



University Hospitals
Bristol and Weston
NHS Foundation Trust

Quality Account 2023/24



Contents

Page

- 3** Introduction from the Chief Executive Officer
- 4** Statement on quality from the Chief Nurse and Midwife and
5 Chief Medical Officer
- 14** Our quality priorities
Statements of assurance
- Appendices**
- 48** Appendix A – Feedback about our Quality Account
- 57** Appendix B – Statement of Directors’ Responsibilities in
respect of the Quality Account



Introduction from the Chief Executive



Welcome to our Quality Account 2023/24. Looking back on 2023-2024, the year we celebrated 75 years of the NHS, we can reflect on the ways in which our people and services at UHBW have continued to evolve and improve, to a make a difference that matters to the lives we touch.

Against a backdrop of strike action, changes in leadership and considerable operational pressures, Team UHBW continued to advance the health and wellbeing of our communities with passion, pride and above all full-hearted care.

We have seen many examples of how innovation can benefit patient care, experience and outcomes in the last 12 months at UHBW. In November 2023, our new Da Vinci XI robot began assisting surgery for six different specialties in Bristol. Also in November 2023, following a £700,000 fundraising campaign by Bristol & Weston Hospitals Charity, we opened 'Coral Reef' our new ground-breaking research facility at Bristol Royal Hospital for Children.

Towards the end of 2023 we were chosen as a host of a new National Institute for Health and Care Research Regional Research Delivery Network. And, in January 2024 we marked 12 months of the new ECMO (Extracorporeal Membrane Oxygenation) service in Bristol. A collaboration with our colleagues at North Bristol NHS Trust (NBT), it is one of only six ECMO centres in England, treating critically ill patients whose lungs have stopped working properly, using an artificial lung outside the body.

We continued to deploy our Patient First approach to deliver our strategic priorities in 2023-24 and we are starting to see the benefits of working in

this way. Patient First is a long-term, tried and tested approach to continuous improvement, helping us deliver our Trust strategy. It will see us move from trying to do too many things to working together on fewer goals and doing them better, with patients at the heart of everything we do.

Partnership and collaboration played a significant role across our Trust in 2023-2024. In December 2023, we announced our strategic intent to form a Hospital Group, building on the long history of successful collaboration between our organisations. In March 2024 we also set out our shared vision with NBT to deliver seamless, high quality, equitable and sustainable care as outlined in our first Joint Clinical Strategy.

The year ahead is one filled with opportunities for our Trust. Team UHBW will continue to innovate and collaborate to become the Trust that pioneers new standards for patients, staff and communities.

Thank you to everyone at UHBW including our governors, volunteers and charities, who have helped us achieve all that we have this year and will continue to do so in the years ahead.

Lastly, as is my duty, I can confirm that I am confident that the information in this report accurately reflects the services we provide to our patients.

A handwritten signature in blue ink, appearing to read 'S Walker'.

Professor Stuart Walker
Interim Chief Executive Officer

Statement on quality from the Chief Nurse and Midwife and Chief Medical Officer

We hope you enjoy reading our Quality Account. This year's account is briefer and more focused than in previous years, in keeping with our commitment to Patient First. We are proud of the Trust's many quality achievements in 2023/24, a flavour of which can be found in the pages of this report.

Being unwell and coming to hospital can be an anxious time for anybody and we know some of the people and communities we support face unfair barriers in accessing health services. In our equivalent statement in last year's Quality Account, we highlighted the publication of the Trust's Health Equity Delivery Plan. You can read more about how we've been getting on with delivering that plan in this year's account (see the section on 'Health Equity').

We know that every person we care for has a personal story that defines them. Towards the end of 2023/24 we completed work on our new Experience of Care Strategy called "My Hospitals Know and Understand Me" and as we write (in early June of 2024) we are delighted to say that this strategy has been published and is available to read on the Trust's website at www.uhbw.nhs.uk. The strategy re-invigorates our commitment to putting our patients first and makes clear that everything we do, no matter how large or small, contributes to the experiences, safety and outcomes of the people we support in our hospitals. We look forward to sharing our progress with implementing the strategy in next year's account.

UHBW's quality achievements in 2023/24 have been significant. We set ourselves five key objectives for the year and made strong progress in each of those areas. Amongst our achievements, we implemented and

embedded the new Patient Safety Incident Response Framework (PSIRF) throughout UHBW. PSIRF marks a significant shift in developing the NHS's understanding of how incidents happen so that we improve safety for the future.

Every inspection and review of our services presents an opportunity to learn and improve. In December last year, our maternity services were once again inspected by the Care Quality Commission, receiving an overall rating of Good. Our overall rating as a Trust also continues to be Good.

Looking ahead to 2024/25, we have for the first time fully aligned our annual quality objectives with our Patient First priorities for quality. In seeking to deliver these priorities, which are informed by feedback from thousands of our patients, we will be putting our organisational energy into the areas of practice where our data is telling us we can make the most impact to provide safer, more timely, more compassionate care to the people we serve.

We commend this Quality Account to you



Professor Deirdre Fowler
Chief Nurse and Midwife



Dr Rebecca Maxwell
Interim Chief Medical Officer

Our quality priorities

Progress against our quality priorities for 2023/24

We selected five quality priorities for 2023/24. These priorities represented a mixture of priorities we carried forward from the previous year and new priorities based on Patient First.

In 2023/24 we continued to focus on existing priorities relating to delivering the NHS Patient Safety Strategy, improving patients' experience of discharge, and supporting patients to 'wait well'.

We also identified two new quality priorities associated with our Patient First approach to continuous improvement:

- Improving experience of care through better communication
- Reducing patient harm events through consistency in the early recognition of sepsis

Here's how we got on.



Our quality priorities

| Quality priority 1 | What we said we'd do | How did we get on? |
|--|--|--|
| Delivering the NHS Patient Safety Strategy | Implement and embed new Patient Safety Incident Response Framework (PSIRF) throughout UHBW in 2023/24 | We implemented the Patient Safety Incident Response Framework (PSIRF) on 1 July 2023 and began embedding. |
| | Ensure our local risk management system is ready to link with the new national Learning from Patient Safety Events system in line with the revised NHS England timescales. | Our local risk management system was linked with the national Learning from Patient Safety Events system on 2 April 2024 |
| | Develop a revised patient safety learning framework. | We have explored options and will continue this work into 2024/25 |
| | Embed the role of Patient Safety Partners within UHBW. | Our Patient Safety Partners are embedded in our Patient Safety Group and involved in the implementation of the patient safety strategy in UHBW. |
| | Develop a new Patient Safety Engagement and Involvement Framework | Our framework was approved in April 2024. |
| | Refine the UHBW patient safety training matrix and content for all staff to incorporate additional national patient safety syllabus training. | The new national patient safety syllabus training is now accessible in the UHBW learning system for defined target audiences. |
| | Align our patient safety improvement programme with Patient First objectives. | We have aligned as planned. |
| | Ensure reduction of health inequalities is taken into account when developing improvement work arising from learning responses. | A new Quality and Equality Impact Assessment has been developed to support inclusive improvement arising from patient safety incident investigations. We will continue this work into 2024/25. |
| | Develop a Human Factors Faculty across UHBW. | We have developed and launched a Human Factors Faculty as planned. |
| Develop new feedback mechanisms for monitoring the experience and impact of PSIRF on patients, families and staff. | We have developed feedback surveys for patients, families and staff involved in patient safety incident investigations. | |

| Quality objective 2 | What we said we'd do | How did we get on? |
|---|---|---|
| Improving patient experience of discharge from hospital | Progress and sustain the Every Minute Matters (EMM) programme. | A Clinical Lead and Improvement Practitioner was appointed in the summer of 2023. A Consultant Clinical Lead also joined the team to progress medical engagement in EMM workstreams. We undertook a review of all adult inpatient board rounds, focusing on actions to progress patient care and/or discharge every day. |
| | Promote the use of criteria-led discharge. | Criteria Led Discharge (CLD) predefined pathways using a digital clinical note are established in the Bristol Heart Institute (BHI). Learning from the BHI and a pilot on Sandford Ward (assessment unit) at Weston General Hospital is informing rollout plans across adult wards. A CLD toolkit has been created and an intranet page set up to provide access to information and resources for wards needing help with implementing CLD. |
| | Ensure consistent Proactive Board Rounds with focus on progressing patient care and discharge planning are in place across the Trust. | The Trust standard of holding a 9am daily board round attended by the multidisciplinary team to progress patient care and discharge planning is now being met across most adult inpatient wards. There is a clear standard operating process based on best practice. Validation of board round quality is monitored by regular observation by the EMM team, and as part of the Clinical Accreditation process. Since the start of the EMM programme in August 2022, the average patient length of stay has reduced from 7.4 days to 6.1 days in March 2024. |
| | Improve weekend discharges. | Several weekend discharge events were held throughout the year, aiming to improve weekend discharging. These events have helped us understand the impact of the things we can control (like staffing decisions) and the things we can't (such as community partners or agencies not accepting discharged patients at the weekend). A weekend baseline review of staffing levels and access to services is underway. |
| | Improve use of the Discharge Lounge. | A 24/7 discharge lounge service has been running in Bristol since the autumn of 2023. In 2023/24, use of the discharge lounge usage increased by 31% in Bristol and by 66% in Weston. |
| | Maximise the use of the NHS@Home pathways. | Three new NHS@Home pathways (heart failure, frailty and general medical and surgical) have been introduced. Existing pathways have been expanded to include alternative to hospital admissions pathways outside of hospitals. Overall, there has been a 50% increase in referrals into NHS@Home. Patient feedback shows an overall positive perception of the service, with 95% of patients rating their experience as either "Good" or "Very Good". |
| | Implement Active Hospitals. | Six pilot wards on the BRI and Weston sites have focused on implementing initiatives to prevent patients deconditioning physically and mentally whilst in hospital. Activity trollies and access to activities to promote exercise have been implemented across all pilot wards. Over 400 staff have completed training on the impact of deconditioning and how to prevent it. 'I can' boards are used to engage patients, ensuring they have a voice in their care and recovery goals. |

Board rounds are daily meetings where a ward's multidisciplinary team reviews each patient and discusses their care plans. The aim is to ensure every patient has a productive day in hospital, and patients who are nearly ready to leave hospital are prepared for discharge. Productive board rounds can help improve flow across all of our hospitals. A board round would generally take place prior to a ward round.

| Quality objective 3 | What we said we'd do | How did we get on? |
|---------------------|---|---|
| Waiting well | Further develop information presented on the Trust's Waiting Well web pages including the creation of content designed to meet the needs of children and young people, their parents, guardians, or carers. | A new version of our Waiting Well webpage was published in April 2024. The content of the webpage has been developed with our patient representatives. There is also information for paediatric patients on the Bristol Royal Hospital for Children pages. |
| | Improve how we communicate with our patients from the point of referral to discharge, including how we acknowledge receipt of referrals, signpost patients to sources of information and support, and confirm patients' wishes about remaining on a waiting list. | The Trust has joined a national pilot for e-Meet and Greet, which will provide patients with an acknowledgment message through the NHS App that the hospital has received their referral. Following a successful trial of this technology, the Trust will look to use e-Meet and Greet to also send specific health and wellbeing information for patients awaiting routine procedures. |
| | Hold a 'Health Matters' event to share the progress we are making to support patients who are waiting and gather feedback to inform the next steps. | We didn't hold a 'Health Matters' event, however our Waiting Well Group is fortunate to have the regular contribution of two patient representatives. Through the Health Equity Delivery Group's work and engagement with patients and community partners, we have also been able to gather feedback on the Waiting Well theme from marginalised communities, using this to inform our work. |
| | Work with system partners to develop a health screening questionnaire for patients waiting for surgery, completed as early as possible in their pathway, to increase opportunities to improve their health prior to their procedure. | The Trust will shortly introduce a questionnaire which will enable pre-operative care teams to identify where patients would benefit from more universal interventions to improve fitness ahead of surgery, as well as identifying where a more targeted intervention is required to improve their health. This work is being progressed jointly with North Bristol NHS Trust. |
| | Use the C2Ai clinical risk stratification tool to identify patients who would benefit the most from targeted health preparation prior to surgery, and to prioritise the treatment of patients at higher risk of deterioration or complications. | Ear, Nose and Throat, and Upper Gastrointestinal specialties are the two specialties selected to use C2Ai in their clinical prioritisation process. The progress with the C2Ai project has been slower than anticipated, but the work is close to completion. |
| | Use the DrDoctor platform to improve patients' experience of engaging with our hospital services including the Quick Book, Quick Question, Digital Letters, Assessments and Patient Led Booking modules. | The roll out of DrDoctor has been successful. Since its launch in July 2022, the Trust has used DrDoctor to send patients 4 million appointment reminders. In January 2024, the Trust rolled out Digital Letters, providing patients with the option to access appointment letters digitally. Nearly 200,000 Digital Letter notifications have been sent to patients, with around 130,000 letters accessed digitally on the DrDoctor patient portal. The Trust is currently rolling out Rescheduling to avoid the need for patients to phone the hospitals to rearrange an appointment. |

