



**University Hospitals  
Bristol and Weston**  
NHS Foundation Trust

# **Quality Account 2020/21**

## Contents

Page

<b>Part 1</b>	3
Statement on quality from the chief executive	3
<b>Part 2 – Priorities for improvement and statements of assurance from the Board</b>	4
Priorities for improvement	4
Update on quality objectives for 2020/21	4
Quality objectives for 2021/22	9
Statements of assurance from the Board	16
Mandated quality indicators	22
<b>Part 3 – Review of services in 2020/21</b>	23
Patient safety	23
Patient experience	30
Clinical effectiveness	39
Performance against national priorities and access standards	43
<b>Appendices</b>	49
Appendix A – Feedback about our Quality Account	49
Appendix B – Statement of Directors’ Responsibilities	57

## Part 1

### 1.1 Statement on quality from the chief executive

The year 2020/21 has been unprecedented and one that has affected us all, as the world responded to COVID-19. The global pandemic has changed all of our lives and forced us to adapt at home, at work, and in the way we interact with friends, family and colleagues. Face masks, social distancing and video calls have all become a new way of life. As I write this introduction to our annual Quality Account, restrictions are easing and we are beginning to see the positive impact of the vaccination programme.

For our staff at the Trust, together with the wider NHS, the focus of 2020/21 has been on our response to the pandemic and I am immensely proud of the way all of our staff have risen to the monumental challenge and continued to provide high-quality care to our patients and adapted to ensure the safety of our patients and staff at our hospitals. In line with national guidance we reconfigured our wards, introduced enhanced PPE (personal protective equipment), moved to video and telephone consultations for routine appointments where appropriate and where a physical examination is not needed, and also needed to restrict visiting.

We cannot underestimate the significant impact the pandemic has had on our ability to deliver services. This has included the need to reschedule or postpone planned appointments, such as surgery, and I do not underestimate the impact this has had on patients and their relatives. A priority for 2021/22 will be to work through the backlog of patients who are waiting, as quickly and safely as possible. I would like to thank our patients and their relatives for their understanding and support.

Whilst COVID-19 has dominated the headlines and been the major focus for the NHS, it is not all that has happened during the past 12 months – not least we became a new and bigger organisation. At the very start of the year Weston Area Health NHS Trust and University Hospitals Bristol NHS Foundation Trust merged to become University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). When the merger was agreed none of us could have imagined that the merger date would fall just weeks into a global pandemic.

Uniting the trusts increases our diversity, capacity and resilience, and provides a unique opportunity to bring together the things that make the Weston and Bristol hospitals great places to work and receive care and the merger will make an even better and stronger organisation for the future.

In January 2021, our Board approved a new Quality Strategy which sets out a vision for quality over the next four years. Our strategy represents a key step on our ongoing journey to becoming one of the outstanding centres for care delivery, healthcare teaching, research and innovation. Our ambition is to deliver the safest care with the best patient experience in the NHS and, in that context, I commend our 2020/21 Quality Account to you. As ever, my thanks go to those who have prepared and contributed to this report, including Healthwatch, our commissioners and our governors. I am pleased to confirm that the Board of Directors has reviewed this 2020/21 Quality Account and I confirm that it is an accurate and fair reflection of our performance.



Robert Woolley  
Chief Executive

## Part 2

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

#### 2.1 Priorities for improvement

##### 2.1.1 Update on quality objectives for 2020/21

In view of the merger of University Hospitals Bristol NHS Foundation Trust (UH Bristol) with Weston Area Health NHS Trust (WAHT) on 1 April 2020 to form University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), it was agreed that the Trust's quality objectives for 2020/21 would focus on four areas where UH Bristol did not fully achieve its goals in 2019/20:

- Improving compliance with VTE (venous thromboembolism) assessment
- Improving the availability of information about physical access to our hospitals to ensure patients and visitors know how to get to services in the easiest possible way, particularly patients with disabilities
- Improving patient experience through the roll-out of the Trust's outpatients strategy and guiding principles
- Supporting and developing the participation of lay representatives in Trust groups and committees

It was agreed that these quality objectives would apply across the merged organisation and any outstanding annual quality objectives for WAHT would be taken forward via the annual operating plan for the newly created Weston Division.

It should be noted that these objectives were agreed prior to the COVID-19 pandemic, however, by the start of the financial year 2020/21, the UK was experiencing the first wave of the pandemic, resulting in dramatic changes for the NHS workforce and the provision of healthcare services, which further confirmed the decision not to set more adventurous quality ambitions for the year.

A progress report is set out below, including a reminder of why we selected each theme, our improvement objective/s and an overall 'RAG' (red/amber/green) rating of the extent to which we achieved each ambition.

Objective 1	Improving compliance with VTE (venous thromboembolism) assessment
Rationale and past performance	<p>Venous Thromboembolism (VTE) is a significant cause of mortality and disability in England. At least two thirds of cases of hospital-associated thrombosis are preventable through VTE risk assessment and the administration of appropriate thrombo-prophylaxis. Since 2010, trusts have been required to report quarterly on the number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool. The expectation for UHBW was to achieve 95 per cent compliance.</p> <p>Previously, VTE assessment compliance has been measured from paper records when patients are discharged; we recognise that this has not provided a true measure of VTE assessment compliance rates. Use of an electronic VTE risk assessment in Medway was implemented in our Bristol</p>

	<p>hospitals in August 2019. Compliance initially improved markedly to 79%, then fell away, before returning to a similar level by the end of 2019/20. We recognised that compliance needed to be optimised by support from divisions / specialities / consultants. Current significant barriers included variable use of the Medway system, and of mobile computer devices for ward rounds. Extreme pressures on capacity in the Trust were and remain a key issue, as was a culture that VTE risk assessment was a low priority for staff.</p>
What did we say we would do?	<p>Compliance had been particularly poor in the wards responsible for acute admissions. These areas are a challenge due to the high turnover of patients, multiple members of staff involved and other tasks to be completed on admission. A number of new initiatives led by key clinicians had commenced and we expected this to translate into improvements in the efficiency and completion of VTE risk assessments. We planned to incorporate digital VTE risk assessment into routine pre-operative assessment to improve compliance for elective surgical patients, and lastly we said we would explore the potential to appoint a dedicated VTE prevention nurse.</p>
Measurable target/s for 2020/21	<p>Although our target continues to be to meet the national standard, which requires at least 95 per cent of appropriate inpatients to have a VTE risk assessment, we did not anticipate this would happen until such time as there is a fully integrated digital system with a force function (a force function means that staff cannot complete a subsequent step of a process without completing a preceding step).</p>
How did we get on?	<p>Performance in Bristol has remained essentially static during 2020/21 and below our target, achieving 85.4% for the year as a whole compared to 87.4% in 2019/20. In Weston General Hospital the previous paper-based data collection / audit process ceased at point of merger and has yet to be replaced by a reliable alternative; a spot check audit in December 2020 showed 63% compliance.</p> <p>At the time of the launch of digital VTE risk assessments, there was an expectation that a fully integrated digital system was imminent (Electronic Prescribing and Medicines Administration was in use in the Bristol Haematology and Oncology Centre and the Bristol Heart Institute), whereby VTE risk assessments would be incorporated into admission or prescribing. However, there have been recurrent delays with the full digital roll-out which has resulted in VTE risk assessment remaining as a standalone task in Medway (the Trust's patient administration system). This is seen as the biggest barrier to achieve the expected compliance.</p> <p>There were, however, some positive developments towards the end of the financial year:</p> <ul style="list-style-type: none"> <li>• The Trust's VTE group has reconvened and is working with our digital CCIOs (Chief Clinical Information Officers), digital pharmacists and Medway team to find digital ways to optimise compliance with VTE risk assessments (including by linking with the CareFlow workspace); the digital CCIOs will also be working to continue to highlight the unacceptable delays in the full digital roll-out due to supplier issues with the aim to achieve a solution, realistic timelines and ensure it remains an achievable goal.</li> <li>• A consultant VTE lead for Weston has been identified (subject to confirmation) who will link with the Bristol VTE lead to identify and develop improvement opportunities.</li> </ul>

	<ul style="list-style-type: none"> <li>A Quality Improvement project is underway to improve VTE risk assessment in Trauma and Orthopaedics on the Bristol site.</li> </ul> <p>Furthermore, there were no serious incidents in 2020/21 associated with VTE risk assessment and prescribing of VTE thrombo-prophylaxis.</p>
RAG rating	Red – We did not make the progress we had been seeking in Bristol, and more robust assurance is needed relating to the consistent use of VTE risk assessments at Weston General Hospital. Achieving improvements in VTE risk assessment will continue to be a focus for the Trust in 2021/22, driven through our VTE group working with the Digital Hospital Programme Board.

<b>Objective 2</b>	<b>Improving the availability of information about physical access to our hospitals to ensure patients and visitors know how to get to services in the easiest possible way, particularly patients with disabilities</b>
Rationale and past performance	The hospitals which make up the Trust's Bristol site have grown and developed over the past hundred years. We receive consistent feedback that our estate can be challenging to navigate, particularly for patients and visitors with a physical disability. In 2019/20 we successfully secured charitable funding to enable the Trust to partner with an organisation called AccessAble.
What did we say we would do?	In 2020/21, working with AccessAble, we planned to create a detailed web-based access guide for patients and the public, providing visual and descriptive information about our Trust estate, including Weston General Hospital (WGH).
Measurable target/s for 2020/21	We said that success would be measured by the implementation of the project, including the production of a 'recommendations matrix' to guide future decisions about how and where we could improve access, subject to future funding.
How did we get on?	The delivery of this project experienced significant delays as a result of COVID-19 restrictions. AccessAble eventually commenced surveys of our hospital sites in central Bristol in October 2020 with a plan to begin surveys at Weston General Hospital the following month. In total, 63 of the 230 planned site surveys were completed in Bristol before surveying was once again paused due to the pandemic. At the time of writing, survey work is scheduled to re-start in the second quarter of 2021/22 with a projected formal launch of the completed Access Guides in the public domain by the end of the financial year 2021/22 (see quality objectives for 2021/22). This work is generously funded by Above and Beyond and Weston General Hospital Charitable Fund.
RAG rating	Amber – Limited progress was made with site surveys due to the COVID-19 pandemic, however, additional charitable funding was secured to enable the project to be extended into Weston General Hospital.

<b>Objective 3</b>	<b>Improving patient experience through the roll-out of the Trust's outpatients strategy and guiding principles.</b>
Rationale and past performance	<p>We continue to recognise the inconvenience and stress caused to patients when there are delays communicating and booking next steps following an outpatient clinic attendance. From a Trust operational perspective, delays in sending the clinic letter also result in failure to meet the national seven-day clinic letter turnaround target. Missing or incorrect outcomes and delays in booking next steps increase the risk of breaching referral and treatment targets and the possibility of the patient coming to harm.</p> <p>The real time outpatients (RTOP) initiative was designed to allow all of the</p>

	<p>administrative tasks relating to a patient's clinic appointment to take place on the day of the visit. This means that patients would leave the clinic knowing what the next step in their treatment is, and when that will take place. It was designed to significantly reduce waste within the system by shortening the turnaround time for clinic letter production, enabling diagnostics, follow-up and 'to come in' (TCI) dates to be booked in a more timely manner. Finally, it would enable the appointment outcome, next steps on the patient pathway, and discharge (if applicable) to be confirmed as correct, known as validation in real time. In 2019/20, we took important steps towards implementing RTOP into a number of hospital specialties, however, various factors limited progress, e.g. staff vacancies and sickness, IT systems, winter pressures.</p>
What did we say we would do?	<p>During 2020/21, we said we would take a new approach to RTOP, incorporating it into our broader strategic approach to the outpatients programme, reflective of overall national strategy and the guiding principles of BNSSG CCG for the delivery of outpatients. We said that this strategy would include further digitisation of outpatient pathways, to include improvements in the production of letters, clinical triage, outcomes, patient communications and appointment bookings. We said that this would include a review of outpatient service delivery in Weston General Hospital and alignment of service access where possible.</p>
Measurable target/s for 2020/21	<p>Our targets were to:</p> <ul style="list-style-type: none"> <li>• Achieve seven-day turnaround for all appropriate letters in specialties where real-time outpatients is implemented.</li> <li>• Improve the number of letters that are dictated checked and approved within 24 hours of the clinic appointment.</li> <li>• Reduce the number of letters sent out 14 days after clinic.</li> <li>• Reduce the number of missing outcomes (at the end of each appointment, an outcome must be recorded on the Trust patient administration system Medway; this is how the next step for the patient is booked) and the time spent by staff validating outcomes each month.</li> <li>• Reduce the 'Did not attend' rate for outpatient clinics.</li> <li>• Achieve seven-day turnaround for advice and guidance requests.</li> </ul>
How did we get on?	<p>We made huge progress in the delivery of outpatient services, although not in the way we had originally envisaged due to the pandemic. As part of the Trust's response to COVID-19, we took the opportunity to redesign elements of outpatient pathways, deploying e-RS (electronic referral service) advice and guidance. This service allows GPs and consultants to discuss and plan referrals making the most out of outpatient referrals. We have also deployed non-face-to-face video conferencing services, enabling patients to 'attend anywhere'. This deployment has been Trust-wide and at scale, representing significant improvements in the digitalisation of the outpatient pathway and improved communication with patients and primary care.</p> <p>During 2020/21, non-face-to-face outpatient activity was rapidly scaled up so that around 30 per cent of outpatient consultations are now undertaken either by the phone or video (this is the equivalent of the NHS target by 2024).</p> <p>More than 1,900 clinical users of the Attend Anywhere system delivered over 28,000 virtual consultations 2020/21. This means that UHBW is one of the most rapidly growing users of virtual consultations in the South West region.</p> <p>Following feedback from our clinicians, the programme established a clinical reference group to deliver top tips and education to support clinicians to make</p>

	<p>the most of this new way of delivering patient care. Programme leads have also worked with the Trust's patient experience team to promote inclusivity and improve delivery of the service to inpatients and patients with communication needs.</p> <p>Patient feedback has been central to the development of the new service and over 9,000 patients have responded about their experience of virtual consultations. These views have supported the development of evidence for the effectiveness of video consultations in clinical practice and allowed reflection on future developments to reduce health care inequalities in patients accessing care in virtual settings (as well as reinforcing that virtual consultations are not the best way of meeting the needs of every patient).</p> <p>This feedback has led to a published paper 'The impact of increased outpatient telehealth during COVID-19: Retrospective analysis of patient survey and routine activity data from a major healthcare system in England.' (International Journal of Health Planning and Management, April 2021). This research has been used to inform the growing national body of evidence supporting the use of virtual consultations. Patient views have demonstrated that virtual consultations are an effective methodology for delivering patient care, however, we have also learnt that virtual consultations are not for all patients and need to be balanced with the option of patients choosing face-to-face care when appropriate.</p> <p>The sustainability of this rapid redesign of outpatient delivery will be reviewed with the CCG and Healthier Together for 2021/22.</p>
RAG rating	Green – The goals we set ourselves at the start of the year no longer apply due to the pandemic, however, outpatient services have been successfully redesigned in response to COVID-19 with significantly improved patient experience ratings.

