



Quality Account 2024/25

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1.1 Introduction from the Chief Executive



Maria Kane OBE
Joint Chief Executive
NBT & UHBW



Welcome to **North Bristol NHS Trust's Quality Account 2024/25**, where we share details of the quality of the services we provide and assess our performance against key priorities.

Looking back on 2024/25 I am pleased to report that we have seen some great improvements in our performance and growth as an organisation.

We had one of our strongest recent years for operational gains. We eliminated all 65-week waits, consistently delivered diagnostics within the national 1% threshold, and returned our cancer Faster Diagnosis Standard to over 83%. These are not just numbers—they represent **faster access, reduced anxiety and better outcomes for our patients**.

Over the last year we made further progress towards becoming a **Hospital Group with University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)**, and we formally announced the formation of **Bristol NHS Group** just after the year ended. The group unites the two Trusts to transform the way healthcare is delivered locally, with a clear focus on making a difference for our Patients, our People, the Populations we serve and the Public purse – our 'Four Ps'.

Work has progressed on the new **Bristol Surgical Centre** at Southmead Hospital, a joint project with UHBW, which will increase capacity across the city by freeing up theatre space at both organisations, further reducing waiting times for patients across Bristol, North Somerset and South Gloucestershire. This exciting project demonstrates how we are working more closely together across Bristol and Weston to improve care, avoid duplication and help streamline pathways to improve the experience of our patients.

At the start of 2024/25 we saw the opening of our **Community Diagnostic Centre** at Cribbs Causeway – one of the biggest in the country – increasing our capacity for diagnostic tests, while also bringing appointments closer to where patients live, work and shop. There has been fantastic feedback from patients using this new facility and it has supported our improvements against the national standard.

We received some **positive results in national patient surveys** conducted by the Care Quality Commission. In the annual maternity survey, we ranked second in the UK for women's experiences during labour and birth, and third nationally for the care that staff provided. In the Emergency Department survey, we ranked 15th in the country overall, with 94% of patients sharing that they were treated with respect and dignity.

Along with our colleagues at UHBW, North Bristol NHS Trust has been using the **Patient First** approach to support us in improving our services, achieving our improvement priorities and meeting our ultimate aim of providing an outstanding patient experience.

Our key quality priorities align with Patient First, and its focus on just a small number of critical priorities to drive improvements, focusing on the themes of **Outstanding Patient Experience** and providing **High Quality Care** that is **Better by Design**.

On the whole, we have seen some positive performances against these priorities and some real cause for celebration. However, our **Emergency Department four-hour performance remained challenged**, driven by high bed occupancy and complex discharge delays. This will be an area of continued focus for us over the next year as we continue to work with our community partners on new integrated models, virtual wards and innovations in urgent care flow.

We developed our approach to receive real-time feedback from patients by enlisting the support of volunteers for **Patient and Carer Conversations** and trialing a digital Patient Experience Platform (PEP). These projects helped us capture a diverse range of patient stories so we can celebrate good practice and identify areas for improvement.

This year also saw us launch our new **Acute Response Team**, made up of highly skilled, advanced nurse practitioners and allied health professionals, enabling us to provide timely clinical interventions 24/7 to respond to deteriorating patients.

This is just a brief overview of some of the magnificent work our teams have been doing over the last year to support the care of our patients, and I want to share my thanks to our staff, volunteers, partners and Board for their commitment. You can read more about our achievements and our performance against our quality priorities throughout the rest of this report.

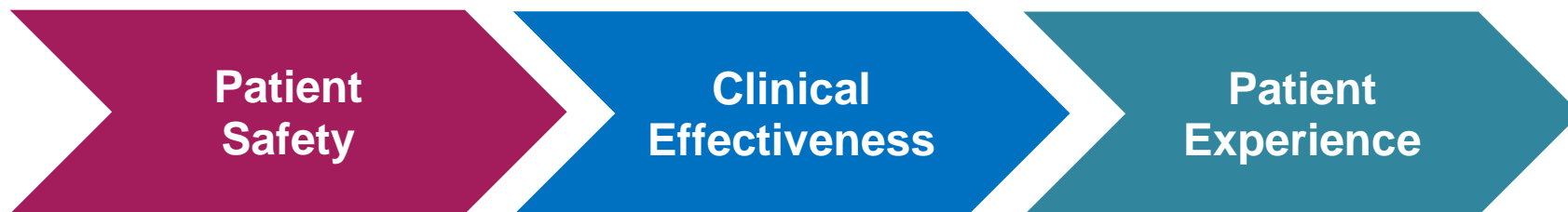


1.2 Statement of Assurance

What is a Quality Account?

A Quality Account is an annual report that NHS healthcare providers publish to inform the public of the quality of the services provided. This not only describes 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 within three areas defined by the Department of Health and Social Care: patient safety, clinical effectiveness, and patient experience.



A review of our services

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

A daily Data Quality Tracker used by the Data Quality Marshalls within Information Management and Technology (IM&T) triages and manages internal and external data quality queries and provides data quality assurance.

All quality issues are reviewed monthly, with outcomes reported internally to higher level quality forums e.g. the IM&T Divisional Board and Finance & Performance Committee, and externally to our commissioners via our monthly Data Quality and Improvement Plan Meeting and Finance & Commissioning meetings.

Throughout 2024/25, this governance structure has continued to report Data Quality positively as 'green status' which means it is an area of significant assurance.

The leadership teams of our five clinical divisions are responsible for their own internal assurance systems. With regular executive reviews of performance against agreed standards of quality and safety. Divisional data quality plans are in place in addition to 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.

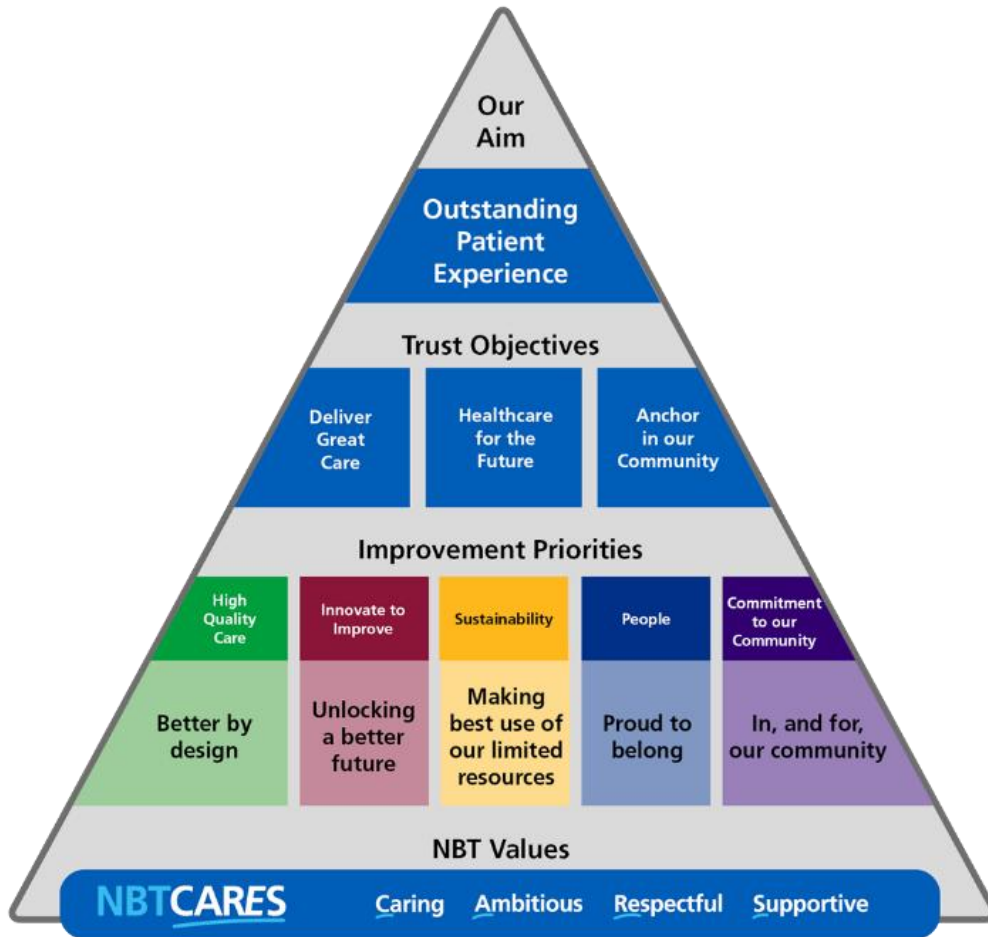
The income generated by the NHS services reviewed in 2024/25 represents 100% of the total income generated from the provision of NHS services by North Bristol NHS Trust for 2024/25.



PART 2

Priorities for Improvement

2.1 Review of 2024/25 Key Priorities



Priority 1: Outstanding Patient Experience

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

Priority 2: High Quality Care – Better by Design

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.

Priority 3: High Quality Care – Better by Design

We will minimise patient harm whilst experiencing care and treatment within NBT services.

Priority 4: High Quality Care – Better by Design

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.

Priority 5: High Quality Care – Better by Design

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.

Priority 1a

Outstanding Patient Experience

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



What we said we would do:

Patient and Carer Conversations

- Expand the pilot approach developed in 2023 for real-time feedback of the experiences of our patients and carers.

Digital Intelligence

- Social listening and enhanced thematic analysis of current narrative feedback. Feasibility review of a new digital system for reviewing patient and carer surveys, social listening, Friends and Family Test (FFT) data etc. in one system.

What we did:

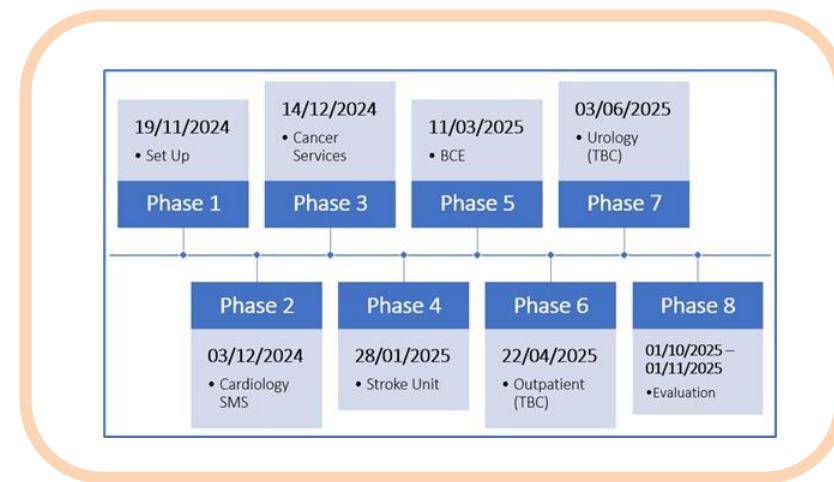
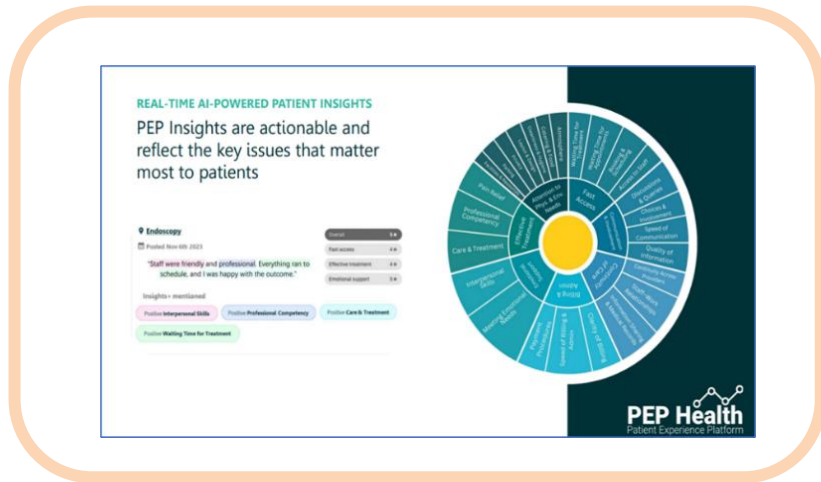
Patient and Carer Conversations

An evaluation of the first year of Patient and Carer Conversations highlighted conversations, led by volunteers, with over 200 patients for real-time patient feedback.

After a successful first year, we continue to have these conversations, hearing in 'real time' about experiences of care, reflecting on what matters most and providing an opportunity to address issues or concerns quickly.

Digital Intelligence

The one-year feasibility study of the Patient Experience Platform (PEP) commenced with 3 pilot areas starting to evaluate the system, data usage and insights from FFT, social listening and surveys using AI technology.



Spotlight:

Patient Conversations – real time feedback

- ❖ **We continued to proactively capture a diverse range of patient stories**, 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. A wide range of experiences were heard during the year, including breastfeeding initiatives, surgical waits, hearing for the first time from the Gypsy, Roma, Traveller Community and a moving story of a volunteer reflecting on how they support patients. Valuable insights continue to be shared.
- ❖ **An evaluation of the first year of Patient and Carer Conversations** was shared with Patient and Carer Experience Committee in December, highlighting unstructured conversations, led largely by volunteers, with over 200 patients and carers for real-time feedback.
- ❖ **E-learning module ‘Improving the patient experience - Customer Care at North Bristol NHS Trust**, developed in partnership with NHS Elect, has been tested and adapted. This will be launched during Patient Experience Week in April 2025 and will be accessible to all staff via LEARN and an evaluation will follow in specific areas to review the impact on improving patient satisfaction and reducing complaints and concerns.

Priority 1b

Outstanding Patient Experience

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



What we said we would do:

Shared Decision-Making (SDM)

- Embed existing Shared Decision-Making approach into business as usual with sustained outcomes. Expand the programme along with enhanced consent processes to additional specialties across the Trust.

Mental Health Strategy

- Develop, approve and commence implementation of the Mental Health Strategy in collaboration with our system partners.

Enhancing Clinical Communication

- Sensitively and effectively communicate important clinical information, such as a concerning clinical diagnosis.

What we did:

Shared Decision-Making (SDM)

The Shared Care Programme has been formed to bring a number of related projects together with a commitment to clinically led change projects which enhance patient care. During 2024-25 55% of patients rated their clinical conversations at 100% and only 4% of responses scored under 50%, indicating a high level of satisfaction with the shared decision-making process. Further detail is on page 55.

Mental Health Strategy

The strategy was launched in August 2024 and consists of four priority areas containing 65 commitments to be achieved over 2024-2028. For 2024-25 the focus was on the first 16 commitments and, as of March 2025, 9 have been achieved and 7 are in progress. The Mental Health Operational Group reports regularly to the Trust Board and to other committees as required.

Enhancing Clinical Communication

The sensitive and effective communication of important clinical information to a patient or their family is vitally important. To support the creation of a patient centred approach two staff and patient representative workshops drafted a Delivering Significant News Charter which was shared with a patient group for their review and feedback.

The Delivering Significant News ambition and commitments were refined and updated following the patient feedback. The Patient First Team are supporting this initiative by using A3 thinking to assess and define the improvement project for implementation in 2025/26, including short, medium, and long-term requirements and associated resources.

Spotlight:

Mental Health Strategy:

In 2024/25 we focused on **Priority 1: Timely and responsive access to mental health service for all**. All 16 commitments have been achieved; below are listed some of the key areas of progress:

- We have implemented **24-hour mental health care in ED**, covering Friday, Saturday and Sunday, which is working really well.
- We have 2 practitioners working in ED every night, assessing patients, and helping the flow of patients with mental health in ED.
- We have also conducted a **thematic review on supporting patients at risk of self-harm and suicidality**; outcomes of which are being shared. This will help develop training to further support this patient cohort.
- The Trust has a **Zero Suicide Alliance** training module on LEARN, and the team are working to signpost staff to this training to empower them to support colleagues and patients when needed.
- Ran campaigns such as **'No Shame, No Stigma'** to reduce stigma and shame associated with mental health presentation.

We have also supported **staff wellbeing initiatives**, e.g. NBT Wellbeing and regular 'Start Well, End Well' check in sessions at the beginning and end of shifts. This not only promotes staff wellbeing but also enhances and builds team culture.



Priority 2

High Quality Care: Better by Design

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.



What we said we would do:

- Improve the timeliness of ambulance handovers; increase the proportion of ambulance handovers completed within 15 minutes to 60% and reduce and then eliminate long waits in the Emergency Department for specialty care.

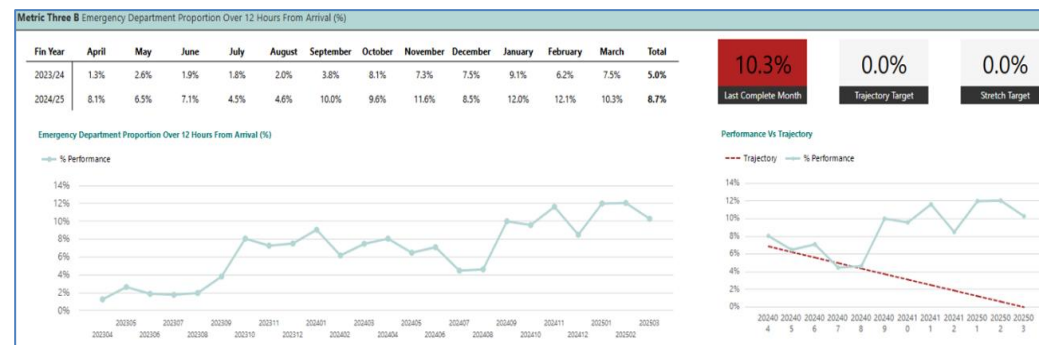
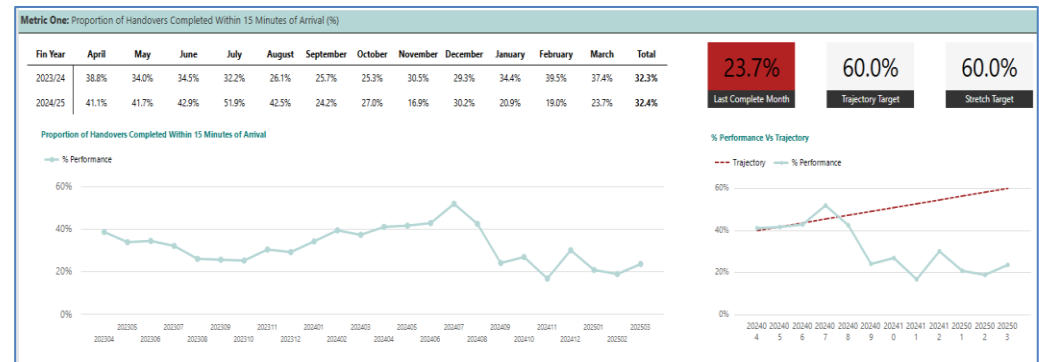
What we did:

During 2024/25 NBT did not achieve our aims of improving ambulance handover or eliminating long specialty care waits in ED. We made some progress towards reducing long waits in ED during the spring / summer, but this was not sustained over another very challenging autumn and winter period.

To tackle these challenges, we have refreshed our governance processes to focus on the plans required to improve performance in this difficult environment.

Actions delivered have included increasing access to Same-Day Emergency Care (SDEC) services for patients who do not need to be admitted to a hospital bed, meaning that more people receive their care and go home on the same-day.