| Quality objective 4 | What we said we'd do | How did we get on? |
|---|--|--|
| Improving experience of care through better communication | Co-design an Experience of Care Strategy with our people and communities. | Our new Experience of Care Strategy has been developed and is due to be approved at Trust Board in May 2024. |
| | Work with relevant Divisions to agree scope for work for improving communication. | We developed a new communication experience metric, set a Trust-wide target and provided baseline data for our Divisions and wards. |
| | Establish/adapt a governance structure to ensure that progress can be monitored including assigning a Senior Responsible Officer (SRO) for work. | SRO agreed for project (Associate Director for Quality & Compliance). Divisions of Medicine, Specialised Services and Weston are focusing on this priority based on data. |
| | Develop improvement plans and monitor performance via the Patient Feedback Hub. | We have provided bespoke Patient Feedback Hub training sessions for participating teams. |
| | Evaluate success and assess sustainability of improvements made and embed in standard work practice. | The roll-out of the 'What Matters To You?' conversation approach has commenced across the Trust, starting at Weston General Hospital. Progress reports routinely discussed at Senior Leadership Team and Experience of Care Group. Improvement ideas will be developed during Q1 and Q2 2024/25. |
| | Improvement ideas will be developed during Q1 and Q2 2024/25. | |

| Quality objective 5 | What we said we'd do | How did we get on? |
|---|---|---|
| <p>Initial wording of quality objective: Reducing patient harm events through consistency in the early recognition of sepsis</p> <p>Following in depth diagnostic work objective refined in year as: Reducing patient harm events through consistency in the early recognition of the deteriorating patient</p> | Implement a Critical Care Outreach Team in Bristol, responsible for responding to NEWS2 scores of 7+. | The team has been launched and is now well established. |
| | Develop and publish a Deteriorating Patient eLearning package. | We have published our eLearning package and made it a mandatory module for clinical staff. |
| | Implement the Modified Early Obstetric Warning Score (MOEWS) paper observation chart in adult non-obstetric settings, for monitoring of pregnant patients to recognise early deterioration. | MOEWS has been formally implemented in non-obstetric settings; including publication of new guidance, and eLearning to support non-obstetric staff. |
| | Undertake an in-depth analysis of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) processes; and implement ReSPECT Plus (integrated care system digital platform). | We have implemented new and streamlined clinical guidance for ReSPECT, developed ReSPECT and end of life care eLearning packages, and made progress with the roll out of ReSPECT plus. |
| | Undertake a review of sepsis recognition and treatment as part of the broader Deteriorating Patient programme. | We have undertaken regular audits and targeted education on sepsis. We produced a Trust-wide safety brief and developed an options appraisal to determine the interim and long-term solution for the management of sepsis that meets the requirements of the updated (2024) NICE guideline. |
| | Develop outcome measures to track progress of the Deteriorating Patient programme. | Outcome measures with agreed improvement goals have been established. |
| | Develop a Deteriorating Patient Data Dashboard for monitoring and reporting. | We have refined and aligned key metrics in readiness for a dashboard. |

Our quality priorities for 2024/25

For 2024/25, for the first time, our quality priorities are aligned wholly with Patient First.

| Patient First True North Strategic Priority | Vision | Strategic goal | Quality priorities for 2024/25 |
|---|--|---|---|
| Experience of care | Together, we will deliver person-centred, compassionate and inclusive care every time, for everyone. | We will be in the top 10% of NHS organisations for providing an outstanding experience for all our patients as reported by them and as recognised by our staff. | <p>True North target (in-year): Annual incremental progress towards our 3-5 year targets that:</p> <ul style="list-style-type: none"> • 98% or more of inpatients will rate their care as good or above • Feedback will be representative of the patients we care for • We will be in the top 10% of non-specialist acute trusts: for staff recommending our organisation for treatment of a friend or relative <p>Breakthrough objective:</p> <ul style="list-style-type: none"> • Improve experience of care through better communication, including asking ‘What matters to you?’ to the people we support <p>Key Year 1 priorities from our Experience of Care Strategy:</p> <ul style="list-style-type: none"> • Continuing to work towards achieving full compliance with the Accessible Information Standard • Improving access to interpreting services • Making feedback opportunities accessible and inclusive for everyone, including young people and marginalised communities • Developing a participation community of patients, young people, carers and the VCSE sector (voluntary, community and social enterprises). • Exploring collaboration with independent user-centred design expertise to support us with co-production • Embedding the Picker Principles of Person-Centred Care by developing resources to support our teams |

| Patient First True North Strategic Priority | Vision | Strategic goal | Quality priorities for 2024/25 |
|---|--|---|---|
| Patient Safety | We will build responsive, sustainable and resilient healthcare delivery systems within a developed safety culture to enable us to reduce risk of harm, provide consistent, high quality, safe and effective care and reduce moral injury to staff. | We will be within 1% of the best NHS Trust for safety culture as reported by our staff and we will build more resilient systems focusing on key patient safety risks. | <p>True North target (in-year):</p> <ul style="list-style-type: none"> • Annual incremental improvements in patient safety culture questions in the NHS Staff Survey to be within 1% of the best NHS Trust • Building resilient systems metric TBC <p>Corporate Project/s:</p> <ul style="list-style-type: none"> • Improving the recognition and response to patient deterioration, including from sepsis • Implementing Martha's Rule • Developing a BNSSG Elective Care Strategy • Implementing Careflow Medicines Management (electronic prescribing and medicines administration) <p>Trust wide Projects:</p> <ul style="list-style-type: none"> • Deploying year 2 of the National Patient Safety Strategy • Improving completeness and reliability of reasonable adjustments alerts on electronic patient health records |

| Patient First True North Strategic Priority | Vision | Strategic goal | Quality priorities for 2024/25 |
|---|---|---|--|
| Timely Care | Together, we will provide timely access to care for all patients, meeting their individual needs. | By streamlining flow and reducing variation, we will eliminate avoidable delays across access pathways. | <p>True North Target: A 10% year on year improvement of ambulance handover metrics as a measure of improved flow.</p> <p>Breakthrough Objective:</p> <ul style="list-style-type: none"> • Improve median time of discharge by two hours. • Increase the proportion of patients discharged via the discharge lounge. <p>Mission Critical: Achieve a demonstrable reduction in delays to timely care by March 2025:</p> <ul style="list-style-type: none"> * Reduce the proportion of patients who wait >12 hours in the Emergency Department. * Increase the proportion of patients seen within the Emergency Department who are either admitted or discharged within four hours of arrival. <p>Important Corporate Projects:</p> <ul style="list-style-type: none"> • Improving theatres productivity and efficiency - improving capped theatre utilisation towards 85% standard by focussing on scheduling processes, reduction in last minute cancellations and starting on time. • Improving our pre-operative processes to reflect the national guidelines in relation to pre-operative screening and optimisation before surgery. • Reducing our Outpatient DNA (did not attend) rate to 5% through the introduction of DrDoctor appointment reminders, rescheduling and digital letters. • Developing a case for investment in AI functionality to further reduce DNA rate. |

Statements of assurance

A review of our services

University Hospitals Bristol and Weston NHS Foundation Trust provides local health services to people in Bristol and Weston the surrounding area and to patients from across the south-west of England and beyond. We employ over 13,000 staff and are one of the largest trusts in the south-west of England. During 2023/24 we saw 886,000 outpatients, 109,000 inpatients, 77,000 day-case patients and 206,000 accident and emergency attendances.

Further details about our services are available on our website at <https://www.uhbw.nhs.uk>

Details of the Trust's registered locations and regulated activities are available on our CQC provider page at <https://www.cqc.org.uk/provider/RA7>

Participation in clinical research

UHBW is proud to be able to provide high quality clinical care underpinned by research evidence in all our hospitals. Across all our specialties, the number of patients receiving relevant health services provided or subcontracted by UHBW in 2023/24 that were recruited during that period to participate in research approved by a research ethics committee was 8,493. This compares with 9,582 in 2022/23 and reflects the increasingly specialist research portfolio that we develop and deliver.

Our aim is to facilitate the development of research projects that are relevant to our patient population, and during 2023/24 the number of grant applications and successful grants has increased, reflecting the focus on this area, and supported by Bristol and Weston Hospitals Charity. Alongside our project and programme grants, staff in a range of professions have been awarded career development

awards, which increases research capacity and establishes a pipeline of future research leaders.

Our National Institute for Health and care Research (NIHR) infrastructure is well established, with the most recent addition – the NIHR Bristol Clinical Research Facility (CRF) – allowing us to expand our early phase and experimental medicine, particularly in vaccine development and oncology and immunotherapy. We have completed the first full year of our new five-year award for the NIHR Bristol Biomedical Research Centre (BRC) and together, the CRF and BRC have developed new explicit strategies for Equality, Diversity and Inclusion, Training, and Patient and Public Involvement which are woven into all their activities. Our NIHR Applied Research Collaborative (ARC) has been extended and its applied research continues to respond to local needs in the health and care system. We were awarded the contract to host the new NIHR Regional Research Delivery Network, and work to start the transition from the West of England Clinical Research Network has been under way during 2023/24 and will culminate in October 2024.

We have continued to focus on delivering what we agreed to do – both in commercial and non-commercial research, developing new key performance indicators to promote this. This involves working very closely with research sponsors to agree when to open their studies and what our target recruitment is, so that we can all plan our workloads and use the funds we receive most appropriately.

Our working relationship with our partners remains critical, and with the appointment of our new Director of Research across UHBW and North Bristol NHS Trust (NBT), the strengthening of our research relationship with NBT has been re-emphasised. As an active member of Bristol Health Partners Academic Health Science Centre, we play a significant part in improving the health of our location population through research.

During 2023/24 we saw

886,000
outpatients



109,000
inpatients



77,000
day case patients



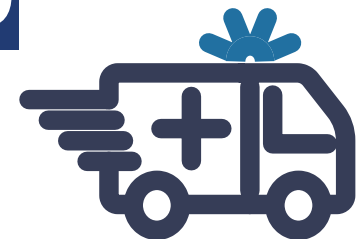
We employ over

13,000

staff and are one of
the largest trusts
in the south-west
of England

206,000

accident and
emergency
attendances



Participation in clinical audits and national confidential enquiries

The Trust is committed to participating in relevant national audits and national confidential enquiries to help assess the quality of healthcare nationally and to make improvements in safety and effectiveness.

National clinical audits aim to improve patient care by reviewing services against agreed national standards of care and making recommendations to healthcare providers. Local clinical audits involve making changes where necessary and re-auditing to confirm the impact of those changes. **National confidential enquiries** investigate

an area of healthcare and recommend ways to improve it.

For the purpose of the Quality Account, the Department of Health and Social Care (DHSC) published an annual list of national audits and confidential enquiries/outcome reviews, participation in which is seen as a measure of quality of any trust’s clinical audit programme. This list is not exhaustive, but rather aims to provide a baseline for trusts in terms of percentage participation and case ascertainment. The detail which follows relates to this list.

| Name of audit / programme | Participated | Cases submitted |
|---|--------------|-----------------|
| Acute, urgent and critical care | | |
| ICNARC Case Mix Programme (CMP) | Yes | 1,850 (100%) |
| Care of Older People - RCEM QIP | Yes | 41 |
| Mental Health - RCEM QIP | Yes | 183 |
| Trauma Audit & Research Network (TARN) | Yes | Not reported |
| ICNARC National Cardiac Arrest Audit (NCAA) | Yes | 67 |
| National Emergency Laparotomy Audit (NELA) | Yes | 50 |
| Sentinel Stroke National Audit Programme (SSNAP) | Yes | 333 (~80%) |
| Society for Acute Medicine Benchmarking Audit (SAMBA) | Yes | 50 |
| UK Renal Registry National Acute Kidney Injury Audit | Yes | 4,044 |

| Name of audit / programme | Participated | Cases submitted |
|--|--------------|-----------------|
| Cancer and Surgery | | |
| Perioperative Quality Improvement Programme | Yes | Not reported |
| National Audit of Metastatic Breast Cancer | Yes | Not reported |
| National Audit of Primary Breast Cancer | Yes | Not reported |
| National Bowel Cancer Audit (NBOCA) | Yes | 286 (~90%) |
| National Oesophago-Gastric Cancer Audit (NOGCA) | Yes | 184 |
| National Lung Cancer Audit (NLCA) | Yes | 329 |
| National Prostate Cancer Audit (NPCA) | Yes | NBT |
| National Joint Registry | Yes | 575 |
| Cleft Registry and Audit NETwork (CRANE) Database | Yes | 42 |
| Elective Surgery (National PROMs Programme) | Yes | Not reported |
| National Cataract Audit | Yes | 2,545 |
| Cardiac | | |
| National Audit of Cardiac Rehabilitation | Yes | Not reported |
| National Adult Cardiac Surgery Audit (NACSA) | Yes | 1,005 (100%) |
| National Congenital Heart Disease Audit (NCHDA) | Yes | 949 (100%) |
| National Heart Failure Audit (NHFA) | Yes | Not reported |
| National Audit of Cardiac Rhythm Management (CRM) | Yes | 970 (100%) |
| Myocardial Ischaemia National Audit Project (MINAP) | Yes | 196 |
| National Audit of Percutaneous Coronary Intervention (NAPCI) | Yes | 1,161 (100%) |
| National Audit of Mitral Valve Leaflet Repairs (MVLr) | Yes | Not reported |
| UK Transcatheter Aortic Valve Implantation (TAVI) Registry | Yes | 272 (100%) |