<b>Objective 4</b>	<b>Supporting and developing the participation of lay representatives in Trust groups and committees</b>
Rationale and past performance	<p>This objective set out to influence and develop the practice of lay partner involvement in UHBW as part of a growing move in the NHS to develop the concept and practice of patient leadership. This represented a continuation of a journey which commenced in 2016 with the patient and community leadership programme, Healthcare Change Makers, which was a collaboration between UH Bristol, North Bristol NHS Trust and Bristol Community Health, with additional input from the local CCG and Healthier Together, with facilitation provided by the Centre for Patient Leadership and The King's Fund. In 2019/20, prior to merger, we completed a mapping exercise to identify which UH Bristol groups, formal networks, and committees had lay representatives as part of them and, in doing so, identified new opportunities for lay representation, including maternity services and the Learning Disabilities Steering Group.</p>
What did we say we would do?	<p>During 2020/21 we said we would:</p> <ul style="list-style-type: none"> <li>• Ensure that all of our lay representatives have attended our new training session</li> <li>• Develop and run a six-monthly update training and support programme</li> <li>• Develop an internal communications plan to more effectively publicise and promote the value of working with lay representatives and the processes</li> </ul>



	<p>for recruitment/training</p> <ul style="list-style-type: none"> <li>• Update our internal guidance for staff who are considering recruiting lay representatives</li> <li>• Undertake a mapping exercise of lay representation and networks at Weston General Hospital, including the existing Patient Council, with a view to implementing our new training there</li> <li>• Explore opportunities to partner with local health and social care providers so that UHBW training can be shared across organisations.</li> </ul>
Measurable target/s for 2020/21	<p>Our targets for 2020/21 were:</p> <ul style="list-style-type: none"> <li>• For all Trust lay representatives to attend introductory training</li> <li>• To develop and deliver an internal communications plan, to be launched in Quarter 3 2020/21</li> <li>• To design and launch a half-yearly training update programme by the end of 2020/21.</li> </ul>
How did we get on?	<p>At the beginning of 2020/21 we launched this work by holding a workshop with existing lay representatives and other colleagues to identify opportunities to improve the support and development we offer people in such roles. The workshop concluded that, whilst participants felt they understood their role, were respected and had influence, there were opportunities for improvements in the support offered (particularly emotional support), the connectivity between lay representatives (peer sharing) and the diversity of participants. Unfortunately, during the first quarter of the year the impact of COVID-19 resulted in the pausing of further work in relation to this objective including the recruitment of lay representatives to the Trust's Learning Disabilities Steering Group in partnership with the Carers Support Centre and discussions with the former Patient Council at Weston General Hospital. This pause extended throughout 2020/21, apart from some planning activity to ensure we are well placed to make progress on this area of work in 2021/22; significantly, this includes capitalising on the potential that the delivery of the National Patient Safety Strategy offers the Trust in respect of modelling the new approach to lay representation that we originally set out to achieve.</p>
RAG rating	<b>Red – This objective is being carried forward to 2021/22.</b>

### 2.1.2 Quality objectives for 2021/22

In view of the fact that we anticipate 2021/22 will be a year characterised largely by recovery and the restoration of services following the pandemic, the Trust has once again chosen a relatively small set of corporate quality objectives. We are carrying forward our objectives relating to the implementation of AccessAble and the development of lay representation in our organisation. Last year's VTE risk assessment objective will also continue to be a key patient safety focus for us in 2021/22, albeit not as a formal quality objective.

To our existing objectives, we are adding three new ones: firstly, a key objective to deliver the first year of the Trust's plan for implementing the NHS Patient Safety Strategy; secondly, an objective focussing on improving the experience of patients with a learning disability; and thirdly, an objective aimed at improving patient experience of discharge from hospital.

<b>Objective 1</b>	<b>Delivering the NHS Patient Safety Strategy</b>
Rationale and past performance	In July 2019, NHS Improvement published the first ever national patient safety strategy, setting the direction of travel for patient safety in the NHS in England for the foreseeable future. The strategy recognises that:

	<ul style="list-style-type: none"> <li>• Patient safety has made great progress since the publication of “To err is human” 20 years ago but there is much more to do.</li> <li>• The NHS does not yet know enough about how the interplay of normal human behaviour and systems determines patient safety.</li> <li>• The mistaken belief persists that patient safety is about individual effort. People too often fear blame and close ranks, losing sight of the need to improve. More can be done to share safety insight and empower people – patients and staff – with the skills, confidence and mechanisms to improve safety.</li> <li>• Getting this right could save almost 1,000 extra lives and £100 million in care costs each year from 2023/24. The potential exists to reduce claims provision by around £750 million per year by 2025.</li> </ul> <p>Addressing these challenges will enable the NHS to achieve its safety vision; to continuously improve patient safety. To do this, the NHS will build on two foundations: a patient safety culture and a patient safety system. Three strategic aims will support the development of both:</p> <ol style="list-style-type: none"> <li>1. Improving understanding of safety by drawing intelligence from multiple sources of patient safety information (Insight).</li> <li>2. Equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (Involvement).</li> <li>3. Designing and supporting programmes that deliver effective and sustainable change in the most important areas (Improvement).</li> </ol>
What will we do?	<p>In 2020/21, we will deliver Year 1 of UHBW priorities to implement the national strategy. To do this we will:</p> <ol style="list-style-type: none"> <li>1. Be ready to transition to new Patient Safety Incident Response Framework from March 2022 by: <ul style="list-style-type: none"> <li>• Conducting a thematic situational analysis on which to base a UHBW incident response plan</li> <li>• Developing a UHBW patient safety incident response plan</li> <li>• Identifying, recruiting and developing trained, objective patient safety investigation specialists (note: achievement is reliant on access to Healthcare Safety Investigation Branch patient safety incident investigation training commissioned by NHS Improvement).</li> </ul> </li> <li>2. Further develop UHBW just and restorative culture by: <ul style="list-style-type: none"> <li>• Delivering a programme of patient safety development in Weston to mirror existing provision in Bristol</li> <li>• Reviewing patient safety approach in UHBW to mitigate risk of blame culture.</li> </ul> </li> <li>3. Provide patient safety training and development in line with the National Patient Safety curriculum. Specifically: <ul style="list-style-type: none"> <li>• Level 1 Health Education England training “essentials of patient safety” will be made available for all UHBW staff (note: compliance reporting is not required until 2022/23)</li> <li>• We will review existing patient safety training and development in UHBW and align with Health Education England principles in the interim.</li> </ul> </li> <li>4. Meaningfully involve patients and families in improving patient safety in</li> </ol>

	<p>UHBW. Specifically, in 2021/22 we will:</p> <ul style="list-style-type: none"> <li>• Conduct a “readiness for involvement” assessment and develop our involvement plan.</li> </ul>
Measurable target/s for 2021/22	<ol style="list-style-type: none"> <li>1. Revised interim patient safety approach in place: <ul style="list-style-type: none"> <li>• Bristol and Weston patient safety update aligned and focusing on safety culture, safety systems, continuous improvement, human factors awareness and sharing learning from incidents by end Quarter 1</li> <li>• Moving towards patient safety incident investigations adopting HSIB principles and format by end Quarter 2.</li> </ul> </li> <li>2. Thematic situational analysis completed by end of Quarter 2.</li> <li>3. Readiness for involvement assessment completed and plan in place by end of Quarter 2.</li> <li>4. Measurement of the percentage attendance for patient safety update training for clinical staff in Weston by the start of Quarter 3.</li> <li>5. Patient safety incident response plan drafted by end Quarter 3, with Board approval by the end of Quarter 4.</li> <li>6. Trained patient safety incident investigators in place by end of Quarter 4.</li> </ol>
How progress will be monitored	Through quarterly reporting to: Patient Safety Group, Clinical Quality Group and Senior Leadership Team.
Board sponsors	Chief nurse and medical director.
Implementation lead	Head of quality and patient safety.

<b>Objective 2</b>	<b>Improving the availability of information about physical access to our hospitals to ensure patients and visitors know how to get to services in the easiest possible way, particularly patients with disabilities.</b>
Rationale and past performance	The hospitals which make up the Trust’s Bristol site have grown and developed over the past hundred years. We receive consistent feedback that our estate can be challenging to navigate, particularly for patients and visitors with a physical disability. In 2019/20 we successfully secured charitable funding to enable the Trust to partner with an organisation called AccessAble to survey our estate and produce online Access Guides. Work to achieve this objective commenced in 2020/21 but was paused as a result of the COVID-19 pandemic.
What will we do?	In 2021/22, working with AccessAble, we will re-commence the surveying of over 230 locations and create detailed web and app-based access guides for patients and the public, providing visual and descriptive information about our Trust estate, including Weston General Hospital.
Measurable target/s for 20221/22	Success will be measured by implementation of the project, including production of a ‘recommendations matrix’ to guide future decisions about how and where we could improve access, subject to future funding.
How progress will be monitored	Via the Patient Inclusion and Diversity Group, reporting to Patient Experience Group.
Board sponsor	Chief nurse.
Implementation lead	Patient and public involvement lead.

<b>Objective 3</b>	<b>Supporting and developing the participation of lay representatives in Trust groups and committees.</b>
Rationale and	This objective sets out to influence and develop the practice of lay partner

past performance	<p>involvement in UHBW as part of a growing move in the NHS to develop the concept and practice of patient leadership. This represents a continuation of a journey which commenced in 2016 with the patient and community leadership programme, Healthcare Change Makers, which was a collaboration between UH Bristol, North Bristol NHS Trust and Bristol Community Health, with additional input from the local CCG and Healthier Together, with facilitation provided by the Centre for Patient Leadership.</p> <p>At the beginning of 2020/21 we launched this work by holding a workshop with existing lay representatives and other colleagues to identify opportunities to improve the support and development we offer people in such roles. The workshop concluded that, whilst participants felt they understood their role, were respected and had influence, there were opportunities for improvements in the support offered (particularly emotional support), the connectivity between lay representatives (peer sharing) and the diversity of participants.</p> <p>Whilst the impact of COVID-19 resulted in the pausing of significant progress in relation to this objective there has been some activity to ensure we are well placed to make progress in this area of work during 2021/22. Significantly, this includes capitalising on the potential that the delivery of the National Patient Safety Strategy offers the Trust in respect of modelling the new approach to lay representation that we originally set out to achieve (see Objective 1 above).</p>
What will we do?	<p>During 2021/22 we will:</p> <ul style="list-style-type: none"> <li>• Devise and launch a new support and development package for lay representatives including refreshed recruitment materials</li> <li>• Develop an internal communications plan to more effectively publicise and promote the value of working with lay representatives and the processes for recruitment/training</li> <li>• Update our internal guidance for staff who are considering recruiting lay representatives</li> <li>• Increase the number of opportunities for lay representatives to join the organisation as volunteers</li> <li>• Develop and support the former Weston General Hospital Patient Council as a corporate patient feedback resource</li> <li>• Explore opportunities to partner with local health and social care providers so that UHBW training can be shared across organisations.</li> <li>• Support the implementation of the National Patient Safety Strategy as it relates to lay representation.</li> </ul>
Measurable target/s for 2020/21	<p>Our targets for 2021/22 are:</p> <ul style="list-style-type: none"> <li>• For all Trust lay representatives to attend at least one training, support and development activity</li> <li>• To develop and deliver an internal communications plan, to be launched in Quarter 3 of 2021/22</li> <li>• To have recruited at least four new lay representatives to Trust groups</li> <li>• To have mapped out an implementation plan to deliver that part of the National Patient Safety Strategy as it relates to lay representation.</li> </ul>
How progress will be monitored	Via quarterly reports to the Patient Experience Group.
Board sponsor	Chief nurse.
Implementation lead	Patient and public involvement lead.

Objective 4	Improving the experience of patients with a learning disability
Rationale and past performance	<p>Research shows that people with learning disabilities have poorer health and receive poorer healthcare than people without learning disabilities. Patients with a learning disability who access services provided by our Trust should expect to be cared for and communicated with by staff skilled in recognising complex care needs in both inpatient and outpatient environments. We want to ensure patients with a learning disability and the people who care for them feel engaged and listened to, and that they have a voice in how we plan and deliver services.</p> <p>Legislation requires that public bodies, including providers of health and social care, monitor their performance in identifying and addressing these issues: <a href="https://digital.nhs.uk/services/general-practice-gp-collections/service-information/learning-disabilities-observatory">https://digital.nhs.uk/services/general-practice-gp-collections/service-information/learning-disabilities-observatory</a></p> <p>UHBW has submitted data to NHS Digital as a newly merged organisation, leading to the development of a robust improvement plan where shortfalls in service provision were identified.</p> <p>UHBW is also committed to learning from the recommendations of an independent review into the death of Oliver McGowan, a young man with a mild learning disability and autism who had received care from numerous agencies across Bristol, North Somerset and South Gloucestershire (BNSSG).</p> <p>The Trust currently employs a small team of learning disability nurses who advise, support and signpost staff with enquiries; they carry out some clinical assessments but do not currently offer any regular in-house training.</p>
What will we do?	<p>We will:</p> <ul style="list-style-type: none"> <li>• Hold a learning disability 'Health Matters' interactive virtual learning event in the first quarter of the year; external and internal speakers will be invited as well as a carer with lived experience and a person with autism; invitations will be sent to all staff within the organisation, as well as external professionals nationally/locally and carers/people with a learning disability.</li> <li>• Ensure that identified staff from across the Trust from a range of disciplines complete the Oliver McGowan pilot tier one and two training programme (20 Tier 2 training places are available for UHBW). Tier 1 training is designed for all staff including volunteers who have limited contact with people with a learning disability/autism; Tier 2 is a blended all day face-to-face/online event, aimed at staff who have clinical involvement with people with a learning disability/autism. The pilot for both tiers will run until November 2021. The 20 staff chosen to attend Tier 2 training are from a wide spectrum of professions within our organisation. The pilot also provides an opportunity for UHBW to influence the national mandatory training proposal.</li> <li>• Establish and expand a new network of Learning Disabilities Champions across the Trust who will identify early in a patient's journey their care needs and the resources needed to meet those needs.</li> <li>• Participate in a BNSSG system-wide pilot project to develop and implement a robust system to record reasonable adjustments; this will support staff to identify people with a learning disability and ensure they receive equitable care and treatment.</li> </ul>

	<ul style="list-style-type: none"> <li>• Undertake reviews of the emergency department (BRI/BRCH/BEH/WGH) environments for patients with sensory impairments and/or learning disabilities; this will be a peer review with North Bristol NHS Trust, led by the patient experience team and with service user engagement, to identify improvements aimed at reducing anxiety and distress for patients and their carers.</li> <li>• Develop with the emergency department team prompt cards to assist in our out-of-hours attendance and management of people with a learning disability.</li> <li>• With the help of our clinicians, carry out a retrospective audit of ReSPECT forms for people with a learning disability during the COVID-19 pandemic, looking at the use of the Mental Capacity Act (2005) and best interest decision making; any learning will be shared and used to improve practice.</li> <li>• Develop a standard operating procedure (SOP) for adding learning disability alerts to our Medway patient administration system; this will ensure that patients who present with a learning disability will have an alert flag on their hospital record which correctly reflects their diagnoses and any requirements for reasonable adjustments.</li> <li>• Organise an autism full-day event with invited speakers including those with lived experience (although at present the Trust does not currently have a commissioned autism service, we recognise that people with a learning disability can also have an autism diagnoses – having an awareness event will allow staff to engage and take learning to further positively support this cohort of patients).</li> <li>• Work collaboratively with BNSSG partners to carry out an end-to-end review of the patient pathway followed by Oliver McGowan to ensure lessons are learned.</li> <li>• Make a bid to our hospital charity Above and Beyond for equipment and resources to improve the experience of people with a learning disability, such as noise reducing headphones, sensory distraction equipment and communication books.</li> <li>• Relaunch the learning disability group at Weston General Hospital; this is a multidisciplinary group with an agenda led by service users and their carers.</li> </ul>
Measurable target/s for 2021/22	Our target is to deliver each of the commitments set out above.
How progress will be monitored	Via Learning Disability Steering Group and BNSSG Learning Disability/Autism provider network.
Board Sponsor	Chief Nurse.
Implementation lead	Head of Safeguarding and Learning Disability Services.

<b>Objective 5</b>	<b>Improving patient experience of discharge from hospital</b>
Rationale and past performance	A well organised and timely discharge for patients is an important element of their hospital journey. We know from patient feedback that receiving a safe, co-ordinated and planned discharge helps patients and their families to leave hospital feeling as if they have been well looked after, and well prepared to adapt back to their home environment. Discharging our patients earlier in the

	day also supports the flow of patients across the organisation, enabling UHBW to deliver a proficient, safe and appropriate admission pathway for patients. We have previously set annual quality objectives relating to improving discharge (most recently in 2016/17), but we recognise that there is more work to do.
What will we do?	<p>During 2021/22, we will:</p> <ul style="list-style-type: none"> <li>• Focus in particular on releasing time for staff to be able to deliver improvements in discharging patients from hospital. We will undertake diagnostic work, through a time-and-motion study, by observing our nursing staff, quantifying time undertaken on non-value-adding tasks, enabling the teams to be freed up to plan and deliver an improved discharge experience for our patients.</li> <li>• Create qualitative channels (via questionnaires and focus groups) to encourage staff to identify efficiency savings in the way they perform their duties in order to create additional capacity to progress safe and timely patient discharges.</li> <li>• Work in partnership with our local Healthwatch to better understand patients' experiences of discharge from hospital and to co-design service improvements.</li> </ul> <p>We also envisage that this will, by its nature, be an iterative objective and that further ideas and initiatives will emerge and be explored as the year progresses.</p>
Measurable target/s for 2020/21	Success will be measured in the achievement of the plans described above, and specifically in achieving a measurable improvement in timely discharge from hospital.
How progress will be monitored	<p>Delivery of the time-and-motion study and identified recommendations for delivery will be monitored through the Productive Hospital Steering Group, and Restoration Oversight Group.</p> <p>Co-production activity with our local Healthwatch will be monitored via the Patient Experience Group.</p>
Board sponsors	Chief nurse and chief operating officer / deputy chief executive
Implementation leads	<p>Deputy chief operating officer.</p> <p>Improvement lead, Transformation Team.</p> <p>Assistant chief nurse.</p>

## Statements of assurance from the Board

### 2.2.2 Participation in clinical audits and national confidential enquiries

For the purpose of the Quality Account, the Department of Health published an annual list of national audits and confidential enquiries, 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.