In addition, we have been working with system partners to ensure that patients access the most appropriate place for their care in a timelier manner – this includes directing patients to other local services when they attend the Emergency Department.



Moving into 2025/26, we continue to work closely with system partners on all aspects of system Urgent and Emergency Care (UEC) work, including plans to reduce length of stay for patients no longer needing acute care, ensuring they leave hospital and recover in the most appropriate environment, and building up alternatives to admission to hospital by providing services in the community.

We have a revised urgent and emergency care programme of work for 2025/26, which includes key transformation projects, all aimed at unlocking delays in the UEC pathway. These include improving the timeliness of care for those patients who attend for minor injury or illness, ensuring that the Emergency Department is supported by other areas of the Trust to move patients through their pathways – this could be from the perspective of specialist input or improved flow in and out of the hospital.

The Trust remains committed to ensuring that our patients have the best possible experience, whilst recognising that this remains our greatest area of challenge.

62-Day Cancer Pathway – align with the combined pathway national target of 70%



During 2024/25, NBT stabilized and achieved a reduction in the total >62-Day waiting list and was able to bring 62-Day and 28-Day FDS performance back in line for a significant portion of the year. The challenge remains to sustain this improvement; the work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumour sites. To achieve the overall 62-Day breach standard this year, the Trust has focused on some of the most challenging pathways and areas of backlogs - including the high volume and high-complexity Urology pathway (in particular, robotic prostatectomy), which did increase activity during the year.

Design work to fundamentally improve patient pathways continues, as well as work with System partners in looking to reform cancer referral processes at Primary Care level in an effort to manage high demand.

We have seen improvement in performance against the 28-Day FDS Cancer Waiting Times Standard with it increasing from 57.28% to 82.08% between April 2024 and December 2024. The Trust reported a position of 83.25% against this requirement in February 2025, which is the highest performance for NBT since the measure was introduced. The Trust is expecting to continue meeting its commitments to secure the PTL, FDS and the 62-Day in 2025/26, as per the national requirements.

Spotlight

This builds upon the ongoing work commenced in the previous year where additional activity was commissioned to recover deterioration in specialties such as Skin including high-volume Skin 'poly-clinics', innovation through Teledermatology which 11 Primary Care Networks support to deliver, with further expansion planned in 2025. A new direct-to-test Gynaecology pathway was launched in January 2025 to build upon the pathway improvements for women experiencing Post-menopausal Bleeding. This will reduce demand on the cancer pathway and support earlier diagnosis.



Priority 3

High Quality Care: Better by Design

We will minimise patient harm whilst experiencing care and treatment within NBT services.



What we said we would do:

In November 2023 the Trust refreshed the Patient Safety Incident Response Plan (PSIRP) to help us identify the key areas of safety for which to target improvements. Those priorities are:

- Patient Falls
- Medication
- Responding well to clinically changing conditions
- Patient Flow, specifically aspects relating to communication, handover, clinical systems and the interconnectedness of different parts of the North Bristol NHS Trust.



It is intended that the PSIRP will be updated throughout 2025/26.

In the last year we have used a range of initiatives to explore and identify learning from a range of incidents which are subsequently supporting the progression of improvement programs. For example, in Pressure Ulcer Care, Allergy Management, Managing the Deteriorating Patient and Martha's Law.

What we did:

Patient Falls	<p>Leadership: Since October 2023, a dedicated Falls Prevention and Management Lead has been in place, providing strategic support to enhance understanding and drive quality improvement initiatives.</p> <p>Response: An updated Post-Falls Action Document has been introduced to support best-practice assessments following a fall. A digital version is currently in development, which will incorporate logic-based prompts to guide clinical decision-making. Additionally, records are being maintained regarding the deployment of the Serious Falls Response Team.</p> <p>Education: The patient information leaflet has been revised to offer clearer, more proactive advice for patients and visitors on their role in falls prevention. The staff eLearning package has also been updated to reflect the latest clinical guidance.</p>
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	<p>Data: Analyses of falls activity and common characteristics have been completed to inform targeted improvement efforts. A dedicated Falls Dashboard is under development to monitor key indicators, including the completion of lying-to-standing blood pressure assessments.</p> <p>Insights: The Falls Lead provides structured support for post-fall reviews, both at the individual case level and more broadly. Lessons learned are systematically integrated into ongoing planning and service development.</p>
<p>Medication</p>	<p>The Medicines Safety Forum has been launched and has been gathering information on the human factors that influence medication errors. The members of the forum are now scoping and planning actions to take forward as an improvement programme in 2025/26.</p> <p>A key area is related to allergies, with significant focus across the organisation to reduce the risks in this area. This has been regularly reported through the Trust's Quality Committee and updates shared with the CQC. Specific actions to date include:</p> <ul style="list-style-type: none"> • Safety hazard analysis of electronic prescribing Electronic Prescribing and Medication Administration (ePMA), which is being introduced during the latter part of 2025. This clarified the benefits and safety improvements it will bring. • Working with the provider of the Trust's patient record system to improve access to the National Summary Care Record (NSCR) to improve identification of allergies. • Regular communication raising awareness of allergy management practice, including direct communications to clinical staff and posters for use within clinical environments. • Ongoing work to develop the Allergy policy for the Trust to provide clarity on expectations and processes for staff.
<p>Responding well to clinically changing conditions</p>	<p>The Deteriorating Patient Group has introduced a range of interventions designed to improve Recognition, Escalation and Response to clinical deterioration, all anchored in up-to-date staff Education and in reliable real-time performance Data.</p> <p>Recognition & Escalation: There has been a dramatic improvement in the timeliness and consistency of clinical observations since the project's inception in mid-2023. This has been consolidated in 2024-25 to a breach rate of <10% across all Clinical Divisions – a reduction from 15% in March 2024.</p> <p>Response: The new Acute Response Team has been launched and supports NBT's successful implementation of Martha's Rule as one of 143 pilot sites across the NHS.</p> <p>Education: The new Deteriorating Patient 'Maddy Lawrence' Training provides up to date teaching on Sepsis AKI and Responding to Deteriorating Patients.</p> <p>Data: Ward and Vitals dashboards have been developed for observations and monitoring of progress. A bespoke dashboard is being developed to track the workload, interventions and outcomes of the Acute Response Team</p>

Scoping is currently being undertaken to form the terms of reference for a thematic review of patient flow throughout North Bristol NHS Trust. This will include communication, handover, clinical systems, as well as the holistic interconnected journey of a patient through the hospital. This will be a focus for 2025-26.

 **Spotlight:**

In 2024/25 we launched our new **Acute Response Team (ART)** which is made up of highly skilled, advanced nurse practitioners and allied health professionals.

The team is a major patient safety innovation which has enabled the delivery of safe, effective and timely clinical interventions. The team respond rapidly to the urgent needs of deteriorating patients across Southmead Hospital.

NBT has also been a pilot site for **Martha’s Rule**, a national NHS England initiative, which enables patients and their families to seek an urgent review if a patient deteriorates and there is concern that this is not being responded to.

The Acute Response Team are available 24/7 for calls from any patient, relative or carer who is concerned about acute deterioration. This supports patient autonomy and provides an additional safety net for all our inpatients. Within two weeks of becoming operational, one patient was admitted to ICU following a Martha’s Rule referral.

The Acute Response Team works in partnership with ward teams to review patients with elevated National Early Warning Scores (NEWS), Sepsis, Severe Hyperkalaemia and attend Clinical Emergencies. They will review all ICU step-downs to support the smooth transition from ICU to ward care.

They can also offer support and education to ward teams and have already run tea-trolley teaching sessions on wards, facilitating improved care across the hospital.



The infographic is contained within a rounded orange border and is divided into several sections:

- Top Section:** Titled "Referring to the Acute Response Team" with the NHS North Bristol logo. It includes a flowchart: "If a patient deteriorates any time, day or night..." leads to "Escalate to your parent team by calling Ext. 6999".
- Middle Section:** Titled "Implementing Martha's Rule" with a warning triangle icon. It asks: "Have you got concerns about a patient? Have you escalated? Do you still need support?" and provides the contact number: "Contact the Acute Response Team on Ext. 47100".
- Bottom Section:** Titled "Reasons you may need to escalate to the Acute Response Team include:" followed by a bulleted list:
 - NEWS ≥7
 - New Sepsis
 - Severe Hyperkalaemia
 - Martha's Rule: "something just isn't right"
- Right Side:** Two feedback questionnaires. Q1: "How are you feeling?" with five smiley faces (green to red) labeled "Very Good", "Good", "Fair", "Poor", "Very Poor". Q2: "Do you feel better or worse than yesterday?" with five smiley faces (green to red) labeled "Much better", "Better", "No Change", "Worse", "Much worse".
- Bottom Right:** The ART logo, which consists of a blue circle with "ART" in yellow, and the text "Acute Response Team SOUTHMEAD HOSPITAL" below it.
- Bottom Right Corner:** The NBT CARES logo.

Priority 4a

High Quality Care: Better by Design

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.



What we said we would do:

- Implement the Patient Safety Incident Framework (PSIRF) patient Safety training curriculum and Human Factors approach.
- Implement the Learning from Patient Safety Events (LfPSE) national reporting requirements.

What we did:

The Human Factors and Ergonomics Community of Practice has been established, with agreement to extend to UHBW as a joint group. Healthcare Safety Advocate Programme (HSAP) training delivering human factors safety knowledge completed over 8 months. 15 candidates have signed up to date.

Specific examples from learning responses



Summary of completed actions

Improvement of deliving observations on time linked to responding to changing clinical needs.

Development of training linked to responding to deterioration in patients

Introduction of new assessment protocols and IT system for staff to assess risk of pressure ulcers.

Improved standard operating procedures for discharge medications when discharging direct from Medirooms.

Improved consultant cover and patient monitoring within the Trauma unit.

Summary of planned actions and/or sharing of thematic learning

Development of training in medicine management

Implementing NatSSIPS2 to improve safety in surgical and invasive procedures.

A working group has been set up to develop improvement actions in managing allergies when administering medications

Human factors analysis of falls in bathrooms with a focus on the challenges for patients in accessing this independently.

Update to medication management policy to support clarity of expectations and reduce error.

Priority 4b

High Quality Care: Better by Design

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.



What we said we would do:

- Implement priority workstreams in collaboration with the Medical Examiner Service and UHBW.

What we did:

During 24/25, the programme progressed from concept to reality, formally becoming a joint initiative with University Hospitals Bristol and Weston (UHBW) in February 2025. As such, this year has focused on establishing the foundation, developing frameworks, and creating the systems needed to effectively move forward together.

Working alongside the independent Medical Examiner's Office, we've made significant progress in four key areas:

Smart Case Selection: We are developing systems to automatically identify cases for review based on quality priorities. This helps clinical teams quickly identify learning opportunities and allows Medical Examiners to focus on valuable conversations with clinicians and bereaved families.

Better Information Sharing: We are implementing an approach to bring together information from across multiple teams. This means bereaved families won't need to repeat difficult conversations, and clinical teams can access complete case information in one place.

Addressing Health Inequalities: We're developing new tools to track mortality patterns among our most deprived communities and working closely with public health consultants to better understand complex factors across our catchment areas.

Mental Health Focus: Our collaboration with Avon and Wiltshire Mental Health Partnership (AWP) will increase timely identification of deaths of people with severe mental illness by over 50%, giving much needed visibility to a group experiencing profound health inequalities. We have also aligned our Learning Disability and Autism review processes, and we are testing enhanced review approaches that increase collaboration between specialties and across organisational boundaries.

We have also made significant progress in several other key areas, including:

- Completing baseline assessments to understand our starting positions, allowing the programme to accurately measure progress.
- Aligning our Learning Disability and Autism case review process across the Bristol NHS Group.
- Testing an enhanced clinical case notes review process and digital system across five key clinical areas: Gastroenterology, Infectious Disease, Emergency Department, Acute Medical Unit, and Intensive Care.
- Developing an improved approach to reviewing mortality data before national publication.
- Creating reports that give clinical teams better visibility of the data that's most valuable for driving and measuring improvements.
- Developing an enhanced review process for women who were pregnant between 43 days and one year before their death, building on NBTs established and robust maternity mortality review processes.

Spotlight:

By driving improved use of mortality data, we have helped teams identify several key areas for improvement:

Allergies

When data from a mortality report showed more deaths where people had only a sign and symptom (including allergy-related) than we would expect, we reviewed patients' notes. We found all patients received good quality care. However, we also discovered diagnosis recording methods needed improvement. Clinical and digital teams are now improving formal diagnoses recording, ensuring our data accurately reflects patients' conditions.

Sepsis

We found instances where sepsis (a potentially life-threatening reaction to infection) was being recorded without clinical confirmation. Teams are now working to ensure more accurate documentation, improving our data quality and strengthening our work to quickly identify and treat deteriorating patients.

Palliative Care

We are working with our specialist colleagues to better capture the excellent end-of-life care provided across our hospitals, ensuring this is appropriately reflected in our clinical coding and statistics.

Liver Disease

We are planning a detailed analysis of alcohol-related mortality cases to identify improvement opportunities, supporting broader liver care initiatives across Bristol, North Somerset and South Gloucestershire. Our impact report, planned for late 2025, will provide our first comprehensive assessment of the programme's achievements.

Priority 5

High Quality Care: Better by Design

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.



What we said we would do:

Reducing Health Inequalities:

- Improve data quality and insights
- Education and awareness – identify 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, focusing on key priority inclusion groups

What we did:

Improving data quality and insights

Ethnicity status in Trust datasets for elective pathways is an area of focus for improvement. The Trust's target is for 80% of patients to have their ethnicity recorded. In March 2025, 68.7% patients awaiting treatment had a known ethnicity, compared to 66.7% in March 2024. More significant progress has been made for recording ethnicity of patients who have attended an appointment; 82% of outpatient attendances in March 2025 have an ethnicity status recorded.

Education and awareness

Addressing inequalities has been embedded into the framework for developing the Hospital Group's new Single Managed Services. The inequality dashboards for both NBT and UHBW are reviewed in the programme and an Equalities Guidance presentation has been developed to support specialties.

Learning from the cardiology outpatient missed appointments programme has now been consolidated and shared through the Outpatient Transformation Board so that all specialties can develop their improvement plans using the insights from Cardiology.

Screening and prevention – TTD

Tobacco use is a leading cause of premature mortality and preventable illness for our population. Smoking rates are higher in Bristol than other comparable cities. Our most deprived communities have higher smoking rates, (rising in some cases), and treating tobacco dependency is our foremost prevention priority to reduce health inequalities. Collaboration with integrated care system partners through the BNSSG Smokefree Alliance has been key to driving progress on reducing tobacco dependency this year.

Our integrated care system funds the inpatient and maternity Treating Tobacco Dependency (TTD) service. The service works across the Group to treat and support patients in hospital, and with continuity through local authority-commissioned community services. This year TTD services have become embedded into the Trust. For inpatient services this was enabled through a quality improvement approach, led by resident doctors and presented nationally.

In 2024-25, 315 maternity patients and 764 inpatients were referred to the service. For those who engage in a quit attempt, 187 were successful. The inpatient service has used innovative approaches to reach more patients, including a digital support offer.

TTD services and the partnership approach have delivered significant health impacts. Smoking at the Time of Delivery (SATOD) rates for our area are now at an historic low of 5.4%. This improves maternal health and substantially reduces the risk of infant mortality.

Access to care

Several inclusion health projects have been completed:

1. **Learning Disabilities** - Our inequality dashboards and specialities have improved identification of patients at an earlier stage in care pathways to plan support. Elective waiting times for people with a learning disability are similar to all other patients and there are no patients with a learning disability waiting over 52 weeks for planned care.
2. **Homeless health** - With the support of a public health registrar, the Trust worked with people with experience of homelessness, our community homeless health service, Bristol Outreach Services for the Homeless (BOSH) and national leads. We reviewed hospital data to understand more about emergency presentations, recording of homelessness, referral to outpatients, the high rates of non-attendance and the barriers to access.

To improve access and outcomes we are working on outpatient referral pathways from the homeless health service. Our Emergency Department has developed systems to record homelessness, and this year have referred 151 people using Duty to Refer pathways to the local authority housing services, alongside supporting patients through our hospital in reach team.

3. **Gypsy, Roma, Travelling Communities** - We have developed relationships with Gypsy, Roma and Traveller communities to understand their experiences and stark health inequalities. We raised their voices through a patient story at Trust board level and continue to work on actions, including awareness and training in June for Gypsy, Roma, Traveller history month and supporting Women's Health workshops in this community.

Support for prisoner healthcare - Data shows that prisoners often wait longer than the general population for elective care. The Trust has been working with our local prisons and Health and Justice Commissioners to understand how hospitals and prisons could work together better to improve care for these patients.

We have reviewed hospital data and put systems in place to more easily identify patients that are in prison, so that we can better plan their appointments and treatment.

We are also working to improve communication channels between the hospitals and prisons, as well as reviewing discharge pathways, to further reduce inequalities that this patient cohort typically face.

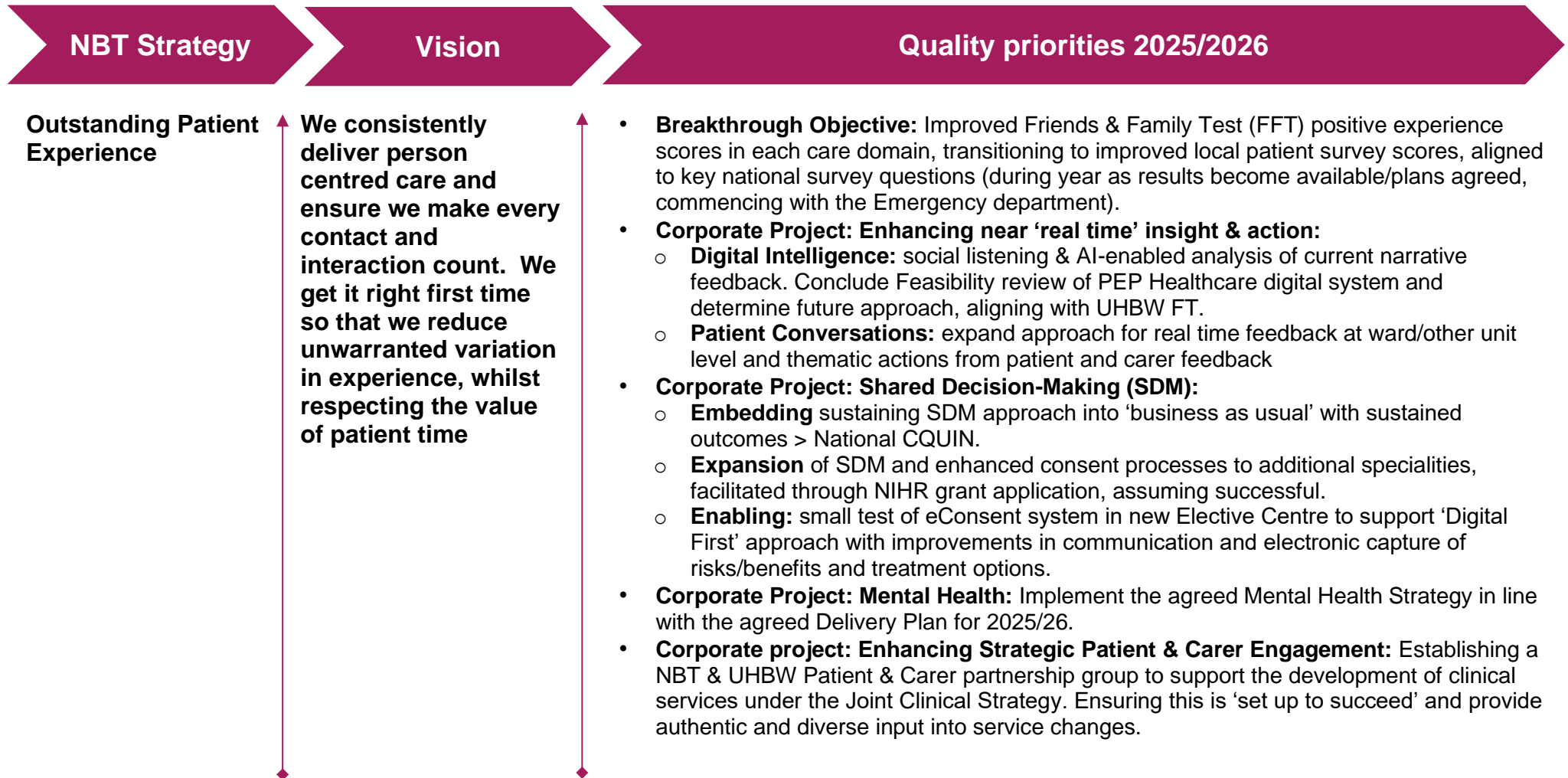


Midwife Delia Nimmo was awarded the **NHS England Chief Midwifery Officer Silver Award** for her commitment to providing care in prison for pregnant women and their babies.