| Name of audit / programme | Participated | Cases submitted |
|--|--------------|-----------------|
| Elderly care | | |
| Fracture Liaison Service Database (FLS) | Yes | 1,520 |
| National Audit of Inpatient Falls (NAIF) | Yes | 12 (100%) |
| National Hip Fracture Database (NHFD) | Yes | 300 |
| National Audit of Dementia (NAD) | Yes | Not reported |
| Long term conditions | | |
| Improving Quality in Crohn's and Colitis (IQICC) | Yes | Not reported |
| National Diabetes Inpatient Safety Audit (NDISA) | Yes | 3 |
| National Pregnancy in Diabetes Audit (NPID) | Yes | 95 |
| National Diabetes Core Audit | Yes | 104 |
| National Early Inflammatory Arthritis Audit (NEIAA) | Yes | 327 |
| UK Cystic Fibrosis Registry | Yes | 482 |
| COPD Secondary Care | No | N/A |
| Adult Asthma Secondary Care | No | N/A |
| UK Renal Registry Chronic Kidney Disease Audit | Yes | 36 |
| Women's and Children's Health | | |
| National Paediatric Diabetes Audit (NPDA) | Yes | 510 |
| Children and Young People's Asthma Secondary Care | Yes | 79 |
| Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People | No | N/A |
| National Maternity and Perinatal Audit (NMPA) | Yes | Not reported |
| National Neonatal Audit Programme (NNAP) | Yes | 513 |
| Paediatric Intensive Care Audit Network (PICANet) | Yes | 643 |

| Name of audit / programme | Participated | Cases submitted |
|---|------------------|-----------------|
| Other | | |
| National Audit of Care at the End of Life (NACEL) | Yes | Not reported |
| 2023 Audit of Blood Transfusion against NICE QS138 | Yes | 10 |
| 2023 Bedside Transfusion Audit | Yes | Not reported |
| Serious Hazards of Transfusion UK Haemovigilance Scheme | Yes | Not reported |
| Confidential enquiries/outcome review programmes | | |
| Child Health Clinical Outcome Review Programme ^o | Yes ^o | N/A |
| Learning Disabilities Mortality Review Programme (LeDeR) | Yes | Not reported |
| Maternal, Newborn and Infant Outcome Review Programme | Yes | Not reported |
| Medical and Surgical Clinical Outcome Review Programme ^o | Yes ^o | N/A |
| National Child Mortality Database | Yes | Not reported |
| National Perinatal Mortality Review Tool | Yes | 28 |

^o Organisational/service level data/copies of case notes submitted only.

Below are examples of findings from national audits and improvement actions put in place within the Trust:

The National Early Inflammatory Arthritis Audit (NEIAA)

The NEIAA aims to improve the quality of care for people living with inflammatory arthritis, collecting information on all newly diagnosed patients over the age of 16 referred into specialist rheumatology departments in England and Wales.

Results from this audit highlighted a number of areas of good practice where UHBW performed better than the national average; 49% of people with suspected persistent synovitis were assessed within three weeks of referral (39% nationally) and 83% of people with newly diagnosed newly rheumatoid arthritis were offered conventional disease modifying anti-rheumatic drug (cDMARD) monotherapy within three months of onset of persistent symptoms (56% nationally). 98% of patients were offered educational/self-management activities and 100% of patients experiencing a disease flare up or possible drug related side effects received advice within one working day.

The findings highlighted areas for improvement in relation to timeliness of referral to the service. Actions included additional administration staff to improve data quality (including Patient Report Outcome Measures).

National Paediatric Diabetes Audit (NPDA)

The NPDA gathers information about the care and diabetes outcomes of all children and young people receiving care from paediatric diabetes teams in England and Wales and reports an annual core dataset. The audit monitors whether children undergo annual checks for six key care processes; blood glucose levels and checks to measure healthy growth, thyroid function, blood pressure, kidney function, eye screening, and foot examination.

Results show that the Trust performed best in the region and above the national average in many of these key checks; measurements for blood glucose were undertaken in 99.5% of children (99% nationally), thyroid function in 90% (86% nationally), kidney function in 79% (77% nationally) and eye screening in 77% (68% nationally). Improvement in blood glucose measurement was recognised, as this had been agreed previously as an area for UHBW to improve.

Further areas for improvement were noted in relation to the need for blood pressure measurement and foot examination. Actions have been agreed to better capture care process data as part of the annual review process.

Local clinical audit activity

During 2023/24, a total of 560 local clinical audit projects were in progress at UHBW, including 272 newly registered in the financial year. Examples of local audit include:

- A re-audit in general intensive care which demonstrated improvements in documenting nasogastric tube placement.
- An audit of targeted follow-ups from the Newborn Hearing Screening Programme by our paediatric audiology service which led to process improvements in how appointment dates are offered and recorded.
- An audit which confirmed high standards of documentation of domestic violence and abuse and multi-agency working within sexual health services.

The outcomes and proposed actions from completed audits are reviewed by the Trust's Clinical Audit Group. Details of the changes and benefits of audit projects completed during 2023/24 will be published in the Trust's Clinical Audit Annual Report later in 2024.

Mortality

Understanding the impact of our care and treatment by monitoring mortality and outcomes for patients is a vital element of improving the quality of our services.

The Summary Hospital-level Mortality Indicator (SHMI), produced by NHS England Digital, reports on mortality at trust level across the NHS in England. SHMI is reported and reviewed monthly as part of the Trust's Integrated Quality and Performance Report.

The SHMI is the ratio between the actual number of patients who have died while having treatment in hospital or within 30 days of being discharged from hospital and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The indicator takes into account a number of factors including the patient's condition.

In simple terms, the SHMI 'norm' is a score of 100 – so scores of less than 100 are indicative of trusts with lower-than-average mortality. NHS England Digital categorises each trust into one of three SHMI categories: “worse than expected”, “as expected” or “better than expected”, based on confidence intervals/limits. It should be noted that a score over 100 does not automatically mean “worse than expected”. Likewise, a score below 100 does not automatically mean “better than expected”.

| Timeframe | Apr 20 - Mar 21 | Apr 21- Mar 22 | Apr 22 - Mar 23 | Dec 22 - Nov 23* |
|-------------------|-----------------|----------------|-----------------|------------------|
| SHMI | 95.57 | 98.82 | 97.48 | 92.46 |
| Banding | As Expected | As Expected | As Expected | As Expected |
| Observed Deaths | 1,940 | 2,100 | 2,325 | 2,270 |
| “Expected” Deaths | 2,030 | 2,125 | 2,385 | 2,455 |
| Lower Limit | 0.39 | 0.89 | 0.89 | 0.89 |
| Upper Limit | 1.12 | 1.12 | 1.12 | 1.12 |

Source: CHKS benchmarking

* latest rolling 12-month period available

The Trust’s Quality Intelligence Group (QIG) oversees processes to identify and be informed of any potential areas of concern regarding mortality or outcome alerts. Where increased numbers of deaths are identified in a specific specialty or service, QIG ensures that these are fully investigated by the clinical teams. These local investigations comprise an initial data quality review followed by a further clinical examination of the cases involved if required. QIG will either receive assurance regarding the particular service or specialty with an explanation of why a potential concern has been triggered or will require the service or specialty to develop and implement an improvement plan to address any learning. The impact of any improvements is monitored through ongoing routine quality surveillance. QIG is chaired by the Trust’s Associate Director of Quality and Patient Safety.

Learning from deaths: local mortality review

Deaths within the Trust are recorded and reviewed in line with national guidance and recommendations. The Trust’s ‘Learning from Deaths’ policy is based on the framework set out in the National Quality Board’s (NQB) publication ‘National guidance on learning from deaths’ published in March 2017 and the Care Quality Commission’s (CQC) ‘Learning, candour and accountability’ review published in 2016.

The Trust works closely with the regional BNSSG Medical Examiner (ME) service. The ME service currently scrutinises nearly 100% of acute hospital deaths; there remains some minor ongoing work to align child death and ME processes. Acute cases that raise concerns are shared with the Chief Medical Officer’s office who triage each case so that it follows the most appropriate process (structured judgement review, patient safety review, complaints process or informal feedback to the clinical area).

All adult hospital deaths are reviewed with those meeting the following criteria triggering a Structure Judgement Review (SJR):

- * Deaths after an elective procedure.
- ° Deaths where the family raise concerns about the overall care.

- * Deaths where the medical examiner service raises concerns about care.
- * Patients with learning disabilities who have died (in line with LEDER criteria).
- * Patients who have died with a history of severe mental illness; defined as patients receiving on-going care from secondary mental health services or were detained under the Mental Health Act 2007 at the time of their death.
- * Patients aged between 16-18 years.
- * Patients who die and where PSIRF processes raise a concern regarding quality of care.
- * Deaths that occur following an alert that has been raised with the organisation

During the period of April 2023 to March 2024, 1,784 of UHBW's patients died. The table below, shows the number of deaths that occurred in each quarter and the number of cases subject to further review via Structured Judgement Review (SJR) or investigation during that period.

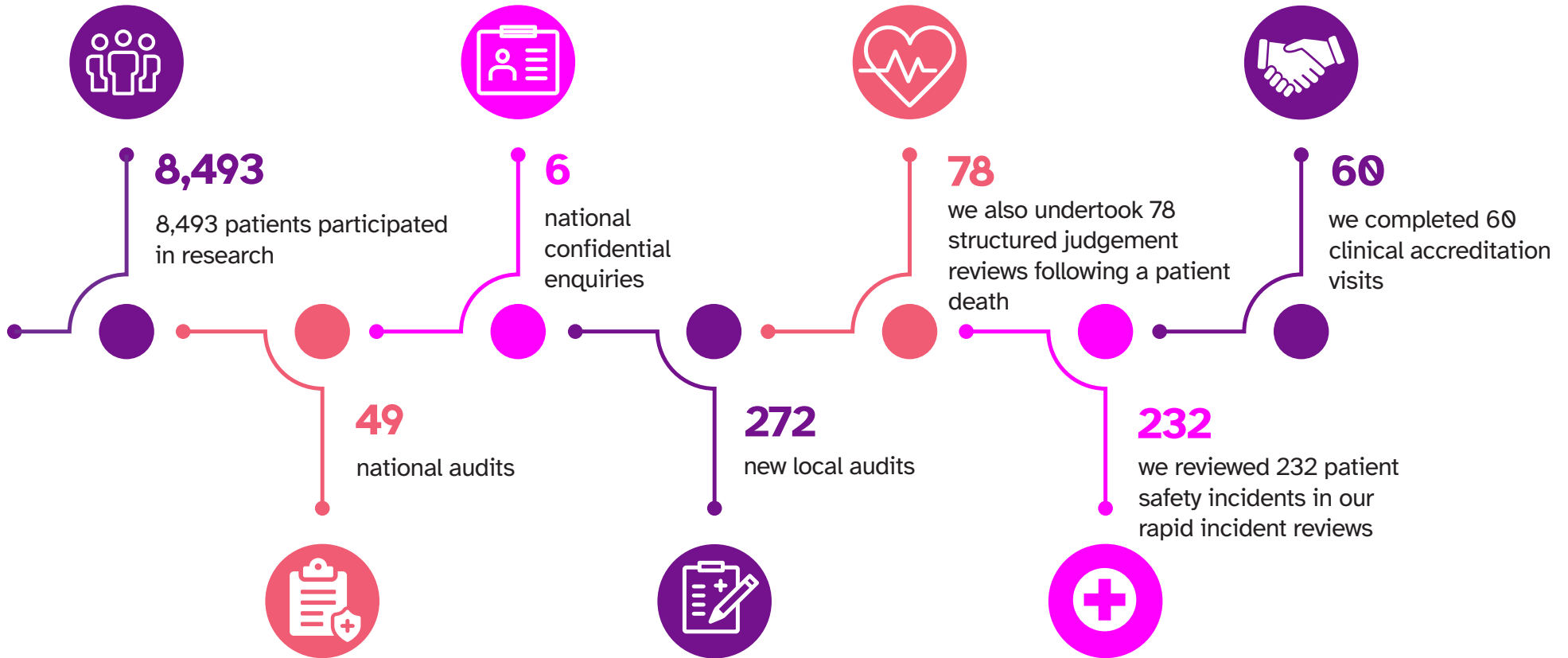
| Timeframe | Q1 | Q2 | Q3 | Q4 | Total |
|-----------------------------------|-----|-----|-----|-----|-------|
| Number of patients who died | 433 | 380 | 460 | 511 | 1,784 |
| Number of deaths subjected to SJR | 13 | 26 | 15 | 26 | 78 |

During 2023/24, the process of reviewing and formally signing off SJRs through the Mortality Surveillance Group commenced. In addition, SJRs requiring a medical review as well as a specialist review such as learning disabilities or mental health have been streamlined into a single document. The intention of these streamlining processes is to improve the quality of the documentation and the clinical accuracy, especially in complex patients with multiple co-morbidities. Two new mortality leads have also been appointed.