During 2020/21, 58 national clinical audits and four national confidential enquiries covered NHS services that University Hospitals Bristol and Weston NHS Foundation Trust provides. During that period, University Hospitals Bristol and Weston NHS Foundation Trust participated in 82 per cent (45/55) of national clinical audits and 33 per cent (1/3) of the national confidential enquiries of which it was eligible to participate in. Five national audits and two confidential enquiries were cancelled or postponed due to COVID-19, while some other national audits

suspended mandatory data submissions but continued to collect data where participating units were able to provide it.

Table 1 lists the national clinical audits and national confidential enquiries that University Hospitals Bristol and Weston NHS Foundation Trust was eligible to participate in during 2020/21 and whether it did participate:

Table 1

Name of audit / programme	Participated
<b><i>Acute, urgent and critical care</i></b>	
Case Mix Programme (CMP) – Intensive Care	Yes
Emergency Medicine QIPs – Fractured Neck of Femur	Yes
Emergency Medicine QIPs – Pain in Children	Yes
Emergency Medicine QIPs – Infection Control	Yes
Major Trauma Audit (TARN)	Yes
National Cardiac Arrest Audit (NCAA)	Yes
National Emergency Laparotomy Audit (NELA)	Yes †
Perioperative Quality Improvement Programme (PQIP)	Yes †
Sentinel Stroke National Audit Programme (SSNAP)	Yes
Society for Acute Medicine Benchmarking Audit (SAMBA)	No *
<b><i>Blood and infection</i></b>	
Mandatory Surveillance of Healthcare Associated Infections (HCAI)	Yes
National Comparative Audit of Blood Transfusion – Perioperative Paediatric Anaemia	No *
NHS Provider Interventions with Suspected / Confirmed Carbapenemase Producing Gram Negative Colonisations / Infections	No *
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes
<b><i>Cancer</i></b>	
UK Registry of Endocrine and Thyroid Surgery	No
National Audit of Breast Cancer in Older People (NABCOP)	Yes
National Bowel Cancer Audit (NBOCA) – part of NGICP <sup>1</sup>	Yes
National Lung Cancer Audit (NLCA)	Yes
National Oesophago-Gastric Cancer (NOGCA) – part of NGICP <sup>1</sup>	Yes
National Prostate Cancer Audit (NPCA)	Yes
<b><i>Elderly care</i></b>	
Fracture Liaison Service Database (FLS) – part of FFFAP <sup>2</sup>	Yes
National Audit of Inpatient Falls (NAIF) – part of FFFAP <sup>2</sup>	Yes
National Hip Fracture Database (NHFD) – part of FFFAP <sup>2</sup>	Yes
Vertebral Fracture Sprint Audit – part of FFFAP <sup>2</sup>	Yes
National Audit of Dementia (NAD)	No *
National Joint Registry (NJR)	Yes
<b><i>End of life care</i></b>	
National Audit of Care at the End of Life (NACEL)	Yes
<b><i>Heart</i></b>	
Adult Cardiac Surgery (ACS) – part of NCAP <sup>3</sup>	Yes †



Cardiac Rhythm Management (CRM) – part of NCAP <sup>3</sup>	Yes
Myocardial Ischaemia National Audit Project (MINAP) – part of NCAP <sup>3</sup>	Yes †
National Audit of Cardiac Rehabilitation (NACR)	Yes †
National Audit of Percutaneous Coronary Interventions (PCI) – part of NCAP <sup>3</sup>	Yes †
National Congenital Heart Disease (CHD) – part of NCAP <sup>3</sup>	Yes
National Heart Failure Audit (NHF) – part of NCAP <sup>3</sup>	Yes
<b>Long term conditions</b>	
British Association of Urological Surgeons (BAUS) Female Stress Urinary Incontinence Audit	No ‡
BAUS Cytoreductive Radical Nephrectomy Audit	No *
Cleft Registry and Audit Network (CRANE)	Yes
National Asthma Audit – part of NACAP <sup>4</sup>	Yes †
National COPD Audit – part of NACAP <sup>4</sup>	Yes
National Early Inflammatory Arthritis Audit (NEIAA, formerly NCAREIA)	Yes †
National Diabetes Core Audit (NDA)	Yes †
National Diabetes Foot Care Audit (NDFA) – part of NDA	Yes
National Diabetes Inpatient Audit (NaDIA) – part of NDA	No *
National Pregnancy in Diabetes Audit (NPID) – part of NDA	Yes
National Ophthalmology Audit (NOD)	Yes
UK Cystic Fibrosis Registry	Yes
Inflammatory Bowel Disease programme / IBD Registry	No
<b>Women's &amp; Children's Health</b>	
Antenatal and Newborn National Audit Protocol 2019 to 2022	Yes
National Audit of Seizures / Epilepsies in Children / Young People (Epilepsy 12)	Yes
National Maternity and Perinatal Audit (NMPA)	Yes
National Neonatal Audit Programme (NNAP)	Yes
National Paediatric Diabetes Audit (NPDA)	Yes †
Neurosurgical National Audit Programme	Yes
Paediatric Intensive Care Audit Network (PICANet)	Yes
<b>Confidential enquiries/outcome review programmes</b>	
Child Health Clinical Outcome Review Programme	No *
Learning Disabilities Mortality Review Programme (LeDeR)	Yes
Medical and Surgical Clinical Outcome Review Programme	No *

\* National decision to close or postpone audit during 2020/21

† Data collection remained open, but without mandatory submission requirement

‡ No publication of 2020 data, to be replaced with an NHS Digital national registry

<sup>1</sup> NGICP: National Gastro-Intestinal Cancer Programme

<sup>2</sup> FFFAP: Falls and Fragility Fractures Audit Programme

<sup>3</sup> NCAP: National Cardiac Audit Programme

<sup>4</sup> NACAP: National Asthma and COPD Audit Programme

Of the listed national clinical audits and national confidential enquiries, those which published reports during 2020/21 are listed in table 2 alongside the number of cases submitted to each, where known. Where relevant, this is presented as a percentage of the number of registered cases required by the terms of that audit or enquiry. Due to variation in sample selection and publication dates, these cases may be from time periods earlier than 2020/21.

Table 2

Name of audit / programme	
<b>Acute, urgent and critical care</b>	
Case Mix Programme (CMP)	3784 (100%)
Major Trauma Audit (TARN)	68-79%*
National Emergency Laparotomy Audit (NELA)	226*
National Audit of Seizure Management in Hospitals (NASH3)	27 (98%)
Sentinel Stroke National Audit programme (SSNAP)	739 (100%)
Society for Acute Medicine Benchmarking Audit (SAMBA) – Jan 2020 data	Unknown
<b>Blood and infection</b>	
Surgical Site Infection Surveillance Service	730*
<b>Cancer</b>	
National Bowel Cancer Audit (NBOCA)	158 (120%)**
National Lung Cancer Audit (NLCA)	299 (92%)
National Oesophago-Gastric Cancer (NOGCA)	125 (85-100%)
<b>Elderly care</b>	
Fracture Liaison Service Database (FLS)	Unknown
National Hip Fracture Database (NHFD)	532 (100%)
National Joint Registry (NJR)	474*
<b>Heart</b>	
Cardiac Rhythm Management (CRM)	918*
Myocardial Ischaemia National Audit Project (MINAP)	840 (73%)
National Audit of Percutaneous Coronary Interventions (PCI)	1857 (100%)
National Congenital Heart Disease Audit (NCHDA)	Unknown
National Heart Failure Audit (NHF)	815*
<b>Long term conditions</b>	
National Asthma Audit	312*
National COPD Audit	839
National Early Inflammatory Arthritis Audit (NEIAA, formerly NCAREIA)	Unknown
National Diabetes Foot Care Audit (NDFA)	Unknown
National Pregnancy in Diabetes Audit (NPID)	Unknown
<b>Women's &amp; Children's Health</b>	
Antenatal and Newborn National Audit Protocol	5199*
National Neonatal Audit Programme (NNAP)	459*
National Paediatric Diabetes Audit (NPDA)	475*
Neurosurgical National Audit Programme	725*
Paediatric Intensive Care Audit Network (PICANet)	2206 (99%)
<b>Confidential enquiries/outcome review programmes</b>	
Learning Disabilities Mortality Review Programme (LeDeR)	Unknown
Maternal, Newborn and Infant Clinical Outcome Review Programme	Unknown

\*No case requirement outlined by national audit provider/unable to establish baseline

\*\* Case submission greater than expected (e.g. estimated from Hospital Episode Statistics (HES) data)

The outcomes and proposed actions from completed projects are usually reviewed by the Trust Clinical Audit Group. Throughout 2020/21 and as a result of the pandemic, this group was stood down for clinical and operational reasons. Usually processes will resume during 2021/21.

### **2.2.3 Participation in clinical research**

UHBW leads and collaborates in world-class clinical research that contributes to the evidence that guides the services offered by the NHS. As a key partner in Bristol Health Partners Academic Health Science Centre (AHSC), we work closely alongside our university, NHS and city council partners in the region to improve health and service delivery in Bristol, North Somerset and South Gloucestershire (BNSSG).

Our role at the forefront of translational and clinical research is enabled through substantial infrastructure funding awarded by the National Institute for Health Research (NIHR) to fund the Applied Research Collaborative (ARC West) and the Biomedical Research Centre (Bristol BRC). We also hold a significant number of NIHR career development awards and project and programme grants. Added to this is a research portfolio funded by our partners in the charitable and industry sectors. Above and Beyond, the official charity supporting the work of all our hospitals provides significant pump-prime funding to support small research projects, which are designed to lead onto NIHR grants. The whole spectrum of work is supported and facilitated by the Bristol-based arm of the NIHR Research Design Service South West (RDS-SW) and the UK Clinical Research Collaboration- registered Bristol Trials Centre (BTC). We also host and work in close partnership with the NIHR Local Clinical Research Network (CRN West of England) to deliver a balanced portfolio of research to our local and specialist patient population.

Over the last year, our excellent working relationships with partner organisations in the CRN West of England have been cemented through the work we have done to deliver COVID-19 Urgent Public Health (UPH) research, both to develop licensed vaccines at-pace and to identify effective treatments for patients suffering from COVID-19. Internally within the Trust we reconfigured the medical research leadership and research delivery team support for the UPH inpatient research and recruited a team of research staff to deliver vaccine trials, including very early phase research. This allowed us to maximise effectiveness during this difficult time, recruiting 3,614 participants into COVID-19 UPH research. Alongside this where possible, research teams continued to recruit to our most important non-COVID research, ensuring that patients continued to have access to potentially life-saving or life-changing specialist trials.

The number of patients receiving relevant health services provided or subcontracted by UHBW in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was 6,377. This compares with 7,011 in 2019/20.

### **2.2.4 CQUIN framework (Commissioning for Quality and Innovation)**

The practical operation of CQUIN (both CCG and specialised) for NHS providers was suspended in 2020/21 due to the COVID-19 pandemic. During this time, NHS providers were not required to carry out CQUIN audits or submit CQUIN performance data.

### **2.2.5 Care Quality Commission registration and reviews**

University Hospitals Bristol and Weston NHS Foundation Trust is required to register with the Care Quality Commission (CQC). Its status at the end of the year 2020/21 was 'registered

without compliance conditions'. The CQC did not take enforcement action against the Trust during 2020/21.

UHBW received three focussed CQC inspections during the course of 2020/21, as follows:

- Focussed inspection of Emergency Department at Weston General Hospital in July 2020
- Focussed inspection of Emergency Department at Bristol Royal Infirmary in February 2021
- Focussed inspection of Medical care at Weston General Hospital in March 2021

Following these inspections the CQC highlighted various requirements and recommendations to improve quality care, in response to which the Trust has taken prompt action. No new service ratings were assigned by the CQC as part of these inspections and, at the time of writing, UHBW's overall CQC rating continues to be 'Outstanding'.

### **2.2.6 Data quality**

UHBW submitted records in two separate flows for Bristol and for Weston during 2020/21 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: 99.6 per cent for admitted patient care; 99.8 per cent for outpatient care; and 98.1 per cent for accident and emergency care.
- which included the patient's valid general practice code was: 99.2 per cent for admitted patient care; 99.9 per cent for outpatient care and 99.0 per cent for accident and emergency care.

(Data source: NHS number, Trust statistics. GP Practice: NHS Information Centre, SUS Data Quality Dashboard, April 2020 – March 2021 extracted 21/04/2021. Data was compiled separately for Bristol and Weston from respective submissions of CDS (Commissioning Data Set) and ECDS (Emergency Care Data Set) to SUS, but has been aggregated locally to provide UHBW totals)

UHBW completed 107 of 110 mandatory requirements in the 2021/22 Data Security and Protection Toolkit and submitted an improvement plan to NHS Digital to achieve the remaining requirements. NHS Digital approved this improvement plan and UHBW's Data Security and Protection (DS&P) Toolkit Assessment is "Standards Not Fully Met – Plan Agreed".

National Payment by Results audits have ceased in England and it has been delegated to each Trust to organise its own clinical coding audit programme.

In February 2021, the Trust commissioned an External Clinical Coding Audit at our Bristol hospitals to fulfil the DS&P Toolkit requirement. The audit reviewed a total of 200 episodes from the specialities of thoracic surgery, hepatobiliary and pancreatic surgery, upper gastroenterology, paediatric surgery and paediatric gastroenterology. The episodes audited were randomly selected from April–September 2020 data. The audit focussed on primary diagnoses and procedures as well as completeness of codes including comorbidities. These percentages achieved meet the mandatory level of attainment for an acute trust in line with HSCIC's Data Quality Standard 1 and exceed that for Standard 3 Training.

The following levels of accuracy were achieved:

- Primary diagnosis accuracy: 93.0 per cent

- Primary procedure accuracy: 91.6 per cent

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

An external audit was also commissioned at Weston General Hospital (in November 2020, which looked at October 2020 activity) and the levels of accuracy were:

- Primary diagnosis accuracy: 95.0 per cent
- Primary procedure accuracy: 92.0 per cent

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 Medway support team that have identified errors and queries in Medway. 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 Bristol clinical coding team has a plan in place to follow through on the recommendations from the Bristol External Audit to improve the quality of coding:
  - Implement an effective internal audit programme to achieve and record improved accuracy rates
  - Prioritise a programme of clinical validation of clinical coded data
  - Support protected in-house mentoring sessions for novice coders
- Recommendations from Weston coding audit:
  - Initiate a training session to all clinical coders based on the coding errors identified in this audit (comorbidities/more detailed study of the operation documentation)
  - Promote collaborative working between coders and clinicians in all specialties

## 2.3 Mandated quality indicators

In February 2012, the Department of Health and NHS Improvement announced a new set of mandatory quality indicators for all Quality Accounts and Quality Reports. The Trust's performance in 2020/21 (or, in some cases, latest available information which predates this) is summarised in table 3. The Trust is confident that this data is accurately described in this Quality Account.

