NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Quality Account 2022/23

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Part 1

1.1 Introduction from the Chief Executive

This has been my first year as Chief Executive at University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and I am very proud of all that has been achieved by our people. Against a backdrop of challenges, so much good work has taken place and the focus, dedication and determination of every single person at the Trust has hugely benefited our patients and their loved ones during their time of need.

Team UHBW has much to feel proud about as we look back on 2022/23. Like many of our colleagues in the NHS, we faced another challenging year. We made significant progress in tackling the ongoing impacts of the pandemic including our elective waiting lists against the backdrop of strike action across the health sector and beyond. We continued to go from strength to strength, building on the solid foundation of our combined hospitals and living our Trust values.

It is three years since University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust came together to form UHBW. The ambitions of the merger and the commitment of our talented, dedicated workforce has brought positive change for communities across the region. This has been evident in Weston General Hospital's improved Care Quality Commission (CQC) rating in October 2022, with three of the five quality domains assessed now rated as Good.

In 2022/23, the impact of the strikes by members of the British Medical Association (BMA), Hospital Consultants and Specialists Association (HCSA), Chartered Society of Physiotherapists (CSP) and Royal College of Nursing (RCN), as well as by colleagues at South Western Ambulance Service NHS Foundation Trust (SWASFT), was felt across all our hospitals. Balancing colleagues' legal right to strike with patient safety was essential and we witnessed exceptional collaboration between clinical and non-clinical colleagues during every strike event. From administrative support to free up colleagues, to pharmacists doing drug rounds and doctors helping patients at mealtimes, everyone pulled together. We have learned lessons from every strike and whatever the coming months bring, we have the knowledge, skills and experience to keep our patients safe and essential services running.

I strongly believe that our ability to care with compassion and kindness for those who need us most, starts within. The people who make up Team UHBW are our most important asset, and we know the previous 12 months have been tough on many of them. To support and improve the experience for everyone who works for or accesses UHBW services, we must continue to evolve and improve as an organisation. In 2022/23 we took a significant step forward in our ambition to do this by introducing the Patient First approach to continuous improvement. Patient First is a practical framework with tools and methodologies that enable deep analysis of problems or opportunities within the organisation, for which solutions should be developed and successes replicated. We will use the approach to align activities across the organisation and make decisions for the purpose of improving our performance and the advantage of our patients.

I commend this Quality Account to you. I am confident that the information in this report accurately reflects the services we provide to our patients.

Eugine Yafele
Chief Executive

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

We are proud to be leaders in a Trust where staff dedicate themselves to continually improving the quality of care for patients. This Quality Account once again includes a number of great examples of quality improvement.

Amongst the many new developments and initiatives you will read about in this report, there are two which we would like to highlight in particular. Firstly, during 2022/23, we have introduced a new system of clinical accreditation. This is our new way of carrying out comprehensive quality checks on our wards and in other departments. Accreditation creates a sense of healthy competition and pride as we all strive together to provide the best services for patients we possibly can. You can read more about this programme on page 41 of this report.

Secondly, we are delighted that 2022/23 has been a year when the Trust has, for the first time, published a Health Equity Delivery Plan. You can find out more about health equity on pages 17 and 59 of our Quality Account. Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. As leaders for healthcare quality in our Trust, we are 100% committed to the objectives of our Health Equity Delivery Plan, which include improving access to, experience of, and outcomes from our services, and building the confidence and skills of our people to meet the needs of our diverse patient population.

In his introduction to this Quality Account, Eugine has talked about Patient First, an approach to quality improvement. As we look ahead to 2023/24 and beyond, we firmly believe Patient First has the potential to transform the way we work and to continuously improve the experience of the people whose care is entrusted into our hands.

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
Chief Medical Officer

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 2022/23

Five corporate quality objectives were selected for 2022/23. We agreed to carry forward existing objectives relating to delivering the NHS Patient Safety Strategy and improving patients' experience of discharge.

We also set three new objectives:

- Supporting patients to 'wait 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.

In each case, by the year-end we had completed the work we set out to do in 2022/23.