The Trust's Mortality Steering Group oversees a system of review/identification of themes to ensure that areas of good practice and learning can be shared more widely across the Trust, e.g. through service/specialty mortality and morbidity meetings or similar review/discussion forums. Learning themes arising from mortality reviews and directed into appropriate improvement programmes during 2023/24 have included:

| Thematic learning from mortality reviews in 2023/24 | Summary of completed action(s) | Summary of planned actions and/or sharing of thematic learning |
|--|---|--|
| Chest drains | SOP for chest drain insertion at Weston General Hospital has been approved. | Change in process; no further incidents involving chest drains have been reported since the work around this revised processes. |
| Access to palliative care out of hours / | End of Life Group leads now have access to Mortality Surveillance Group information feeds, including Medical Examiner Referrals, to independently monitor issues in palliative care. | |
| Communication at end of life review | Referrals, to independently monitor issues in palliative care. | |
| Transport of emergency cases between sites including NBT | <p>Transfer check list previously in use at Bristol site spread to Weston site.</p> <ul style="list-style-type: none"> - UHBW Transport SOP updated to reflect increased operational pressures on SWAST and to include alternative emergency transport option such as Retrieve (regional critical care transport service) and UHBW ambulance transport service. - Targeted education for specific groups such as Weston clinical teams, critical care and anaesthesia. Trust-wide safety bulletin circulated. - Task and Finish group led by Weston management team. | Outcomes of Emergency Surgery at Weston Task and Finish to be shared and recommendations considered |
| Aortic dissections not operated on | Detailed thematic review of non-operated (and operated) patients completed by Specialised Services and presented at MSG | No care concerns identified. Cases discussed in specialist cardiac surgery M&M for additional reflection. Report shared with lead Medical Examiner |

UHBW Quality Governance in 2023/24



Patient Safety Incident Response Framework

In July 2023 we transferred to a new national framework, the Patient Safety Incident Response Framework (PSIRF), which helps us better learn from patient safety incidents and make improvements to how we provide care.

We are focusing our patient safety incident investigations for learning and improvement from 2023 to 2025 on the following areas as outlined in our Patient Safety Incident Response Plan:

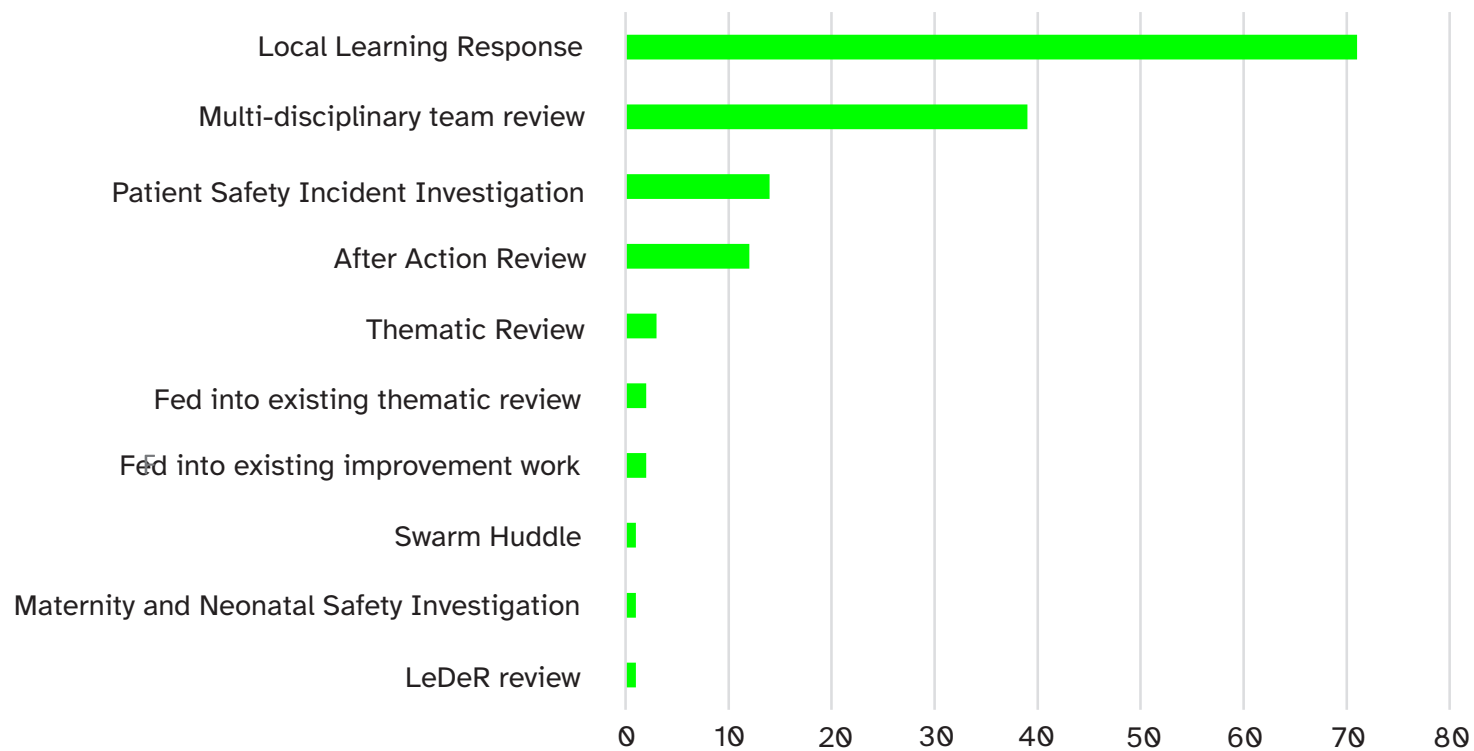
- Staff - to - staff communication at transfer of patient care
- Systems to enable review of all clinical information prior to discharge
- Treatment delays for patients already in our hospitals
- Systems for safe use of high-risk medicines
- Maternity - deterioration of mother or baby during labour
- Medical equipment

We are also using a range of methods to learn from other types of patient safety incidents, and we already have a number of improvement initiatives underway, e.g. for improving recognition and response to patient deterioration (including sepsis related deterioration), patient falls and pressure injuries.

In 2023/24 we reviewed 232 patient safety incidents in our rapid incident reviews as potentially meeting the criteria for an enhanced learning response under PSIRF. From the point when we transferred to PSIRF in July 2023 until the end of March 2024, learning responses triggered following 146 rapid incident reviews are categorised in the graph below:

- Maternity and Neonatal Safety Investigations are independent investigations.
- LeDeR reviews are independent reviews of care prior to the death of a person with a learning disability and/or autism.
- One incident subject to a multi-disciplinary team review will also have a LeDeR review.
- Divisions will have triggered additional learning responses locally, e.g. Swarm huddles for patient falls.

Learning responses following rapid incident reviews



Source: Learning responses triggered under PSIRF July 2023-March 2024.

Specific examples of early learning from PSIRF learning responses:

| Summary of completed action(s) | Summary of planned actions and/or sharing of thematic learning |
|---|--|
| There was no standard Trust-wide guidance on the completion and review of ReSPECT forms. | As part of our deteriorating patient improvement programme, we have standardised and provided guidance on completion of ReSPECT forms, in preparation for the implementation of system wide electronic forms. |
| Having paper and digital notes in UHBW limits access to necessary information and risks negative impact on patient care and experience, and staff wellbeing. | The Trust notes scanning programme continues and will include all inpatient areas as part of the Digital Strategy. |
| Standardised communication between surgeons and perfusionists was identified positively as a crucial aspect during safety critical events. | The Trust is evaluating simulation and training for standardised communications among surgeons, scrub practitioners, and circulators during insertion and removal of surgical items, including where surgical items are cut or altered. |
| There is a need for a clearly defined process for the procurement, management and replacement of medical equipment which ensures the involvement of all key stakeholders. | A working group has been set up to improve equipment oversight and a business case is being written for an equipment tracking digital solution. |
| Maternal hyponatraemia (low sodium levels in the blood) is rare and recognition by observable symptoms alone is unreliable and existing controls do not adequately identify hyponatraemia. Furthermore, there is no United Kingdom national guidance on the recognition and management of hyponatremia during labour. | We have written accessible guidance for women and birthing people on how much to drink during labour. We are conducting an audit of compliance with a locally developed Fluid Balance and Hyponatraemia Guideline including appropriate action for any sodium levels <130mmol. |

Infection control

The Trust continues to implement a range of measures to tackle infection and to improve the safety and quality of our patient services. Our focus is on prevention and improved environmental hygiene, supported by continuous staff engagement and education. During 2023/24 our infection prevention and control governance oversight has been strengthened through cross-divisional collaboration via the Operational Infection Prevention and Control Group. All occurrences of infection are reviewed promptly and learning shared; external reporting of infections to the UK Health Security Agency is in place. In 2023/24, our C.difficile numbers were above the NHS England threshold (target); in response to this, the Trust has tasked two multi-professional teams with developing a coordinated Quality Improvement approach focused on reducing the risk and improving patient outcomes.

| C difficile infections | 2020/21 | 2021/22 | 2022/23 | 2023/24 |
|---------------------------|---------|---------|---------|------------------------|
| Rate per 100,000 bed-days | 48.6 | 49.2 | 40.7 | 53.6 |
| National average | 44.6 | 46.1 | 45.4 | Data not yet available |
| Best performing trust | 0 | 0 | 0 | Data not yet available |
| Worst performing trust | 140.5 | 181.3 | 134.0 | Data not yet available |

Clinical accreditation

UHBW runs a Clinical Accreditation Programme (CAP), previously known as Accreditation of Quality Care (ArQC) which monitors quality of care at ward or department level and provides regular feedback to clinical staff on the clinical care that they are providing.

CAP brings together key measures of nursing and multiprofessional clinical care into one overarching framework, scoring against agreed standards relating to high quality compassionate care, leadership, avoidable harm, and effective patient care.

All of UHBW's 60 inpatient areas and our four emergency departments were assessed during 2023/24, either for the first, second or third time. A clinical area that scores 75%-89% achieves a silver accreditation and above 90% achieves a gold accreditation. Silver accredited areas are re-assessed after six-nine months. Gold areas are reassessed in 12-18 months; if they sustain gold and can demonstrate service improvement, they are then awarded a diamond accreditation.

By the end of 2023/24:

- 2 areas had achieved diamond accreditation

- 1 area had achieved gold 2 years in a row
- 5 areas had achieved gold
- 53 areas had achieving silver
- 3 areas were awaiting the outcome from their first assessment

In 2024/25 we will be seeking to develop equivalent standards for our theatre departments and outpatient areas.

Patient Reported Outcome Measures (PROMs)

Since 2009, Patient Reported Outcome Measures (PROMs) have been collected by all NHS providers for two common elective surgical procedures; hip replacement or knee replacement.

PROMs measure quality from the patient’s perspective and seek to calculate the health gain experienced by patients undergoing these procedures. Patients are asked to complete a short questionnaire which measures their health status or health related quality of life at a moment in time. This questionnaire is completed before the procedure and at three months after surgery and the difference between the two sets of responses is used to determine the outcome of the procedure as perceived by the patient. This provides a score between 0 and 1 based on how improved the patient’s health is post-operation; and a score closer to 1 (or 100%) is best.

UHBW undertakes a small number of relevant procedures each

year at Weston General Hospital. The vast majority of elective hip and knee operations are performed at North Bristol NHS Trust’s regional orthopaedic centre.

The Trust has a process in place for collating data on patient reported outcomes; pre and post procedure questionnaires are collected and processed on a monthly basis by a third-party contractor that collates and calculates PROM scores and sends these to NHS England Digital.

The most recent full-year data available from the NHS Health and Social Care Information Centre (HSCIC) is for 2021/22 and is based on data for 15 hip replacements and 17 knee replacements. Scores for the Trust indicate that the perceptions of health gain among patients having hip or knee replacement is above national average, albeit that our sample size is small.

| Procedure | Calculated Health Gain | 2020/21 | 2021/22 |
|-------------------------------|------------------------|---------|---------|
| Primary hip replacement (15) | UHBW | N/A | 0.57 |
| | National average | 0.46 | 0.46 |
| Primary knee replacement (17) | UHBW | N/A | 0.47 |
| | National average | 0.32 | 0.32 |

* No data submitted - in order to respond to the challenges posed by the coronavirus pandemic NHS hospitals in England were instructed to suspend all non-urgent elective surgery for patients for parts of the 2020/21 reporting period.

Improving experience of care

UHBW's vision is to provide person-centred, compassionate and inclusive care every time, for everyone, from birth through to end of life. To support us reaching this vision, improving experience of care is a Patient First priority area for the Trust. There have been two areas of focus in relation to this priority during 2023/24:

- Improving communication-related experience in inpatient wards by introducing the 'What Matters To You?' conversation tool as well as making better use of patient feedback to identify areas for improvement at local ward level.
- Designing a new and exciting Experience of Care Strategy together with patients, carers, community partners and our staff which is due to go to our Trust Board for approval in May 2024.

To understand the experience of the people we support, UHBW has a comprehensive local survey programme which ensures that ongoing and timely feedback from patients forms a key part of our quality monitoring and improvement approach. All patient feedback is available for staff to access via a dedicated Patient Feedback Hub which provides instant access for staff across the Trust to patient feedback right down to ward and department level. Almost 500 staff have

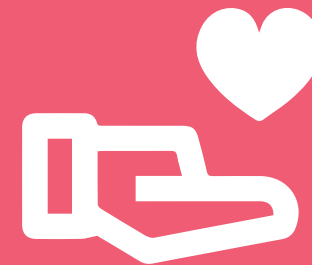
now been trained and have access to a range of analysis

reports to support quality improvement activity and communicate positive and negative feedback easily with their teams.

