number of areas of outstanding practice. This was an enormous vote of confidence in the service and one of only a handful of occasions where a maternity team has been upgraded by the CQC since the pandemic.

During 2023/24 we continued to embed our 'Patient First' approach, which is a tried and tested evidence-based way of supporting staff to identify new and even better ways of putting our patients first.

This aims to make improvement part of everyone's everyday work and to empower and equip them to do so. In keeping with that philosophy, we set ourselves several quality improvement priorities for 2023/24, and the following summarises our progress in these areas, with more detail provided later in this Quality Account:

1. We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions

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

In August 2023, we launched our new three-year Patient and Carer Experience Strategy, which outlines our four key commitments to our patients and carers, with the aim of respecting patient choices, decisions, and voices, while becoming partners in the management of conditions. We have also focused on the proactive use of Patient Reported Measures (PREMS) across all our clinical divisions to ensure we listen more to what patients are telling us, including through an enhanced use of the national Friends and Family Test programme, the use of local surveys and the introduction of a near real-time feedback offer to patients.

We introduced our 'patient conversations' in October 2023, where staff or volunteers visit wards and chat with patients to understand their experiences. This feedback is then shared at the time with the ward manager to provide an opportunity to immediately implement any improvements.

We have also increased the diversity of our Patient and Carer Partnership to reflect a broader range of lived experiences, with the aim of improving our understanding of what matters to individuals and support personalised care approaches. During the year we welcomed new patient and carer partners with a range of different lived experiences.

2. We will support our patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result.

One of our major priorities has been to see more patients who have been waiting for treatment and to reduce the length of time patients are waiting – both of which built up during and following the Covid-19 pandemic. One of the most challenged areas has been cancer performance and we made substantial improvements during the year, including a reduction in the total cancer waiting list, despite increased demand and a backdrop of national industrial action.

During the year we continued to increase our resources and adapt cancer pathways to ensure our patients were being seen within the national standards. Other developments within cancer performance included the implementation of a Cancer Navigator to support the timely progression of patient pathways in Urology, efforts to reduce the time between testing to reporting for mpMRI, and an increase in our capacity for LATP biopsy in the Prostate pathway.

Within the Bristol, North Somerset, and South Gloucestershire system, a new systemwide Teledermatology pathway for urgent suspected cancer was developed with a pilot across four Primary Care Networks implemented in early 2024. This will support sustainable improvements in skin performance, with skin cancer being one of the specialties which has experienced year-on-year growth in demand, now representing around 30% of our cancer pathways.

In July 2022 we implemented a Pre-Emptive Transfer model which uses a whole hospital approach to support patient flow. This model focuses on the regular transfer of patients requiring admission throughout the day, which provides flow for patients to move from the emergency department to wards, which in turn frees up ambulances back into the community.

As of the end of February 2024, the average ambulance handover time per conveyance reduced from 48 minutes in 2022/23 to 23 minutes in 2023/24, in the context of a 21% increase in ambulance conveyances year-on-year. Improving ambulance handovers remains a Trust improvement priority and we are looking to see a further improved and sustained number of handovers within 15 minutes and 30 minutes.

3. We will minimise patient harm whilst experiencing care and treatment within NBT services; developing Trust-wide improvement goals and workstreams for patients whose condition deteriorates whilst in our care.

Ensuring patients receive the best care possible is of the utmost importance to us. We have taken a number of actions to ensure we minimise harm to patients whilst receiving care and treatment and respond in an appropriate and timely manner when a patient's condition deteriorates.

We have a Deteriorating Patient Group and during the past year this has carried out a detailed review of every stage of our care for these acutely unwell patients, with a focus on recognition, escalation, and response. This included a review of our current processes, an audit of performance, and focus groups and feedback from a range of staff.

Some of the key developments have included enhanced training to highlight the importance of National Early Warning Scores (NEWS), and the development of new sepsis and NEWS guidelines to reinforce the importance of identifying life-threatening clinical deterioration, and enable and empower rapid, targeted intervention.

We have also done a huge amount of work to look at the data we have, as understanding our current response was key to improving care for this cohort of patients. We have used our digital systems to review our performance and this data is helping us to drive improvements.

4. We will demonstrate a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

Throughout the year we continued our journey to implement the national Patient Safety Strategy and Patient Safety Incident Response Framework (PSIRF).

Our Trust Board approved a refreshed Patient Safety Incident Response Plan (PSIRP) which reviewed local priorities for safety based on analysis of incident data, and outlined four local priorities – patient falls, medication, responding well to clinically changing conditions, and patient flow.

Regarding falls, the falls prevention and management team has undertaken a review and developed an action plan for improvements, as in March 2024 inpatient falls continued to be one of the most reported incident types across the Trust. However, the number of falls is decreasing, and most result in no harm to patients.

On medication, a thematic review of the management of drug allergies is under way and will be followed by an action plan, and a Medication Safety forum has also been formed to develop a plan for improvement.

For responding well to clinically changing conditions priority, progress has been made to look at how patient observations are done, with associated training and policies, and a clinical lead has been appointed to the programme. A thematic review will be undertaken for the patient flow priority and further actions in 2024/25.

During the year, the Trust focused on improving the quality of patient safety practice, realigning to PSIRF's key aims.

The Trust has completed a training needs analysis and delivered training sessions for key staff to help achieve these aims and in addition patient safety e-learning is available for all staff, clinical divisions have developed their practice in responding proportionally to patient safety events, and refreshed guidance and templates are available for all staff. Further work to implement PSIRF will continue in 2024/25.

5. We will make Maternity and Neonatal care safer, more personalised, and more equitable.

Our Women's and Children's Health Division has continued to build on improvements in pathways, services and workforce that have been achieved following the publication of national safety reports, Ockenden II and Kirkup. The Three-Year Delivery Plan for Maternity and Neonatal Services was published in March 2023 and the Bristol, North Somerset and South Gloucestershire system decided to respond jointly to this across the two Perinatal Services.

The joint working approach for the system with the Local Maternity and Neonatal Service, NBT and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) has been adopted across a number national safety, quality, and transformation programmes.

During the year NBT considered and adopted the national Ockenden II and Kirkup national safety reports across the division where the recommendations apply. Five recommendations remain in progress relating to obstetric staffing and anaesthetic follow-up clinics which are included within the 2024/25 plans.

The division is continuing to work towards fully implementing Saving Babies Lives Care Bundle Version 3 continues with the Maternity Incentive Scheme targets for this programme being achieved. As a result of the progress made the division has an in-house Treating Tobacco Dependency team, a comprehensive diabetes team in line with SBL recommendations, and the roll out of digital blood pressure monitors across the community and hospital is under way.

The CQC inspected Maternity Services at NBT in November 2023, with the service maintaining its Good status overall. Inspectors also looked at how the service is Well-led, rating this as Good and also increased its rating for how safe services are to Good. Effective, caring and responsive were not included in this inspection and remain rated as Good for the service.

The report highlighted that staff "had training in key skills and worked well together for the benefit of women and people using the service," "assessed risks to women and birthing people, acted on them and kept good care records" and "leaders ran services well using reliable information systems and supported staff to develop their skills." Inspectors also highlighted some areas of outstanding practice in the report.

I want to thank all our staff for their continued commitment, dedication, and passion to providing high quality care despite the challenges we have faced, and for driving all our achievements in the past 12 months as well as helping us shape our future plans.

Elsewhere in this report, you can read more about the year, as well as the improvement priorities we set ourselves for 2024/25. I hope this Quality Account makes for interesting and informative reading and provides a helpful overview of how, and what, we did in 2023/24 and our plans for the next 12 months.



Maria Kane OBE
Chief Executive

Who we are

North Bristol Trust serves the population of Bristol, North Somerset, and South Gloucestershire (BNSSG), which has a total population of 960,000 people



We provide services at:

- **Southmead Hospital**
- **Cossham Hospital**
- **Bristol Centre for Enablement**
- **Community Services**

We provide high-quality clinical services, including:

- ✓ **Urgent care**
- ✓ **Local acute care**
- ✓ **Specialist services**
- ✓ **Diagnostic services**

and are the host organisation for:

- **Severn Major Trauma Operational Delivery Network**
- **Southwest Neuromuscular Operational Delivery Network**
- **Severn Pathology**



We provide high quality, safe patient care
(NBT Hero Awards 2023)



**Southmead
Hospital
Site
67 acres**

**We employ
12,500
people**



**From 116 different
nationalities**

Our Trust in numbers

2023/2024

In-patients
72,908

Elective
10,970

Non-elective
62,118

Outpatient appointments
564, 228

New attenders
157,912

Follow up
406,316

ED arrivals
105,866

ED arrivals via helicopters
150

Operations
33,466

Annual Turnover of circa
£900 million

Value of research grants
£34 million

Charity raised for NBT
£1.7 million

The new £49 million
Elective Centre in Southmead



PART 2

Priorities for Improvement and Statements of Assurance from the Board



2.1

Review of 2023/24 Key Priorities

What is a Quality Account?

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

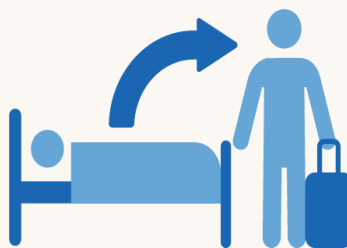
Each year we collect a large amount of information on the quality of the service we provide within three areas defined by the Department of Health and Social Care: patient safety, clinical effectiveness, and patient experience.

This information has been used to report on the Trust's 2023/24 priority areas for improvement set out in last year's Quality Account. These were developed in line with the CQC's 'we statements' which are designed to put the patient at the centre of healthcare.

The quality priority areas identified for **2024/25** in line with our objectives to deliver **outstanding patient experience** and **high-quality care** are also included on pages 25-27.



**Patient
Safety**



**Clinical
Effectiveness**



**Patient
Experience**

Our priorities for 2023/24 were:

- 1. We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions.**
- 2. We will support our patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result.**
- 3. We will minimise patient harm whilst experiencing care and treatment within NBT services.**
- 4. We will demonstrate a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.**
- 5. We will make Maternity and Neonatal care safer, more personalised, and more equitable.**

Priority 1

Outstanding Patient Experience



Our commitment:

We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions.

In August 2023 we launched our new three-year, Patient and Carer Experience Strategy which focuses on four key commitments:

1. **Listening to what patients tell us.**
2. **Working together to support and value the individual and promote inclusion.**
3. **Being responsive and striving for better.**
4. **Putting the spotlight on patient and carer experience.**

The first two commitments align with our quality priority to put patients at the core of our services, respecting their choices, decisions and voices whilst becoming a partner in the management of conditions.

To listen more to what patients are telling us we focused on the proactive use of **Patient Reported Experience Measures (PREMS)** across all clinical divisions. This includes our Friends and Family Test (FFT) programme, use of local surveys and the introduction of a near real-time feedback offer to patients.

FFT & Local Surveys

- To ensure that staff are engaged and monitoring the feedback they receive to gather insight and identify opportunities for improvement, we have significantly enhanced FFT data quality. Since **July 2023**, we have had no data quality concerns.
- We then focused on increasing the engagement of front-line staff with our FFT reviews and on developing local surveys for further insight into specific service aspects.
- We have also focused on increasing the engagement of front-line staff with our FFT reviews and on developing local surveys for further insight into specific service aspects.
- We have also explored new proactive ways to collect FFT and local survey feedback using our volunteers. Our Patient Experience volunteers go onto wards and ask the FFT question to patients, local survey questions and sometimes follow this up with a patient conversation (see below).
- We have also introduced new ways to capture FFT in outpatients using posters, QR codes and business cards. This was previously an area with lower response rates. This ensures that all clinical divisions are engaging with PREMs and able to gain insight for improvement.
- We are pleased that this year our overall FFT positive scores have improved from 91.41% to 92.67%. For a breakdown of patient experience score in each care domain please see page 60.

Patient Conversations

We know from our national inpatient survey results that only 8% of our patients say they are asked to give views on the quality of care during their stay. We wanted to improve this and offer an 'in the moment' opportunity to chat with our patients and hear about their experiences in their own words, reflecting what matters most to them. We therefore developed our '**patient conversations**' framework in October 2023.

In this model, staff or volunteers go on to wards and chat with patients. They do not use a set agenda or questions, but instead actively listen whilst the patient talks about their experience of being in our hospital. The volunteer then shares this feedback with the ward manager at the time, so opportunities for improvement can be implemented immediately.

We also integrate overarching themes from the feedback with our other patient experience data (e.g., complaints, PALS (Patient Advice and Liaison Service), local surveys) to direct broader improvement work.

To date 17 patient conversation visits to wards or departments have been carried out and we spoke with over 50 patients. Whilst the feedback is predominantly good, we have also been able to make quick 'real-time' changes to support the patient whilst they are still with us and look at longer term opportunities to improve patient experience.

For example:

- **Percy Philips:** clarification of visiting rules on the website - one birth partner may stay overnight with the patient.
- **Elgar:** only beds on one side of the ward had TVs, and not all patients had bedside tables. Charity funding is being sought to rectify this.
- **26a:** replacement air mattress for a patient to help improve their sleep.
- **7a:** a patient had concerns about their imminent discharge and how they would cope. Feedback was shared with the ward and a member of staff went to speak with the patient directly to reassure them.
- **Cotswold Ward:** Suggestions from patients for TVs to be available which is being explored by the Women and Childrens Health Division's Service User Experience Team and the Gynaecology Matron.
- A patient was sent incorrect information about their operation date in a letter, and then received a call asking why they had not attended the operation. This was investigated with the support manager for the relevant area and the cause identified.

Patient and Carer Partners

To improve our understanding of what matters to the individual and support personalised care approaches we have increased the diversity of our Patient and Carer Partnership to reflect a broader range of lived experiences and to provide insights from specific conditions and demographic backgrounds. Since 1st April 2023, we have welcomed 6 new patient and carer partners. Within this we have:

- Two partners with lived experience of cancer services.
- A partner under 30.
- Two partners who are members of the LGBTQ+ community.
- A partner with lived experience of mental health.



Spotlight

- ❖ In January 2024 we shared a Patient Story with the Trust Board which illustrated putting a patient at the core of our services, respecting their choices, decisions, and voice. Aaron's Story was an example of outstanding patient experience, coordinated across multiple teams within NBT, and the importance and value of shared decision-making.
- ❖ At NBT we recognise the importance of **Shared Decision Making (SDM)**, the process in which patients and healthcare providers work together to make their healthcare decisions. Discussing the benefits and risks of procedures, alternative treatments or 'doing nothing,' discovering what is important to a patient, and allowing our patients time to reflect on their options are all integral in this process. When we get SDM right, patients are more satisfied with the care they receive, and can also experience better health outcomes.
- ❖ Our commitment to this is demonstrated within the Consent & SDM programme of work, where a project dedicated to embedding new processes across our surgical specialties is providing an intervention for patients unsure about their clinical choices and conversations.
- ❖ This work has delivered proven benefits in achieving the national CQUIN for SDM with compliance rates **exceeding 90% against a national upper expectation of 75%**, which places NBT as a national leader in this field (see section 3.3/page 73 for more detail on this).



Priority 2

Outstanding Patient Experience



Our commitment:

We will support our patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result.

Meet the agreed national trajectory for 62-day access cancer care standard

Cancer performance has been challenged in 2023/24 and even with substantial improvements and reduction in the total cancer waiting list at NBT, industrial action and the challenge of increasing demand has impacted the Trust's ability to meet the 62-Day Standard performance target in-year.

Our breach analysis evidences that outpatient capacity is a recurring issue across multiple departments including Breast, Skin and Urology, whilst elective capacity stands out as a challenge for both the Lower Gastrointestinal and Urology departments. A continued focus on delivering Best Practice Timed Pathways, specifically Straight to Test pathways and diagnostic turn-around times will support 62-day improvements into 2024/25.

NBT has continued to increase resources and adapt cancer pathways to ensure compliance with national cancer targets; in Urology there has been implementation of a Cancer Navigator to support timely progression of patient pathways. For diagnosis, NBT has aimed to reduce the time between testing to reporting for mpMRI and increase our capacity for Local Anaesthetic Transperineal Prostate (LATP) biopsy in the Prostate pathway.

Skin cancer is one of the specialties which has experienced year-on-year growth in demand. As this specialty represents around 30% of NBT's cancer pathways, it has a significant impact on the overall Trust performance. It was recognised that BNSSG was one of the few systems without a Teledermatology service; this is an assessment of lesions via image/photograph which are sent to the skin specialist team for advice regarding diagnosis or management and is a way for GPs to get an opinion from a skin specialist without having to refer patients through the normal referral pathway. There has since been development of a systemwide Teledermatology pathway for urgent suspected cancer (USC) with a pilot across four Primary Care Networks (PCN) implemented in early 2024. The model will support sustainable improvements in skin performance.

Continued reduction in >15-minute ambulance handover %

NBT implemented Pre-Emptive Transfer in July 2022. This model focuses on the regular transfer of patients requiring admission from the emergency department (ED) to the acute medicine unit and wards throughout the day, thereby providing flow and effectively enabling patients conveyed by an ambulance to receive timely access to ED services and releasing ambulance crews to respond to patients waiting in the community.

Whilst NBT had been seeing a steady decrease in ambulance hours lost and an improvement in ambulance handovers within 15 minutes in 2023/24, this started to increase in September 2023.

The Chief Nursing Officer therefore led a 'refresh' of the continuous flow model in response to ambulance delays experienced. Although the approach had continued over the summer, its scale of deployment was commensurate with a lower level of operational pressures. The approach was reintroduced and embedded more rigorously with two-hourly monitoring in place, alongside the normal risk mitigations which had previously been applied in using this 'balance of overall risk' approach.

Additionally, at the end of September 2023, a new ambulance handover process was implemented, streamlining the previous process to reduce process delays. In January 2024, a new IT system 'XCAD' was also implemented improving the accuracy of recording ambulance arrival and handover times.

As at the end of February 2024, in the context of a 21% increase in ambulance conveyances in 2023/24, the average time taken to handover a patient from an ambulance to NBT's ED reduced to 23 minutes in 2023/24 compared to 48 minutes in 2022/23. Improving the timeliness of ambulance handovers remains a Trust improvement priority under Patient First. NBT is looking to see a further improvement in ambulance handover times through the implementation of priority schemes under its Urgent and Emergency Care Programme. This is focusing on two key workstreams – Front door and Flow & Discharge. NBT also continues to work with its system partners to improve the timeliness of patients being discharged from hospital.



Spotlight

- ❖ **Assessment in the community** - In early 2024 ten Health Care Assistants (HCAs) were trained by medical illustrators at NBT and UHBW. Those HCAs are now working in surgeries across BNSSG to see patients before they are referred to NBT with a suspected skin cancer.
- ❖ Using specialist cameras, the HCAs take images which enable our dermatologists to virtually assess patients.
- ❖ In the first 8 weeks of the project 236 referrals were made to NBT and UHBW - 32% of those patients could be discharged with a hospital appointment. A further 22% could be booked straight to biopsy/surgery. The project will be expanded in summer 2024 to continue to reduce the number of patients who need to attend a hospital appointment to be assessed.

Future plans for 2024/25:

Faster Diagnosis Standard (FDS) (77% by April 2025)

The Trust continues to focus on delivery to the NHSE Best Practice Timed Pathway to support sustainable improvements in FDS; this targets the introduction of straight to test (STT) pathways in Gynae and Urology, reduced diagnostic turnaround times across all sites with an immediate focus on Breast, Urology and Gynae.

2023/24 has seen improvements in access management and backlog clearance resulting in reduced waits for a first outpatient appointment; this was achieved through FIT testing in Lower GI, the introduction of STT in the testicular and STT in Gynae, this is still triage dependent with plans to move to a direct to test from Primary Care in 2024/25. The Skin Urgent Suspected Cancer (USC) Teledermatology pilot started in Feb 2024 with design and roll out of a systemwide model by March 2025. Referrals informed by dermoscopic images will increase productivity by enabling better demand management.

31-day treatment target and Standard 3 - 62-day treatment standard (compliance by April 2025)

- **Skin:** Teledermatology will reduce the number of face-to-face 1st appointment with a target of 30%, releasing dermatologist capacity for excision and treatment which will improve both 62 and 31-day performance.
- **Urology:** 31-day recovery focuses specifically for Robotic Assisted Laparoscopic Prostatectomy and Kidney Cancer Surgery required to clear local and tertiary workload. Additional capacity is required to deliver the treatments, however improvements in the diagnostic pathway described above will support sustained reduction in overall 62 day waiting times.
- **Gynae:** Delivery of the improvements outlined under FDS will significantly reduce 62 day waits and breaches held for NBT due to earlier interpatient transfer.
- **LGI:** Additional theatre capacity is required to support 31-day improvements, current performance is driven by increased surgical complexities and demand from outside of the BNSSG.

Improvements described under the Faster Diagnosis Standard will support improvements in 62 day waiting times, with a focus on Computed Tomography Colon turnaround time.

Weekly Specialty performance meetings are in place to monitor all performance targets focusing on risk and challenges to in-month delivery. This is supported by the Cancer Transformation Programme group focusing on wider strategic objectives aligned to best practice timed pathways in diagnosis and treatment. The progress of this is monitored through the Cancer Board.



Priority 3

High Quality Care



Our commitment:

We will minimise patient harm whilst experiencing care and treatment within NBT services; developing Trust-wide improvement goals and workstreams for patients whose condition deteriorates whilst in our care.

As a Trust we resolve to rapidly recognise and respond to patients whose clinical condition deteriorates whilst in our care. The National Early Warning Score (NEWS) was designed and endorsed by the Royal College of Physicians and offers a UK-specific, evidence-based, NHS-wide mechanism for identifying patients at risk of deterioration.

The Deteriorating Patient Group at North Bristol NHS Trust undertook a detailed review of every stage of our care for these acutely unwell patients, including: **recognition, escalation, and response**. This included a review of our current processes, audit of performance and focus groups and feedback from a broad range of staff. The outcomes of this process are broad and include:

Training

Education across the breadth of clinical staff (doctors and nursing) to highlight the importance of our National Early Warning Score, including a focus on recommended response and timeframes.

Guidelines

The development of new Sepsis and NEWS guidelines to reinforce the importance of identifying life-threatening clinical deterioration and enable and empower rapid, targeted intervention.

Data Collection

Understanding our current response has been a key element of improving care for this patient cohort. Utilising our digital systems has allowed us to review our performance and can provide feedback to drive improvement (including the real-time availability of data on observation compliance on our inpatient wards).

Future plans for 2024/25:

Future Developments:

Several projects are in development to consolidate and capitalise on our improved performance this year. This includes revamping and re-ordering the Trust emergency guidelines to make them more readily accessible in time-pressured situations; as well as developing an electronic dashboard reporting current performance and highlighting areas for improvement.

Most excitingly, the Deteriorating Patient Group is prioritising and spearheading the business case to develop a 24/7 Rapid Response Service to meet the ongoing needs of acutely unwell and deteriorating patients across the Trust.



Spotlight

- ❖ **Recognising Deterioration:** Responding rapidly and appropriately to an acutely deteriorating patient requires first and foremost recognising this deterioration. Our electronic observations system (CareFlow Vitals) offers rapidly available data on our timely performance of patient observations. Scrutinising this data highlighted a clear need to improve. A strong educational drive to prioritise this core aspect of patient care, alongside the provision of real-time electronic dashboards on the wards, has led to a dramatic and consistent improvement in timely observation performance. In July of 2023 41.8% of observations were significantly delayed; yet by March 2024 this number had reduced to 14.8%.
- ❖ **Care Quality Indicators:** We prospectively reviewed every patient admitted from our inpatient ward to the Intensive Care Unit to check that they had an appropriate, timely review after an elevated National Early Warning Score. We have exceeded the expected upper limit of performance in the first 3 quarters of the year to date and are well on course to do so again in the final quarter.



