

Quality Account 2021/22

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Part 1

1.1 Introduction from the Chief Executive

Welcome to our Quality Account for 2021/22. Once again, we have had much to be proud of in our achievements during the last 12 months. We have continued to make improvements in quality and safety whilst facing significant operational challenges, not least in our response to the coronavirus (COVID-19) pandemic.

The global pandemic has had a profound impact on us all since it began in early 2020, and it's fair to say that 2021-22 was another challenging year due to the impact of coronavirus; we cared for hundreds of patients who were unwell with the virus. I am immensely proud of the way my colleagues rose to the huge challenges brought by the pandemic and continued to provide high quality care to our patients despite these difficult circumstances.

As I write this introduction, the world has begun to feel a little bit more normal, with restrictions removed outside of healthcare settings and normality returning for many. However, in healthcare settings, like our hospitals, life is still a bit different as we continue to have safety precautions in place like face masks and social distancing. I know that the necessary limitations on hospital visiting have been a frustration for many families, but thankfully, we are now seeing far fewer COVID-19 patients and we have been able to safely open up our wards more to visiting.

Whilst COVID-19 remains a threat, and we continue to be vigilant, our focus has turned to working through the backlog of patients which has built up during the pandemic; patients who are waiting to be seen, as quickly and safely as possible. I do not underestimate the impact on our patients of having a planned appointment rescheduled or postponed, and I would again like to thank patients and their relatives for their understanding and support. Reducing the backlog has, and continues to be, a major priority for the Trust.

During the year we continued to integrate our hospitals following the merger to become University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) in April 2020. This included bringing together teams from our Bristol and Weston sites, as well as developing our new shared Trust values. More than 5,000 colleagues were part of the process which helped to choose our values, which are: we are supportive, we are respectful, we are innovative, and we are collaborative. We hope these values truly reflect who we are as an organisation and how we should go about our daily work as individuals and teams at UHBW. Alongside this work, the second phase of Healthy Weston, which aims to secure Weston General Hospital as a thriving and sustainable hospital at the heart of the community in Weston-Super-Mare, has also started to take shape.

Significant success stories for UHBW in 2021/22 included the Retrieve service, hosted by the Trust and funded by NHS England and NHS Improvement South West, being named as the Critical Care Team of the Year in the British Medical Journal Awards. Retrieve is the South West's Adult Critical Care Transfer Service and is one of the first of its kind in the country. It is responsible for transferring critically ill and injured patients who are already in hospitals across the region to specialist centres for treatment and specialist intensive care. It also repatriates patients to a hospital closer to home when they no longer need specialist care. Elsewhere, colleagues at UHBW were part of the

PreciSSlon Collaborative which won the Infection Prevention and Control Award at the Health Service Journal Patient Safety Awards. The award recognised the team's hard work and dedication to nearly halving the rate of surgical site infection, common after colorectal surgery, in the West. My congratulations go to all involved in these initiatives. None of the achievements described in this report would have been possible without the dedication and commitment of team UHBW. Thank you colleagues, for all you continue to do.

In the pages of this Quality Account you will read about the progress we have made towards achieving the quality objectives we set ourselves for 2021/22 and our fresh ambitions for 2022/23. Since my recent appointment as UHBW's new Chief Executive, I have been particularly encouraged by the focus I see on matters of equality, diversity and inclusion in the Trust. The launch of our 'AccessAble' website is a significant milestone, providing patients and the public with highly detailed information about access arrangements across our hospital estates. Our ambitions for 2022/23 include a focus on ensuring that patients are able to 'wait well' whilst we tackle the operational backlogs created by the pandemic, and the development of a new strategy to help guide our thinking and positive action around healthcare inequality. It is reassuring that the Trust's performance in the latest suite of national patient surveys has continued to be largely positive, most notably so in the Children and Parent surveys where our results were amongst the best in the NHS.

In June 2021, the Care Quality Commission (CQC) undertook an inspection of medical care services in our Bristol hospitals, medical and outpatient services at Weston General Hospital, and of Trust leadership. The CQC found many positives to report on both sites, but also asked the Trust to take immediate action to address concerns about staffing and medical leadership at Weston General Hospital, and to ensure the safe use of escalation areas to create additional patient capacity when the hospital is very busy. These themes have remained the focus of ongoing positive engagement between the Trust and the CQC during 2021/22 and we look forward to welcoming inspectors back to Weston General Hospital in due course to demonstrate the progress we have made. Following the 2021 inspection, our overall CQC rating was lowered from Outstanding to Good. The aspiration of our Board is naturally to regain our Outstanding rating at the earliest opportunity, as vital assurance to our patients and a source of pride for our amazing staff.

Finally, it remains to say that I am confident that the information in this quality report accurately reflects the services we provide to our patients.



Eugene Yafele
Chief Executive

1.2 Statement on quality from the Chief Nurse and Medical Director

We are proud to be leaders in a Trust where staff dedicate themselves to continually improving the quality of care for patients. We must not underestimate the adverse impact of the COVID-19 on patient experience and outcomes over the last two years, as well as the reduced staff satisfaction in their daily work. However, our staff have worked incredibly hard to maintain excellent quality outcomes even when at times that has proven to be even harder to achieve than usual.

This Quality Account also includes a number of great examples of quality improvement. Even relatively small-scale changes can lead to significant quality benefits for patients. The potential benefit is even greater if quality improvement techniques are applied consistently across organisations and systems. Thank you to all our staff who are constantly doing that little bit extra every day to help patients and their families and who contribute to the Trust's reputation for providing high quality care.



Professor Deirdre Fowler
Chief Nurse and Midwife



Professor Stuart Walker
Medical Director

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 2021/22

Taking account of the ongoing challenges of recovery and restoration of services, five corporate quality objectives were selected for 2021/22. We agreed to carry forward existing objectives relating to the implementation of AccessAble and the development of lay representation in our organisation. We also set three new objectives: 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.

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	Delivering the NHS Patient Safety Strategy
Rationale and past performance	<p>In July 2019, NHS England and 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:</p> <ul style="list-style-type: none"> • Patient safety has made great progress since the publication of “To err is human” 20 years ago but there is much more to do. • The NHS does not yet know enough about how the interplay of normal human behaviour and systems determines patient safety. • 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. • 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. <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"> 1. improving understanding of safety by drawing intelligence from multiple sources of patient safety information (Insight) 2. equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (Involvement) 3. designing and supporting programmes that deliver effective and sustainable change in the most important areas (Improvement).
What did we say we would do?	<p>We said that, in 2021/22, we would deliver Year 1 of UHBW priorities to implement the national strategy. To do this we would:</p> <ol style="list-style-type: none"> 1. Be ready to transition to new Patient Safety Incident Response Framework from March 2022 by: <ul style="list-style-type: none"> • Conducting a thematic situational analysis on which to base a UHBW incident response plan • Developing a UHBW patient safety incident response plan • Identifying, recruiting and developing trained, objective patient safety investigation specialists (note: achievement was reliant on access to Healthcare Safety Investigation Branch patient safety incident investigation training commissioned by NHS England and NHS Improvement). 2. Further develop UHBW just and restorative culture by: <ul style="list-style-type: none"> • Delivering a programme of patient safety development in Weston to mirror existing provision in Bristol • Reviewing patient safety approach in UHBW to mitigate risk of blame culture.

	<p>3. Provide patient safety training and development in line with the National Patient Safety curriculum. Specifically, we said that:</p> <ul style="list-style-type: none"> • Level 1 Health Education England training “essentials of patient safety” would be made available for all UHBW staff (note: compliance reporting is not required until 2022/23) • We would review existing patient safety training and development in UBHW and align with Health Education England principles in the interim. <p>4. Meaningfully involve patients and families in improving patient safety in UHBW. Specifically, in 2021/22 we would conduct a “readiness for involvement” assessment and develop our involvement plan.</p>
Measurable target/s for 2021/22	<p>1. Revised interim patient safety approach in place:</p> <ul style="list-style-type: none"> • 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 Q1. • Moving towards patient safety incident investigations adopting HSIB principles and format by end Q2 <p>2. Thematic situational analysis completed by end of Quarter 2.</p> <p>3. Readiness for involvement assessment completed and plan in place by end of Quarter 2.</p> <p>4. Measurement of the percentage attendance for patient safety update training for clinical staff in Weston by the start of Quarter 3.</p> <p>5. Patient safety incident response plan drafted by end Quarter 3, with Board approval by the end of Quarter 4.</p> <p>6. Trained patient safety incident investigators in place by end of Quarter 4.</p>
How did we get on?	<p>1. Patient Safety Incident Response Framework</p> <p>We have not yet transitioned to the new Patient Safety Incident Response Framework as planned March by 2022, however a significant amount of preparatory and engagement work has been completed in 2021/22 as informed by the national evaluation of the early adopters of the new framework. We have:</p> <ul style="list-style-type: none"> • Tested some changes to our existing patient safety incident investigations (PSII) to be more like the HSIB approach in one division and implemented across UHBW. Our revised approach is in place in preparation for transfer to the new framework in 2022/23. • Delivered a series of engagement and education workshops for divisional patient safety teams to inform a new model for managing patient safety across UHBW. • Trained a cohort of objective patient safety investigation specialists through the Healthcare Safety Investigation Branch Level 3 Silver training <p>The following actions will be transferred to 2022/23:</p> <ul style="list-style-type: none"> • Conducting a thematic situational analysis on which to base a UHBW incident response plan • Developing a UHBW patient safety incident response plan

	<p>2. Just and restorative culture</p> <p>We have further developed UHBW just and restorative culture by:</p> <ul style="list-style-type: none"> • Delivering a programme of patient safety development in Weston to mirror existing provision in Bristol. This means Bristol and Weston patient safety updates now align and focus on safety culture, safety systems, continuous improvement, human factors awareness and sharing learning from incidents, Patient safety training for clinical staff in Weston has reached 66% compliance and in Bristol 84%. • Reviewing patient safety approach in UHBW to mitigate risk of blame culture. <p>3. Providing patient safety training and development in line with the National Patient Safety curriculum</p> <p>We have:</p> <ul style="list-style-type: none"> • Made available Level 1 Health Education England training “essentials of patient safety” as mandatory for new staff • Reviewed existing patient safety training and development in UBHW and align with Health Education England principles in the interim. <p>4. Involving patients and families in improving patient safety in UHBW</p> <p>In 2021/22 we have not achieved our plan to conduct a “readiness for involvement” assessment and develop our involvement plan, however, we have completed some initial scoping and engagement work. We will seek to recruit Patient Safety Partners into our organisation during 2022/23.</p> <p>In addition, we have refreshed our UHBW patient safety programme across both Bristol and Weston sites following the appointment of a new programme manager and implemented some priority improvement and alignment work in VTE (Venous thromboembolism) prevention as detailed in the patient safety section of this report.</p>
RAG rating	Amber – a number of initiatives have commenced, but some have been delayed due to operational pressures.

Objective 2	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
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 2021/22 we said we would recommence, by way of AccessAble, the surveying of over 230 locations in the Trust which had been paused by the global pandemic 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 2021/22	We said that success would 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 did we get on?	We are delighted to report that comprehensive accessibility information about all our hospital locations is now available online for patients and carers planning a trip to our hospitals. Surveying of all sites was completed in September 2021, including additional locations at Weston General Hospital and South Bristol Community Hospital (Avon Partnership NHS Occupational Health Service was also included in the schedule of work under a separate agreement bringing added value from the initiative for staff). Surveying was undertaken in accordance with the Trust's Infection Prevention and Control team requirements at the time. Access Guides have been created which reflect the addition of standardised infection control points at hospital main entrances and allow for further validation of the guides relating to Bristol Royal Hospital for Children as part of the sign off process. The Access Guides were launched online in March 2022 with a 'soft launch' press release planned for late April, to be followed by planned activity in May to raise awareness of the guides through community partners such as the Bristol Disability Commission and WECIL (West of England Centre for Integrated Living). A formal launch involving Healthwatch and other community partners is planned for later in 2022. An annual review process will also commence in 2022/23 to ensure that patients and carers have reliable and up-to-date information. The recommendation matrix for Weston General Hospital and our central Bristol locations was received from AccessAble in May 2022 and comprises of suggested improvements for making improvements to the accessibility of our hospital estates; these recommendations will be reviewed by the Trust later in 2022.
RAG rating	Green – we are delighted that the Trust's AccessAble website is now 'live' at https://www.accessable.co.uk/university-hospitals-bristol-and-weston-nhs-foundation-trust We are confident that this service will benefit a large number of patients and visitors to our hospital estates in Bristol and Weston-Super-Mare.

Objective 3	Supporting and developing the participation of lay representatives in Trust groups and committees
Rationale and past performance	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 represents a continuation of a journey which first commenced in 2016 with the patient and community leadership programme, Healthcare Change Makers, which was a collaboration between UH Bristol (as was), North Bristol NHS Trust and Bristol Community Health, with additional input from the local Clinical Commissioning Group and Healthier Together, with facilitation provided by the Centre for Patient Leadership.

<p>What did we say we would do?</p>	<p>During 2021/22 we said we would:</p> <ul style="list-style-type: none"> • Devise and launch a new support and development package for lay representatives including refreshed recruitment materials. • Develop an internal communications plan to more effectively publicise and promote the value of working with lay representatives and the processes for recruitment/training. • Update our internal guidance for staff who are considering recruiting lay representatives. • Increase the number of opportunities for lay representatives to join the organisation as volunteers. • Develop and support the former Weston General Hospital Patient Council as a corporate patient feedback resource. • Explore opportunities to partner with local health and social care providers so that UHBW training can be shared across organisations. • Support the implementation of the National Patient Safety Strategy as it relates to lay representation.
<p>Measurable target/s for 2021/22</p>	<p>Our targets for 2021/22 were:</p> <ul style="list-style-type: none"> • For all Trust lay representatives to attend at least one training, support and development activity. • To develop and deliver an internal communications plan, to be launched in Quarter 3 of 2021/22. • To have recruited at least four new lay representatives to Trust groups. • To have mapped out an implementation plan to deliver that part of the National Patient Safety Strategy as it relates to lay representation.
<p>How did we get on?</p>	<p>Whilst the impact of COVID-19 has resulted in less activity than anticipated in relation to this objective, there is nonetheless measurable progress to report, specifically:</p> <ul style="list-style-type: none"> • We have updated our internal guidance for staff who are considering recruiting lay representatives. • We have increased the number of opportunities for lay representatives to join the organisation as volunteers by working with community partners to recruit four lay people to join the Trust's Learning Disability and Autism Steering Group. In addition, two further lay representatives have joined the Healthy Weston 2 programme. • We have successfully supported members of the former Weston General Hospital Patient Council to continue their work as part of a Weston General Hospital Patient Focus Group bringing a particular focus to patient feedback in that location including the development of Knightstone Ward. • We have supported colleagues responsible for implementation of the National Patient Safety Strategy at UHBW in relation to lay representation and patient and public involvement and a "readiness for involvement" review. • We have established a Community of Practice for better involvement as a peer support group that enables colleagues working to develop effective models of involvement to share practice and learning with the aim of delivering a consistent approach to patient leadership across the Trust. Members include the Trust's National Patient Safety Strategy Involvement Lead, and UHBW hosted networks such as the

	<p>regional Neo-natal Intensive Care network and the Adult Congenital Heart Network.</p> <ul style="list-style-type: none"> • We are working in partnership with the Trust's Transformation team to devise and launch a refreshed approach to patient and public involvement in quality improvement enabling colleagues to access on-line tools and support. • We have supported the delivery of NHS England and NHS Improvement training in effective patient and public involvement to colleagues in the Transformation team and Involvement Community of Practice. <p>Activity relating to the following remaining goals will be carried forward into 2022/23 as part of the Trust's Patient Experience and Voluntary Services work plan:</p> <ul style="list-style-type: none"> • Devise and launch a new support and development package for lay representatives including refreshed recruitment materials. • Develop an internal communications plan to more effectively publicise and promote the value of working with lay representatives and the processes for recruitment/training.
Case studies	<p>Quotations from two UHBW lay participants who have joined the Trust's End of Life Steering Group:</p> <p>"I applied to be a lay member of the UHBW End of Life Steering Group because of work I did looking at patient complaints from several organisations. I believe the end of a loved one's life can be a very traumatic event, both for the family and friends, and the staff who care for them. My aim is to encourage closer working with families and better training for staff in dealing with the issues. Our role as lay representatives is to shine a light on process by asking challenging questions. Successes over time for the steering group include a public facing website section to help inform and guide those dealing with the issues, and the purchase of recliner chairs and provision of comfort boxes for carers. We are delighted with the practice facilitators who are helping to improve training alongside the digital access training being introduced to improve staff knowledge and understanding of end-of-life issues."</p> <p>"I joined the End of Life Steering Group as a lay representative after I retired from a long career in the NHS. One of my roles as a commissioner had included being the Programme Director for End of Life Care for Bristol, North Somerset and South Gloucestershire. End of life care and bereavement had always been areas that interested me throughout my career, and I knew there was still much that could be achieved to improve what is an incredibly difficult time for patients, their loved ones and staff alike. My own personal experiences of caring for loved ones at end of life and bereavement in Bristol have given me an insight into what is being done well and things which could be improved so I jumped at the chance to be involved. In this role I am able to take a look at things from a different perspective from that of an employee. I also have the freedom to ask the difficult and challenging questions and help those involved to see things a little differently. I am grateful for this opportunity to remain involved."</p>

RAG rating	Green – despite the limitations imposed by the global pandemic, we worked flexibly with partners and made good progress with developing lay representation.
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Objective 4	
Improving the experience of patients with a learning disability (LD)	
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. https://digital.nhs.uk/services/general-practice-gp-collections/service-information/learning-disabilities-observatory</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 employs a small team of learning disability nurses who advise, support and signpost staff with enquiries; although the team carries out clinical assessments, the position at the start of the year was that they were not offering any regular in-house training.</p>
What did we say we would do?	<p>We said we would:</p> <ul style="list-style-type: none"> • Hold a learning disability 'Health Matters' interactive virtual learning event in the first quarter of the year. • Ensure that identified staff from across the Trust from a range of disciplines complete the Oliver McGowan pilot tier 1 and 2 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. • Establish and expand a new network of Learning Disabilities Champions across the Trust who would identify early in a patient's journey their care needs and the resources needed to meet those needs. • Participate in a BNSSG system-wide pilot project to develop and implement a robust system to record reasonable adjustments; this would support staff to identify people with a learning disability and ensure they receive equitable care and treatment.