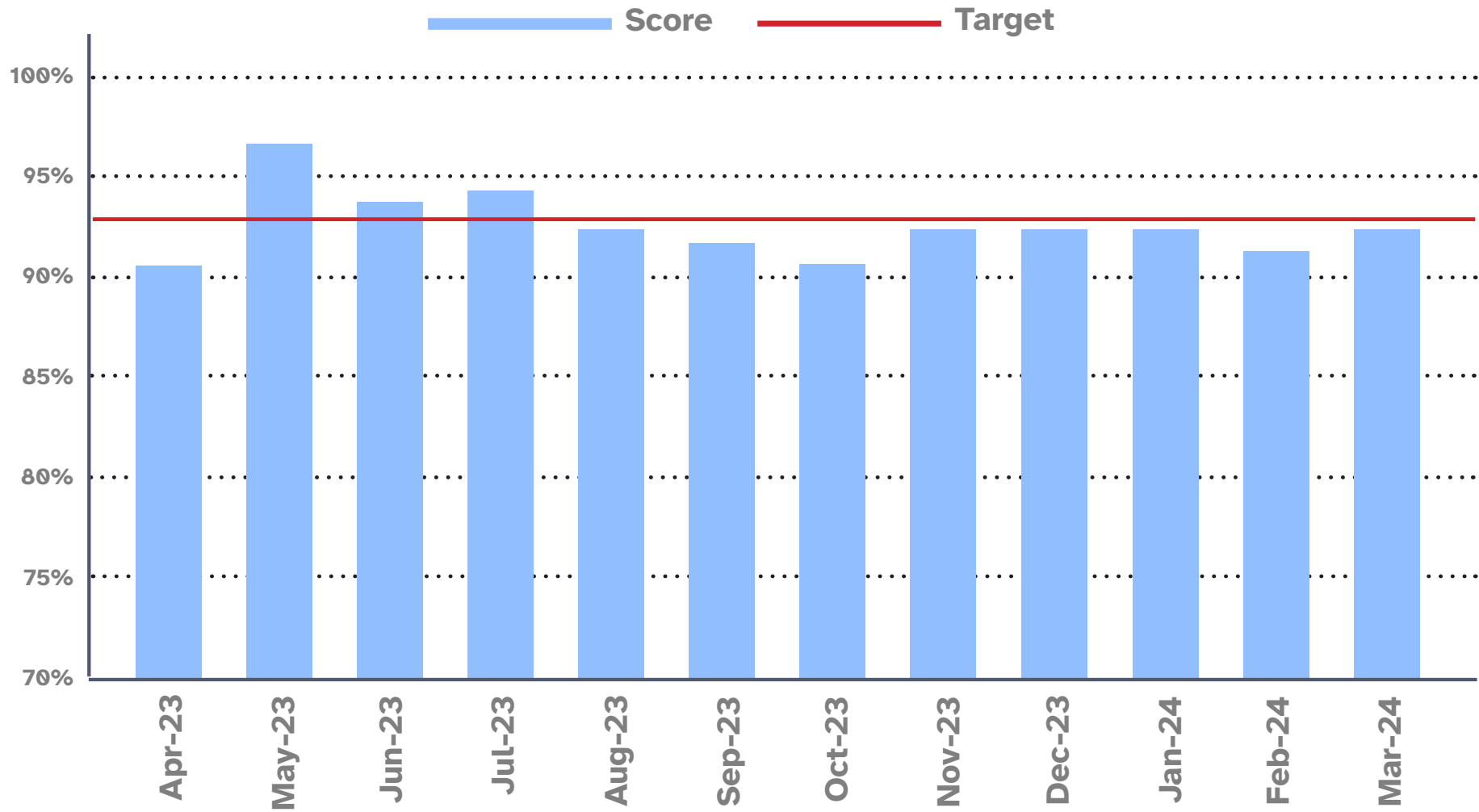
Performance during 2023/24 from our own monthly surveys and the Friends and Family Test (FFT) is shown in the three charts that follow.

Our average inpatient experience score in 2023/24 was 92.0%, just below our target of 92.8%. Our average outpatient experience score in 2023/24 was 96.9%, just below our target of 97.4%. As our survey methodology changed this year we cannot provide like-for-like comparisons with previous years.

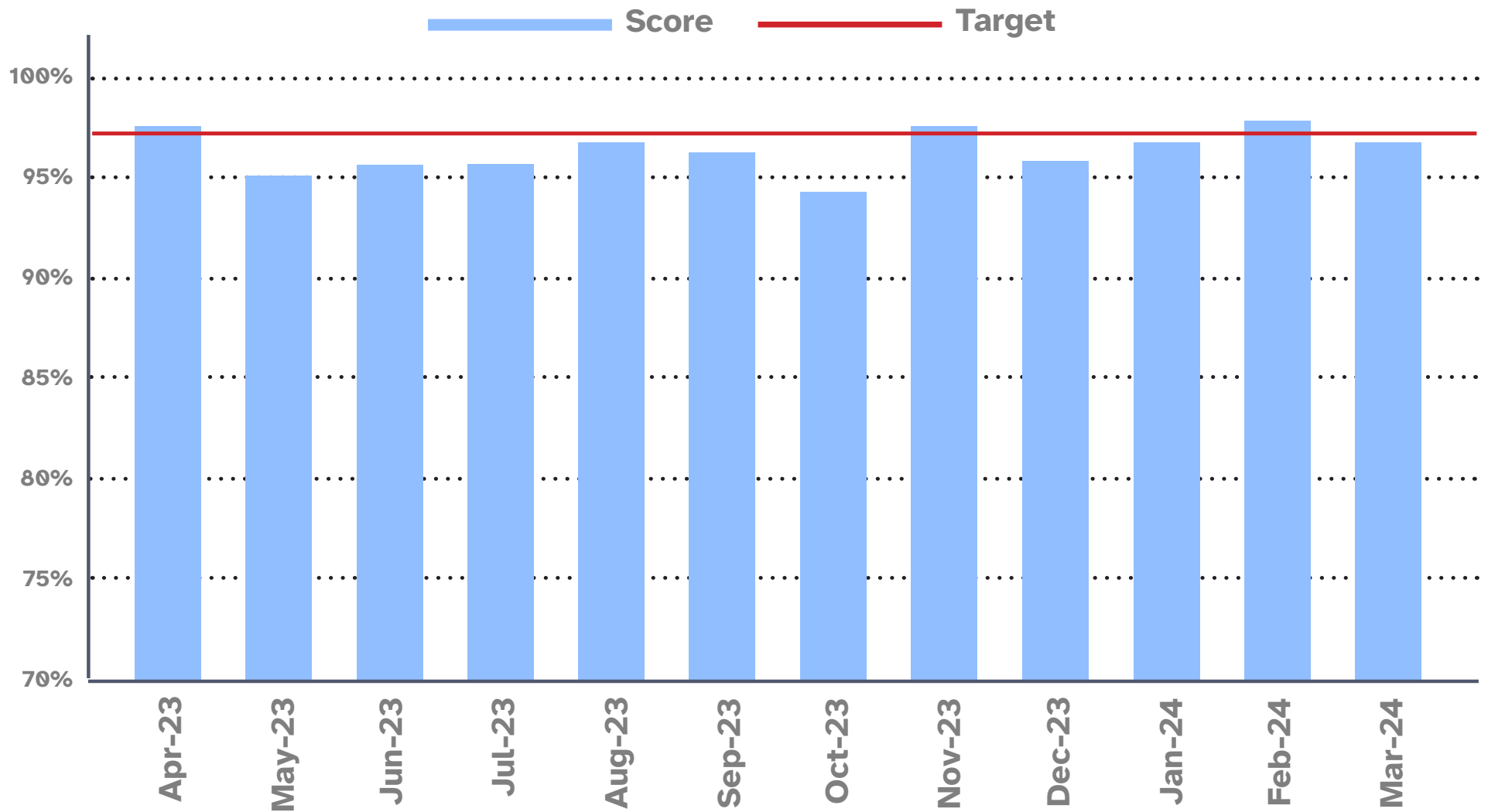
There are no targets set for FFT scores, however, national comparative data for FFT demonstrates that UHBW performs in line with or above the national average.



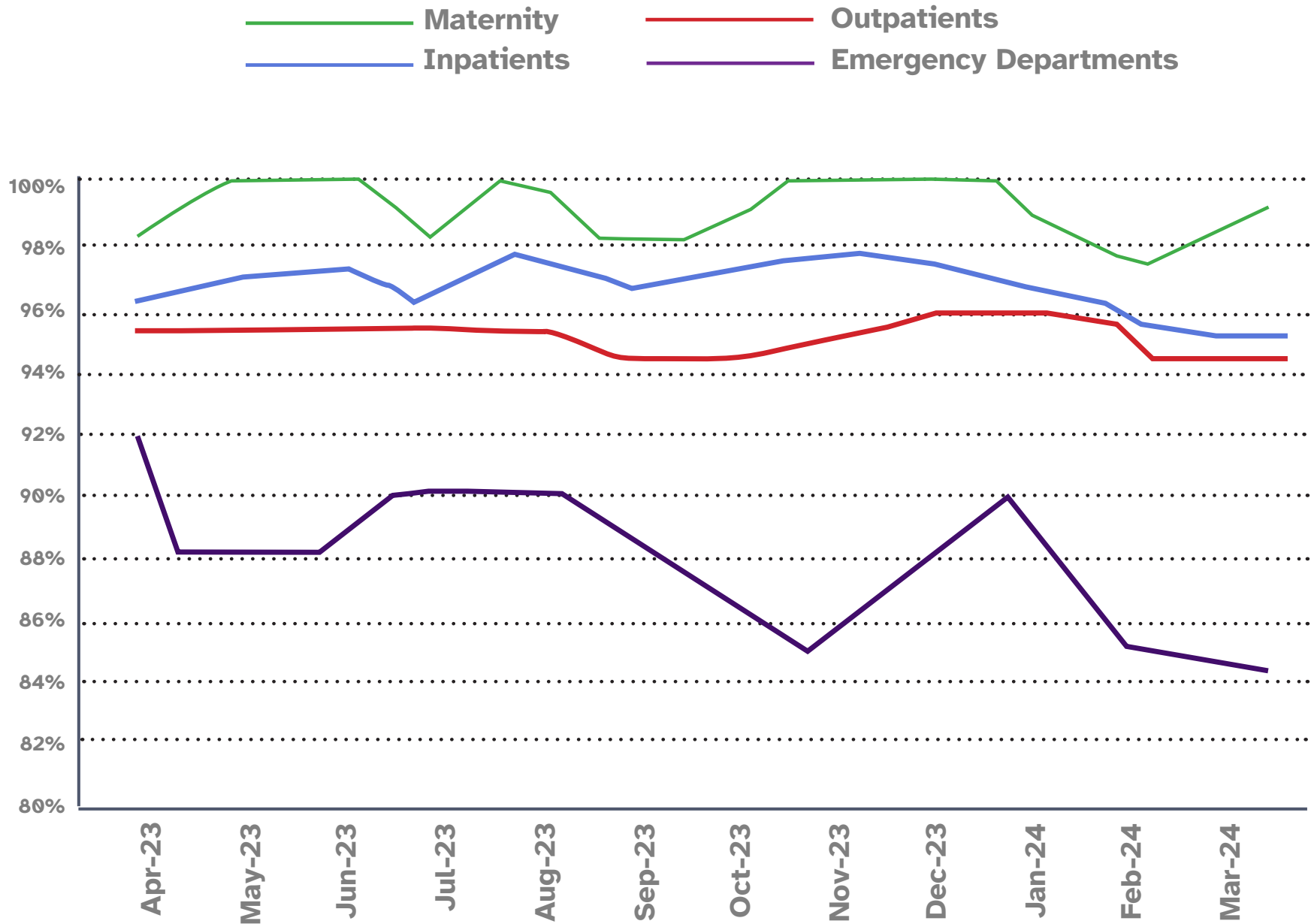
Inpatient feedback score



Outpatient feedback score



Friends and Family Test scores



Trust-wide achievements in relation to Experience of Care achieved in 2023/24 have included:

- Introduction of a new ‘You Said, We Did’ poster for wards, clinics and departments to demonstrate how we are using feedback to make improvements.
- Creating weekly uploads of survey data into the Patient Feedback Hub thereby creating timely access to patient feedback.
- Supporting our ‘My Journey’ volunteers to undertake interviews with patients and carers as part of quality improvement work in Enhanced Care Observation and Active Hospitals initiatives.
- Establishing a Community of Practice for Better Involvement so that colleagues working with people and communities can develop new knowledge and develop their practice.
- Recruiting new Experts by Experience (lay representatives) to our Waiting Well Steering Group and Cancer Board.
- Continuing to share patient stories at our Public Trust Board meetings enabling Board members to reflect on the experiences of people attending our hospitals.