Priority 4

High Quality Care



Our commitment:

We will demonstrate a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

During 2023-2024 the Trust has continued its journey in implementing the national Patient Safety Strategy and Patient Safety Incident Response Framework. Following the gap analysis carried out in 2022-2023 we have taken actions to ensure the Trust is compliant and embedding the new methodologies for patient safety reviews into practice. We have also continued to work with our local healthcare partners to develop shared learning opportunities.

Last year we set three key aims to deliver:

- **Refresh of the NBT Patient Safety Incident Response Plan.**
- **Identification and delivery of improvement goals linked to the national Patient Safety Incident Response Framework.**
- **Implementation of Learning from Patient Safety Events (LFPSE) national reporting requirements.**

Refresh of the Patient Safety Incident Response Plan (PSIRP)

In November 2023, the Trust Board approved an update to the PSIRP. This refreshed plan reviewed the local priorities for safety based on analysis of incident data. These new priorities allow for analysis to understand what factors influence safety incidents occurring and should result in improvement actions to reduce the likelihood of harm occurring to patients.

The Trust local priorities for safety and progress against them are:

| Priority | Progress |
|----------------------|---|
| Patient Falls | A falls prevention and management team has undertaken a review and developed an action plan which focusses on education, use of falls data, refreshing policies, procedures, and governance. At the time of writing this account in March 2024, inpatient falls continue to be one of the most reported incident types across the Trust. However, the number of falls is decreasing, and most have resulted in no harm to patients. |
| Medication | Following the identification of a theme relating to management of drug allergies, thematic review is underway and will result in an action plan. The Trust has also formed a Medication Safety Forum to bring clinical division representatives together to develop a plan for improvement. |

Responding well to clinically changing conditions

In the last year, progression has been made with how patient observation is carried out, and escalated where required, with the associated training and policies. A lead has recently been appointed to this programme and is taking this into the next phase of improvement with a 24/7 rapid response service to respond to patient deterioration.

Patient Flow

Progression of this priority will be undertaken in 2024-2025 with the alignment of any actions to improvement work following thematic review.

For more information on the Trust's PSIRP, please refer to: <https://www.nbt.nhs.uk/about-us/our-standards/patient-safety>

Identification and delivery of improvement goals linked to the national Patient Safety Incident Response Framework (PSIRF).

In the last year, the Trust has focused on improving the quality of patient safety practice, and realigning to PSIRF's four aims of:

- 1. Compassionate engagement and involvement of those affected by patient safety incidents.**
- 2. Application of a range of system-based approaches to learning from patient safety incidents.**
- 3. Considered and proportionate responses to patient safety incidents.**
- 4. Supportive oversight focused on strengthening response system functioning and improvement.**

To achieve these aims the Trust has completed a training needs analysis and delivered training sessions for key staff in patient safety that meets the national patient safety syllabus. This has provided skills and knowledge in human factors, system thinking, investigation skills, patient and staff engagement, and oversight. In addition, patient safety training is available for all staff using e-learning. This focusses on the essential knowledge any NHS staff member needs.

The Clinical Divisions have developed their practice in responding proportionately to patient safety events utilising a range of methodologies. Refreshed guidance and templates have been provided for consistency across the organisation. Briefing via blog has been provided to staff on what to expect when engaging with patient safety reviews.

A key deliverable to achieving PSIRF is the application of system thinking and human factors into reviews to understand the factors influencing why an incident occurred. This has become more common to explore incidents and identify opportunities for improvement. The work to implement PSIRF continues and will extend into 2024/2025.

Implementation of Learn from Patient Safety Events (LFPSE) national reporting requirements

The Learn from Patient Safety Events (LFPSE) service is a new national NHS service for the recording and analysis of patient safety events that occur in healthcare. LFPSE initially provides two main services:

- Recording of a patient safety event:** Organisations, staff and patients will be able to record the details of patient safety events, contributing to a national NHS wide data source to support learning and improvement.

- **Access of data about recorded patient safety events:** Organisations can access data that has been submitted by their teams, to better understand their local recording practices and culture, and to support local safety improvement work.

The Trust has been preparing for this, working with the supplier of our incident management system, to make the necessary technical changes in preparation for implementation. The Trust has not yet gone live with this but is in the final stages of preparation. By the end of April 2024, the Trust will submit information to LFPSE.



Spotlight

- ❖ Thematic review of managing allergies in the administration of medication.
- ❖ A theme was identified from incident data that patients were being prescribed medication where they had known allergies. A thematic review was commissioned to explore the system factors influencing the same prescribing and administration of drugs.
- ❖ This review identified learning for the Trust centered on access to information about a patient's allergy status, how we train staff, and the guidance on expected care. Learning from this will inform improvement in 2024/25 through a range of continuous improvement initiatives.

Future plans for 2024/25:

In 2024/25 the Trust will:

- Focus on how staff and patients are engaged within patient safety to align to the national model described within **PSIRP**. Linked to this is extending the role of Patient Safety Partners within the Trust and their contribution to good governance, and safety investigations/reviews.
- Further develop our achievement of **PSIRF** through wider roll out of training to enhance staff knowledge of patient safety, system thinking and human factors, and investigation practice.
- Focus on patient safety culture to empower staff to speak up, feel safe, and able to make changes within their clinical area. Through further adopting a 'just culture' and creating psychological safety, we can support our staff to be more resilient, achieve better levels of communication, create an openness to learning, improve performance, and influence positive attitudes.
- Develop our governance and oversight of safety improvement, along with how learning is shared across the Trust.
- Improve the use of patient safety data to understand what influences safe care. This will explore health inequalities and protected characteristics to explore the factors influencing why incidents occur.

Priority 5

High Quality Care



Our commitment:

We will make Maternity and Neonatal care safer, more personalised, and more equitable.

The **Women and Childrens Health** Division continues to build on the improvements in pathways, services and workforce that have been achieved following the publication of national safety reports; Ockenden II and Kirkup. The Three-Year Delivery Plan for Maternity and Neonatal Services was published in March 2023 and the Bristol, North Somerset and South Gloucestershire (BNSSG) system decided to respond jointly to this across the two Perinatal Services.

The joint working approach for the system with the Local Maternity and Neonatal Service, North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) has been adopted across several national safety, quality, and transformation programmes this includes Saving Babies Lives Care Bundle V3 and the Maternity Incentive Scheme. This approach supports the future vision of a Single Managed Service for Perinatal services and Gynecology.

The strategy outlines an approach where services offered by both Trusts are supported to collaborate and form a Single Managed Service. Perinatal Medicine has been selected as a Pathfinder Specialty, which means it will be one of the first services to move towards a Single Managed Service model.

This gives us the opportunity to combine our expertise to offer more equitable care for every woman and baby, regardless of background or circumstance, and meet demand for increasingly complex care. It will also bring development opportunities for staff and will help us mitigate workforce challenges.

We can demonstrate our commitment to provide safer and more equitable care through the results of our participation in national quality, safety programmes and by taking a proactive approach to ensuring we can provide the best outcomes possible for women and their babies;

- NBT fully achieved the **NHS Resolution Maternity Incentive Scheme** for Year 5 of the scheme. Key achievements within this such as correct use of the Perinatal Mortality Review Tool, over 90% compliance with all staff training and co-production of our services with the people who use them, supports the continuous improvement of practice to provide high quality and safe care.
- **Ockenden II and Kirkup national safety reports** have been considered and actions embedded across the division where the recommendations apply. Five recommendations remain in progress relating to obstetric staffing and anaesthetic follow-up clinics which are included within 24/25 plans.
- Work towards fully implementing **Saving Babies Lives Care Bundle** Version 3 continues with the Maternity Incentive Scheme targets for this Programme being achieved. As a result of the progress made the division has an in-house **Treating Tobacco Dependency** team, a comprehensive diabetes team in line with SBL recommendations and roll out of digital blood pressure monitors across the community and hospital is underway.
- In November 2023 CQC inspected the Maternity service for both 'Safe' and 'Well Led'

domains. The unit was upgraded from the previous 2019 rating from requires improvement to good for the safe domain and remained as good for the well led domain. The overall rating remained as good.



Spotlight

- ❖ **Black Maternity Matters for Leadership** course, Perinatal (Divisional Management Team) and Trust Leaders are engaged and making commitment to reduce inequitable maternity outcomes faced by black mothers and their babies. The course empowers midwives and leaders across the trust to bring about small but scalable changes to improve outcomes for black mothers and their babies.
- ❖ **Maternity Triage Quality Improvement Project** is underway to bring Triage in line with the BSOTS model by 2025. This will see improved outcomes e.g., in patient safety through standardised care, for staff safety via use of a structured framework and algorithm led working, improved birth outcomes for women and babies and improved flow of care.
- ❖ In the recent CQC report a number of **Equality, Diversity & Inclusion (EDI) Initiatives** across the Trust were highlighted as outstanding areas of practice, this included project SMILE which was set up in partnership with the voluntary sector and the Islamic Centre to address poor outcomes identified through MBRRACE-UK data, establishing a patient partner group inclusive of Dads and ongoing work with the prison which including developing separation boxes for Mothers.

Future plans for 2024/25:

NBT aims to make maternity care safe, more personalised, and more equitable via the four key themes outlined in the Three-year Delivery Plan for Maternity and Neonatal Services, published in March 2023. The delivery plan is now in the second year of implementation and planning is being undertaken to work towards third year objectives and ambitions.

- **Theme 1) Listening to, and working with, women and families with compassion:** The division has established an Equality Diversity and Inclusion working group to bring together and drive forward the EDI agenda, ensuring change is sustainable for the future. This includes longer term plans to improve the accessibility of care for vulnerable women. The unit is also aiming to work towards achieving the UNICEF Breastfeeding Gold Accreditation following the planned initial reassessment in September 2024 for Maternity and NICU in December 2024.
- **Theme 2) Growing, retaining, and supporting our workforce with the resources and teams they need to excel:** The division continues to engage in Black Maternity Matters training which is now in its third year. The division is continuing to progress with workforce plans to meet British Association of Perinatal Medicine and Royal College of Obstetrics and Gynaecology staffing standards.
- **Theme 3) Developing and sustaining a culture of safety, learning and support:** The division has gone live with PSIRF, has been proactive in understanding and learning around culture and is in the process of ensuring governance reporting and structures align with the Three-Year Delivery Plan.
- **Theme 4) Standards and structures that underpin safe, more personalised, and more equitable care with performance reported regularly up to Board level:** The division has achieved 10/10 for the Maternity Incentive Scheme which includes the Saving Babies Lives Care Bundle v3 and continues with plans for phase 2 of the digital strategy to implement digitalized CTGs in September 2024 following the launch of the electronic patient record system Badgernet in September 2023.

2.2 Priorities for Improvement 2024/25

Every year the Trust sets priorities for improving the quality of care provided. During the 2023/24 financial year some key strategies and Trust-wide plans were approved by the Board, all of which included significant consultation with staff, patients, and carers (as applicable to each one).

Their development followed on from agreement of the Trust Strategy in early 2023 to bring clarity and direction to our overall aim of ‘Outstanding Patient Experience’ our Trust objective to deliver great care and in turn to focus our improvement priorities for ‘High Quality Care.’

The Trust’s Clinical Strategy 2023-2028 was approved at the March 2023 board, with five areas of focus, ‘the 5 P’s’ as shown below, aligned to our Trust Strategy.

Patients

We will put patients at the core of our services and become partners in the management of health conditions.

People

We will support our workforce with a blend of new staff roles, innovative posts, and on-site facilities.

Population

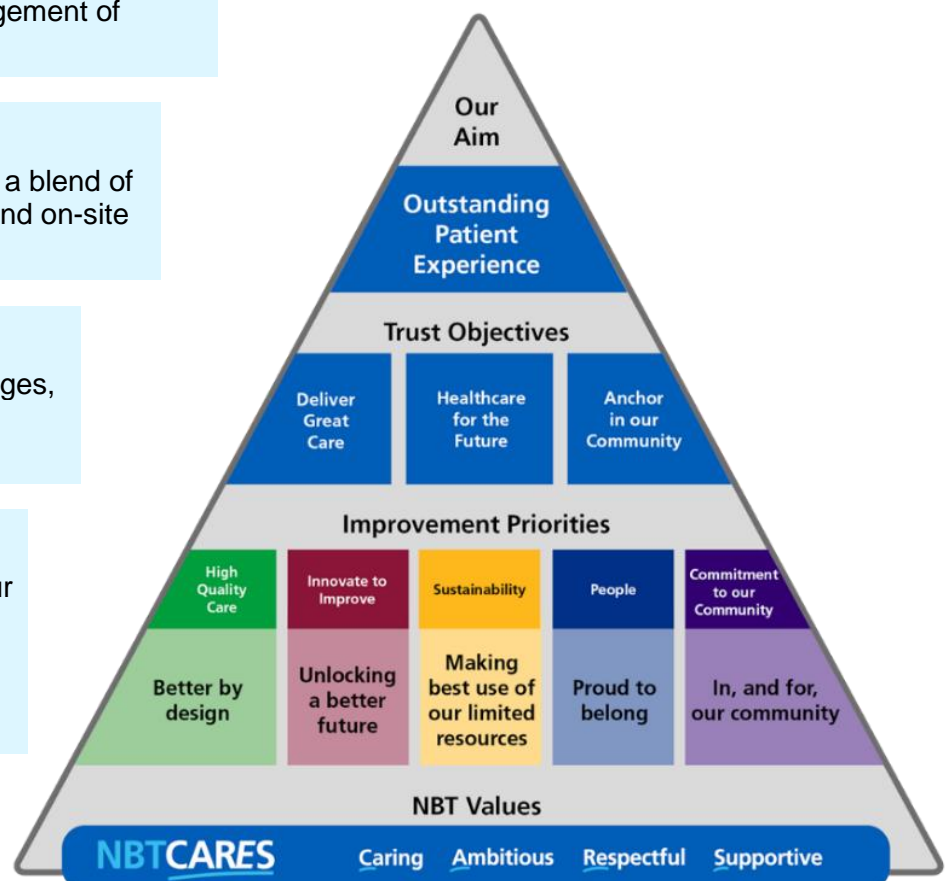
We will plan for demographic changes, respond to health inequalities, and invest in community assets.

Partnership

We will collaborate with UHBW, our universities and training academies, our local health and care system, and new global partners.

Progress

We will continuously adapt our services, being curious about technology and open to new ideas.



Subsequently the Board approved;

- A new **Patient & Carer Experience Strategy 2023-2026** in June; and
- A **Patient Safety Incident Response Plan (PSIRP)** in November. The PSIRP is a nationally mandated requirement for each Trust to set priorities for patient safety improvement drawing upon the evidence base from safety reporting systems and wider related data.

Having taken all the above into account, the Quality Account priorities for 2024/25 were approved by the Quality Committee and the Trust Board.

Overall delivery of the quality improvement priorities will be overseen through a quarterly Executive Steering Group, in addition to the existing 'business as usual' insight and assurance governance arrangements that track delivery for the individual programmes. Actions will be defined and monitored with achievement tracked using a mixture of both quantitative and qualitative measures.

Quality Account Priorities for 2024/2025

| NBT Strategy Theme | Vision & Quality Statement | Key Projects/Outcomes |
|--|--|---|
| <p>Outstanding Patient Experience</p> | <p>Vision:</p> <p>We consistently deliver person centred care and ensure we make every contact and interaction count. We get it right first time so that we reduce unwarranted variation in experience, whilst respecting the value of patient time</p> <p>Quality Statement:</p> <p>We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions.</p> | <p>Breakthrough Objective:</p> <ul style="list-style-type: none"> Improved Friends and Family Test (FFT) positive experience scores in each care domain. <p>Corporate Project: Enhancing near 'real time' insight & action:</p> <ul style="list-style-type: none"> Digital Intelligence: social listening and enhanced thematic analysis of current narrative feedback. Feasibility review of digital system for reviewing compliments, surveys, social listening and friends and family test data etc. in one place. Patient Conversations: expand the pilot approach developed in 2023 for real time feedback and actions from patient feedback. <p>Corporate Project: Shared Decision-Making (SDM):</p> <ul style="list-style-type: none"> Embedding existing SDM approach into 'business as usual' with sustained outcomes > National CQUIN. Expansion of SDM and enhanced consent processes to additional specialties. <p>Corporate project: Enhancing Clinical Communication: Sensitively and effectively communicating important clinical information, such as a concerning clinical diagnosis.</p> <p>Corporate Project: Mental Health Strategy: Finalise, approve, and commence implementation of the Mental Health Strategy in collaboration with system partners.</p> |

| NBT Strategy Theme | Vision & Quality Statement | Key Projects / Outcome |
|---|--|---|
| <p>High Quality Care: Better by Design</p> | <p>Quality Statement: We will support our patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result.</p> | <p>Breakthrough Objective: Overall aim is to improve timeliness of ambulance handover.</p> <p>Corporate Project: Refresh of Urgent & Emergency Care Programme for 24/25 and implementation of priority schemes focusing on two key workstreams – Front door and Flow & Discharge.</p> <p>Breakthrough Objective: Aligning to national target to move to 70% for combined pathway target for patients receiving cancer treatment within 62 days.</p> <p>Corporate Project: Focus on Urology, Gynaecology and Skin pathway through cancer timed pathway delivery and tele-dermatology project.</p> |
| <p>High Quality Care: Better by Design</p> | <p>Quality Statement: We will minimise patient harm whilst experiencing care and treatment within NBT services.</p> | <p>Corporate Project: Implement Patient Safety Incident Response Plan (PSIRP) priorities (Board approved Nov 23):</p> <ul style="list-style-type: none"> • Inpatient falls • Medication • Responding well to clinically changing conditions • Patient Flow (focusing on the clinical connections between distinct parts of a patient’s journey through NBT) |
| <p>High Quality Care: Better by Design</p> | <p>Quality Statement: We will demonstrate a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.</p> | <p>Corporate Project: Implement Patient Safety Incident Response Framework (PSIRF) Patient Safety training curriculum and Human Factors approach.</p> <p>Corporate Services Project: Mortality Improvement Programme - Implement priority workstreams in collaboration with Medical Examiner Service and UHBW</p> <p>Corporate Services Project: Implementation of Learning from Patient Safety Events (LfPSE) national reporting requirements.</p> |
| <p>High Quality Care: Better by Design</p> | <p>Quality Statement: We will plan for the demographic changes in our local population and respond to health inequalities whilst investing in our community assets to deliver care.</p> | <p>Corporate Project: Reducing Health Inequalities – implement priority workstreams:</p> <ul style="list-style-type: none"> • Data – improve the data quality and insights from data • Education & awareness – opportunities to share best practice, learn and improve. • Screening and prevention – support more patients to Tackle Tobacco Dependency (TTD). • Access to care – make it easier to attend outpatient services. • Understand and address the needs of priority inclusion groups: Learning Disabilities, Homeless, Gypsy, Roma & Travelling Communities, prisoners. |

2.3 Statement from the Board

■ Review of Services: Data Quality & Income

The Trust reviews data and information related to the quality of services through regular reports to the Trust Board and the Trust's governance committees.

To provide data quality assurance there is a Data Quality Tracker, which is updated daily and made available to all staff. The Data Quality Tracker is one of the leading quality management products used by the Data Quality Marshalls within Information Management and Technology (IM&T). This team triages both internal and external data quality queries, ensuring that any item raised is logged, assigned, tracked, and ultimately resolved, engaging wider resources as required.

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

Throughout 2023/24, this governance structure has continued to report Data Quality as green and an area of significant assurance.



The leadership teams of our five clinical divisions are responsible for their own internal assurance systems. Clinical divisions are subject to regular executive reviews during which performance against standards of quality and safety are assessed. To strengthen our Data Quality provision further, tailored divisional data quality plans have been enacted in addition to prevailing Trust level monitoring and improvement activities.

Robust data quality and continual improvement activities, together with extensive monitoring of clinical coding output provides assurance to the Trust that we are obtaining appropriate income from our activity. The income generated by the NHS services reviewed in 2023/24 represents 100% of the total income generated from the provision of NHS services by North Bristol NHS Trust for 2023/24.

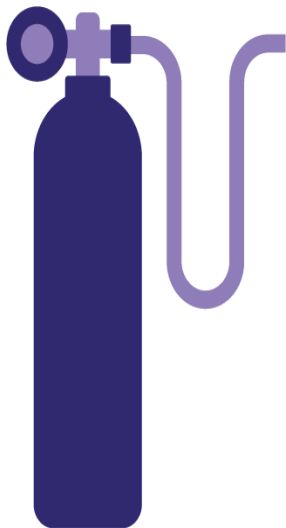
Review of Services

Anaesthesia, Surgery Critical Care and Renal



- Critical Care
- General Surgery
- Vascular Network
- Breast Services
- Plastics, Burns and Dermatology
- Anaesthetic
- Renal and Transplant
- NHS@Home
- Elective Care
- Urology
- Emergency Care
- Pre-assessment
- Weston Urology
- Weston Breast
- Acute Pain Service
- Vascular Access Service

Core Clinical Services



Outpatient Clinics Clinical Equipment Services:

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

Therapy Services:

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

Severn Pathology:

- Pathology Services
 - Blood Sciences
 - Cellular Pathology
 - Infection Sciences
 - Genetics

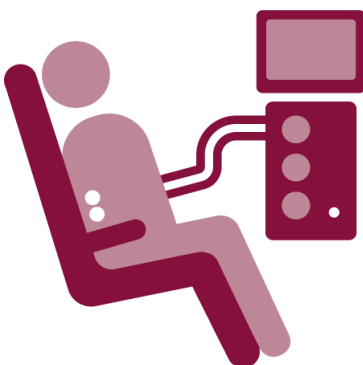
Imaging Services:

- MRI
- Ultrasound
- Nuclear Medicine
- Interventional Radiology including Flu
- CT
- Plain Films

Pharmacy:

- Pharmacy Services
- Regional Quality Control Laboratory

Medicine



Cluster 1:

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

Cluster 2:

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

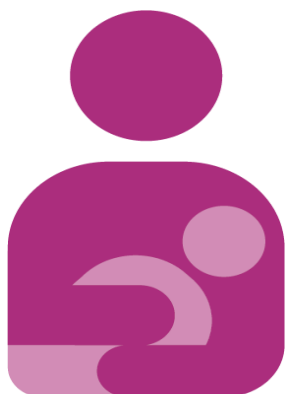
Cluster 3:

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

Cluster 4:

- Cardiology / Respiratory

Women & Children's Health



Obstetric and Midwifery

- Antenatal General
 - Multiple Pregnancy
 - GDM
 - Maternal Medicine (+ Joint Renal)
 - Joint Endocrine
 - Rainbow
 - Perinatal Mental Health
 - Complex Care / Substance Misuse (+ HMP Eastwood Park)
 - Screening
- Pre-pregnancy – Renal and Maternal Medicine
- Pre-term Birth Prevention
- Fetal Medicine / Growth Restriction
- Post-natal follow-ups (Fetal Medicine, Bereavement & General)
- Complex TOP / Sonography
- Community Midwifery
- HMP Eastwood Park Community team
- Birth Reflections / Birth Choices
- Scheduled Care (DAU)
- Infant Feeding
- Perinatal Mental Health
- MALT / Complex Care
- Mendip Birth Centre
- Homebirth / NIPE

Gynaecology

- Endometriosis
- Reproductive Medicine (gen fertility)
- Recurrent miscarriage
- Urogynaecology
- Vulval clinic
- Early pregnancy
- General Gynae
- Complex Mesh
- OASI
- Colposcopy / Hysteroscopy
- Emergency Gynae clinic
- PMB and scanning clinics
- Pessary service
- MVA outpatient Procedures

NICU

- Level 3 Tertiary NICU
- Paediatric outpatients
- Milk Bank
- Community outreach

Neurological and MusculoSkeletal Sciences (NMSK)



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

■ Care Quality Commission

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

| | |
|----------------------|-----------------------------|
| Trust rating: | Good |
| Safe: | Good |
| Effective: | Good |
| Caring: | Outstanding |
| Responsive: | Requires Improvement |
| Well-led: | Outstanding |

Inspected and rated

Good



CQC rates maternity services at Southmead Hospital as Good

In November 2023, the CQC inspected maternity services at Southmead as part of its national programme to assess how safe maternity provision is across England. The inspection also looked at how well-led maternity services are.