	<ul style="list-style-type: none"> • Undertake reviews of our various emergency department (ED) environments for patients with sensory impairments and/or learning disabilities as a peer review with North Bristol NHS Trust (NBT), including service user engagement, with the aim of identifying improvements aimed at reducing anxiety and distress for patients and their carers. • Develop with the ED team prompt cards to assist in our out-of-hours attendance and management of people with a learning disability. • 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 to be shared and used to improve practice. • Develop a standard operating procedure (SOP) for adding learning disability alerts to our Medway patient administration system; this would ensure that patients who present with a learning disability have an alert flag on their hospital record which correctly reflects their diagnoses and any requirements for reasonable adjustments. • Organise an autism whole 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 diagnosis – having an awareness event would allow staff to engage and take learning to further positively support this cohort of patients). • 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. • Make a bid to our hospital charity ‘Bristol and Weston Hospitals Charity’ 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. • Relaunch the learning disability group at Weston General Hospital; this is a multidisciplinary group with an agenda led by service users and their carers.
Measurable target/s for 2021/22	Our target for the year was to deliver each of the commitments set out above.
How did we get on?	<ul style="list-style-type: none"> • From the ‘Health Matters’ event in June 2021, three potential new reviewers established contact with the LeDeR (learning from deaths of people with a learning disability) team. • Lay carer representatives have been identified and welcomed onto the learning disability/autism steering group, bringing fresh eyes and challenge, ensuring the focus is maintained on the person with a LD and/or autism and their hospital experience. • Nominated staff have completed the Oliver McGowan training pilot. It is estimated that once the feedback has been analysed and NHS England and NHS Improvement have decided on a preferred model, national roll-out may take up to two years. The learning disability nurses are currently developing an in-house training/webinar for all staff to access, which will address the care needs and reasonable adjustments for patients with a learning disability and/or autism.

	<p>Funding has been allocated from BNSSG commissioners for Autism and Learning Disability training to be delivered to UHBW by Bristol Autism Spectrum Service (BASS); this will be planned for 2022/23, and the learning disability team will continue to develop in-house training packages for all staff.</p> <ul style="list-style-type: none"> • A Learning Disability Champions handbook was launched as planned in November 2021. Staff attending the launch were engaged to support people with a learning disability/autism across a wide range of services within UHBW. Work continues with a generic distribution email being set up, plans for regular 'catch-ups' and the sharing of key developments within UHBW. • The BNSSG Reasonable Adjustments flag project group has now relaunched, hosted by BNSSG and reporting through the learning disability provider network. System-wide plans are in place for a reasonable adjustment flag across the BNSSG health landscape. Work will progress through this task and finish group during 2022. • UHBW ED environment update: The Trust's Patient and Public Involvement Lead has teamed up with NBT, Bristol Autism Spectrum Services Support (BASS) and BNSSG CCG to co-design and deliver the audits. Our community partner BASS has recruited service users to the work and has shared feedback about the audit tool. The first of the ED co-designed audits was carried out in October 2021 and focussed on the Bristol Eye Hospital; initial findings related to signage and communication. A Weston General ED audit has followed, with a BRI (Bristol Royal Infirmary) ED audit planned for early 2022/23 (the BRI audit has been postponed due to operational pressures and infection control precautions). A final audit report is expected in Q1 2022/23. • A trial of ED prompt cards had been planned, however, following productive discussions with the ED sisters and occupational therapist it was decided that rather than another prompt/check list in ED, reasonable adjustments/sensory equipment would be added to the dementia trolley and rebranded resources for patients who have a cognitive impairment. Unfortunately, this approach proved unsuccessful. The project was therefore revisited and it was agreed that the LD nurses would hold the resources and provide reasonable adjustment sensory equipment on a needs basis. This has proved to be very successful; the LD nurses have built rapport with patients have been able to identify equipment to meet their needs. • ReSPECT audit completed across the whole organisation. Results have been shared with the Learning Disability Steering Group, Trust End of Life Group, Mortality Surveillance Group, the Safeguarding Adult's Operational Group, and the Weston ED Governance Group. The audit tool has also been shared with NBT to enable them to carry out a similar audit in line with the Oliver McGowan action plan. A key finding from the UHBW survey was that there had not been a blanket approach to applying DNACPR (do not attempt cardiopulmonary resuscitation) to people with a learning disability, i.e. refuting media claims. Gaps were identified in the completion of Mental Capacity Act (MCA) assessments, in keeping with recent CQC findings across both Bristol and Weston. There has been a targeted approach to delivering MCA training by the learning disability nurse at Weston to
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	<p>raise awareness. The audit will now become part of the Trust's annual audit plan. The ReSPECT audit has been received very favourably by BNSSG LeDeR governance group.</p> <ul style="list-style-type: none"> • Effective links have also been established with the Trust's mortality surveillance group, so that key data from learning disability related deaths is shared with LD/A leads for learning, whilst patient stories are sometimes shared with the mortality surveillance group. • The SOP for adding alerts on Medway for patients with a learning disability is currently awaiting final sign-off • An autism awareness event which had been planned for October 2021, had to be postponed twice and finally cancelled due to internal operational pressures and COVID risks to external speakers. The event will be reconsidered as part of the Trust's LD/A work plan for 2022/23. • The Oliver McGowan pathway review is actively monitored through the LD/A provider network, drawing on audits and work across LeDeR, UHBW and NBT. • £4,000 has been secured from the Bristol and Weston Hospitals Charity for reasonable adjustments across both sites (Bristol and Weston), many of which have now been purchased and have already proved invaluable to patients on wards or in ED. Further funds have been secured and shared with UHBW and NBT from BNSSG commissioners for the provision of reasonable adjustments in 2022/23, both learning disability teams across both trusts are working collaboratively to ensure patients receive reasonable adjustments to enhance their hospital experience. • Meetings of our adult learning disability service user group are currently stood down due to a mixture of COVID restrictions/risk assessments and internal service pressures, however, this position will be reviewed in accordance with latest infection control safe working guidance.
Case study	<p>The Trust's High Impact User Team (HIUT – 'High Impact User' is term used to describe a patient who has multiple emergency admissions to hospital during a year) sought the advice of the Learning Disability team after they identified a patient with a learning disability who had multiple overnight attendances to the Bristol Royal Infirmary emergency department. The learning disability nurses were asked for their expertise on how best to manage the patient's complex behaviours. The patient appeared to be in a cycle of repetitive behaviour and his mother was struggling to cope. A meeting was arranged with the HIUT, care staff, family, police and the patient's social worker to devise interim coping strategies for our emergency department staff and police, whilst seeking long term solutions ensuring the patient had his needs met in the community. The meeting was a success; the police, HIUT and learning disability nurses developed a personal support plan enabling a positive community response, prior to the patient's future admissions to ED. The plan supports a reduced need to attend the emergency department. Feedback from the patient's mother has been very positive.</p>
RAG rating	<p>Green – significant progress has been made with a range of activities associated with this objective.</p>

Objective 5	Improving patient experience of discharge from hospital
Rationale and past performance	<p>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, coordinated, 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 previously set annual quality objectives relating to improving discharge (most recently in 2016/17), but we recognise that there is more work to do.</p>
What did we say we would do?	<p>During 2021/22, we said we would:</p> <ul style="list-style-type: none"> • Focus in particular on releasing time for staff to be able to deliver improvements in discharging patients from hospital, undertaking diagnostic work, through a time in 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. • 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. • Work in partnership with local Healthwatch to better understand patients' experiences of discharge from hospital and to co-design service improvements. <p>We said at the outset that we also envisaged that this would, by its nature, be an iterative objective and that further ideas and initiatives would emerge and be explored as the year progressed.</p>
Measurable target/s for 2020/21	We said that success would be measured in the achievement of the plans described above, and specifically in achieving a measurable improvement in timely discharge from hospital.
How did we get on?	<p>Due to operational service pressures created by the global pandemic, work on this objective did not commence until the summer of 2021 and has progressed slowly. The focus of our efforts in 2021/22 has been on diagnostic exercises to identify key areas for focussed improvement activity in 2022/23.</p> <p>An initial diagnostic exercise was undertaken to identify potential changes in how we deliver care on our wards and identify non-value adding tasks which we can address to enable staff to be freed up to focus on improving the discharge process. Early learning focussed on opportunities to be more productive with discharge planning, including consideration of a proposal about a 'discharge agreement', which would be signed by patient / carers / staff and would include key discharge and follow-up information.</p> <p>Local Healthwatch agreed to be part of any conversations about any new initiatives which might arise from the diagnostic exercise. In the meantime, Healthwatch undertook their own survey of staff/carer/patient experience on the P3 pathway (the P3 pathway is for patients with complex discharge needs, long term placement, complex support or</p>

	<p>significant change in need requiring a new placement). The Trust supported Healthwatch with the completion of this survey, which generated over a hundred responses. Headlines from the survey data suggest significant scope for improvement:</p> <p><u>Family/friends/carers:</u></p> <ul style="list-style-type: none"> • 50% felt their needs were not considered in a care plan • 90% said no alternatives regarding a care plan were offered or discussed • 65% said they did not know who to contact if they needed information or support • 70% said the plan was not working out as expected <p><u>Staff:</u></p> <ul style="list-style-type: none"> • 70% felt their opinions were not considered • 60% said needed more time with patients <p>In addition to this survey data:</p> <ul style="list-style-type: none"> • carers liaison staff have identified post-discharge communication and patients/carers knowing who to contact for further information, as areas where there are opportunities for the Trust to improve practice. • we reviewed 43 discharge-related complaints received by the Trust between March and August 2021; this exercise highlighted two overarching themes: concerns about safe discharge arrangements, including patients with dementia, and concerns about medication (long waits for medication and/or lack of advice/information about medication). <p>A new workstream called Every Minute Matters has also been initiated by the Trust to improve patient discharge communication and identify a process of who to contact after discharge for further information. More information about this can be found in our related quality objective for 2022/23.</p>
RAG rating	Amber – although valuable diagnostic activity has been completed, improvement activity has been significantly impacted by operational challenges and this objective will therefore be carried forward into 2022/23

2.1.2 Quality objectives for 2022/23

This year, we have again identified five quality objectives. These consist of Year 2 of delivery of the NHS Patient Safety Strategy, the continuation of our objective to improve patients' experience of discharge, plus three new objectives as follows:

- Waiting well
- Developing a new Trust strategy for Healthcare Inequalities, with a focus on equality diversity and inclusion for patients and communities
- Developing and delivering a new vision for post-pandemic volunteering

Objective 1	Delivering the NHS Patient Safety Strategy
Rationale and past performance	<p>In July 2019, NHS England and 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:</p> <ul style="list-style-type: none"> • Patient safety has made great progress since the publication of “To err is human” 20 years ago but there is much more to do. • The NHS does not yet know enough about how the interplay of normal human behaviour and systems determines patient safety. • 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. • 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. <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"> 1. Improving understanding of safety by drawing intelligence from multiple sources of patient safety information (Insight). 2. Equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (Involvement). 3. Designing and supporting programmes that deliver effective and sustainable change in the most important areas (Improvement).
What will we do?	<p>In 2022/23, we will deliver Year 2 of UHBW priorities to implement the national strategy. To do this we will:</p> <ol style="list-style-type: none"> 1. Insight <ul style="list-style-type: none"> • Be ready to transition to new Patient Safety Incident Response Framework from October 2022 by: <ul style="list-style-type: none"> ○ Conducting a thematic situational analysis on which to base a UHBW incident response plan by end Q1 2022/23 ○ Developing a UHBW patient safety incident response plan by July 2022. ○ Putting in place a team of expert investigators to lead investigations into our identified highest risk patient safety themes (subject to funding approval) ○ Transferring to Patient Safety Incident Response Framework (end Q2 2022/23) ○ Ensuring our local risk management systems is ready to link with the new national “Learning from Patient Safety Events” system from 2023. 2. Involvement <ul style="list-style-type: none"> • Conduct a “readiness for involvement” assessment and develop our involvement plan.

	<ul style="list-style-type: none"> Recruit Patient Safety Partners into our organisation by March 2023. Further developing our communications and engagement plan across UHBW and our wider communities to support the changes in implementing year 2 of the Patient Safety Strategy. Refining UHBW patient safety training matrix and content for all staff to incorporate additional national Head Education England training as it becomes available. <p>3. Improvement</p> <ul style="list-style-type: none"> Continue our patient safety improvement programme focus on the identified highest risk patient safety themes whilst remaining responsive to new emerging themes. <p>4. Culture development</p> <ul style="list-style-type: none"> Further develop our patient safety culture which underpins our approach to keeping people safer, including the recruitment of a human factors specialist to inform our insight, education and improvement work (subject to funding approval).
Measurable target/s for 2022/23	<ul style="list-style-type: none"> Thematic situational analysis completed by end of Q1 2022/23. Patient Safety Incident Response Plan developed by July 2022. Transferring to Patient Safety Incident Response Framework by the end of Q2 2022/23. Team of expert investigators in place by end Q3 2022/23 (subject to funding approval). Readiness for involvement assessment conducted by end Q2 2022/23. Patient Safety Partners in place by end Q4 2022/23.
How progress will be monitored	Through quarterly reporting to: Patient Safety Group, Clinical Quality Group and Senior Leadership Team.
Board sponsors	Chief Nurse and Midwife, and Medical Director
Implementation lead	Head of Quality and Patient Safety
Designated Head of Nursing	Head of Nursing, Division of Surgery

Objective 2	Improving patient experience of discharge from hospital (Year 2)
Rationale and past performance	Last year we set ourselves an objective to improve patients' experience of discharge from hospital. We know from patient feedback that receiving a safe, coordinated 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. The ongoing impact of the pandemic meant that our focus in 2021/22 was largely on diagnostic activity, to gain a better understanding of a complex topic, with improvement work now assigned to 2022/23.