Delia was part of the original team of midwives who set up the bespoke service to provide care for pregnant women in HMP Eastwood Park, leading to the creation of a mother and baby unit within the prison.

The unit enables women to remain with their babies together until they reach 18 months to two years of age.

2.2 Priorities for Improvement 2025/26



High Quality Care

Better by Design

Our patients access timely, safe and effective care, with the aim of minimising patient harm or poor experience as a result

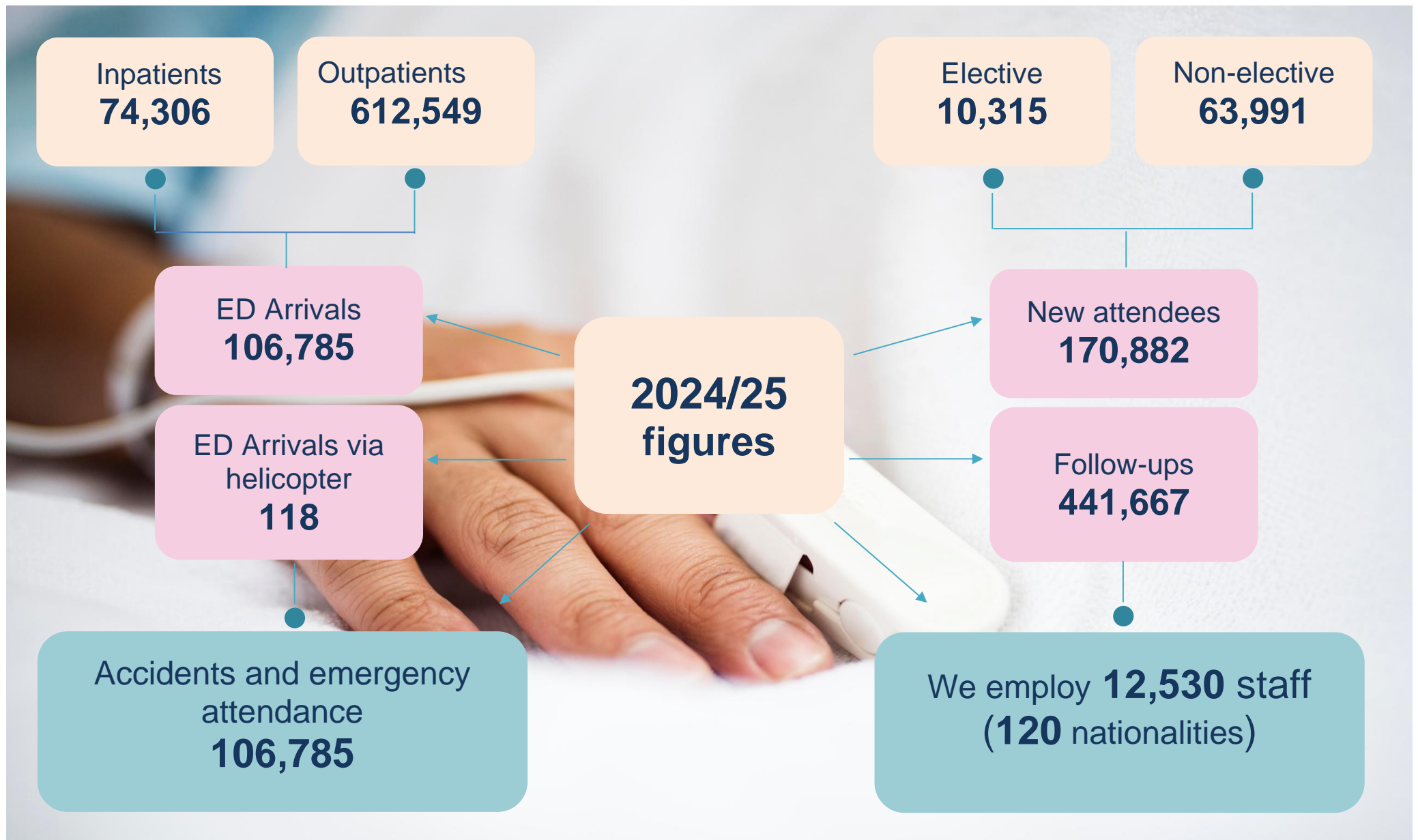
- **PF Breakthrough Objective:** Overall aim is to improve timeliness of ambulance handover
- **Corporate Project:** Continued focus on Urgent & Emergency Care improvements focusing on two key workstreams – Front door and Flow & Discharge. This includes both internally and externally driven components (for example streamlining and redirection to reduce time in ED and reducing the number of beds occupied by patients with no criteria to reside).
- **Breakthrough Objective:** Deliver national target of 75% patients treated within 62 days for cancer.
- **Corporate Project:** Focus on Urology, Gynaecology and Skin pathways, through direct to test pathway delivery, further expansion of tele-dermatology and the opening of the Bristol Surgical Centre to provide additional capacity and efficiency for surgical interventions.
- **Corporate Project:** Deliver Patient Safety Incident Response Plan priorities (Board approved Nov 23 – 2 years):
 - **Inpatient falls** - continuous improvement programme – actions for 2025/26 currently being refined.
 - **Medication Safety** – continued focus on medication safety incident reduction through the Medicines Safety Forum, with a key digital enabler being the implementation of the Electronic Prescribing Project (aiming for go live Sep 2025). A key subset is to *reduce allergy related medication safety incidents*, which includes the interfacing of allergy data into our Patient Record from the National Care Record System.
 - **Responding well to clinically changing conditions** - implementing and embedding the *Acute Response Team and Martha's Law* in line with national requirements. This will include a suite of metrics to track safety performance and improvement. Development and delivery of improvement priorities for Sepsis management and Acute Kidney Management (AKI) will be the improvement focus for 2025/26.
 - **Clinical Flow** - Undertake thematic review to define how escalation and handover of pending tests and results is managed when patients move between locations and clinicians – with a focus on urgent care pathways through ED, Acute Frailty Unit (AFU) and Acute Medical Unit (AMU).
- **Corporate Project:** Deliver annual plan for continuous embedding of the Patient Safety Incident Response Framework (PSIRF) within NBT, including the Patient Safety training curriculum and Human Factors approach. The plan will incorporate the agreed 2024/25 PSIRF Internal Audit recommendations.
- **Corporate Services Project:** Implement Radar Incident Reporting system and embed into practice.
- **Corporate Services Project:** Mortality Improvement Programme - Implement priority workstreams in collaboration with Medical Examiner Service and UHBW FT. Focus on mortality events and mortality surveillance and developing local and national Community of Practice.



PART 3

Statements of Assurance

Key Trust Figures



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.

Latest Inspection

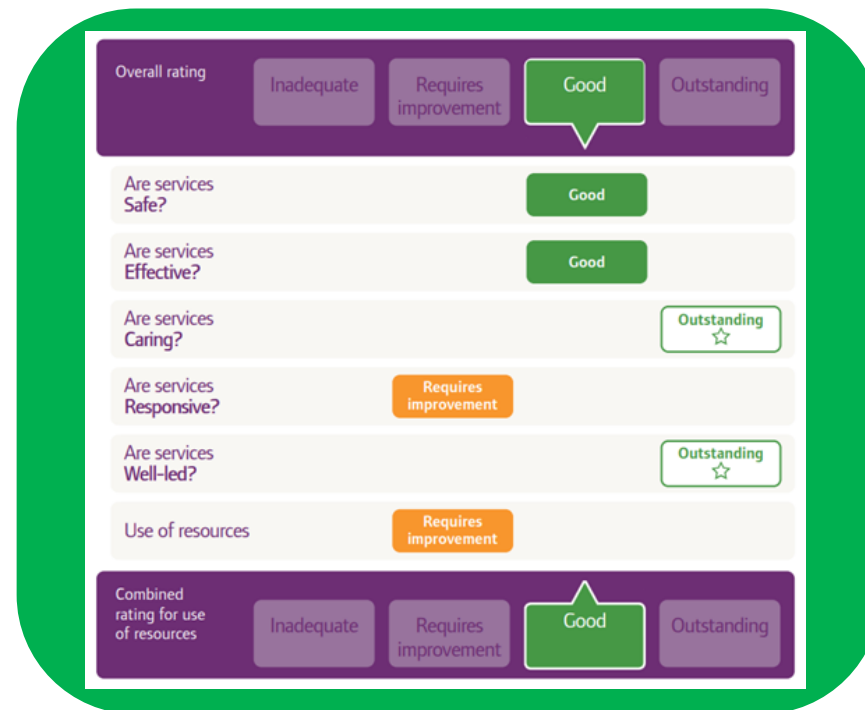
In November 2024, the Care Quality Commission (CQC) published two reports on services at Southmead Hospital. Two medical and surgical wards and the intensive care unit were inspected in response to concerns received about the training of current staff and whether the trust ensured all new staff received ongoing training.

During this inspection, the CQC did not find evidence of the concerns and it identified that the trust has suitable training arrangements in place. Inspectors received assurance from the trust through discussion with the senior leadership team. They also reviewed evidence submitted on what action the trust had taken to date and what action the Trust intended to take to address the concerns raised.

As this was a focused inspection, CQC didn't rate the service which remains good overall and for being safe, effective, caring, response and well-led.

The hospital and trust ratings have not changed following the inspection, and both remain rated as Good overall.

The CQC continue to monitor the Trust's actions through ongoing engagement and through quarterly meetings with the Executive team.



South-West Provider Network Group

The Network was established in 2024 to provide a forum for 10 NHS Acute, Community, Mental Health and Ambulance Trusts across the South-West region, to network and strengthen professional relationships between NHS colleagues who have oversight of Care Quality Commission registration, assurance and compliance. Membership includes:

- Royal United Hospitals Bath NHS Foundation Trust
- North Bristol NHS Trust
- Gloucestershire Hospitals NHS Foundation Trust
- Salisbury NHS Foundation Trust
- University Hospitals Bristol and Weston

Clinical Accreditation Programme

This year NBT introduced the **Clinical Accreditation Programme** (CAP), which brings together key measures of clinical care into one overarching framework to enable a comprehensive assessment of the quality of care provided at an individual clinical location. The process will provide an ongoing internal assessment of quality assurance, improvement and patient safety delivered within each clinical area.



The assessment consists of approximately 150 questions and observations, including a review of existing data. Detailed results are then produced and fed back to the ward with a rating. The staff within the location then identify and implement change and improvement. This is supported by the Trust's Patient First approach.

We have initially introduced the CAP on our Inpatient wards; however, it will be rolled out to other clinical locations e.g. outpatients, later in the programme.



In 2024/25 FY we completed the initial assessments in ASCR, NMSK and W&CH, with Medicine starting in April 2025. Of the 34 Inpatient locations, 21 received a visit and assessment, with 19 successfully awarded Bronze accreditation (the highest they can achieve on their first visit), although many of these achieved individual section scores equivalent to a Silver award.

In the first phase 2 wards achieved a level of Working Towards Accreditation (WTA) with 1 achieving a Bronze following a 1st visit review, the other is undertaking a review in May. We are working very closely with the Patient First team to support the wards with their improvement activity and action plans.

The second phase of re-assessments will begin in May, which will allow the clinical location to achieve Silver, maintain the Bronze or receive a WTA. This has included a review of the standards and a more situational based approach to many of the questions and observations, including evidence of improvement in areas identified in their initial visit.

Research & Innovation (R&I)

During 2024/25 R&I built on the achievements of 2023/24 and focused on delivering the plans identified in 2023/24. This included 106 new studies which included 38 commercial trials. Over 9,000 participants were recruited to research and over 5,000 followed up across over 250 studies.

NBT submitted, and were awarded, combined grants of £9.2million as lead organisation. NBT's success rate for full NIHR grant submissions placed the organisation in an enviable position; 75% at full stage.

NBT also led and managed national studies with a combined value of £40.2 million



36 NIHR grants

76 Total grants submitted

£56 million Combined grant value

75% Success rate for full stage NIHR submissions

65 NBT led and managed National studies

£9.2 million Combined grants awards

Successes in 2024/25

Last year 4 strategic objectives were identified in the quality accounts, all of which have seen significant progress:

- The opportunities supporting non-medic researchers has continued to produce results across NIHR awards, including two successful applications to the highly competitive NIHR Research for Patient Benefits for under-represented professions. This is in addition to 3 internships, 1 pre-application support award, a pre-doc bridging award and a Development and Skills enhancement award.
- NBT saw a 53% increase in the number of commercial studies opened, which generated a 10% increase in gross income in one year. A pilot project on the financial impact of participating in clinical trials highlighted that over £300K worth of medication or medical devices were provided through trials which otherwise the NHS would have needed to fund.
- Working with the Chief Nurse we have supported the creation of an Assistant Chief Nursing Officer – Research Development and Genomics. This new role has been working with clinical leaders across the Trust and acting as a role model for future researchers.
- NBT supported the Innovate to Improve showcase week in July 2024. This gave clinical staff an opportunity to showcase their work, innovations, research, quality improvements and service evaluations. It was an amazing opportunity to see the breadth of ways NBT staff are passionate about improving outcomes for our patients and communities.

- Additionally NBT was awarded £200k by the NIHR to undertake a capital project within the Clinical Research Centre; remodeling the interior to increase the clinical capacity, upgrade the clean utility room to meet laboratory level standards, increasing the scope of what can be undertaken, and the purchase and commissioning of a research dedicated Dexa scanner.

Plans for 2025/26

The plans for 2025/26 reflect the ambition to build on progress in 2024/25:

- Building on the commercial success of 2024/25 NBT has set a target for further increasing the commercial income by 20%.
- With our colleagues at UHBW develop a Bristol Hospital Group process for prospectively calculating treatment 'savings / avoidance' from treatments provided through clinical trials, specifically medication and medical devices.
- 2025/26 will also see the delivery of the **Bristol Hospitals Group Joint Research Strategy** and the launch of year one of the Trust's **Research Delivery Plan**.
- In 2025/26 the capital project in the **Clinical Research Center** will be completed, not only allowing NBT to support research across both Trusts, but also reaching out to research active GPs to facilitate research development and delivery in the out of hospital settings.
- We will continue to work with under-represented professionals and communities to increase research awareness and opportunities.



3.1

Operations and Information Management & Technology (IM&T)

Operations

Our services are delivered via our five clinical divisions:

- **Anaesthesia, Surgery, Critical Care & Renal (ASCR)**
- **Core Clinical Services (CCS)**
- **Medicine**
- **Neurological & Musculoskeletal Sciences (NMSK)**
- **Women & Children's Health (W&CH)**

2024/25 has been a successful year for the Trust in terms of delivering our performance objectives, particularly in Referral to Treatment and Diagnostics where the Trust has met and exceeded key targets, often ahead of plan.

Cancer/Referral to Treatment (RTT)

Referral to Treatment

In 2024/25 the Trust continued its focus on a planning and delivery approach, which aligned with national priorities. This resulted in the delivery of planned care at NBT for the third year running and ending the year with zero patients waiting >65 weeks.

We have also significantly reduced the number of patients waiting >52 weeks for their treatment, delivering <1% of the total wait list at 52 weeks or above over a year earlier than national expectation.

Diagnostics

Delivery of the year-end national requirement of no more than 5% of patients waiting greater than 6 weeks for a diagnostic test – achievement and maintenance of this target since March 2024. Diagnostics performance has improved to such a degree that NBT has consistently met the national constitutional standard of no more than 1% of patients waiting more than 6 weeks for a diagnostic test since September 2024. NBT continues to have no patients waiting more than 13-weeks.

Cancer

Plans to recover the cancer position have resulted in the 28-day Faster Diagnosis Standard (FDS) performance coming back in line with trajectory and has consistently been exceeding the 75% national target since June 2024. The performance against the 62-Day Combined measure has been variable, but did meet our planned monthly trajectory for the majority of the year; we anticipate delivery of the national 70% target by year-end.

Whilst there is still room for further improvement in 2025/26, 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. NBT has continued to deliver projects across the UEC pathway to improve patient care and performance at the front door, within the hospital and in discharging our patients.

The number of patients with ‘**No Criteria to Reside**’ (N2CR) and high bed occupancy, has been a key driver of UEC challenges. NBT continues to work closely with system partners on a range of measures aimed at reducing the discharge delays from acute hospitals. This includes the BNSSG Healthier Together **Discharge to Assess (D2A)** campaign, which supports people to return home, or to a community unit, when they are medically ready after a stay in hospital, so their needs can be assessed, and they can be supported to recover.

Delivery Theme	Delivery Indicator	Key Improvement/Delivery Action
Urgent and Emergency Care (UEC)	UEC Plan	Internal and partnership actions continue. ED demand was greater than 2023/24 and higher than plan.
	No Criteria to Reside (NC2R) and Discharge to Assess (D2A)	NC2R remained consistently high all year with no progress to the system ambition of 15%.
RTT	65-week wait	Delivered. Exceeded operational plan – clearance delivered by the end of Mar-25. 52-week wait reduction to <1% delivered ahead of national requirement with ongoing month-to-month reductions.
Diagnostics	5% 6-week target	Delivered. Exceeded national requirement. Now constitutional standard compliant.
	CDC	Delivered. Operational. Since it’s opening, over 38,000 tests have been performed.
Cancer	28-day FDS standard	Delivered. Now compliant for nine months.
	62-day Combined Standard	NBT has ended the year with improved performance compared to 2023/24.

Future Plans for 2025/26

Cancer

The implementation and continuation of new pathways will support NBT to sustain improvements in the 28-Day Faster Diagnosis Standard. For Skin, 11 Primary Care Networks are now delivering Teledermatology referrals with further expansion planned in 2025. In Gynaecology, the new direct-to-test pathway launched in January 2025, which will reduce demand on the cancer pathway and support earlier diagnosis. NBT has reported a sustained improvement in both specialties.