Following the inspection, the CQC continued to rate the maternity service overall as **Good**. When looking at how safe services are, they increased the rating from Requires Improvement to **Good**. NBT is one of a very small number of trusts to be upgraded for the safety domain. The Well Led rating remained as **Good**. Effective, caring, and responsive were not included in this inspection and continue to be rated as **Good**.

Inspectors found many positives during their inspection, but we want to highlight a few of the areas of outstanding practice which they identified:

- The service used 'patient partner' volunteers, women, and birthing people with experience of using maternity services, to provide the perspective of someone using the service and to help to make changes and improvements.
- Staff had set up 'Project Smile' in partnership with local charities and the Islamic Centre to address poorer outcomes identified through [MBRRACE](#) Staff engaged with women and birthing people through focus groups, with each session ending with a quick quality improvement idea and ideas for a bigger project.
- The service worked proactively with the local prison to ensure it met the needs of pregnant and birthing people and those who resided there.
- The service had a continuous improvement and learning team which was a multidisciplinary team made up of specialist midwives, patient safety and quality improvement practitioners. This ensured continuous learning and improvement was embedded and shared across various aspects of maternity services.

The full CQC inspection report on maternity services at Southmead Hospital is available on the CQC's website at: <https://www.cqc.org.uk/location/RVJ01>.

Self-assessment reviews

As part of our ongoing CQC preparedness work and our continuous monitoring of safety and quality improvement, we have developed a self-assessment template for core services to summarise the quality-of-care provision. The self-assessment enables clinical teams to identify what they are good at, areas of outstanding practice, and identify areas that require focus to

improve. Completion of the template enables the core services to rate themselves in line with CQC ratings before a 'check and challenge' review led by the Chief Nursing Officer. During 2023/24 all core services completed self-assessments which enabled the Trust to draw together themes of good practice and areas for improvement to facilitate Trust wide improvement and learning.

| Core service | Review Date |
|---------------------------------------|----------------|
| Urgent and emergency services | April 2023 |
| Maternity | April 2023 |
| Critical Care | April 2023 |
| Surgery | May 2023 |
| Medical Care (including older people) | June 2023 |
| Outpatients | July 2023 |
| Diagnostics | July 2023 |
| Gynaecology | July 2023 |
| Services for Children & Young People | August 2023 |
| End of Life Care | September 2023 |

New CQC Quality Statements & Single Assessment Framework (SAF)

In November 2023, the CQC implemented a new inspection regime which is more data driven and responsive to potential risk. This means that they will not routinely carry out on-site inspections as they have done previously but will instead focus on targeted inspections. To achieve this, they have developed a generic Single Assessment Framework (SAF) for all types of providers. Alongside this there are 34 generic quality statements which have replaced the previous Key Lines of Enquiry (KLOEs). Each provider type e.g., NHS and independent acute hospital services has specific evidence categories against each of the quality statements.

At NBT, we have established 2 new task groups aimed at reviewing and monitoring our ongoing approach to the new inspection regime. We are currently piloting a new self-assessment template with the core services to include the new quality statements and evidence categories. This is a learning curve for both the CQC, and providers and we continue to liaise closely with our CQC Inspection Team throughout this process to provide feedback.

| CQC Readiness Group | CQC Assurance Meeting |
|---|--|
| <p>Prepare for CQC inspections and achieve the best possible outcome by reviewing practice, audits, and reports with a CQC lens.</p> <p>Highlight issues that require specific focus and identify and drive practical actions in a timely way.</p> <p>Monitor:</p> <ul style="list-style-type: none"> • CQC inspection action plans e.g. Maternity. • Safe 2 Respond audit results and actions. • Ward/clinical accreditation • Quality Assurance data <p>Review of other CQC reports, learning points and applicable actions.</p> <p>Report to Board on progress via the Quality Committee to ensure 'no surprises' – focus on what has been achieved against previous report.</p> | <p>Review of core service self-assessments to develop shared understanding of new Single Assessment Framework and application of the Quality Statements</p> <p>Identify gaps and priorities for improvement and responsibilities for delivery.</p> <p>Ensure ongoing organisational readiness through proactive engagement across all staff groups in line with priorities set through the project plan.</p> |

■ Research & Innovation (R&I)

During 2023/24 R&I focused on re-establishing the breadth of research opportunities at NBT, opening 113 new studies, including 25 commercial trials. Over 12,500 participants were recruited to research, with a further 6000 followed up across 215 studies.

NIHR | National Institute for Health and Care Research

In 2023-24 NBT submitted and awarded combined grants of £7million. NBT's success rate for full NIHR grant submissions placed the organisation in an enviable position. NBT also led and managed national studies with a combined value of £34 million.

75

Total grants submitted

33

(NIHR grants)

£7 million

Combined grants awards

58%

Success rate for full stage NIHR submissions

33

NBT led and managed national studies

£34

million

Combined grant value

Successes in 2023/24

In **2022/23** R&D launched the Early Phase research fellowships - a combined support for NMAHPs to develop the skills to apply for future research grants. In **2023/24** two thirds of recipients went on to secure HEE/NIHR ICA (Integrated Clinical and Practitioner Academic) internships with UWE (University of the West of England).

In addition to the number and value of grant successes NBT also secured its first NIHR HSDR (Health and Social Care Delivery Research) grant, a funding stream designed to assess the impact of health service and system wide interventions. The study, led by Dr Pippa Bailey, will assess the impact of outreach services on access to living-donor kidney transplants. There is evidence of socioeconomic and ethnic inequity to accessing LDKT and improving equity in living-donor kidney transplantation has been highlighted as an international research priority.

NBT secured funding from the local Clinical Research Network to establish a post dedicated to the growth of our gastro-hepatology research with a focus on people with alcohol related negative health outcomes. The success of this post in year one has enabled us to secure funding for 24/25 and the further expansion of the research 'offer' available for this vulnerable patient group.

2023/24 saw the launch of the Bristol Hospital's Group and appointment of Professor Fergus Caskey as the Director of Research for both NBT and UHBW (University Hospitals Bristol and Weston) following the retirement of Professor David Wynick. While Professor Wynick will be missed he has bequeathed to Professor Caskey two teams willing and able to see the benefits of both collaboration and specialism, harmonising these threads is a challenge both departments are keen to explore.

Future Plans for 2024/25

The focus for 2024/25 will remain to grow and develop research opportunities by:

- The expansion of research opportunities for medics and non-medics alike, through RCF (Research Capability Funding); Southmead Hospital Charity Research Fund and Early-stage researcher fellowships.
- Expansion of the commercial portfolio providing system benefit, recognising commercial research benefits the patients; and the Trust and ICB (Integrated Care Board) through reduced treatment costs associated with the patient group.
- Working with the NBT CNO Office undertake a project of implementation of the CNO for England Research Strategy at NBT exploring and expanding research engagement across all professional groups.
- Support the NBT Innovate to Improve weeks in July and October, showcasing NBT research and enabling researchers and commercial and academic stakeholders an opportunity to collaborate to improve our community's health and wellbeing.

■ Operational Performance

Our services are delivered via our five clinical divisions:

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

2023/24 has been a successful year for the Trust in terms of delivering our performance objectives - an even greater achievement considering the periods of industrial action that impacted delivery throughout the year.

Referral to Treatment (RTT)

In 2023/24 the Trust focused on a planning and delivery approach which aligned with national priorities, with the most immediate priority being the recovery of core services and productivity. This resulted in the delivery of planned care at NBT for the second year running; reduction of 65-week breaches and achievement of our target ahead of the planned trajectory. We maintained zero patients waiting longer than the national milestones of 104-weeks and 78-weeks due to lack of capacity on a referral to treatment pathway.

Diagnostics

Delivery of the national requirement of no more than 15% of patients waiting greater than 6 weeks for a diagnostic test by year end – achievement and maintenance of this target seven months early. Diagnostics performance has improved to such a degree that NBT is now already within reach of the 2024/25 year-end target of 5%. Significant reduction in 13-week breaches and achievement of clearance to zero ahead of the planned trajectory.

Cancer

Despite significant impact on performance following repeated periods of industrial action, NBT has been able to make improvement in the total cancer waiting list. The Trust has delivered the reduction target for the number of GP referred patients on the cancer waiting list for more than 62-days awaiting their Cancer treatment.

Plans to recover the cancer position have resulted in the 28-day FDS performance coming back in line with trajectory, with confidence that NBT will be compliant with the 75% target in March 2024 (to be reported in May 2024).

Whilst there is still room for further improvement in 2024/25, we are starting from a strong position in planned care to deliver our future objectives and tackle our remaining risks and challenges.

Urgent and Emergency Care

Challenges remain in the delivery of the Urgent and Emergency Care (UEC) Plan. The number of patients with 'No Criteria to Reside' is a primary driver of UEC difficulties and followed a reduction in community bed capacity as per the system plan.

NBT is working closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals.

The community-led Discharge to Assess (D2A) programme remains central to ongoing improvement, whilst development of a "Transfer of Care" Hub (TOC Hub) is aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.

| Delivery Theme | Delivery Indicator | Key Improvement / Delivery Action |
|-------------------------|-----------------------------------|---|
| Urgent & Emergency Care | UEC plan | Internal and partnership actions continue |
| | Transfer of Care Hub | Hub now in place and fully recruited – ongoing work to embed and secure benefits. |
| | NC2R/D2A | Gradual increase in NC2R numbers with proposed reduction in community bed access. |
| RTT | 65-week wait | Achieved |
| Diagnostics | 15% 6-week target | Achieved |
| | 13-week waits | Achieved |
| | Community Diagnostic Centre (CDC) | Agreement reached on Apr-24 provision through temporary capacity in Aug-24 |
| Cancer | 28-day FDS standard | On plan |

Future Plans for 2024/25

Cancer

Building on ongoing work for referrals and pathway improvements across cancer specialties including positive impact of Cancer Navigators, diagnostic improvements such as straight to test pathway in Gynaecology and mpMRI capacity in the Urology Prostate pathway.

In the Skin cancer pathway, there has been development of a systemwide Teledermatology pathway for urgent suspected cancer (USC) with a pilot across four Primary Care Networks (PCN) implemented in early 2024. Going forward, the model aims to support sustainable improvements in skin performance.

Urgent and Emergency Care (including ED and Bed Occupancy)

The UEC Emergency Flow plan aims to improve flow through ED, including maximising use of SDEC pathways and improving co-ordination and efficiency of Minors. Improvement in ambulance handover time and reduction of hours lost is a key Patient First Improvement Priority; to see an overall improved and sustained picture of ambulance handovers within 15 and 30 minutes.

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

Referral to Treatment (RTT)

In 2024/25 NBT aims to achieve the national requirement of clearance of 65 week waits (with the exception of a small number of complex pathways) and make significant improvements in the reduction of patients waiting greater than 52 weeks from referral to treatment.

The Trust will also be aiming beyond compliance, with a focus on promoting equality and addressing health inequalities in patient waiting times. Construction has now commenced for a new Elective Centre which will enable an additional 6,500 operations to be carried out across the area every year and is due to open in Spring 2025.

Diagnostics

The Trust is confident on the ability to meet the 2024/25 target of no more than 5% of patients waiting >6-weeks for their diagnostic test within Q1, with most modalities expected to be performing better than planned and achieving the 1% national target in-year.

In addition to the ongoing delivery of current plans, the Trust has led the development of a Community Diagnostic Centre for Bristol, North Somerset, and South Gloucestershire. Opening on 1st April 2024, this will further improve access to Diagnostic services for patients in 2024/25.

Trust-wide Technology

Secondary User's Service (SUS) Statistics

The Trust routinely submits a wealth of information and monitoring data centrally to our commissioners and the Department of Health. The accuracy of this data is of vital importance to the Trust and the NHS to ensure high-quality clinical care and accurate financial reimbursement. Our data quality reporting, controls and feedback mechanisms are routinely audited and help us monitor and maintain high-quality data. We submit to the Secondary Users' Service (SUS) for inclusion in the Hospital Episode Statistics (HES).

The table below shows that the Trust continues to outperform the National average in most areas of measurement – especially significant due to the change in Patient Administration System (PAS) in 2022/23 and the resulting stabilisation and growing maturity through 2023/24. This performance continues the pattern of excellent data quality established in recent years.

| NBT Provider vs National SUS Statistics | M9 2023 / 24 | | | FY 2022 / 23 | | | FY 2021 / 22 | | |
|---|--------------|----------|----------------------|--------------|----------|----------------------|--------------|----------|----------------------|
| | NBT | National | Variance to National | NBT | National | Variance to National | NBT | National | Variance to National |
| Attendance Indicator | 100.0% | 99.5% | +0.5% | 100.0% | 99.6% | +0.4% | 100.0% | 99.6% | +0.4% |
| Attendance Outcome | 100.0% | 95.8% | +4.2% | 99.7% | 97.5% | +2.2% | 96.0% | 98.0% | -2.0% |
| Commissioner | 99.9% | 98.7% | +1.2% | 99.9% | 97.9% | +2.0% | 99.4% | 96.4% | +3.0% |
| Ethnic Category | 90.0% | 92.0% | -2.0% | 88.6% | 93.4% | -4.8% | 90.3% | 93.6% | -3.3% |
| First Attendance | 100.0% | 99.8% | +0.2% | 100.0% | 99.7% | +0.3% | 100.0% | 99.6% | +0.4% |
| Main Specialty | 99.5% | 98.9% | +0.6% | 99.6% | 98.4% | +1.2% | 100.0% | 99.5% | +0.5% |
| NHS Number | 99.9% | 99.7% | +0.2% | 99.9% | 99.7% | +0.2% | 99.9% | 99.7% | +0.2% |
| Org of Residence | 99.8% | 95.3% | +4.5% | 98.8% | 94.5% | +4.3% | 93.4% | 91.2% | +2.2% |
| Patient Pathway | 49.2% | 66.8% | -17.6% | 54.5% | 67.2% | -12.7% | 89.5% | 67.3% | +22.2% |
| Post Code | 100.0% | 99.9% | +0.1% | 100.0% | 99.9% | +0.1% | 99.9% | 99.9% | 0% |
| Primary Diagnosis | 97.6% | 95.4% | +2.2% | 98.8% | 98.6% | +0.2% | 98.7% | 97.6% | +1.1% |
| Primary Procedure | 97.8% | 84.3% | +13.5% | 100.0% | 99.6% | +0.4% | 100.0% | 99.4% | +0.6% |
| Priority Type | 100.0% | 93.3% | +6.7% | 100.0% | 95.2% | +4.8% | 100.0% | 96.2% | +3.8% |
| Referral Received Date | 100.0% | 94.0% | +6.0% | 100.0% | 95.1% | +4.9% | 100.0% | 95.8% | +4.2% |
| Referral Source | 100.0% | 96.5% | +3.5% | 100.0% | 97.9% | +2.1% | 100.0% | 98.3% | +1.7% |
| Registered GP Practice | 100.0% | 99.6% | +0.4% | 100.0% | 99.5% | +0.5% | 100% | 99.6% | +0.4% |
| Site Code of Treatment | 99.4% | 96.5% | +2.9% | 98.7% | 97.5% | +1.2% | 92.3% | 97.1% | -4.8% |
| Treatment of Function | 100.0% | 98.9% | +1.1% | 100.0% | 98.5% | +1.5% | 100% | 99.6% | +0.4% |
| UZ01Z HRGs | N/A | N/A | N/A | N/A | N/A | N/A | 99.4% | 98.8% | +0.6% |

• Data Quality Improvement Plan (DQUIPS)

Commissioners' Data

As part of the 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. No DQIP has been instigated in 2023/24 or for the preceding five years.

The focus in 2023/24 has been to provide the Trust, Commissioners, and wider information stakeholders with assurance around our growing data maturity following the transition in Patient Administration System (PAS) in 2022/23. Inevitable post-go-live data quality concerns that accompany a change in PAS have been comprehensively addressed.

The table below describes the volume of queries identified and resolved over the past two years:

| | 2022/23 | | 2023/24 | |
|---|------------------|-----------------|------------------|-----------------|
| Data Quality Tasks Identified / Completed by Company Year | Tasks Identified | Tasks Completed | Tasks Identified | Tasks Completed |
| Both Commissioners | 17 | 15 | 0 | 0 |
| BNSSG | 40 | 40 | 6 | 4 |
| NHSE | 6 | 6 | 2 | 1 |

In total, 8 tasks have been identified in 2023/24 compared to 63 in 2022/23. Of the 8 tasks raised in 2023/24, three were raised in the last month of the year, and their resolution is progressing to established plans and will be delivered in early 2024/25.

Nationally mandated Data Quality Improvement Plans may be invoked as part of future contract refreshes, although no requirement has been confirmed during the latest contractual cycle. The Trust expects to be well-placed to respond to any new national or local requirements.

Processes for raising ad hoc data quality queries will remain in place and will be used on an ongoing basis to support the existing governance structures around quality and performance.

Both Commissioners and key Trust stakeholders will be advised of data quality performance via established governance structures, and DQIPs may be instigated or amended in future should the need arise and with the agreement of all parties.

The performance against our Data Quality plans has been a recurring item for assurance to key governance forums and has achieved strong internal audit ratings in each of the past three years, with the highest rating of Significant Assurance achieved in 2022/23 and 2023/24.

• Clinical Coding



What is Clinical Coding?

Clinical Coding is the process whereby information written in the patient notes is translated into coded data and entered onto hospital information systems for statistical analysis and to support financial reimbursement from Commissioners.

Clinical Coding Performance

The 2023/24 performance measure has demonstrated another year of excellent results. We have improved accuracy in the areas of secondary diagnosis, primary procedure, and secondary procedure. There has been a slight decline in 'primary diagnosis' coding, however it still attains 'standards met' in the Data Security and Protection Toolkit criteria. The table below shows our year-on-year performance:

| Clinical Coding Performance | DSP Toolkit Met | 2022/23 | 2023/24 | ↓↑ |
|-----------------------------|-----------------|---------|---------|--------|
| Primary Diagnosis | 90% | 94.83% | 93.50% | -1.33% |
| Secondary Diagnoses | 80% | 95.22% | 95.52% | 0.30% |
| Primary Procedure | 90% | 92.67% | 95.23% | 2.61% |
| Secondary Procedure | 80% | 90.67% | 91.31% | 0.64% |

The following factors influenced the results obtained this year:

Delivery of training programme:

The training programme continues to yield successful results. Four of the Experienced coders have undertaken their National Clinical Coding Qualification in late March 23, and await results (due in June 24). Successfully passing both papers will enable promotion to Senior Clinical Coder status. The programme continues to bring through new cohorts of trainee coders, and the current cohort are working through year one to the established syllabus and timetable.

The wider team have also received their mandatory training, including refresher courses (where required) and annual update to standards training, ensuring they are up to date with current clinical coding practices.

Recruitment:

The team have been successful in recruiting and appointing several Accredited Senior Clinical Coders this year, primarily due to the ability to offer remote working, enabling recruitment outside of the usual catchment area. The team were able to operate at full establishment for the last quarter of the year.

Reporting development:

During the latter part of the year, the coding management team worked with our clinical coding software supplier to utilise their proprietary coding quality reporting and medical history assurance functionality. This is assisting with accuracy and consistency of the coded data and will support the development of improvement plans in 2024/25.



Coding improvement:

The coding team are working in several different areas to ensure accurate and consistent data, this includes:

- **Clinical Form Digitisation:** The Clinical Coding service provides insight into coding standards, rules and governance which can be considered when digitising current paper forms or adopting new systems and digital ways of working.
- **Trust-wide Improvement Projects:** Support and leadership in GIRFT (Getting it Right First Time) reviews and related action plans, Clinical Divisional Governance meetings, VTE Board, and inception of a new Mortality board.
- **Communication & Engagement:** Providing 'Coding Awareness' sessions to both clinical and non-clinical staff groups.

Overall Performance

The overall 2023/24 performance is indicative of Standards Met assurance rating within the DSP Toolkit.

In isolation secondary diagnosis, primary procedure and secondary procedure meet the 'Standards Exceeded' assurance levels within the DSP Toolkit.

• Data Protection and Security Toolkit (DPST)

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

In 2020/21 and 2021/22 the Trust achieved ‘**Standards Met**’, and in 2021/22 made significant strides to achieve the highest level of performance with an internal audit rating of ‘**Significant Assurance**’. Auditors have advised that in 2021/22 we ranked in the top 3% of Trusts nationally. Auditors again confirmed upper-quartile benchmarking in 2022/23, with the Trust again achieving ‘**Standards Met**’ and 100% completion of all assertions in the Toolkit.



For a fourth consecutive year the submission deadline is set to the end of June. Based on our strong historic performance, the Trust have been well-placed to respond to a changing set of assertions and have completed our latest Toolkit ahead of schedule. The Trust will again achieve ‘**Standards Met**’ following another strong internal audit rating.

The 2023/24 Toolkit has seen a move towards increasing assurance levels around cyber security, and renewed evidence of strong supplier management and associated due diligence. This trajectory is expected to continue into the Toolkit requirements 2024/25 and the Trust remains well-placed to respond effectively.

The table below reflects the strong performance for the past three years, including the rating achieved and performance to be captured in the final Toolkit submission for 2023/24.

| Data Security & Protection Toolkit | 2021/22 | 2022/23 | 2023/24 |
|--|---------------|---------------|---------------|
| Mandatory Evidence items provided | 108/110 | 113/113 | 108/108 |
| Non-mandatory evidence items provided | 32/32 | 18/18 | 32/32 |
| Assertions confirmed | 36/38 | 36/36 | 34/34 |
| Assessment status | Standards Met | Standards Met | Standards Met |

PART 3

Our Quality Indicators



3.1

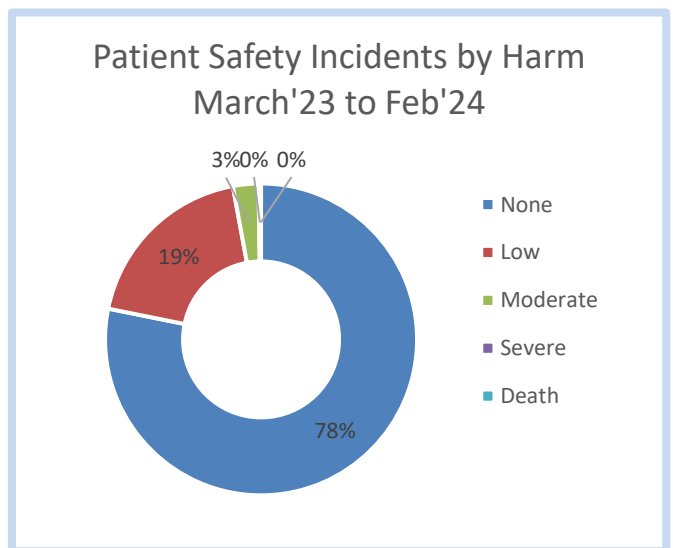
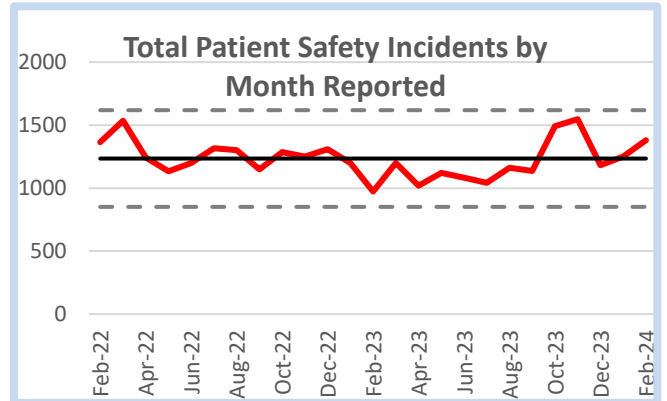
Patient Safety

North Bristol NHS Trust has continued in 2023/24 to put patients first and at the centre in everything we do to ensure the safety of our care and treatment.