Objective 1	**Delivering the NHS Patient Safety Strategy (Year 2)**
Rationale and past performance	In July 2019, NHS Improvement (now part of NHS England) 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: • 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. 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: 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).

<table>
<tr><td></td><td>3. Designing and supporting programmes that deliver effective and sustainable change in the most important areas (Improvement).</td></tr>
<tr><td>What we said we would do</td><td>We said:

In 2022/23, we will deliver Year 2 of UHBW priorities to implement the national strategy. To do this we will:

1. Insight
• Be ready to transition to new Patient Safety Incident Response Framework from October 2022 by:
o Conducting a thematic situational analysis on which to base a UHBW incident response plan by end Q1 2022/23.
o Developing a UHBW patient safety incident response plan by July 2022.
o Putting in place a team of expert investigators to lead investigations into our identified highest-risk patient safety themes (subject to funding approval).
o Transferring to Patient Safety Incident Response Framework (end Q2 2022/23).
o Ensuring our local risk management systems are ready to link with the new national “Learning from Patient Safety Events” system from 2023.

2. Involvement
• Conduct a “readiness for involvement” assessment and develop our involvement plan.
• 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 Health Education England (now part of NHS England) training as it becomes available.

3. Improvement
• Continue our patient safety improvement programme focus on the identified highest-risk patient safety themes whilst remaining alive to new emerging themes.

4. Culture development
• Further develop our patient safety culture, which underpins our approach to keeping people safer, including recruiting a human factors specialist to inform our insight, education and improvement work (subject to funding approval).</td></tr>
<tr><td>Measurable target/s for 2022/23</td><td>• 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).</td></tr>
</table>

	• 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 Chief Medical Officer
Implementation lead	Head of Quality and Patient Safety
Designated Head of Nursing	Head of Nursing, Division of Surgery
How did we get on?	Dates for achieving the specific elements have been later than planned at the start of the financial year but are largely achieved by year-end. **Insight** • The updated Patient Safety Incident Response Framework (PSIRF) was published by NHS England on 16 August 2022. The framework is supported with additional guidance and templates and recommends a staged approach over a 12-month period, with an expectation the NHS providers will transfer by June 2023. The UHBW PSIRF project plan was reviewed in response to these publications. A transfer date is set for the end of April 2023. • The thematic situational analysis is complete and our first Patient Safety Incident Response Plan has been produced. This was approved by our Board and the Integrated Care Board (ICB) in March 2023 ready for transfer to PSIRF in April. • Recruitment to a new centralised patient safety incident investigation team to facilitate the transfer to the PSIRF is complete. • The national timeline for migration to "Learning from Patient Safety Events (LFPSE)" has been extended to 30 September 2023. We had an LFPSE-compliant incident reporting form in our local risk management test system by 31 March 2023 which has been signed off by the national Patient Safety Team. We aim to go live with the new system in Quarter 2 of 2023/24. **Involvement** • UHBW has successfully recruited two Patient Safety Partners (PSPs) who are now participating in our Trust Patient Safety Group. • National Patient Safety Syllabus training is now available for staff and Level 1 is mandated for all new UHBW staff. A revised patient safety training matrix is being finalised in April 2023. **Improvement** • Our patient safety improvement programme continues with a key focus on improving the recognition and response to patient deterioration in line with national improvement priorities. A maternity improvement programme is also in place working in collaboration with our local maternity system.

	Culture development • New resources to support a just and restorative learning response to incidents were launched in November 2022, including a podcast. • The Associate Director or Quality and Patient Safety is an integral part of the working party to produce a new Resolution Framework for the Trust as part of the Supporting Positive Behaviours work. The Resolution Framework will align with, and is based on, a just and restorative learning response and will cover a broader range of processes that are triggered in response to events, such a disciplinary process or a bullying and harassment incident. • A Head of Human Factors post has been recruited to inform our insight, education and improvement work, starting in May 2023.
RAG rating	Objective for 2022/23 completed, with more work planned for 2023/24

Objective 2	**Improving patient experience of discharge from hospital (Year 2)**
Rationale and past performance	Last year (2021/22), 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 being assigned to 2022/23.
What we said we would do	We said: 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 locally by Healthwatch. 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 patients' 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.