What will we do?	<p>We will use the diagnostic exercises completed in 2021/22 to inform a number of workstreams to deliver improvements in 2022/23. This includes patient and staff survey data gathered by local Healthwatch.</p> <p>A new workstream called Every Minute Matters has been initiated by the Trust and will be central to our plans for the year. One outcome of this programme of work is to improve patient experience of their discharge, reduce delays and identify a process of who to contact after discharge for further information. The aim of the programme will initially be to relaunch the SAFER Patient Flow Bundle, which will include implementation of the Clinical Utilisation Review programme (CUR), criteria led discharge (CLD), enhancing the robustness of board rounds, and effective use of estimated date of discharge (EDD). The SAFER Patient Flow Bundle is a practical tool to reduce delays for patients in adult inpatient wards (excluding maternity); evidence shows that when the tool is followed consistently, length of stay reduces and patient flow, experience and safety improves. CUR is a clinical decision support software tool that enables clinicians to make objective, evidence-based assessments of whether patients are receiving the right level of care in the right setting, at the right time based on their individual physical and mental health needs. CLD is a process where the clinical parameters for patient discharge are clearly defined using individualised criteria; once patients meet the criteria, a trained member of staff can manage their discharge rather than waiting for the medical team to facilitate the discharge. A dedicated task and finish group and associated governance framework has been established to deliver this. We will plan clear communication to manage discharge effectively including monitoring with a performance dashboard and utilising an education plan for developing staff awareness and education.</p>
Measurable target/s for 2020/21	<ul style="list-style-type: none"> • Increased number of patients discharged by midday • Increased usage of discharge lounge • Decreased average length of stay for medically fit for discharge patients • Improved patient feedback to the following questions via our monthly post-discharge survey: <ul style="list-style-type: none"> ○ “Do you feel you were kept well informed about your expected date of discharge from hospital?” ○ “On the day you left hospital, was your discharge delayed for any reason?”
How progress will be monitored	Every Minute Matters Steering Group Proactive Hospital Steering Group reporting to Recovery Delivery Programme Board
Board sponsors	Chief Nurse and Chief Operating Officer / Deputy Chief Executive
Implementation leads	Deputy Chief Operating officer Deputy Chief Nurse Assistant Director of Operations Assistant Chief Nurse
Designated Head of Nursing	Heads of Nursing, Division of Medicine and Weston Division

Objective 3	Waiting Well
Rationale and past performance	<p>As a result of the COVID-19 pandemic, there has been an increase in the size of the planned care backlog, also known as the 'waiting list'. This is in the context of a growing waiting list pre-pandemic.</p> <p>The recovery of care backlogs will be, by necessity, multi-year. Therefore, in the short term, care backlogs are likely to continue to grow, and in the medium term, long waiting times for care and treatment are likely to subsist. This presents a risk to patient safety, experience and equitable access.</p> <p>In this context, UHBW has recognised a need to ensure that patients within the care backlog are Safe to Wait, that they have the support and information that they need to be Waiting Well, that we address any issues relating to health inequality that serve to disadvantage certain groups, and that, in the event that harm is caused to patients, that we learn from these events through a Harm Review, and make improvements to our processes and prevent future harms.</p> <p>This quality priority focuses on 'Waiting Well'.</p> <p>For context, in 2019/20, National Voices was asked by NHS England and NHS Improvement to explore the experience of waiting for care in the context of the pandemic. The aim was to understand how waits, delays and cancellations impact on people and their families, particularly those living with long-term and multiple conditions. It is clear from the evidence that patients and carers understand that waiting will be a necessary part of their experience, but it is also clear that poorly managed waits have a detrimental impact on their physical health, mental health, employment, housing, and relationships.</p> <p>The report offers three key recommendations for providers:</p> <ol style="list-style-type: none"> 1) Understand the importance of improving the experience of waiting. 2) Invest in development patient-centred information and communication. 3) Support people while they wait through: <ul style="list-style-type: none"> • self-management support and shared decision making, • signposting and partnerships with voluntary and community services, • monitor check-in routinely and provide clear pathways to specialist advice when required and • developing a virtual healthcare offer. <p>Crucially, the report also offers a set of good practice principles for designing a more positive experience of waiting. We will adopt these principles at UHBW.</p>
What will we do?	<p>The scope of our actions in respect of this objective will be finalised during June 2022, pending confirmation of resources to enable delivery. Our goal, provisionally, is to put in place a range of accessible measures</p>

	<p>that provide person-centred information and support for patients whilst they wait:</p> <ul style="list-style-type: none"> • Send people an acknowledgement of receipt of referral. • Help people understand by publishing information about how we make decisions about waiting, what the wait for service is like and what might change (including the My Planned Care App). • Tell people how to contact the Trust and when (for example if their condition deteriorates). • Check in with some groups of patients during the wait and use shared decision making to enhance good conversations. • Provide/signpost to support and self-management. • Provide/signpost to support for carers and family. • Offer and signpost to peer support, social prescribing and other voluntary and community sector based support. • Provide online and printed information about the appointment/procedure and what to expect/how to prepare (for example through the prehabilitation programme). • Under the patient experience of waiting (for those patients waiting over six months) to understand what is working well and what we need to improve.
Measurable target/s for 2022/23	<p>4) A 'waiting well' page on the UHBW website for patient and the public to access up-to-date and helpful resources to support them (measured by link clicks/downloads of resources).</p> <p>5) Published links to the My Planned Care website across a range of digital and printed materials.</p> <p>6) Increase in referrals to VCSE (Voluntary Community and Social Enterprise) support from baseline</p> <p>7) Percentage of eligible patients who had at least one 'check-in' conversation provided during their wait (increase from baseline).</p> <p>8) Evidence of updated and consistent patient information (online and published) with what to expect/how to prepare for procedure.</p>
How progress will be monitored	Through quarterly reporting to: Planned Care Steering Group, Patient Experience Group, Clinical Quality Group and Senior Leadership Team.
Board sponsor	Chief Operating Officer / Deputy Chief Executive
Implementation lead	Deputy Chief Operating Officer – Planned Care
Designated Head of Nursing	Head of Nursing, Division of Specialised Services

Objective 4	Developing a new Trust strategy for Healthcare Inequalities, with a focus on Equality Diversity and Inclusion for patients and communities
Rationale and past performance	Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. Health inequalities are ultimately about differences in the status of people's health. The term is also commonly used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives, both of

	<p>which can contribute to their health status. Health inequalities can therefore involve differences in:</p> <ul style="list-style-type: none"> • Health status, for example, life expectancy and prevalence of health conditions • Access to care, for example, availability of treatments • Quality and safety of care • Behavioural risks to health, for example, smoking rates • Wider determinants of health, for example, quality of housing <p>The COVID-19 pandemic has exposed longstanding inequities in society and without focussed positive action, this will have long-term implications for health and health inequalities. The impact of health inequalities include:</p> <ul style="list-style-type: none"> • Significant differences in life expectancy • Avoidable variation in mortality • Avoidable variation in health outcomes • Avoidable variation in harm and safety • Increased risk of long-term health conditions • Increased risk of mental ill health • Poor access to and experience of health services <p>The Trust has direct control over some aspects of the health inequalities landscape, in particular access to care and treatment, the quality of care the Trust provides and how services are designed and delivered so they are equitable for the diverse patient population we service. We also have influence as part of the wider Integrated Care Partnership (ICP) over other drivers of health inequality.</p> <p>The Trust has an established workforce Equality, Diversity and Inclusion (EDI) strategy and plans in place to achieve this strategy, however, there is no strategy that articulates and coordinates action on EDI for patients and communities. This quality priority will address this.</p> <p>Nationally, NHS England and NHS Improvement has published the Core20Plus5 framework which is an approach designed to support ICPs to drive targeted action in health inequalities improvement. There is also a new contractual requirement in 2022/23 for the Trust to develop a health inequalities action plan, aligned to the local ICP priorities.</p>
What will we do?	<p>In 2021/22, we commissioned an independent baseline review of our approach to EDI for patients and communities from a national social enterprise, PHAST CIC (Public Health Action Support Team Community Interest Company). The focus of the review was to understand how well our people, processes, systems, structures and organisational culture support us in:</p> <ul style="list-style-type: none"> • advancing equality for patients and communities, • providing accessible and inclusive services for our patients, and • tackling health inequalities. <p>The baseline review report will be available by the end of Quarter 1 2022/23. A Board seminar is planned in July 2022 to review the key findings from the review and to consider the recommendations in detail and to begin to prioritise a set of equality objectives for the next two-three years.</p>

	<p>Following the Board seminar, we will develop a concise set of priorities for our programme of EDI work for patients and communities. These priorities will bring together existing workstreams, for example, our work to become fully compliant with the NHS Accessible Information Standard, our work to provide comprehensive access information to patients about our locations, as well as emerging areas of focus as a result of the baseline review.</p> <p>We will test out the potential areas of focus with our workforce, patients and community partners to ensure we prioritise those areas that will make the most difference to our diverse patient population.</p> <p>We will publish the EDI strategy and the accompanying health inequalities action plan by Quarter 3 2022/23 with clear equality objectives visible on the Trust's website and promoted internally to our workforce.</p>
Measurable target/s for 2022/23	<p>a) EDI baseline report received by 31 May 2022 from PHAST CIC.</p> <p>b) Board seminar session (to receive recommendations from baseline review) takes place on 12 July 2022.</p> <p>c) Strategy is developed with staff, patients and community partners.</p> <p>d) Strategy objectives deliverable (i.e. they are carefully prioritised and resourced across the Trust).</p> <p>e) A health inequalities action plan is developed (part of schedule 2N of the Trust's contract with the CCG).</p> <p>f) There is a health inequalities/EDI governance structure in place that guides the work with clear accountability and Board leadership.</p> <p>g) The Trust is fully aligned to ICP (system) work on health inequalities and proactively participating in relevant fora and workstreams.</p>
How progress will be monitored	<i>To be confirmed</i>
Board sponsor	Chief Nurse and Midwife
Implementation leads	Head of Quality and Patient Experience, and Patient Experience Manager
Designated Head of Nursing	Head of Midwifery

Objective 5	Developing and delivering a new vision for post-pandemic volunteering
Rationale and past performance	<p>UHBW had a thriving volunteer programme pre-pandemic with hundreds of volunteers giving their time to support patients and staff alike every week.</p> <p>Like many trusts in the country, the volunteer programme at our hospitals was 'paused' at the start of the COVID-19 pandemic to ensure the safety of volunteers, staff and patients. Since Summer 2021, we have been growing the number of volunteers on site in key roles, doing so carefully with a tireless focus on keeping volunteers safe. It has become clear in restarting the volunteer programme that we need to</p>

	<p>refresh our thinking to ensure that we maximise the incredible value the volunteers offer our hospitals.</p> <p>Whilst there was a surge of support by local people and communities to volunteer and 'give back' to the NHS, for example at COVID-19 vaccination hubs, evidence nationally suggests that the number of people volunteering their time to organisations across the country has in fact shrunk for the first time in many years. This means we need to be increasingly creative to attract volunteers to our Trust.</p> <p>The Trust's previous volunteering strategy expired in 2020 and the planned refresh was paused last year due to pandemic pressures. However, we were able to undertake engagement with staff so they could tell us what they would like to see from a future volunteer programme.</p> <p>These are some of the many reasons that the Trust needs to review its volunteer programme and set out a new vision for volunteering over the next few years.</p>
What will we do?	<p>The Voluntary Services team will develop a new Volunteer Strategy for 2022-2025, with an ambitious vision and a core set of strategic objectives for volunteering at UHBW.</p> <p>The new strategy will be informed by a review of what worked well in the previous strategy and any lessons learned from the delivery of the former strategy. We will develop the strategy by reviewing best practice nationally and locally and we will ensure the priority areas for delivery are co-designed with volunteers and staff alike.</p> <p>We will develop the strategy to firmly place our hospitals at the heart of the community and in doing so, recognise the unique and special value that volunteers bring to patients and staff at our hospitals.</p> <p>We now have a unique and exciting moment to set out an ambitious vision for volunteering at the Trust, anchoring the Trust as a 'go-to place' for exciting volunteering opportunities in Bristol and Weston, rewarding volunteers for their contribution and dedication and aligning the volunteer programme to ensure that all roles support an outstanding patient experience.</p>
Measurable target/s for 2022/23	<ol style="list-style-type: none"> 1) A review of feedback collated as part of the Voluntary Services staff survey in summer 2021 to inform the strategy by 31 May 2022. 2) Engagement with key internal and external stakeholders to inform the strategy, including current volunteers by 30 June 2022. 3) A desktop review of volunteering best practice in NHS and VCSE organisations by 31 May 2022. 4) Volunteer Strategy 2022-2025 drafted by 30 June 2022. 5) A collaborative Board seminar in July 2022 to review draft and agree priority areas of focus. 6) Published strategy by 30 September 2022.
How progress will be monitored	Through quarterly reporting to the Patient Experience Group, Clinical Quality Group and Senior Leadership Team.

Board sponsors	Chief Nurse and Midwife
Implementation lead	Patient Experience Manager, and Voluntary Services Coordinator.
Designated Head of Nursing	Head of Nursing, Children's Services

2.2 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 and Social Care 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 2021/22, 51 national clinical audits and five national confidential enquiries covered NHS services that University Hospitals Bristol and Weston NHS Foundation Trust provides. During that period, the Trust participated in 82% (41/50) of national clinical audits and 100% (5/5) of the national confidential enquiries in which it was eligible to participate. The majority of national audits were back to normal data collection schedules, after some having suspended mandatory data submissions during the first year of the COVID-19 pandemic.

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 2021/22 and whether it did participate:

Table 1

Name of audit / programme	Participated
<i>Acute, urgent and critical care</i>	
Case Mix Programme (CMP) – Intensive Care	Yes
Emergency Medicine Quality Improvement Projects (x2)	No *
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)	Yes
<i>Blood and infection</i>	
National Comparative Audit of Blood Transfusion – Perioperative Paediatric Anaemia	No ‡
National Comparative Audit of Blood Transfusion – Patient Blood Management	Yes

Name of audit / programme	Participated
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes
Cancer	
National Audit of Breast Cancer in Older People (NABCOP)	Yes
National Bowel Cancer Audit (NBoCA) – part of NGICP ¹	Yes
National Lung Cancer Audit (NLCA)	Yes
National Oesophago-Gastric Cancer (NOGCA) – part of NGICP ¹	Yes
National Prostate Cancer Audit (NPCA)	Yes
Cytoreductive Radical Nephrectomy Audit	No †
Management of the Lower Ureter in Nephroureterectomy Audit	No †
Elderly care	
Fracture Liaison Service Database (FLS) – part of FFFAP ²	Yes
National Audit of Inpatient Falls (NAIF) – part of FFFAP ²	Yes
National Hip Fracture Database (NHFD) – part of FFFAP ²	Yes
National Audit of Dementia (NAD)	No ‡
National Joint Registry (NJR)	Yes
End of life care	
National Audit of Care at the End of Life (NACEL)	Yes
Heart	
Adult Cardiac Surgery (ACS) – part of NCAP ³	Yes
Cardiac Rhythm Management (CRM) – part of NCAP ³	Yes
Myocardial Ischaemia National Audit Project (MINAP) – part of NCAP ³	Yes
National Audit of Cardiac Rehabilitation (NACR)	Yes
National Audit of Percutaneous Coronary Interventions (PCI) – part of NCAP ³	Yes
National Congenital Heart Disease (CHD) – part of NCAP ³	Yes
National Heart Failure Audit (NHF) – part of NCAP ³	Yes
Long term conditions	
Adult Asthma Secondary Care – part of NACAP ⁴	Yes
Cleft Registry and Audit Network (CRANE)	Yes
COPD Secondary Care – part of NACAP ⁴	Yes
National Early Inflammatory Arthritis Audit (NEIAA)	Yes
National Diabetes Core Audit (NDA)	Yes
National Diabetes Foot Care Audit (NDFA) – part of NDA	No ††
National Diabetes Inpatient Audit (NaDIA) – part of NDA	Yes
National Pregnancy in Diabetes Audit (NPID) – part of NDA	Yes
National Outpatient Management of Pulmonary Embolism	Yes
National Smoking Cessation Audit	Yes
UK Cystic Fibrosis Registry	Yes
Inflammatory Bowel Disease programme / IBD Registry	No ††
Women's and Children's Health	
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Yes

Name of audit / programme	Participated
National Maternity and Perinatal Audit (NMPA)	Yes
National Neonatal Audit Programme (NNAP)	Yes
National Paediatric Diabetes Audit (NPDA)	Yes
Neurosurgical National Audit Programme	No **
Paediatric Asthma Secondary Care – part of NACAP ⁴	Yes
Paediatric Intensive Care Audit Network (PICANet)	Yes
Confidential enquiries/outcome review programmes	
Child Health Clinical Outcome Review Programme	Yes
Learning Disabilities Mortality Review Programme (LeDeR)	Yes
National Perinatal Mortality Review Tool	Yes
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes
Medical and Surgical Clinical Outcome Review Programme	Yes

* Difficulty registering Bristol and Weston sites as one trust since merger in April 2020

† Urology services moved to North Bristol NHS Trust during 2021

‡ Audit postponed at national level

†† Footcare service no longer provided at the Bristol Royal Infirmary

‡‡ Organisational data submitted only

** Funding for participation not agreed by Trust

¹ NGCIP: National Gastro-Intestinal Cancer Programme

² FFFAP: Falls and Fragility Fractures Audit Programme

³ NCAP: National Cardiac Audit Programme

⁴ NACAP: National Asthma and COPD Audit Programme

Of the above national clinical audits and national confidential enquiries, those which published reports during 2021/22 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 2021/22.

Table 2

Name of audit / programme	
Acute, urgent and critical care	
Major Trauma Audit (TARN)	76-88%
National Emergency Laparotomy Audit (NELA)	82.1% Bristol, 100% Weston
Sentinel Stroke National Audit programme (SSNAP)	>90% Bristol and Weston
Cancer	
National Bowel Cancer Audit (NBOCA)	≥80% (198)
National Oesophago-Gastric Cancer (NOGCA)	75-84% Bristol (165), <65% Weston (19)
Elderly care	
Fracture Liaison Service Database (FLS)	83% Bristol (1279), 17% Weston (235)
National Joint Registry (NJR)	>43 Bristol, >25 Weston*
Heart	

Adult Cardiac Surgery (ACS)	<i>Data unavailable</i>
Cardiac Rhythm Management (CRM)	1746*
Myocardial Ischaemia National Audit Project (MINAP)	60.3% Bristol (638), 63% Weston (143)
National Congenital Heart Disease (CHD)	1099*
National Audit of Percutaneous Coronary Interventions (PCI)	<i>Data unavailable</i>
National Heart Failure Audit (NHF)	<i>Data unavailable</i>
Long term conditions	
National Asthma Audit	15% Bristol (26), 56% Weston (42)
UK Cystic Fibrosis Registry	401*
National Pregnancy in Diabetes Audit (NPID)	125*
Women's and Children's Health	
National Audit of Seizures and Epilepsies (Epilepsy 12)	31*
National Neonatal Audit Programme (NNAP)	618*
National Paediatric Diabetes Audit (NPDA)	495*
Paediatric Asthma Secondary Care – part of NACAP ⁴	58*
Paediatric Intensive Care Audit Network (PICANet)	99.5% (2097)

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

The outcomes and proposed actions from completed projects are reviewed by the Trust Clinical Audit Group, which resumed in September 2021 after having been stood down for clinical and operational reasons during 2020/21. Clinical Audit Group reviewed National Clinical Audit Benchmarking data from 11 projects between September 2021 and March 2022, as well as the outcomes and actions of 127 local clinical audits. Details of the changes and benefits of audit projects completed during 2021/22 will be published in the Trust's Clinical Audit Annual Report.