In the last year patient safety incident reporting levels have remained in line with previous years showing a stable reporting safety culture. In addition, data shows that most patients are not harmed because of safety incidents, with most being reported as low or no harm.

Described under our priorities is the intention to focus on safety culture to better understand our reporting patterns and ensure that safety information is being captured.

A key aspect of this work will be to consider what data provides the best insight to patient safety at North Bristol NHS Trust recognising a “safety II approach” to recognise what is working well alongside what opportunities for learning when unexpected events (incidents) happen.



■ Methicillin Resistant Staphylococcus Aureus (MRSA)

We saw 4 cases of MRSA during 2023/24. These cases have occurred in patients with complex health conditions and have all been subject to detailed analyses with learning acted upon in the clinical divisions. These cases have been discussed in depth at the Staph Aureus Steering Group and upwardly reported to the Integrated Care Board.

■ Methicillin - Susceptible Staphylococcus Aureus (MSSA)

MSSA is a bacterium that commonly colonises human skin and mucosa without causing any problems. It can also cause disease, particularly if there is an opportunity for the bacteria to enter the body, for example through broken skin or an invasive device.

MSSA bacteraemia's have been rising nationally, regionally, and locally, with now more emphasis being put on MSSA bacteraemia reduction. As a result of the regional rising cases NHSE Southwest developed an MSSA improvement group of which NBT is a member.

It is difficult to compare MSSA Bacteraemia rates and case counts with previous years as elective procedures in hospitals were initially cancelled or delayed, although some activity resumed between COVID-19 waves. As a result, the number of beds occupied overnight – the denominator used for hospital-onset infection rates – was much lower than would otherwise be expected during these periods.

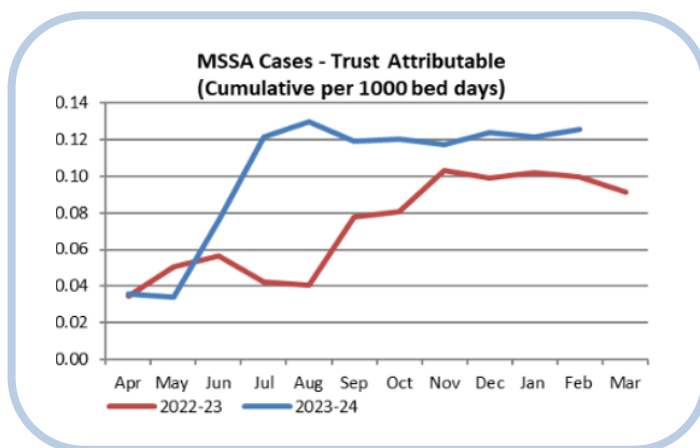
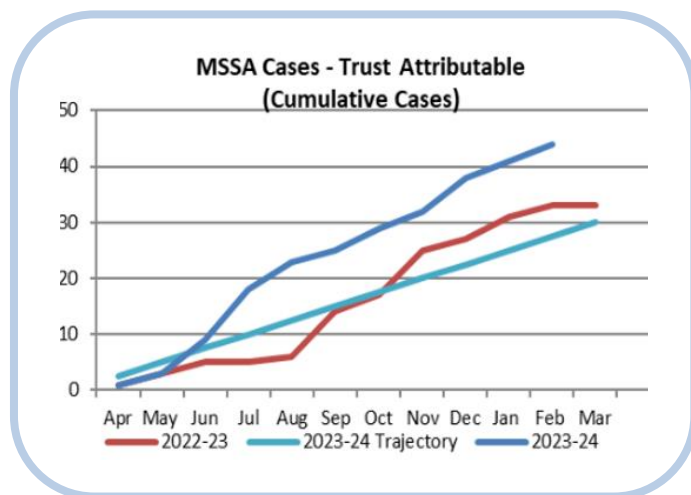
Therefore, in some instances apparently increased incidence rates of hospital-onset infection have been reported, despite a decrease in the counts of infections.

An independent review of increased case numbers was commissioned in 2023/24 by Professor Steve Hams, Chief Nursing Officer and Director of Infection Prevention and Control (DIPC), to look at addressing this, which was completed by Associate Director of Nursing – IPC, NHS England.

This benchmarked NBT against other trusts, reviewing figures based on 1,000 bed days to pick up acuity and increased occupancy.

When benchmarking the NBT against other trusts in England the Trust ranked **117/135** in August 2023 and in November 2023 ranked **99/135**

Consequent recommendations, such as Vascular access device selection, Fundamentals of IPC Practice, and the continuation of a full multidisciplinary approach to good practice are being progressed and subject to further review with the Deputy Medical Director.



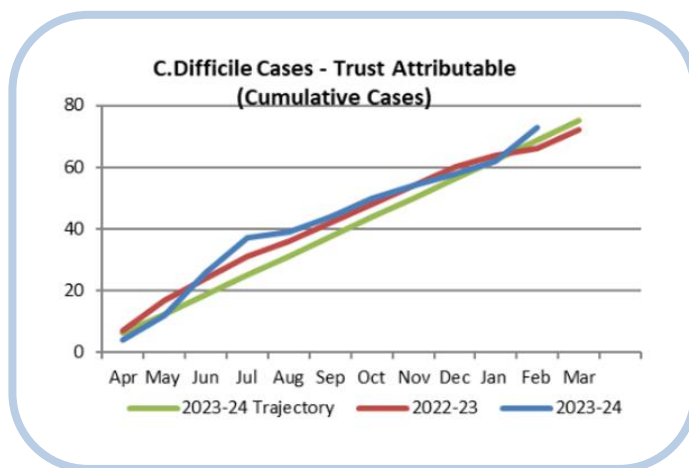
■ Clostridium Difficile (C Diff)

The end of year position reported 82 cases against a trajectory of 75. 56 cases were hospital acquired and 26 community acquired.

Cases rose in the months where hospital capacity was increased, these cases remain lower than those of neighbouring trusts.

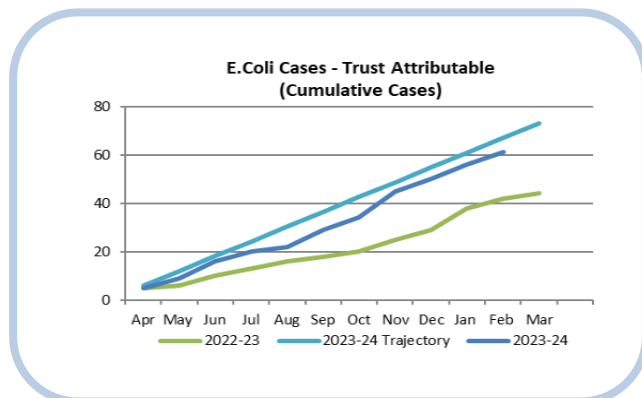
UKHSA have changed the parameters for mandatory reporting. This may affect the numbers of Hospital acquired infections reported rather than community – reflecting the longer time patients stay in ED awaiting a bed.

C Diff steering group remain the driving force to this change with a shared learning approach and targeted plans for areas requiring support.



■ Escherichia Coli (E. Coli)

Cases have continued below trajectory although there has been an increasing trend noted this year. Work is being undertaken with the continence group focusing on the importance of sound hydration practice, working with the new nutritional support teams on the wards and adding in decaffeinated products.

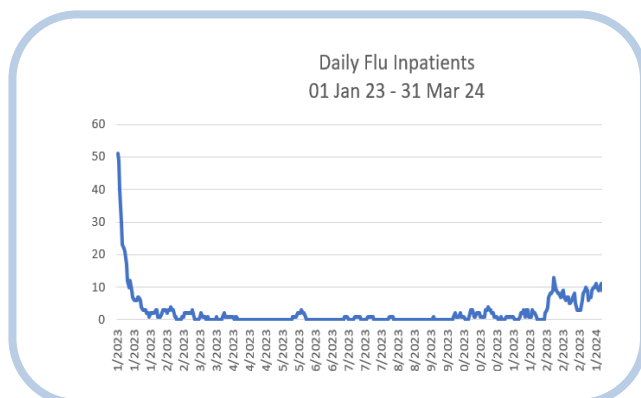


The IPC team have been supporting facilities team with ventilation and water safety practice requirements within new build projects, theatre modification work and the commissioning of the High Consequence of Disease (HCID) centre.

Additionally other work supporting the Trust has included role out of hand hygiene and hand health Trust wide change and alcohol-free gel from a patient safety perspective.

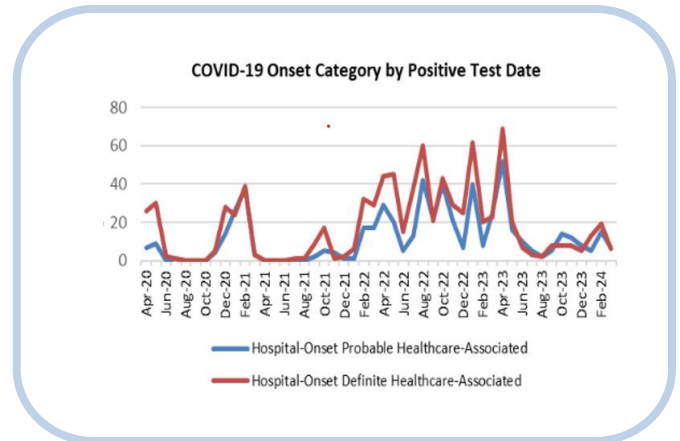
■ Influenza

The Trust wide winter plan has supported Point of Care Testing (POCT) of both Influenza and Covid 19 in the emergency zone assisting with placement of patients, additionally the Infection Prevention Control Team have been working 7 days a week to support patient flow and we have seen a dramatic reduction in the numbers of beds closed this year. Influenza peak was later this winter than in previous years.



■ Hospital Onset Covid

Covid 19 management has remained an ongoing consideration, although general numbers have decreased this year. Patients are tested and isolated if symptomatic. Issues can occur when the hospital is in additional capacity therefore a primary mitigation is to always require risk assessments in multi occupancy bays.

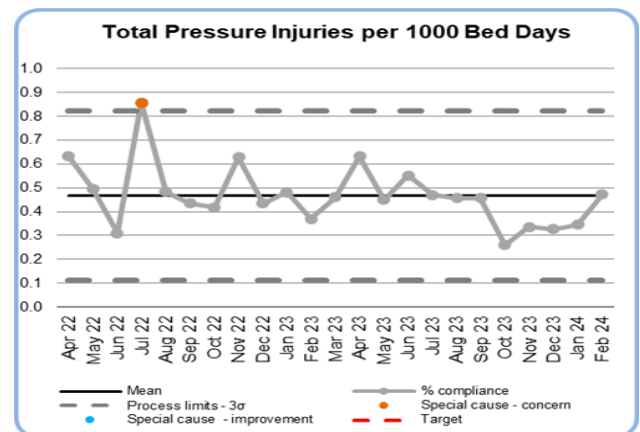


■ Pressure Ulcers

The Trust has achieved the objective of a 10% reduction in the number of Grade 2 pressure injuries for 2023-2024 from 2022-2023.

However, within the overall number, there has been a rise of device related grade 2 injuries. In response to this emerging theme the Tissue Viability Service (TVS) and Intensive Care Unit teams are collaborating to implement focused staff training.

The number of grade 3 pressure injuries has reduced by 50%, whilst the number of grade 4 pressure injuries has remained static.



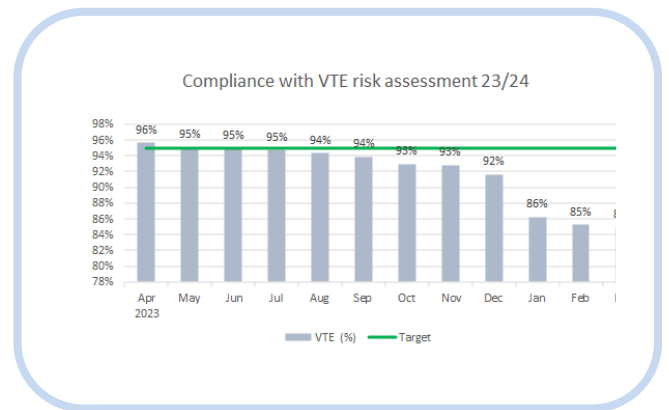
The Pressure Ulcer Steering Group continues to respond and implement pressure ulcer prevention strategies in response to identified and emerging themes from PSIRF reviews. The tissue viability PSIRF process is now the same as investigations for other incidents at the Trust, which has seen the divisional governance leads join the Pressure Ulcer Steering Group.

The patient information leaflet has been updated to a Pressure Ulcer Prevention Boarding card that presents the *aSSKING* framework recognised by the National Wound Care Strategy Programme in pictorial form. There is a QR code on the card that is links directly to the Tissue Viability Nurses (TVN) explaining how patients can look after their skin and prevent pressure damage whilst in hospital.

The TVN strategy plan has been updated following successful implementation of *Purpose-T* the pressure ulcer prevention risk assessment tool, the hybrid dynamic mattress and the Pressure Ulcer Prevention Boarding card. There is a focus on pressure ulcer prevention in heels and supporting non-concordant patients. There is continued ongoing collaboration with the admission areas to implement *Purpose-T* to the SHINE document and to ensure that patients receive the appropriate care and plans on admission.

▪ Venous Thromboembolism (VTE)

NBT successfully retained VTE Exemplar Status in 2023 - indicating a track record of Excellence in: VTE prevention and care, sharing resources and collaborating in clinical research. NBT is also now set to participate in the TiLLi trial – researching thromboprophylaxis in patients with lower limb injury/immobilisation. This is a nationwide trial which aims to deliver clear guidance to the clinicians, regarding the VTE risk in this group of patients, and ultimately reducing VTE events.



In July 2023, the digital VTE Risk Assessment form was launched. This new form includes advice to the clinician regarding the type and dose of thromboprophylaxis to prescribe. Completion of the digital form is not part of the routine clerking, adds another task for the clerking doctor and requires a computer. At times these may not be available, particularly in theatres. These barriers to completion of the form are being addressed. Support is being given to all clinicians to complete the form.

IN Spring 2025, the digital prescribing is being introduced to the Trust, and the form will be embedded in the prescribing module. This is forecast to improve compliance.

VTE training has been relaunched at induction for all new HCAs, RNs and junior doctors (this had been temporarily stopped during the COVID pandemic).

From April 2024, NHS England has reinstated national reporting requirements of VTE risk assessment compliance figures.

▪ Freedom To Speak Up (FTSU)



Freedom to Speak Up arrangements are derived from the Sir Robert Francis Review recommendations to give staff the opportunity and encouragement to raise issues or concerns through an alternative, additional route. When people speak up, the organisation benefits through learning and improvement. Building a more open culture, in which leadership encourages speaking up, leads to safer care and improved patient experience, as well as increased staff influence, experience and wellbeing.

FTSU Guardians (trained and supported by the National Guardian Office), have been in place at NBT since 2017, and a Lead Guardian with ring-fenced time has been in place since January 2021, with a network of FTSU Champions across the organisation evolving since late 2021.

As an organisation we aim to:

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

| 2023/24 | Q1 | Q2 | Q3 | Q4 |
|-----------------------------|----|----|----|-------------------|
| NBT | 34 | 23 | 42 | Not yet available |
| National Comparator Average | 38 | 34 | 47 | Not yet available |



Key Achievements in 2023/24:

- Completed the **NHSE organisational FTSU reflection and planning self-review and action plan.**
- **The organisation introduced a Speaking Up Flowchart of routes to speaking up and an Executive Hotline was introduced.**
- **Instigated a quarterly People and Quality Triangulation group** to share high-level information around thematic issues to ensure Trust wide joined-up action to tackle and ultimately prevention.

- **Encouraged our senior leadership** to complete the national e-learning Follow Up module and consider their role in role-modelling and supporting a healthy speaking up environment.
- **In 2023/24 the organisation continued to develop the FTSU Champion network** ending the year with 24 Champions across the organisation. A further round of expressions of interest in the role is imminent.

This means that the network is continuing to become more diverse and accessible across the organisation to encourage, signpost and support colleagues to speak up with ideas, issues, problems, challenges, opportunities, and innovations.

Future plans for 2024/25:

During 2024/25, we will:

- Refresh the FTSU plan (aligned to key NBT strategies) and communications plan.
- Advertise a positive action development/secondment post to increase diversity in the FTSU Guardian team and support capacity for responsive and visibility work, and hence facilitate more time for the Lead Guardian to conduct strategic work.
- Strategic work by the Lead Guardian will include supporting the listening up and following up environment (e.g., supporting leadership and management training provision, engagement with Organisational Development on breaking down barriers to speaking up, finalisation of a manager's guide, further engagement with Divisions and services/teams).
- Continue to further expand and develop the FTSU Champion network to make sure that all areas in the organisation have someone close by to support staff to speak up.



■ Guardian for Safe Working Hours

The terms and conditions of the Postgraduate Doctors Forum (PGDF) was refreshed in 2022 and is held every 2 months. It is a productive space where Postgraduate Doctors (PGDs) can discuss new ways of working, challenges on the ward and rota and contract concerns.

The Trust has acted on the PGDF suggestion to trial a locum digital app to improve locum uptake – “Locums Nest” – rolled out through Medicine, General surgery, W&C and Anaesthetics.

Feedback was collected from PGDs on the Acute block within Medicine due to anecdotal reports of burn out. The Acute block changed from a single 6-week block to 3 x 2-week blocks. This has anecdotally been well received with fewer reports of sickness or feelings of burnout. A repeat survey is to be sent out this year.

A Less Than Full-Time (LTFT) working group has been formed following PGDF discussion of the challenges the proportion of LTFT PGDs poses to timely dissemination of schedules and rotas in Medicine. The group has successfully put together a LTFT handbook, devised schedule templates for Allocate and implemented new ways of working to improve Divisional level rota dissemination.

Educational Leads were asked to nominate PGDs to attend PGDF to ensure better representation of specialties around the Trust – this resulted in improved attendance.

Implemented mechanism to calculate if average hours are breached over the term of the PGDs placement due to any overtime logged in Allocate. This may result in fines being levied.



Spotlight

- ❖ Locums Nest is now rolled out throughout the Trust.
- ❖ Acute block anecdotally less 'intense' with less sickness and burnout
- ❖ LTFT representation improved with improved comms.
- ❖ Improved PGDF attendance and engagement.

Future plans for 2024/25:

- Evaluate the impact of the acute block changes within Medicine.
- Evaluate changes to Divisional level rota dissemination within Medicine and its impact on timeliness and accuracy of schedules and rotas for LTFT PGDs

Exception Reporting:

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

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

EXCEPTION BY YEAR

| | 2021 | 2022 | 2023 | 2024 |
|------------------|------|------|------|------|
| January | 37 | 29 | 56 | 28 |
| February | 33 | 28 | 64 | 45 |
| March | 16 | 27 | 28 | 42 |
| April | 52 | 31 | 31 | |
| May | 46 | 28 | 37 | |
| June | 61 | 24 | 40 | |
| July | 51 | 44 | 48 | |
| August | 27 | 89 | 54 | |
| September | 44 | 79 | 73 | |
| October | 47 | 74 | 67 | |
| November | 29 | 40 | 53 | |
| December | 21 | 52 | 30 | |

549

Exceptions logged between 1/4/23 – 31/3/24 in a spread of specialties.

605

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

Safety Reports

10 (0.018%) exception reports labelled by the submitting PGD as an Immediate Safety concern.

All relate to short or long-term gaps in rotas without cross cover or locums found. None describe any lack of senior support or access to senior support

- 4 x neurology/neurosurgery
- 6 x Respiratory – short staffed - again addressed with locums to cover gaps

Trainee teaching

11 educational exception reports: 0.02% or all reports

- 3 x unable to attend clinics.
- 5 x unable to attend foundation teaching - All foundation teaching is sent out on video after the event
- 2 x did not get SDT – explored – Urology unaware of mandatory requirements – rectified
- 1 x Unable to attend core teaching.

Service support

1 report relating to understaffing due to a short-term gap. None related to a lack of senior clinician support.

Networking

The NBT Guardian is a member of the Regional Forum of Guardians for Safe Working Hours. The Guardian is also in regular contact by WhatsApp with national and regional groups, as well as having Teams contact with UHBW Guardians

■ Safeguarding Children & Adults

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

- All adults at risk of abuse or neglect due to their needs for care and support,
- The welfare of children, including the unborn, to protect them from maltreatment or impairment of their development and support them to grow up in circumstances consistent with safe and effective care.

The Trust is committed to ensuring full engagement with the highly complex national and local safeguarding strategies, by ensuring the NHS acute healthcare service provide specialist expertise within the Integrated Care System (ICS). Safeguarding leadership, guidance, training, supervision, identification where early help and support may prevent harm and improve outcomes and expert safeguarding support is available to all staff.

Throughout 2023/24 the Integrated Safeguarding Team senior leadership continued to engage with the wider partnerships, ensure escalation of risk and provide robust oversight and assurance around strategic challenges by identifying improvement and collaboration opportunities including a joint senior leadership pilot model with UHBW.



The continued impact of the cost-of-living crisis and Covid-19 has continued to focus awareness of the importance of the 'all age' approach to safeguarding.

Many people seek support from trusted healthcare professionals for a range of issues linked to the cost of living. Incidences of abuse or neglect (including self-neglect) have continued to rise year on year following the Covid-19 pandemic.



Key Achievements in 2023/24

The Integrated Safeguarding Team (IST):

All members of our expert team of safeguarding professionals have actively engaged in CPD (Continuing Professional Development) over the year to extend and update their knowledge. These roles support safeguarding practice trust wide with a focus on making every contact count for adults, children, and families. Safeguarding processes continue to be embedded across Trust divisions, delivering the key message that safeguarding is core business.

Partnership working:

The Safeguarding service actively participates in the Safeguarding Boards, Partnerships, and sub-groups (all ages) across BNSSG statutory safeguarding arrangements. Committed to improved collaboration, the senior leadership team have commenced a joint senior leadership pilot between NBT and UHBW. This advances the shared overall delivery system to meet the statutory and non-statutory safeguarding accountabilities of the two Trusts within the Integrated Care System (ICS). This demonstrates the organisation's shared values and principles for positive and effective joint working and scopes opportunities for reduction in duplication and standardisation of processes and systems across both trusts.

Multiagency Working:

The Director of Safeguarding and Associate Director of Safeguarding have continued to participate in the regional safeguarding health leads group across BNSSG. This reflects continued commitment to improved joined up working relationships and recognises equality within the new system. Multiagency partnership working across BNSSG has enabled improved sharing of information, along with development of processes and support offers for contextual, complex, and transitional safeguarding approaches.

Training:

Significant improvements have been made in safeguarding training compliance, including PREVENT and MCA/DoLS. The service has continued to focus on supporting all staff to access a range of options for learning and updated and improved content to make it more user friendly and accessible. The divisional teams have demonstrated commitment to furthering their understanding of safeguarding and MCA.

The Safeguarding team developed an approach to reflective practice to support staff to have space to think about their safeguarding practice and learn from one another. Pilot groups are in place for 2024/25

Future plans for 2024/25

Development of learning options including supervision and reflective practice, co-training with UHBW teams and identification of a shared acute safeguarding purpose.

Development of opportunities that arise for safeguarding all ages from the joint safeguarding leadership pilot currently underway.

Priorities remain to continue to embed learning from Safeguarding Adults Reviews (SAR), Domestic Homicide Reviews (DHR) and Child Safeguarding Practice Reviews (CSPR) and see better outcomes for patients, carers, and their communities.