Table 3

<b>Mandatory indicator</b>	<b>UHBW Most Recent</b>	<b>National average</b>	<b>National best</b>	<b>National worst</b>	<b>UHBW Previous</b>
Venous thromboembolism risk assessment	77.9% 2019/20 Q3 (UHB)	95.0%	100%	71.6%	85.3% 2019/20 Q2
Clostridium difficile rate per 100,000 bed days (patients aged 2 or over). Total cases	26.2 2019/20 (UHB)	37.4	0.0	143	27.0 2018/19
Rate of patient safety incidents * reported per 1,000 bed days	76.3 Oct19-Mar20 (UHB)	50.7**	110.2**	15.7**	76.7 Apr19-Sep19
Percentage of patient safety incidents* resulting in severe harm or death	0.39% Oct19-Mar20 (UHB)	0.33%**	0.0%**	1.49%**	0.40% Apr19-Sep19
Responsiveness to inpatients' personal needs	70.0 2019/20 (UHB)	67.1	84.2	59.5	71.3 2018/19
Percentage of staff who would recommend the provider	83.3% 2020 survey	73.2%	91.7%	49.7%	85.4% 2019 survey
Summary Hospital-level Mortality Indicator (SHMI) value and banding	93.6 (Band 2 "As Expected") Feb20-Jan21	100.0	73.4	119.4	98.4 (Band 2 "As Expected") Feb19-Jan20
Percentage of deaths with specialty code of 'palliative medicine' or diagnosis code of 'palliative care'	33% Feb20-Jan21	37%	62%	7%	35% Feb19-Jan20
Emergency readmissions within 30 days of discharge: age 0-15	10.5% 2019/20 (UHB)	12.6%	2.2%	56.7%	10.2% 2018/19
Emergency readmissions within 30 days of discharge: age 16 or over	13.1% 2019/20 (UHB)	10.5%	1.9%	37.7%	13.3% 2018/19

\* Incidents meeting criteria for reporting to the National Reporting and Learning System include some incidents categorised locally as health and safety incidents

\*\*National Reporting and Learning System acute non-specialist trust peer group

## Part 3

### Review of services in 2020/21

#### 3.1 Patient Safety

The safety of our patients is central to everything we want to achieve as a provider of healthcare. We are committed to continuously improving the safety of our services and will focus on avoiding and preventing harm to patients from the care, treatment and support that is intended to help them. We will achieve this by successfully implementing proactive patient safety improvement programmes and by working to better understand and improve our safety culture. We will continue to conduct thorough investigations and analyse when things go wrong, identifying and sharing learning, and making improvements to prevent or reduce the risk of a recurrence. We will be open and honest with patients and their families when they have been subject to a patient safety incident and will strive to eliminate avoidable harm as a consequence of the care we have provided.

During 2021/22 we will be preparing a new framework for responding to patient safety incidents aligned with the new NHS Patient Safety Strategy launched in July 2019, but implementation has been delayed due to the COVID-19 pandemic.

##### 3.1.1 Our Patient Safety Improvement Programme 2019-2021

###### #DeliveringSaferCare

Our current Patient Safety Improvement Programme commenced in 2019 prior to the merger with Weston Area Health NHS Trust on 1 April 2020, but will be refreshed during 2021/22 as a UHBW-wide programme. The purpose of the Trust's Patient Safety Improvement Programme is to provide a framework and structure to take forward quality and safety improvements across the Trust, focus on internal and external improvement opportunities identified from systematic learning and new developments. The programme underpins the Trust's commitment to continuous improvement and is aligned with the UHBW Quality Strategy 2021-2025.

The aims of the Patient Safety Improvement Programme 2019-2021 are:

- To systematically improve safety and quality across the Trust to reduce risks to patients and drive harm reduction.
- To align with the priorities of NHS Improvement's emerging patient safety strategy and national and regional programmes, such as the National Maternity and Neonatal Health Improvement programme and the West of England Patient Safety Collaborative programme.

Our Patient Safety Improvement Programme was largely paused in 2020/21 due to the impact of the COVID-19 pandemic. However, our Transformation Team led work in UHBW on a national adoption and spread COVID Oximetry@ home project. This rapid project developed as a result of national learning from wave one of the pandemic and enabled patients with COVID-19 to be monitored at home using pulse oximetry. This enabled patients with COVID-19 who could safely self-isolate at home to do so whilst, ensuring those with early signs of deterioration and reduced oxygen levels (silent hypoxia) to be admitted to hospital earlier for respiratory support to given them a better chance of a good outcome. For UHBW this meant ensuring patients recovering from COVID-19 could be monitored following discharge from hospital for signs of a reversal in their recovery.



We were also able to participate in the second World Patient Safety Day on 17<sup>th</sup> September 2020 which had a focus on health worker safety recognising that working in stressful environments during the pandemic makes health workers more prone to errors which can lead to patient harm. Our focus was necessarily on a virtual awareness campaign including thank you messages to staff and supported by socially distanced access to resources for staff about raising concerns and speaking up about staff safety.





### 3.1.2 Freedom to Speak Up

The Trust has a freedom to speak up guardian (FTSUG) to whom all staff can raise concerns. To support the work of the guardian at the point of merger with Weston Area Health NHS Trust, a full-time deputy FTSUG was appointed on 1 April 2020. To help raise awareness of speaking up and provide more local support for staff to raise concerns a network of more than 80 FTSU champions have been recruited from across the Trust. Since November 2020, in-house training has been provided for champions in association with the psychological services team.

Individuals who raise concerns are supported by the guardian or deputy guardian and receive feedback following investigations into their concerns. The impact of the coronavirus pandemic and the merger with Weston Area Health NHS Trust were evident in the increase in the numbers of concerns raised via the FTSU guardian in 2020/21 (112 concerns compared to 55 the previous year). Half of the concerns for the year were raised from the division of Weston, with the remainder of concerns split fairly evenly across the remaining divisions. Concerns were heard from all staff groups, except dentists, though the majority of concerns are raised by admin and clerical and nursing staff.

Most of the concerns raised relate to attitudes and behaviours (45 per cent) with the next highest category policies, procedures and processes (37 per cent). There were 12 quality and safety concerns raised in the year. Where there are concerns relating to quality or safety, these are escalated to the chief nurse or medical director to investigate and take appropriate action. Just over 40 per cent of concerns referenced the pandemic.

The FTSUG is not the only mechanism through which staff can raise concerns. The Trust also has the following groups or processes which can support staff, alongside an external employee assistance programme:

- Joint Union offices
- Occupational health
- Employee services
- Safeguarding team
- Patient Safety team
- Staff governors
- Staff networks (ABLE+, BAME, LGBT)

Alongside posters and other materials around the Trust which describe what speaking up is and how to contact the FTSUG, regular communications about speaking up in the weekly all-staff newsletter, and FTSUG updates to different teams and departments, the introduction of mandatory speak-up training for all staff from 1 February 2021 will further increase awareness of the FTSU programme and the role of the guardian.

The challenge remains in recognising the role of leaders and managers in driving improvement in staff experience and wellbeing and therefore speaking up – and appropriately investing in development and support in this area as part of a wider programme of cultural change.

The Board and its People Committee receive a quarterly update on the FTSU programme, including numbers and themes of concern and learning. All updates are published on the Trust website: [www.uhbw.nhs.uk](http://www.uhbw.nhs.uk)

### **3.1.3 Guardian of safe working hours: annual report on rota gaps and vacancies for doctors and dentists in training**

The Trust has two Guardians of Safe Working for Junior Doctors – Dr Alistair Johnstone for the Bristol hospitals and Mr John Probert for the Weston site. Guardian of Safe Working for Junior Doctors reports are published by the Trust at <https://www.uhbw.nhs.uk/p/about-us/reports-and-publications>

### **3.1.4 Never events**

There were six never events reported in our Trust in 2020/21:

- Misconnection of oxygen tubing to an air flowmeter in Weston General Hospital Emergency Department (July 2020)
- Wrong site nerve block in Weston General Hospital Emergency Department (September 2020)
- Retained laparoscopic retrieval bag Bristol Children's Hospital theatres (September 2020)
- Wrong site nerve block Weston General Hospital theatres (October 2020)
- Retained suture needle Bristol Children's Hospital theatres (identified November 2020 – historic incident from 2019)
- Wrong site excision of basal cell carcinoma (adjacent lesion excised), NHS patient but private provider (November 2020)

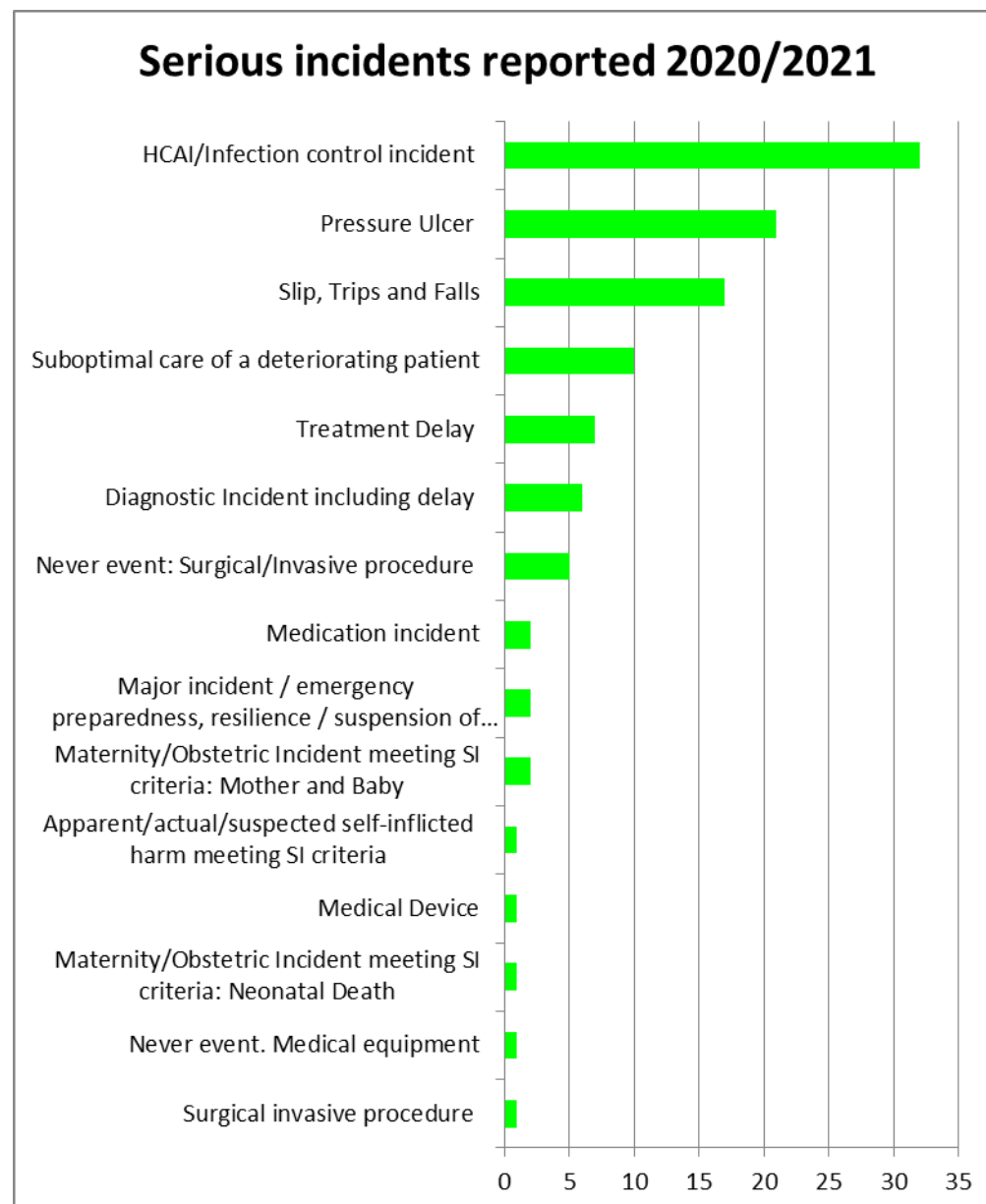
Investigations from all six never events have been completed. Examples of improvements we have made as a result of our investigations include:

- Work across Bristol and Weston sites to strengthen the “Stop before you block” check before a nerve block embedded in a single fractured neck of femur pathway as part of our improvement programme work on reducing the risk of invasive procedure never events.
- A refreshed structure in the Bristol Royal Hospital for Children's theatres for oversight and learning from reported incidents. Introduction of revised scrub policies and practices. Specimen handling processes have been reviewed with a pilot of new practices in place.
- Review of barriers to prevent misconnection of oxygen tubing to air flowmeters by introducing electric nebulisers in Weston General Hospital to enable airflow meters to be permanently removed from wall air outlets.

### **3.1.5 Serious incidents**

The purpose of identifying and investigating serious incidents, as with all incidents, is to understand what happened, learn and share lessons, and take action to reduce the risk of a recurrence. The decision that an event should be categorised as a serious incident is usually made by an executive director. Throughout 2020/21, the Trust Board was informed of serious incidents via its monthly quality and performance report. The total number of serious incidents reported for the year was 109 for UHBW, compared to 73 in 2019/20 for UH Bristol and 30 for Weston Area Health NHS Trust. Two serious incidents were requested to be downgraded. A breakdown of the categories of the 109 serious incidents is provided in figure 1.

Figure 1



Healthcare associated infections were the most frequently reported serious incident in 2020/21 involving patients who died following hospital onset COVID-19. A total of 25 cases were identified in wave one of the pandemic, 18 of which related to an outbreak at Weston General Hospital in April/May of 2020. Seven further cases were also identified relating to early in wave two of the pandemic which were reported as serious incidents, with further reviews of cases of patients who died later on in wave two currently on-going.

There was an increase in hospital acquired grade 3 pressure ulcers and unstageable pressure ulcers in 2020/21, some of which related to pressure from equipment such as oxygen tubing causing tissue damage on patients' faces when in the prone position to maximise respiratory function. These were mainly seen during wave one of the pandemic with a significant reduction in wave two due to changes in practice as a result of learning.

Inpatient falls where patients suffered a fractured neck of femur reduced to 17 across UHBW in 2020/21 (compared with 16 in UH Bristol and seven for Weston Area Health NHS Trust in

2019/20). Falls improvement work has recommenced in 2021/22 aligning risk assessments and prevention care planning across Bristol and Weston sites.

There will be continued focus on more improvement work on early recognition and response to deterioration in patients' condition in 2021/22 as part of our deteriorating patient work stream aligned with national priorities. We have introduced the Vitals e-observations system in Weston General Hospital and are refining roles within the system at Bristol sites to reduce the risk of user error. A bid to fund a critical care outreach team in Bristol has been made to establish a more reliable system for responding to deteriorating patients similar to that already in place in Weston General Hospital.

All serious incident investigations have robust action plans, which are implemented to reduce the risk of recurrence. The investigations for serious incidents and resulting action plans are reviewed in full by the Trust Quality and Outcomes Committee (a sub-committee of the Trust Board of Directors).

### **3.1.6 Learning from serious incidents and never events**

Internally, we have local and Trust-wide systems to learn from serious incidents and never events, including safety briefs, Learning After Significant Event Recommendations (LASER) posters, governance and specialty meetings, clinical audit days, newsletters, and safety bulletins. We also share learning from incidents within patient safety update sessions for staff and will be introducing patient safety updates at Weston General Hospital in 2021/22.

### **3.1.7 Duty of Candour**

We continue to comply with the statutory and regulatory requirements for Duty of Candour as evidenced in each of our serious incident investigation reports. Local audits in 2020/21 for non-serious incidents that have caused moderate or higher level of harm have identified a need to improve and align across divisions the recording of all aspects of duty of candour.

### **3.1.8 Overview of monthly board assurance regarding the safety of patients 2020/21**

Table 4 contains key quality metrics providing assurance to the Trust Board each month regarding the safety of the patients in our care. Where there are no nationally defined targets for safety of patients or where the Trust is already exceeding national targets, local targets or improvement goals are set to drive continuous improvement or sustain already highly benchmarked performance. These metrics and their targets are reviewed annually to ensure they remain relevant, challenging and achievable.

Table 4

Quality measure	Data source	Actual 2019/20	Target 2020/21	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Actual 2020/21
<b>Infection control and cleanliness monitoring</b>								
Number of MRSA bloodstream cases	National Infection Control data (PHE)	4	0	1	1	1	1	4
Number of <i>clostridium difficile</i> cases	National Infection Control data (PHE)	41	< 57	19	22	18	15	74
Number of MSSA cases	Infection Control system (MESS)	48	< 25	7	10	9	17	43
<b>Serious incidents and never events</b>								
Number of serious Incidents reported	Local SI log	73	No set target	15	35	30	29	109
Total never events	Local SI log	4	0	0	3	3	0	6
<b>Patient falls</b>								
Falls per 1,000 bed days	Datix/Medway	4.52	< 4.80	6.05	4.6	5.1	5.0	5.14
Total number of patient falls resulting in harm	Datix	26	< 24	4	3	8	8	23
<b>Pressure ulcers developed in the Trust</b>								
Pressure ulcers per 1,000 bed days	Datix/Medway	0.182	< 0.40	0.494	0.232	0.168	0.268	0.279
Pressure ulcers – Grade 2	Datix	49	No set target	34	20	15	23	87
Pressure ulcers – Grade 3 or 4	Datix	5	0	4	0	0	1	5
<b>Venous Thromboembolism (VTE)</b>								
Adult inpatients who received a VTE Risk Assessment*	Medway	87.4%	≥ 95%	87.3%	84.9%	85.5%	84.3%	85.4%
<b>Medicines</b>								
Medication incidents resulting in harm	Datix	0.33%	< 0.5%	0%	0.25%	0.53%	0.15%	0.24%
Non-purposeful omitted doses of the listed critical medication**	Monthly local pharmacy audit	0.41%	< 0.75%	0.47%	0.39%	0.58%	0.46%	0.46%
<b>Staffing levels</b>								
Nurse staffing fill rate combined	National Unify return	100.3%	No set target	96.1%	99.4%	96.4%	91.6%	95.8%

\*excludes Weston General Hospital where electronic VTE risk assessment recording is not yet in place

\*\*excludes Weston General Hospital as a programme of systematic monitoring audits is not yet in place

## 3.2 Patient experience

We want all of our patients to have a positive experience of healthcare, to be treated with dignity and respect and to be fully involved in decisions affecting their treatment, care and support. Our goal is to continually improve by engaging with and listening to patients and the public when we plan and develop services, by asking patients what their experience of care has been and how we could make it better, and taking positive action in response to that learning.