2.2.3 Participation in clinical research

UHBW's role as a research active teaching trust that leads and collaborates in world-class research is underpinned by substantial infrastructure funding awarded by the National Institute for Health and Care Research (NIHR). It holds a position as a key partner in Bristol Health Partners Academic Health Science Centre (AHSC), which brings together university, NHS and city council partners to improve health and service delivery across Bristol, North Somerset and South Gloucestershire (BNSSG).

Our NIHR funded portfolio now includes the Applied Research Collaborative (ARC West), the Biomedical Research Centre (Bristol BRC), and the newly awarded NIHR Bristol Clinical Research Facility, as well as a substantial number of NIHR career development awards and project and programme grants.

Our partners in the charitable and industry sectors contribute to our research portfolio; Bristol and Weston Hospitals Charity (formerly Above and Beyond), supports the work of all our hospitals and provides significant pump-prime funding to support small research projects, which are designed to lead onto larger 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.

Arriving at the end of the second year of the pandemic, UHBW is proud to have played a part in identifying effective treatments for patients with COVID-19, in trialling novel (and now licensed) COVID-19 vaccines in both paediatric and adult populations. We have generated the evidence to inform policy around administering ‘flu’ and COVID vaccines together, in time for the winter vaccination programmes, working closely with our academic and NHS colleagues to do this. Across the Trust, we have recruited 11,569 participants into COVID-19 research over the last year, of which 713 participants joined urgent public health studies. Across all our specialties, the number of patients receiving relevant health services provided or subcontracted by UHBW in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee was 15,416. This compares with 8,058 in 2020/21.

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 2021/22 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 (UHBW) is required to register with the Care Quality Commission (CQC). UHBW received a core services and well-led inspection from the CQC in June 2021. The core services aspect of the inspection focussed on medical care in Bristol and Weston, and on outpatient services in Weston. The full report from this inspection, and all previous inspections, can be read at <https://www.cqc.org.uk/provider/RA7>.

The Trust’s overall rating following this inspection is ‘Good’, however, the CQC issued the Trust with a formal notice at Weston General Hospital in respect of concerns about safe staffing, use of escalation areas, and clinical leadership.

The Trust has taken prompt action in response to the notice and has continued to provide the CQC with weekly assurance reports. Regular engagement meetings have also taken place between senior staff at Weston General Hospital and the local CQC inspection team. At the time of writing this report, discussions are taking place with the CQC about next steps towards lifting the notice in 2022/23.

As a result of the June inspection, the CQC also highlighted various other requirements and recommendations to improve quality care, in response to which the Trust has developed a comprehensive action plan, the progress of which is monitored by our Trust Board.

2.2.6 Data quality

UHBW submitted records (in two separate flows) during 2021/22 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: 99.7% for admitted patient care; 99.9% for outpatient care; and 98.7% for accident and emergency care.
- which included the patient's valid general practice code was: 99.4% for admitted patient care; 99.9% for outpatient care and 99.1% for accident and emergency care.

(Data source: NHS number, Trust statistics. GP Practice: NHS Information Centre, SUS Data Quality Dashboard, April 2021 – March 2022 extracted 11/04/2022. Was compiled separately for Bristol and Weston from separate submissions of CDS and ECDS to SUS, but has been aggregated locally to provide UHBW totals)

UHBW completed 107 of 110 mandatory requirements in the 2020/21 Data Security and Protection (DSP) 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 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 January 2022, the Trust commissioned an External Clinical Coding Audit in Bristol and one in Weston (January-February) to fulfil the DSP Toolkit requirement. The Bristol audit reviewed a total of 200 episodes from the specialities of obstetrics, paediatric ENT, paediatric neurology, paediatric neurosurgery, paediatric respiratory medicine and paediatric trauma and orthopaedics. The episodes audited were randomly selected from April-August 2021 data. The percentages achieved exceeded the mandatory level of attainment for an acute trust in line with Health and Social Care Information Centre's (HSCIC) Data Security Standard 1, and also exceeded that for Standard 3 Training.

The following levels of accuracy were achieved:

- Primary diagnosis accuracy: 96.5% (+3.5% over 2021)
- Primary procedure accuracy: 98.8% (+7.3% over 2021)

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

The external audit in Weston in January-February 2022 reviewed a total of 200 episodes from the specialities of ophthalmology, urology, general medicine, colorectal and paediatrics. The episodes audited were randomly selected from April-September 2021 data. The percentages achieved exceeded the mandatory level of attainment for an acute trust in line with HSCIC's Data Security Standard 1, and also exceeded that for Standard 3 Training.

The following levels of accuracy were achieved:

- Primary diagnosis accuracy: 95.5% (+0.5% over 2020)
- Primary procedure accuracy: 98.4% (+6.4% over 2020)

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 the following plan in place to follow through on the recommendations from the Bristol External Audit to improve the quality of coding:
 - Implement an in-house training session with a focus on the specific standards identified in this coding audit, at the first opportunity.
 - In order to facilitate an internal clinical coding audit programme, across all hospital sites, the management is advised to increase staffing and recruit an Approved Clinical Coding Auditor; within the next four months.
 - Immediate efforts must be made to provide assurance to the clinical coding department, from those with responsibility of the scanning bureau service, that they can meet the demand and capacity model.
 - Resume a full programme of clinical coding audit across all divisions.
 - Support teamwork between clinicians and coders within each division, to ensure that there is continual interaction/collaboration as part of the improvement strategy.
- Recommendations from Weston coding audit:
 - Support teamwork between clinicians and coders, to ascertain clarity of endoscopy procedures, as part of the improvement strategy, at the earliest opportunity.
 - Implement an in-house training session with a focus on the specific standards identified in this coding audit, at the first opportunity.
 - In order to consolidate and further improve the quality of the clinical coding, the coders are advised whenever possible to reference the full medical record and ensure they take the time to extract all the necessary information when assigning classification codes.

2.3 Mandated quality indicators

In February 2012, the Department of Health and Social Care and NHS Improvement announced a new set of mandatory quality indicators for all Quality Accounts and Quality Reports. The Trust's performance in 2021/22 (or, in some cases, latest available information which predates this) is summarised in the table below. The Trust is confident that this data is accurately described in this Quality Report.

Table 3

Mandatory indicator	UH Bristol Most Recent	National average	National best	National worst	UH Bristol Previous
Clostridium difficile rate per 100,000 bed days (patients aged 2 or over). Total Cases	48.6 2020/21	45.6	0.0	140.5	28.4 2019/20
Rate of patient safety incidents reported per 1,000 bed days	82.5 Apr20-Mar21	58.4*	27.2*	118.7*	76.3 Oct19-Mar20
Percentage of patient safety incidents resulting in severe harm or death	0.34% Apr20-Mar21	0.49%*	0.03%*	2.80%*	0.39% Oct19-Mar20
Responsiveness to inpatients' personal needs	77.6 2020/21	74.5	85.4	67.3	70.0 ** 2019/20
Summary Hospital-level Mortality Indicator (SHMI) value and banding	99.3 "As Expected" Dec20-Nov21	100.0	71.6	119.5	93.6 (Band 2 "As Expected") Feb20-Jan21
Percentage of deaths with specialty code of 'palliative medicine' or diagnosis code of 'palliative care'	39.0% Dec20-Nov21	39.7%	64.3%	11.2%	33% Feb20-Jan21
Emergency readmissions within 30 days of discharge: age 0-15	9.3% 2020/21	12.5%	2.8%	64.4%	10.5% 2019/20
Emergency readmissions within 30 days of discharge: age 16 or over	14.6% 2020/21	13.0%	1.1%	50.0%	13.1% 2019/20

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

** As of the 2020-21 survey, changes have been made to the wording of the five questions, as well as the corresponding scoring regime, which underpin the indicator. As a result, 2020-21 results are not comparable with those of previous years.

Part 3

Review of services in 2021/22

3.1 Patient safety

The safety of our patients is central to everything we want to achieve as a provider of healthcare. 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 have begun work to implement the NHS Patient Safety Strategy. This is a fundamental change to the way we think about patient safety, how we review and learn from events and how we engage with patients, families and our staff and the wider healthcare system to improve safety. It is underpinned by a culture of continuous improvement where people feel safe and supported to speak up and where the focus is on learning and improvement. The changes we make in practice, especially about how we respond to patient safety incidents will help support and develop our safety culture.

A series of introductory engagement meetings and patient safety strategy workshops have taken place. During 2021/22 we have been thinking long and hard with key stakeholders about what patient safety could look like in UHBW and the wider system in the future, and now plan to extend this engagement to a wider audience. A new Rapid Incident Review process has been introduced across the Trust which provides more collaborative decision making with clinical teams following patient safety incidents and has received positive feedback. We have changed our investigations to be more systems focussed and modified our language when we talk about incidents.

3.1.1 Our Patient Safety Improvement Programme 2021-2023

The current Patient Safety Improvement Programme was re-commenced in 2021 following an extended pause in 2020 due to the COVID-19 pandemic. It re-commenced as a UHBW-wide programme following the merger with Weston Area Health NHS Trust. 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.

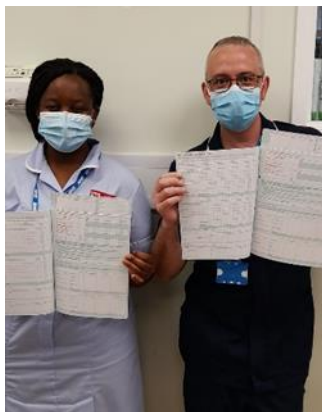
The aim of the Patient Safety Improvement Programme is to systematically improve safety and quality across the Trust to reduce risks to patients and drive harm reduction. The following information outlines the workstreams that are the agreed priorities for the Programme until March 2023, and highlight some of the key work that has been progressed to date:

- **Venous Thromboembolism (VTE):**
The Trust reports on the number of adults admitted to hospital as inpatients in the month, who have been risk assessed (against the criteria in the National VTE Risk Assessment Tool); the expectation is to achieve 95% compliance. The aim

of this workstream is to improve compliance with risk assessments and reduce healthcare associated VTE.



The patient safety improvement team worked collaboratively with digital services, pharmacy, and clinical teams in Weston to implement improvements in systems designed to improve VTE prevention.



These included the introduction of digital VTE risk assessments, the standardisation of low-molecular-weight heparin in use, the introduction of a new UHBW adult drug chart (which had been introduced to the Bristol sites earlier in the year). These changes went live in November 2021.



Work has been progressed to improve the process for investigating hospital acquired VTE, this is due for review to ensure the process is effective and learning from incidents is shared.



Work is currently underway to review and evaluate the implementation of digital VTE risk assessments in Weston, to better inform further improvements; alongside diagnostic work to understand the challenges faced by staff on the Bristol site to support improvements there.

- **Deteriorating Patient (Adults):**
The aim of this workstream is to improve recognition, management, escalation, and response to patients with signs of deterioration; optimising the use of digital systems to enable patient care. The Patient Safety Improvement Team (PSIT) is currently involved in diagnostic work to better understand the challenges faced by frontline staff and their ability to enact appropriate and timely escalation and response to deterioration. This includes deeper understanding of the challenges faced with digital systems and workflow processes in completing patient observations digitally. This diagnostic work will enable the identification of where the most effective improvements to practice, processes and pathways can be made. Included in this is strengthening the collaboration with digital services teams ensuring that digital systems support patient safety improvement projects to enable frontline staff clinical practice.
- **Deteriorating Patient (Paediatrics):**
Understanding whether children admitted to ward areas who deteriorated and subsequently required unplanned admission to a high dependency area, or paediatric intensive care; received timely escalation and appropriate management, is key to us providing optimal care and management. The programme consists of 17 projects with an aim to improve our understanding around these deteriorations and unplanned transfers and subsequently potentially preventing future deteriorations and admissions.

Phase 1 is the implementation of CareFlow Vitals, Paediatric Electronic Observations which includes the recording of physiological and neurological observations for infants and children, documentation of respiratory distress, respiratory devices and sepsis screening. All will allow the electronic calculation of the Paediatric Early Warning Score (PEWS), however, the resulting 'Action / Response / Escalation' process will currently remain unchanged. The aim being to continue to improve recognition and management of acuity ill children in Bristol Royal Hospital for Children (BRHC). This project will continue to develop and expand over the forthcoming months.

- **Never Events:**
NHS Improvement (2018) describes never events as patient safety incidents that can cause harm {or have the potential to do so} and are wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers. The aim of this work stream is to support the reduction of risk of invasive procedure never events and standardise the processes for using checklists for invasive procedures UHBW-wide. It also aims to support the design and implementation of human factors education to enable staff to understand the human-system interactions and the effect this has on risk and safety. The PSIT have been supporting the development of a new checklist for Nerve Blocks in collaboration with the Hip Fracture Team across Bristol and Weston sites, next steps are to implement this checklist UHBW-wide; and standardise checklists across the organisation.

The Patient Safety Improvement Programme is continuously reviewed, ensuring that the workstreams are aligned with the identification of any new Trust-wide strategic and safety priorities; utilising continuous improvement methodology to deliver sustained

improvements in practice to meet the aims of the workstreams under the programme; and improve the quality of care and outcomes for patients.

3.1.2 Freedom to Speak Up

The Trust has a freedom to speak up guardian (FTSUG) and a deputy guardian to whom all staff can raise concerns, directly or via a dedicated confidential raising concerns email or telephone line.

The role of the FTSUGs is to promote and build confidence in speaking up and ensure our leadership and management training is informed by the feedback and learning from staff raising concerns.

Individuals who speak up are supported by the FTSUGs and receive feedback following investigations into their issues or concerns. Their work is supported by a network of 100 volunteer staff speaking up champions, representative of various staff groups and backgrounds. Champions provide an alternative route for staff to talk through issues or concerns in confidence, and can listen and signpost, though they do not handle cases.

Posters, cards and leaflets on display and distributed around the Trust describe what speaking up is and how to contact the FTSUG, alongside regular communications about speaking up in the weekly all-staff newsletter, and FTSUG updates to different teams and departments. Mandatory essential speak up training for all staff was introduced in February 2021 and compliance at the end of March 2022 is 52% across the Trust.

In the past year, 102 concerns from all staff groups were raised via the FTSUG (compared to 112 concerns the previous year). The majority of concerns are raised by admin/clerical and nursing staff (similar to national reporting) and relate to attitudes and behaviours. There were six quality and safety concerns raised in the year. Where there are concerns relating to quality or safety, these are escalated to the chief nurse/medical director or their deputies to investigate and take appropriate action. Alongside concerns raised around staffing levels because of the impact of the pandemic, the key themes of concerns raised were around pay and conditions; working culture; and fairness and transparency in recruitment processes and the management of staff.

The FTSUG is not the only mechanism through which staff can get their voice heard. The Trust also has the following groups which can support staff, alongside an external employee assistance programme. The FTSUG works with staff in these groups and others in triangulating themes of concerns:

- Joint union offices
- Occupational health
- Employee services
- Safeguarding team
- Patient Safety team
- Staff governors
- Staff networks

The challenge remains in ensuring there is appropriate investment in and prioritisation of the development and support of managers at all levels in the Trust to understand the importance of, and, crucially, their role in fostering a positive speaking up culture.

The Board and its People Committee receive a quarterly update on the FTSU programme, including numbers and themes of concern and learning. All reports are published on the Trust website: 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 William Hicks 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 three never events reported in our Trust in 2021/22:

- Wrong site nerve block in Bristol Royal Infirmary, Heygroves Theatres (April 2021)
- Misconnection of oxygen tubing to an air flowmeter in the Bristol Royal Infirmary, Emergency Department (July 2021)
- Implantation of the wrong mechanical valve during complex congenital heart surgery in cardiac theatres at the Bristol Royal Hospital for Children (September 2021).

Investigations from all three 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 for a fractured neck of femur to be embedded within the clinical pathway as part of our improvement programme work on reducing the risk of invasive procedure never events. Further improvement work has been paused during the latter half of 2021/22 as clinically qualified patient safety improvement team members have been redeployed to support frontline clinical teams in delivering the safest possible care during the continued impact of the COVID-19 pandemic.
- We have completed all the actions in adult services relating to a patient safety alert designed to eliminate the risk of inadvertent misconnection of oxygen tubing to a medical air flowmeter. We are working with the national patient safety team and colleagues nationally in paediatric cardiac centres to identify how the risk of misconnection can be safely minimised or eliminated in highly specialised niche areas.
- Implementation of practices reflective of those undertaken in adult congenital heart surgery have been actioned in paediatric cardiac theatres to address the findings of the Children’s Services never event, strengthening check procedures.