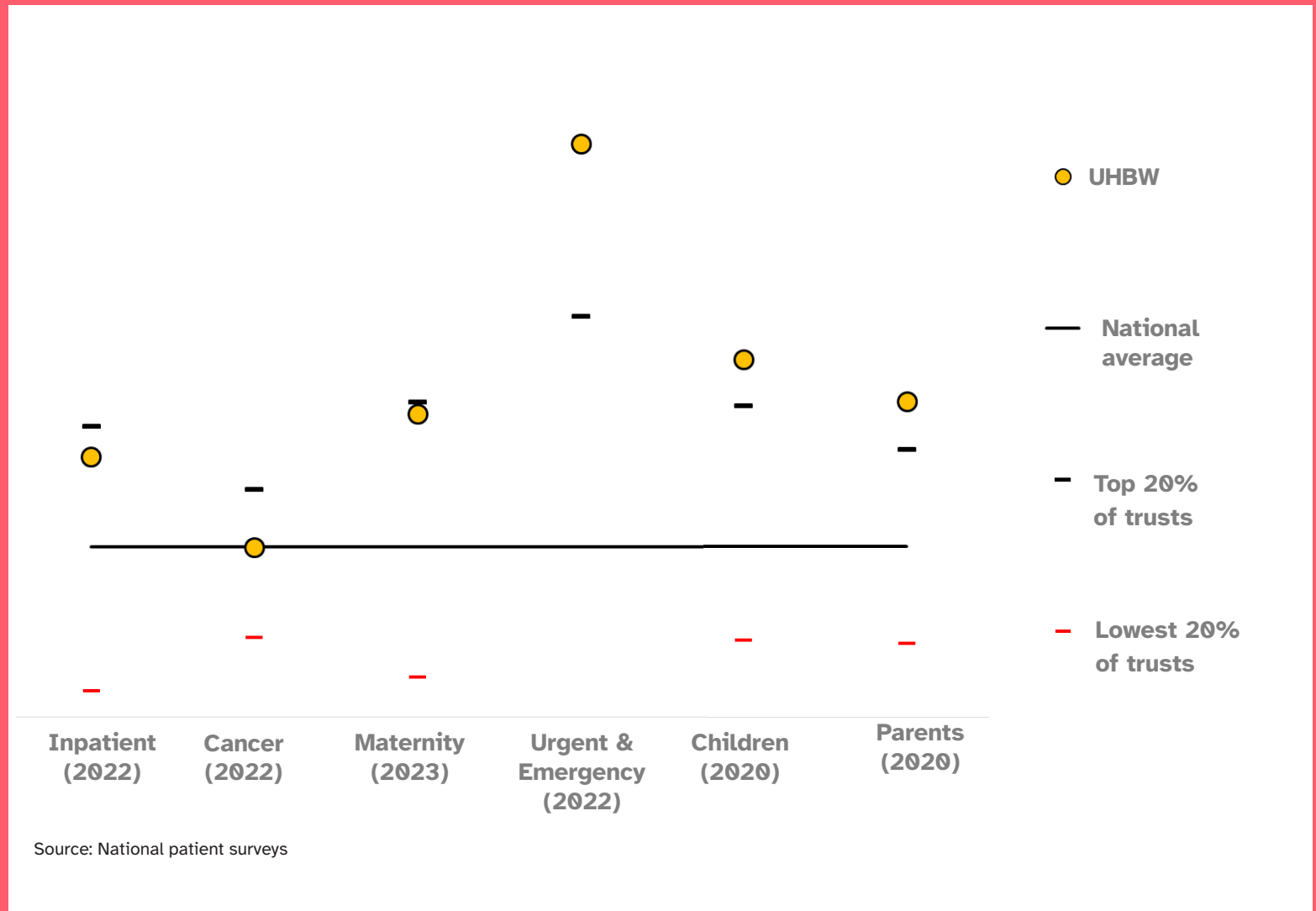
- Furthering our work with patients and their families to understand and improve our ECMO service (extracorporeal membrane oxygenation), a form of life-support that we offer to patients with the most severe forms of heart and lung failure; including the development of new patient information.
- Continuing to work with marginalised people who are referred to our High Impact User Team because of their repeat attendance at the BRI ED to better understand and respond to their needs; including peer led awareness raising for staff.

Four UBHW projects were shortlisted in the National Patient Experience Network Awards including one runner up in the final (Special Care Dentistry project).

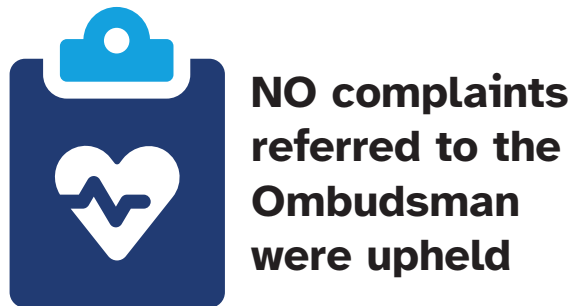
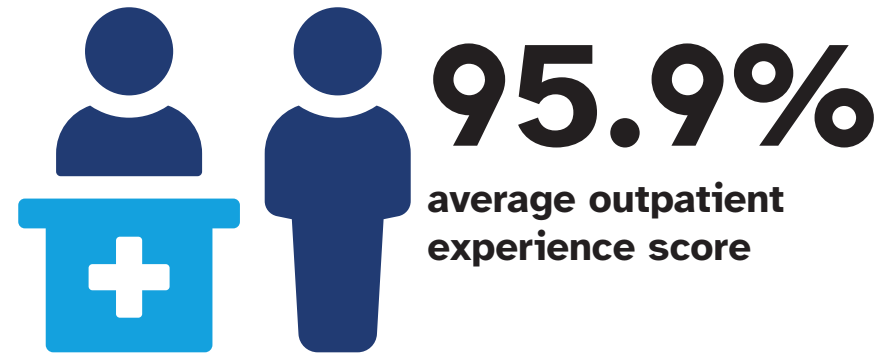
National patient surveys

Each year, the Trust participates in the national patient survey programme which is coordinated by the Care Quality Commission and Picker Institute. Data from the national patient survey programme tells us how the experience of patients at UHBW compares with other NHS acute trusts in England. The results of each national survey, along with improvement actions/learning, are reviewed by the Trust’s Experience of Care Group and the Trust Board.

In national patient survey results published during 2023/24, UHBW performed in the top 10% of trusts nationally for 'overall experience' in the National Urgency and Emergency Care Survey (relating to BRI ED), in the top 25% of trusts for the Maternity survey and in the top 30% of Trusts for the Inpatient survey. UHBW performed in line with the national average in the latest Cancer Patient Experience Survey.



Patient experience



Staff recommendation to friends and family

Staff perceptions of our services are another important measure of overall quality of care. As well as asking patients whether they would recommend UHBW based on the care they received, we also ask our staff whether, if a friend or relative needed treatment, they would be happy with the standard of care we provide. We do this through the annual NHS Staff Survey.

Whilst the overall pattern of data for the last four years undoubtedly reflects the impact of the COVID-19 pandemic, UHBW has consistently scored around 10 percentage points above the national average.

“If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation”

| | 2020 | 2021 | 2022 | 2023 |
|--|-------|-------|-------|-------|
| UHBW | 83.4% | 76.2% | 71.1% | 74.2% |
| Average for acute and acute and community trusts | 74.3% | 67.0% | 61.8% | 63.3% |
| Highest acute and acute and community trust | 91.8% | 89.5% | 86.4% | 88.8% |
| Lowest acute and acute and community trust | 49.6% | 43.5% | 39.3% | 44.3% |

Complaints

In October 2023, the UHBW Patient Support & Complaints Team rebranded to the PALS & Complaints Team to make the service more accessible, recognising the familiarity of the patient advice and liaison service name with members of the public and staff alike.

In 2023/24, the Trust received 2,123 complaints, a 12% increase compared with the 1,898 reported in 2022/23. The majority of the complaints (1,259 of 2,123 or 59.3%) were investigated via informal resolution, with 761 addressed through the formal complaints process. With effect from January 2024, we are also able to report the number of PALS concerns received; these are speedily resolved concerns that would previously have been counted as informal complaints. In the final quarter of 2023/24, the PALS and Complaints Team responded to 103 PALS Concerns.

In addition, the PALS & Complaints Team dealt with 1,149 other enquiries, including compliments, requests for support and requests for information and advice; compared with 1,493 in 2022/23. The reason for this reduction is that from partway through the year, the team ceased the practice of including compliments, requests for medical records and requests for birth debriefs³ in its enquiries data. Compliments are instead forwarded directly to the relevant division to log and acknowledge, requests for medical records are forwarded directly to

³ when a woman who has delivered her baby asks to meet with staff to better understand her experience – she will then meet with the appropriate consultant to talk through the birth and to ask any questions

the Access to Health Records Team to process and requests for birth debriefs are sent on to the management office at St Michael's Hospital who arrange meetings with the parent/s.

The team also received and recorded an additional 811 enquiries which did not proceed after being recorded⁴ (an increase on the 765 reported in 2022/23). In total, the team received 4,083 separate new enquiries into the service in 2023/24.

In 2023/24, the Trust had seven complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), representing a 30% decrease on the 10 cases referred the previous year; a very low total overall. During the same period, no UHBW cases were upheld by the PHSO. At the end of the year 2023/24, three cases were still under investigation by the PHSO.

503 complaints were responded to via the formal complaints process⁵ in 2023/24 and 72.2% of these (363) were responded to within the agreed timescale, which is similar to the 71.1% achieved in 2022/23, below the Trust's target of 95%. A total of 943 complaints were responded to in 2023/24 via the informal complaints process and 85.3% of these (804) were responded to within the agreed timescale, again a similar percentage to the 86.4% achieved the previous year. The informal process

encourages rapid resolution by the specialty manager responsible for the service involved.

At the end of the reporting year, 9.9% of complainants had expressed dissatisfaction with the formal response they had received. This represents a total of 41 of the 415 first formal responses sent during the reporting period, which is a small improvement on the 10.9% reported in 2022/23.

The reasons people complain are diverse and often specific to their particular situation. The Trust codes all complaints thematically; the most frequent reasons for the complaints we received in 2023/24 were clinical care, appointments and admissions, and attitude and communication. These overarching themes account for the majority of complaints received by the Trust. Where appropriate, action is taken in response to learning from each complaint received. The completion of actions is also subject to periodic audit.

Health Equity

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. In 2021, UHBW commissioned an independent baseline review of its approach to tackling health inequalities for patients and communities from a leading public health consultancy (PHAST). The report and recommendations that followed were approved by Trust

³ when a woman who has delivered her baby asks to meet with staff to better understand her experience – she will then meet with the appropriate consultant to talk through the birth and to ask any questions

⁴ This can be for a number of reasons including the enquirer choosing not to proceed with a complaint, or the Trust not receiving a patient's consent to enable an investigation

⁵ Note that the number of complaints responded to in the year will differ from the number of complaints received in the year

Board in 2022. These recommendations included establishing a clear Health Equity governance structure, developing a Health Equity strategic plan and to improve the recording and analysis of patient data to drive decision making.

The Health Equity Delivery Group is now well established to oversee the delivery of our Health Equity Delivery Plan. The group encompasses community partners including The Diversity Trust, Weston-Super-Mare based Healthy Living for All, the African Voices Forum, Caafi Health and the West of England Centre for Inclusive Living who bring unique insight and expertise.

Key health equity achievements in 2023/24 have included:

- Integrating health inequalities data into quality reporting to our Trust Board.
- Creating a new Health Equity resource page on our staff intranet with relevant information including useful links and details of local health equity project.
- Ongoing delivery of our Accessible Information Standard implementation plan working together with Bristol City Council Sensory Support Team, the Centre for Deaf and Hard of Hearing People and Bristol Sight Loss Council thereby improving access, experience and outcomes for patients with a disability and/or sensory loss.
- Collaboration with our Integrated System partners on

projects to tackle health inequalities. Current work includes the development of aligned and standardised dashboards to show waiting times for specific inclusion groups.

- Developing four projects which are aligned to the NHSE Core20PLUS5 framework as well as our Patient First priority to understand and improve the experience for marginalised communities:
 - * Improving access, experience and outcomes in maternity services with a focus on ethnicity
 - * Improving oral health with children and young people
 - * Early cancer screening and access to information for seldom heard communities
 - * Improving awareness and support in asthma care for children and young people

During the year, we have continued to work with a range of other community partners to drive forward UHBW as an inclusive organisation. These partners include: Bristol Autism Support Service, to undertake a service-user led assessment of how our four emergency departments support autistic people receiving care; AccessAble, to develop new Access Guides for patients and carers attending our hospitals and; the Carers Liaison Centre to ensure we continue to support carers as equal partners in care.

Our CQUIN performance (Commissioning for Quality and Innovation)

Commissioning for Quality and Innovation (CQUIN) is a system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.

Throughout 2023/24, a smaller number of directed short term CQUINs were delivered across core clinical priority areas as agreed with NHS England and our commissioners:

BNSSG Integrated Care Board CQUINs: *

- Staff flu vaccinations
- Prompt switching of intravenous to oral antibiotics
- Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions

Specialised Commissioning CQUINs:

- Supporting patients to drink, eat and mobilise after surgery
- Achieving progress towards Hepatitis C elimination within lead Hepatitis C centres

- Treatment of non small cell lung cancer (stage I or II) in line with the National optimal lung cancer pathway
- Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery

NHS England has confirmed the suspension of the nationally mandated CQUIN quality incentive scheme for 2024/25.