Measurable target/s for 2022/23	• Increased number of patients discharged by midday.
	• Increased usage of the 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:
	  o "Do you feel you were kept well informed about your expected date of discharge from hospital?"
	  o "On the day you left hospital, was your discharge delayed for any reason?"

How progress will be monitored	Every Minute Matters Steering Group. Flow and Discharge Steering Group reporting to Recovery Delivery Programme Board.
Board sponsors	Chief Nurse and Midwife, and Chief Operating Officer
Implementation leads	Deputy Chief Operating officer Deputy Chief Nurse Assistant Director of Operations Assistant Chief Nurse
Designated Director of Nursing	Directors of Nursing, Division of Medicine, and Weston General Hospital
How did we get on?	**Every Minute Matters** In 2022/23, the UHBW Every Minute Matters (EMM) programme was initiated, focusing on releasing time, both in term of how long patients spend in hospital, and also how we enable the best use of staff time. After focused planning and preparation in Quarter 2 the EMM workstream went live across the Trust. Initial results are positive and the workstream is being recognised nationally and across the ICB as a well-planned and structured delivery programme. Our focus going forward is ensuring sustainability of the initiatives that were identified when commencing the programme. 40 inpatient wards have now completed their 12-week EMM programme. The biggest improvements have been the recognition of the need to have a multidisciplinary team (MDT) touchpoint as early in the day as possible whereby concise updates can be provided about patient progress with a focus on time limited tasks including the discharge of a patient. The MDT is a clinical team which includes nursing, medical, allied health professionals, and staff from the hospital discharge bureau. The inclusion of the Criteria to Reside data input in the morning board round is progressing well; having this data allows us to understand the numbers of patients in the hospital that have criteria to reside against NHS England (NHSE) criteria, and of those with no criteria to reside, we can now see reasons why those patients remain in our hospital beds. Such visibility of data enables the hospital to focus attention on those delays to discharge and allow work to take place to

resolve the delays and enable the patient to be discharged from hospital.

The roll out phase of the Proactive Board Round and Criteria to Reside workstreams of Every Minute Matters was completed in January 2023. Support remains in place to ensure the work is embedded and sustained. Following the completion of the roll out, the EMM task and finish group has focused on the following priorities:

- Initiation of divisionally-led EMM oversight groups. Leads for these groups are now provided with summary data packs for their relevant wards which highlight performance against the key EMM metrics. Links to existing dashboards are provided to allow the oversight groups to review data in detail where required and is accessible to all ward staff.
- Ongoing coaching support for wards relating to proactive board rounds, validations, and Criteria to Reside submissions.
- Development of scorecards which present data such as patients' length of stay, the use of the discharge lounge or the timeliness of patients' discharge which are reviewed at the Flow and Discharge Steering Group.

Data
To enable teams to see the results of the Criteria to Reside data, we have a number of resources in place including:

- The Flow and Discharge Dashboard.
- The Audit Management and Tracking system (AMAT) dashboard shows Proactive Board Round validation checklist outcomes.
- An EMM benefits monitoring report which has now been converted to a dashboard form, enabling comparison of key metrics year on year. This also enables an at-a glance view of top performing wards.

Improving weekend discharges
The first of a series of weekend discharge events was undertaken in February 2023 at the Bristol Royal Infirmary (BRI). The next event is scheduled at the Weston General Hospital in April 2023. The first BRI event was supported by:

- An additional discharge focused medical registrar.
- Additional discharge team members.
- NHS@Home attend the hospital to see if they could support any patients in their own home.
- Regular weekend huddles, including clinical site team, therapy, pharmacy.
- Use of a CareFlow team and patient list for focused reviews of patients identified using selected Making Care Appropriate for Patients (MCAP) system delay codes and EDDs within three days.