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 improve safety systems and 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 2021/22, 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 84 for UHBW, compared to 107 in 2020/21. Four serious incidents were downgraded following investigation. A breakdown of the categories of the 84 serious incidents is provided in Figure 1.

Themes from serious incidents reported in 2021/22 reflect the continued effects of the COVID-19 pandemic in terms of harm identified relating to delays in providing diagnostics and treatment as we restore elective services and continued operational pressures on urgent and emergency care across the system, and the staffing impact related to COVID infection and contact-related isolation.

All patient safety incident investigations make recommendations to address identified system issues to produce robust actions plans 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 Patient Safety Incident investigations and never events

Whilst healthcare-associated COVID- related deaths have continued to occur in 2021/22, our investigations have identified little new learning in comparison to the cases that occurred in 2020/21 and generally suggest embedded screening and isolation procedures across the Trust in line with national guidance are in place. A harm review process is being undertaken to examine and address specific themes that have contributed to elective pathway delays.

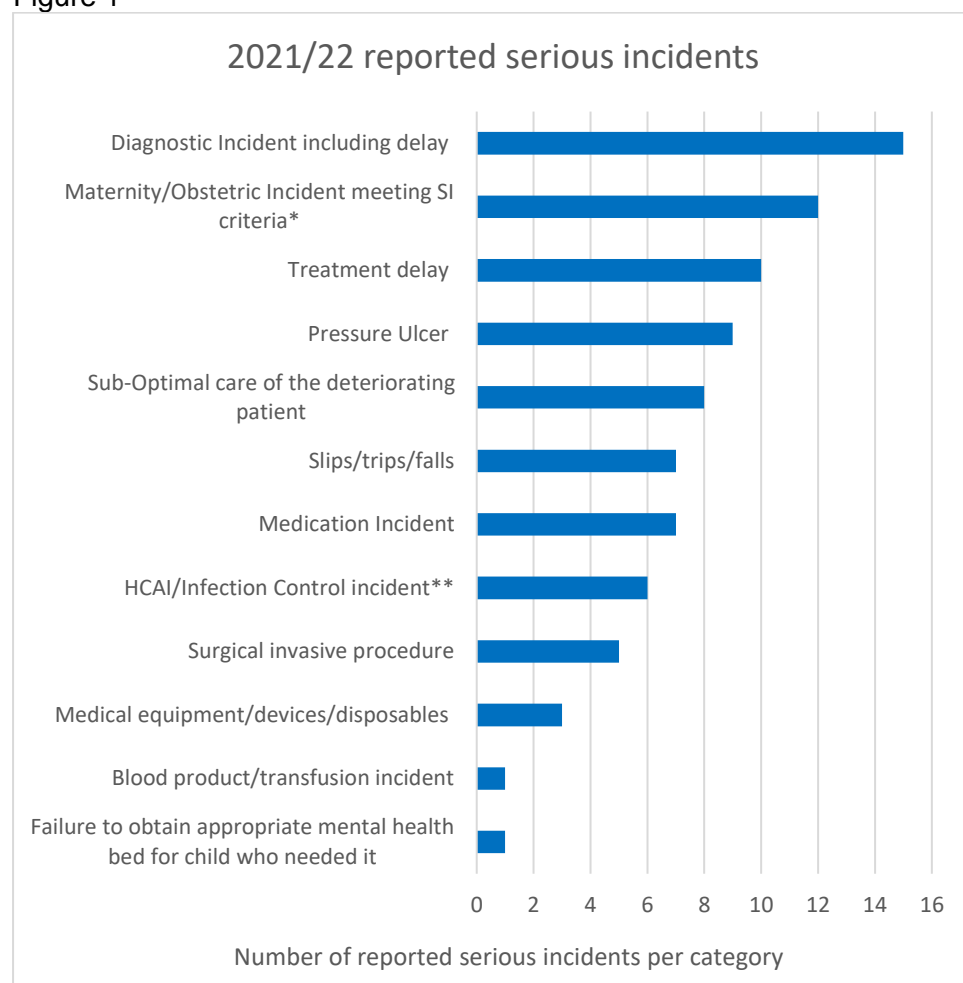
Falls improvement work has recommenced in 2021/22 both at Bristol and Weston sites which has focussed on targeted falls prevention training in areas that have seen higher numbers of falls and in areas that are identifying new falls risks as a result of operational pressure and delays.

We continue to focus on improvement work for the early recognition and response to deterioration in patients' condition in 2022/23 as part of our deteriorating patient workstream aligned with national priorities as described in section 3.1.1.

Internally, there are local and Trust-wide systems to learn from patient safety incident investigations and never events, including safety briefs, Learning After Significant Event Recommendations (LASER) posters, governance and specialty meetings, clinical audit days, newsletters, and safety bulletins.

Outcomes from reviewing and learning from incidents are fed into annual plans that set out actions and initiatives to reduce risk to be taken forward within each year.

Figure 1



Source: UHBW serious incident log.

*there has been a change in reporting practice for maternity incidents in 2021/22. All incidents that meet the criteria for a Healthcare Safety Investigation Branch (HSIB) independent maternity investigation are now reported as a serious incident.

**there has been a change in reporting practice for hospital-onset, healthcare-associated probable or definite COVID incidents where the patient has likely died from COVID. In 2020/21 there were reported as individual incidents, in 2021/22 six individual serious incidents has been reported for multiple cases that occurred around the same time in the same hospital.

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. We have further developed our duty of candour audit tool which will enable consistency in reporting compliance across the Trust.

3.1.8 Overview of monthly Board assurance regarding the safety of patients 2021/22

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 and challenging yet achievable.

Table 4

Quality measure	Data source	20/21 Actual	Target 2020/21	Quarter 1	Quarter 2	Quarter 3	Quarter 4	21/22 Actual
Infection control and cleanliness monitoring								
MRSA Hospital Onset Cases	National Infection Control data (PHE)	4	0	0	1	2	3	6
MSSA Hospital Onset Cases	National Infection Control data (PHE)	45	No set target	13	7	10	6	36
CDiff Hospital Onset Cases	Infection Control system (MESS)	67	< 57	33	17	16	14	80
CDiff Healthcare Associated Cases	Infection Control system (MESS)	81	No set target	38	20	19	15	92
EColi Hospital Onset Cases	Infection Control system (MESS)	81	< 190	15	21	18	12	66
Serious incidents and never events								
Number of Serious Incidents Reported	Datix/local data	109	No set target	25	25	20	14	84
Total Never Events	Datix/local data	6	0	1	2	0	0	3
Patient falls								
Falls per 1,000 bed days	Datix/Medway	5.14	< 4.8	4.36	4.7	4.83	5.15	4.73
Total number of patient falls resulting in harm	Datix	23	< 24	8	10	8	5	31
Pressure ulcers developed in the Trust								
Pressure Injuries Per 1,000 Beddays	Datix/Careflow	0.279	< 0.4	0.109	0.161	0.199	0.178	0.161
Pressure Injuries - Grade 2	Datix	87	No set target	8	12	16	9	45
Pressure Injuries - Grade 3	Datix	5	No set target	2	3	2	2	9
Pressure Injuries - Grade 4	Datix	0	No set target	0	0	1	0	1
Venous Thromboembolism (VTE)								
Adult inpatients who received a VTE Risk Assessment*	Careflow	85.4%	≥95%	82.5%	83.9%	83.8%	83.2%	83.4%
Medicines								
Medication incidents resulting in harm	Datix	0.25%	< 0.5	0.11%	0.33%	0.53%	0%	0.31%
Non-purposeful omitted doses of the listed critical medication**	Local audit	0.46%	< 0.75	0.22%	0.41%	0.24%	0.68%	0.31%
Staffing levels								

Staffing Fill Rate - Combined	National Unity return	95.8%	No set target	98.5%	92.7%	90.6%	89.4%	93.1%
Staffing Fill Rate - RN Shifts	National Unity return	92.7%	No set target	94.3%	87%	87.5%	85.5%	88.8%
Staffing Fill Rate - NA Shifts	National Unity return	102.7%	No set target	108%	105.5%	97.6%	98.2%	102.7%

*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

The experience that patients have at our hospitals is a core dimension of quality. We want all 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, carers 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 national patient survey programme which is coordinated by the Care Quality Commission and Picker Institute. The results from the national patient survey programme tell us how the experience of patients at UHBW compares with other NHS acute trusts in England. The results of each national survey, along with improvement actions/learning, are reviewed by the Trust's Patient Experience Group and the Quality and Outcomes Committee of the Trust Board.

National patient survey results published during 2021/22¹ demonstrate that:

- UHBW performed in the top 10% of Trust's nationally in the Children and Young People survey (2020) – from the perspective of parents, ranked sixth out of 125 trusts, and from the perspective of children and young people, ranked fifteenth out of 125 trusts. Bristol Royal Hospital for Children ranks as the third best specialist children's hospital in the country for the overall experience of care question (from the perspective of parents).
- UHBW performs in the top 20% of trusts nationally for the overall experience of care question in two national patient surveys:
 - Urgent and Emergency Care survey (2020) for those aged 16 and over (ranked twenty-fifth out of 126 trusts), maintaining the position in the top 20% of trusts from the previous survey in 2018. Weston General Hospital

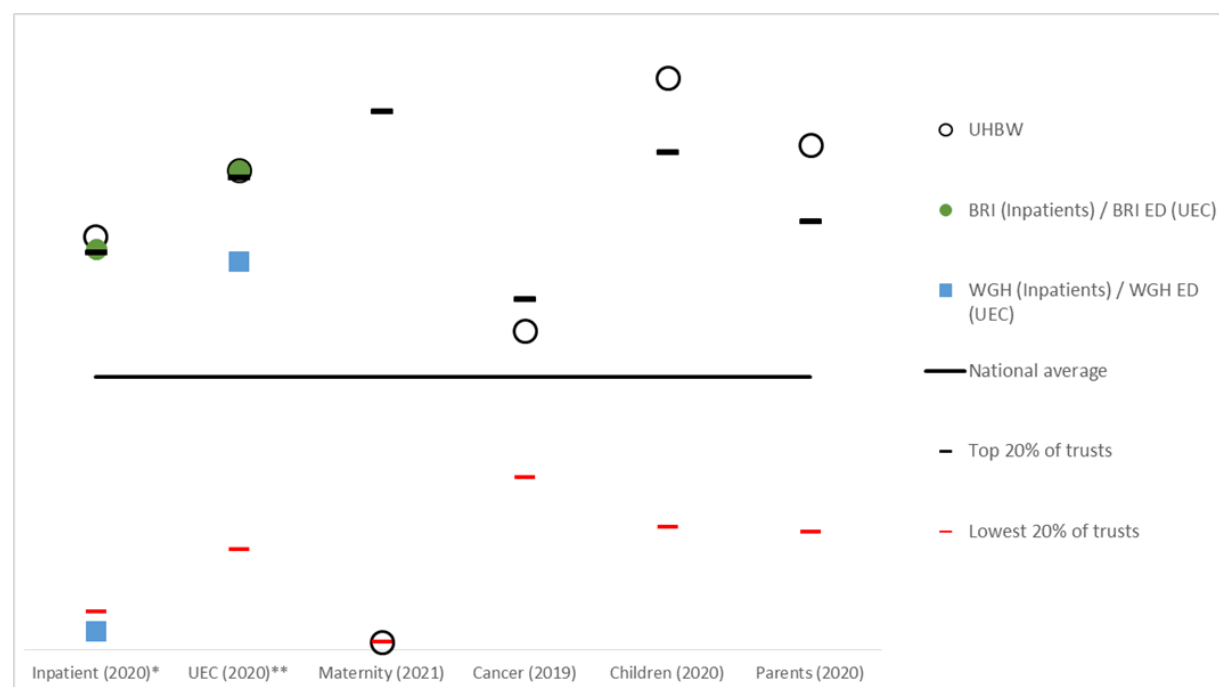
¹ National surveys results are published around ten months after the participating patients attended hospital.

(WGH) Emergency Department (ED) was not eligible to participate in the National Urgent and Emergency Care Survey, however, a locally commissioned survey that took place at the same time and mirrored the national survey methodology shows the majority of questions (32 out of 38) scored within 5% of the performance of BRI ED. There was stronger performance at WGH ED (than BRI ED) for four questions on the survey (scoring > five points higher).

- Inpatient survey (2020) for those aged 16 and over (ranked twenty-sixth out of 137 trusts), maintaining the position in the top 20% of trusts from the previous survey in 2019. UHBW ranks as the third best city-centre acute trust in the country for the overall experience of care question in the National Inpatient Survey 2020. In addition, UHBW performs above the national average across every section of the inpatient pathway (from admission through to discharge). There were particularly strong scores in the areas of 'care and treatment', 'operations and procedures' and 'respect and dignity'.
- UHBW achieved a set of results in the 2021 National Maternity Survey which were below average across many elements of the maternity pathway and in some cases amongst the bottom 20%. This is in stark comparison to a strong set of results in the 2019 National Maternity Survey. There were 16 question scores for UHBW from the 2021 survey where a statistically significant decrease is evident when compared to the results from the 2019 survey. A multi-disciplinary staff workshop in maternity services was held in February 2022 to review the National Maternity Survey results. The workshop offered a collaborative forum with staff to reflect on experience of care across the maternity pathway. The resulting patient experience action plan for maternity services includes a specific objective to build on this model of staff engagement in order to continually reflect on feedback and improve the quality of care.
- The 2020 Under 16 Cancer Experience survey results were mixed for UHBW. Ten questions scored above the national average and 21 questions scored below. All remaining questions (21) were largely in line with the national average. UHBW, as a Principal Treatment Centre (PTC), ranked tenth out of the 13 PTCs involved in the survey when parents/carers were asked to rate their child's care, and eleventh out of 13 PTCs when children were asked how well they felt looked after. Focus groups with children, young people and families are being planned in early 2022/23 to better understand the areas the Trust should focus on in terms of improving experience of care.

A visual summary of how UHBW performed in the most recent national patient survey publications can be found in Figure 2 below.

Figure 2: Overall experience of patients at UHBW relative to national benchmarks²



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

3.2.2. Feedback from our postal survey programme

UHBW has a comprehensive local survey programme which ensures that ongoing and timely feedback from patients forms a key part of our quality monitoring and improvement approach. 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 what we need to change to offer an outstanding experience of care. A suite of key patient experience measures is routinely reported to the Senior Leadership Team and Trust Board. These measures are taken from a postal survey which is sent to a sample of inpatients, outpatients and women seen in maternity services each month. Two of these measures are the inpatient and outpatient experience tracker scores. These 'composite' scores are made up of five key questions from each postal survey that patients told us are important to them. They include questions on communication with nurses and doctors, whether respondents felt they are treated with dignity and respect, and whether respondents felt involved in decisions about their care and treatment.

² 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 and Young People's survey or the National Maternity Survey. UHBW did not participate in the voluntary National Cancer Experience Survey 2020 and therefore the latest results shown are from 2019.

The charts below show the inpatient and outpatient experience tracker scores for Bristol and Weston hospital sites. These surveys were extended for patients seen at Weston General Hospital (Division of Weston) from April 2021. For the purposes of reporting during 2021/22 and prior to clinical integration of services across the two Trust campuses, data for Bristol hospitals and Weston General Hospital are displayed separately on charts in any Trust-wide reporting.

The overall inpatient experience tracker score for patients seen at Bristol hospitals (see Figure 3) consistently tracked above the minimum target (87) throughout 2021/22 although a dip in performance is evident from Quarter 3, before recovering at year-end in March. This correlates with a period of sustained urgent and emergency care pressure at our hospitals.

The inpatient experience tracker for the Division of Weston has been below the minimum target (87) since the postal survey was extended in April 2021. However, feedback has been improving (using this metric) since February 2022 and was above the minimum target for the first time during March 2022.

The outpatient tracker score dipped in the March 2020 survey, which was completed by patients attending clinics the day before the Government's 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 throughout 2021/22 have been trending above their long-term average (see Figure 4 below). 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.