The introduction of the Bristol Surgical Centre will support pathway improvements and reduce treatment delays.

NBT will continue to use external funding to support delivery plans. The South-West Cancer Alliance (SWAG) have confirmed non-recurrent funding for 2025/26. NBT will focus this funding on extending successful initiatives delivered in 2024/25 including pathology additionality, Waiting List Initiatives and other elective additionality. This will also include Specialty Navigator posts, which have been key in maintaining our Patient Tracking List (PTL) improvements. Additional in-year funding will continue to support all at-risk phases of the pathway to deliver performance improvements before year end.

Urgent and Emergency Care (including ED and Bed Occupancy)

Improving flow through ED, including increase in the use of Same Day Emergency Care (SDEC) pathways and continuing to improve co-ordination and efficiency of Minors. Improvement in ambulance handover time and reduction of hours lost; NBT has submitted a plan in line with national ambitions and System plans that average handover times do not exceed 45 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 2025/26 NBT aims to meet national requirements of reducing the number of patients waiting over 52-weeks. NBT has already achieved the target of <1% of the total waiting list consisting of patients waiting >52 weeks.

The Trust will continue aiming beyond compliance, with a focus on promoting equality and addressing health inequalities in patient waiting times.

Construction has now commenced for the new Bristol Surgical Centre which will enable an additional **6,500** operations to be carried out across the area every year and is due to open in Summer 2025.

Diagnostics

The Trust is confident it will continue to meet the 2025/26 target of no more than 1% of patients waiting >6-weeks for their diagnostic test.

In addition to the ongoing delivery of current plans, the Trust led the development of the Community Diagnostic Centre for Bristol, North Somerset, and South Gloucestershire.

As of April 2025, the CDC has been running for a year, initially from a mobile site before moving to a fixed site in November 2024.

Since it's opening, over **38,000** tests have been performed there, helping to reduce waiting times for patients across BNSSG.

IM & T: Improvement Strategy (Trust-wide technology improvement)

Data Quality Improvement Plan (DQIPS)

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 2024/25 or for the preceding six years.

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

Data Quality Tasks Identified/Completed by Company Year	2023-24		2024/25	
	Tasks identified	Tasks Completed	Tasks Identified	Tasks Completed
Both Commissioners	8	5	18	14
BNSSG	6	4	8	7
NHSE	2	1	10	7

In total, 18 tasks have been identified in 2024/25 compared to 8 in 2023/24. Of the 18 tasks raised in 2024/25, two were raised in the last month of the year, and their resolution is progressing to established plans and will be delivered in early 2025/26.

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.

Secondary User's Service (SUS) Statistics

NBT Provider vs National SUS Statistics	M10 2024 / 25			FY 2023 / 24			FY 2022 / 23		
	Data Item	NBT	National	Variance to National	NBT	National	Variance to National	NBT	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%	94.2%	+5.8%	100.0%	95.4%	+4.6%	99.7%	97.5%	+2.2%
Commissioner	99.9%	99.3%	+0.6%	99.9%	99.0%	+0.9%	99.9%	97.9%	+2.0%
Ethnic Category	90.2%	92.4%	-2.2%	90.1%	91.9%	-1.8%	88.6%	93.4%	-4.8%
First Attendance	100.0%	99.8%	+0.2%	100.0%	99.9%	+0.1%	100.0%	99.7%	+0.3%
Main Specialty	100.0%	99.3%	+0.7%	99.4%	99.1%	+0.3%	99.6%	98.4%	+1.2%
NHS Number	99.9%	99.7%	+0.2%	99.9%	99.7%	+0.2%	99.9%	99.7%	+0.2%
Org of Residence	100.0%	96.6%	+3.4%	99.8%	95.6%	+4.2%	98.8%	94.5%	+4.3%
Patient Pathway *	0.0%	0.2%	-0.2%	48.8%	66.7%	-17.9%	54.5%	67.2%	-12.7%
Post Code	100.0%	99.9%	+0.1%	100.0%	99.9%	+0.1%	100.0%	99.9%	+0.1%
Primary Diagnosis	96.1%	94.5%	+1.6%	98.7%	98.6%	+0.1%	98.8%	98.6%	+0.2%
Primary Procedure	99.8%	99.7%	+0.1%	100.0%	99.6%	+0.4%	100.0%	99.6%	+0.4%
Priority Type	100.0%	91.0%	+9.0%	100.0%	92.6%	+7.4%	100.0%	95.2%	+4.8%
Referral Received Date	100.0%	93.2%	+6.8%	100.0%	93.7%	+6.3%	100.0%	95.1%	+4.9%
Referral Source	100.0%	96.8%	+3.2%	100.0%	96.4%	+3.65	100.0%	97.9%	+2.1%
Registered GP Practice	100.0%	99.3%	+0.7%	100.0%	99.7%	+0.3%	100.0%	99.5%	+0.5%
Site Code of Treatment	100.0%	96.0%	+4.0%	99.4%	96.1%	+3.3%	98.7%	97.5%	+1.2%
Treatment of Function	100.0%	99.4%	+0.6%	100.0%	99.2%	+0.8%	100.0%	98.5%	+1.5%

*There is a National error within the Dashboard for this identifier which currently does not accurately represent our position, or the National compliance for Patient Pathway identifier for 2024/25.

The Trust routinely submits a wealth of information and monitoring data centrally to our commissioners and the Department of Health.

The accuracy of this data is of vital importance to the Trust and the NHS to ensure high-quality clinical care and accurate financial reimbursement.

Our data quality reporting, controls and feedback mechanisms are routinely audited and help us monitor and maintain high-quality data.

We submit to the Secondary Users' Service (SUS) for inclusion in the Hospital Episode Statistics (HES).

The table shows that the Trust continues to outperform the National average in most areas of measurement.

This performance continues the pattern of excellent data quality established in recent years.

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 2024/25 performance results reflect another year of outstanding achievement. We have upheld the high standards in primary procedure coding, and while there has been a slight decline in other areas, we have still achieved the 'standards met' criteria in the Data Security and Protection Toolkit overall. Additionally, secondary diagnoses and procedures have surpassed the required standards attaining standards exceeded. The table below illustrates our year-on-year performance:

Clinical Coding Performance	DSP Toolkit Met	2023/24	2024/25	↕
Primary Diagnosis	90%	93.50%	93.50%	0%
Secondary Diagnoses	80%	95.52%	90.60%	- 4.92%
Primary Procedure	90%	95.23%	90.00%	- 5.23%
Secondary Procedure	80%	91.31%	90.00%	- 1.31%

The following factors influenced the results obtained this year:

Delivery of training programme

The training program has been a tremendous success, achieving a 100% success rate, with all 5 candidates completing and passing their National Clinical Coding Qualification on their first attempt, and with outstanding results. One of these candidates earned two National awards for achieving the highest results in the country. The program continues to support new cohorts of trainee coders, and the current group is progressing through the first year of the established syllabus and timetable.

The wider team has also completed their mandatory training, including refresher courses (where necessary) and annual updates to standards training, ensuring they remain current with the latest clinical coding practices.

Department Structure and Recruitment

The department has maintained a stable, established team over the past year, following successful recruitment in the previous year. Additionally, they have successfully recruited more staff to expand their team in preparation for the opening of the Elective Care Centre in 2025/26. They achieved one of their best year-end results, with minimal uncoded volumes and lost income. The department effectively operated within their budget, utilising resources efficiently to deliver positive monthly and year-end outcomes.

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 continues to offer guidance on coding standards, rules, and governance, which can be considered when digitising existing paper forms or implementing new systems and digital workflows.
- **Trust-wide Improvement Projects:** A key contributor to the Income Capture Group, providing ongoing support and leadership in GIRFT (Getting it Right First Time) reviews and related action plans. Involved in the development and continued implementation of NBT's Stroke Service, contribution in Venous Thromboembolism (VTE) Board, further assistance with the Mortality Board, and participation in Digital projects such as CareFlow Medicines Management (CMM)
- **Communication & Engagement:** Delivering 'Coding Awareness' sessions to both clinical and non-clinical staff, including an introduction to coding for F1 and F2 Junior Doctors.



Overall Performance

- The overall 2024/25 performance is indicative of '**Standards Met**' assurance rating within the DSP Toolkit.
- In isolation secondary diagnosis and secondary procedure meet the '**Standards Exceeded**' assurance levels within the DSP Toolkit.

Data Security and Protection Toolkit (DSPT)

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 2021/22, 2022/23 and 2023/24 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 2022/23 we ranked in the top 3% of Trusts nationally. Auditors again confirmed upper-quartile benchmarking in 2023/24, with the Trust again achieving ‘**Standards Met**’ and 100% completion of all assertions in the Toolkit.

In 2024/25, the Data Security & Protection Toolkit (DSPT) was significantly strengthened to embrace the Cyber Assurance Framework (CAF) standards. The change reflects a shift in emphasis from confirming compliance statements (“assertions”) to demonstrating progress against defined improvement goals (“objectives”). This meant that the Trust must demonstrate a mandatory level of competence and assurance, along with evidence-based progress and plans associated with the non-mandatory objectives. Embracing these changes, the Trust has maintained a “Standards Met” rating this year.

Data Security & Protection Toolkit	2022/23	2023/24	2024/25
Mandatory Evidence items provided 2024/25 - Objectives Confirmed	113/113	108/108	47/47
Non-mandatory evidence items provided 2024/25 - Objectives Partially Achieved	18/18	32/32	10/47
Assertions confirmed 2024/25 - Objectives Achieved	36/36	34/34	37/47
Assessment status	Standards Met	Standards Met	Standards Met

3.2 Clinical Effectiveness

National Clinical Audits

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 2024-25. These help the Trust to assess the quality of healthcare and improve patient care by reviewing services against agreed standards of care nationally.

There are 88 individual projects listed for inclusion in the Quality Account. Of these, NBT is eligible to participate in 61. Of these, NBT is confirmed to be participating in 51 to date.

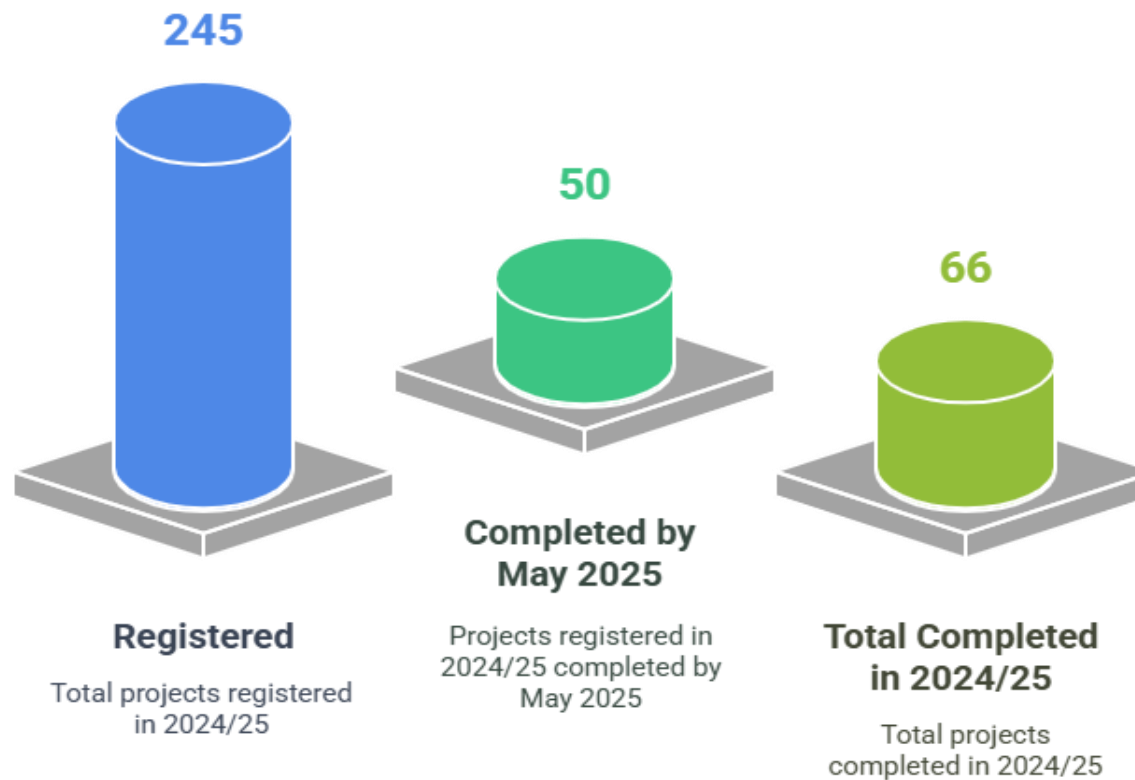
Name of Audit Programme	NBT Eligible?	NBT Participation?
BAUS Data & Audit Programme: BAUS Penile Fracture Audit	Yes	Yes
BAUS Data & Audit Programme: BAUS-DUNC	Yes	Yes
BAUS Data & Audit Programme: Environmental Lessons Learned and Applied to the bladder cancer care pathway audit (ELLA)	Yes	Yes
Breast and Cosmetic Implant Registry	Yes	Yes
British Hernia Society Registry	Yes	No
Case Mix Programme (CMP)	Yes	Yes
Child Health Clinical Outcome Review Programme1	N/A	N/A
Cleft Registry and Audit Network (CRANE) Database	N/A	N/A
Emergency Medicine QIPs: Care for Older People	Yes	Yes
Emergency Medicine QIPs: Adolescent Mental Health	Yes	Yes
Emergency Medicine QIPs: Time Critical Medications	Yes	Yes
Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People1	No	N/A
Falls and Fragility Fracture Audit Programme (FFFAP): a) Fracture Liaison Service Database (FLSDB)1	Yes	Yes
Falls and Fragility Fracture Audit Programme (FFFAP): b) National Audit of Inpatient Falls (NAIF)1	Yes	Yes
Falls and Fragility Fracture Audit Programme (FFFAP): c) National Hip Fracture Database (NHFD)1	Yes	Yes
Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	Yes	Yes
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	Yes
Medical and Surgical Clinical Outcome Review Programme	Yes	Yes

Name of Audit Programme	NBT Eligible?	NBT Participation?
Mental Health Clinical Outcome Review Programme	No	N/A
National Adult Diabetes Audit (NDA):1 National Diabetes Core Audit	Yes	Yes
National Adult Diabetes Audit (NDA):1 Diabetes Prevention Programme (DPP) Audit	Yes	Yes
National Adult Diabetes Audit (NDA):1 National Diabetes Footcare Audit (NDFA)	Yes	Yes
National Adult Diabetes Audit (NDA):1 National Diabetes Inpatient Safety Audit (NDISA)	Yes	Yes
National Adult Diabetes Audit (NDA):1 National Pregnancy in Diabetes Audit (NPID)	Yes	Yes
National Adult Diabetes Audit (NDA):1 Transition (Adolescents and Young Adults) and Young Type 2 Audit	Yes	Yes
National Adult Diabetes Audit (NDA):1 Gestational Diabetes Audit	Yes	Yes
National Audit for Cardiac Rehabilitation	Yes	Yes
National Audit of Care at the End of Life (NACEL)1	Yes	Yes
National Audit of Dementia (NAD)1	Yes	Yes
National Bariatric Surgery Registry	Yes	Yes
National Cancer Audit Collaborating Centre (NATCAN): Metastatic Breast Cancer (NA0Me)1	Yes	N/A
National Cancer Audit Collaborating Centre (NATCAN): Primary Breast Cancer (NA0Pri)	Yes	N/A
National Cancer Audit Collaborating Centre (NATCAN): National Bowel Cancer (NBOCA)1	Yes	Yes
National Cancer Audit Collaborating Centre (NATCAN): National Kidney Cancer (NKCA)1	Yes	Yes
National Cancer Audit Collaborating Centre (NATCAN): National Non-Hodgkin Lymphoma Audit (NNHLA)1	Yes	N/A
National Cancer Audit Collaborating Centre (NATCAN): National Oesophago-Gastric Cancer Audit (NOGCA)1	No	N/A
National Cancer Audit Collaborating Centre (NATCAN): National Ovarian Cancer Audit (NOCA)1	Yes	N/A
National Cancer Audit Collaborating Centre (NATCAN): National Pancreatic Cancer Audit (NPaCA)1	No	N/A
National Cancer Audit Collaborating Centre (NATCAN): National Prostate Cancer Audit (NPCA)1	Yes	Yes
National Cardiac Arrest Audit (NCAA)	Yes	Yes
National Cardiac Audit Programme (NCAP) – National Audit Cardiac Surgery Audit (NACSA)	No	N/A
National Cardiac Audit Programme (NCAP) – National Congenital Heart Disease Audit (NCHDA)	Yes	Yes
National Cardiac Audit Programme (NCAP) – National Heart Failure Audit (NHFA)	Yes	Yes
National Cardiac Audit Programme (NCAP) – National Audit of Cardiac Rhythm Management (CRM)	Yes	Yes
National Cardiac Audit Programme (NCAP) – Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes
National Cardiac Audit Programme (NCAP) – National Audit of Percutaneous Coronary Intervention (NAPCI)	Yes	Yes
National Cardiac Audit Programme (NCAP) – National Audit of Mitral Valve Leaflet Repairs (MVLR)	No	N/A
National Cardiac Audit Programme (NCAP) – UK Transcatheter Aortic Valve Implantation (TAVI) Registry	No	N/A
National Cardiac Audit Programme (NCAP) – Left Atrial Appendage Occlusion (LAAO) Registry	No	N/A
National Cardiac Audit Programme (NCAP) – Patent Foramen Ovale Closure (PFOC) Registry	No	N/A
National Cardiac Audit Programme (NCAP) – Transcatheter Mitral and Tricuspid Valve (TMTV) Registry	No	N/A
National Child Mortality Database (NCMD)1	No	N/A
National Clinical Audit of Psychosis (NCAP)1	No	N/A
National Comparative Audit of Blood Transfusion – NICE Quality Standard QS138	Yes	Yes