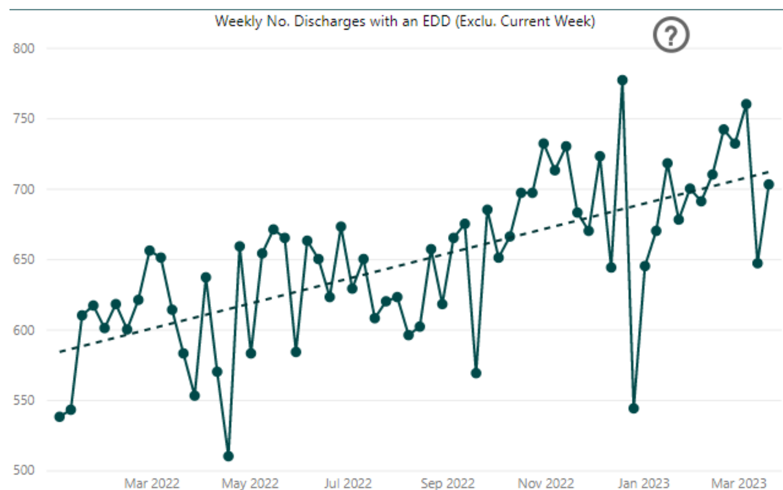
Learning from this event has been collated into an action plan which is being overseen by the EMM task and finish group. Some key areas of focus include:

- Supporting completion of medication prescriptions and discharge summaries prior to the weekend.
- Digitalising a 'blank' criterion-led discharge clinical note.
- Use of CareFlow tags and patient lists to identify patients for weekend review.
- Refining the use and understanding of community discharge pathways, including palliative care / end-of-life.

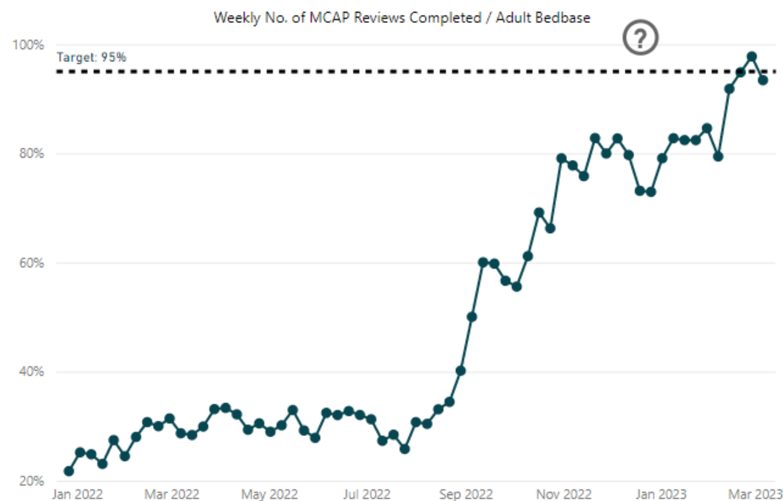
EDD (Estimated Date of Discharge)
During our first weekend discharge event in Quarter 4, we tested the ability to use EDDs to focus reviews of patients who were anticipated to be ready for discharge within the next three days, to see if their discharges could be brought forward. Findings from the weekend indicated that whilst the EDDs highlighted a reasonable number of patients fitting this criterion, there were limited opportunities to reduce lengths of stay. We have revisited the use of EDDs with a focus on ensuring that the data is adding value to patients and supporting inpatient hospital flow. A series of focus groups have been undertaken to collect feedback from a range of hospital teams including nursing, medical, pharmacy and therapy colleagues regarding the EDD process.

The EDD is available to see on digital whiteboards in each clinical area and a change has been developed whereby if the patient has an EDD of today, this will turn red on the board, and if the EDD is set for the following day the EDD will be orange. This helps teams see at a glance who is expecting to be discharged on that day / the next day, to also help prioritise any required actions. We see the value in using EDD so will continue to use this during 2023/2024 with a focus on patients' involvement and awareness of when their discharge is planned so they can also prepare for that discharge date.

We are starting to see improvement in the use of EDD:



Across UHBW, we have seen a significant increase in the daily number of Criteria to Reside reviews completed as a result of the MDT discussion and the proactive board rounds.