3.2.3. Patient experience of virtual clinics

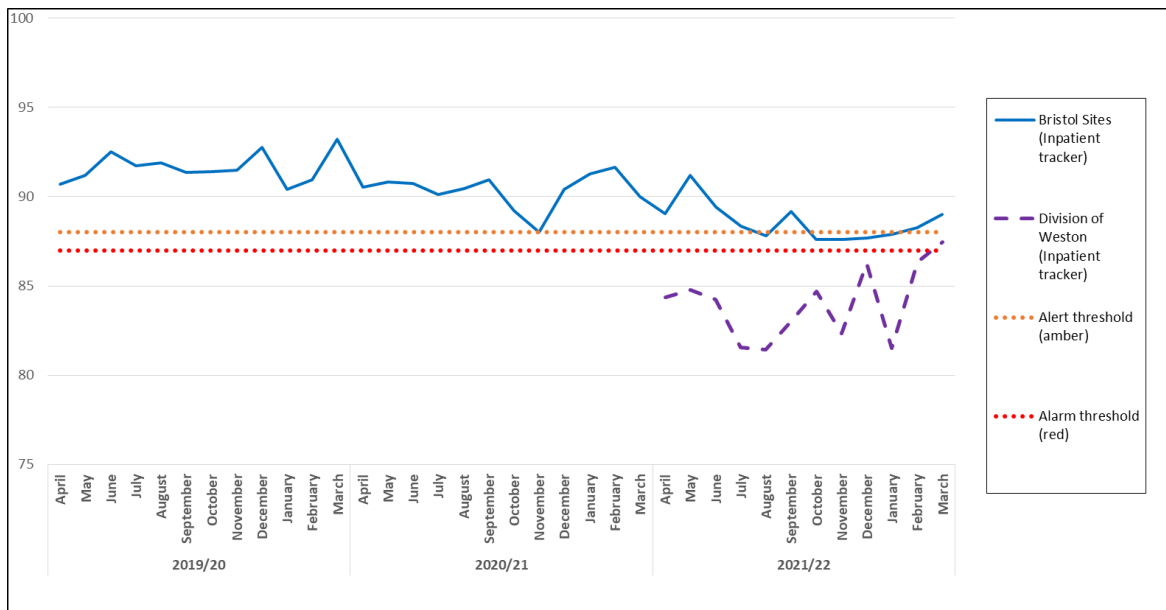
Since the start of the COVID-19 pandemic, there has been a growing body of local survey work taking place in order that we understand the quality and suitability of remote outpatient services, known as virtual clinics in more depth. The most significant source of feedback has been a Trust-wide survey asking patients to share their experience of virtual clinics; during 2021/22, there were 4,765 responses to this survey. Patients are selected for a virtual clinic appointment by clinicians at the Trust based upon clinical suitability for digital appointments. Individuals are deselected if they are deemed to be lacking support to engage well with a digital appointment, 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:

- 87% of respondents rated the process of booking the virtual clinic appointment as either very good or good.
- 92% of respondents accessed the virtual clinic appointment themselves, with 8% reporting they needed some help to set up the call.
- 21% of respondents did not know who to contact if they had a problem in accessing the video consultation.
- 98% of respondents felt they were able to have a suitable level of privacy for the video consultation.

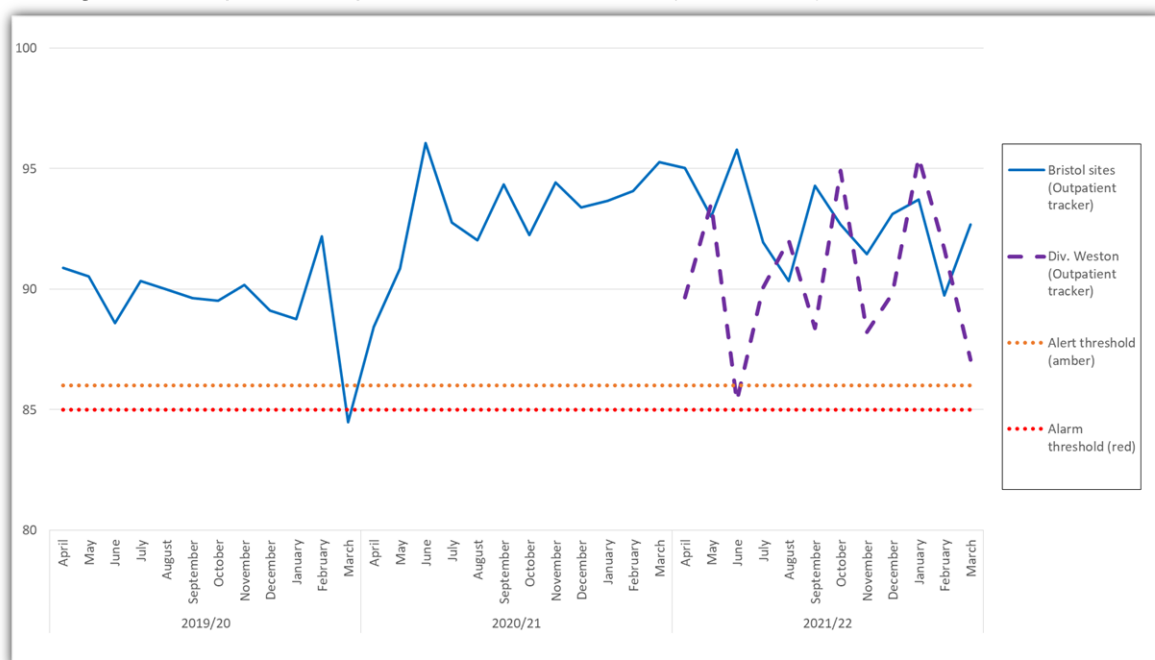
- 45% of respondents found the virtual consultation less stressful than a face-to-face appointment, with 45% stating there was no difference between the two and 6% stating it was more stressful.
- 90% of respondents felt their concerns had been listened to during the appointment and 90% reported they felt involved in decisions about their care.
- 91% of respondents stated they would be happy to have their follow-up appointment virtually.

Figure 3: Inpatient Experience Tracker Score



Source: UHBW postal survey

Figure 4: Outpatient Experience Tracker Score (Trust-level)



Source: UHBW postal survey

Evaluation of this large dataset of patient feedback suggests that for those who had experience of accessing virtual clinics during the period, they generally welcomed the changes that the Trust has made to the delivery of outpatient services.

Free-text comments on the survey and feedback via other methods (for example via patient stories) indicates that patients have recognised many benefits of virtual appointments, for example a feeling of safety in home environment, convenience and reduced travel time. Many also recognise that there are instances where it would be more appropriate for them to be seen in person, for example for diagnostics/testing and to discuss specific results. It is important to note that the Trust clearly states through its Standard Operating Procedure that the need and/or preference for a remote or hospital-based appointment will vary between individuals and situations.

Analysis by key demographic groups

Demographic questions are included in the virtual clinic survey which allow for analysis on whether there were any differences in the experience of specific cohorts of patients and in doing so, supporting the Trust in prioritising work to tackle any health inequalities that are evident.

An analysis of patient experience by protected characteristic groups took place during Quarter 1 2021/22. The key themes were:

- Patient feedback reflects some of the anticipated benefits of virtual clinics in terms of providing home-based access to services where appropriate to do so, reducing stress for patients with a disability and money saved on travel/parking.
- It is clear that more could be done to let people know who to contact before the appointment with approximately 1 in 5 patients not knowing who to contact.
- Some patients (older people and those with a disability) may benefit from additional support in accessing the virtual clinic. The support in place for those responding has likely come via family/friends, but for those who do not have this circle of support, digital support volunteers could provide a beneficial service.

The Trust's transition to a new virtual Cclinic system, 'Dr Doctor' during spring 2022 presents an opportunity for outpatient services to ensure the system is accessible for the groups highlighted below; an Equality Impact Assessment (EIA) has been completed to prioritise areas for action which has made use of the feedback from patients referenced above.

3.2.4. Family communications support during the COVID-19 pandemic

A range of person-centred services were established by the Patient Experience and Voluntary Services teams during the COVID-19 pandemic. The services were further embedded in 2021/22, supporting communication between patients and those important to them, particularly during the periods that visiting restrictions were in place in our hospitals. Two of the key services are described below.

Message to My Loved One

Since November 2020, family 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. This service continued throughout 2021/22.

From 1 April to 31 March 2022, 879 messages were received, the majority of which came via email from family and friends, with the remaining via telephone message.

The service continues to be well received by patients and those important to them and has offered a communication bridge during the time that visiting restrictions were in place.

“I know I have expressed my thanks in the past and no doubt my family will want to again, but my mum spent about half of last year in hospital and often in isolation. With only one visitor allowed and Mum not able to see her iPad properly etc. Being able to email and send her pictures meant she had a wall decorated with images of those who loved that we could update again and again. We must have cost you a lot of ink, but my goodness the joy it brought her and the comfort it brought us was immeasurable.”

Compliment received from family member using the Message to My Loved One service (April 2022)

Virtual visiting

Not all patients have their own IT devices or are 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 2021/22. The 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 Trust iPads and 'Attend Anywhere' (the same system used in outpatient virtual clinics until 31 March 2022). The vast majority of patients being supported by this service were an inpatient for at least 72 hours, had no access to their own IT devices, were unable to use Trust devices without significant support and had no, or very limited, contact since being in hospital with those important to them.

During 2021/22, the Patient Experience and Voluntary Services teams rolled out virtual visiting to 33 wards across Bristol and Weston hospitals and in doing so, provided a new sustainable avenue for video calls between patients and those important to them.

3.2.5. Patient and Public Involvement

Public and Patient Involvement (PPI) encompasses working with people (patients, carers, visitors, the public) and communities who use our services or care for patients. By working with people in this way it helps us understand and respond to the needs of our diverse community and bring an influential user insight into our quality improvement work. In understanding what matters to people we can plan and deliver better care and we do this by using a range of involvement activities to help evaluate and inform the planning and delivery of our services.

Some key highlights of our PPI activity during the year included:

- A review of our emergency departments in partnership with Bristol Autism Support Services and Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group to understand how these services can better support Autistic people.
- A focus on the experience of patients accessing cancer care and support during the pandemic by way of informing future service priorities.
- The recruitment of lay representatives to the Trust's Learning Disability and Autism Steering Group to bring carers' voices into the work of this group.
- The establishment of a Community of Practice as a shared and sustainable peer-led community of learning to support and promote better involvement in Trust led projects and networks.
- Working with the Bristol Deaf Health Partnership to ensure our services are responsive to the needs of the D/deaf and hard of hearing community.
- Working with the Bristol Sight Loss Council to produce and launch a new visual impairment e-learning module for staff.
- Responding to the needs of patients who have a disability by co-ordinating the production and publication of online access guides offering comprehensive information to the public about the Trust's locations and access arrangements.
- Sharing in-person patient stories at Public Trust Board enabling Board members to reflect on the experiences of people attending our hospitals.
- Developing a Weston General Hospital Patient Focus Group with a particular emphasis on understanding the patient experience at that hospital.

During the coming year we will further develop the role of lay representatives including their involvement in our Clinical Accreditation process and, develop our online support for colleagues so they are better able to work with patients and communities as part of their evaluation and improvement work.

3.2.6. Equality Diversity and Inclusion (EDI)

During 2021/22:

- We commissioned an independent social enterprise, PHAST CIC, to undertake a baseline review of our approach to equality, diversity and inclusion for patients and communities. The key purpose of the review is to seek an independent view of how we our people, processes, culture and structures support us in advancing equality for patients and in tackling health inequalities. The methodology of the review includes a focus on epidemiology, a staff survey, over 20 in-depth one-to-one interviews with key staff across the Trust and an in-depth review of six diverse UHBW services. The report findings are due in May 2022, with a Trust Board seminar planned in July 2022 to review the recommendations from this report. Following this, the Trust will prioritise equality objectives that will be included in our future EDI strategy for patients.
- We engaged with staff across the Trust, with the support of Bristol Sight Loss Council, to assess the Trust's compliance with the NHS Accessible Information Standard (AIS). This key standard focuses on ensuring that patients with a disability or sensory impairment have their communication and information needs met by NHS providers. Two staff workshops were held to increase our understanding of what was working well and what we needed to improve to reach full compliance. Patient feedback, (including a powerful patient story to Trust

Board in September 2021), supported staff in understanding the impact when the Trust fails to meet patients' communication needs. In February 2022, the Trust Executive team approved a refreshed AIS implementation plan for delivery during 2022/23 and 2023/24. The three areas of focus in the plan are:

- To increase the number of opportunities where we ask patients about their communication needs.
- To increase the quality of AIS-related information on the electronic patient record and ensure we share this appropriately between departments.
- To raise awareness of the NHS Accessible Information Standard amongst the UHBW workforce through formal and informal learning opportunities.

3.2.7 Complaints received in 2021/22

In 2021/22, 1,873 complaints were reported to the Trust Board, compared with 1,665 in 2020/21. The majority of the complaints (1,478 or 78.9%) were investigated via informal resolution, with the remaining 395 addressed through the formal complaints process.

In addition, the Patient Support and Complaints team dealt with 1,489 other enquiries, including compliments, requests for support and requests for information and advice; this represents a 4.9% increase on the 1,419 enquiries dealt with in 2020/21. The team also received and recorded an additional 721 enquiries which did not proceed after being recorded (an increase on the 502 reported in 2020/21). In total, the team received 4,083 separate new enquiries into the service in 2020/21; an increase of 13.9% on the 3,586 reported the previous year.

In 2021/22, the Trust had six complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), representing a further 33.3% decrease on the nine cases referred the previous year. During the same period, eight cases were closed by the PHSO. Of these eight cases, one was 'upheld'; three were 'partly upheld'; one gave the Trust the option of making a £100 voluntary payment without the need for a full investigation (accepted) and three were closed without a full investigation and recorded as 'no further action'. At the end of the year 2021/22, five cases were still under investigation by the PHSO.

913 complaints were responded to via the formal complaints process in 2021/22 and 62.8% of these (573) were responded to within the agreed timescale. This is a further deterioration on the 71.5% achieved in 2020/21, which does not meet the Trust target of 95%. A total of 763 complaints were responded to in 2021/22 via the informal complaints process and 92.7% of these (673) were responded to within the agreed timescale, a deterioration on the 92.7% 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, 9% of complainants had expressed dissatisfaction with the formal response they had received. This represents a total of 75 of the 835 first formal responses sent during the reporting period and compares with 6.1% in 2020/21 and 9.1% in 2019/20.

Learning from complaints

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.

- A patient was admitted to the Bristol Royal Infirmary with a deep vein thrombosis (DVT) and during the medication round, was given the wrong medication for his renal impairment. Following a thorough investigation, it was ascertained that he had been given medication from another drug with a similar name and packaging, during a very busy time on the ward with the dispensing nurse experiencing many interruptions. The patient was reassured that the drug he was given had not affected his kidney function or caused him any harm. The ward manager has confirmed that nursing staff will be given protected time during medication rounds, in order to prevent interruptions during such an important task. Nurses will now also wear red tabards whilst doing medication rounds, to highlight to other staff that they are not to be interrupted. The Trust has also appointed practice development nurses, who will be working closely with the Pharmacy team to review the safe management and distribution of medication to prevent similar errors in future. The ward manager also raised the complaint at the Acute Medicine Governance meeting, to highlight the importance of protected time for nursing staff during medication rounds.
- A complaint was received from a patient of Bristol Eye Hospital (BEH) about the failure of the BEH appointments system to communicate with patients in an accessible way. The patient had requested accessible communications from the BEH several times but felt it necessary to make a formal complaint as he has missed some appointments as a result of his requests not being met and the apparent inability of the BEH to send accessible communications to its patients, for example in braille or by email. As a direct result of this complaint, the assistant general manager for the BEH worked closely with the Trust's patient experience manager to resolve this patient's issues and to look more widely at the Trust's responsibilities in terms of the NHS Accessible Information Standard (AIS) and the Equality Act 2010 and the following actions were taken:
 - Training sessions have been developed and delivered to BEH staff regarding the NHS AIS so that staff are aware of how to document AIS requests and the correct methods for processing these.
 - Large format posters and slides for BEH display screens have been developed with the Patient Experience team, to inform BEH patients of how AIS requirements can be met. Braille copies of these posters and slides have also been produced and distributed to reception areas and to the BEH patient support nurses.
 - E-learning has been developed in partnership with the Sight Loss Council, to include understanding of the AIS standard for BEH patients and to raise awareness of visual impairment.
- A complaint was received from the parent of a paediatric patient, who was brought to the Children's Emergency Department (CED) with a broken percutaneous endoscopic gastronomy (PEG) feeding tube, which was migrating into her stomach, leaving her stoma exposed. The parent described a very poor experience, which was in stark contrast to previous attendance to the

department; including long waits to be seen, being asked to wait in an unsuitable room, inaccurate record-keeping, poor communication with the patient, failure to provide pain relief, ignoring the parent's concerns around the long period since the patient had food or fluids, and a reliance on the parent to carry out certain aspects of care. The actions were identified as a result of this complaint were as follows:

- Where a child presents with a period of reduced fluid/food intake beyond a normal feeding interval, the CED team will implement a process to routinely check their blood sugar levels.
- CED team to provide an update to the patient's GP, which can be attached as an addendum to the discharge summary, confirming that reference to cardiac checks being undertaken was incorrect;
- Ensure that the surgical team is more proactive in their communication with parents/families/carers when carrying out gastrostomy procedures, and that they ensure parents/families/carers are happy to be present and hold their child if required.
- The CED team and the Surgical team have been reminded about the importance of listening to parents, documenting any concerns raised and ensuring that these are addressed at the time, or that an explanation is provided when the concern cannot be addressed.
- Family room to be reviewed to ensure that bereavement boxes are put away to prevent any inadvertent distress being caused, and for a sign to be placed on the door to indicate when it is in use.
- The BRHC Paediatric Disability team were asked to contact the parent to ensure that the patient's hospital passport is updated.
- The CED sister has met with the Reception team to highlight the poor experience and to remind them of the 'Escalation of Parental Concerns' policy.
- The matron has reiterated to the CED team that all expected patients (patients who are brought in to see a particular team, so in this case the Surgical team) who attend the department, must be triaged and have an allocated nurse assigned to them. This will be monitored to ensure consistency; and
- A mechanism is to be established by which expected patients for another specialty are treated in the CED in the future, including the clear definition of clinical duties of the respective teams.