Name of Audit Programme	NBT Eligible?	NBT Participation?
National Comparative Audit of Blood Transfusion – Bedside Transfusion Practice	Yes	Yes
National Early Inflammatory Arthritis Audit (NEIAA)1: British Society for Rheumatology	Yes	Yes
National Emergency Laparotomy Audit (NELA)1	Yes	Yes
National Joint Registry	Yes	Yes
National Major Trauma Registry (Note: Previously TARN. To commence data collection in 2024)	Yes	Yes
National Maternity and Perinatal Audit (NMPA)1	Yes	Yes
National Neonatal Audit Programme (NNAP)1	Yes	Yes
National Obesity Audit (NOA)1	Yes	N/A
National Ophthalmology Database (NOD): Age-related Macular Degeneration Audit	No	N/A
National Ophthalmology Database (NOD): Cataract Audit	No	N/A
National Paediatric Diabetes Audit (NPDA)1	No	N/A
National Perinatal Mortality Review Tool	Yes	Yes
National Pulmonary Hypertension Audit	Yes	N/A
National Respiratory Audit Programme (NRAP):1 COPD Secondary Care [Note: previously named National Asthma and COPD Audit Programme (NACAP)]	Yes	Yes
National Respiratory Audit Programme (NRAP):1 Pulmonary Rehabilitation	Yes	Yes
National Respiratory Audit Programme (NRAP):1 Adult Asthmas Secondary Care	Yes	Yes
National Respiratory Audit Programme (NRAP):1 Children and Young People’s Asthma Secondary Care	Yes	Yes
National Vascular Registry (NVR)1	Yes	Yes
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	No	N/A
Paediatric Intensive Care Audit Network (PICANet)1	No	N/A
Perioperative Quality Improvement Programme	Yes	Yes
Prescribing Observatory for (POMH): Rapid tranquillisation in the context of the pharmacological management of acutely disturbed behaviour	No	N/A
Prescribing Observatory for (POMH): The use of melatonin	No	N/A
Prescribing Observatory for (POMH): The use of opioids in mental health services	No	N/A
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS):	No	N/A
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS):	No	N/A
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS):	No	N/A
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS):	No	N/A
Sentinel Stroke National Audit Programme (SSNAP)1	Yes	Yes
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	Yes	Yes
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	Yes
UK Cystic Fibrosis Registry	No	N/A
UK Renal Registry Chronic Kidney Disease Audit	Yes	Yes
UK Renal Registry National Acute Kidney Injury Audit	Yes	Yes

Local Clinical Audit and Effectiveness

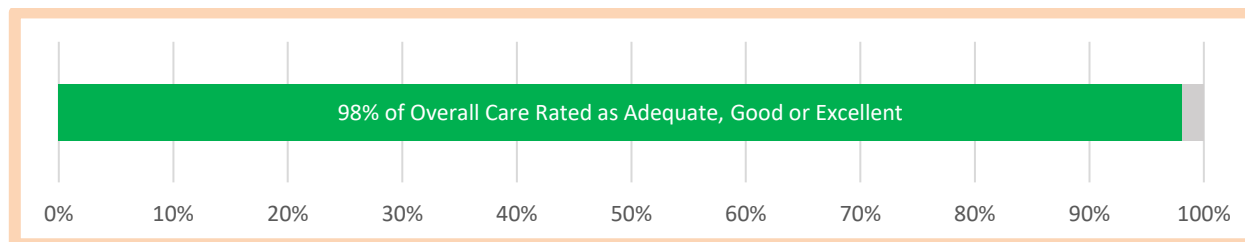
Local Clinical Audit and Effectiveness Project Status 2024/25



Mortality & Learning from Deaths

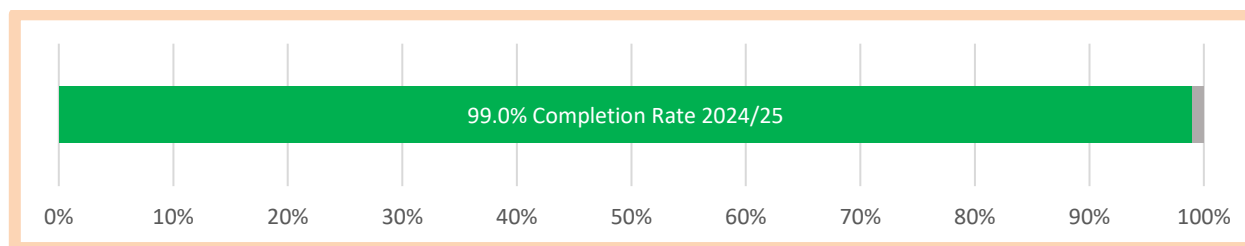
Level of Care

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 **2024/25** was **99.0%** which is an improvement on last year's **98.1%**. 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%** 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.



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Learning from Deaths – Specialty Level Learning and Improvement

- **Clinical Division: Anaesthetics, Surgery, Critical Care and Renal**

- ❖ **General Surgery:** A new database for collection of M&M data has been developed which standardises reporting of complications relating to surgery and inpatient stays under surgical teams. Regular governance meetings are minuted with learning outcomes from complications and have increased team engagement and recognition of resident doctor efforts, with presentations of these cases at the meetings which are recognised with certificates for their portfolios.
- ❖ **Nephrology:** The main theme from the mortality review tool concerns patients with CKD 5. Our excellent Renal Supportive Care Team work on the renal ward, provide in-reach within Southmead, deliver community home visit support, and work collaboratively with the dialysis units, hospital and community palliative teams, and primary care. They identify patients approaching end of life, support complex decision making e.g. where patients lack capacity, avoid hospital admission, provide advanced care planning for complex patients throughout the renal service and provide ongoing care for patients who have chosen conservative management.

- **Clinical Division: Medicine**

- ❖ **Acute Medicine:** A specific malignant hypertension protocol has been developed following several cases of difficult to control malignant hypertension/Posterior Reversible Encephalopathy Syndrome with associated hypertension in the Acute Medical Unit (AMU). In other cases, delays to diagnostic imaging have affected patient outcomes, e.g. plain film x-rays and CT imaging. This has prompted the frailty team and radiology to review our processes and agreements in place for times to diagnostics. Delays to patients being clerked potentially resulted in harm to at least one patient (cardiac arrest before clerking), likely due to the sustained pressure of high volume of patients. A pilot is ongoing to adjust the way our consultant team works with one of our shifts to try and see patients directly from ED. Another theme has been handover of patients from ED and also between frailty and acute teams. This has prompted work to improve this with CareFlow use as well as improved working across ED and medical teams.
- ❖ **Gastroenterology:** We are working closely with the Group Mortality Improvement Programme to look at training opportunities for Caspe Healthcare Knowledge System and the development of the mortality dashboard data that will help us to improve throughout 2025/26.
- ❖ **Care of the Elderly:** An M&M discussion of an agitated patient who had been given several doses of PRN haloperidol - higher than the team would have expected in a frail patient. This has been fed-back to the dementia team to highlight the need for reduced doses of haloperidol in frail individuals and will be highlighted in the updated delirium guideline. This was highlighted to the pharmacy team as they screen prescription charts to ensure they are more alert to PRN haloperidol doses and aware when to escalate/highlight potentially high usage of this. We have also discussed a patient who had an acute chronic Subdural Haematoma (SDH) but was within a Care of the Elderly (COTE) medicine ward. This patient had a worsening SDH which was picked up on a repeat CT head scan and was noted to have worsening neurology. We do care for several patients with SDH's within our COTE bed base and there is ongoing work looking at the SDH pathway within COTE.

- ❖ **Respiratory:** A patient was transferred from UHBW to renal for dialysis who did not have clinical notes with them, so when they deteriorated the team did not have all their clinical information. A policy document is being developed regarding transfer of acutely ill patients between the Trusts which will include notes transfer. It is being formally discussed by the patient safety teams at NBT and UHBW.
 - ❖ **Infectious Diseases:** M&M review has identified several instances of patients declining prescribed medications without the ward doctors being aware. Omission of these medications did not necessarily contribute to poor outcomes in these cases, there is a risk that e.g. declining thromboprophylaxis could lead to a serious outcome. This has been added to the morning multidisciplinary board round/safety briefing so nursing staff can flag any declined medications regardless of indication.
 - ❖ A consistent message is the importance of considering and discussing poor prognosis early, allowing patients and families the opportunity to engage with palliative care before death is imminent. The M&M has enabled an outline of event timelines and identification of missed opportunities to refocus the aim of care from active treatment/investigation to symptom management. This is a common M&M theme, and the discussions help to empower resident doctors and allied health professionals to suggest refocusing care when looking after deteriorating patients on the ward. While there has not been a specific intervention to change this, as it is a complex area and highly specific to individual patients' circumstances, the open discussions enabled during the meetings are helpful reminders and good education for all attendees.
- **Clinical Division: Neurological and Musculoskeletal Sciences**
 - ❖ **Neurology:** One review raised interesting points about language in clinic letters following the Patterson Enquiry, and the importance of good 'shared decision making' in consent.
 - ❖ **Stroke:** Work to improve referral pathway back from NBT to UHBW for stroke patients awaiting 'repatriation'. Updated learning regarding management of GI bleeds. Ongoing stroke follow-up task list implementation (in conjunction with AMU secretaries). Ongoing work around malignant MCA patients (including audit of compliance with quality standards, examining the hemicraniectomy proforma and whether changes need to be made).

Medical Examiner

The Medical Examiner (ME) service was established at NBT in 2020 and has been considered “business as usual” for the last several years. On the 9th September 2024, the “National Medical Examiner (Additional Functions) Regulations” came into force, making the service a legal requirement. Therefore, all NBT deaths *MUST* now be reviewed (as opposed to “ideally reviewed”). This represented 2064 cases in 24-5 at NBT, the total acute trust deaths for BNSSG being 3845.

As has been the case in prior years, 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	24/25
Cases referred for Structured Judgement Review (SJR)	36	24	38	52
Potential patient safety incident - confirmed	21	14	14	24
PALS / Complaints details passed to Next of Kin (NOK)	40	48	49	96
General feedback for division - with no specific actions	55	103	100	118
Total*	152	189	201	290

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

Progress During 2024/25

Data continues to be collected regarding timescales for the death certification process and this is analysed for sources of potential delay. Earlier years showed time taken to complete the ME process remained relatively steady, with an average of 3.6 days.

More recently - in the six months prior to becoming statutory, the process was taking 4.1 days. However, in the six months following the statutory date this figure increased to 7.33 days. This is despite there being less paperwork following the abolition of Cremation Forms. In this timeframe there was the removal of the £82 payment made to the Doctor for the Cremation Form completion (which has often been quoted as a reason for there being less enthusiasm to engage) and a loss of one Medical Examiner session to the community service (to balance the workload).

We are currently working with the bereavement and mortuary service to try and improve this metric. Following the success of moving clinical governance referrals to the Radar IT system in the summer of 2023, we moved *ALL* our reporting onto this system (since May 1st, 2025).

Whilst not directly NBT related, it is important to note that the service has been operating at UHBW as “business as usual” in the same timeframe, and that on the 9th of September 2024 there was in addition to the introduction of the community service. The addition of the community service has brought onboard (in descending order of expected caseload)

- ❖ General Practice (6 Primary Care Networks which consists of 78 practices, across 120 branches)
- ❖ Saint Peters and Weston Hospices, and the children’s hospice at Charlton Farm
- ❖ Sirona
- ❖ The Avon and Wiltshire Mental Health Partnership
- ❖ The MoD base at Filton
- ❖ All private medical facilities in the BNSSG ICS footprint

This has approximately doubled the workload of the service, where 8220 deaths are expected across BNSSG each year.

Future plans for 2025/26

The benefit of such a large service is that where deaths occur at one site, but issues/learning pertain to another, cross learning can be more easily facilitated.

To ensure this happens, we are currently engaging with the ICS to ensure the ME service is embedded in the BNSSG community governance structure.

We are a key contributor to the cross-system Mortality Improvement Project (currently NBT and UHBW) and are ideally placed to facilitate the inclusion of community deaths in this service.

We will then be a part of a full BNSSG mortality overview program.

3.3 Patient Safety

North Bristol NHS Trust has continued in 2024/25 to put patients first and at the centre in everything we do to ensure the safety of our care and treatment.

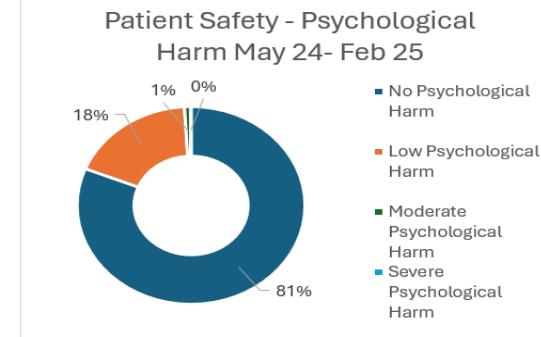
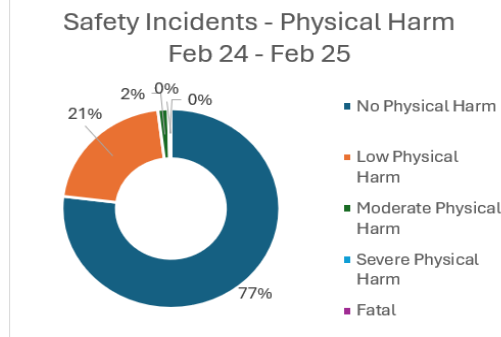
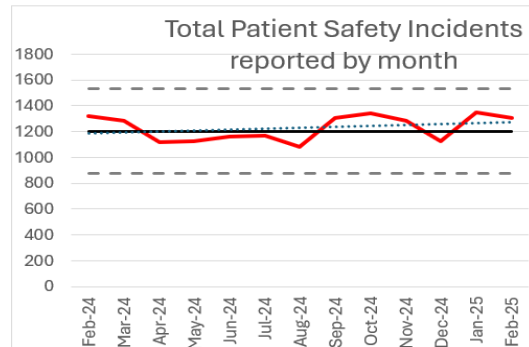
In the last year patient safety incident reporting levels have remained in line with a small increase in the total number reported month on month. This indicates a stable and potentially expanding positive safety culture.

In April 2024, the Trust implemented the national Learning from Patient Safety Events (LfpSE) system, changing the way harm is reported and how data is communicated to NHS England for analysis. Harm data shows that most patients are not physically or psychologically harmed by safety incidents, with most being reported as low or no harm.

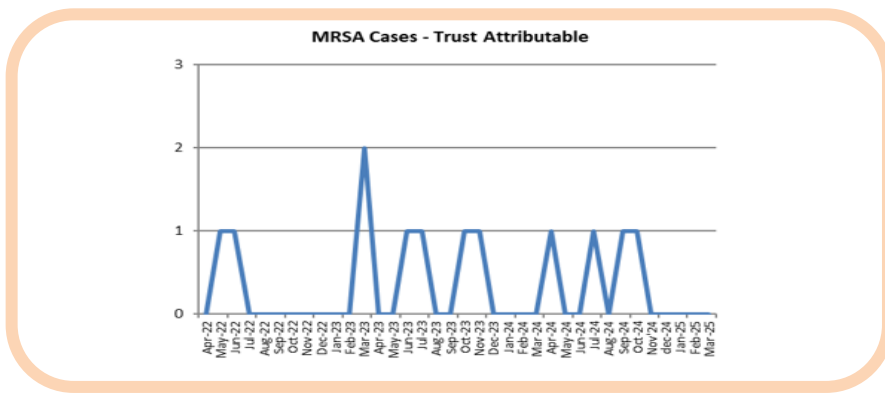
A priority for NBT is to focus on safety culture to better understand how our teams work together and deliver safe care. This Safety II approach to what works well, balanced with opportunities for improvement, will be a core principle to continue into 2025/26.



Key indicators

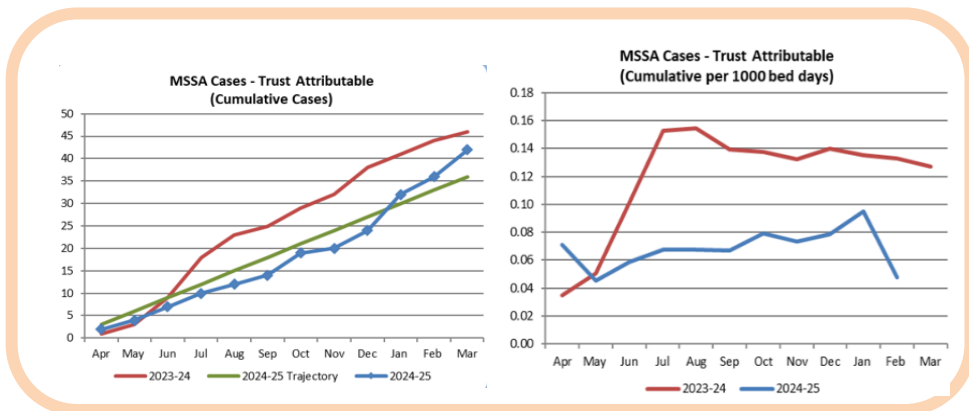


Methicillin Resistant Staphylococcus Aureus (MRSA)

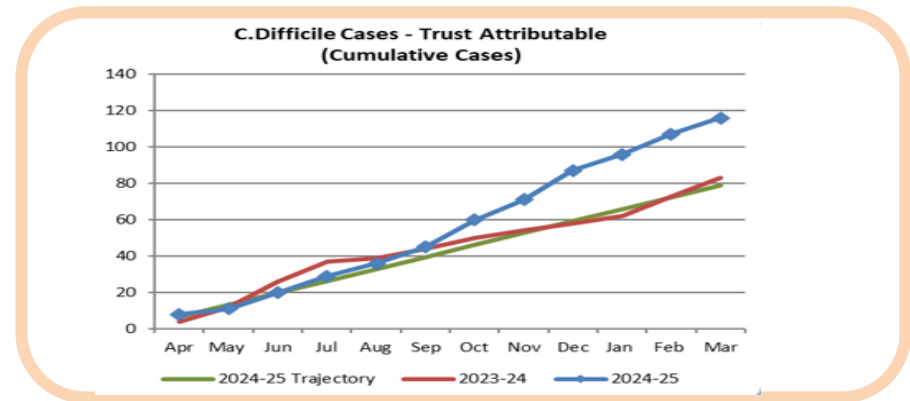


There have been 4 cases of MRSA in 2024/25. Of these, 3 cases were colonised infection and 1 included line issues that have been explored. Colonised cases from COHA are being explored by the ICB Infection Prevention and Control teams, looking at Community antibiotic prescribing. The case linked with line care has an improvement programme linked to the reduction of line care infection. The increase of education is led in the divisions and on safety briefings, also IPC education to clinical teams.

MSSA Cases – Trust Attributable (Cumulative Cases and per 1000 bed days)



C. Diff Cases – Trust Attributable (Cumulative Cases)



Cases have increased this year with 76 Hospital-onset, Healthcare-associated (HOHA) and 41 Community-onset, Healthcare-associated (COHA).

Many of these cases had complex medical needs with evidence of multiple antibiotics.

Cases have continued to rise both nationally and regionally. NBT remains in line with other providers in the South-West who have also seen a rise.

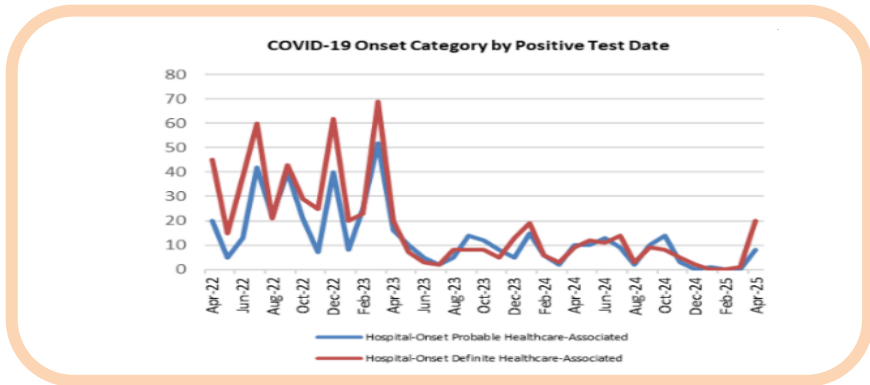
There were 36 cases during 2024/25 against a trajectory of 42.

Cases of MSSA were lower than the previous year, with a 9.8% in line-care related issues, against an aim of a 10% reduction. Work continues in this space with line-care a priority.