Criteria Led Discharge (CLD)
Data from proactive board rounds is highlighting that Criteria Led Discharge is not used as much as it could be. As a result, the EMM team is currently working with two cardiology wards, and a cardiac surgery ward to develop and trial the use of a clinical note (within CareFlow) to support CLD for patients who have undergone cardiac surgery, and pacemaker procedures.

In addition, a 'blank' Criteria Led Discharge clinical note is also in development, with the aim of supporting discharges for patients where medical teams can define the specific criteria at the point of assessment. This would replicate areas across the Trust where paper notes are used to support CLD. The benefits of digitalising this process would be the ability for the teams that manage patient admissions and discharges to identify patients on a CLD pathway, and support ward teams to progress discharges. The data captured by the digital forms will enable identification of barriers to the CLD being completed and create meaningful objectives for ongoing improvement of the process.

Use of the reformed Transfer of Care Document (ToC Doc)
In July 2022, the digital Transfer of Care Document (ToC Doc) was implemented within UHBW, replacing the Single Referral Form (SRF), encouraging effective integrated working across health and social care. The ToC Doc is important for identifying ongoing care for patients after discharge from hospital, providing a communication tool between acute and community care. This has meant a reduction in time spent completing and sending forms and means that amendments are possible without needing to complete a whole new form if there are queries.

This document is now embedded in practice and is being monitored within our Flow and Discharge dashboard. We are seeing very positive results in the reduced time from submission of the ToC Doc to discharge.

We have seen a steady decrease in the number of days between a patient's admission and their Toc Doc being submitted.

Bristol Royal Infirmary:

Average LOS Admission to First TOC Doc			
	Apr-22	Feb-23	Diff from
P1	10.4	10.4	0.0
P2	12.1	14.2	2.1
P3	16.3	13.4	-2.9

Average LOS First TOC Doc to Discharge			
	Apr-22	Feb-23	Diff from
P1	13.3	8.0	-5.3
P2	15.2	15.4	0.2
P3	36.1	31.0	-5.1

Weston General Hospital:

Average LOS Admission to First TOC Doc			
	Apr-22	Feb-23	Diff from
P1	14.8	11.1	-3.6
P2	12.8	12.2	-0.6
P3	30.0	19.3	-10.7

Average LOS First TOC Doc to Discharge			
	Apr-22	Feb-23	Diff from
P1	6.4	5.8	-0.7
P2	16.9	10.9	-6.0
P3	21.8	18.8	-3.0

Use of the Discharge Lounge
In the year 2022/23, the use of the discharge lounge on the BRI site has increased by 6.7% compared to 2021/22. Quarter 4 of 2022/23 also saw a similar increase in use of the discharge lounge at Weston General.

Healthwatch Patient Experience P3 Pathway Report
During 2021/22 Healthwatch conducted their own project, focusing on the experience of patients within the P3 discharge pathway (for those who are likely to require 24-hour bedded care on an ongoing basis following an assessment of their long-term care needs). The aim of this project was to gain staff and user feedback face to face and via questionnaires to develop a qualitative report. In Quarter 2 of 2022/23 staff from UHBW met with the Healthwatch team to discuss the feedback, focusing on the recommendation to facilitate patients with clear information about their discharge pathway (P0, P1, P2, P3) and development of a discharge passport/diary aiding communication between care provider and patient and family. Content will include

	description of pathways and space for documentation of discussions and next steps for any healthcare professional who visits the patient. The passport, which will be held by the patient/relative for them to use when they continue their pathway on discharge from the hospital, will now be developed through the new hospital programme called Active Hospitals.
RAG rating	Objective for 2022/23 completed, with more work planned for 2023/24