3.2

Clinical Effectiveness



■ Commissioning for Quality and Innovation (CQUINS)

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

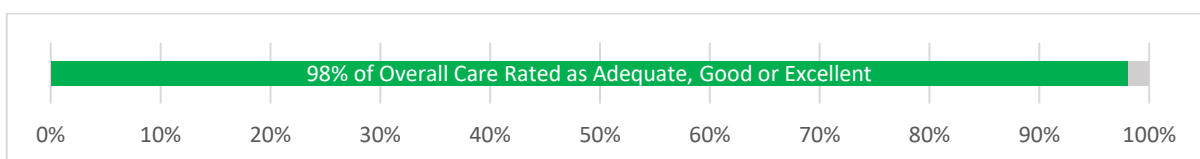
Each Trust's CQUIN programme must contain mandatory national CQUINs along with those agreed between NBT and our local commissioners. The performance of the CQUINs is reported quarterly over the year to the Trust Board. Further detail is at Annex 4.

| CQUIN 2023/24 | CQUIN Aim | Achievement |
|--|--|-------------|
| CCG1: Flu vaccinations for frontline healthcare workers | To reduce risk of flu infections for staff and patients. | Partial |
| CCG2: Supporting patients to drink, eat and mobilise (Dr EaMing) within 24hours of surgery ending. | To aid patient recovery following surgery and supporting timely discharge from hospital. | Full |
| CCG3: Prompt switching of intravenous to oral antimicrobial treatment, achieving 40% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria. | To ensure patients are receiving the appropriate type of antibiotics based on their needs. | Full |
| CCG5: Description Identification and response to frailty in emergency departments. | To ensure frail patients accessing emergency care are assessed and supported according to their specific needs. | Full |
| CCG7: Recording of and appropriate response to NEWS2 score for unplanned critical care admissions. | To ensure that patients on the wards are monitored, and any deteriorating patients are escalated to the appropriate clinical teams, in a timely way. | Full |
| CCG8: Achievement of revascularisation standards for lower limb Ischaemia (within 5 days for non-elective admission). | To ensure that patients with lower limb ischaemia are receiving appropriate treatment, in a timely manner, which will improve outcomes | Partial |
| CCG10: Treatment of non-small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway. | To treat patients with non-small cell lung cancer (stage I or II) within the required pathway timescales. | Full |
| CCG11: Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery. | To promote high quality SDM conversations in specific specialised pathways to support recovery. | Full |

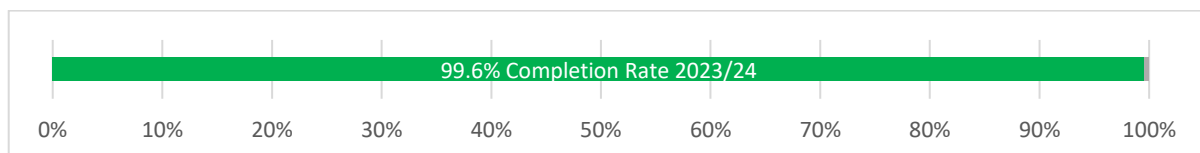
■ Mortality and Learning from Deaths

Level of Care

Overall care scores are included as part of Structured Judgement Reviews (SJRs). These range from 1 – very poor care to 5 – excellent care. The percentage of cases reviewed with an overall care score of adequate, good or excellent for 2023/24 was **98.1%** which is an improvement on last year's 95%. With such low poor and very poor care scores it has been identified that there must be a significant amount of learning to be mined from cases where care is rated between adequate and excellent. 20.1% of reviews were only given an adequate rating. We need to be more vigilant of the learning derived from reviews where care is rated adequate in order to improve care.



Activity



The data shows that NBT records a consistently high level of completion for mortality reviews indicating a culture of sustained good practice in this area.



Key Achievements in 2023/24

A new Mortality Improvement Programme has been established, with the lead appointed in December 2023. The programme's vision is to set new standards of excellence for mortality review, and for our approach, working collaboratively with University Hospitals Bristol & Weston Foundation Trust and the BNSSG Medical Examiner Service, to become a national and regional exemplar for learning from deaths and evidence-based care transformation. Our ultimate aspiration is a future with zero preventable deaths, enabled by collaborative and integrated mortality review, shared learning, and continuous improvements.

The Equality Impact Assessment (EIA) for the programme indicated positive impacts across all areas, aligning with our Trust objectives and the national CORE20+5 approach to reduce healthcare inequalities. By enhancing mortality review processes, moving from silos to shared learning, and fostering partnership across BNSSG, the programme aims to identify and address factors contributing to health inequalities.

Progress across all workstreams is already underway, with clinical and non-clinical leads across the Trust and key stakeholders across our BNSSG healthcare system. This includes close work with the Medical Examiner's Office.

Projects have been initiated on several mortality surveillance and insights projects, targeting priority areas such as sepsis, pulmonary embolisms (PEs), and healthcare-associated infections (HCAI).

Further mortality review improvement and system coordination and engagement projects have also been initiated. These focus on transitioning our mortality review processes into the new Quality Governance digital system, Radar, and developing an enhanced and standardised approach for multidisciplinary team (MDT) mortality reviews – including reviews with system partners for deaths occurring within 30 days of discharge from community and acute services.

The programme aims to identify and address factors contributing to health inequalities. Two key governance groups to progress this work will be established in 2024:
NBT Mortality Group: To set the direction, provide oversight, and ensure delivery of the mortality improvement programme.

Collaboration Forum: To inform stakeholders on the progress of the mortality improvement programme and explore opportunities for future collaboration.

The Trust has taken a leadership role in the National Mortality Leads and Learning from Deaths Community of Practice Group, established by the NHSE Better Tomorrow team. As the current chair, we are driving the group's aim to foster collaboration and enhance the quality of Learning from Deaths processes across NHS organisations in England.

Medical Examiner in Radar

The new Quality Governance System *Radar* is being adopted by NBT as a platform to monitor, manage and engage with Clinical Governance processes across the Trust. In June 2023 the Medical Examiner Referral System went live in Radar. This allows the Medical Examiner to refer potential concerns and positive feedback to the Trust, allows the clinical divisions to have easy access to their referrals and sign-post the information effectively.

The process has been received positively by both the Medical Examiner's service and the divisional governance teams. We are constantly working with both parties to improve and adapt the process to ensure the best possible use of the system, which includes developing dashboards for use by the Trust across multiple workstreams within the system. We are also working with our NBT Radar System Support team, in conjunction with Business Intelligence, to develop Power BI dashboards to ensure that all relevant areas of NBT have access to the information provided by the Medical Examiner and can thereby effectively enact learning and respond to requirements for improvement.

Poor Care Score Reviews and Targeted Learning

Due to the scarcity of these events the review, identification, and embedding of learning from poor care scores historically has not been formalised at NBT. During 2023/24 we embedded a new process to ensure that:

- Care scores attributed to a case are justified.
- SMART learning objectives are identified as a result of the case review.
- Learning can be embedded into team working.
- Outcomes and learning are circulated between teams and areas where the information is relevant.

Learning from Deaths – Specialty Level Learning and Improvement

Clinical Division: Anaesthetics, Surgery, Critical Care and Renal

❖ Burns and Plastic Surgery

The following themes have been identified as a priority for improving quality of care for our patients:

- Maintaining close working with specialty teams and ICU when planning ongoing care.
- Ensuring patient and family voices are heard to improve the final days and hours.
- Holistic and patient focused care to the end.

The specialty is undertaking specific work as a result of the following cases:

- Cardiac arrest patient undergoing ECT to chest wall – a protocol has been implemented for ECT that involves different equipment and monitor which synchronises the release of electricity with the heartbeat. This has become standard practice.
- Following a never event related to wrong lesion excision, mandatory photography of all skin lesions booked for excision has been implemented. This has been audited showing good adherence.

❖ ICU

ICU has:

- Reviewed emergency intubation protocols and redesigned the emergency intubation checklist for implementation Trust-wide.
- Implemented the tracheostomy care bundle which includes a guideline, emergency management plan, and a rescue box on ICU. The bundle is still in development.
- Reviewed the referral pathway for acute pancreatitis.

❖ Renal

Renal screens in all patients with CKD5 requiring kidney replacement therapy to be discussed at M&M meetings. This includes all patients with a kidney transplant, haemodialysis patients, peritoneal dialysis and those receiving conservative kidney management. The specialty then reviews any cases with concerns, as well as those identified by the Medical Examiner. The biggest challenge is the poor quality of historical notes on EDMS to provide meaningful review of often extremely complex cases.

The following themes have been identified:

- Historically the most common concern theme was safe transfer of patients from other regional hospitals (both patients with AKI and dialysis patients who require dialysis +/- another treatment. The frequency of these issues has decreased due to liaison and support from ICU colleagues in the region. Renal has also worked to develop safe transfer guidance to support this process.

- Cases identified by the Medical Examiner for review have demonstrated the increasing complexity of the medicine we are practicing; often involving decisions around dialysis and the complexities of care needed to enable safe dialysis. These cases have required significant input from multiple agencies including the ward teams, therapists, supportive care nurses, palliative care teams, trust legal support, and court protection. Review of these cases is helpful however as there is always learning from these complex cases.
- The specialty's screening process also looks at patients who are on the supportive care register and where these patients die. This includes all patients receiving conservative management of their kidney disease and significant numbers of the dialysis population. It is noted that a significant proportion of the deaths observed in this population are in patients already identified as having supportive care needs – this is often a tool to flag patients who the specialty thinks may be in their last year of life. There is ongoing work within the renal supportive care team and the wider renal team to identify patients whose health is deteriorating to help promote advanced care planning, better symptom management, to avoid hospital admission and to support these patients and their families around the end of their lives.

Clinical Division: Medicine

❖ Acute Medicine

- The key things from the last M&M meetings have been a consistent theme of early ICU involvement when appropriate and early palliative care on the unit as well which has been great to see. Acute Medicine has picked up a couple of issues in the past 12 months including process errors such as radiology reporting for patients and the addendums to reports being added retrospectively. The specialty mortality lead is progressing this by pursuing the specialty's own radiology meetings in AMU and this is now in the discussion stages to see if a regular x-ray meeting in AMU with a consultant radiologist will improve care.
- As a result of a couple of cases of sickle cell crises on the unit in the past 12 months, Acute Medicine are also looking at developing a SOP with the specialty's governance lead and haematology for the management of these patients as their care pathway is changing at the BRI and we are likely to see more of them.

The specialty has reviewed a couple of cases of acute asthma recently also. Once case was investigated as an incident with the governance lead after the patient had been admitted to NBT but was not put on adequate preventer inhaler therapy requiring a further admission to ICU. The asthma bundle is currently in the process of being updated with the respiratory team, and the specialty is involved with this, including undertaking a current audit of our asthma processes to see what improvements can be made.

Particular cases that have instigated change include:

- Patient with a bilateral PE who passed away after mobilising – the unit has now instituted a policy of strict bedrest for those patients with PE and right sided heart strain for 48 hours. We are also exploring a 'PE Box' for urgent thrombolysis required on the unit and this is being explored with pharmacy.
- Patient with an upper GI bleed – Conversations are being had with gastroenterology. Communication difficulties meant the patient had a delayed endoscopy and the specialty is looking at the GI bleed pathway to see how it can be improved.

- An overdose on paracetamol has prompted us to review our guidelines and how we can re-work them to ensure the severe criteria for referral to Kings is clearer.

❖ Care of the Elderly

Most of the reviews that we have undertaken over the last 12 months have been due to the patient falling into a mandatory review category, and the care has been concluded to be very good.

Improvements we have instigated where things could have been done better are as follows:

- As a result of a concern raised by the next of kin when phoned by the Medical Examiner team, it has been agreed that the consultant clinician most involved in the patient's care should be contacted to manage the referral at the point that it is identified to members of the division/specialty
- As a result of one high-profile care within Trauma and Orthopaedics, and a case within complex care where a patient's high EWS score was not promptly escalated, the specialty has introduced the following:
 - A system where ward coordinators are able to review all observations on vitals to ensure there is senior nursing oversight of high and overdue observations on the unit
 - All staff have been prompted to complete EWS training
 - Staff have been reminded to contact x6999 to report high EWS scores even if there is a doctor on the ward
 - The specialty's clinical lead has reviewed the consultant roster to ensure more consistent cover, with some cover for ED especially going into winter so that senior support is available more routinely during the day to make plans for these unwell patients
 - A plan has been agreed that every Care of the Elderly ward should have a named consultant available every day for urgent questions and severely unwell patients, so that the junior medical team have a clear method of escalating.

❖ Emergency Department

The M&M meeting in October 2023 included two cases of pneumothorax and the discussion highlighted some uncertainty around how to set up the new chest drain bottles used in ED. While this did not contribute to the patients' deaths, it brought to our attention a knowledge gap and we have set up a QR code in the handover area for staff to watch a video on how to set up the bottles.

A case that was discussed earlier this year as part of a mortality review had a cardiac tamponade and pericardial aspiration was done by cardiology in ED. This was discussed and recognised as a High Acuity Low Occurrence (HALO) procedure and that there would be benefit in producing some written resources on this and similar procedures so that staff can refer to them in the appropriate circumstances. A folder has now been created by one of the departments registrars and includes detailed information about several procedures which are very important, but uncommonly occur in the ED, including detailed maps of where to find the necessary equipment.

A recent mortality review on a patient with a Learning Disability found that the ED staff were excellent at making reasonable adjustments for the patient and involving the Learning Disability Liaison Team. The same case highlighted that once some of our ED patients are referred to an inpatient team, they spend a long time in ED before the inpatient team review them; we are working on implementing safety rounds to ensure that critical medications are prescribed and ongoing acute management is planned for, including second doses of antibiotics for example.

❖ Haematology

Through M&M meetings this year Haematology has recognised the following system changes:

- Improved liaison with GPs about the timing of serum free light chain monitoring in patients being monitored in the community.
- Identification of the need to formalise a pathway for whole node excision in the extent of indeterminant biopsy results from minimally invasive procedures.
- The need to revisit a patient's suitability for high dose autologous transplant approach in myeloma care between the first MDT outcome and treatment initiation, particularly if the clinical situation changes radically.
- Ensure patients on the winter months IVIG replacement programme are reviewed in October prior to initiation of the programme in the month of November. Formal documentation of their ongoing need for IVIG to be made in October and an active list to be updated on a regular basis.
- Highlighted areas of improvement in re-designing the pathway for obtaining Interventional Radiology guided biopsies.
- Due to delays in reporting of biopsies a new process has been agreed to limit the use of outsourcing in urgent cases.

❖ Infectious Diseases

- Infectious Diseases M&Ms take place on a monthly basis. Most of the deaths were expected with no significant concerns raised. The main theme where improvement could be made is communication with families (in particular when patients are confused and cannot communicate clearly with their families or friends. Consultants need to document clearly when they have spoken to relatives and what was said. This helps relatives ask questions too and gives more focussed time with the families.

❖ Respiratory

The following areas of learning have been identified:

- Family feedback about the challenges of communicating with Deaf patients:
 - A member of the respiratory ward is going to attend Deaf awareness training.
 - Disseminate resources for interpreter services.
 - Feedback to patient experience team in medicine to consider whether wider education/awareness programme is warranted.
- Also recognised that family members have been used as translators in the past and education is needed around access to translation services.
- Information has been shared with the respiratory team about how to access IMCAs.
- Learning has been identified and recommendations are being developed around electronic patient transfer in vitals when patients are moved from one location in the hospital to another.

Clinical Division: Neurological and Musculoskeletal Sciences

❖ Stroke

Stroke has made a number of changes as result of case discussions in M&Ms:

- Audit and QI work over decompressive hemicraniectomy (proforma driven pathway).
- Communicating expectations of clinical management with consultant body (e.g. consultant review at least every 48 hours for purple butterfly patients, documentation of suspected stroke aetiology on stroke proforma, direct stroke admission for patients with high clinical suspicion of stroke pending MRI scan).
- Circulation of up-to-date guidelines regarding arrhythmia detection.
- Appropriate signage on ward (in response to miscommunication about procedure room).

There are a number of steps being undertaken towards improvement including:

- Exploring how results within stroke and neurology are followed up with the potential to launch a more robust system.
- Exploring with radiology the addition of clinically significant addendums to imaging reports.

❖ Neurosurgery

As a result of thematic analysis of emergency referrals, one of which resulted in a death within a year of the referral, and one case of treatment that resulted in survival but with a poor outcome, the specialty in working on a large project around early decision making in frail patients being better guide by a deeper understanding of their outcomes. The specialty hopes to be able to offer more information on the implementation and outcome of this project work in the next year or so.

■ Medical Examiner (ME) Service

The Medical Examiner (ME) service was established across BNSSG in 2020 and has been reviewing 100% of adult inpatient deaths at NBT since 2021. The system is set to become statutory during 2024. Following ME scrutiny, potential concerns and feedback regarding care or patient experience identified by the Medical Examiner or the deceased's Next of Kin are referred into NBT for triage and further review. The outcomes are summarised below.

| NBT ME Referrals | 21/22 | 22/23 | 23/24 |
|--|------------|------------|------------|
| Cases referred for Structured Judgement Review (SJR) | 36 | 24 | 38 |
| Potential patient safety incident - confirmed | 21 | 14 | 14 |
| PALS / Complaints details passed to Next of Kin (NOK) | 40 | 48 | 49 |
| General feedback for division - with no specific actions | 55 | 103 | 100 |
| Referrals to the Coroner | 4 | 5 | 23 |
| Total* | 156 | 194 | 224 |

*This number may be larger than the total number of referrals due to referrals falling into more than one category.

Progress during 2023/24

The ME service has also been reviewing all deaths that occur on NICU, with 15 deaths scrutinised in 2023/24. Processes are continuing to be refined; it is not always apparent that the family have been made aware of the ME service. However, in general the service is either signposted to parents or a Medical Examiner will make contact. Many parents choose not to interact with the service, but on the occasions that there have been conversations positive outcomes have been recorded, with the ME service able to provide reassurance and information on the cause of death and next steps.

Data continues to be collected regarding timescales for the death certification process and this is analysed for sources of potential delay. Throughout 2023, the number of days taken to complete the ME process remained relatively steady, with an average of 3.6 days. The main source of variation arises within the period from death to completion of the Medical Certificate of Cause of Death; this would suggest that doctor availability is having the largest impact on timescales.

We continue to work with the Bereavement Office to refine our appointments system and the now well-established ME service continues to embed in the culture of the hospital. Plotting the data against strike dates throughout 2023 indicates that the junior doctors' strikes do not appear to have had any consistent or significant impact on the death

certification process.

Clinical governance referrals began to be submitted via the Medical Examiner Referral form on the new Radar IT system in the summer of 2023. The experience of using Radar has been extremely positive so far for the team; its ease and intuitiveness of use have saved time and allowed the ME service to refer more positive feedback regarding care and patient experience into the Trust.

An internal audit of Medical Examiner scrutiny quality was undertaken between January and May of 2023, carried out by MEs and MEOs and judged against certain predefined criteria (for example, balance of ME versus MEO scrutiny and clear rationale given for cause of death). The results of the audit suggest some variation in practice, and indeed in what staff define as “good practice.” This will shape further development work in 2024/25.

The community roll out for the scrutiny of non-acute deaths across BNSSG is well underway, with a site secured at Frenchay for the community office and a contract with clinical system supplier EMIS in place. Processes have been agreed and are live, with all adult hospices, Sirona inpatient rehabilitation units, private inpatient rehabilitation units and Avon and Wiltshire Mental Health Partnership Trust inpatient units now referring all deaths into the service. The pilot process with 3 GP practices was successful and all GP practices in BNSSG have been contacted or are in various stages of onboarding.

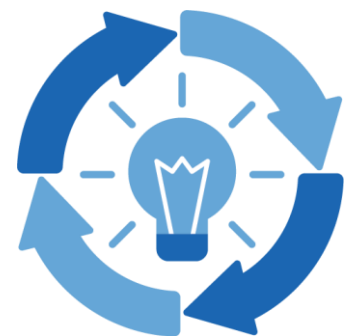
Future plans for 2024/25

Onboarding of GP practices will continue, with the aim of completing as many as possible in time for the system to become statutory (anticipated for Q1 of 2024/25). A process will also be developed for Children’s Hospice Southwest.

When statutory, the process of death certification will undergo a few changes nationally, which may hold some unforeseen challenges. We will continue to work closely with the Bereavement Office, the Division of Quality Governance, clinical teams, and all other relevant departments.

A few themes have arisen from the internal audit and provide suggested next steps for defining best practice for quality scrutiny in the absence of formal guidance from the National Medical Examiner Office. This includes further audit cycles and ongoing process mapping and review to ensure consistency between ME Office sites.

The service is a key contributor to the cross-system Mortality Improvement Project and will continue to be directly involved in projects arising from this initiative across NBT and eventually BNSSG.



■ National Clinical Audit

The Trust participates in a range of national clinical audits, as set out in Annex 5. Examples of some audit findings and actions are set out below.

Medicine – Respiratory – Chronic Obstructive Pulmonary Disease (COPD) Secondary Care Audit

NBT has been performing very well in consistent use of quality-of-life measures at pre and post assessment and in the percentage of patients achieving a substantial improvement, as well as the proportion of patients receiving a thorough discharge assessment and onward written exercise prescription. There is new documentation in place to ensure all patients are being prescribed ongoing exercise formally after completion of the pulmonary rehabilitation (PR) programme, and we will start triaging COPD patients according to referral source, to ensure patients with acute exacerbation of COPD are offered earlier PR, by the clinician telephoning all early patients to elicit whether they would prefer early, or standard PR once recovered.

NBT has however consistently failed to meet standards or national averages in areas such as practice walking tests and has had erratic compliance with sufficient patients meeting the minimal clinically important difference (MCID) patient reported outcome measure for walking test post PR compared with national average. Practice walks have been in place since January 2024, which will be reflected in future audit outcomes.

Medicine – Acute Medical Unit – Society for Acute Medicine Benchmarking Audit (SAMBA)

Overview of results:

| Metric | NBT Result | National Average |
|---|------------|------------------|
| Percentage of unplanned admissions with NEWS2 score of 3 or more | 23% | 29% |
| Percentage of unplanned admissions aged 70 years or older | 47% | 48% |
| Percentage of unplanned admissions with Early Warning Score recorded within 30 minutes of hospital arrival | 68% | 76% |
| Percentage of unplanned admissions reviewed by a competent clinical decision maker within 4 hours of hospital arrival | 89% | 84% |
| Overall percentage of unplanned admissions with consultant review within the target time | 63% | 53% |
| Daytime percentage of unplanned admissions with consultant review within the target time (6 hours) | 53% | 43% |
| Overnight percentage of unplanned admissions with consultant review within the target time (14 hours) | 88% | 86% |
| Percentage of unplanned admissions discharged without overnight admission | 31% | 31% |

A review is underway of timing to first set of observations for ED patients after results discussed in Senior Team meeting. The department has also discussed ways of bringing in GP patients earlier in the day when more senior clinicians are present to see them rather than them arriving so late that once they are clerked, they do not see a consultant until the next day. Frail and non-

frail patients will be distinguished as part of SAMBA 2024.

Medicine – Palliative Medicine – National Audit of Care at the End of Life (NACEL)

Overview of results:

| Metric | NBT Result | Average |
|---|------------|---------|
| Recognising the possibility of imminent death | 98% | 87% |
| Communication with the dying person | 8.7 | 8.0 |
| Communication with families and others | 7.1 | 7.1 |
| Involvement in decision making | 9.5 | 9.2 |
| Individualised plan of care | 7.9 | 7.6 |
| Needs of families and others | 6.2 | 5.5 |
| Families' and others' experience of care | 7.2 | 6.3 |
| Workforce/specialist palliative care | 10 | 8.1 |
| Staff confidence | 7.7 | 7.5 |
| Staff support | 7.2 | 7.1 |
| Care and culture | 7.8 | 7.6 |

Only 28% of bereaved relatives and loved ones who responded to the quality survey felt they were given enough spiritual, religious, or cultural support (~20% of those who were sent the survey responded). The scores were low nationally.

NBT's palliative specialist trainee in conjunction with our palliative research nurse are carrying out Quality Improvement work in NBT under the title "Just Ask" aiming to improve provision for meeting patients' and their families' spiritual, religious, and cultural needs in part, because of this finding.

NACEL 2024 will have a particular focus on Quality Improvement (QI) with a QI dedicated support team to support local projects.