### 3.2.1 National patient surveys

Each year, the Trust participates in the Care Quality Commission's national patient experience survey programme. These national surveys reveal 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 Patient Experience Group and the Quality and Outcomes Committee of the Trust Board.

The most recently published national survey results affecting UHBW are listed below. Please note that national survey results are generally published around ten months after the participating patients attended hospital.

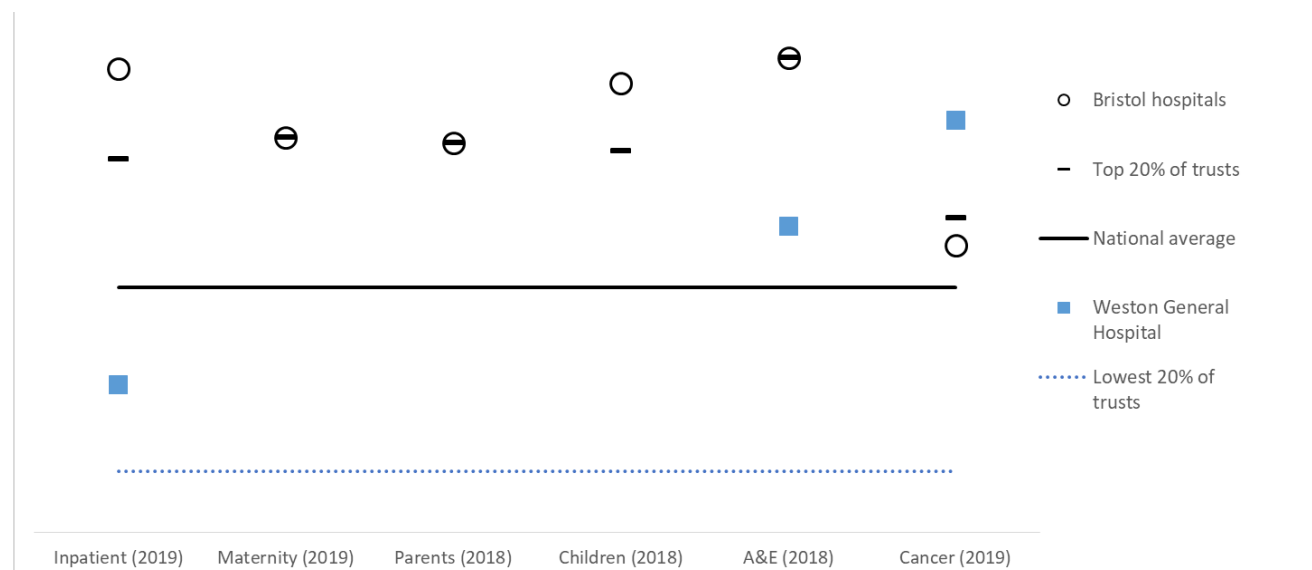
- In the 2019 National Inpatient Survey for Bristol hospitals, four of the scores were better than the national average to a statistically significant degree.
- Our 2019 National Cancer Patient Experience Survey results were particularly positive for Weston General Hospital, with 20 questions scoring above the national average.
- In the 2019 National Maternity Survey, we achieved a "better than national average" rating for the experience that women have at our St Michael's Hospital during their labour and birth – including the best score nationally on women being treated with respect and dignity during this time.
- In the 2018 national children's survey, the Bristol Royal Hospital for Children received an overall hospital experience rating from both children and parents that was amongst the best 20 per cent of trust scores nationally.

Table 5 summarises the number of scores that UHBW had above, below, or in line with the national average in each of the most recent set of national survey results released.

Table 5	Date patients attended	Comparison to national average	
		Above (better)	Below (worse)
<b>2019 National Cancer Survey</b> Bristol hospitals Weston General Hospital	April – June 2019	5 20	0 0
<b>2018 National Children's Survey</b>	November – December 2018	6	1
<b>2019 National Maternity Survey</b>	February 2019	6	0
<b>2019 National Inpatient Survey</b> Bristol hospitals Weston General Hospital	July 2019	4 0	0 0
<b>2018 National Accident and Emergency Survey (Bristol only)</b>	September 2018	4	0

Source: Care Quality Commission Benchmark Report ([www.nhssurveys.org](http://www.nhssurveys.org))

Figure 2: Overall experience of patients at UHBW relative to national benchmarks<sup>1</sup>



Source: UHBW Patient Experience Team analysis of Care Quality Commission data

### 3.2.2 UHBW patient survey programme

UHBW has a comprehensive local survey programme to ensure that ongoing and timely feedback from patients forms a key part of our quality monitoring and improvement processes. Our extensive patient feedback processes provide us with important insights from patients and people who visit our hospitals about what we are doing well and how we can continually improve our services.

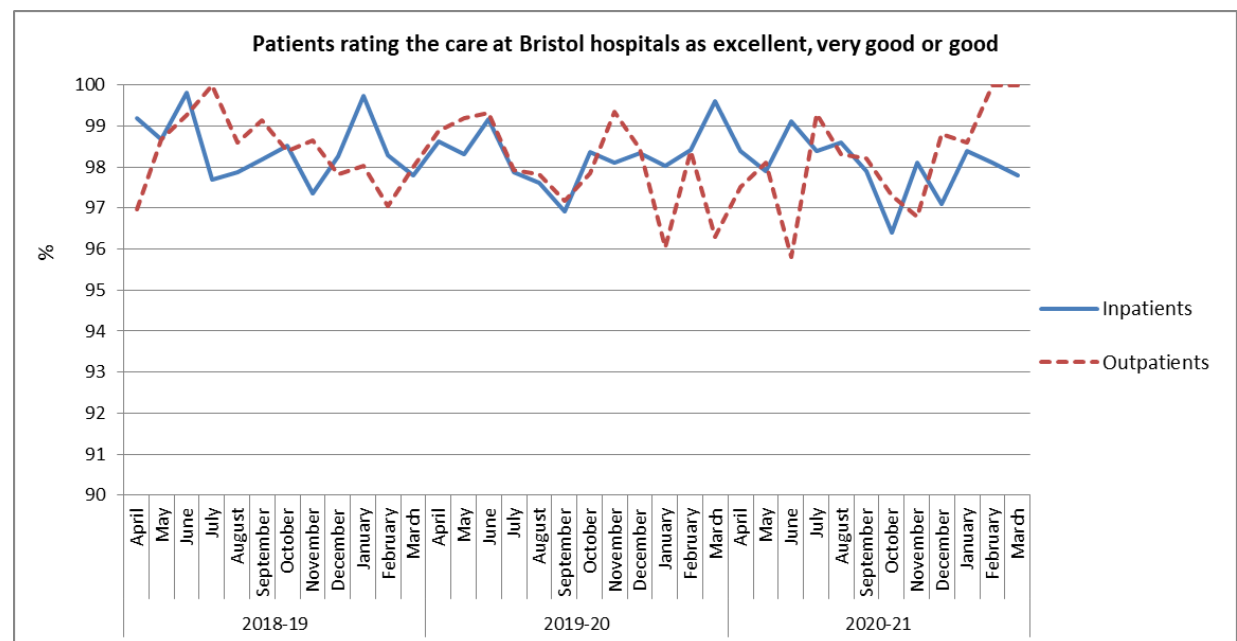
The Trust continues to receive very positive feedback from service users in our monthly postal surveys (figure 3). Over the 2020/21 financial year, 97 per cent of inpatient survey respondents and 98% of outpatient survey respondents seen at Bristol hospitals rated the care they received as excellent, very good, or good. Praise for our staff remains by far the most frequent form of feedback that we receive.

Patients seen at Weston General Hospital were offered the opportunity to provide feedback as part of an exit paper survey (which has now ceased due to the extension of the postal survey programme – see note below).

A sub-set of the results from this survey is shown in table 6 for the period September 2020 to March 2021. Note that the survey was paused from April 2020 to August 2020 due to the pandemic. Scores for this year have been broadly comparable to 2019/20, however, the number of responses is low which has been driven by a high number of ‘blue’ COVID wards during the period which resulted in a temporary suspension of the paper-based survey as a necessary infection prevention and control measure.

<sup>1</sup> This is based on the national survey question that asks patients to rate their overall experience. We have indexed (=100) each score to the national average to ease comparability. This overall question is not included in the national maternity survey and so we have constructed this score based on a mean score across all of the survey questions. Weston General Hospital does not participate in the national children’s survey, national A&E survey, or the national maternity survey. Please note that the 2020 National Maternity Survey and 2020 was cancelled for all Trusts by the CQC in response to the COVID-19 pandemic. UHBW did not participate in the voluntary National Cancer Experience Survey 2020.

Figure 3



Source: UHBW postal survey

Table 6: Weston patient survey data

Attendance type / question	2019/20	2020/21 (Sep – Mar)
<b>Inpatients</b>		
Q2. Did you feel we listened to you?		
Responses	2729	325
Score (%)	91.4%	89.2%
Q5. Did we treat you with dignity and respect?		
Responses	2727	326
Score (%)	96.7%	96.0%
Q8. What did you think of the ward overall?		
Responses	2695	320
Score (%)	93.2%	92.5%
<b>Day cases</b>		
Q2. Did you feel we listened to you?		
Responses	2479	608
Score (%)	99.1%	99.4%
Q5. Did we treat you with dignity and respect?		
Responses	2470	611
Score (%)	99.5%	100%
Q8. What did you think of the ward overall?		
Responses	2478	609
Score (%)	97%	100%



At end of 2020/21 we extended our patient survey programme to Weston General Hospital, in doing so creating a consistent and robust approach to listening to the voice of patients across our hospitals.

### **Patient experience of 'virtual clinics'**

During the past year, there has been a growing body of local survey work taking place across the Trust to understand the quality and suitability of remote outpatient services, known as 'virtual clinics' in more depth. The most significant source of feedback has been a Trust-wide survey asking patients to share their experience of virtual clinics; this survey received 8,810 responses from the launch in June, up to 31 March 2021.

Patients are selected for virtual consultations by clinicians at the Trust based upon technical and clinical suitability to the electronic medium. Individuals are deselected if they are deemed to be lacking support to use the technology or if a detailed physical or otherwise intimate examination is required. Therefore, this data is based on those who were able to access the service.

Some key headlines from this data are:

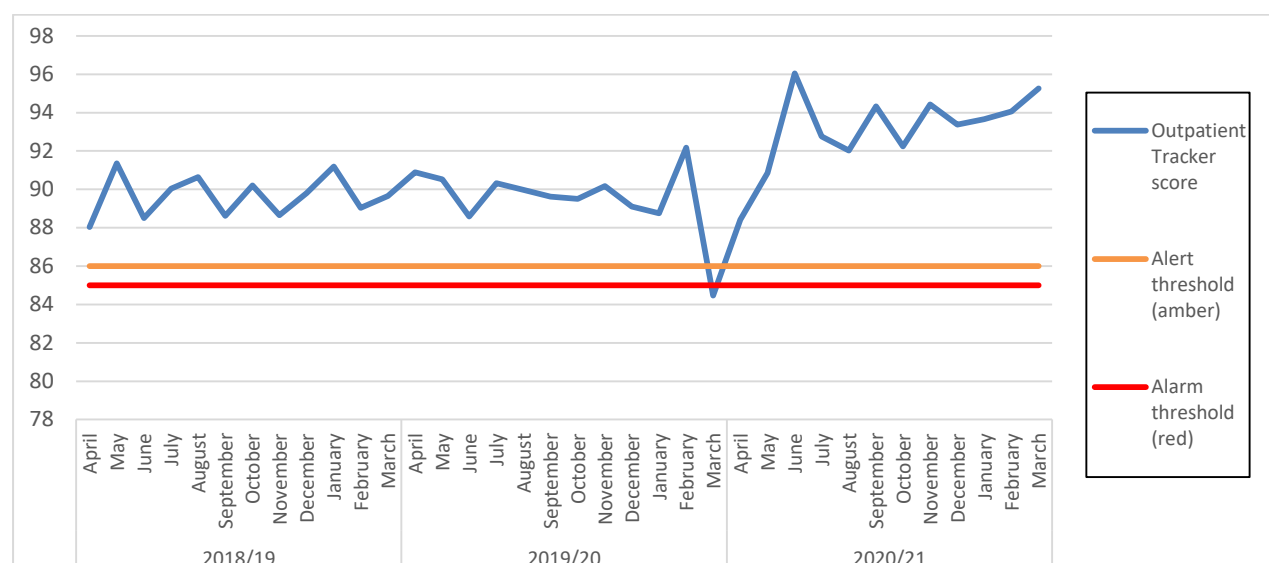
- 97 per cent of respondents reported they were given all the information they needed about the video consultation process / system before their appointment
- 87 per cent rated the process of booking as 'excellent' or 'good'
- 89 per cent rated the quality of the sound as 'excellent' or 'good' with 89 per cent rating the quality of the picture as 'excellent' or 'good'
- 39 per cent of respondents preferred having their consultation by video; when asked what they would prefer post-pandemic, this drops to 31 per cent
- Approximately a third of respondents had no preference between face-to-face and video consultation

The impact of the introduction of virtual clinics during 2020/21 as a result of the Trust's rapid reconfiguration of outpatient services in response to COVID-19 can be clearly seen in our outpatient experience tracker score below.

The tracker score dipped in the March 2020 survey, which was completed by patients attending clinics the day before the Government announced the first COVID-19 lockdown. However, since the introduction of virtual clinics, the scores have continued to improve over subsequent months as staff and services adjusted to the new ways of working, and since June 2020 have been trending above their long-term average (see figure 4).

The positive increase in the tracker score continued throughout Quarter 4 and ended the year on a score of 95/100 in March 2021. This is a considerable and sustained benefit in delivering outpatient services as part of a new model which appears to be offering a very positive experience for a large cohort of patients.

Figure 4: Outpatient experience tracker score (Trust-level)



### 3.2.3 Family communications support during COVID-19

As a key part of the Trust's response to the pandemic, the Patient Experience and Voluntary Services teams created a package of person-centred services established by to support communication between patients and those important to them during the pandemic, at a time when visiting restrictions were in place in our hospitals. Two of these services are described below.

#### Message to My Loved One

Since November 2020, family members and friends have been able to send messages for patients staying in our hospitals to a dedicated email, or leave a message on an answerphone. These messages are then sensitively presented and delivered to wards across our hospitals.

Up to 31 March 2021, 725 messages were received, the majority of which come via email from family and friends, with the remaining via telephone message. The service has been well received by patients and those important to them and has offered a communication bridge during the time that visiting restrictions were in place.

#### Virtual visiting

Not all patients have their own IT devices, or were able to use either their own or ward devices, to make contact with those important to them at home or in the community during the periods of restricted visiting during 2020/21. The Trust's 'virtual visiting' service, launched in December 2020, has enabled patients and those important to them to remain connected during the patient's stay in hospital. The service is delivered through the Trust's 'Attend Anywhere' system using iPads (Attend Anywhere is the same system used to deliver virtual outpatient clinics). The vast majority of patients being supported by this service have been an inpatient for at least 72 hours, have no access to their own IT devices, are unable to use Trust devices without significant support and have had no, or very limited, contact since being in hospital with those important to them.

Facilitated virtual video visits are available in the BRI, BHOC and Weston General Hospital. There have been over 200 virtual visits since launch.

### **3.2.3 Patient and public involvement (PPI)**

We carry out a range of engagement activities with our patients, visitors and the public. We do this in a number of ways, for example via focus groups, interviews carried out by our volunteer 'Face2Face' Team, and our Involvement Network which reaches out to a wide range of community groups across Bristol and the surrounding areas.