*Bristol, North Somerset and South Gloucestershire



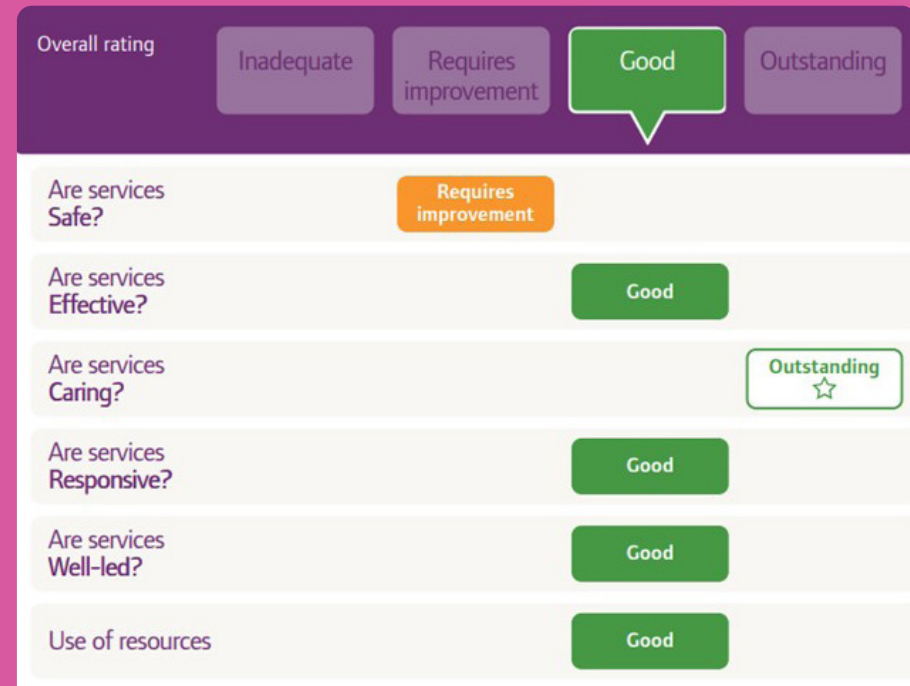
Care Quality Commission inspections and ratings

UHBW is required to register with the Care Quality Commission (CQC). UHBW currently has an overall CQC rating of 'Good'.

In December 2023, the CQC inspected maternity services at St Michael's Hospital in Bristol and the Ashcombe Birth Centre at Weston General Hospital as part of the national maternity inspection programme. The inspection focused on the safe and well led key questions. The CQC team visited the central delivery suite, maternity triage, day assessment, antenatal and postnatal wards in Bristol, and the Ashcombe Birth Centre. The Bristol site was rated Good overall, Good for well led, and Requires Improvement for safe; these ratings were unchanged from the Trust's previous inspection of maternity services in 2019. The Weston site was rated Good in all three categories; this was the first time the service has been rated by the CQC since the merger which created UHBW in April 2020. Full inspection reports are available at <https://www.cqc.org.uk/location/RA7C1>

A detailed action plan has been agreed in response to the CQC's findings. Action has been taken by St Michael's Hospital in response to the inspection to ensure the following.

- staff complete daily checks of emergency equipment



- medical staff complete an appropriate level of safeguarding training to carry out their duties
- 'red flag' midwifery staffing incidents are monitored effectively, including delays to induction of labour, in line with national guidance
- incidents are reviewed in a timely manner

This was UHBW's only CQC inspection in 2023/24.

Guardian of safe working hours

The guardian of safe working hours ensures that issues of compliance with safe working hours for junior doctors are addressed by the doctor and the employer or host organisation as appropriate. The role provides assurance to the Board that doctors' working hours are safe. UHBW has two guardians of safe working hours for junior doctors: Dr James McDonald for our Bristol hospitals and Dr William Hicks for our Weston site. Annual reports on rota gaps and vacancies for doctors and dentists in training are published by UHBW at www.uhbw.nhs.uk/p/about-us/reports-and-publications

Freedom to Speak Up

The purpose of Freedom to Speak Up (FTSU) is to encourage a positive culture where staff feel they can speak up, where their voices will be heard, and where any suggestions and concerns are acted without any retribution or detriment. UHBW has a Freedom to Speak Up Guardian (FTSUG) and a deputy guardian with whom all staff can raise concerns, either directly or via a dedicated confidential raising concerns email address and telephone line.

The work of the FTSUG is supported by a network of 75 FTSU champions; the role of FTSU champion is voluntary, alongside substantive duties. Our champions raise awareness of FTSU by being visible and accessible, role modelling the values and behaviours associated with speaking up and listening; they also

provide signposting and support for staff who need to raise a concern.

Mandatory speak-up training was introduced for all staff in February 2021 and compliance in March 2024 was 87.7% across the Trust. In 2023/24, 91 concerns from all staff groups were raised via the FTSUG (compared to 109 concerns the previous year). The largest reporting groups were admin/clerical staff (31% of concerns) and nursing staff (24%). The most frequently reported concerns related to policies and processes (22%), inappropriate attitudes and behaviours (20%) and bullying and harassment (14%).

FTSU is not the only mechanism through which staff can get their voice heard. The Trust also has a range of groups which support staff, alongside an external employee assistance programme, including HR services, staff side (unions), occupational health and staff networks.

The Board and its People Committee receive a quarterly update on the FTSU programme, including numbers of concerns raised, any identified themes and learning. The FTSU annual report is published on the Trust website: www.uhbw.nhs.uk

Data quality

UHBW submitted records during 2023/24 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES), which are included in the latest published data.

The percentage of records for UHBW:

- which included the patient's valid NHS number was: 99.8% for admitted patient care; 99.9% for outpatient care; and 99.1% for accident and emergency care.
- which included the patient's valid general practice code was: 99.9% for admitted patient care; 100% for outpatient care and 99.9% for accident and emergency care.

Data source: NHS number, Trust statistics. GP Practice: NHS Information Centre, SUS Data Quality Dashboard, April 2023 – February 2024 extracted 15/04/2024.

In January and February 2024 respectively, the Trust commissioned External Clinical Coding Audits in Weston and Bristol to fulfil the Data Security and Protection (DSP) Toolkit requirement. The Bristol audit reviewed a total of 200 episodes from the specialities of Upper GI surgery, Colorectal Surgery, Paediatric Medicine and Paediatric Surgery. The episodes audited were randomly selected from April-October 2023 data.

The preliminary results for Bristol are that the DSP Toolkit level is 'Met'. The attainment level for 'Met' is primary >90% and secondary > 80%.

The following levels of accuracy were achieved:

- Primary diagnosis accuracy: 92 % (+ 0.5% from 2022)
- Primary procedure accuracy: 91% (+ 0.2% from 2022)

Due to the sample size and limited nature of the audit, these results should not be extrapolated.

The external Audit in Weston in January 2024 reviewed a total of 200 episodes from the specialities of General Medicine, Trauma and Orthopaedics, Rheumatology,

Dermatology and General Surgery. The episodes audited were randomly selected from April-October 2023 data.

The preliminary results for Weston are that the DSPT level is 'Met'. The attainment level for 'Met' is primary >90% and secondary > 80%

The following levels of accuracy were achieved:

- Primary diagnosis accuracy: 94.5% (+1.5 % from 2022)
- Primary procedure accuracy: 94.7% (-2.8% from 2022)

The Trust has maintained the level from the previous year as all levels achieved =>90%.

Secondary levels were equivalent to the higher level =>90%; 2.6% secondary diagnosis errors were non-coder errors.

The Trust has taken the following actions to improve data quality:

- The data quality programme involves a regular data quality checking and correction process. This involves the use of daily reports by the CareFlow EPR support team that have

⁶ The DSP Toolkit is an online self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards.

identified errors and queries. Some errors are corrected centrally but may involve users across the Trust in the correction (this includes staff in clinical divisions checking with the patient for their most up-to-date demographic information).

- The Trust is awaiting the final audit reports for both Bristol and Weston and once received, an action plan will be put in place to work on the audit recommendations with the aim of improving percentages over the following 12 months. The reports will also be shared with the Data Quality Improvement Group.

Performance against national priorities and access standards

Referral To Treatment

NHSE England operational planning guidance required Trusts to eliminate referral to treatment waiting times over 65 weeks by March 2024 (excluding patient choice). The Trust originally submitted a plan of no patients waiting over 65 weeks by March 2024. During 2023/24, the impact of industrial action led to the Trust agreeing a revised trajectory with NHSE that no more than 392 patients would be waiting 65 weeks or longer by the end of March 2024.

At 31 March 2024, the Trust reported 257 patients waiting over 65 weeks; an improved position on the revised trajectory of

392. The Trust expects to eliminate 65 week wait backlogs by end of September 2024, with the exception of corneal graft surgery. There are 109 corneal graft patients in the 65-week wait cohort to the end of September and the treatment of these patients is dependent upon a nationally directed processes of allocation based on supply, clinical priority, and relative waiting times. Subject to graft material being available, there are no other constraints to full delivery against this ambition.

Cancer

One of the metrics used by NHSE to monitor recovery of cancer care backlogs related to the COVID-19 pandemic is the number of patients referred by a GP on a cancer pathway waiting more than 62 days. NHSE asked that all trusts return to, or achieve fewer than, the number of patients waiting over 62 days pre-pandemic. This number is different for each organisation and the Cancer Alliances have a role to play in determining the appropriate target for each Trust and integrated care system.

In 2023/24, the target for the Trust was to have no greater than 160 patients waiting over 62 days by March 2024. Note that the 62-day NHS constitutional standard is different from this metric as it is based on patients who start treatment. The measure of patients waiting over 62 days considers the

number of patients waiting on a 62-day pathway prior to treatment or confirmation of cancer diagnosis.

Through 2022/23, the Trust made sustained progress in reducing the number of patients on a cancer pathway waiting over 62 days. The number of patients waiting over 62 days was reduced from a peak of 416 patients in August 2022 to 178 patients in March 2023. This reflected achievement of the 62-day baseline set for the Trust by NHS England.

Diagnostic Waits

The Trust planned to reduce diagnostic waiting times by increasing activity levels for high volume modalities. The plan was intended to increase the percentage of patients waiting under 6 weeks towards 83.3% at the end of March 2024.

Throughout the year, there has been sustained improvement and at the end of March 2024, the Trust reported 81.94% of patients as waiting under 6 weeks.

The Trust's plan also focussed on reducing long waits for diagnostic investigation. The Trust's plan was based on a reduction to no patients waiting 26 weeks or longer by end of October 2023.

In April 2023, the Trust reported 358 patients waiting over 26 weeks for a diagnostic investigation. The Trust has

demonstrated improvement through the year. At the end of March 2024, the Trust reported 206 patients waiting over 26 weeks.

Emergency Department

The total time spent in the emergency department (ED) measures from arrival time to discharge/admission time. There are two standards reported:

1. The "4 Hour Standard". This is the standard that has been reported in previous years and had a constitutional standard of 95%. For 2023/24, trusts are required to return performance to 76% by March 2024, i.e. 76% of ED attendances should spend less than 4 hours in ED.
2. The "12 Hour Standard". This standard has a new definition from April 2023 related to the proportion of patients attending ED who wait more than 12 hours from arrival to discharge, admission or transfer, with an operational standard of no more than 2%.

Note: both these standards apply to all four emergency departments in the Trust.

When an ambulance arrives at hospital, the patient should be handed over to the care of the hospitals within 15 minutes.. The two metrics reported are the number and percentage of handovers that are completed within 15 or 30 minutes. The current improvement targets are that 65% of handovers

should be completed within 15 minutes and 95% within 30 minutes.

During 2023/24 the Trust saw increased demand in both attendances to its Adult Emergency Departments and subsequent admissions, which alongside the high bed occupancy levels, and ongoing industrial action, impacted delivery of the four-hour standard of care, which in February 2024 was 63.4%.

From February 2024, NHS England requested that trusts refocus their efforts to achieve the delivery of the March end position of 76%. The Trust mobilised a hospital wide response and achieved 76.5% against this target. Of note, this performance includes Type 1, 2 and 3 attendances.



a) Statement from the Council of Governors of University Hospitals Bristol and Weston NHS Foundation Trust**Overview**

The last year has been a time of considerable challenge. We recognise that increasingly long waiting lists have had a negative and distressing impact on patients and consequential frustration and worry for our health staff. We observe that industrial action has somewhat added to the pressure in terms of postponed patient appointments and operations.

There continue to be high levels of demand for adult and children emergency Services. This demand is combined with the continuing serious lack of capacity in community care #services, which means that patients cannot be discharged when they should and need to be. This affects the flow of patients through our hospitals. This has been a long-standing problem. We are told that work is being done to improve the situation and the Governors will be keeping this issue firmly in their sights. In the meantime, the Trust has increased the availability of advice and guidance to patients.

The Governors consider that this Quality Account offers a clear and fair representation of the Trust's performance. It demonstrates a strong commitment to learning from, and acting in response to, feedback and investigations.

Governor involvement with Quality and Performance at UHBW in 2023/24

The Governors have a duty to continuously monitor the Trust's performance and hold the Non-Executive Directors (NEDs) on the Board of the Trust to account for it. During this year we have held a full programme of meetings and discussions. Where possible we have held meetings online as well as face to face to assist accessibility.

Every two months we have reviewed full agendas of quality and performance issues in our Quality Focus Group meetings. Then we have discussed specific topics of concern in more depth with all the NEDs at our regular engagement sessions with them. The Chair and NEDs continue to be open to all our comments and have fully engaged in answering our questions.