NMSK – Rheumatology – National Early Inflammatory Arthritis Audit (NEIAA)

The last report found that only 150 patients were submitted to the audit when this should have been closer to 200 patients and only 16% of patients were seen within 3 weeks of referral. We have now established a dedicated Early Inflammatory Arthritis admin coordinator to ensure patients are booked within 3 weeks and to improve slot utilisation. There is increased new patient capacity with locum cover being used for staff absence, but these locums are focusing on service delivery rather than data upload which explains the reduced numbers entered to the audit.

NMSK – Stroke – Sentinel Stroke National Audit Programme (SSNAP)

We achieved the highest rating 'A' for our Stroke Department.

The results of our previous SSNAP showed a reduction in our thrombolysis scores and times to get patients to the stroke unit. We developed a thrombolysis governance meeting to review all cases and assess where we could have improved and then shared learning with the wider team. This has significantly improved our thrombolysis rating from a D to a B. We have also reduced our time for patients to get to the stroke unit which was rated as an E a year ago and has improved to a C, with the set-up of a stroke nurse based in the stroke ED bay, implementation of a stroke hot bed to allow faster transfer of patients to the stroke unit from ED and greater cooperation throughout the pathway.

We have been continuously improving how we are working on the back of the reconfiguration of stroke services in BNSSG since moving to a 24/7 thrombectomy centre in December 2022 and the reconfiguration of all acute stroke services to NBT in May 2023. These fantastic results are a testament to the service organisation leads in terms of staffing, pathway design and engagement with paramedics, ED, radiology, stroke, and neurology teams.

WACH – NICU – National Neonatal Audit Programme (NNAP)

There has been an improvement in deferred cord clamping (72.7%), and we are performing well above the national average. Significant improvement has also been seen in optimising admission TT (80% babies were admitted with optimal TT).

Our outcomes for breastfeeding are particularly good with 76% of babies discharged from NICU with any mother's milk compared to 62% nationally. 2 years follow up was performed in 82% of all eligible infants compared to 74% nationally. Unfortunately, only 53.1% of shifts were numerically staffed according to national guidelines and service specification compared to 71.1% nationally.

We have updated the ROP screen guidance to come in-line with national screening and undertaken a QI project to better document parents being present on ward rounds. We are undertaking ongoing recruitment to better support reaching BAPM standards for nursing support and there QIS is supported by an increased number of placements offered to staff.

We are continuing our work in obtaining BFI accreditation and there is ongoing education of nurses and the medical team regarding correct documentation to minimise administration errors.

■ Get it Right First Time (GIRFT)

GIRFT is a national programme designed to improve medical care within the NHS by reducing unwarranted variations. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies, such as the reduction of unnecessary procedures, and cost savings.

During 2023/24 the new arrangements agreed by the GIRFT Operational Board at NBT for 2022/23 have been embedded into our divisions to strengthen the clinical leadership of this programme in our Trust.

Our Trust's specialty teams have engaged with National GIRFT specialty specific clinical lead and NHS England teams for gateway reviews in 23/24. Led by the GIRFT national clinical lead with clinicians and operational colleagues from across our BNSSG system, these gateway reviews follow the core GIRFT approach of clinician-to-clinician data-driven discussion to develop models of service to aspire to and the pathways to follow to achieve top decile performance as standard across our local healthcare system. These reviews have included Anaesthetics and Pre-operative Medicine, Diabetes, General Surgery, Gynaecology and Pancreatic Cancer.

NBT also continues to progress work on its new Elective Centre, due to be operational in Spring 2025, based on GIRFT principles. The Elective Centre is a joint project between NBT and University Hospitals Bristol and Weston NHS Foundation Trust supported by Bristol, North Somerset and South Gloucestershire Integrated Care Board and NHS England. It will enable an additional 6,500 operations to be carried out across the area every year.

■ Veterans Covenant Healthcare Alliance

Proudly supporting those who serve.

NBT continues working closely with the Community Covenant Steering Groups in Bristol, South Gloucester, and North Somerset to enhance the offer for support for the Armed Forces Family for patients and staff.

We are also in the process of recruiting Armed Forces Champions in our Trust so that they can:

- be a point-of-contact for our Armed Forces employees,
- increase staff awareness of our Armed Forces agenda and NBT's support for the Armed Forces and
- organise activities around nationally observed Armed Forces celebrations and events.



3.3

Patient Experience

Patient and Carer Experience Strategy

In August 2023 we launched our Patient and Carer Experience Strategy for 2023-2026. This new Strategy builds on our Trust Strategy aim to deliver Outstanding Patient Experience.



This strategy focuses on four key commitments:

- 1. Listening to what patients tell us**
- 2. Working together to support and value the individual and promote inclusion**
- 3. Being responsive and striving for the better**
- 4. Putting the spotlight on patient and carer experience**



Under each of these commitments there are several objectives. These are broken down into ‘sustain’ objectives (existing programmes of work where we are looking to continually improve) and ‘stretch’ objectives (new programmes of work where we are looking to implement something different).

Alongside colleagues and patient and carer partners, we chose which of these objectives we wanted to prioritise for year one. We devised a work plan to support the delivery of these objectives. Below is a summary of these, and their progress status.

| Patient & Carer Experience Strategy Commitment | Commitments | Progress Status |
|---|--|---|
| Listening to what patients tell us | We will ensure that the patient experience data given to front-line teams is reliable and reflective of their services. | Data is reliable - no issues since July 2023 |
| | A near real-time feedback offer to patients (for example 15 step challenge or observe and act) | Patient Conversations approach is in place with 3-4 visits taking place monthly across the Trust |
| Working together to support and value the individual and promote inclusion | We will deliver the Accessible Information Standard (AIS). | The Accessible Information Standard Steering Group continues to meet quarterly and is making good progress against the Trust's AIS Action Plan. |
| | We will continue to provide an inclusive person-centred holistic, spiritual, pastoral, and religious care (SPaRC) service. | The SPaRC Strategic Plan on track and being monitored through the Trust's Patient & Carer Experience Group. |
| | We will develop wider representation within our Patient and Carer Partnership, reflecting a broader range of lived experiences and providing insights from specific conditions or demographic backgrounds. | We have welcomed 6 new Patient and Carer Partners this year. We have recruited two partners with lived experience of cancer services, a patient under 30 and a patient with lived experience of mental health. |
| | We want to understand what good patient experience means to all our patients, particularly those seldom-heard voices in our local community so we can act upon this. | We have made significant inroads into understanding the experience of people experiencing homelessness and the Gypsy, Roma and Traveller communities when accessing our services. |
| Being responsive and striving for better | We will consistently respond to 90% of complaints within agreed timescales. | Complaint response compliance has remained at an average of 73% this year, which is below the Trust target. Actions with clinical divisions are in progress to drive improvement. |
| | Improved FFT scores, as set out within our Patient First priorities. | Positive scores have improved Trust-wide this year and have improved across all care domains. |
| | We will ensure our complaint process reflects the new PHSO NHS Complaints Standards. | PHSO NHS Complaints Standards action plan is on track and is monitored through the Divisional Patient Experience Group. |
| | We will optimise our reporting and management of PALS and Complaints through our new quality governance system. | We have successfully moved to our new quality governance digital system Radar, for the management of complaints and PALS. |
| Putting the spotlight on patient and carer experience | We will ensure that the patient's voice is heard from the ward to the Board through patient stories. We will not shy away from hearing stories where things have not gone well. | We have a Patient Stories Framework in place and stories are delivered to the Board in line with the plan. These include a range of challenging concerns and excellent experiences, within key services to optimise the benefits this brings in that key forum. |
| | We will introduce Patient Safety Partners (PSPs) in line with the Framework for Involving Patients in Patient Safety; this work is an integral part of our Patient Safety Strategy | One PSP is in place, and a scoping meeting has taken place with the Head of Patient Safety to explore strengthening the role and further recruitment. |
| | We will increase the visibility of patient experience across the Trust by working with our Communications team and agreeing on a plan for sharing progress and developments within Patient Experience. | We have raised our profile through a quarterly Patient Experience newsletter for colleagues and the public. We have a social media plan and have been actively using X (formerly Twitter) to share our updates. |

Friends and Family Test (FFT)

Listening to what patients tell us: Friend and Family Test (FFT)

The NHS Friends and Family Test (FFT) allows people using our services to give feedback about their experience.

The questions we ask are: **“Overall, how was your experience of our service?”** and, **“Please tell us why you gave your answer.”**

Between 1st April 2023 to 31st March 2024, a total of **103,576** responses were received. This is an increase of **31%** from last year.

Our Trust-wide response rate has remained at 16% and we have improved our positive rating from **91.41%** in 2022/23 to **92.67%** in 2023/24. This is a significant achievement against our commitment to being responsive and striving for better and objective to improve FFT scores.

The table below shows the positive score against each care domain. The arrow indicates whether this has improved, declined, or remained in line with the previous year.

| 2024/25 | Response rate | Rating (positive) | Trajectory |
|----------------------|---------------|-------------------|------------|
| Trust-wide | 16% | 92.67% | ↑ |
| Emergency Department | 20% | 80.03% | ↑ |
| Inpatients | 22% | 89.65% | ↑ |
| Outpatients | 14% | 95.08% | ↑ |
| Birth | 27% | 95.01% | ↑ |
| Day-case | 21% | 96.22% | ↑ |

The table below shows the top positive and negative themes for the past 12 months. These are consistent with the previous year’s positive and negative themes. The top two negative themes, ‘Waiting time’ and ‘Communication’ align with two of the top themes we have heard through PALS concerns and Complaints.

| Top 8 Themes | | | |
|-----------------------|-------|-----------------------|------|
| Positive | | Negative | |
| 1. Staff | 31463 | 1. Waiting Time | 2218 |
| 2. Waiting Time | 14342 | 2. Communication | 1622 |
| 3. Clinical Treatment | 11421 | 3. Staff | 1578 |
| 4. Communication | 6335 | 4. Clinical Treatment | 1136 |
| 5. Environment | 4057 | 5. Environment | 842 |
| 6. Catering | 679 | 6. Discharge | 231 |
| 7. Discharge | 572 | 7. Catering | 170 |
| 8. Staffing levels | 292 | 8. Staffing levels | 112 |

“My experience was very good, I expected a longer wait than I had, and when seen was dealt with in a friendly and efficient manner. Thank you.”

– *Patient in the Emergency Department*

“My experience was very good, although I was very nervous, I was made to feel very comfortable.”

– *Patient in Fluoroscopy*

In our year one work plan we committed to ensuring that the patient experience data (FFT data) given to front-line teams is reliable and reflective of their services. We worked hard with colleagues in our Business Intelligence team to ensure the integrity of our FFT data, ensuring it was correctly attributed to the right teams.

Since July 2023 we have had no data quality issues and we are confident that the data we are providing front-line teams is reliable. Whilst we have achieved this objective, we still have much more work to do to engage front-line teams with their data and this will be a key focus during the 2024/25 financial year.

■ **Complaints and PALS**

Being responsive and striving for better

Complaints

The overall number of formal complaints received by the organisation has fallen by 15% from the previous year to 560.

Under this commitment, we set ourselves an objective to respond to 90% of complaints within agreed timeframes. This is our Trust's internal target. Unfortunately, we have not been able to meet this target. On average, we responded to 73% of complaints within agreed timeframes, which is 4% lower than the previous year. This is disappointing given that we had significantly fewer complaints this year, however benchmarking against other organisations has provided helpful context that this is a relatively good performance considering the challenging operational environment.

Our service continues to be very responsive at initial contact with 100% of complainants receiving an acknowledgement of their complaint within the mandated three working days.

The team has been working through an action plan to ensure the implementation of the new Parliamentary and Health Service Ombudsman standards for complaints handling. We have also updated the Trust's policy for the management of complaints and concerns.

Complaints Lay Review Panel

We are proud of our well-embedded Complaints Lay Review Panel, which continues to evolve. This year they have adjusted their scoring criteria to better reflect the new national guidance, changes to our own policies and Trust values.

The panel reviewed 12 cases (3 per quarter), looking at how we handled the case, providing a score, and noting areas of good practice and opportunities for improvement. A member of the panel continues to attend our Divisional Patient Experience Group meeting to give feedback directly to clinical divisions on the panel's findings.

Patient Advice and Liaison Service (PALS)

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

Whilst the number of formal complaints decreased this year, the number of PALS concerns received has remained consistent with the previous year. This year we received 1,670 PALS concerns compared with 1,668 the previous year.

100% of PALS concerns were acknowledged within 1 working day and 75% were responded to within agreed timeframes.

Feedback from users of PALS shows that 83% would recommend the service and 83% felt their concerns had been listened to.

The PALS and Complaints teams have been working hard in preparation to move across to a new quality governance digital system, Radar. Over the past 12 months, the teams have been working on the project which has included: developing new workflows for complaints and concerns, testing these, building reports and analytics, delivering training to relevant teams, and agreeing on a cutover plan to ensure a smooth transition to the new system from 2nd April 2024.

Compliments

This year we formally logged 5,781 compliments. This is a slight decrease from last year. We know that this is only a small proportion of the total compliments and 'thank yous' received by our staff across the Trust every day.



Patient Experience Spotlight

- ❖ We continue to proactively capture patient stories which are shared at Trust Board, Patient and Carer Experience Committee, Patient Experience Group and Divisional Patient Experience Group to celebrate good practice and identify areas for improvement.
- ❖ We have also introduced a Newsletter for the Patient Experience Team, providing staff, volunteers, and the public with updates about the work we have been undertaking across the whole of Patient Experience.

■ National Patient Survey

The Trust continues to participate in the Care Quality Commission's National Patient Survey programme. In 2023/24 we received results for:

- The Adult Inpatient Survey 2022,
- The Maternity Survey 2023
- The Urgent and Emergency Care Survey 2022

A workshop was held for each survey to review the results and agree on an action plan for areas for improvement. The results and action plans were shared with the Trust Board for each of the surveys.

Adult Inpatient Survey 2022

Patients scored their overall experience whilst in the hospital as 8.3 out of 10. This is the same score as last year and we are pleased to have maintained a good overall experience for our patients despite significant operational pressures on our services.

Maternity Survey 2023

Women and birthing people felt they were treated with respect, dignity, kindness, and compassion. Our scores in this area were top in the Southwest region and were also all above the national average, showing how caring and supportive our teams are of those in our care.

Respondents to the survey said they had confidence and trust in staff during labour and birth, with our score of 9.5 above the national average of 8.7. Women and people in our care felt they were listened to by midwives during antenatal care (9.5, while the average was 9.1).

Urgent and Emergency Care Survey

Most of our patients felt listened to (8.9), had confidence and trust in the doctors and nurses who treated them (8.8) and felt they were given enough privacy (9.1). The Trust also performed better than most other trusts in meeting the communication needs of our patients (7.4) and providing them with suitable food and drink while in the department (7.9).

■ Mental Health

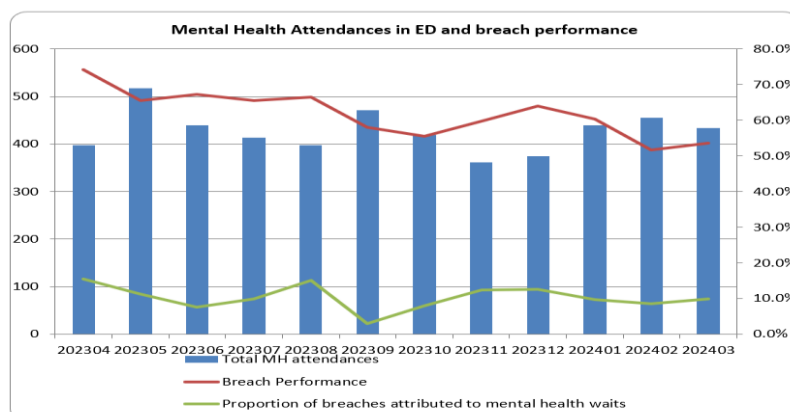
During 2023-24 we have further enhanced the profile of mental health and wellbeing within our acute trust context, recognising that both are equally important in meeting a patient's care needs. We have shaped the following vision and commitments to bring this to the forefront of our collective and individual thinking.

Mental health care vision within NBT:

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

Our commitments:

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





Key achievements in 2023/24:

- One of the Focus Chapters of the NBT Clinical Strategy 2023-2028.
- NBT's first ever Mental Health Strategy developed and will be finalised and published imminently.
- First appointment of 2 part time NBT Mental Health Liaison Consultants.
- The Pelvic Pain Project trial has proven extremely beneficial and interdivisional funding has been agreed to provide the service for a further 6 months.
- Wider discussion with UHBW "Persistent Physical Pain" clinic based in UHBW Mental Health Liaison Team (MHLT) and shared access and resource to extend offer to this patient group across BNSSG within shared vision hospital group.
- A Band 6 MHLT practitioner working weekends to cover essential cases within inpatient caseload.
- Small funding from ICB to commence partial core24 work, which will bring 24/7 emergency zone presence Friday-Sunday and engagement with the Integrated Access Partnership.
- Mental Health training active on LEARN (NBT's internal training system) and through face-to-face training. Mental Health scenario training has also been developed in the Simulation Suite with 3 scenarios inclusive of potential medical emergencies with an 'intelligent mannequin.' Recommended for an upcoming Parliamentary Award 2024.

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

- Deliver Clinical Strategy and our first NBT mental health strategy goals/ KPI's.
- Continue and develop conversation around hospital group working with UHBW specifically on Persistent Physical Pain (PPP) clinic and under 25 young person presentations to emergency departments.
- Continue system conversation and demand for funding for Core 24 appropriate staffing model.
- Model for impacts of Right Care/Right Person Implementation with System partners, specifically Avon & Somerset Constabulary.
- Continuing to work with perinatal teams and shared practice.
- Improve offer to maternity services in form of replication of UHBW mental health maternity services.
- Complete mental health dashboard for emergency medicine and capture MHLT performance and shared escalation tool for all system partners to objectively evidence breach, and delayed transfers of care purely related to mental health.
- To develop a work plan and annual report for the mental health workstream to support the delivery of the Mental Health Strategy.
- To re- structure the MHOG meeting to oversee the governance of mental health performance reporting upward to Patient and Carer Experience Committee.

■ Learning Disabilities & Autism



North Bristol NHS Trust (NBT) Learning Disability and Autism Vision

Working hand in hand with our Community Health, Care Partners and Carers, we will ensure all people with Learning Disabilities, Autistic people or both receive high quality and person-centred individualised care, based on excellent communication.

Meeting the identified needs of patients with learning disabilities, autistic people, or both has remained one of the Trust's priorities for 2023-2024, building on the foundational work throughout 2022-23. This work is being driven by the Learning Disability and Autism (LDA) Steering group, led by the Trust's Associate Chief Nursing Officer for Mental Health, Learning Disabilities and Neurodiversity, a new role established in 2023.

The LDA Steering Group has reviewed the NHS Benchmarking Standards result for 2022 in the BNSSG LeDeR Annual Report (2022), to align the actions to its priorities for the coming year. The themes of the report included constipation, obesity, aspiration pneumonia, catheter care, reasonable adjustments, mental capacity assessments and best interest decision meetings, and late cancer diagnosis leading to poorer outcomes. NBT has again registered to take part in the 2023 NHS Benchmarking Standards and to participate in reviewing its work against the 3 standards required for all acute hospitals:

- **Respecting rights**
- **Inclusion and engagement**
- **Workforce**

The Learning Disability and Autism (LDA) Liaison Team has continued to improve the experience of people with a learning disability, autism, or both. This has included:

- Development and delivery of training, e.g. the Oliver McGowan training, to support staff and enable them to deliver outstanding patient experience.
- Working closely with divisional clinical staff to support patients with LDA through multi-disciplinary team meetings, advocating for patients and involving them in training.
- Working jointly with Sirona and UHBW Liaison Services e.g. development of a single Health Passport that can be recognised across Bristol.
- Improving the alert system on CareFlow and including allergies.
- Development of a new triage process to target direct clinical time of the team.
- Re-audit of ReSPECT form which showed an improvement from the 2022 audit.
- Launch of the Hospital User Group (HUG).
- Supporting a pilot project to improve Outpatients attendance.

LDA Champions:

There are currently 121 LDA Champions recruited from different departments across the Trust to support patients by:

- advocating for people with learning disabilities and their families.
- attending meetings and workshops with support from the LDA Liaison Team
- disseminating good practice and up to date knowledge within their team.
- maintaining resources in their ward or area.

'Poo Matters':

As part of the learning from LeDeR Reports and the NHSE Benchmarking Standard for patients the LDA Liaison Team organised a 'Poo Matters' week in January 2024 to raise awareness of the importance of managing constipation and its related complications for patients with LD and Autistic people while in our care. The Trust collaborated with North Somerset People First which is a charity that supports and advocates for patients with LD/A.

David Harling Report:

In June 2023 NBT received a report following a 2-day quality review of BNSSG ICS by the National Deputy Director for Learning Disability Nursing at NHS England. The report highlighted the positive impact of the Trust's good practice on the system work across the ICB. It also recognised NBT's uniqueness and the excellent work which has been shared with the relevant committees and system partners across the ICB.

Rapid Escalation Review Panel Protocol (RERP):

One of the recommendations from the review was to develop a RERP to support clinicians and those who are caring for LDA patients who may require rapid multi-professional decision-making about their care and treatment. The guiding principle of this protocol is to assure the meaningful inclusion of the person, and their family/carers, to ensure that any differences of opinion between the individual and family and professionals are resolved where possible. The protocol was written with collaboration with people with lived experience, NHS England through David Harling, and supported by system partners.



Experts by Experience:

In 2023 we recruited Olivia, a patient with lived experience, in a paid role to support NBT to co-produce improvement projects and deliver training; ensuring the voice of the person with lived experience is heard and valued.

Olivia also volunteers as a patient partner, is part of the Cancer Improvement Collaborative (an NHS England Improvement project), the BNSSG service user group, as well as being part of the Oliver McGowan mandatory training and supporting the face-to-face training as a peer specialist.

In 2024-25 we plan to recruit a person with lived experience of autism to support programs of improvement for autistic patients.

Actions for Improvement for 2024- 25

Develop and co-produce an Autism policy for the Trust.

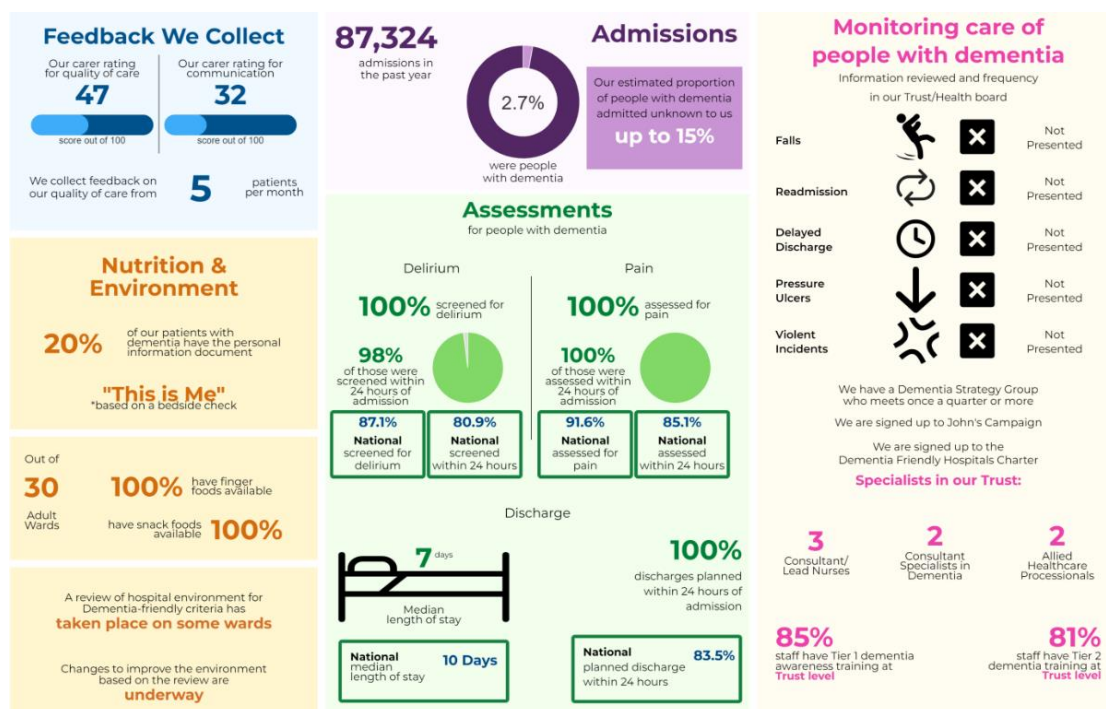
- Continue to grow the Hospital User Group (HUG) for Autistic patients through the community engagement outreach activity.
- Work with BNSSG ICS to monitor training compliance and develop our own in-house trainers for the face-to-face Oliver McGowan tier 2 training.
- Ongoing promotion of reasonable adjustment support / improvements in the hospital.
- General awareness raising of the NHS Benchmarking Standards.
- Source funding for magic tables.
- Develop a LDA Strategic Plan.