The impact of the COVID-19 pandemic (both on our clinical services and the Trust's Patient Experience and Voluntary Services teams, most of whom were redeployed to support family communications) meant that PPI activities were significantly reduced in 2020/21. Nevertheless, some highlights from this activity during the year were:

- The design and delivery of online Haemoglobinopathy patient focus groups to inform developments in the clinical nurse specialist role, the scope of psychological support services and the role the hospital plays in community based services.
- The design and delivery of patient focus groups to inform the content and production of a cancer fatigue self-care workbook for use by patients as part of their rehabilitation process.
- The delivery of patient focus groups in collaboration with members of the former Weston General Hospital Patient Council to bring a patient voice into the design of the redeveloped Quantock outpatients area at Weston General Hospital.
- Working with maternity services to re-start plans to deliver focus groups with mothers and partners to explore experiences of an induced labour as part of a national initiative to reduce neo-natal deaths.
- Supporting the Trust's Manual Handling Team to explore the experiences of larger patients who attend our hospitals as part of a safety improvement initiative.
- Supporting colleagues in the UHBW Simulation Centre to develop a training simulation for staff to explore issues connected with the care of patients who are transgender.
- Developing and delivering PPI for the Trust's Transformation Team.

### **3.2.4 Equality and diversity**

The Trust carried a range of activities with the aim of ensuring that we deliver equitable care and services to all sections of the community that we serve. Some of the activities in this respect included:

- Working with AccessAble to survey hospital sites in order to provide patients and carers with detailed information about physical access arrangements to our hospitals – enabling them to plan their journeys better (after a pause this work will continue to completion in 2021/22 – see section 2.1 of this report for details).
- Embedding the new provider of our spoken language interpreting services across the Trust, including Weston General Hospital, ensuring consistency of service for our patients.
- Supporting carers in the role they have as partners in care by providing clarity on visiting arrangements during times of restrictions.
- Providing advice on how to best access the views of community groups as part of a successful HIV research grant application.
- Launching the Trust's "Cultural Awareness for an Inclusive Workplace" training sessions.
- Approving the adoption of the Sunflower Lanyard Scheme as a mechanism to support people with hidden disabilities (after a pause this work will continue to completion in 2021/22).

### **3.2.5 Complaints received in 2020/21**

In 2020/21, 1,665 complaints were reported to the Trust Board, compared with 1,674 in 2019/20. The majority of the complaints (1,119 or 67.2 per cent) were investigated via informal resolution, with the remaining 546 addressed through the formal complaints process.

In addition, the Patient Support and Complaints Team dealt with 1,419 other enquiries, including compliments, requests for support and requests for information and advice; this represents a significant 57.1 per cent increase on the 903 enquiries dealt with in 2019/20. The team also received and recorded an additional 502 enquiries which did not proceed after being recorded (a decrease on the 618 reported in 2019/20). In total, the team received 3,586 separate new enquiries into the service in 2020/21; an increase of 12.3 per cent on the 3,195 reported the previous year.

In 2020/21, the Trust had nine complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), representing a further 35.7 per cent decrease on the 14 cases referred the previous year; which was in itself a 54.8 per cent decrease on the 31 cases reported in 2018/19. During the same period, five cases were closed by the PHSO. Of these five cases, none were 'upheld'; none were 'partly upheld'; one was 'not upheld' following a full investigation; three fell into the category designated by the PHSO whereby they carried out an initial review but then decided not to investigate and closed their file, citing 'no further action'. The final case was closed without a full investigation, with the sum of £200 paid to the complainant to cover the cost of some scans carried out on a private basis, at the suggestion of the PHSO as a "quick resolution". At the end of the year 2020/21, 13 cases were still under investigation by the PHSO.

617 complaints were responded to via the formal complaints process in 2020/21 and 71.5 per cent of these (441) were responded to within the agreed timescale. This is a significant deterioration on the 88 per cent achieved in 2019/20, which does not meet the Trust target of 95 per cent. A total of 739 complaints were responded to in 2020/21 via the informal complaints process and 92.7 per cent of these (685) were responded to within the agreed timescale, an improvement on the 89.3 per cent achieved the previous year.

The Trust continues to deal with a higher proportion of complaints via the informal process, which means that these issues are being dealt with as quickly as possible and by the specialty managers responsible for the service involved.

At the end of the reporting year, 6.1 per cent of complainants had expressed dissatisfaction with the formal response they had received. This represents a total of 40 of the 653 first formal responses sent during the reporting period and compares with 9.1 per cent in 2019/20 and 9.5 per cent in 2018/19.

### **3.2.6 Learning from the experience of patients**

Our approach to listening to experience of patients is grounded in the Trust's belief that we must learn from what people tell us in order to make improvements to the way services are designed and delivered. Over the past year, there have been many examples across our hospitals where this has happened. Some of these examples are listed below.

- Following a complaint from a patient who underwent an angioplasty at Bristol Heart Institute (BHI), filming of a new Cardiac Rehabilitation Phase 1 film has been completed by the Division of Specialised Services, specifically for the BHI. This is in addition to the existing

film for patients who needed rehabilitation following a cardiac arrest, which caused confusion for the complainant as it did not apply to him.

- Following receipt of a complaint about how difficult and painful it had been for a patient to have a naso-gastric (NG) tube inserted, the Division of Surgery updated teaching sessions (including the clinical skills refresher update) to incorporate consideration of individual patient circumstances which may require more input from the medical team and an amended plan which supports the NG policy.
- The Health Psychologist team in Oncology held video-conferencing patient focus groups with patients to explore the impact of fatigue as a result of treatment for cancer. The conversations have focussed on what works best for patients in the context of self-management in respect of fatigue and has challenged a suggestion that a “fatigue workbook” offers the best solution. Patients suggested there be more emphasis on signposting to existing support through community based partners, the use of web-based patient stories and facilitated peer support groups as alternatives. This work is on-going.
- The Haemoglobinopathy Team held video-conferencing patient focus groups with patients to inform the development of psychological services and the role of the clinical nurse specialists for patients who have sickle cell and thalassemia. The patient-informed developments will include a greater emphasis on awareness raising and training for staff who support patients outside of the immediate Haemoglobinopathy Team so their needs are more widely understood, and the development of a peer support network to complement the existing health and well-being support provided by psychological services.
- The Children’s Disability team undertook their regular review of the hospital passport scheme, opening a short survey on experiences to over 600 existing passport users as well as to non-users via the hospital Facebook page. The response was predominantly positive but highlighted three key areas for development including 1) enhancing staff training around implementation of reasonable adjustments, 2) administration challenges for families and staff around completing and updating the passport and 3) further raising the profile of the scheme to reach families who may not yet be aware of it. These themes will be addressed through the service work plan, working alongside our parent carer representatives to tackle these challenges.

### **3.2.7 Overview of monthly board assurance regarding patient experience**

Table 7 contains key quality metrics providing assurance to the Trust Board each month regarding patient experience. Where there are no nationally defined targets or where the Trust is already exceeding national targets, local targets or improvement goals are set to drive continuous improvement. These metrics and their targets are reviewed annually to ensure they remain relevant, challenging and achievable. Some patient experience metrics and targets in table 7 may therefore have changed from those published in last year’s Quality Account.

Table 7: Patient experience quality metrics

Quality measure	Data source	Actual 2019/20	Target 2020/21	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Actual 2020/21
<b>Monthly patient surveys</b>								
Patient experience tracker score	Monthly postal survey	91	≥ 87	91	90	90	91	91
Kindness and understanding	Monthly postal survey	96	≥ 90	96	96	94	96	96
Outpatient tracker score	Monthly postal survey	90	≥ 85	91	93	93	94	93
<b>Friends and Family Test (response rate)*</b>								
Inpatient response rate	Friends and Family Test	35.5%	≥ 30%	No data*	No data*	12.1%	19.7%	15.9%
ED response rate	Friends and Family Test	16.6%	≥ 15%	No data*	No data*	8.5%	9.9%	9.2%
Maternity response rate	Friends and Family Test	26.5%	≥ 15%	No data*	No data*	No data*	10.1%	10.1%
<b>Friends and Family Test (score)*</b>								
Inpatient score	Friends and Family Test	98.7%	≥ 90%	No data*	No data*	93.1%	96%	95%
ED score	Friends and Family Test	84%	≥ 70%	No data*	No data*	91.6%	92.6%	92.1%
Maternity score	Friends and Family Test	97.6%	≥ 92%	No data*	No data*	94.4%	96.5%	95.5%
<b>Patient complaints</b>								
Number of patient complaints	Patient Support and Complaints Team	1,674	No set target	228	521	490	426	1,665
Formal complaints responded to within Trust timeframe	Patient Support and Complaints Team	88%	≥ 95%	71.3%	73.4%	69.1%	72.5%	71.5%
Informal complaints responded to within Trust timeframe	Patient Support and Complaints Team	89.3%	≥ 95%	97.9%	90%	92.1%	92.9%	92.7%
Percentage of responses where complainant is dissatisfied	Patient Support and Complaints Team	9.1%	< 8%	2.8%	7.7%	11.5%	3.5%	6.1%

\*Note: The Friends and Family Test (FFT) was relaunched nationally on 1 December 2020 having been paused since February 2020 due to the pandemic. This explains the lack of data available for Quarter 1 and Quarter 2.

### 3.3 Clinical effectiveness

We will ensure that each patient receives the right care, according to scientific knowledge and evidence-based assessment, at the right time in the right place, with the best outcome.

#### 3.3.1 Understanding, measuring and reducing patient mortality

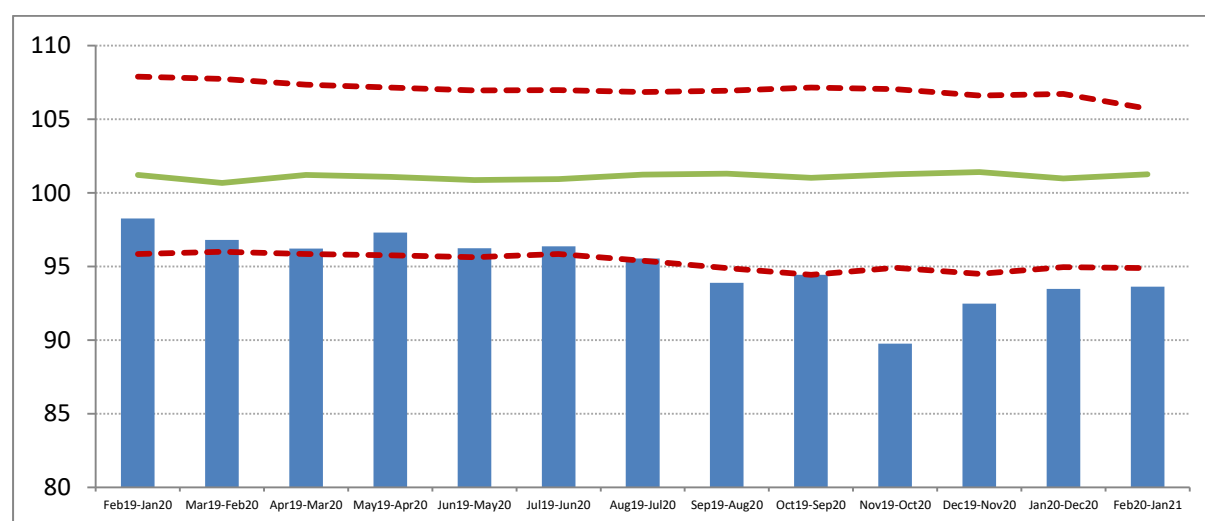
The Trust continues to monitor the number of patients who die in hospital and those who die within 30 days of discharge. This is done using the two main tools available to the NHS to compare mortality rates between different hospitals and trusts: Summary Hospital Mortality Indicator (SHMI) produced by NHS Digital (formally the Health and Social Care Information Centre) and the Hospital Standardised Mortality Ratio (HSMR) produced by CHKS Limited replicating the Dr Foster/Imperial College methodology.

The HSMR includes only the 56 diagnosis groups (medical conditions) which account for approximately 80 per cent of in-hospital deaths. The SHMI is sometimes considered a more useful index as it includes all diagnosis groups as well as deaths occurring in the 30 days following hospital discharge.

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. The score needs to be read in conjunction with confidence intervals to determine if the trust is statistically significantly better or worse than average. NHS Digital categorises each trust into one of three SHMI categories: "worse than expected", "as expected" or "better than expected", based on these confidence intervals. A score over 100 does not automatically mean "worse than expected". Likewise, a score below 100 does not automatically mean "better than expected".

In figure 5, the blue vertical bars represent UHBW SHMI data, the green solid line is the median for all trusts, and the dashed red lines are the upper and lower quartiles (top and bottom 25 per cent). Comparative data from February 2020 to January 2021 shows that the Trust remains in the 'as expected' category. In this period the Trust had 2,060 deaths compared to 2,200 expected deaths; a SHMI score of 93.6.

Figure 5



Source: CHKS benchmarking

The latest HSMR data available (published February 2021) shows 105 patient deaths at UHBW, compared to 93 expected deaths: an HSMR of 113.

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. To help facilitate this, the Trust has a Quality Intelligence Group (QIG) whose purpose is both 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 team. These 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 action plan to address any learning. The impact of any action is monitored through routine quality surveillance. QIG is chaired by the Medical Director.

### **3.3.2 Learning from deaths (local mortality review)**

During the period of April 2020 to March 2021, 1,259 of University Hospitals Bristol and Weston NHS Foundation Trust patients died. This comprised the following number of deaths that occurred in each quarter of that reporting period:

- 295 in the first quarter
- 228 in the second quarter
- 341 in the third quarter
- 395 in the fourth quarter

By 31 March 2021, 67 case record reviews have been carried out in relation to 1,259 deaths. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 52 in the first quarter
- 0 in the second quarter
- 4 in the third quarter
- 11 in the fourth quarter

These numbers have been calculated from the Trust's Mortality Review Database, integrated into Medway PAS.

#### **Internal processes**

The Learning from Deaths process has undergone significant changes this year with the full establishment and embedding of the Medical Examiners (ME) team across the region. The ME team reviews all adult deaths (within acute providers) and discusses each case with both the clinical team and next of kin prior to the issuing of a death certificate. Any cases where they feel further review would be of benefit is referred into the Medical Director team. If the case meets the criteria it will trigger a Structured Case Note Review (SCNR), undertaken by the mortality leads within the relevant division. A further assessment and in-depth review is then carried out with learning fed back into the division and back into the mortality surveillance group.

The mortality surveillance group continues to align closely with the Learning Disabilities Mortality Review (LeDeR) process. All deaths in patients with learning difficulties are cross referenced with the LeDeR team.



With the introduction of Medical Examiners, there have been significant changes in the Learning from Deaths process, and as such, a piece of work is being conducted in summer 2021, in collaboration with both the lead Medical Examiner and the divisions to clearly lay out and consolidate the process of SCNR and learning from deaths. This will lay solid foundations for the Trust and Medical Examiners as the ME team develops relationships with other organisations and considers next steps in terms of reviewing community deaths.

### **3.3.3 Overview of monthly board assurance regarding clinical effectiveness**

Table 8 contains key quality metrics providing assurance to the Trust Board each month regarding the clinical effectiveness of the treatment we provide. Where there are no nationally defined targets, or where the Trust is already exceeding national targets, local targets or improvement goals are set to drive continuous improvement. These metrics and their targets are reviewed annually to ensure they remain relevant, challenging and achievable. Some clinical effectiveness metrics and targets in table 8 may therefore have changed from those published in last year's Quality Account. Values in the column "Actual 2019/20" may vary slightly from the equivalent data in our 2019/20 Quality Account due to finalisation of provisional data.