Objective 3	**Waiting Well**
Rationale and past performance	As a result of the coronavirus (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. 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. 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, we learn from these events through a Harm Review, and make improvements to our processes and prevent future harms. This quality priority focuses on Waiting Well. For context, in 2019/20, National Voices was asked by NHS England 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. The report offers three key recommendations for providers: 1. Understand the importance of improving the experience of waiting. 2. Invest in the development of patient-centred information and communication. 3. Support people while they wait through: • 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. 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.
What we said we would do	Three waiting well priorities have been agreed, taking account of patient experience feedback: 1. Acknowledgment 2. Communication 3. Signposting The aim is to put in a place a range of accessible measures that provide person-centred information and support for patients whilst they wait: • 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 services 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). • Understand the patient experience of waiting (for those patients waiting over six months), what is working well and what we need to improve.
Measurable target/s for 2022/23	1. A waiting well page on the UHBW website for patients and the public to access up-to-date and helpful resources to support them (measured by link clicks / downloads or resources). 2. Published links to the My Planned Care website across a range of digital and printed materials. 3. Increase in referrals to Voluntary, Community and Social Enterprise (VCSE) organisations from baseline. 4. Percentage of eligible patients who had at least one 'check-in' conversation provided during their wait (increase from baseline). 5. Evidence of updated and consistent patient information (online and published) with what to expect / how to prepare for a procedure.
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
Implementation lead	Deputy Chief Operating Officer – Planned Care

Designated Director of Nursing	Director of Nursing, Division of Specialised Services
How did we get on?	• In October 2022, a Waiting Well group was established as a sub-group of the Planned Care Steering Group. This group meets monthly. The group is chaired by the Deputy Chief Operating Officer. • A Health Matters event on 'Waiting Well' took place on 2 November 2022 inviting patients, staff and the public to talk about concerns and ways of managing expectations. Between 20-25 members of the public (including UHBW Governors) attended this event. Feedback from the event and the breakout groups was captured and has been used to inform of future plans. Key themes that emerged from the Health Matters event included: frustration, worry and feeling abandoned, with communication described as inadequate and confusing. Following the Health Matters event, we successfully appointed two lay representatives to join the Waiting Well group. • We also looked for themes in our patient feedback via the Friends and Family Test and monthly surveys. General reflections included some very positive experiences about the care received on the day. However, there were concerns expressed about administrative processes being difficult to navigate. Key themes included: patients having to chase the hospital for updates about their care, difficulties being able to communicate with the hospital. Failure to manage expectations about likely waiting times was also noted, and when delays did happen, a lack of acknowledgement or apology. • In November 2022, the group received a presentation from Vita Health Group so that we can consider how best to signpost patients to the mental health / talking therapies support that is on offer. For patients who come from outside of our immediate system, there may be a different provider of these services which we would need to consider. • In March 2023, with the support of the Trust's Communications team we launched a Waiting Well webpage on the Trust's internet site. This webpage provides information for patients about waiting for their hospital appointment, how to keep well while they wait, and preparing for surgery. It also signposts patients to other sources of information including the national My Planned Care website, our pre-procedure optimisation (prehabilitation) services, and our recently published AccessAble guides to our hospitals. • The Waiting Well group has been considering how and when we should be communicating with patients from the point of referral, to booking an appointment, to the point of discharge from hospital services. As part of this process the group has reviewed the use of the NHS e-Referral System (e-RS), and the implications for being able to communicate with patients that have been referred, but not yet booked into an outpatient appointment; the use of 'dummy' clinic booking and how this is potentially problematic; the opportunities associated with the use of the DrDoctor platform which is being rolled out Trust-wide. This tool provides functionality such as the ability, for patients who choose to, for viewing clinic letters through a web portal, the ability to rebook outpatient appointments through this

	portal, and the facility to send patients text messages and assessment forms to help prioritise and better manage their care. • The group is in the process of developing an ideal model for communication with patients including acknowledgment of receipt of referral and management of expectations in terms of likely waiting times, signposting to sources of information including the Trust's Waiting Well webpage and services for patients experiencing low mood, depression, or anxiety. A prototype communication model was presented at the Waiting Well group in April 2023. • Two working groups have been established at system level with representation from both UHBW and North Bristol NHS Trust (NBT). One is considering perioperative practice and prehabilitation. The focus of this group is on the use of the DrDoctor assessments tool to help to gather information to support the optimisation of patients before their surgery. The second working group is focusing on health inequality and data sharing. The specific focus is on patients who have a higher rate of not attending their clinic appointments, and how we can address any issues related to equity of access to our services. • An initial pilot of the C2Ai tool was completed in October 2022, including an assessment of how the tool could be used to prioritise patients and aid the preoperative optimisation of patients awaiting surgery. A Microsoft Power BI dashboard has been developed which includes a feature that is being tested to track patient-level scores for risk of deterioration or complications on a week-to-week basis. The Trust is now focusing on engaging with clinical teams in the roll out of the use of this tool. The Trust is also considering the C2Ai observatory tool, which provides retrospective trend analysis against a range of quality metrics.
RAG rating	Objective for 2022/23 completed, with more work planned for 2023/24