■ Dementia

At North Bristol NHS Trust, we are committed to our focus of providing high-quality care for people living with dementia. We are delivering this through our dedicated workforce and amazing volunteers, developing their skills and knowledge through innovation and research.

Our goal is to create a dementia friendly hospital in line with the ambitions of the Challenge on Dementia 2020 (DoH,2015). The National Dementia Action Alliance and Dementia Friendly Hospital Charter (NDAA 2019) supports improving the experience and outcomes for people with dementia in hospital care.



Key improvements 2023/24

- Round 5 of the National Audit of Dementia was completed. The audit used a new sampling methodology and guidance, following successful piloting. The National Report for Round 5 of the audit was published on 10 August 2023.
- Two Dementia Support Workers recruited and in post in the new Transfer of Care Hub supporting patients and carers with discharge across the hospital and community.
- We introduced and sustained a dementia café stall weekly in the atrium every Wednesday that provides information to support carers liaison workers.
- Improved training to create a more skilled workforce:
 - Developed eLearning for dementia level 1 and 2
 - Developed learning for delirium
 - Commenced the face-to-face dementia training for all new HCAs to NBT
 - Adhoc and bespoke training for junior Drs and other staff groups and volunteers

■ End of Life Care

We continue to support delivery of excellent end of life care across the Trust and the identification of patients likely to be in their last year of life. Our improvement work remains underpinned by 'Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026. We actively engage in regular governance and audit to identify not only good practice but also where improvements are required and how we might better provide care to patients across the trust.

Our ethos is to be transparent about the challenges that we face and take a proactive approach to constantly improving end of life care at NBT.

Last Year of Life

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) now has a dedicated Trust lead. Work in this area feeds into the Palliative and End of life strategy group to ensure support is provided and that there is alignment of priorities. Through joint working with the Learning Disabilities team improvements in ReSPECT practice and documentation for this group of patients has been significantly improved.

The competency framework for non-medical practitioners to hold and document ReSPECT conversations is now fully established and increasing numbers of staff are being trained.

Our Ageing Well pilots to improve care in care homes, complex Parkinson's disease and onco-frailty continue. Currently work is underway to identify and support care homes in more deprived areas of BNSSG and find a robust way of identifying GP practices who most need our support.

Last Weeks / Days of Life



We continue to use the Purple Butterfly approach to deliver compassionate, individualised end-of-life care to patients and their families across NBT.

Our Practice Educator role for End-of-Life Care which commenced in October 2021 funded by Health Education England finishes at the end of March 2024. Two experienced CNSs working part time have provided teaching sessions to over 2,240 nurses, doctors, physiotherapists, occupational therapists, and paramedics. We are currently in the process of preparing a business case to fund a substantive three day a week CNS band 7 position to continue delivering this much needed role.

On March 31st 2024, we completed a one-year palliative care support worker pilot project. The two days per week post was modelled on the MacMillan cancer support worker role and was funded by a generous donation to Southmead Charity from a company of funeral directors. Hannah Hopewell who also works as the palliative care team administrator was recruited into the post.

The project aimed to support patients who have end stage non-malignant diseases and their families, providing practical advice and emotional support. Hannah spent time with 27 patients and their families often on multiple occasions over the course of the year and the feedback we received from the people she met was extremely positive. We are hoping to find additional funding to extend this essential role.

Our team of Purple Butterfly volunteers continues to grow. Their many successes include winning the “We support NBT” award at NBT exceptional healthcare awards in November 2023. The volunteers who have been specially trained to support patients and their loved ones when approaching the end-of-life support patient care from giving mouthcare to organising carers passes, listening to patients and their relatives or just providing quiet companionship. The volunteers have received very deserved compliments and positive feedback from staff, patients, and their families.

Care After Death

Our aim is to always treat patients with dignity at all times whilst in our care.

We continue to work alongside the mortuary team delivering bespoke training to ward teams to ensure all care after death is of a high standard.

A new protocol has been developed with the Patient Affairs Team to ensure that the patient’s GP is notified in a timely manner when they die.



Highlights

- ❖ **“Just Ask”** is a quality improvement project funded by **“the Next Best Thing”** and is a one-year project looking at holistic care at end of life at NBT which has been completed and disseminated across the trust. Written results are pending.
- ❖ The Wedding box project funded by Southmead Hospital Charity is a resource to support ward teams who wish to put together a wedding celebration at short notice for patients who want to marry as they approach the end of their life. This includes bunting, alcohol free sparkling wine, an instant camera and photo frames. There is also a memento box for the spouse to keep with treasures such as photographs of the special day.

■ Patient Consent & Shared Decision-Making Programme

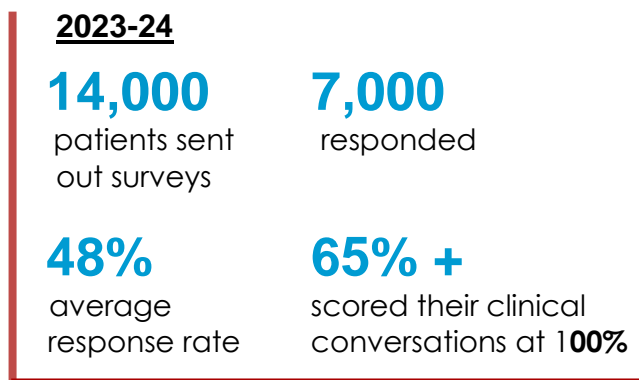
The Patient Consent and Shared Decision-Making projects form part of a larger programme of work providing structure and support to clinically led change projects. This programme has continued to expand in both size and resource through 2023-24, with dedicated project managers and clinical leads in place to ensure the success in delivering these important processes within the patient care journey.

Shared Decision-Making Project

Shared decision making in healthcare refers to a process in which patients and healthcare providers work together to make healthcare decisions. This empowers patients to play an active role in their care and have time to make informed decisions about their health. Benefits have been shown to include increased satisfaction, better outcomes, increased trust and even reduced costs.

Now in its third year, this project has developed new methodologies resulting in a stronger approach to shared decision making for patients consenting to surgical procedures in the Trust. This involves real-time feedback from patients around the quality of consent and decision making, and intervention to provide further support when necessary.

Surveys are sent to patients following a clinical conversation resulting in the decision to have surgery within seven of our surgical specialties at NBT. The aim of this is to ensure patients feel that this conversation was a collaborative process based on both clinical evidence and also the personal preferences, beliefs, and values of the patient.



Any survey returned with a score of 46% or lower triggers an automated process where the team is sent an email to alert us of a potential issue. In 2023-24 this was a total of 204 patients (3% of the returned surveys). The new process being embedded means that these patients are contacted by a member of the team involved in that patient's care. We take time to understand the concerns of the patient and arrange follow-up conversations with their clinician where required.

Next steps include ensuring the process is fully embedded into all elective pathways this year, and to develop communications and information for patients to improve the survey return rate.

Consent Project

At NBT we recognise the challenges in delivering an enhanced consent experience but are dedicated to achieving this over the coming year. With new forms designed to include the patient's voice, the consent process is now being scrutinised to ensure patients have the time to reflect on their care conversations and are aware of their surgical choices.

Many specialties have introduced pre-printed procedure-specific consent forms for their key procedures. Using these during the decision-making process allows for more discussion time within the appointment, and risks, benefits, and other options (including doing nothing) are clearly presented.

The ambition for this project and the clinicians is to introduce a digital consent model, where patients can spend time away from their appointment considering their options with all the necessary information easily available to them.

Where shared decision making and enhanced consent have been embedded into clinical practice, it is making a real difference for patient experience of care. We want all our patients to have an outstanding experience supported by shared decision making.

Feedback from patients on shared decision making:

“[The clinician] showed me my options and he told me everything about them, but he didn’t push one option over another...I feel fully safe and prepared...everyone respected my choice.”

- patient DP

“The health professionals engaged us with care and patience. My consultant instilled in us the confidence that the decision we made was ours and felt in no way rushed.”

- patient Anon

“The nurse practitioner I saw was amazing, she was not pushy and gave me time to think”

- patient Anon

▪ Accessible Information Standard (AIS)

North Bristol NHS Trust (NBT) is committed to the Accessible Information Standard (AIS). Since adopting the Accessible Information Standard Policy, we have made great progress, whilst recognising there is still more to improve.

Our Accessible Information Standard Steering Group has met quarterly since launching in May 2022. The group has great engagement from patient representatives from local Deaf, Visually Impaired and Disabled communities. There is also diverse representation from hospital staff.

The group has effectively contributed to our AIS work over the last year and continues to steer the work described below.

NBT continues to implement the Accessible Information Standard Policy which clearly sets out the Trust's commitment to the standard and staff responsibilities.

We deliver regular training in accessibility throughout the year, which includes working with the West of England Sight Loss Council to train over 130 staff in supporting patients with visual impairments. We have facilitated several Deaf Awareness training sessions through our Sign Language Interpreting Agency, Sign Solutions. We have continued to highlight our e-learning package on LEARN, the trust's online training platform, for accessibility which hosts the NHS England Accessible Information Standard Introduction and Towards Excellence sessions. In addition, we continue to highlight our co-designed a Visual Impairment Awareness session and over 2024/25 plan to add a deaf awareness and digital accessibility session to complete this course.

Our electronic system CareFlow hosts a full list of Accessible Information / Impairment alerts. When a patient has a communication alert on their record it will flag up to the member of staff accessing their record. We are continuing to work on ensuring these alerts are added effectively. To ensure that staff understand how to meet each of the communication needs, we have created an AIS booking for alerts guide which will also be shared Trust-wide.

Key Priorities 2024/25

We are also working as part of the AIS BNSSG (Bristol, North Somerset, and South Gloucestershire) group and our key priorities over 2024/25 as a group include a commitment to implementing the AIS, ensuring disabled people are told well in advance of appointment dates and creating awareness of AIS amongst our patients in BNSSG.

During Spring 2024, we will be delivering an AIS campaign which aims to further raise awareness and increase staff knowledge of the AIS. We aim to promote the AIS, create an AIS toolkit for our intranet, gather insight and feedback from staff, and alongside patient representatives we will visit several departments in person including Outpatients booking team, ED, and Maternity to raise awareness of AIS.

In line with our AIS priorities, we will also be launching Accessibility Inclusion Champions Trust-wide to enhance and further promote the importance of the AIS, promote visual impairment awareness and deaf awareness and signpost to relevant areas where applicable. This will also be highlighted as part of the AIS campaign.

■ Volunteers

This year our amazing volunteers at North Bristol NHS Trust donated **over 42,985 hours** of their time. This is nearly **8,000 hours** more than the previous year.

This year we have increased our active volunteer numbers by 100 and currently have **470 active volunteers** across our sites, conducting 35 different volunteering roles.

New roles

This year we have successfully re-established our **Maternity** and **Bliss** volunteers as well as two new roles, the Patient Feedback role, and Appointment Buddy role. The Appointment Buddy role was developed following a complaint made to the Trust, and the Patient Feedback role has been developed with our volunteers who have helped the role evolve into its wider remit, with greater impact. Developing roles in response to patient feedback and in collaboration with our volunteers has been a notable achievement.

Spotlight on a few of our roles:

NHS Cadets

NHS Cadets is a youth volunteering programme established by NHS England, delivered by St John's Ambulance, in partnership with local NHS trusts. As an NHS Cadet, young people learn about life in healthcare from inspiring professional speakers. They develop key skills, boost their self-confidence, and explore careers in the healthcare sector through volunteering experiences.

With our new cohort of young people who started NHS Cadets in October 2023 now settled into their programmes, we have taken this opportunity to present to them and talk through volunteering opportunities currently available at NBT as well as engaging previous NHS Cadets who are now volunteering in the Trust. These groups include young people who are not in education, employment, or training, who have a learning disability, come from low-income families, are young carers, have mental health conditions or are from ethnic minority backgrounds.

Purple Butterfly Volunteers

There are currently 12 volunteers in this specialist role to support patients and their families experiencing end of life care. The volunteers attend a bespoke two-day training course and are provided with supervision sessions to support their wellbeing. In October 2023, Purple Butterfly Volunteers were winners in the NBT Staff Awards in the '*We Make Improvements to our Patients' Experience*' category. Our volunteers have given a total of **1,071 hours** of volunteering and feel privileged to be able to offer this meaningful support and companionship. The impact they have made is especially shown by the feedback we receive from family members.

Other Ward-based Volunteers

Our ward-based roles have continued to grow, particularly the befriending and mealtimes roles. We have supported many young people in to volunteering, with **11% of roles** being conducted by volunteers **under the age of 19**, and a further **14% aged between 21-39**. This year, our ward-based volunteers donated more than **4,780 hours** of volunteering.

Move Makers

Our Move Makers are one of the first points of contact for most outpatients and ED patients; offering directions, check in support, and transportation to waiting areas. This year the Move Maker buggy conducted **400,000 buggy runs!** The Move Makers have also been a key voice in shaping improvements to the patient journey and provide feedback regarding the check in kiosk, patient letter errors, and signage/map improvements, which is then escalated to the relevant department for resolution.

Fresh Arts Musicians

We have **64 active volunteers** who support our patients and staff wellbeing by offering various roles within Arts regularly within the Atrium and at gate 0, this year they donated over **649 hours** of volunteering hours, featuring **105 musicians**.

“Based on observations of a recent performance. If on average approximately 30 patients, 60 staff and 80 visitors experience each hour of music offered within our public spaces, that suggests our volunteer musicians provided more than 110,000 instances of musical engagement during this financial year.”

- Laura Turner, Music Manager

By July 2023, the team had attracted **12 new applicants** who auditioned with a further **12** more auditioning in February 2024.



Valuing Our Volunteers

We feel it is important to value and genuinely appreciate our volunteers. This is important for morale and retention and meets our values as a Trust. This year we have organised initiatives and events such as:

- Increasing the value of the volunteer meal voucher so that the volunteers are not out of pocket during the cost-of-living crisis.
- Arranging special thank you gifts, a recognition stand, and a communication plan to celebrate Volunteers' Week in June and at Christmas.
- Organising a Volunteer Celebration Event to recognise all the volunteers across the Trust, 170 representatives from most of our volunteer teams attended.
- Presenting 76 long service awards this year in recognition of our volunteers' dedicated service.
- Nominating at least 10 of our volunteers individually for awards, as well as two volunteer teams.

Improving Our Services

We are pleased to be able to share some of our improvements from the past year: We have:

- Introduced the TRAC digital system to recruit our volunteers using Trust software.
- Improved our webpages to introduce a “current opportunities” section to aid online applications.
- Created more accessible mandatory training booklets for our volunteers.
- Launched an X (formerly Twitter) account to share more widely updates and news about our service.
- Attended Trust staff induction to share with new starters information about volunteer boundaries and how to supervisor volunteers.
- Attended recruitment events such as the Allied Health Professional Careers Event and St John Ambulance NHS Cadets National Celebration Event.
- Participated in external working groups such as Helpforce's EDI Capacity Building Support Group and Volunteer Management Capability Framework Group.

■ Patient & Carer Partnership Group

In October 2023 we celebrated the 20th anniversary of the Patient and Carer Partnership, reflected on the impact of the partnership over the past 20 years and thanked all our partners for their incredible contributions.

The partnership continues to grow from strength to strength and continues to meet quarterly and undertake a vast range of activities in between. These include:

- Participating in the Patient Led Assessments of the Care Environment (PLACE)
- Participating in interview panels for new members of both clinical and non-clinical staff
- Reviewing leaflets, posters, and webpages
- Co-designing training
- Attendance at various groups and committees (Patient Safety Committee, Patient and Carer Experience Group, Clinical Effectiveness and Audit Committee to name a few).

As reflected in our workplan, this year our recruitment particularly focused on developing wider representation within our membership to reflect a broader range of lived experiences and providing insights from specific conditions or demographic backgrounds

We have successfully recruited 6 new partners, including two with lived experience of cancer services and a patient with lived experience of mental health. We are proud of the diverse group of partners we have and look forward to continuing to grow and bolster the group further in the coming year.

■ Patient & Community Engagement

Listening to what patients tell us: Local Surveys & Real-Time Feedback

We continue to offer services the opportunity to gather more targeted feedback from patients with local surveys. The aim is that these surveys help us to understand the experience of specific patients, the impact of changes or proposed changes on patients and to understand how we can improve our services.

In addition to this, we have introduced a real-time feedback opportunity called 'patient conversations.' Please see page 12 for more information about this initiative.

Working together to support the individual and promote inclusion

In our year 1 work plan we set ourselves the objective of understanding what good patient experience means to all our patients, particularly those seldom-heard voices in our local community. We successfully recruited a Patient Access and Inclusion Lead into the team to support this work.

We have begun engaging with two groups, those experiencing homelessness and the Gypsy, Roma, and Traveller community. Working with the Voluntary, Community and Social Enterprise (VCSE) sector and partnering with colleagues in Sirona and UHBW, we have been able to start building trusted relationships with these groups to understand better their experience of care and treatment in our services.

We have continued to build on our well-established relationship with the Bristol Sight Loss Council (now West of England Sight Loss Council). The Sight Loss Council was awarded Team

of the Year at the Rodney Powell Volunteer Awards, for the collaborative work with NBT to improve accessibility across healthcare settings and embed the Accessible Information Standard. We look forward to continuing our ongoing work together over the next year.

We have also welcomed Healthwatch on-site to run a monthly feedback stall from our hospital atrium and value the feedback they share with us. In December 2023, we commissioned Healthwatch to undertake a project for us, looking into the experiences of those waiting for surgery (specifically from areas of low deprivation, patients with LD&A and other marginalised groups). We await the outcome of this report and actioning the findings in 2024/2025.

In January 2024, we welcomed five young carers to undertake the 15-step-challenge in three of our inpatient ward areas. This marks the start of our work with the Carers Support Centre and Young Carers Group to better understand their experience of accessing our services with the person they care for. We have been able to use their feedback to draw up an action plan which we will work through in the next year, asking the group to check and challenge our progress.

We have also been an early supporter of the 'Young Carers Covenant' and were one of four organisations noted as having pledged commitment to the Covenant at the time of its launch in March 2024. For more information about the Covenant please see the link [The Young Carers Covenant - Carers Trust](#).

In February 2024 we hosted the Bristol Deaf Health Partnership for the first face-to-face meeting of the group since before COVID-19.

Part 4: Annex



Annex 1:

A Statement of Directors' Responsibilities for the Quality Report

The Directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year.

The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

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

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

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

By order of the Board



Ingrid Barker
Joint Chair

Date: 28.06.2024

Annex 2:

Quality Account Engagement External Stakeholder Consultation

The draft Quality Account was circulated to the organisations listed below for review and comment during the period 9th May to 7th June 2024.

- Healthwatch Bristol, North Somerset and South Gloucestershire
- North Bristol Patient and Carer Partnership Group
- Bristol, North Somerset and South Gloucestershire Integrated Care Board
- Bristol Local Authority Health Scrutiny Committee
- North Somerset Local Authority Health Overview and Scrutiny Panel
- South Gloucestershire Local Authority Public Health Scrutiny Committee
- NHS England Specialised Commissioning—South-West

All comments received have been included in this report.

Annex 3:

Statements from External Stakeholders



Bristol, North Somerset and South Gloucestershire Integrated Care Board

Bristol, North Somerset, and South Gloucestershire (BNSSG) Integrated Care Board (ICB) welcome the opportunity to comment on the North Bristol NHS Trust (NBT) quality account 2023/24. The ICB in BNSSG acknowledge that the report is in draft form and additional information may still need to be added prior to final publication, so please accept our observations on that basis.

The information presented has been reviewed and is in line with that provided and presented to the ICB through reports and meetings to provide quality assurance.

NBT is a large acute trust providing services to the local population and specialist services to the population of the southwest. 2023-24 saw the highest numbers ever seen in the Emergency Department (March 2024), this along with challenges in discharging patients and industrial action created many challenges. Despite the challenges NBT strived for improvements to improve the patient experience.

The ICB in BNSSG would like to acknowledge the hard work and dedication of the staff at the Trust who strive, day in and out, to provide high quality and safe care for the people it serves.

This Quality Account is comprehensive, easy to read with pictures / illustrations that complement the text well and support reader engagement. The Quality Account clearly reflects the challenges the Trust has faced over the past 12 months, including the significant pressures experienced by acute & emergency services and recovery from the coronavirus pandemic. The Trust's strategic goals, annual commitments and quality of service priorities are clearly set out and underpinned with the Trust's improvement methodology, Patient's First.

The Quality Account reflects well on key achievements over the previous 12 months including quality of service achievements, a focus on patient experience, as well as performance effectiveness. These include a new BNSSG Teledermatology pathway for urgent suspected cancer, skin cancer numbers are growing year on year. The pathway has been piloted with four primary care networks allowing GPs and their patients quicker appropriate access to specialist services. NBT, through the falls prevention and management team have reduced the number and harm caused by falls. Significant reductions in Ambulance Handover Times have improved ambulance availability reducing pressure and delays.

BNSSG ICB supported NBT's priorities for 2023-24 and acknowledge their achievements in these areas. The priorities were:

1. We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions.
2. We will support our patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result.
3. We will minimise patient harm whilst experiencing care and treatment within NBT services.
4. We will demonstrate a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.
5. We will make Maternity and Neonatal care safer, more personalised, and more equitable.

NBT are to be recognised for the achievements and improvements demonstrated in the Quality Account. The examples given demonstrate achievements at corporate level, Divisional level, and Local level.

Within the Quality Account, there is a strong focus on patient safety, quality improvement and patient experience, and clear quality of service priorities for the 12 months ahead, including:

1. To provide outstanding patient experience consistently putting patients first and at the core of decisions and services through shared decision-making and respecting their choice.
2. To support patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result.
3. To minimise patient harm whilst experiencing care and treatment within NBT services.
4. To demonstrate a proactive and positive culture of safety based on openness and honesty.
5. To plan for demographic changes in the local population and respond to health inequalities.

Throughout 2023-24 NBT have consistently collaborated with staff, patients, carers, the public and system partners. They have demonstrated their intention to work for the good of the system and this is to be applauded.

The ICB in BNSSG thanks NBT for sharing their Quality Account 2022-23. We look forward to continuing to work with NBT over the coming months and support them in areas that require further development or expansion to support patient safety, experience, and quality improvement. The ICB will continue to support NBT with the development and implementation of Quality Improvement plans within the Integrated Care System.

Michael Richardson

Deputy Chief Nursing Officer

On behalf of Bristol, North Somerset, and South Gloucestershire ICB

Together we are BNSSG

Bristol Local Authority Health Scrutiny Committee

Members' comments are summarised below:

1. The format and presentation of information is welcomed, and the clarity of information about objectives and related actions. It is helpful to include the commitment, narrative and current position highlighted in the respective sections of the document. This makes the document easy to read and relevant.
2. It is noted that all the different Trusts approach this task in a different way, and it would be great to see a set of core indicators. So, for example, one report from a Trust listed recruitment and retention as a key quality indicator and it would be good to see that across the Quality Account reports to give an assessment of what the 'Bristol Market' is like. Similarly, there must be some other aspects that could be compared such as Accident and Emergency waits that would give a better idea of the overall position across the BNSSG area as a whole.
3. Page 58: The 'A' rating for the Stroke Department is welcomed. This shows that the realignment of services appears to be working. Was this service/department 'A' rated beforehand?
4. Page 63: Friends and Family Test – Top 8 themes: in the 'negative' column, two aspects are highlighted that seem surprising and would benefit from more explanation. One is around 'clinical treatment', the other about 'staff', both figures are quite high. Can further detail be provided as people normally rate these things highly. Negative experience of aspects like waiting times are understandable and can be seen as a facet of NHS resource issues but this seems unusual and could do with more explanation.