Table 8

Quality measure	Data source	Actual 2019/20	Target 2020/21	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Actual 2020/21
<b>Mortality</b>								
Summary Hospital Mortality Indicator (SHMI)	NHS Digital	102.1	< 100	96.6	94.6	91.9	93.6	94.4
Hospital Standardised Mortality Ratio (HSMR)	CHKS	89.9	No set target	111.4	74.5	86.3	107.5	92.2
<b>Readmissions</b>								
Emergency readmissions percentage		3.88%	< 3.26%	4.35%	4.90%	4.33%	4.05%	4.41%
<b>Fracture neck of femur</b>								
Patients treated within 36 Hours	National Hip Fracture Database	63.3%	≥ 90%	61.4%	66.4%	66.9%	69.1%	66.1%
Patients seeing orthogeriatrician > 72 Hours	National Hip Fracture Database	97.0%	≥ 90%	79.5%	96.4%	98.6%	92.6%	92.1%
Patients achieving best practice tariff	National Hip Fracture Database	57.4%	≥ 90%	48.8%	61.4%	61.2%	64.0%	59.0%
<b>Stroke care</b>								
Percentage receiving brain imaging within 1 hour	Medway PAS & Radiology Information System	56.2%	≥ 80%	61.8%	49.0%	71.3%	60.6%	61.0%
Percentage spending >90% time on stroke unit	Medway PAS & Radiology Information System	73.5%	≥ 90%	83.1%	79.9%	69.3%	56.8%	72.6%

## **3.4 Performance against national priorities and access standards**

### **3.4.1 Overview**

The NHS Oversight Framework outlines the approach taken by NHS England and NHS Improvement to oversee organisational performance and identify where organisations may need support. The framework describes the measures that are used to assess performance. There are several waiting time standard measures relevant to organisations providing hospital services, including:

- Percentage of patients admitted, transferred, or discharged from A&E within four hours
- People with urgent GP referral having first definitive treatment for cancer within 62 days of referral
- Patients waiting 18 weeks or less from referral to hospital treatment
- Patients waiting six weeks or less for a diagnostic test

The national standards are:

- 95 per cent of patients should be admitted, transferred, or discharged from A&E within four hours
- 85 per cent of people referred by their GP should have their first definitive treatment for cancer within 62 days of referral
- 92 per cent of patients should wait 18 weeks or less from referral to hospital treatment
- 99 per cent of patients should wait six weeks or less for a diagnostic test

### **3.4.2 Referral to Treatment (RTT)**

The national standard for Referral to Treatment (RTT) is 92 per cent. This has not been achieved for the whole of 2020/21.

At the end of March 2020, the overall waiting list for routine patients was 39,703 with 8,289 patients waiting over 18 weeks, compared to March 2021 when the waiting list was 46,538 and the over 18 week backlog position was 17,817.

The backlog growth in the main related to the COVID pandemic, with step-down of capacity to support the pressures in the hospital relating to admitted COVID patients. This was further exacerbated with winter pressures as well as periods in the year when critical incidents and decompression activities took place, resulting in the temporary closure of theatres and the step-down of all patients requiring routine treatment, whether as an inpatient admission or an outpatient attendance.

Across the Trust, all services have seen backlog increases and patients waiting longer for an appointment or treatment. The largest areas of growth have been seen in dental services, ophthalmology, cardiac, trauma and orthopaedic (T&O) in both adult and paediatric areas. The dental and ophthalmology growth was a result of step-down of theatres from four to one in the Bristol Eye Hospital and the suspension of dental treatments due to the guidance received during the pandemic relating to the use of air-flow equipment. Furthermore, staff have been redeployed to support wards and other pressured areas within the Trust during the pandemic. The T&O growth has occurred from patients referred into the Referral Assessment Service (RAS) and the lack of clinic capacity to book an appointment slot for these routine patients. Overall the waiting list as a whole has increased by 6,835, with 3,457 of those over 18 weeks relating to

Weston General Hospital patients, who are now included in the overall UHBW position following integration.

With the COVID pandemic, the winter pressures and step-down of many of the lower priority routine patients, the focus for the Trust is to continue with the national clinical prioritisation programme and to identify capacity to treat those patients who have been clinically prioritised as P2 – require treatment within one month. However, recovery of RTT performance is expected to be difficult given the volume of more urgent patients, especially those on cancer pathways who require the majority of the capacity that is available.

The Trust's commitment to achieve zero 52 week breaches has not been achieved and in March 2020, the Trust reported 31 patients who have waited for 52 weeks or more for treatment. This compares to 4,424 patients in March 2021 who have waited more than 52 weeks.

The NHS Constitution states that patients are entitled to start first definitive treatment within 18 weeks. However, given the current backlogs and priority within all services to treat patients who are more clinically urgent such as cancer patients and emergency admissions, ensuring equality of access within routine services is likely to be extremely challenging over the coming months. Every effort is continuing to be made with partners in the BNSSG healthcare system to maximise capacity, including within independent sector providers, where patients will be transferred if capacity is available and a transfer is deemed safe and clinically appropriate to do so.

### **3.4.3 Accident and Emergency four hour maximum wait and 12-hour trolley waits**

The Trust did not meet the national 95 per cent standard for the number of patients discharged, admitted or transferred within four hours of arrival in our emergency departments. Annual performance for all sites combined was 80.1 per cent. For the four emergency departments (EDs):

- The Bristol Royal Hospital for Children (BRHC) ED achieved the 95 per cent standard in one month during 2020, and achieved 92.32 per cent for the year
- The Bristol Eye Hospital (BEH) ED achieved the 95 per cent standard in all 12 months, and achieved 98.57 per cent for the year
- The Bristol Royal Infirmary (BRI) ED did not achieve the 95 per cent standard in any month of 2020/21, and achieved 70.17 per cent for the year
- The Weston General Hospital (WGH) ED did not achieve the 95 per cent standard in any month of 2020/21, and achieved 77.49 per cent for the year.

March 2020 saw a significant reduction in ED attendances due to the COVID-19 pandemic and activity remained suppressed throughout the year. April 2020 to March 2021 averaged 11,672 attendances per month, a decrease of 4,425 from the average of the previous year.

Overall A&E attendances between 2019/20 and 2020/21 were:

- 27 per cent down across all four sites
- 18 per cent down at the BRI
- 36 per cent down at the BRHC
- 27 per cent down at the BEH
- 33 per cent down at WGH

Although A&E attendances were suppressed, challenges to flow were experienced throughout the year due to ED and inpatient ward reconfiguration to stream patients during the COVID

pandemic, which significantly affected bed capacity, productivity and ambulance handover performance. The Trust recorded 1,440 12-hour trolley wait breaches (against a national standard of zero) which was an increase of 619 from the previous year. 459 were at the BRI and 981 were in Weston.

### **3.4.4 Cancer**

The COVID pandemic has affected the Trust's delivery of cancer standards in terms of compliance throughout the year, however, the Trust has maintained services despite the challenging circumstances, with patient safety at the forefront of delivery. Every cancer patient treated outside the 62 or 31 day standards is assessed for potential harm as a result of their additional waiting time, with only one patient during the year identified with potential harm as a result of the extra time waited. The Trust's cancer performance has been reported in an integrated way (across its Bristol and Weston sites) since the point of merger on 1 April 2020.

The Trust achieved the 62 day GP referral to treatment standard in one out of 12 months in the period. During the early part of the year (the first wave of COVID) the main impacts were from high numbers of patients choosing to delay investigations/treatments and from the closure of the elective endoscopy service in line with national infection control guidance. In the latter part of the year (impacted by the second wave of COVID), the impact was greater on surgical diagnostics and treatments due to the high numbers patients admitted during this period. Despite the challenges during this period, the Trust has continued to treat the majority of patients within 62 days of a GP suspected cancer referral, with the percentage treated in this timescale remaining above 70 per cent in every month.

The Trust achieved the two-week wait standard for first appointment following GP suspected cancer referral in two months out of twelve. This standard was heavily impacted by the suspension of the endoscopy service (endoscopy being a common first appointment type following cancer referral) and by patients choosing to delay their appointments. Endoscopy capacity has continued to be a limiting factor throughout the year particularly when the need for pre-procedure isolation periods for patients are considered. There was a marked deterioration in performance against the standard in September and October due to a surge in dermatology demand which exceeded capacity, with options to increase capacity limited by the necessary COVID precautions. The surge in demand was a combination of the usual seasonal increase over summer, combined with patients who had chosen to defer appointments becoming more willing to attend as COVID rates had reduced, and with patients assessed via the telephone due to the pandemic needing further appointments for face-to-face assessment. The service resolved these issues and this resulted in a significant improvement in compliance from November which was sustained for the remainder of the year.

The 31-day decision-to-treat to treatment standards have performed better overall than the earlier pathway standards. The 31-day first definitive treatment standard was achieved in four out of 12 months. This reflects the Trust's success in maintaining cancer treatments almost as normal between the first and second waves despite the ongoing restrictions associated with the pandemic. The subsequent oncology standards have retained compliance for every month of the year. The subsequent surgery standard was not compliant in any month during the year due to the impact of the pandemic on surgical capacity (including bed capacity for patients post-operatively), in the context of a standard with a low denominator where small numbers of breaches are sufficient to cause non-compliance.

The introduction of monitoring against the 28-day faster diagnosis standard was deferred nationally to the 2021-22 financial year. The Trust has continued to collect and validate data for

the standard and remains ready for its formal introduction. The Trust is already compliant with the national threshold of 75 per cent.

Ensuring equality of access is a priority for the Sustainability and Transformation Partnership's cancer working group going into the next financial year. There is limited data at present to fully assess cancer standard attainment across different patient groups and the BNSSG healthcare system is working to obtain this and identify any areas for improvement. This work has started with lung cancer, due to the national drop in referrals and diagnoses during the pandemic, which has been far greater in lung than other cancer types. A specific working group is in place to investigate and implement recommendations for improvement. This can then be used as the model for similar work on other cancer types. The Trust has always acted on an ad hoc basis to address any apparent issues with equality of access to cancer care that have arisen, for example, in the previous financial year where improvement plans were designed with the commissioners for prisoners' health. The Trust now has contacts in place who can rapidly resolve any issues with arranging attendance by people in prison who require cancer investigations or treatment.

### **3.4.5 Diagnostic waiting times**

The NHS constitutional standard for 99 per cent of patients waiting for a diagnostic test within six weeks was not met at any point during the year. Month-end performance for diagnostic waiting times varied between 41.3 per cent at the start of the COVID pandemic and recovered to a maximum of 67.49 per cent in July 2020, but ended the year with 65.2 per cent waiting under six weeks for a diagnostic test. Annual performance was 62.3 per cent.

April and May 2020 saw a marked deterioration in performance. This was affected by a change in behaviours where patients opted to delay appointments during the first wave of the pandemic, in addition to restrictions on routine referrals, periodic closures of services such as diagnostic endoscopy and lower productivity due to the introduction of infection prevention and control standards in diagnostic imaging, physiology and endoscopy.

The diagnostic tests where performance has been most adversely affected by backlogs as at the end of March 2021 were:

- Adult endoscopy (31.16% under six weeks)
- Echocardiography (60.13% under six weeks)
- Dexa scans (37.25% under six weeks)

Diagnostic activity recovered well in the second half of the year and is operating close to normal levels in areas such as CT, adult MRI and endoscopy, although backlogs remain in areas such as CT cardiac, endoscopy and adult ultrasound. Recovery has been supported by outsourced activity to the independent sector and a partnership with North Bristol NHS Trust and UK Biobank to increase adult MRI capacity. Waiting lists have also been validated and data cleansed to ensure patients are correctly on new and planned surveillance waiting lists respectively. An extension of the principles introduced via the national elective waiting list clinical validation and prioritisation exercise is also being implemented by the end of August 2021.

### **3.4.6 Outpatients**

In response to the NHS Long Term Plan, UHBW has created an outpatients redesign programme to support the development of services in line with the national vision and incorporating learning from the real-time outpatients programme. This plan has been developed in conjunction with BNSSG integrated care system Healthier Together, which has involved patients

in co-designing the future strategy. Work has commenced to undertake a self-assessment with each division in UHBW to create strategies that support a tailored change programme for specialities holding outpatients.

During the COVID response non-face-to-face activity has been rapidly scaled up. 30 per cent of outpatient consultations are now undertaken either by the phone or using the video consultation platform Attend Anywhere. This achieves the national target of 30 per cent by 2024 outlined within the NHS Long Term Plan. There are now over 1,905 clinical users of the Attend Anywhere system, delivering over 28,124 virtual consultations this year. Patient feedback surveys have been central to the development of the new service and over 9,000 patients have responded about their experience of virtual consultations. These views have supported the development of evidence for the effectiveness of video consultations in clinical practice and allowed reflection on future developments to reduce healthcare inequalities in patients accessing care in virtual settings.

To support referral management during the COVID response, Advice and Guidance has been progressed from the nine pilot specialities in 2019/20 to 54 specialities in 2020/21. Over 21,725 Advice and Guidance responses have been provided. Plans are in progress to review the sustainability of this rapid redesign of outpatient delivery with the CCG and Healthier Together for 2021/22.

Work has been progressed with our community providers to develop new outpatient models of care. A community phlebotomy hub has been successfully piloted in South Bristol Community Hospital, supported and staffed by our community partner Sirona care & health. Patient feedback from the delivery of this model has informed the development of a BNSSG primary care community phlebotomy model with the view of supporting patients to access care as close to home as possible. Plans are in progress to review the proposed model and longer term sustainability of the service.

To support patients attending outpatient departments for face-to-face care changes were required to support social distancing. New processes were developed and risk assessments were undertaken. Patient communications have been reviewed to provide patients with information on how to access care during the pandemic. Work has been undertaken to develop a number of new appointment letters, text message reminders and patient leaflets. DNA (Did Not Attend) rates have risen in 2020/21 and are largely attributed to the patient concerns of accessing care during the pandemic. The Trust is in the process of reviewing non-attendance to further understand patient's reasons for not attending.

At the peak of COVID hospital cases, outpatient activity was cancelled to support the urgent care and patient flow pathways. Outpatient clinical activity was clinically reviewed and reprioritised, with only essential outpatient activity undertaken. As a result, the Trust now has a large follow-up and new outpatient patient backlog. Plans are being developed to advance the use of waiting list validation and patient initiated follow-up to reduce waiting list backlogs.

### **3.4.7 Important events since the end of the financial year**

The COVID-19 pandemic continues to have an impact on our capacity because of the need to maintain social distancing in ward and outpatient areas. This has meant that the Trust has reduced some of its bed capacity and has limited the numbers of patients that can be safely managed within outpatient waiting areas. There also continues to be an impact on our workforce related to changes to the model of care offered to our patients as part of the Trust's response to the pandemic.

The loss of capacity has resulted in a lower level of activity being delivered compared to pre-pandemic levels. The level of day case, elective inpatient, diagnostic, and outpatient activity that is being delivered continues to be monitored. To oversee the restoration of activity to pre-pandemic levels, the Trust established the Restoration Oversight Group in April 2021.

In May 2021, our local healthcare system was successful in its bid to participate in the NHS elective accelerator initiative. This accelerator initiative is an opportunity for systems to rapidly develop plans to increase activity levels above pre-pandemic levels to reduce the care backlogs that have formed because of the COVID-19 pandemic. The intention of this initiative is threefold: to reduce waiting times, to learn from the experience of other accelerator systems, and to increase activity levels whilst safeguarding the wellbeing of our patients and workforce.

Table 9: Performance against national standards

National standard	Target	2017/18	2018/19	2019/20	2020/21
A&E maximum wait of four hours	95%	86.5%	86.3%	80.4%	80.1%
A&E Time to initial assessment (minutes) percentage within 15 minutes	95%	97.7%	95.6%	97.2%	81.1%
A&E Time to Treatment (minutes) percentage within 60 minutes	50%	52.2%	49.3%	50.2%	68.0%
A&E Unplanned re-attendance within seven days	<5%	2.8%	3.3%	3.6%	4.5%
A&E Left without being seen	<5%	1.9%	1.7%	1.6%	1.0%
Cancer – Two-week wait (urgent GP referral)	93%	94.3%	95.3%	93.4%	81.9%
Cancer – 31-day Diagnosis To Treatment (first treatment)	96%	95.8%	97.2%	95.8%	95.1%
Cancer – 31-day Diagnosis To Treatment (subsequent surgery)	94%	92.0%	96.1%	92.5%	84.1%
Cancer – 31-day Diagnosis To Treatment (subsequent drug therapy)	98%	98.6%	98.4%	98.6%	99.4%
Cancer – 62-day Referral To Treatment (urgent GP referral)	85%	81.7%	85.6%	85.5%	78.7%
Cancer – 62-day Referral To Treatment (screenings)	90%	74.8%	66.7%	71.1%	57.1%
Cancer – 62-day Referral To Treatment (upgrades)	85%	85.4%	83.7%	86.6%	86.8%
18-week Referral to Treatment Time (RTT) incomplete pathways	92%	89.6%	89.0%	83.2%	61.7%
Number of last-minute cancelled operations	<0.8%	1.19%	1.31%	1.73%	1.15%
Last-minute cancelled operations readmitted within 28 days	95%	94.2%	93.4%	92.9%	83.4%
Six-week diagnostic wait	99%	98.3%	96.7%	95.2%	65.2%



## **APPENDIX A – Feedback about our Quality Account**

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

The publication of a Quality Account is an annual requirement for all NHS trusts, providing an opportunity for them to present the public with a review of their performance in key areas of quality and performance over the past year. Within this feedback section the governors of foundation trusts are asked to provide comment on whether the account offers a fair representation of the Trust's achievements during that time.