It is noted that NBT currently has an underfunded vascular access team. Some line related infections can be attributed to lack of a PICC or midline.

ASCR have a business case in place to support an increased vascular access service. This is supported by both the Healthcare Associated Infections (HCAI) steering group and the Control of Infection Control Committee (COIC).

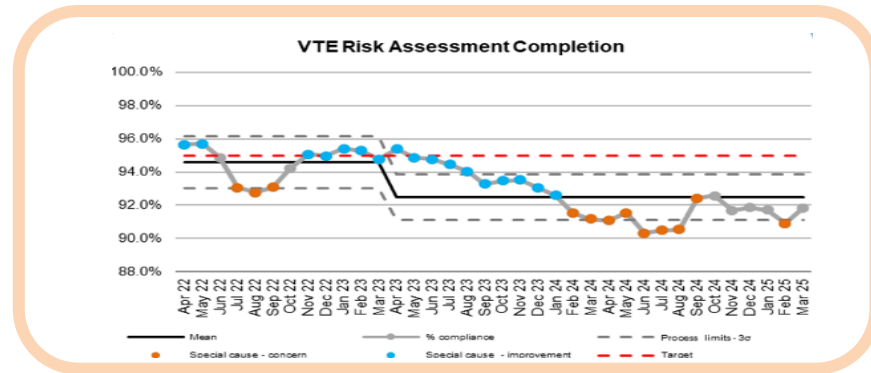
SARS – CoV-2 – Covid 19



Cases remain in low numbers, increasing slightly over Winter, but do not cause issues with flow or bed capacity.

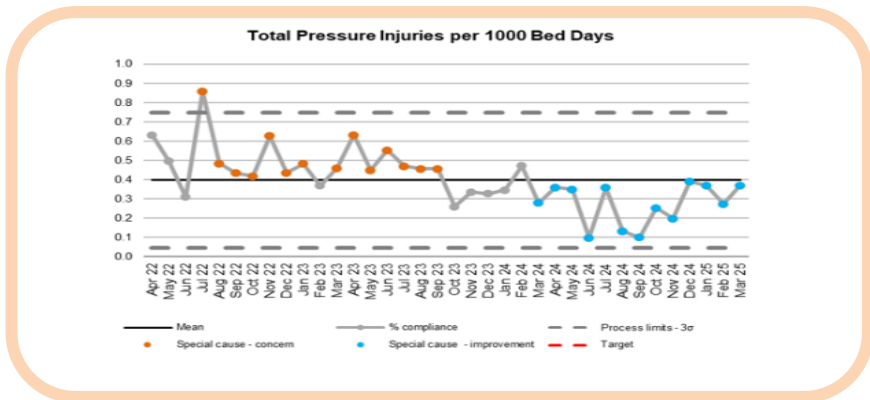
Influenza cases in Winter 2024/25 were the second highest in the last 10 years and caused some disruption to patient flow and bed closures.

VTE Risk Assessment (RA) Completion



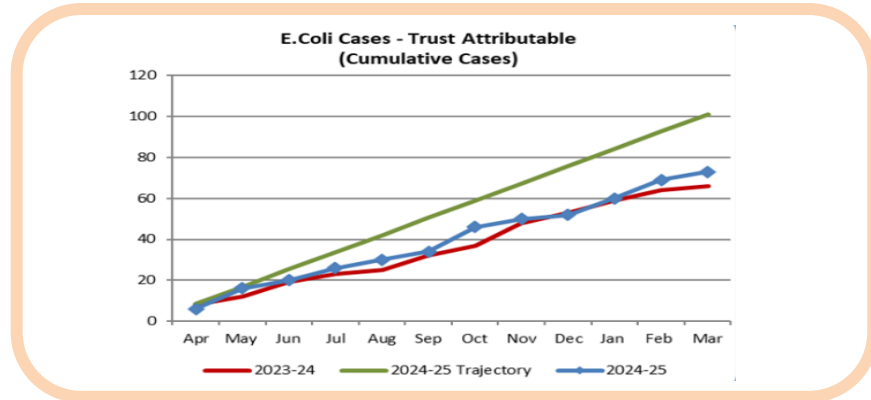
The VTE digital risk assessment was launched across the Trust in July 2023. After an initial expected drop in compliance due to the hybrid clerking process, compliance improved with regular audits, teaching and reminders. In September 2025, completion will become a 'forcing' measure via the digital prescribing module which will support further improved compliance. In the interim the VTE team continue to review the requirement for a VTE RA for individual patients, identify patient cohorts who do NOT require a VTE RA, and ensure that data collection is accurate.

Total Pressure Injuries per 1000 Bed Days



This remains under 0.4 bed days with reductions in pressure related damage seen in general. Some minor increases of cases have been due to increased patient numbers and complexity of cases.

E. Coli Trust Attributable (Cumulative Cases)



Cases have remained under trajectory for 2024/25, with ongoing work with catheter care and hydration.

Safeguarding

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 safeguarding agenda and ensuring our staff have sufficient skills, knowledge and confidence to recognise, prevent, and act on safeguarding concerns and demonstrate competence and drive continuous improvement around safeguarding practice for the benefit and protection of the patients accessing the service, and for the wider community within an increasingly complex landscape.



The safeguarding 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.

Throughout **2024/25** the Integrated Safeguarding Team demonstrated commitment to improvements in safeguarding practice and collaborative working, in addition to the team providing expert support, guidance and leadership across the Trust; by developing a robust joint senior leadership model with UHBW safeguarding service. This model allowed for improvement in processes and systems, as well as identification of opportunities for removal of duplication.



The safeguarding senior leadership continue 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. The service also has actively contributed to the Serious Youth Violence reduction programmes of work across the Avon & Somerset footprint, in addition to meeting the increasing demand from statutory reviews.

Incidences of self-neglect and domestic abuse has increased significantly, and the impact of these areas has resulted in an increase in statutory safeguarding activity and reviews.

Learning from statutory reviews remains a key focus for the next year.

The service also has actively contributed to the Serious Youth Violence reduction programmes of work across the A&S footprint in addition to meeting the increasing demand from statutory reviews.

Key Achievements in 2024/25

The Integrated Safeguarding Team (IST):

All members of our expert team of safeguarding professionals have continued to develop their own skills and knowledge in addition to developing and supporting trust staff. There has been increased activity around safeguarding children and those who are a transitional age, which has provided additional challenge.

The Integrated Safeguarding Team has provided robust support to ensure safe practice Trust-wide around children and adults at risk who are presenting with safeguarding concerns. Safeguarding processes continue to be embedded across the Trust's clinical divisions, delivering the key message that safeguarding is core business for all.

Multiagency Statutory Working:

The Interim Director of Safeguarding and Interim Associate Director of Safeguarding have continued to participate in the regional Safeguarding Health Leads group across BNSSG.

The NBT Safeguarding service has contributed to an increased number of Safeguarding Adult Reviews (SAR), Domestic Homicide Reviews (DHR) and Child Safeguarding Practice Reviews (CSPR) across the six statutory boards and partnerships.

The service has also supported the development of the Bristol Adult Multi-Agency Safeguarding Hub (MASH) with a member of the NBT Integrated Safeguarding Team being seconded to the role of the Integrated Care Board (ICB) MASH nurse for one year.

Collaboration:

The Safeguarding service actively participates in the Safeguarding Boards, Partnerships, and sub-groups (all ages) across BNSSG statutory safeguarding arrangements. In order to drive improvements, reduce duplication and develop more consistent processes across the two Trusts, the two Senior Safeguarding Leaders at NBT spent the last year working across NBT and UHBW, demonstrating commitment to positive and effective joint working.

Training:

Safeguarding training compliance has remained very good throughout the year. A well-trained and competent workforce around safeguarding topics assures the community that the most vulnerable members of society are safe when accessing our services. The service has a critical role in monitoring adherence to training and ensuring appropriate training at the correct levels is available.

Future plans for 2025/26

Development of further collaborative work with UHBW and the wider safeguarding system across BNSSG will be key to meet the increasing strategic and operational requirements of the service. This will be within a landscape of increased financial pressure and uncertainty around the future of the health and social care system and how this will impact safeguarding as a statutory framework.

Freedom to Speak Up (FTSU)



Sir Robert Francis QC’s report “The Freedom to Speak Up” (2015) found that NHS culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result. One of the recommendations was to create **Freedom to Speak Up Guardians** to encourage and support workers in healthcare to raise any concern that they feel gets in the way of patient care, or that affects their own or others working life. A routine ‘**speaking up, listening up and following up**’ improvement environment is nationally expected as part of safe and effective services in which worker’s voices are valued as a gift to the organisation, and supporting colleagues to thrive at work.

As subject matter experts, and through training programmes, FTSU Guardians engage in proactive work to train support workers to feel able to speak up routinely in their service, and the organisation’s leadership and managers to develop, role model and deliver the expected culture, in addition to reflecting back opportunities for related culture improvement.

NBT has a Lead FTSU Guardian and during 24/25 introduced an Associate FTSU Guardian to support capacity in responsiveness and visibility, along with assisting in supporting further evolution of the network of FTSU Champions as a key mechanism to breaking down barriers to speaking up (signposting to appropriate sources).

2024/2025	Q1	Q2	Q3	Q4	Total
Number of cases raised with the FTSU Guardians	28	34	31	37	130
National Comparator Average	27	31	37	Not available	

Future Plans for 2025/2026

We will consolidate and continue to further develop the above actions and align supportive improvement plans and actions across the Bristol NHS Group.

Key areas of focus in 2024/2025 have been:

- Walkarounds, training and communications to raise awareness.
- Increasing the number, diversity and representation of FTSU Champions.
- Supporting the Leadership and Management Training leads to weave related key aspects into Healthcare Excellence Leadership Management (HELM) and other management programme modules.
- Supporting further development of triangulation of data and themes of concerns with partners in the organisation, for improvement.
- Feedback on engagement activity reflecting barriers to speaking up at NBT.
- Engagement with senior leaders around role-modelling and communicating the expected routine environment; Listen Up pledges were encouraged.
- Manager guidance drafted as a key part of a focus on supporting managers, to supplement.
- Supporting key related areas of cultural improvement and worker voice: ‘We do not accept’, sexual safety, anti-racism.
- Bringing together FTSU Champions from the Hospital group (NBT and UHBW) for networking and support

Further details of the work of the FTSU service at NBT is included in regular reports to Trust Board, available on the NBT website.

Guardian for Safe Working Hours

Key Initiatives and Feedback:

- **“Locums Nest” digital app:** Implemented by NBT to improve locum uptake based on a Resident Doctor Forum's suggestion.
- **Acute block feedback:** Changing from a single 6-week block to 3 x 2-week blocks has been positively received.
- **Less Than Full Time (LTFT) Working Group:** Formed to address challenges with less than full time Resident Doctors, resulting in a handbook, schedule templates, and improved rota dissemination.
- **Improved representation:** Educational Leads now nominate Resident Directors to attend Residents Directors Forum, enhancing specialty representation.
- **Overtime mechanism:** Calculates average hours, leading to fines and reviews of rotas exceeding 48 hours per week.
- **Non-Resident On Call (NROC) hours review:** A diary exercise is reviewing NROC hours in Plastics ST3+.
- **Exception reporting:** Updated videos and communications to remove barriers to exception reporting, with easy reporting instructions.
- **National framework:** NHS England provided a framework for changes to exception reporting, with a deadline of 12th Sept 2025. The Trust is working to meet this deadline despite pending updates from software providers.

Ongoing Actions

- Continue reviewing rotas with 47+ hours average as vulnerable to breaching contract with paid overtime.
- Implement National Framework on changes to exception reporting.
- Recruitment of a replacement NBT Guardian.
- Review current accuracy of work schedules for full-time RDs compared to their rotas and address any inaccuracies.

Networking

The NBT Guardian is actively involved in the Regional Forum of Guardians for Safe Working Hours and NHSE focus group on contract re-negotiations impact on exception reporting. Regular contact is maintained with national and regional groups.

Exception Reports:

- **Total Exceptions:** 519 exceptions logged during FY 24/25 across various specialties.
- **Safety Reports:** 12 (0.02%) exception reports labelled as Immediate Safety concerns, mostly due to gaps in rotas without cross cover or locums found.
- **Educational Opportunities:** 15 educational exception reports, including missed teaching sessions and clinic attendance due to staffing issues.
- **Service Support:** 15 reports related to understaffing, mostly due to short-term sickness.

Exception By Year

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2024	28	45	42	44	30	24	21	34	68	85	55	21
2025	51	26	55	-	-	-	-	-	-	-	-	-

3.4 Patient Experience

Patient Experience Strategy

Our three-year Patient and Carer Experience Strategy builds on our Trust Strategic aim: Outstanding Patient Experience. In this second year, we continued to focus on four key commitments which have underpinned and shaped our work:

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

For each of these commitments, we identified a set of priority objectives for the second year. A detailed work plan guides and supports their implementation. A summary of progress is outlined below:

Patient & Carer Experience Strategy Commitment	Commitments	Progress Status
Listening to what patients tell us	We will continue to share patient experiences at Board and through other governance committees, to ensure the voice of the patient is heard.	Complete. Stories gathered from patients and carers continue to provide insights into the care received, helping to improve services and care provision. A wide range of experiences were heard in 2024/25, e.g. breastfeeding initiatives, surgical waits, the Gypsy, Roma and Traveller Community and a moving story of a volunteer reflecting on how they support patients. A Group approach to patient and carer stories at Board will be taken forwards.
	We will build on our existing methods to collect patient feedback ensuring these are accessible to all. We will explore the use of new technologies to support this including how we capture social listening (social media comments). Identified as a Quality Priority.	First year evaluation of Patient Conversations shared with Patient and Carer Experience Committee (PCEC) in December. Over 200 patient conversations were carried out providing real-time patient feedback. The model will be embedded and grown in 2025/26, ensuring it is accessible and effective. The one-year feasibility study of the Patient Experience Platform (PEP) commenced with 3 pilot areas starting to evaluate the system, data usage and insights from FFT and social listening using AI technology.
	We will continue to develop the Integrated Performance Report (IPR), so that the Board and other leaders can have oversight of the experience our patients received.	Complete. Use of the new IPR format commenced in Quarter 4.

Working together to support and value the individual and promote inclusion	We will aim to increase the diversity of our volunteer teams to reflect our local community and patients we serve, with a particular focus on Outpatient areas.	The Volunteer Service strategic plan 2025-2028 was shared at Trust Board in March. This commitment is captured within the strategic plan.
	We will meet the needs of patients with lived experience of Mental Health or Learning Disability (LD) and neurodivergent people in a person-centred way. Identified as a Quality Priority	We completed our first patient conversations with patients with LD in December, speaking to 4 patients. Further conversations took place up to March and findings are being evaluated to inform improvements and learning.
	The voice and the involvement of carers will be respected and integral in all we do.	Carers Awareness Training now available for staff to support a culture of supporting and working in partnership with carers at NBT. 10 carers chairs have been shared with wards. The Carers Strategy Group met has quarterly meetings planned.
	Personalised care in various services by using tools such as 'This is Me' developed for patients with dementia, 'Shared Decision Making' (SDM) and "Informed Decision Making" Identified as a Quality Priority	SDM processes run as BAU in 7 specialties with divisional performance metrics reported. Training modules designed and delivered for nursing and Allied Health Professional colleagues. SDM processes will be embedded into further specialties in 2025-26. Patient communications for 'Its ok to ask' have been rolled out, with Trust internet, banners in waiting areas and digital patient information leaflets.
	We will work together with health, care, and local authority partners to reduce health inequalities, by acting on the lived experiences of patients with a protected characteristic and/or who live in communities with a high health need.	Patient Story to Board in January provided insight into the lived experience of the Gypsy, Roma Traveller community accessing our services. This highlighted some of the Trust, and wider system work underway to help reduce the health inequalities experienced by this group. We have also listened to people experiencing homelessness and fed this into an outpatient access project. We continue to engage with West of England Sight Loss Council and the Centre for Deaf and Hard of Hearing.
Being responsive and striving for better	We will continue to sustain and grow our Complaints Lay Review Panel as part of our evaluation of the quality of complaint investigations and responses.	Complete. The panel welcomed two new members in November and continues to meet quarterly.
	We will continue to undertake the annual Patient Led Assessments of the Care Environment (PLACE) audits and respond to areas of improvement.	Complete. PLACE assessments have taken place with involvement from Patient and Carer Partners. Our physical access steering group will support the follow-up work focused on access.
	We will involve the volunteer voice within feedback to shape future volunteer roles and patient engagement opportunities.	Complete. The Volunteer Service strategic plan was shared at Trust Board in March. This commitment is captured within the strategic plan.
Putting the spotlight on patient and carer experience	We will refresh the patient experience portal on our website and staff intranet	Complete.
	We will develop a Patient Experience e-learning module to support the ongoing need of staff for easy access to busy frontline staff.	Complete. NHSE's Elective Care Reform paper , January 2025, details a commitment to make customer service training available for non-clinical patient-facing staff. An E-learning module developed in partnership with NHS Elect has been tested, adapted and launched during Patient Experience Week in April. It will be accessible to all staff via LEARN. An evaluation will follow in key areas identified in outpatients and Gynaecology to review whether this has had an impact on improving patient satisfaction and reducing complaints and concerns.

Friends and Family (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 1 April 2024 and 31 March 2025, **109,251 responses** were received (an **increase of 5.5%** from last year). While more patients shared their feedback than last year, this was across a larger patient group, as we invited more patients to participate.

Our Trust-wide response rate has slightly decreased from 16% to 13.2%. As more patients shared their feedback than last year, this does not indicate reduced engagement. We have achieved a **92.39% positive rating**, a minor decrease from the rating (92.67%) in 2023/24.

The table below shows the positive score against each care domain and whether this has improved, declined, or remained the same. Most areas saw only a very slight decrease, however the overall satisfaction rating dropped by 5.7% for the Emergency Department and by 1.6% for experience of birth in our Maternity Services. Pressures on emergency care within the healthcare system can impact satisfaction. In the year ahead, we will be introducing regular local surveys to gather more insight in these areas to inform improvements to care.

	Response rate		Rating (positive)	
	2023/24	2024/25	2023/24	2024/25
Trust-wide	16%	13%	92.67%	92.39%
Emergency Department	20%	19%	80.03%	74.68%
Inpatients	22%	22%	89.65%	89.60%
Outpatients	14%	11%	95.08%	94.94%
Birth	27%	21%	95.01%	93.43%
Day-case	21%	19%	96.22%	95.21%

The table below shows the top positive and negative themes for the past 12 months. These are consistent with the previous year’s 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 Themes

Positive

Negative

1. Staff	33123	1. Waiting Time	2526
2. Waiting Time	15405	2. Communication	1861
3. Clinical Treatment	12326	3. Staff	1729
4. Communication	6833	4. Clinical Treatment	1371
5. Environment	4057	5. Environment	979
6. Catering	734	6. Discharge	272
7. Discharge	572	7. Catering	200
8. Staffing levels	228	8. Staffing levels	100

“Excellent nurse, quick, efficient and painless taking blood samples. Wonderful doctor with really lovely bedside manner and asked questions clearly and explained things well. X-ray technician was also excellent and was very quick and efficient. Very thorough examination and overall, a very positive experience. Thank you very much to an all-round exceptional team at Southmead A&E.”