Public Board meetings at the Trust have returned to a face-to-face setting; however, the option to watch them via You Tube has continued. This has enabled the public and Governors to witness the Board in action either on the day or at a time suited to them.

The Governors raise questions on our Governors' Log, which is publicly available. Our questions are answered by Trust executives and senior managers. A wide range of topics has been covered, including cancer support services, apprenticeship support, patient discharges, ED processes for patients after hours, Minor Injuries Units, online presence, the long-term vision of the estate, training, report writing and feedback, duty of care, communication with patients, dentistry

provision, access to hospitals, confidentiality and funding for the joint digital strategy.

Quality Improvement Activity

UHBW set five quality objectives for 2023/24 and this account contains a full update on the progress made on all of these, followed by a description of the objectives set for the coming year.

The new Patient Safety Incident Response Framework (PSIRF) commenced in May 2023 was followed by reporting into the new national system of Learning from Patient Safety Events (LFPSE) in the second quarter of 2023/24. The framework for the Trust was approved in April 2024 which meant work could start on embedding this important update within the Trust systems. Feedback on the implementation could be taken on board to develop the service further. A new Human Factors Faculty within the Trust will be watched by Governors with great interest and anticipation as to how it will grow and develop and bring a new perspective to managing patient safety incidents.

This has been our third year of work on improving patient experience of discharge. It is reported here with an emphasis on the development of the “Every Minute Matters” (EMM) programme. The experience of patients being discharged remains at the forefront of Governors’ concerns. We intend to closely monitor how this develops using the “Patient First”

approach which is designed to provide timely care.

Waiting Well was a new objective for the Trust in 2022/23 and was aimed at improving the experience of patients waiting for care. At that time, this objective was developed in the context of growing waiting lists post-pandemic, and it was clear this needed to continue into a second year.

Feedback from a variety of sources made it clear that an updated website was needed in order to provide meaningful information for patients who were waiting for their procedures.

Governors were informed about the DrDoctor platform and its stated ability to transform contact with patients on waiting lists. We understand that this system has many more capabilities. It will be monitored by the Governors to see what the possibilities are for decreasing waiting times and improving communication with patients.

A new Critical Care Outreach team was created to improve the responsiveness of medical personnel when a patient is seen to be deteriorating. More focus on the deteriorating patient, reviews of paperwork, and increased observation scoring has improved the outcomes for patients.

The Patient First programme has six priorities. Four of these are considered quality based (Timely Care, Experience of Care, Patient Safety, and Innovate and Improve). The Governors look forward to watching these priorities yield positive results across the Trust.

Review of Services

The services that have been maintained by UHBW during the last twelve months have been substantial and all in the face of many challenges. With the increase in waiting lists and the industrial action, it has definitely been a year of difficult and demanding circumstances. Staff have had to cope with a vacancy rate that has only slowly declined over the year. And the digital infrastructure has not been the most reliable.

Despite this, staff have managed to continue to care for 886,000 outpatients, 109,000 inpatients, 77,000 day-case patients and 206,000 accident and emergency attendances.

The Governors hope to find out how the long-awaited electronic prescribing system progresses, along with the expectation of lowering Venous Thromboembolism (VTE) rates.

During the last year, the Governors have been monitoring progress with quality-based themes through our Quality Focus Group. During these meetings, we have heard updates on the outpatient strategy, the communications strategy, education of staff, organisational development areas such as the staff survey, and equality, diversity and inclusion. Staff have delivered informative presentations to the Governors of the Patient First initiative plans and the Experience of Care strategy.

One of the biggest changes in quality seen in the Trust this

year has been to experience of care. The quality of the communications on wards has been improved through the 'What Matters to You?' conversation tool. The Experience of Care Strategy is due to be launched in early 2024/25. Patients are thus empowered to provide the team with valuable information about their experiences. It is hoped that this will lead to improvements in patient experiences in the future. The Governors have had engagement in this project by holding lay representative positions on the Experience of Care Group, the Accessible Information Standards Group, and the Health Equity Delivery Group.

The Governors were told about the national patient survey results published during 2023/24, where UHBW performed in line with or better than the national average. This demonstrated the huge commitment and effort put in by the clinical and support teams, and other staff into ensuring patient experience was at the top of their priority lists.

The Trust has made a commitment to learning from all surveys, significant incidents, informal and formal concerns, and case reviews of patient deaths. The contribution the Trust has made to wider, shared learning with North Bristol NHS Trust and colleagues across the Integrated Care System (ICS) is to be commended. Action plans developed from such learning are also described here in the Quality Statement. This

includes Trust responses to the Care Quality Commission's inspection of UHBW in December 2023.

Other quality-related topics of special interest to the Council of Governors during 2023/24.

- Education, learning and leadership training for managers;
- The ICS and how the Trust works with the wider system;
- Patients with “no criteria to reside” and how they are being discharged;
- Outpatient services and how these are focusing on patient needs;
- The Freedom To Speak Up programme, and how this is helping staff to raise concerns.

These topics will remain priorities for Governors in the coming year. With the benefit of all the ranges of experience on our Governor team, we will continue to monitor the progress of all aspects of patient care at the Trust.



b) Statement from Healthwatch Bristol, North Somerset and South Gloucestershire (BNSSG)

Healthwatch Bristol, North Somerset and South Gloucestershire acknowledge the progress against UHBW Quality Objectives 2023/24.

We recognise the much-improved coordination of patient discharge from hospitals in Bristol and Weston which has created better outcomes for patients and families. The programme Every Minute Matters is impacting on experiences of both communication and integration, and sustained improvements are being built upon across the workforce. We are pleased that NHS@Home pathways, which have reallocated patients to their homes instead of care homes, has had an overall positive rating from service users and their families.

We welcome the 23/24 Waiting Well objectives for patients waiting for surgery. It has focused on better communication and has learnt from partners and people with lived experience who are stakeholders in the Health Equity Delivery Group.

Insights from recent Healthwatch BNSSG research into the needs of inclusion groups on waiting lists has been incorporated into your peri-operative questionnaire launched in 2024. UHBW's Experience of Care Strategy and roll out of the 'What

Matters to You?' conversation approach is to be commended; we look forward to its extension into Bristol hospitals.

Finally, the Trust's adoption of objectives in 24/25 that fully align with your Patient First approach will establish 'experience of care' as a key ongoing commitment. In this vein we applaud your work to address concerns listed regularly in Healthwatch 'Local Voices' feedback reports. These are that communication is fully compliant with the Accessible Information Standard and that access to interpreting services is improved.

Vicky Marriott, Chief Officer, Healthwatch BNSSG

c) Statement from Bristol, North Somerset and South Gloucestershire Integrated Care Board

Bristol, North Somerset, and South Gloucestershire (BNSSG) Integrated Care Board (ICB) welcomes the opportunity to comment on a draft copy of The University Hospitals Bristol and Weston (UHBW) Quality Account 2023/24. BNSSG ICB acknowledge that the report is in draft form and some additional information may still need to be added prior to the final publication, so please accept our observations on that basis.

The information presented has been reviewed and is in line with that provided and presented to the ICB through reports and meetings to provide quality assurance. The ICB recognises the volume and variety of services delivered by UHBW to the people of BNSSG. BNSSG ICB would like to acknowledge the hard work and dedication of UHBW's staff who strive, day in and out, to provide high quality and safe care for the people it serves.

The ICB acknowledges that UHBW elected five quality priorities for 2023/24. These were:

1. Delivering the NHS Patient Safety Strategy – including implementing and embedding the new Patient Safety Incident Response Framework (PSIRF) throughout the Trust.
2. Improving patient experience of discharge from hospital – including using the 'Every Minute Matters' programme, the use of criteria-led discharge and the implementation of Active

Hospitals programme.

3. Waiting well – A variety of initiatives focussing on better information to patients and maximising their health and wellbeing whilst waiting for admission. The Trust has joined a national pilot for an e-Meet and Greet system to provide patients with an acknowledgement of receipt of their referral.
4. Improving experience of care through better communication – A new Experience of Care Strategy has been developed by a group including patients, carers, community partners and staff. A communication experience metric has been developed against which Divisions and Wards will work against their baseline data. Improvement ideas will be developed from the 'What Matters to You' conversations, this will continue into 2024/25.
5. Reducing patient harm events through consistency in the early recognition of the deteriorating patient – A Critical Care outreach team has been established in Bristol and review all patients with NEWS2 scores of 7+. The Deteriorating Patient eLearning package has been developed and published; it is mandatory for all clinical staff. The Modified Obstetric Early Warning Score (MOEWS) has been implemented in non-obstetric settings.

Good progress has been made in all priorities, with some continuing into 2024/25. Achieving these quality priorities will lead to improved patient safety and experience of UHBW's services.

UHBW was successful in being awarded the contract to host the new NIHR Regional Research Delivery Network, the ICB commends this work. The appointment of a Director of Research across UHBW and North Bristol NHS Trust is important for strengthening system approaches to improve the health of the people of BNSSG moving forward.

The ICB commends the Trust for achieving four UHBW projects being shortlisted in the National Patient Experience Network Awards including one runner up in the final (Special Care Dentistry project).

The Bristol Royal Infirmary (BRI) Emergency Department (ED) is to be commended for achieving a top 10% of all Trusts for 'overall experience' in the National Urgent and Emergency Care Survey.

The ICB acknowledges the challenges faced by UHBW in terms of waiting times that have, unfortunately, increased during the last year due to industrial action. Despite the challenges UHBW has made progress and improved the position of patients waiting longer than 65 weeks for treatment, for which the Trust is to be commended.

For the first time all priorities are aligned with the Patient First programme, the ICB acknowledges the importance of aligning these programmes to enhance achievements.

The ICB applaud the priorities for 2024-25 all of which are important in improving patient's experience of care, patient safety, and timely care. The ICB will continue to support UHBW in the implementation of activities to achieve these priorities. The priorities for 2024-25 reflect the issues reported to the ICB during this last year. The ICB looks forward to hearing of progress made.

Going forward into 2024-25, the ICB will continue to work closely with University Hospitals Bristol and Weston (UHBW) 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.

Michael Richardson, Deputy Chief Nursing Officer

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

d) Statement from Bristol Health Scrutiny Sub-Committee

Members' comments are summarised below:

Discharge experience, there is a reference to 'board rounds', it would be helpful to explain this more fully – is this different, for example, to ward rounds? Also, in relation to discharge, a member raised an issue around how there can be some misconception about when a discharge is a delay and some definition could help. Whilst understanding the concept of being signed-off as medically fit (which is where social care delays are really clear), patients can be sitting around for a while waiting for final sign-off (the member cited his own experience at Southmead hospital, where nurses said he was good to go home on a Friday night as all monitoring of BP and O2 were consistent but it wasn't until the next afternoon at 4.30pm that a doctor signed-him off, which took about 30 seconds.) So there is perhaps an issue about where the blockages are that cause delays to patients being signed-off as medically fit and then discharged? Is it always waiting for medics or is it delays in terms of pharmacy or transport?

The comparative data with other trusts in relation to patient surveys is welcomed. It would be good to see this in other providers' Quality Accounts.

CQC has given a 'good' overall rating, but under the Safe theme they 'require improvement'. There is a link to the CQC report but a brief summary of the findings and the action plan would be helpful, as it only takes a 'requires improvement' assessment in one other domain to result in a 'requires improvement' rating overall.

Complaints - there is a 12% increase but no information on the main causes of complaints. Is there anything in particular that stands out? – perhaps the top 5 or 10 reasons for complaints last year and this year?

Members have noted that the Sirona Care & Health Quality Assessment included some data on recruitment and retention. This is such a key factor in quality, if services are understaffed, this provides some context to how difficult quality is to achieve. A brief statement on this issue would be helpful.

DSP toolkit - requires explanation.

Ambulance handover times. The report states that, “following handover between ambulance and ED the ambulance crew should be ready to accept new calls within 15 minutes. The two metrics reported are the number and percentage of handovers that are completed within 15 or 30 minutes”. Is this a metric of how fast the ambulance crew turn around their ambulance ready for a new call following handover, or the total time ambulance crews spend in ED, including the time they are waiting in ED to hand over, and then the post-handover turnaround?

Note: the Trust wrote to the Bristol Health Scrutiny Sub-Committee in response to the above feedback and has included additional information/clarification in the Quality Account relating to board rounds, our maternity CQC inspection, complaints received, the DSP Toolkit, and the ambulance handover time metric.

e) Statement from North Somerset Health Overview and Scrutiny Panel

No comments received.

f) Statement from South Gloucestershire Overview and Scrutiny Panel

No comments received.

APPENDIX B – Statement of Directors’ Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHS England has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the Quality Account is not inconsistent with internal and external sources of information including:
 - * board minutes and papers for the period April 2023 to March 2024
 - * papers relating to quality reported to the board over the period April 2023 to March 2024
 - * feedback from commissioners
 - * feedback from governors
 - * feedback from local Healthwatch organisations
 - * the trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - * the national inpatient survey

- the Quality Account presents a balanced picture of the NHS foundation 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 the annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

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



Professor Stuart Walker
Interim Chief Executive
University Hospitals Bristol
and Weston NHS
Foundation Trust



Ingrid Barker
Joint Chair, University
Hospitals Bristol and Weston NHS
Foundation Trust and North
Bristol NHS Trust