In reading and commenting on this Quality Account we must remember the dramatic changes and pressures that arose during this 12-month period. The onset of the COVID pandemic occurred alongside the early months of the integration of Weston Area Health NHS Trust with University Hospitals Bristol NHS Foundation Trust. In addition, subsequent changes to funding for trusts and use of wider resources such as private hospitals all had to be incorporated in service planning.

Despite the significant changes and pressures brought about by the COVID-19 pandemic over the past year, the Council of Governors at UHBW FT has continued to be well supported and informed in our roles at the Trust; we are therefore, happy to offer a commentary as requested. We have maintained a very full schedule of meetings and discussions online throughout this time, which has allowed us to continue to monitor activity at the Trust and explore key issues in some depth.

The pandemic has been a significant factor in causing many of the delayed or limited outcomes that are reported here; while there is also clear evidence of impressive adaptability and innovation in response to COVID. On-going commitment to learning and action in response to all feedback and investigations is also demonstrated.

#### **Governor involvement with Quality and Performance at UHBW FT**

As elected and appointed governors of the Trust it is our duty to continuously monitor the Trust's performance and hold the non-executive directors (NEDs) to account for it. We review quality and performance at the Trust every two months at our Quality Focus Group (QFG) meetings, attended by the NED chair of the Quality and Outcomes Committee, the NED chair of the People Committee, the medical director and the chief nurse. The QFG is chaired by a governor and the agenda includes presentations on quality issues by senior staff, a review of the questions placed on our Governors Log and discussion about all the regular Trust reports on quality topics. The focus group then reports back to the full Council of Governors.

The Governors Log provides an opportunity for any governor to raise formal questions (often at the behest of members of the public) with the Trust at any time. These questions are allocated to appropriate executives within the Trust and both questions and answers are then available to the public within the papers for the public Board meetings.

At the bi-monthly public Board meetings (streamed via YouTube during 2020/21), governors have the opportunity to witness the Board of Directors discussing all their regular agenda topics, including quality and performance. Governors also meet informally every two months, followed by a joint meeting with the non-executive directors at which we can raise specific topics or concerns that we want to pursue in greater depth. The chair and all NEDs at the Trust are fully supportive of the governors offering both comment and challenge in this way, and our questions are always handled in an open, engaged atmosphere.

## **Quality Improvement Activity**

An extensive range of quality improvement (QI) activities have been developed at the Trust in recent years, supported by ongoing development of the Quality Improvement Academy.

This Quality Account reports on the four quality objectives set for 2020/21, which were focussed on areas where the Trust did not fully achieve its goals in 2019/20, and demonstrates clearly the positive and negative effects of the adaptations brought about by the COVID pandemic.

In setting quality objectives for 2021/22 the Trust is, fittingly, planning to concentrate on a relatively small number of priority areas during a year of recovery and restoration. These objectives are all highly relevant and the governors particularly welcome the inclusion of those relating to learning disabilities and discharge.

## **Review of Services**

Part three of the Quality Account covers a review of Trust services under three key headings (Patient Safety, Patient Experience and Clinical Effectiveness) and then describes the Trust's performance against national priorities and access standards.

While the pandemic led to a pausing of the Patient Safety Improvement Programme at the Trust, there is clear evidence of a commitment to maintaining high standards of patient safety and clinical effectiveness, along with a readiness to acknowledge and learn from all adverse events and comments. In May 2020, Weston General Hospital became one of the first in the country to experience serious problems with hospital associated COVID and temporarily stopped taking new admissions. The measures that were implemented there became a model for other hospitals to follow and enabled admissions to recommence in a very short time.

UHBW underwent a massive adjustment of inpatient wards and treatment areas to take account of social distancing and other COVID safeguarding practices during this 12-month period. This resulted in a substantial reduction in numbers of beds, while every task related to patient care took longer and required a greater intensity of staff input. Outpatient and diagnostic services all had to be halted, reduced or adapted and many staff members had to be redeployed while others were becoming victims of COVID themselves. The implementation of these changes had to happen quickly and offered significant levels of challenge within the Trust's buildings that vary considerably in age and layout.

Among the many challenges acknowledged in this section there are some impressive examples of innovation such as the COVID Oximetry @ home project, the introduction of 'Virtual Clinics' for outpatients, the 'Message to My Loved One' service and Virtual Visiting. Support from appropriate technology and a huge commitment from staff have enabled these projects to achieve considerable success and impressive feedback from patients and their families.

It has not been possible to use many of the usual local measures of clinical and managerial performance while the changes required by COVID have been in place. Similarly, performance against national priorities and access standards has inevitably been significantly affected. However, the governors feel that UHBW has adapted effectively to meet the challenges presented to them by the pandemic and remains totally committed to offering the best possible service to their patients.

## **Topics of special interest to the Council of Governors during 2020/21**

- Management of the COVID pandemic itself and all required changes at the Trust.
- Integration of Weston General Hospital post-merger.

- Staffing.
- Wider integration and transformation of healthcare services via the Integrated Care System.

Within our information-gathering and discussion about these topics, we have been keen to seek assurance that the Trust had been continuing to apply all possible priority and resource to the action plans that have been agreed under these headings; whilst accepting that delays have been inevitable during the pandemic.

The key staffing issues that we have pursued are staffing deficits at Weston General Hospital, continuing development of the Freedom to Speak Up service, the need to develop a comprehensive programme for training and development in management and leadership at the Trust, and a firm commitment to tackling bullying and harassment at the Trust.

We have also asked for regular updates on the impact of the pandemic on all aspects of staff wellbeing, have had access to the regular video messages to staff from the Chief executive and been pleased to hear about all the measures that the Trust has put in place to support staff.

The governors have been impressed by the way in which UHBW has adapted for, and coped with, the new challenges presented to them by the COVID crisis. We feel strongly that all involved have excelled in their commitment and performance and deserve our very sincere thanks.

#### **b) Joint statement from Healthwatch Bristol, South Gloucestershire and North Somerset**

Dear UHBW,

Thank you for this opportunity for respond to your Quality Account 2020/21.

We have read the Trust's summary of their performance over this past year and have been impressed by the resilience demonstrated. We look at this account with an interest in your culture of learning and see how future priorities reflect the issues that you and others have heard from patients. We also seek assurance that these improvements are sufficiently challenging and state how they will be measured.

We are pleased to see the RAG-rated electronic VTE assessment compliance is continuing as a high priority in 2021/22. We welcome the consultant VTE lead in Weston and dedicated nurse appointments and the recognition that a transfer into the digital patient administration system is important. We must assume that the higher compliance rates that have occurred in 2020/21 are in acute admissions, as no serious incidents have been reported related to VTE assessments.

We are pleased that you have carried over 'Supporting and developing the participation of lay representatives in Trust groups and committees' into 2021/22. As in 2019/20, we look forward to hearing how you have been able to represent diversity in these roles, by including people with protected characteristics.

We are interested to hear more details of the key additional objectives that are missing from the draft account we reviewed, but we applaud the commitment to implementing the NHS Patient Safety Strategy. This coproduced work will draw out insights from patients and staff, encourage their involvement and include them in a design of programmes that deliver effective and sustainable change.

The first new objective, focussing on improving the experience of patients with a learning disability is welcomed, particularly in the light of the LeDeR policy 2021. This national programme will include work to improve services for autistic people from late 2021 and UHBW may wish to consider this as a future priority?

The second new objective aims at improving patient experience of discharge from hospital. Healthwatch heard from patients in 2020 that this is an important issue to them and as a result also intend to evaluate the patient experience in a 2021 Healthwatch Bristol project. You may be interested in a collaborative approach in this research piece?

We note there is reference to providing translation of alternative spoken languages for patients who do not speak English. We feel there should also be a recognition that some patients may need sign language, and in Bristol where there is a population of patients who are both deaf and blind, Gypsy, Roma and Traveller and refugees there could be a need to make further adjustments so that people can access equal care.

It is a comfort to know that UHBW is one of the most rapidly growing users of virtual consultations in the Southwest, and good that it is also being recognised that this does not meet the needs of every patient. Your scores from the patient survey combined three answers into one category which may create a misleading picture, but overall, the feedback is very positive. What may be helpful to hear is narrative of the patient experience recorded by an independent organisation and of course the viewpoint from staff.

Finally, we would like to extend our heartfelt thanks to your whole staff team for their efforts and tireless dedication to patients, having managed to work with COVID-19 for over a year now. They are to be congratulated on their achievements and this account reflects their hard work.

Yours sincerely



Georgie Bigg  
Chair of Trustees



Vicky Marriott  
Area Manager

Healthwatch Bristol, North Somerset and South Gloucestershire

**c) Statement from Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group**

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

BNSSG CCG welcomes University Hospitals Bristol and Weston NHS Foundation Trust's Quality Account, which provides a review on the overall quality and performance of the provider during 2020/21. The data presented has been reviewed and is in line with data provided throughout year, predominantly via the monthly Integrated Performance Report (IPR), our discussion with the providers and more recently through the monthly quality assurance meetings.

BNSSG CCG acknowledges that the period under review has been one of the most challenging as we respond and adapt to the onset and management of the COVID-19 pandemic, affecting a wide range of performance indicators. For UHBW, this is also the first Quality Account of the combined provider, incorporating Weston Area Health NHS Trust.

UHBW identified four quality objectives for 2020/21 for the newly merged organisation. BNSSG CCG notes that progress has understandably been variable, and significantly disrupted by the necessary response to COVID-19.

Objective One – ‘Improving Compliance with VTE (venous thromboembolism) Assessment’ is rated as Red. VTE risk assessment has been a regular themed line of enquiry for the CCG, as performance has been below the national expected standard of 95%. Electronic/digital solutions are being actively explored and the CCG acknowledges that no serious incidents have been reported related to VTE. The planned review of all Hospital Associated Thrombosis (HATs) would strengthen local assurance processes.

Objective 2 – Improving the Availability of Information about Physical Access to Hospitals is rated as Amber. UHBW engaged the external company AccessAble, to survey 230 areas, unfortunately progress has been affected by COVID-19 restrictions, but the CCG recognises the efforts to restart this process with the aim of promoting a positive experience for all patients accessing UHBW services.

Objective 3 – Improving patient experience through the roll-out of the Trust’s outpatients strategy and guiding principles is rated as Green. As part of the response to COVID-19, the plan for non-face-to-face outpatient initiatives at UHBW was expedited, leading to the commendable delivery of 28,000 virtual consultations. Patient feedback has been collected which will support the development of this approach and has led to the publication of a paper, sharing UHBW’s experience with the wider healthcare community. The CCG welcomes the rapid development of this initiative in what has been extremely challenging circumstances for the Trust.

Objective 4 – Supporting and developing the participation of lay representatives is rated as Red. An initial workshop was held in early 2020/21 with existing lay representatives which identified further opportunities to develop and support those undertaking this important role. The CCG notes that progress has been affected by COVID-19 and welcomes the further focus planned for 2021/22.

Additionally, the CCG commends the addition of the of three new quality objectives for 2021/22 with a focus on improving the experience of patients with a learning disability, and delivering the plan for implementing the new NHS Patient Safety Strategy. The transition and introduction of the new Patient Safety Incident Response Framework (PSIRF) during 2022 will be a challenge, but also a great opportunity to work with partners across Bristol, North Somerset and South Gloucestershire to achieve a more connected approach to improving quality. The CCG will support UHBW by working to promote a collaborative approach to PSIRF across the BNSSG system.

Whilst the rate of falls per 1,000 bed days has increased during 2020/21, compared to 2019/20, it is recognised that a reduction in neck of femur fractures has been achieved. An overall increase in pressure injuries was reported during 2020/21, some of which related to medical devices. The overall number of Grade 3 or 4 has remained static at five each year. The CCG will continue to facilitate and host the BNSSG Pressure Injury Steering Group, to share learning and the adoption of best practice across the system.

The Trust is reporting an increase in clostridium difficile cases during 2020/21, MRSA assigned cases are static at four, and a reduction in MSSA bacteraemia cases is noted. We would

encourage the provider to consider adding a narrative on their approach to the management of healthcare associated infections in next year's report.

We welcome and thank the Trust for its continuing engagement in national audits and national enquiries, contributing to national datasets and associated guidance. The CCG also wishes to acknowledge and extend its thanks for the Trust's outstanding contribution to the body of research on COVID-19, both in the development of vaccines and new treatments.

BNSSG CCG reiterates that 2020/21 has been one of the most challenging for the NHS and our local providers. Patient experience through the Friend and Family Test has shown an improvement for both ED and maternity at UHBW. We note the areas that have been identified by the Trust for further improvement and we look forward to working with the Trust in 2021/22 to achieve these improvements.



Michael Richardson  
Deputy Director of Nursing and Quality  
NHS Bristol, North Somerset and South Gloucestershire CCG

#### **d) Statement from Bristol City Council People Scrutiny Commission**

University Hospitals Bristol and Weston NHS Foundation Trust Draft Quality Account 2020/21

The Health Scrutiny Committee (Sub-Committee of the People Scrutiny Commission) discharges the statutory health scrutiny function for Bristol City Council. The Committee received a copy of the University Hospitals Bristol and Weston NHS Foundation Trust Draft Quality Account 2020/21 on the 22 June 2021.

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

- The Committee noted the Trust's performance within the mandated quality indicators, which included some above national average performance, and recommended there be some commentary with regard to how performance related to the national average and also the national best; and how the Trust could reach the national best, including clostridium difficile rate per (total) of 0.
- It was noted and acknowledged that this was a draft report and that there were incomplete sections, and Members looked forward to reading the completed version, and especially the proposed section on Quality Objectives for learning difficulties and discharge. Meanwhile it was recommended that attention be focused on missing data, which included 'Total Number of Patient Falls Resulting in Harm in 'table 4'.
- Also with reference to 'table 4', Members recommended commentary on the reasons staffing levels were lower compared to the previous year.
- The Committee noted the key quality metrics providing assurance to the Trust Board monthly regarding the clinical effectiveness of treatment provided, and recommended some commentary for 'table 8', specifically with regard to the reason the figures related to 'Fracture Neck of Femur (Patients Treated Within 36 Hours)' were low, and also an explanatory note about what 'Patients Achieving Best Practice Tariff' referred to.

- The Committee noted and understood how COVID-19 had affected ability to meet the national 95% standard for the number of patients discharged, admitted or transferred within four hours of arrival in emergency departments. It was recommended that it would be of value if further commentary could provide the reasons why the Bristol Royal Hospital for Children and Bristol Eye Hospital Emergency Departments had a greater measure of success than the Bristol Royal Infirmary and the Weston General Hospital Emergency Departments.
- The Committee commended the successful bid to participate in the NHS elective accelerator initiative; Members felt the report would benefit from further commentary about this, with an explanation how the initiative would be focused (for example, on all backlogs or specific procedures?), and to provide detail on existing plans to reduce waiting times, and those in the pipeline. This was a key point members felt would be of public interest.

The Committee thanked the Trust for the opportunity to consider the draft report. Councillor Morris and the Committee would like to thank the University Hospitals Bristol and Weston NHS Foundation Trust for its fantastic efforts during the worst of the pandemic. It was no surprise that not all the targets were achieved due to the impact of the global pandemic but, importantly, the report demonstrated clear plans with regard to how the Trust would progress, particularly with plans to reduce the waiting lists which had understandably increased.

The Committee's comments are made within the context of supporting the Trust's priorities and being a 'critical friend' to help enable positive outcomes.

Yours sincerely



Dan Berlin  
Scrutiny Advisor

#### **e) Statement from North Somerset Health Overview and Scrutiny Panel**

Thank you for sharing your Quality Account with us to review and for supporting this with a briefing, which we found incredibly helpful. It's clear that the pandemic has affected all of our lives significantly and our health partners have been working incredibly hard to keep us safe and to care for us. As a panel we wanted to pass on our thanks to you and your colleagues for the tough job you have been doing over the last year and for all that you've achieved. We are very grateful to you all. We've read your Quality Account and as a panel we agree fully with your priorities for the forthcoming year and we particularly welcome the focus on improving the experience of care for patients with learning disabilities and the focus on improving experience for patients discharged from hospital. These are areas that deeply impact some of our communities and we'd therefore ask that UHBW considers accelerating these plans.

Kind regards  
Cllr. Ciaran Cronnelly  
Chair of North Somerset's Health Overview and Scrutiny Panel



**f) Statement from South Gloucestershire Health Scrutiny Committee**

A statement has not been provided by the South Gloucestershire Health Scrutiny Committee on this occasion.



## **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 Improvement 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 2020 to March 2021
  - papers relating to Quality reported to the board over the period April 2020 to March 2021
  - 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.

By order of the board



**Jayne Mee, Interim Chair**  
29 July 2021



**Robert Woolley, Chief Executive**  
29 July 2021