– Patient in the Emergency Department

“Midwives were excellent. My opinions were heard, and I felt safe. I was not rushed or pushed to do things I didn’t want to do. I had a very positive birth experience.”

– Patient in the Birth Suite

In our year two work plan we committed to build on our existing methods to collect patient feedback, ensuring these are accessible to all and making use of new technologies to support this. A one-year feasibility study of the Patient Experience Platform (PEP) commenced with three pilot areas starting to evaluate the system, data usage and insights from FFT and social listening using AI technology. The study will continue in 2025-26 across ten areas to determine whether the system should be pursued further. In the year ahead, the Trust will look to focus on monthly surveys linked to specific national survey improvement areas agreed as an output from each published survey.

National Patient Surveys

The Trust continues to participate in the Care Quality Commission's National Patient Survey programme. In 2024/25 we received results for:

- **The Adult Inpatient Survey 2023**
- **The Maternity Survey 2024**
- **The Urgent and Emergency Care Survey 2024**

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. Scores are given out of ten.

Adult Inpatient Survey 2023

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 2024

An excellent response rate was reported (47%), with **nearly 1 in 2 women responding**. NBT was rated as the **second-best Trust nationally for labour and birth care**, an improvement from being sixth highest in the previous year. We were also rated as the **third best Trust nationally for caring staff**.

Most women and birthing people were offered a choice about where to have their baby (9.6, while the national average was 8.2) and felt reassured that their partner was able to stay as much as was wanted after birth (8.0, national average 6.2). In comparison with other trusts, we scored significantly better on 24 questions. Areas where experience could improve include delays to discharge on the day of leaving hospital, being given information about physical recovery after birth and receiving support or advice about feeding their baby during evenings, nights or weekends if needed.

Urgent and Emergency Care Survey 2024

Patients rated their overall experience as **7.9 out of 10**, reflecting a sustained positive experience in the context of ongoing pressures within urgent and emergency care services. Most patients felt they were treated with respect and dignity (8.7), received good communication from staff about tests (8.2) and were helped by staff to take medication for any pre-existing medical conditions if needed (8.0). The Trust also performed better than most other trusts in providing patients with suitable food and drink while in the department, help with their condition or symptoms while waiting, and help to control their pain and medication for pre-existing conditions.

Areas for improvement included providing patients with information about medications to take home, discussing any anxieties or fears, discussion of further health or social care after leaving the Emergency Department and being told what will happen after the first assessment.

Complaints and PALS

Being responsive and striving for better

Complaints

The overall number of formal complaints received by the Trust has increased by 3% to 578, compared to 560 in the previous year.

We set an internal target of responding to 90% of complaints within the agreed timeframe, unfortunately this was not met. However, we have seen a 5% improvement on the previous year, with 78% of complaints responded to within the agreed timeframe. It is positive to see an improvement, considering more complaints were received compared to the previous year.

The Complaints Team continue to work closely with divisional teams to improve performance, with weekly meetings to review progress. A weekly tracker highlights complaints nearing their response dates and any overdue complaints.

Of the 578 complaints, 10% were re-opened (4% higher than the previous year). Reopened complaints are carefully reviewed to understand the reasons and identify opportunities for learning. We will focus on improving the monitoring of reasons for reopened complaints in the year ahead, to more easily identify any recurring issues, aiming to improve the quality of responses and address any gaps in communication or service delivery.

The complaints service continues to be responsive at initial contact with 100% of complainants receiving an acknowledgement of their complaint within the regulatory three working days under the NHS Constitution.

Complaints Lay Review Panel

The panel meets quarterly and reviewed 12 cases during the year, looking at the quality of investigations and responses, assigning a score, and noting areas of good practice and opportunities for improvement. The panel uses the Patients Association principles for scoring. A member of the panel attends the Divisional Patient Experience Group meeting to give feedback directly to clinical divisions on the findings.

This year the panel's membership has increased and now consists of 10 volunteer members. We aim to continue to sustain and grow the group membership as part of our evaluation of the quality of our complaint investigations and responses.

Patient Advice and Liaison Service (PALS)

PALS has continued to grow busier supporting patients, carers, families, and staff, highlighting the importance of the service. This year, there was an 8% rise in PALS concerns registered, to 1,811 compared with 1,670 the previous year. The PALS face-to-face "walk-in service" continues to be accessed with 373 visits for the year.

All PALS concerns were acknowledged within 2 working days, with 91% of closed cases responded to within the agreed timeframe. This is a

16% improvement on the previous year, which is a great achievement given the increase in volume.

The PALS and Complaints team changed to a new quality governance system, Radar Healthcare, in April 2024 for the management of complaints and concerns. The changeover went well with support from our in-house Radar team, and we have continued to make improvements to the system.

A one-year review is planned in April 2025 with involvement from the divisional patient experience teams. This will inform a plan for further developments, incorporating process changes agreed as part of the alignment work with University Hospitals of Bristol and Weston NHS Foundation Trust for the Group model.

Compliments

This year we formally logged **5,916 compliments**, a **2% increase** on the previous year. We know that this is only a small proportion of the total compliments and 'thank you' messages received by our staff across the Trust every day.

Spotlight

We continued to proactively capture patient stories, 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.

A wide range of experiences were heard during the year, including breastfeeding initiatives, surgical waits, hearing for the first time from the Gypsy, Roma, Traveller Community and a moving story of a volunteer reflecting on how they support to patients. Valuable insights continue to be shared.

An evaluation of the first year of Patient and Carer Conversations was shared with Patient and Carer Experience Committee in December, highlighting conversations, led largely by volunteers, with over 200 patients and carers for real-time feedback.

An E-learning module 'Improving the patient experience - Customer Care at North Bristol NHS Trust', developed in partnership with NHS Elect has been tested and adapted. This will be launched during Patient Experience Week in April 2025 and will be accessible to all staff via LEARN and an evaluation will follow in specific areas to review the impact on improving patient satisfaction and reducing complaints and concerns.

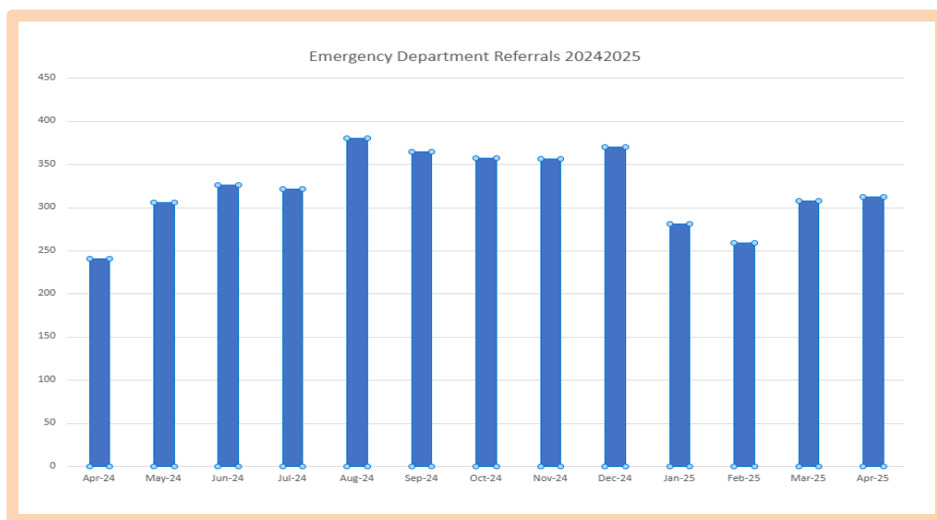
Mental Health

During 2024-25 we have continued to expand our work outside of liaison and encompass the ethos of our mental health strategy as a whole Trust approach to mental health.

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.

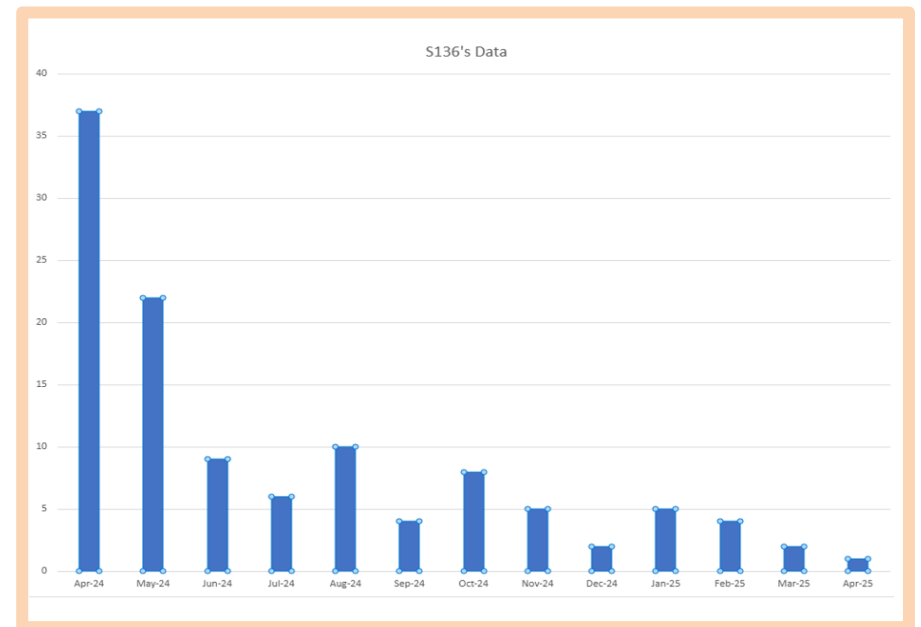
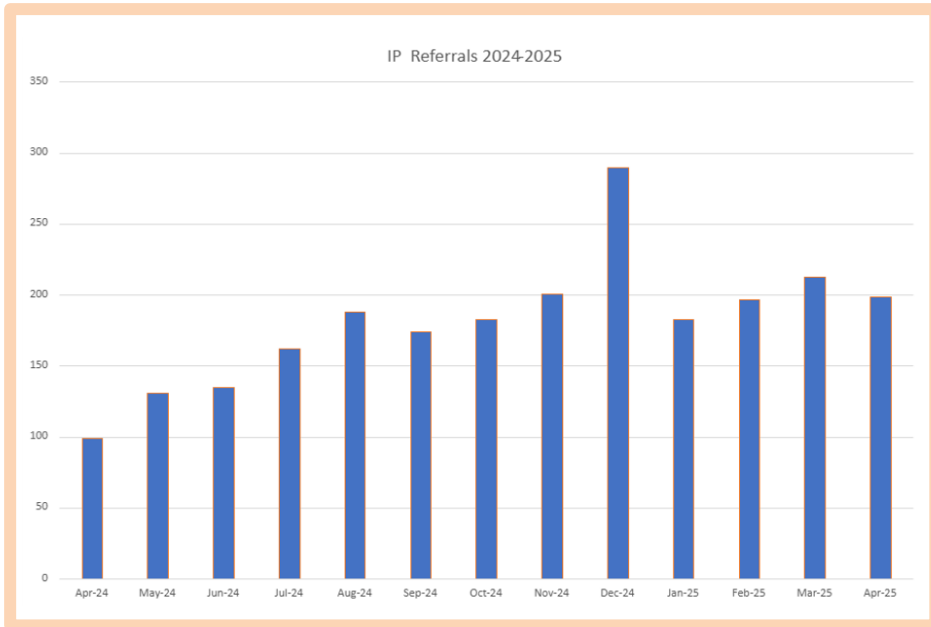
Our commitments:

- 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.



KEY ACHIEVEMENTS 2024-25

- Funding from ICB to commence partial Core 24 work, which will bring 24/7 emergency zone presence Friday-Sunday commenced April 2025.
- One of the first SMS services to review and work towards Group model with UHBW. Single management will sit within NBT and Medicine Division.
- Continued implementation of the Mental Health Strategy and application of principles to multiple aspects of the Trust's work.
- Contributed to changes to the Mental Health Act in form of feedback to NHSE via Acute Leads Network.
- Completed The RCPsych Psychiatric Liaison Accreditation Network (PLAN) accreditation process (awaiting final sign off).
- Completed Fresh Start Study and therapeutic delivery with Leeds University. Mental Health Liaison Team individually being highest contributor in BNSSG.
- Leading in collaboration of Quality Improvement Programme for patients with psychosis in ED with long waits and absence of meaningful treatment both talking therapy and medications.



Further actions for the Mental Health Liaison Team in 2025/26:

- Complete SMS work and deliver group model liaison psychiatry across 3 sites and BNSSG.
- Deliver year one and year two of Mental Health Strategy.
- Continue work within The National Partnership Agreement (NPA) and Right Care, Right Person (RCRP) approach.
- Improve patient flow through mental health crisis.
- Continue to work with system partners to address that BNSSG has the 5th highest rate of attendance per 100,000 population for mental health disorders in the country.
- Truly review dynamic population modelling and mental health specific challenge within this.
- Contribute and action Mental Health A&E as proposed in NHS 10-year plan and continue this discussion within UEC forum. Guided by upcoming urgent and emergency care plan.
- Review new ways of system working for High Impact Users (HIU) within BNSSG.

Learning Disabilities and 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 continued to be one of the Trust's priorities for 2024-2025. This work has been driven by the **Learning Disability and Autism (LDA) Steering group**, chaired by the Trust's **Associate Chief Nursing Officer for Mental Health, Learning Disabilities and Neurodiversity**.

The LDA Steering Group has reviewed the NHS Benchmarking Standards result for 2023/24 in the BNSSG LeDeR Annual Report (2023/4), to align the actions to its priorities for the coming year. NBT has again registered to take part in the 2024 NHS Benchmarking Standards in our pursuit of participating 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 in addition to the Oliver McGowan training, to support staff and enable them to deliver outstanding patient experience for patients with LDA.
- Continue to work with divisional and 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 Bristol Health Passport.
- Improving and advocating for reasonable adjustments for patients with LDA when in hospital e.g. 1:1 carer support for admitted complex patients when required.
- Supported the development of the Funding Carers for Complex Patient Protocol which is now used by divisions when needed.
- Improving the alert system on CareFlow and including allergies.
- Advancing the launching of the HUG (Hospital User Group) to hear the voices and experience of patients in the community who use our hospital. This year the team have focused on outreach work - going out to day services or care homes to capture feedback from more patients, their families and support networks.
- Continued support of the health inequalities programme by raising awareness on constipation, training clinicians on reasonable adjustment and how to support the project to improve outpatients' attendance.

LDA Champions - 121 LDA Champions from different departments across the Trust continue to support patients by advocating for them and their families. They also attend meetings and workshops with support from the LDA Liaison team when required which helps to share good practice and up to date knowledge within their team. They use their passion and skills to maintain the resource packs in their ward or area of practice.

'Poo Matters' - constipation continues to be an important education workstream for staff to understand the importance for patients with LDA. The Trust has collaborated with the 'Poo Matters' museum to support staff awareness. This campaign and awareness will support gastro and bowel cancer awareness too in the coming year.

Magic Tables and Sensory Room – the Southmead League of Friends have generously supported and funded 2 of these tables and Renal charitable funds are supporting the development of a sensory room within their inpatient area.

Experts by Experience and Patient Involvement - In 2024, we unfortunately lost our lived experienced staff due to other commitments. We are currently looking at other opportunities to recruit some more people with lived experienced to support the work the Trust is doing to support patient involvement.

LDA Liaison Team – The team collaborated with the Patient Experience team to launch **Patient Conversations** which provides real-time feedback from patients and their family/carers, enabling problems to be resolved quickly before becoming formal complaints. The NHS Benchmarking Standard for people with LDA highlighted that patient complaints and feedback were very low, however the new approach of reaching out to patients while on the hospital site and in care has improved this.

The feedback received so far is very balanced with some great and positive feedback. There were also some areas of improvements which teams are able to resolve immediately. The LDA Liaison team have also worked with the Patient Experience team to ensure support for patients and families with LDA are in place when complaints are made. The Complaints team have reviewed the requirement for patients consenting before their carers or parents can make a complaint as most of our LDA patients have challenges in communication.

Actions for Improvement for 2025- 26

- Launch the webinar version of the tier one module of the Oliver McGowan training
- Improve the training compliance of the Oliver McGowan Tier 2 training for clinical staff
- Develop and co-produce an Autism policy for the Trust.
- Develop an autism specific training and autism card
- Recruit experts by experience for both LD and Autism
- Develop a LDA Strategic Plan.

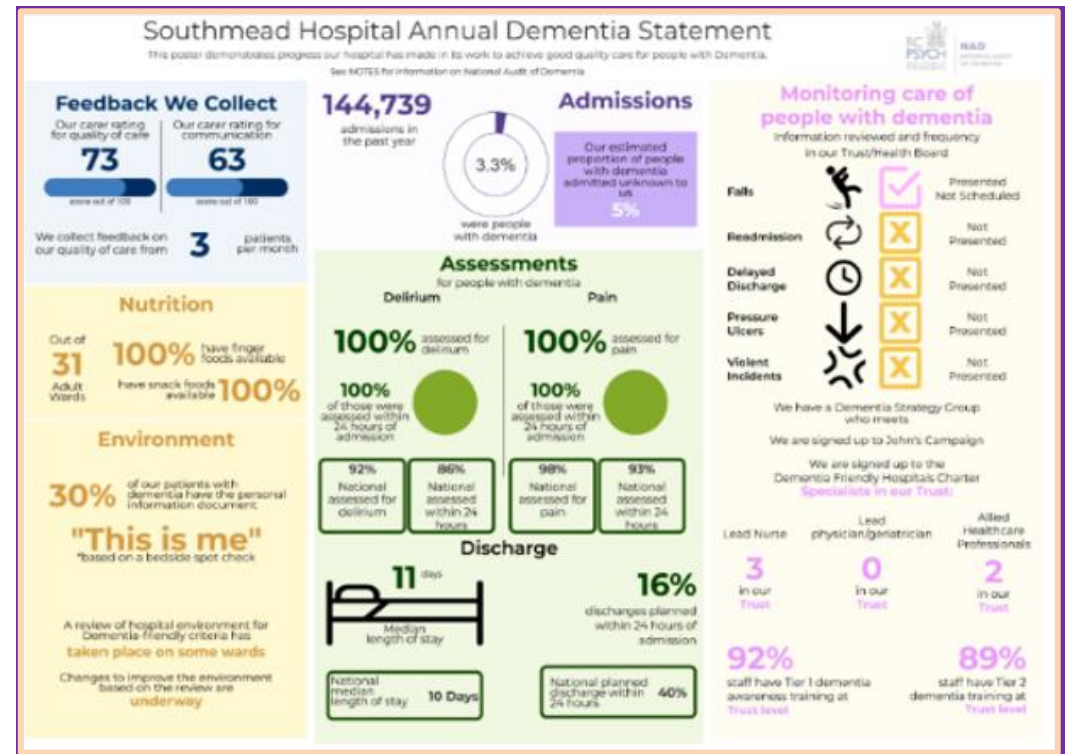
Dementia

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 2024/25

- Round 6 of the National Audit of Dementia was completed. The Local Report was published December 2024.
- Two Dementia Support Workers have been recruited and are located in the new Transfer of Care Hub supporting patients and carers with discharge across the hospital and community. The project has been funded for a further year.