3.2.8 Overview of monthly Board assurance regarding patient experience

The table below 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.

Table 5: Patient Experience Quality Metrics

Quality measure	Data source	Actual 2020/21	Target 2021/22	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Actual 2021/22
Monthly patient surveys (Bristol)								
Inpatient experience tracker Score	Monthly postal survey	91	≥ 87	90	88	88	88	89
Kindness and Understanding	Monthly postal survey	96	≥ 90	95	94	94	94	95
Outpatient experience tracker Score	Monthly postal survey	93	≥ 85	94	92	92	92	93
Monthly patient surveys (Weston)								
Inpatient experience tracker Score	Monthly postal survey	91	≥ 87	84	82	84	86	89
Kindness and Understanding	Monthly postal survey	96	≥ 90	93	91	93	94	95
Outpatient experience tracker Score	Monthly postal survey	93	≥ 85	89	90	92	92	93
Friends and Family Test (response rate)								
Inpatient response rate	Friends and Family Test	15.9%	≥ 30%	27.6%	29.7%	25.3%	26.7%	27.3%
ED response rate	Friends and Family Test	9.2%	≥ 15%	7.1%	7.7%	10.2%	10.1%	8.8%
Maternity response rate	Friends and Family Test	10.1%	≥ 15%	10.4%	7%	9.1%	7.6%	8.5%
Friends and Family Test score								
Inpatient Score	Friends and Family Test	95%	≥ 90%	98.1%	97.4%	97.5%	97.5%	97.6%
ED Score	Friends and Family Test	92.1%	≥ 70%	85.7%	82.9%	82.7%	85.3%	84.2%
Maternity Score	Friends and Family Test	95.5%	≥ 92%	97.4%	97.8%	93.1%	98.7%	96.7%
Patient complaints								
Number of Patient Complaints	Patient Support and Complaints Team	1,665	No set target	62	533	490	388	1,873
Formal Complaints Responded To Within Trust Timeframe	Patient Support and Complaints Team	71.5%	≥ 95%	68.4%	68.2%	51.3%	61.2%	62.8%
Informal Complaints Responded To Within Trust Timeframe	Patient Support and Complaints Team	92.7%	≥ 95%	91.5%	88.4%	87.4%	85.9%	88.2%
Percentage of Responses where Complainant is Dissatisfied	Patient Support and Complaints Team	6.1%	< 8%	8.2%	9.2%	8.7%	9.5%	9%

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 NHSX (formally NHS Digital) and the Hospital Standardised Mortality Ratio (HSMR) produced by CHKS Limited replicating the Dr Foster/Imperial College methodology.

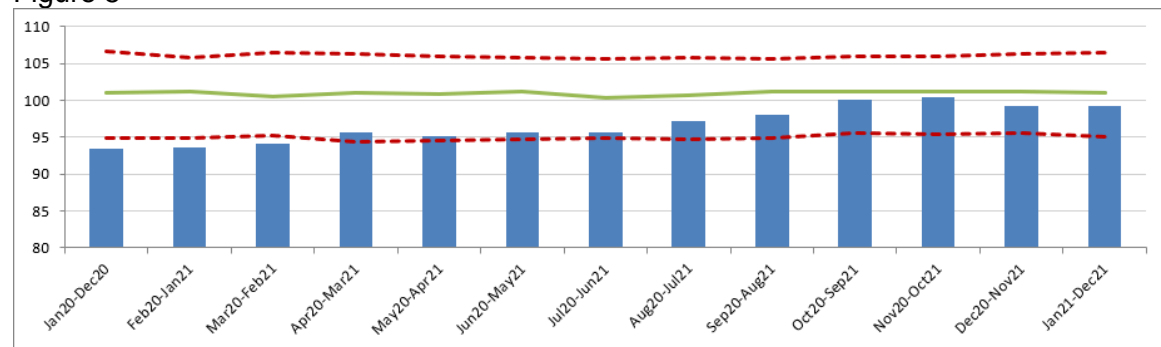
The HSMR includes only the 56 diagnosis groups (medical conditions) which account for approximately 80% of in-hospital deaths. The SHMI is sometimes considered a more useful index as it includes all diagnosis groups as well as deaths occurring in the 30 days following hospital discharge.

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%). Latest comparative data from January 2021 to December 2021 shows that the Trust remains in the 'as expected' category. In this period the Trust had 2,120 deaths compared to 2,135 expected deaths; a SHMI score of 99.3.

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.

Figure 5



Source: CHKS benchmarking

3.3.2 Learning from deaths (local mortality review)

During the period of April 2021 to March 2023, 1,862 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:

- 383 in the first quarter
- 468 in the second quarter
- 492 in the third quarter
- 519 in the fourth quarter

By 31 March 2022, 79 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 was carried out was:

- 23 in the first quarter
- 25 in the second quarter
- 11 in the third quarter
- 20 in the fourth quarter

These numbers have been calculated from the Trust's Mortality Review Database, integrated into Medway PAS (patient administration system).

Internal processes

The learning from deaths process has continued to evolve during 2021/22 as the Medical Examiner team has become statutory and the appointment of a new mortality lead in the Trust.

The Mortality Surveillance Group continues to work closely with the Medical Examiner's Office (MEO); the MEO reviews 100% of adult deaths where the person has died in hospital and is now expanding its work into the community. Acute cases that raise concerns are shared with the medical director's office who triage each case so that it follows the most appropriate process (structured judgement review, patient safety review, complaints process or informal feedback to the clinical area).

Dr Rebecca Thorpe has been appointed to the post of associate medical director with a portfolio covering patient Safety and mortality. She has initiated work to strengthen the mechanisms for informal concerns and feedback to be passed to clinical areas for

reflection in circumstances that do not trigger structured judgement reviews. Furthermore, the Mortality Steering Group has initiated a rolling thematic system of shared learning to ensure that areas of good practice and learning can be shared more widely across the Trust. The Trust's Learning from Deaths Policy has also been updated this year.

Learning themes arising from mortality reviews and directed into appropriate improvement programmes have included:

- Ward communication with families
- Delayed transfers between hospitals and hospitals sites
- Care of medical 'outlier' patients (patients who, due to pressures on hospital admissions, are accommodated in beds which are not in their medical specialty)
- Delayed administration of antibiotics

Regionally, work has been undertaken to align the processes and share learning between UHBW and North Bristol NHS Trust. A group has been established and an agreement reached that both trusts will work together to engage with the national "Better Tomorrow" programme.

3.3.3 Overview of monthly board assurance regarding clinical effectiveness

Table 6 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.

Table 6

Quality measure	Data source	20/21 Actual	Target 2021/22	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Actual 2021/22
Mortality								
Summary Hospital Mortality Indicator (SHMI)	NHSX	94.4	<100	95.5	98.4	100.5	-	97.5
Hospital Standardised Mortality Ratio (HSMR)	CHKS	104.5	No target	92.3	118.7	96.9	-	102.1
Readmissions								
Emergency readmissions percentage	Careflow	4.41%	< 3.62	3.78%	3.24%	3.26%	3.57%	3.44%
Fracture neck of femur								
Patients treated within 36 Hours	National Hip Fracture Database	66.1%	≥ 90%	67.6%	65.8%	66.4%	60.5%	65.5%
Patients seeing orthogeriatrician > 72 Hours	National Hip Fracture Database	92.1%	≥ 90%	94.2%	96.4%	96.7%	95.3%	95.6%
Patients achieving best practice tariff	National Hip Fracture Database	59%	≥ 90%	61.9%	60.4%	63.9%	53.5%	60.5%

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% of patients should be admitted, transferred, or discharged from A&E within four hours
- 85% of people referred by their GP should have their first definitive treatment for cancer within 62 days of referral
- 92% of patients should wait 18 weeks or less from referral to hospital treatment
- 99% 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%. This has not been achieved for the whole of 2021/22.

Table 7

Month End	Total List Size	18 Week Backlog	Percentage Under 18 Weeks
Mar-21	46,532	17,813	61.7%
Feb-22	54,305	21,996	59.5%

Change	7,773	4,183
% Change	16.7%	23.5%

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 orthopaedics (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.

Table 8

Month End	40+ Weeks	52+ Weeks	78+ Weeks	104+ Weeks
Mar-21	6,740	5,409	515	27
Feb-22	7,612	3,604	824	386

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% 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 67.1% (April 2021 – February 2022). For the four emergency departments (EDs):

- Bristol Royal Hospital for Children (BRHC) ED did not achieve the 95% standard in any month of 2021/22, and achieved 78.0% for the year
- Bristol Eye Hospital (BEH) ED achieved the 95% standard in all 11 months so far in 2021/22, and achieved 97.2% for the year

- Bristol Royal Infirmary (BRI) ED did not achieve the 95% standard in any month of 2021/22, and achieved 50.8% for the year
- Weston General Hospital (WGH) ED did not achieve the 95% standard in any month of 2021/22, and achieved 77.0% for the year.

Overall A&E attendances have now normalised with 99% of the 2019/20 outturn experienced in 2021/22. Higher volumes were experienced in the BRI (102% of 2019/20) and Bristol Royal Hospital for Children (106% of 2019/20), although the conversion rate to admission on the adult BRI site remained lower when compared to 2019/20.

Table 9: Overall Activity Volumes

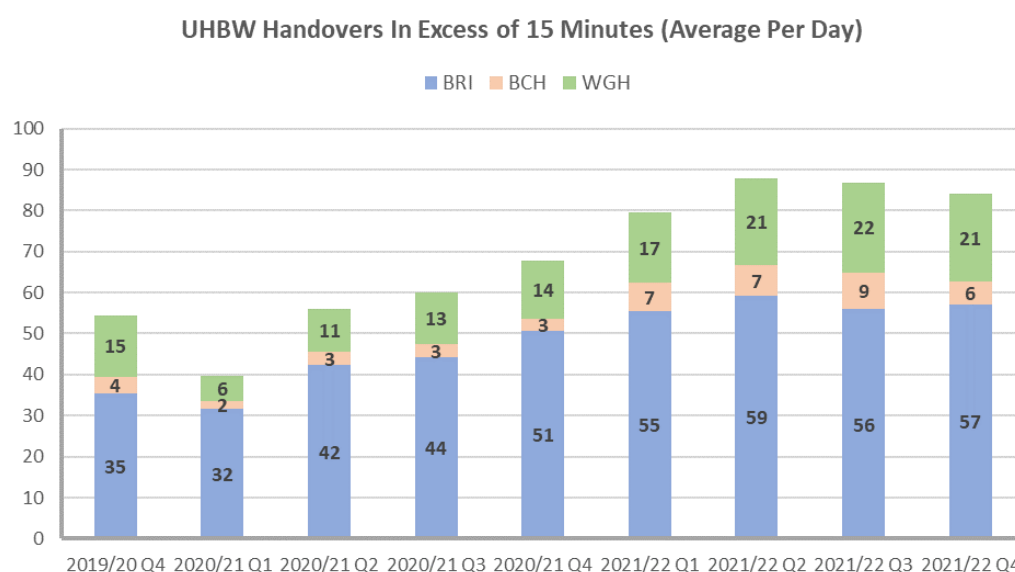
Hospital	Total Attendances		
	2019/2020	2020/2021	2021/2022 (Apr-Feb)
Bristol Royal Hospital For Children	44,499	28,417	42,990
Bristol Eye Hospital	24,941	18,110	20,296
Bristol Royal Infirmary	73,499	59,952	68,375
Weston General Hospital	50,228	33,582	41,824
UHBW Total	193,167	140,061	173,485

Hospital	Average Attendances Per Day		
	2019/2020	2020/2021	2021/2022 (Apr-Feb)
Bristol Royal Hospital For Children	122	78	129
Bristol Eye Hospital	68	50	61
Bristol Royal Infirmary	201	164	205
Weston General Hospital	138	92	125
UHBW Total	529	384	519

In 2021/22 there have been 4,809 12-hour trolley wait breaches (2,433 BRI, 129 BHRC and 2,247 Weston). There were 1,440 breaches in 2020/21.

Although A&E attendances were lower, challenges to flow were experienced throughout the year due to ED and inpatient ward reconfiguration to stream and isolate patients during the COVID pandemic, which significantly affected bed capacity, productivity and ambulance handover performance. The other most significant impact of the pandemic was on staffing, with impacts related to staff illness, self-isolation and individual risk assessment considerations.

Figure 6



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 fewer than ten patients 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 Bristol and Weston hospital sites) since the point of merger on 1 April 2020.

The Trust achieved the 62-day GP referral to treatment standard of 85% in zero out of 10 months in the period. The impact of the COVID pandemic on service delivery was responsible for this underperformance, contributing to the majority of breaches of the standard, including many of those principally due to patient choice or medical reasons. Performance became particularly challenging in late autumn and winter due to the surge in COVID cases as a result of the Omicron variant. Cancer performance was more seriously affected at that stage of the pandemic than any previous one, due to the numbers of staff and patients who became unwell with the disease, and because demand did not fall as it did in previous waves of COVID. The Trust has well designed pathways and rigorous performance management processes, therefore recovery of compliance with the standards should be possible as soon as the impacts of the pandemic decrease.

The Trust achieved the two-week wait standard of 93% for first appointment following GP suspected cancer referral in one month out of ten (May 2021). This standard was heavily impacted by the COVID pandemic, and by system-wide changes to the referral pathway for suspected colorectal cancers. Vacancies in the Dermatology service were also a factor in underperformance in some months when locum staff were not available. Dermatology is a national shortage area and recruitment is challenging, which the Trust partially mitigates through use of other appropriate skilled professionals to deliver relevant parts of the pathway, such as medical photographers. Towards the end of the

year, staff sickness due to the very high prevalence of COVID in the community contributed to a deterioration in performance against the standard. Patient sickness was also a factor in this. With increasing use of 'straight to test' pathways (which is good practice and required to comply with many national 'best practice timed pathways'), first contacts by necessity must be face-to-face and cannot be replaced by a telephone call. This means if either the patient or staff members are unwell with COVID, the appointment has to be delayed.

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 of 96% was achieved in five out of 10 months (May-September 2021). The compliant performance over the spring and summer months reflects the Trust's prioritisation of patients with cancer. However, the Omicron wave of the COVID pandemic affected these standards more adversely than at previous times in the pandemic, due to the numbers of patients and staff who suffered infection. Although the Trust continued to prioritise cancer work, this did not enable treatments to go ahead if the patient or critical specialist staff were unwell with COVID.

The 28-day Faster Diagnosis Standard was introduced in October 2021. The Trust complied with the GP referred standard in three out of four months. The non-compliant position in January was caused by the impact of the COVID pandemic and patient choice over the festive period (in particular, patients delaying tests requiring bowel preparation).

Ensuring equality of access remains a priority for the Sustainability and Transformation Partnership's cancer working group, and for the Cancer Alliance. The Trust participates fully in this work, with the cancer manager and lead nurse representing their peers on the Alliance's Equalities Group. Equalities data in cancer is still at an early stage of development, but progress was made on that at system level throughout the year. Lung cancer was a particular area of focus and the Alliance has worked to introduce Targeted Lung Health Checks. This service will launch in May 2022 and aims to reduce inequalities in the outcomes of people with lung cancer by increasing early diagnosis of the disease in targeted demographic groups.

3.4.5 Diagnostic waiting times

The NHS constitutional standard for 99% 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 60.6% and 65.4% of patients waiting under six weeks.

Table 10: Diagnostic Performance Compared to March 2021

Month End	Under 6 Weeks	Total Waiting	% Under 6 Weeks	13+ Weeks	Percentage 13+ Weeks
Mar-21	9,413	14,448	65.15%	3,016	20.9%
Feb-22	9,738	15,576	62.52%	3,349	21.5%

Diagnostic performance across the Trust has been sustained throughout the year, despite an 8% increase in the overall waiting list size. The bulk of the long waiting patients are concentrated in Endoscopy, Cardiac MRI and echocardiography.

Echocardiography performance includes several planned surveillance patients on the Weston hospital site that are not waiting for an initial diagnostic appointment and is therefore a data quality issue in the Trust patient tracking list. This is expected to be resolved during the Summer of 2022, when new diagnostic interface services will be introduced.

Diagnostic activity levels continued to be at or above pre-pandemic levels in 2019/20, although there were some capacity issues in Endoscopy experienced during the Winter period and Omicron surge that have contributed towards a higher backlog. The Trust is planning to increase diagnostic activity and recover services with the scaling up of a Community Diagnostic hub across the local healthcare system by 2023. Waiting lists also continue to be 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 was also implemented for diagnostic tests during the Autumn of 2022.