Ian Hird

Policy Committee Co-ordinator

On behalf of Bristol Local Authority Health Scrutiny Committee

Bristol City Council

NHS England Specialised Commissioning - South-West

We welcome the opportunity to comment on the Trust quality accounts for 2023/24.

The shared values of all NHS organisations include working together for patients, commitment to quality of care and Improving health and care outcomes. We are pleased to see these values are reflected in to the 2023/24 quality account and note the Trust continues to embed its 'Patient First' approach, a tried and tested evidence-based way of supporting staff to identify new and even better ways of putting our patients first.

We recognise the significant challenges faced by the Trust during 2023, particularly addressing the backlog of patients waiting for planned treatment and meeting cancer performance standards. We are very pleased the Trust has made substantial improvements during the year, including a reduction in the total cancer waiting list, despite increased demand and a backdrop of national industrial action.

Of particular note is the timely progression of patient pathways in Urology, efforts to reduce the time between testing to reporting for mpMRI, and an increase in capacity for LATP biopsy in the Prostate pathway.

We note the future plans for 2024/25 include cancer performance, with improvements under the Faster Diagnosis Standard, which will support improvements in 62 day waiting times and wider cancer performance against national standards.

We are pleased to note the ongoing work undertaken in 2023/24 to implement the national Patient Safety Strategy and Patient Safety Incident Response Framework (PSIRF). We note the Trust local priorities for safety are reflected in the updated patient safety incident response plan (PSIRP). We look forward to supporting a collaborative approach to oversight of incidents in specialised services, with a systems-based approach focussed on learning and compassionate involvement of everyone affected.

As commissioners of neonatal care, we welcome the commitment to make maternity and neonatal care safer and the progress that has been made in implementing the recommendations from national reviews (Ockenden 11 & Kirkup). We look forward to receiving updates on progress against the three-year delivery plan for maternity and neonatal care which was published in March 2023, and is now in its second year.

Finally, we look forward to working in partnership with the Trust in 2024/25 to drive improvements in outcomes for patients through high quality innovative care.

Fiona Boyd

Head of Quality Direct Commissioning South West
NHS England – South West

Healthwatch Bristol, North Somerset and South Gloucestershire
North Bristol Patient and Carer Partnership Group
North Somerset Local Authority Health Overview and Scrutiny Panel
South Gloucestershire Local Authority Public Health Scrutiny Committee
No comments received.

Annex 4:

CQUINS

Commissioning for Quality and Innovation (CQUIN)

| CQUIN | Q1 | Q2 | Q3 | Q4 |
|---|------|------|-----|-----|
| CCG1: Flu vaccinations for frontline healthcare workers (Min 75%, Max 80%) | | | 53% | 54% |
| CCG2: Supporting patients to drink, eat and mobilise (Dr EaMing) within 24hours of surgery ending. (Min 70%, Max 80%) | 96% | 96% | 89% | 89% |
| CCG3: Prompt switching of intravenous to oral antimicrobial treatment, achieving 40% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria. Please note that for this indicator, a LOWER % = better performance (Min 60%, Max 40%) | 11% | 8% | 9% | 11% |
| CCG5: Description Identification and response to frailty in emergency departments. (Min 10%, Max 30%) | 52% | 54% | 56% | 55% |
| CCG7: Recording of and appropriate response to NEWS2 score for unplanned critical care admissions. (Min 10%, Max 30%) | 65% | 57% | 57% | 83% |
| CCG8: Achievement of revascularisation standards for lower limb Ischaemia (within 5 days for non-elective admission). (Min 45%, Max 65%) | 56% | 44% | 71% | 47% |
| CCG10: Treatment of non-small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway. (Min 80%, Max 85%) | 100% | 100% | 90% | 78% |
| CCG 11: Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery. (Min 65%, Max 75%) | 91% | 92% | 92% | 91% |

Annex 5:

National Clinical Audits (and number of local audits)

NHS England Quality Accounts List 2023-24

The table below lists the National Clinical Audits, Clinical Outcome Review Programmes and other national quality improvement programmes which NHS England advises Trusts to prioritise for participation and inclusion in their Quality Accounts for 2023-24.

There are 74 individual projects listed for inclusion in the Quality Account. Of these, NBT is eligible to participate in 56 (75.7%). Of these, NBT is so far confirmed to be participating in 51 (91%).

| Programme/Workstream | | | Provider Organisation | NBT Eligible? | NBT Participating? | |
|----------------------|----|---|---|---|--------------------|-----|
| 1 | 1 | Adult Respiratory Support Audit | British Thoracic Society | Yes | Yes | |
| 2 | 2 | BAUS Nephrostomy Audit | The British Association of Urological Surgeons (BAUS) | Yes | Yes | |
| 3 | 3 | Breast and Cosmetic Implant Registry | NHS Digital | Yes | Yes | |
| 4 | 4 | British Hernia Society Registry | British Hernia Society | Yes | TBC | |
| 5 | 5 | Case Mix Programme (CMP) | Intensive Care National Audit & Research Centre (ICNARC) | Yes | Yes | |
| 6 | 6 | Child Health Clinical Outcome Review Programme1 | National Confidential Enquiry into Patient Outcome and Death (NCEPOD) | No | N/A | |
| 7 | 7 | Cleft Registry and Audit Network (CRANE) Database | Royal College of Surgeons of England (RCS) | No | N/A | |
| 8 | 8 | Elective Surgery (National PROMs Programme) | NHS Digital | Yes | TBC | |
| 9 | 9 | Emergency Medicine QIPs: a) Care of Older People | Royal College of Emergency Medicine | Yes | Yes | |
| | 10 | Emergency Medicine QIPs: b) Mental Health (Self-Harm) | | Yes | Yes | |
| 10 | 11 | Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People1 | Royal College of Paediatrics and Child Health | No | N/A | |
| 11 | 12 | Falls and Fragility Fracture Audit Programme (FFFAP): | Royal College of Physicians | a) Fracture Liaison Service Database (FLSDB)1 | Yes | Yes |
| | 13 | | | b) National Audit of Inpatient Falls (NAIF)1 | Yes | Yes |
| | 14 | | | c) National Hip Fracture Database (NHFD)1 | Yes | Yes |

| Programme Workstreams | | | Provider Organisation | NBT Eligible? | NBT Participating? | |
|-----------------------|----|--|---|-----------------------------|--------------------|-----|
| 12 | 15 | Improving Quality in Crohn's and Colitis (IQICC) [Note: previously named Inflammatory Bowel Disease (IBD) Audit] | IBD Registry | Yes | Yes | |
| 13 | 16 | Learning from lives and deaths of people with a learning disability and autistic people (LeDeR) | NHS England | Yes | Yes | |
| 14 | 17 | Maternal, Newborn and Infant Clinical Outcome Review Programme | University of Oxford / MBRRACEUK collaborative | Yes | Yes | |
| 15 | 18 | Medical and Surgical Clinical Outcome Review Programme | National Confidential Enquiry into Patient Outcome and Death (NCEPOD) | Yes | Yes | |
| 16 | 19 | Mental Health Clinical Outcome Review Programme | The University of Manchester / National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) | No | N/A | |
| 17 | 20 | National Adult Diabetes Audit (NDA): | a) National Diabetes Footcare Audit (NDFA) | NHS Digital | Yes | Yes |
| | 21 | | b) National Diabetes Inpatient Safety Audit (NDISA) | | Yes | Yes |
| | 22 | | c) National Pregnancy in Diabetes Audit (NPID) ¹ | | Yes | Yes |
| | 23 | | d) National Diabetes Core Audit | | Yes | Yes |
| 18 | 24 | National Asthma and COPD Audit Programme (NACAP): | a) COPD Secondary Care | Royal College of Physicians | Yes | Yes |
| | 25 | | b) Pulmonary Rehabilitation | | Yes | Yes |
| | 26 | | c) Adult Asthma Secondary Care ¹ | | Yes | Yes |
| | 27 | | d) Children and Young People's Asthma Secondary Care | | No | N/A |
| 19 | 28 | National Audit of Cardiac Rehabilitation | University of York | Yes | Yes | |
| 20 | 29 | National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPprevent) | NHS Benchmarking Network | No | N/A | |
| 21 | 30 | National Audit of Care at the End of Life (NACEL) | NHS Benchmarking Network | Yes | Yes | |
| 22 | 31 | National Audit of Dementia (NAD) | Royal College of Psychiatrists | Yes | Yes | |

| Programme/Workstream | | Provider Organisation | NBT Eligible? | NBT Participating? | |
|----------------------|----|---|---|--------------------|-----|
| 23 | 32 | National Audit of Pulmonary Hypertension | NHS Digital | No | N/A |
| 24 | 33 | National Bariatric Surgery Registry | British Obesity and Metabolic Surgery Society | Yes | Yes |
| 25 | 34 | National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer | Royal College of Surgeons of England (RCS) | Yes | Yes |
| 26 | 35 | National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer | Royal College of Surgeons of England (RCS) | Yes | Yes |
| 27 | 36 | National Cardiac Arrest Audit (NCAA) | Intensive Care National Audit & Research Centre (ICNARC) | Yes | TBC |
| 28 | 37 | a) National Adult Cardiac Surgery Audit (NACSA) | National Institute for Cardiovascular Outcomes Research (NICOR) hosted at NHS Arden and Greater East Midlands CSU | Yes | Yes |
| | 38 | b) National Congenital Heart Disease Audit | | Yes | Yes |
| | 39 | c) National Heart Failure Audit (NHFA) | | Yes | Yes |
| | 40 | d) National Audit of Cardiac Rhythm Management (CRM) | | Yes | Yes |
| | 41 | e) Myocardial Ischaemia National Audit Project (MINAP) | | Yes | Yes |
| | 42 | f) National Audit of Percutaneous Coronary Intervention (NAPCI) | | Yes | Yes |
| | 43 | g) National Audit of Mitral Valve Leaflet Repairs (MVLRL) | | No | No |
| | 44 | h) The UK Transcatheter Aortic Valve Implantation (TAVI) Registry | | No | No |
| 29 | 45 | National Child Mortality Database (NCMD) ¹ | University of Bristol | No | N/A |
| 30 | 46 | National Clinical Audit of Psychosis (NCAP) | Royal College of Psychiatrists | No | N/A |

| Programme/Workstream | | Provider Organisation | NBT Eligible? | NBT Participating? | | |
|----------------------|----|---|--|---|-----|-----|
| 31 | 47 | National Comparative Audit of Blood Transfusion | a) 2023 Audit of Blood Transfusion against NICE Quality Standard 138 | Yes | Yes | |
| | 48 | | b) 2023 Bedside Transfusion Audit | Yes | Yes | |
| 32 | 49 | National Lung Cancer Audit* | Royal College of Surgeon | Yes | Yes | |
| 33 | 50 | National Emergency Laparotomy Audit (NELA) | Royal College of Anaesthetists | Yes | Yes | |
| 34 | 51 | National GastroIntestinal Cancer Audit | a) National Bowel Cancer Audit (NBOCA) | Royal College of Surgeons of England (RCS) | Yes | Yes |
| | 52 | Programme (GICAP): | b) National Oesophago-Gastric Cancer Audit (NOGCA) | | Yes | No |
| 35 | 53 | National Joint Registry | Healthcare Quality Improvement Partnership (HQIP) | | Yes | Yes |
| 36 | 54 | National Lung Cancer Audit (NLCA) | Royal College of Surgeons of England (RCS) | Yes | Yes | |
| 37 | 55 | National Maternity and Perinatal Audit (NMPA) | Royal College of Obstetricians and Gynaecologists | Yes | Yes | |
| 38 | 56 | National Neonatal Audit Programme (NNAP) | Royal College of Paediatrics and Child Health | Yes | Yes | |
| 39 | 57 | National Obesity Audit (NOA) | NHS Digital | Yes | No | |
| 40 | 58 | National Ophthalmology Database (NOD) Audit | National Cataract Audit | The Royal College of Ophthalmologists (RCOphth) | No | N/A |
| 41 | 59 | National Paediatric Diabetes Audit (NPDA) | | Royal College of Paediatrics and Child Health | No | N/A |
| 42 | 60 | National Prostate Cancer Audit (NPCA) | | Royal College of Surgeons of England (RCS) | Yes | Yes |
| 43 | 61 | National Vascular Registry (NVR) | | Royal College of Surgeons of England (RCS) | Yes | Yes |
| 44 | 62 | Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) | | University of Warwick | No | N/A |
| 45 | 63 | Paediatric Intensive Care Audit Network | | University of Leeds / University of Leicester | No | N/A |

| | | | | | |
|----|----|--|---|-----|-----|
| | | (PICANet)1 | | | |
| 46 | 64 | Perinatal Mortality Review Tool (PMRT) | University of Oxford / MBRRACEUK collaborative | Yes | Yes |
| 47 | 65 | Perioperative Quality Improvement Programme | Royal College of Anaesthetists | Yes | Yes |
| 48 | 66 | Prescribing Observatory for Mental Health (POMH): | a) Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services | No | N/A |
| 48 | 67 | | b) Monitoring of patients prescribed lithium | No | N/A |
| 49 | 68 | Sentinel Stroke National Audit Programme (SSNAP)1 | King's College London | Yes | Yes |
| 50 | 69 | Serious Hazards of Transfusion UK National Haemovigilance Scheme | Serious Hazards of Transfusion (SHOT) | Yes | Yes |
| 51 | 70 | Society for Acute Medicine Benchmarking Audit | Society for Acute Medicine | Yes | Yes |
| 52 | 71 | The Trauma Audit & Research Network (TARN) | The Trauma Audit & Research Network (TARN) | Yes | Yes |
| 53 | 72 | UK Cystic Fibrosis Registry | Cystic Fibrosis Trust | No | N/A |
| 54 | 73 | UK Renal Registry Chronic Kidney Disease Audit | UK Kidney Association | Yes | Yes |
| 55 | 74 | UK Renal Registry National Acute Kidney Injury Audit | UK Kidney Association | Yes | Yes |

Annex 6:

Learning from Deaths

| | |
|------|---|
| 27.1 | <p>During 2023/24 2,084 of NBT's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:</p> <p>494 in the first quarter 480 in the second quarter 546 in the third quarter 564 in the fourth quarter</p> |
| 27.2 | <p>By 07/06/2024, 2,084 case record reviews and 7 investigations have been carried out in relation to 2,084 of the deaths included in item 27.1. In 7 cases a death was subjected to both a case record review and investigation.*</p> <p>The number of deaths in each quarter for which a case record review or an investigation was carried out was:</p> <p>494 in the first quarter 480 in the second quarter 546 in the third quarter 564 in the fourth quarter</p> |
| 27.3 | <p>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:</p> <p>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</p> |
| 27.4 | <p>Recent learning from deaths identified in item 27.3:</p> <p>Not applicable</p> |
| 27.5 | <p>Recent actions undertaken as a result of the learning outlined in item 27.4:</p> <p>Not applicable</p> |
| 27.6 | <p>The impact of the actions undertaken in section 27.5</p> <p>Not applicable</p> |
| 27.7 | <p>5 case record reviews and 0 investigations completed after 07/06/2023 which related to deaths which took place before the start of the reporting period.</p> |
| 27.8 | <p>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.</p> |
| 27.9 | <p>0 representing 0% of the patient deaths during 2022/23 are judged to be more likely than not to have been due to problems in the care provided to the patient.</p> |

Annex 7:

Mandatory Indicators

| | Mandatory indicator | NBT Most Recent | National average | National best | National worst | NBT Previous |
|----|---|---|---------------------|------------------|-------------------|-----------------|
| 12 | Summary Hospital-level Mortality Indicator (SHMI) value and banding | February 2023 – January 2024 NBT Score 0.93 (<i>Peer average 1.00</i>) | | | | |
| | 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. | | | | | |
| 18 | Patient Reported Outcome Measures – No. of patients reporting an improved score; | | | | | |
| | Hip Replacement Primary EQ-VAS | 2022/23 NBT score not data (England average 69.2%) 2021/22 NBT score 66.7% (England average 69.8%) | | | | |
| | Hip Replacement Primary EQ 5D | 2022/23 NBT score no data (England average 91.1%) 2021/22 NBT score 100.0% (England average 90.1%) | | | | |
| | Knee Replacement Primary EQ-VAS | 2022/23 NBT score no data (England average 60.9%) 2021/22 NBT score 100.0% (England average 61.3%) | | | | |
| | Knee Replacement Primary EQ 5D | 2022/23 NBT score no data (England average 83.5%) 2021/22 NBT score 100.0% (England average 82.4%) | | | | |
| | Varicose vein, Groin hernia | Not applicable | | | | |
| | The Trust considers that this data is as described as it is obtained directly from NHS Digital. | | | | | |
| 19 | Emergency readmissions within 28 days of discharge: age 0-15 | <i>Data not available</i> | | | | |
| | Emergency readmissions within 28 days of discharge: age 16 or over | <i>Data not available</i> | | | | |
| | Comparative data since November 2011 is not currently available from the Health & Social Care Information Centre. | | | | | |

| | Mandatory indicator | NBT Most Recent | National average | National best | National worst | NBT Previous |
|----|--|--------------------|---------------------|------------------|-------------------|---------------------------|
| 23 | Venous thromboembolism (VTE) risk assessment | | | | | 94.51% Apr 21 - Mar21 |
| | <p>As of 1 April, 2024 the VTE collection has restarted. Following feedback, the VTE Risk Assessment Data Collection was reinstated from April 2024, with the first submission due in July 2024..</p> <p>https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/venous-thromboembolism-vte-risk-assessment-collection</p> | | | | | |
| 24 | Clostridium difficile rate per 100,000 bed days (patients aged 2 or over) - Trust apportioned cases only | 11.4 2022/23 | 18.5 2022/23 | 0 2022/23 | 73.3 2022/23 | 18.2 2021/22 |
| | <p>The Trust considers that this data is as described as it is directly extracted from Public Health England National Statistics and the trend variation from previous year is consistent with internal data intended to inform ongoing improvement actions.</p> <p>*Latest national data published on https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data</p> | | | | | |
| 25 | Rate of patient safety incidents reported per 1,000 bed days | | | | | 52.8 Oct 20— Mar 21 |
| | Rate of patient safety incidents resulting in severe harm or death per 1,000 bed days | | | | | 0.29 Oct 20— Mar 21 |
| | <p>Update 2 March 2023: Following the merger of NHS Digital and NHS England on 1st February 2023 we are reviewing the future presentation of the NHS Outcomes Framework indicators. As part of this review, the annual publication which was due to be released in March 2023 has been delayed. Further announcements about this dataset will be made on this page in due course.</p> | | | | | |
| 20 | Responsiveness to inpatients' personal needs | | | | | 76.1 2020/21 |
| | <p>Update 2 March 2023: Following the merger of NHS Digital and NHS England on 1st February 2023 we are reviewing the future presentation of the NHS Outcomes Framework indicators. As part of this review, the annual publication which was due to be released in March 2023 has been delayed. Further announcements about this dataset will be made on this page in due course.</p> | | | | | |
| 21 | Percentage of staff who would be happy with standard of care provided if a friend or relative needed treatment | | | | | 77.3% 2022 |
| | <p>Update 2 March 2023: Following the merger of NHS Digital and NHS England on 1st February 2023 we are reviewing the future presentation of the NHS Outcomes Framework indicators. As part of this review, the annual publication which was due to be released in March 2023 has been delayed. Further announcements about this dataset will be made on this page in due course.</p> | | | | | |

Glossary

| | | | |
|-----------------|---|----------------|--|
| AIS | Accessible Information Standard | MDT | Multidisciplinary Team |
| BNSSG | Bristol, North Somerset & South Gloucestershire | ME | Medical Examiner |
| BSOTS | Birmingham-Specific Obstetric Triage System | MEO | Medical Examiner Officer |
| CQC | Care Quality Commission | MHLT | Mental Health Liaison Team |
| CCG | Clinical Commissioning Group | MRRACE | Mothers and Babies Reducing Risk through Audits and Confidential Enquiries |
| C-Diff | Clostridium Difficile | mpMRI | Multi-parametric Magnetic Resonance Imaging |
| CSPR | Child Safeguarding Practice Reviews | MRSA | Methicillin-Resistant Staphylococcus Aureus |
| CQUINS | Commissioning for Quality and Innovation | MSSA | Meticillin-Sensitive Staphylococcus Aureus |
| CNO | Chief Nursing Officer | NBT | North Bristol NHS Trust |
| DHR | Domestic Homicide Reviews | NDAA | National Dementia Action Alliance |
| DQIPS | Data Quality Improvement Plans | NEWS | National Early Warning Scores |
| DSP | Data Security & Prevention | NHS | National Health Service |
| DSPT | Data Protection and Security Toolkit | NHSE | National Health Service England |
| DoLS | Deprivation of Liberty Safeguards | NICU | Neonatal Intensive Care Unit |
| E-Coli | Escherichia Coli | NIHR | National Institute for Health Research |
| ED | Emergency Department | NMAHP | Nursing Midwifery and Health Professionals |
| EDI | Electronic Data Interchange | NRLS | National Reporting and Learning System |
| EMIS | Egton Medical Information System | PALS | Patient Advice and Liaison Service |
| FDS | Faster Diagnosis Standard | PAS | Patient Administration System |
| FFT | Friends and Family Test | PCN | Primary Care Network |
| FTSU | Freedom to Speak Up | PDF | Postgraduate Doctors Forum |
| GOSW | Guardian of Safe Working Hours | PGD | Postgraduate Doctor |
| GP | General Practitioner | PGDF | Postgraduate Doctors Forum |
| GIRFT | Getting It Right First Time | PLACE | Participating in Patient Lead Assessments of the Care Environment |
| HCAAs | Health Care Assistants | POCT | Point of Care Testing |
| HCAI | Healthcare Associated Infection | PREMS | Patient Reported Measures |
| HEE | Health Education England | PREVENT | Prevention of Recurrent Venous Thromboembolism |
| HES | Hospital Episode Statistics | PSIRP | Patient Safety Incident Response Plan |
| HSDR | Health & Social Care Delivery Research | PSIRF | Patient Safety Reporting Framework |
| HUG | Hospital User Group | RCF | Research Capability Funding |
| ICA | Integrated Clinical Academic | RERP | Rapid Escalation Review Panel |
| ICB | Integrated Care Board | RTT | Referral to Treatment |
| ICS | Integrated Care system | SAR | Safeguarding Adult Reviews |
| IM&T | Information Management & Technology | SDM | Shared Decision Making |
| IST | Integrated Safeguarding Team | STT | Straight to Test |
| KLOE | Key Lines of Inquiry | TNA | Trainee Nursing Associates |
| | | TOC | Transfer of Care |
| LATP | Local Anaesthesia Trans-perineal | TVN | Tissue Viability Nurse |
| LDA | Learning Disability & Autism | TVS | Tissue Viability Service |
| LDKT | Living Donor Kidney Transplantation | UEC | Urgent and Emergency Care |
| LGBTQ | Lesbian, Gay, Bisexual, Transgender, Queer | UHBW | University Hospitals Bristol and Weston |
| LDALT | Disability & Autism Liaison | UKHSA | UK Health Security Agency |
| LFPSE | Learn from Patient Safety Events | UWE | University of the West of England |
| LTFT | Less Than Full-Time | USC | Urgent Suspected Cancer |
| MCA | Mental Capacity Act | VCSE | Voluntary, Community and Social Enterprise |
| MCA/DoLS | Mental Capacity Act/Deprivation of Liberty Safeguards | WaCH | Women and Children |



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