- We introduced and sustained a dementia café stall weekly in the atrium every Wednesday that provides information to support carers' liaison workers. This has been able to continue as the support workers remain on site. This has attracted patients, visitors, staff, and carers in increasing numbers, providing additional information and support. We are now aiming to ask for feedback to provide specific data regarding this.
- Continue to maintain eLearning for Dementia level 1 and 2 achieving compliancy above 85%.
- Developed 'Learning for delirium' which is now live.
- Commenced the face-to-face dementia training for all new Health Care Assistants to NBT embedded as part of the programme.
- Ad-hoc and bespoke training for Resident Doctors and other staff groups and volunteers as required and requested.
- Completion of environmental improvements on Elgar 2 dayroom as part of a quality improvement led by the Dementia Practitioner and funded and undertaken by external contractors for free.
- Additional audit undertaken regarding completion of Mental Capacity Act, Deprivation of Liberty Safeguard and Lasting Power of Attorney with data collection to be used to inform a further Quality Improvement project.

Shared Care Programme

The Shared Care Programme was formed to bring a number of related projects together (formerly the Consent and Shared Decision-Making Programme), with a commitment to clinically-led change projects which enhance patient care. 2024-5 has seen the successful delivery of critical processes within the patient care journey. It is now in its fourth year.

Shared Decision-Making Project

The Shared Decision-Making Project has introduced innovative methodologies to strengthen the collaborative process between patients and healthcare providers. This approach empowers patients to actively participate in decisions about their surgical care, leading to increased satisfaction, better outcomes, and enhanced trust.

In 2024–25, the project expanded to include additional surgical specialties, bringing the total to 9.

Patient communication and information has been enhanced, resulting in an increase of returned surveys.

Surveys were sent to **11,914** patients following clinical consultations, with a response rate of **52%**.

Of those, **55%** rated their clinical conversations at 100% and only **4%** of responses scored under **50%**, indicating a high level of satisfaction with the shared decision-making process.

Training courses for nursing and midwifery staff have been designed and 4 face to face workshops were delivered at the end of March 2025. There were 23 attendees at the sessions which were a 'train the trainer' approach setting up these staff to further cascade this training.

Two eLearning modules on Shared Decision Making and the special considerations for these conversations are shortly due to be launched to all staff groups.

After consultation with patient and carer partners regarding previous comms on the Ask 3 Questions model, a campaign has been developed called '**It's okay to ask**'.

Patient communications for this campaign have been rolled out - Trust internet, banners/posters in waiting areas and included in digital patient information leaflets.

Consent Project

NBT remains dedicated to enhancing the consent experience for patients. In 2024–25, new consent forms were designed to better capture the patient's voice, ensuring they have adequate time to reflect on their care conversations and are fully aware of their surgical choices. Pre-printed, procedure-specific consent forms have been introduced across several specialties, facilitating more in-depth discussions during appointments.

The Trust is also actively exploring strategic options for a digital consent model, allowing patients to review information and consider their options outside of clinical settings.

Next Steps

- **Expansion:** Embed shared decision-making and enhanced consent processes into all elective pathways.
- **Digital Integration:** Advance the strategic options and business case development for the digital consent model.

Accessible Information Standard (AIS)

North Bristol NHS Trust (NBT) remains committed to the Accessible Information Standard (AIS). Since adopting the AIS Policy, we have made significant progress, while recognising the need for continuous improvement.

Our quarterly AIS Steering Group includes patient representatives from local Deaf, Visually Impaired, and Disabled communities, as well as divisional hospital staff from across the Trust.

This group has been instrumental in driving our AIS work and continues to steer the work and achievements outlined below.

Training and Awareness

We delivered regular training in accessibility, including working with the West of England Sight Loss Council over the last three years to train over **230 staff** in supporting patients with visual impairments.

We facilitated several Deaf Awareness training sessions through our Sign Language Interpreting Agency, Sign Solutions.

Our e-learning package on LEARN, the Trust's online training platform, continues to be a valuable resource.

Patient Feedback and Complaints

We review complaints related to AIS quarterly. This data, along with outreach activity and the steering group, helps us get a clear picture of the access we are providing and guides further actions required.

Digital Systems and Compliance

CareFlow, the Trust's Electronic Patient Record system, continues to maintain a comprehensive list of Accessible Information and Impairment alerts. Currently, there are **22** accessible communication alerts and a total of **7,538** recorded alerts as of November 2024.

We are also focusing on the Reasonable Adjustment Digital Action Checklist to ensure our processes align with the NHS Spine.

We are also continuing to ensure these alerts are added effectively and that staff understand how to meet each of the communication needs.

We have created an AIS booking for alerts guide, once approved will be shared Trust-wide.

Campaigns and Initiatives

In Spring 2024, we launched a campaign to raise awareness and increase staff knowledge of the AIS.

This included promoting the AIS, Accessibility Inclusion Champions and resources for the AIS and visiting several staff areas including Maternity, Cancer Support Services and the Vu (staff canteen) in person to raise awareness.

Accessibility Inclusion Champions

We launched the **Accessibility Inclusion Champions** Trust-wide to enhance and promote the importance of the AIS. Our **30** champions play a crucial role in advocating for accessibility and ensuring awareness of AIS practices.

Key Priorities 2025/26

Preparation for the Updated NHS AIS Guidance

National AIS guidance for NHS organisations is expected to be updated this year. Once published, we will review and update the Trust's AIS Policy and training requirements to ensure alignment.

- **Continued Focus on Training and Awareness**

We will maintain delivery of targeted generic training programmes, including Deaf Awareness, Visual Impairment Awareness, and e-learning modules. Plans to embed AIS training into staff induction will be developed, subject to national guidance updates.

- **Strengthening Digital Recording and Compliance**

In collaboration with clinical divisions, we are progressing work on the digital Reasonable Adjustment (RA) Digital Flag Compliance, ensuring alignment of RA alerts to the NHS Spine. This will support system-wide recognition of patient needs and strengthen our digital compliance.

- **Monitoring, Oversight, and Maturity Review**

The AIS Steering Group will continue to oversee delivery against our action plan, reviewing patient experience feedback, complaints, and PALS data to identify trends and required improvements. We have provisionally reviewed our position against the AIS Maturity Assessment Index, which will be formally reviewed by the Steering Group to inform next steps.

- **Ongoing Communication and Engagement**

We will continue to build on existing awareness initiatives, including the AIS Roadshow and Accessibility Inclusion Champions network, to embed good practice across the Trust.

Conclusion

The AIS Steering Group and related teams are committed to advancing our work in line with the Accessible Information Standard. The focus remains on embedding consistent practices across the Trust while continuing to engage staff through campaigns, training, and the upcoming AIS Roadshow.

Volunteers

This year our amazing volunteers at North Bristol NHS Trust donated **over 48,000 hours** of their time. This is nearly **5,000 hours** more than the previous year. Currently, we have over **430 active volunteers** across our sites, conducting up to 30 different volunteering roles.

Spotlight on a few of our roles which make a big impact on a patient's experience:

Liver Peer Support Role

Paul joined the Hepatology department as a Peer Support volunteer in 2022 and supports patients at their clinic appointments. He has been a valuable listening and supportive ear, as well as attending both a counselling course and a support course with Kings College Hospital to help set up additional support groups. Our Consultant Nurse for Hepatology has fed back how important Paul's role is in providing holistic care for patients, and that he is an integral part of their team.

Major Trauma Volunteer Role

A team of three volunteers provide support to Major Trauma practitioners, primarily making non-essential follow-up telephone calls to patients approximately two weeks after their discharge, using a set of pre-defined questions. These questions are designed as an informal check-in on the patient and, if any concerns or questions arise, details are passed to the practitioner to address any issues.

The volunteers also gather basic feedback on patient experiences at Southmead Hospital in their phone calls. This information is given to clinical specialties to support continuous improvement.

One of the Major Trauma Volunteers expressed how they find this volunteer role is very rewarding, expressing that: *"It is inspiring to hear how positive and resilient people can be when faced with the challenges recovering from a major trauma, and it is deeply satisfying to contribute, even in a small way, to helping them on their recovery journey."*

Pets As Therapy (PAT)

Our small team of registered PAT volunteers make a big impact! Each year they conduct over 40 visits, donating 80 hours of precious pet time to our patients. There has been an increase in bespoke requests for PAT visits, which the team have been happy to accommodate. This year the team also attended staff and undergraduate wellbeing events.



Fresh Arts Musicians

We now have 82 active volunteer musicians which is a 28% increase on 24/25. This year our fantastic musicians have donated over 670 hours of live music for the benefit of our patients, visitors and staff. We are pleased to have welcomed 16 new volunteers, including 2 NBT staff members.



Celebration Event and Move Maker 10-year anniversary

Over 180 volunteers joined us for this year's volunteer celebration event at The Bristol Hotel in May. Presentations were made to our Long Service Award Winners of five, 10, 15, 20 and 25 years. In May we also saw the incredible milestone of 10 years of our Move Makers.

We were delighted for our Move Maker Manager to receive the Inspirational Leader Award after being nominated by the Move Maker volunteers she has dedicated her time to supporting and nurturing over the past 10 years.



Events and visits

We have been pleased this year to raise the profile of our volunteer service. We held student volunteer fairs, participated in NBT's Interfaith Week, raised funds for Southmead Hospital Charity, and have been grateful to be visited by Ingrid Barker, Joint Chair and Sarah Purdy, Joint Vice Chair.



Volunteer Service Strategic Plan 2025-2028

We are thrilled this year to launch our Volunteer Service Strategic Plan 2025-2028, approved by the Trust Board. Our new vision statement reflects the current position and priorities of our service:

“To deliver an inclusive, supportive, and safe Volunteer Service, driven by continuous learning and our commitment to put the patient experience at the heart of everything we do.”

The purpose of our ambitious strategic plan puts inclusive practices, continuous learning, and a welcoming culture at the heart of all we do. We want to elevate our service to diversify our pool of volunteers, break down barriers to volunteering, and further improve the experience for our patients and volunteers. We will bring our service into a modern era where our systems are fit for purpose.

Part 4: Annexes



Annex 1: Statement of Directors' Responsibilities

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 & Social Care 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 and Social Care 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

Sarah Purdy

Vice Chair

North Bristol NHS Trust

Date: 26th June 2025

Annex 2: Quality Account Engagement & Feedback

The draft Quality Account was circulated to the organisations listed below for review during the period 30th May to 18th June.

- Healthwatch Bristol, North Somerset and South Gloucestershire
- 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
- Patient and Carer Partnership Group – North Bristol NHS Trust

We are grateful for the external review of our Quality Account by our external stakeholders. While not mandatory, we welcome any comments or feedback. All feedback that has been submitted has been included below:

Patient and Carer Partnership Group – North Bristol NHS Trust

These quality accounts give me a great deal of assurance that this hospital takes very seriously the safety of patients and that it is continually driving to improve the timeliness and quality of the care it provides.

John McLellan

Volunteer and Chair of Patient and Carer Partnership Group

Joint Healthwatch Response to North Bristol NHS Trust Quality Account 2024/25

Healthwatch Bristol, Healthwatch North Somerset, and Healthwatch South Gloucestershire welcome the opportunity to comment on North Bristol NHS Trust's (NBT) Quality Account for 2024/25. We appreciate the Trust's continued commitment to transparency, learning, and patient-centred care.

Progress in 2024/25

We commend the Trust for its achievements over the past year, including improvements in patient safety, staff wellbeing, and digital transformation. Notable progress includes the implementation of the Patient Safety Incident Response Framework (PSIRF), the reduction in hospital-acquired infections, and the Trust's efforts to improve maternity services. We also acknowledge the Trust's work in addressing health inequalities and enhancing patient experience through initiatives such as the Patient Experience Strategy and the use of patient feedback to inform service improvements.

Priorities for 2025/26

We support the Trust's priorities for the coming year, particularly the focus on reducing waiting times, improving access to services, and enhancing the quality of care. The emphasis on digital innovation, workforce development, and co-production with patients and communities is encouraging. We also welcome the Trust's commitment to addressing the challenges identified in the 2024 NHS Staff Survey and to continuing its work on equality, diversity, and inclusion.

Conclusion

We value our ongoing relationship with North Bristol NHS Trust and look forward to continuing to work together to ensure that the voices of patients, carers, and communities are heard and acted upon. We appreciate the Trust's openness and responsiveness and encourage continued collaboration to improve health outcomes and patient experience across the region.

Healthwatch Bristol
Healthwatch North Somerset
Healthwatch South Gloucestershire

North Bristol Trust Quality Account 2024-25 Statement from Bristol, North Somerset, and South Gloucestershire Integrated Care Board.

Bristol, North Somerset, and South Gloucestershire (BNSSG) Integrated Care Board (ICB) welcome the opportunity to review and comment on North Bristol Trust's (NBT) quality account 2024/25. The ICB supports NBT's further progress towards becoming a Hospital Group with University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) with the formation of Bristol NHS Group. The ICB supports the joint project with UHBW to progress the new Bristol Surgical centre at Southmead Hospital. The ICB celebrates the opening of NBT's Community Diagnostic Centre at Cribbs Causeway.

The ICB recognises the positive results in national patient surveys, including NBT being ranked second in the UK for women's experiences during labour and birth and third nationally for the care staff provided. The ICB acknowledges the alignment with UHBW in using a Patient First approach to supporting improvement to services. The ICB celebrates NBT's launch of the new Acute Response Team, which will be able to respond to deteriorating patients and provide timely clinical interventions.

NBT set five Quality Improvement Priorities for 2024/25:

1. Outstanding Patient Experience
2. High Quality Care – Better by Design; support patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result
3. High Quality Care – Better by Design; minimise patient harm whilst experiencing care and treatment within NBT services
4. High Quality Care – Better by Design; demonstrate a proactive and positive culture of safety based on openness and honesty
5. High Quality Care – Better by Design; plan for the demographic changes in our local population and respond to health inequalities whilst investing in our community assets to deliver care.

The ICB acknowledges the progress made to all five priorities.

Highlights include the launch of the Mental Health Strategy in August 2024, with work continuing to achieve the priority areas containing 65 commitments by 2028. Launching the Deteriorating Patient 'Maddy Lawrence' Training which provides teaching on sepsis, acute kidney injury and responding to the deteriorating patient.

NBT did not achieve the aim of improving ambulance handovers or eliminate long speciality care waits in ED. The ICB supports NBT refreshing their governance processes to focus on plans required to improve performance in ED. However, the ICB acknowledges that NBT has increased access to Same Day Emergency Care (SDEC) services. In addition, NBT have been working with system partners to ensure that patients access the most appropriate place for their care in a timelier manner.

The ICB is supportive of NBT's focus on allergies, specifically how NBT reduces the risk in this area. The launch of the Medicines Safety Forum will support this project of work including gathering information on the human factors that influence medication errors.

The ICB celebrates the continued work to address health inequalities. NBT have completed several inclusion health projects for vulnerable patient groups including; learning disabilities, homeless health and Gypsy, Roma, Travelling communities.

The ICB recognises and welcomes the determined key areas of focus for 2025/26. NBT have elected two new quality priorities for 2025/26:

- Outstanding Patient Experience; NBT consistently deliver person centred care and ensure we make every contact and interaction count.
- High Quality Care Better by Design; NBT's patients access timely, safe and effective care, with the aim of minimising patient harm or poor experience as a result.

The ICB applaud the priorities for 2025-26, both of which are important in improving patient's experience of care, patient safety, and timely care, with the strategic priorities, breakthrough objectives and corporate projects sitting underneath these headline priorities. The ICB will continue to support NBT in the implementation of activities to achieve these priorities. The ICB looks forward to hearing of progress made.

Going forward into 2025-26, the ICB will continue to work closely with NBT 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 the organisation with the development and implementation of Quality Improvement plans within the Integrated Care System.

Vicki Cooper

Patient Safety Specialist

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

The following organisations have reviewed the Quality Account, however have submitted no comments on this occasion:

- 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

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
C-Diff	Clostridium Difficile	MBRRACE	Mothers and Babies Reducing Risk through Audits and Confidential Enquiries
CSPR	Child Safeguarding Practice Reviews	mpMRI	Multi-parametric Magnetic Resonance Imaging
CQUINS	Commissioning for Quality and Innovation	MRSA	Methicillin-Resistant Staphylococcus Aureus
CNO	Chief Nursing Officer	MSSA	Meticillin-Sensitive Staphylococcus Aureus
DHR	Domestic Homicide Reviews	NBT	North Bristol NHS Trust
DQIPS	Data Quality Improvement Plans	NDAA	National Dementia Action Alliance
DSP	Data Security & Prevention	NEWS	National Early Warning Scores
DSPT	Data Protection and Security Toolkit	NHS	National Health Service
DoLS	Deprivation of Liberty Safeguards	NHSE	National Health Service England
E-Coli	Escherichia Coli	NICU	Neonatal Intensive Care Unit
ED	Emergency Department	NIHR	National Institute for Health Research
EDI	Electronic Data Interchange	NMAHP	Nursing Midwifery and Health Professionals
EMIS	Egton Medical Information System	NRLS	National Reporting and Learning System
FDS	Faster Diagnosis Standard	PALS	Patient Advice and Liaison Service
FFT	Friends and Family Test	PAS	Patient Administration System
FTSU	Freedom to Speak Up	PCN	Primary Care Network
GOSW	Guardian of Safe Working Hours	PDF	Postgraduate Doctors Forum
GP	General Practitioner	PGD	Postgraduate Doctor
GIRFT	Getting It Right First Time	PGDF	Postgraduate Doctors Forum
HCA's	Health Care Assistants	PLACE	Participating in Patient Lead Assessments of the Care Environment
HCAI	Healthcare Associated Infection	POCT	Point of Care Testing
HEE	Health Education England	PREMS	Patient Reported Measures
HES	Hospital Episode Statistics	PREVENT	Prevention of Recurrent Venous Thromboembolism
HSDR	Health & Social Care Delivery Research	PSIRP	Patient Safety Incident Response Plan
HUG	Hospital User Group	PSIRF	Patient Safety Reporting Framework
ICA	Integrated Clinical Academic	RCF	Research Capability Funding
ICB	Integrated Care Board	RERP	Rapid Escalation Review Panel
ICS	Integrated Care system	RTT	Referral to Treatment
IM&T	Information Management & Technology	SAR	Safeguarding Adult Reviews
IST	Integrated Safeguarding Team	SDM	Shared Decision Making
KLOE	Key Lines of Inquiry	STT	Straight to Test

LATP	Local Anaesthesia Trans-perineal	TNA	Trainee Nursing Associates
LDA	Learning Disability & Autism	TOC	Transfer of Care
LeDeR	Learning from lives and death – LD and A people	TVN	Tissue Viability Nurse
LDKT	Living Donor Kidney Transplantation	TVS	Tissue Viability Service
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer	UEC	Urgent and Emergency Care
LDALT	Disability & Autism Liaison	UHBW	University Hospitals Bristol and Weston
LFPSE	Learn from Patient Safety Events	UKHSA	UK Health Security Agency
LTFT	Less Than Full-Time	UWE	University of the West of England
MCA	Mental Capacity Act	USC	Urgent Suspected Cancer
MCA/DoLS	Mental Capacity Act/Deprivation of Liberty Safeguards	VCSE	Voluntary, Community and Social Enterprise
		WaCH	Women and Children

www.nbt.nhs.uk

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