Table 11: End of February 2022

Test Name	Under 6 Weeks	Total Waiting	% Under 6 Weeks	13+ Weeks	% 13+ Weeks
Audiology	450	452	99.56%	0	0.0%
CT	1,329	1,633	81.38%	201	12.3%
DEXA Scan	505	885	57.06%	241	27.2%
Echocardiography	1,176	2,647	44.43%	900	34.0%
Endoscopy	784	1,908	41.09%	829	43.4%
MRI	1,636	2,589	63.19%	660	25.5%
Neurophysiology	99	99	100.00%	0	0.0%
Sleep Studies	36	123	29.27%	82	66.7%
Ultrasound	2,922	3,789	77.12%	256	6.8%
Grand Total	8,937	14,125	63.27%	3,169	22.4%

Table 12: 2021/22 diagnostic activity as a % of 2019/20, from IQPR:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Computed Tomography	118%	113%	120%	114%	119%	118%	112%	118%	111%	105%	112%	
Magnetic Resonance Imaging	115%	99%	118%	101%	116%	115%	98%	108%	88%	93%	97%	
Echocardiography	108%	113%	108%	105%	115%	105%	90%	112%	109%	89%	85%	
Endoscopy	114%	76%	92%	92%	116%	147%	140%	113%	125%	93%	74%	

3.4.6 Outpatients

The COVID pandemic has affected the Trust's delivery of outpatient services. Follow up backlogs have increased with 101,471 patients currently overdue follow up.

Table 13: Patients Overdue an Outpatient Follow Up as at February 2022

	Under 9 Months	9-11 Months	12+ Months	Total
Diagnostics & Therapies	9,074	130	274	9,478
Medicine	12,598	1,408	4,210	18,216
Specialised Services	8,232	1,057	712	10,001
Surgery	23,982	2,813	5,451	32,246
Weston	11,030	2,610	11,206	24,846
Women's and Children's	5,506	508	670	6,684
UHBW TOTAL	70,422	8,526	22,523	101,471
<i>Bristol Subtotal</i>	<i>59,392</i>	<i>5,916</i>	<i>11,317</i>	<i>76,625</i>

This has largely been the result of outpatient activity being de-prioritised and cancelled during the COVID response, with resources diverted to meet the urgent care response. During the restoration of activity urgent new patient and procedure activity has been prioritised, further impacting on the delay of follow-up care. The outpatient waiting list validation programme has been progressed to understand the risks associated with our longest waiting patients. Over 24,000 patients have now been reviewed and work continues with BNSSG partners to progress mitigation of the risks to patients waiting.

The UHBW outpatients redesign programme was paused during the 2021/22 second wave of the pandemic due to a lack of clinical and operational capacity. Some Transformation resource was diverted to the delivery of COVID-19 projects, and the remainder focussed on supporting specialities with capacity to continue outpatient transformation and the progression of toolkits.

Non-face-to-face activity has fallen from 30% in 2020/21 to 22.4% in 2021/22. This is because of the continued urgent care response and the impact on consultant capacity. The BNSSG Digital Patient programme has procured a replacement virtual consultation provider for Attend Anywhere, which is to be deployed in April 2022. The DrDoctor patient portal includes additional functionality to support patients accessing services including appointment letters, text message reminders and waiting list management functionality. Plans are in progress to promote the benefits of the DrDoctor platform and recover non-face-to-face activity.

Advice and Guidance activity has deteriorated during 2021/22. Services are being delivered from 44 specialities. Referrals numbers have fallen from 24,048 referrals in 2020/21 to 18,325 in 2021/22. Performance has fallen from over 90% response rate within seven days to 72%. Plans are in progress to review the sustainability of this rapid redesign of outpatient delivery with the CCG and Healthier Together for 2022/23.

Patient feedback from the delivery of community phlebotomy hubs in 2020 has shaped the development of the BNSSG primary care community phlebotomy model, with the

view of supporting patients to access care as close to home as possible. The new model went live across BNSSG in October 2021. Since the launch over 12,000 requests have been made with the Trust reaching the target of 1,900 requests a month in March 2022.

Patient initiated follow up supports patients to engage in managing their long-term conditions and make appropriate choices about how to access on going care. Over 4% of outpatient attendances have received the outcome of patient initiated follow up, exceeding the 2% national target set for 2021/22.

To support patients attending outpatient departments for face-to-face care, changes continue to be needed to support social distancing. New processes and risk assessments have been embedded into operational practice. Patient communications are continually reviewed to provide patients with information on how to access care.

Table 14: Performance against Outpatient Transformation Priorities in 2022/23

	Non Face To Face		Non Face To Face (Video)		Advice & Guidance		Advice & Guidance Responses		Patient Initiated Follow-Up	
	Total	% of All Attendances	Total	% of All Non Face To Face	Total Responses	% of New Attendances	Responses Within 7 Days	% Responses Within 7 Days	Total PIFU'd Outcomes	% of All Attendances
Diagnostic & Therapy	1,217	18.3%	212	17.4%	27	0.8%	27	100.0%	422	6.3%
Medicine	3,182	44.9%	353	11.1%	188	8.8%	139	73.9%	406	5.7%
Specialised Services	4,770	44.9%	290	6.1%	254	12.0%	254	100.0%	200	1.9%
Surgery	1,248	6.5%	56	4.5%	213	4.8%	117	54.9%	317	1.6%
Weston	1,905	27.1%	0	0.0%	137	6.0%	128	93.4%	424	6.6%
Women's & Children's	2,014	15.0%	294	14.6%	536	12.2%	323	60.3%	810	6.0%
TOTAL	14,336	22.4%	1,205	8.4%	1,355	7.3%	988	72.9%	2,579	4.1%

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. However, national guidance on revisions to infection and control guidance is expected to be confirmed to trusts in April 2022 which is a significant opportunity to improve productivity and waiting times. The Trust Recovery Programme Board is now established and is responsible for managing the operational implementation of such guidance, in addition to delivering priorities that support recovery of all NHS constitutional standards across planned and urgent care.

Table 15: Performance against national standards (to February 2022)

National standard	Target	2018/19	2019/20	2020/21	2021/22
A&E maximum wait of four hours	95%	86.3%	80.4%	80.1%	67.1%
A&E Time to initial assessment (minutes) percentage within 15 minutes	95%	95.6%	97.2%	81.1%	83.9%
A&E Time to Treatment (minutes) percentage within 60 minutes	50%	49.3%	50.2%	68.0%	48.7%
A&E Unplanned re-attendance within seven days	<5%	3.3%	3.6%	4.5%	2.9%
A&E Left without being seen	<5%	1.7%	1.6%	1.0%	2.9%
Cancer – Two-week wait (urgent GP referral)	93%	95.3%	93.4%	81.9%	84.7%
Cancer – 31-day Diagnosis To Treatment (first treatment)	96%	97.2%	95.8%	95.1%	93.8%
Cancer – 31-day Diagnosis To Treatment (subsequent surgery)	94%	96.1%	92.5%	84.1%	85.9%
Cancer – 31-day Diagnosis To Treatment (subsequent drug therapy)	98%	98.4%	98.6%	99.4%	99.3%
Cancer – 62-day Referral To Treatment (urgent GP referral)	85%	85.6%	85.5%	78.7%	76.3%
Cancer – 62-day Referral To Treatment (screenings)	90%	66.7%	71.1%	57.1%	49.4%
Cancer – 62-day Referral To Treatment (upgrades)	85%	83.7%	86.6%	86.8%	87.6%
18-week Referral to Treatment Time (RTT) incomplete pathways	92%	89.0%	83.2%	61.7%	59.5%
Six-week diagnostic wait	99%	96.7%	95.2%	65.2%	62.5%

APPENDIX A – Feedback about our Quality Account

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

When reading this Quality Account, it is important to remember the context in which the activity took place. This was the second year of the COVID-19 pandemic. Vaccination programmes were just being rolled out, social restrictions remained in place, many worked from home and new variants of the virus emerged. There were significant surges in infection and most of the nation experienced degrees of lockdown and restrictions.

The vaccinations gave us growing confidence; but high levels of infection continued. Trust staff availability was significantly reduced through illness and isolations after positive contacts. All Trust services were hindered by reduced staffing and COVID-19 infection control procedures. Ward capacity was restricted by bed spacing requirements and community care services were unable to cope with the discharge of patients from acute hospitals. There were unprecedented levels of demand for A&E services (both adult and children). The combination of these events led to a log jam of flow through the Trust, manifested by queues at A&E.

The Governors consider that this Quality Account offers a clear and fair representation of the Trust's performance during this time and acknowledges the challenges it has faced and the effects upon levels of success achieved.

Governor involvement with Quality and Performance at UHBW FT in 2021/22

As elected and appointed Governors of the Trust it is our duty to continuously monitor the Trust's performance and to work with the Non-Executive Directors (NEDs) to hold the Board to account. Throughout this year we have been unable to meet in person, but have continued a full programme of meetings and discussions online. Our normal schedule of meetings was limited during the last quarter of the year when, in line with national guidelines, all non-essential Trust meetings were cancelled, and meeting agendas shortened.

We have reviewed quality and performance issues every two months in our Quality Focus Group and discussed specific topics of concern with the NEDs. The Chair and NEDs at the Trust have continued to be open to our comments and challenges and have fully engaged in answering our questions.

The Public Board meetings at the Trust have continued to be streamed and then stored on You Tube for two weeks allowing the public and Governors to witness the Board in action.

Questions raised on our publicly available Governors Log reflect many of our concerns in dealing with COVID-related issues, staffing levels and well-being, sustainability, the Bristol Clean Air Zone (CAZ), transport and access to our hospitals, waiting lists and digital transformation.

Quality Improvement Activity

The Trust's progress in pursuing the five quality objectives it set for 2021/22 is candidly described in this Quality Account and it has committed to further work on patient safety and discharge within the new objectives set for 2022/23. Patient discharge has been a topic of concern for the Governors for a number of years and remains a priority. We look to the newly formed BNSSG Integrated Care System (ICS) for a solution to the need for increased co-operation between health and social service providers and greater capacity for care in the community.

Governors welcome the three further objectives:

- Waiting Well
- A new Trust strategy for healthcare inequalities
- A new vision for post-pandemic volunteering.

Waiting Well acknowledges the massive impact of the pandemic on waiting lists. Tackling the backlog is a national priority; while this objective should improve communication with those waiting and provide local support during the wait. Equality has been a priority for the Governors in recent years, and volunteers have been sorely missed during COVID-19 restrictions.

Review of Services

Part 3 of the Account deals with Patient Safety, Patient Experience and Clinical Effectiveness, describing the Trust's commitment to continuous review of the quality of services in all its hospitals. Serious incidents are thoroughly investigated, lessons learned shared and action plans initiated where needed.

There is extensive evidence of in-depth review of feedback from national and local patient surveys. The confidential Freedom to Speak Up resource for staff also provides learning for the Trust. The Trust acknowledges the need for action in several areas including maternity and the under-16 cancer services. Governors welcome the Trust's commitment to respond and will seek further assurance that this happens.

Governors have been monitoring the integration of the Bristol and Weston hospital teams both clinically and administratively. COVID restrictions have hindered progress, but much has been achieved and the Healthy Weston 2 programme offers direction for future progress. The need for further work within the Trust is acknowledged in this Quality Account, and the Governors will continue to look for progress.

Given the challenges faced by the Trust during this year it is encouraging to read about the many positive aspects of patient experience described, such as virtual clinics and the Message to My Loved One service. An on-going commitment to patient and public involvement work is also described.

Performance against national priorities and access standards has inevitably been significantly affected during this time; but the Governors feel that the Trust has done everything possible to understand and adapt to the challenging, and rapidly changing, environment in which they have been working. We also feel that staff throughout the Trust have shown an amazing degree of commitment and resilience despite facing enormous and persistent pressure. The Governors recommend this Quality Account to

its readers and feel strongly that all staff at the Trust should be thanked sincerely for the work they have achieved over the past year, in the most challenging of circumstances.

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

Healthwatch BNSSG discussed UHBW's draft Quality Account at its recent Board of Trustee meeting. Healthwatch BNSSG commends the report and welcomes the references to its input into the Trust's quality objective to improve patient experience of discharge from hospital. Looking ahead, Healthwatch BNSSG would welcome the opportunity to engage the Trust in a conversation about quality priorities earlier in the year, well in advance of the preparation of its quality accounts; we suggest that a conversation in January each year would help ensure that our work to understand access, and experiences for all communities, effectively informs services for users across the BNSSG area.

Vicky Marriott
Healthwatch BNSSG Area Manager

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

This statement for the University Hospital Bristol and Weston NHS Foundation Trust's (UHBW) Quality Accounts 2021/22 is provided by the Bristol North Somerset and South Gloucester (BNSSG) Clinical Commissioning Group (CCG).

BNSSG CCG welcomes the opportunity to review and provide comments on UHBW's Quality Account which provides a review of the Trust's overall quality and performance during 2021/22. The data has been reviewed and reflects the data provided throughout the year via the monthly Integrated Quality and Performance Report and at the monthly Quality Assurance acute joint meetings. These meetings have supported collaborative working in quality improvement initiatives by the trusts within Bristol.

BNSSG CCG acknowledges the challenges UHBW has faced in recovering from the effects of the COVID-19 pandemic and the impact that this has had on UHBW service delivery and Trust-wide performance, which in turn has affected the achievement levels for the range of quality indicators.

BNSSG CCG has reviewed the five quality objectives that were selected for 2021/22.

Objective one – Delivering the NHS Patient Strategy. UHBW has conducted preliminary work in preparation for the transition to the new Patient Safety Incident Response Framework (PSIRF) during 2021/22 and has introduced the new Rapid Incident Review Process across Bristol and Weston. BNSSG CCG welcomes the objective for the adoption Trust wide of PSIRF from October 2022.

Objective two – Improving the availability of information about physical access to UHBW hospitals to ensure patients and visitors know how to get to services in the easiest possible way, including patients with disabilities. UHBW has successfully achieved this objective with the introduction of the 'AccessAble' online guide.

Objective three – Supporting and developing the participation of lay representatives in Trust groups and committees. BNSSG CCG welcomes the progress of a refreshed approach to patient and public engagement by increasing the number of lay people who have joined committees and steering groups working with Bristol and Weston.

Objective four – Improving the experience of patients with learning disability. UHBW staff undertook the NHS England and NHS Improvement national learning disability and autism pilot. BNSSG CCG welcomes the re-launch of the Learning Disability Champions initiative within the Trust and the development of a champions handbook which provides guidance to make a difference to the care of patients with learning disabilities.

Objective five – Improving the patient experience of discharging from hospital. BNSSG CCG recognises the work that has been undertaken in 'Every Minute Matters' project, initiated by the Trust to improve the timeliness of patient discharge. BNSSG CCG welcomes the continuation of this improvement activity in 2022/23.

BNSSG CCG is supportive of the Year 2 objectives for Delivering the requirements of the Patient Safety Strategy and Improving Patient Experience of Early Discharge for 2022/23, along with the three additional objectives for Waiting Well, the development of a new Trust strategy for patient inequalities and developing and delivering a new vision for post-pandemic volunteering.

BNSSG CCG would like to thank UHBW for undertaking fifty-one national clinical audits and five national confidential enquiries during 2021/22 and also acknowledges the UHBW Clinical Research Portfolio and the continued contribution toward the development of COVID-19 policy.

BNSSG CCG commends UHBW's performance in the National Children and Young People's survey where it was rated in the top 10% of trusts from the perspective of parents and fifteenth from the perspective of children and young people.

BNSSG CCG looks forward to working with UHBW to support the delivery of the improvements identified in the quality objectives for 2022/23.

d) Statement from Bristol City Council People Scrutiny Commission and South Gloucestershire Health Scrutiny Committee

Representatives from the University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) were invited to an online meeting of Health Scrutiny Committee members from South Gloucestershire and Bristol City Council on 3 May 2022, to present highlights from their draft Quality Account for 2021-22. An informative presentation was given covering the following:

- Corporate quality objectives – looking back and looking ahead
- What patients are saying about quality of care in the hospitals
- June 2021 CQC inspection

Members expressed their thanks for the presentation. Overall members were satisfied with the quality objectives. It was noted that work continues, to improve patient experience of hospital discharges.

Members were encouraged by the progress made with the following:

- Improving the availability of information about physical access to UHBW's hospitals
- Supporting and developing the participation of lay representatives
- Improving experience of care for patients with a Learning Disability
- Improving patient experience of discharge from hospital
- Delivering the NHS Patient Safety Strategy

Members were concerned that many issues arise from shortages of staff, particularly waiting times for treatment.

e) Statement from North Somerset Health Overview and Scrutiny Panel

No statement received.

APPENDIX B – Statement of Directors’ Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHS 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 2021 to March 2022
 - papers relating to Quality reported to the board over the period April 2021 to March 2022
 - 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.



Eugene Yafele
Chief Executive



Jayne Mee
Chair