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 which can contribute to their health status. Health inequalities can therefore involve differences in: • 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, and • wider determinants of health, for example, quality of housing. The coronavirus (COVID-19) pandemic has exposed longstanding inequities in society and without focused positive action, this will have

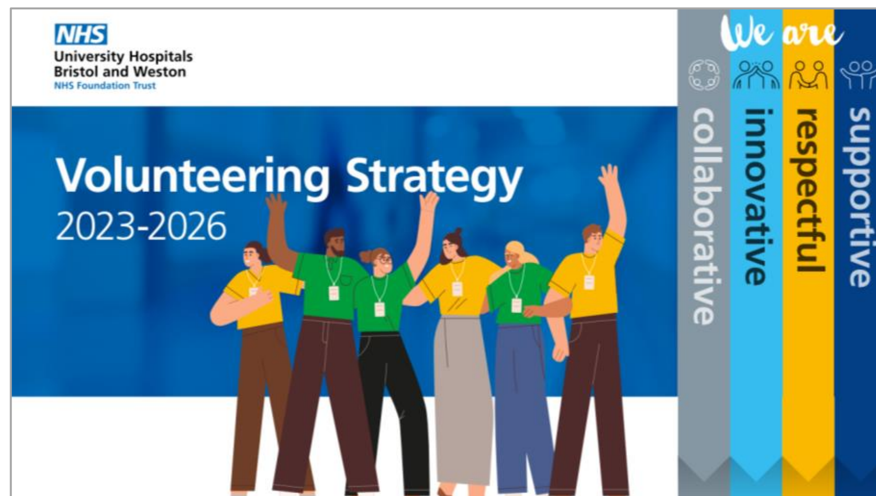
	long-term implications for health and health inequalities. The impact of health inequalities include: • Significant differences in life expectancy • Avoidable variation in mortality • Avoidable variation in health outcomes • Avoidable variation in harm and safety • Increased risk of long-term health conditions • Increased risk of mental ill health • Poor access to and experience of health services 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. 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. Nationally, NHS England 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.
What we said we would do	In 2021/22, we commissioned an independent baseline review of our approach to EDI for patients and communities from a national social enterprise, Public Health Action Support Team (PHAST) Community Interest Company (CIC). The focus of the review was to understand how well our people, processes, systems, structures and organisational culture support us in: • Advancing equality for patients and communities • Providing accessible and inclusive services for our patients • Tackling health inequalities 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. 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.

	We will test 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. 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.
Measurable target/s for 2022/23	a. EDI baseline report received by 31 May 2022 from PHAST CIC. b. Board seminar session (to receive recommendations from baseline review) takes place on 12 July 2022. c. Strategy is developed with staff, patients and community partners. d. Strategy objectives deliverable (i.e. they are carefully prioritised and resourced across the Trust). e. A health inequalities action plan is developed (part of schedule 2N of the Trust's contract with the ICB). f. There is a health inequalities / EDI governance structure in place that guides the work with clear accountability and Board leadership. g. The Trust is fully aligned to ICP (system) work on health inequalities and proactively participating in relevant fora and workstreams.
Board sponsor	Chief Nurse and Midwife
Implementation leads	Associate Director of Quality and Compliance, and Head of Experience of Care and Inclusion
Designated Director of Nursing	Director of Midwifery
How did we get on?	In Quarter 1 2022/23 we received the final report from the independent baseline review by Public Health Action Support Team (PHAST Community Interest Company) that was commissioned during 2021/22. The independent EDI baseline review for patients was reviewed at a Board seminar in July 2022. The Trust Board endorsed the three overarching recommendations within the report. A full list of the recommendations in the PHAST report was reviewed and compiled to inform the plan. The work to develop the Health Equity Delivery Plan commenced in Quarter 3. The development of the plan included a review of best-practice from other NHS trusts, a synthesis of priorities from a national, system and internal perspective and feedback from patients, staff and community partners. The draft Health Equity Delivery Plan was considered by the Clinical Quality Group in February 2023 and was then approved by the Quality and Outcomes Committee in March 2023. Our vision for UHBW's approach in tackling health inequalities is 'exceptional quality healthcare for all through equitable access, excellent experience, and optimal outcomes'. We have agreed five objectives we will deliver over the next two years:

	1. Improve access to, experience of and outcomes from our services. 2. Collaborate with the ICP to tackle health inequalities. 3. Foster organisational capability, creating the foundation to drive forwards our health equity programme. 4. Build the confidence and skills of our people to meet the needs of our diverse patient population. 5. Develop patient EDI data and intelligence to inform planning and priority setting. Alongside the development of the plan, a multi-disciplinary group came together in Quarter 3 to consider the broad range of EDI work planned or underway at the Trust. The group reflected on whether we have the right governance structure in place to support us to deliver our aims to be an inclusive employer and a provider of accessible and equitable healthcare services. A roadmap has been agreed to reach integration of the Patient and People EDI agendas at UHBW by April 2025, culminating in an integrated EDI strategy. In March 2023, a new multi-disciplinary Health Equity Delivery Group met for the first time which reports to the Clinical Quality Group and to Trust Board (via the Quality and Outcomes Committee). The remit of the group is to oversee the successful delivery of the Health Equity Delivery Plan. This structure provides a mechanism to ensure that the quality, operational and performance aspects of the health equity agenda is covered in reporting and assurance structures. The group is co-chaired by the Trust Deputy Medical Director and Deputy Chief Nurse.
RAG rating	Objective for 2022/23 completed and the new Health Equity Delivery Plan is being implemented

Objective 5	**Developing and delivering a new vision for post-pandemic volunteering**
Rationale and past performance	Pre-pandemic, UHBW had a thriving volunteer programme with hundreds of volunteers giving their time to support patients and staff alike every week. Like many trusts in the country, the volunteer programme at our hospitals was paused at the start of the coronavirus (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 refresh our thinking to ensure that we maximise the incredible value the volunteers offer our hospitals. 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.

	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. 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.
What we said we would do	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. 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. 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. We now have a unique and exciting opportunity to set out an ambitious vision for volunteering at the Trust, anchoring the Trust as a 'go-to place' for stimulating 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.
Measurable target/s for 2022/23	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 the NHS and VCSE organisations by 31 May 2022. 4. Volunteer Strategy 2022-2025 drafted by 30 September 2022. 5. A collaborative Board seminar in July 2022 to review a draft and agree priority areas of focus. 6. Published strategy by 31 December 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	Head of Experience of Care and Inclusion, and Voluntary Services Coordinator
Designated Director of Nursing	Director of Nursing, Children's Services
How did we get on?	Following a period of extensive engagement with volunteers and colleagues during 2021/22 and 2022/23, as well as a desktop review of best practice in the NHS and VCSE organisations, a draft vision and set

	of strategic goals was developed for the Volunteer Strategy 2022-2025. A presentation on the emerging goals was received by the People Committee in September 2022 who were supportive of the direction of travel. Following feedback from the People Committee, the full draft strategy was developed with each of the key goals aligning to the ambitions set out in the UHBW People Strategy. Input from an external designer has resulted in a clear, coherent and visual strategy document. The strategy was approved by the People Committee in January 2023. Our vision is: To offer a thriving volunteer programme for our diverse communities and our hospitals, providing meaningful, rewarding and creative opportunities for volunteers, to enrich the experience of our patients and our people. We have agreed four goals we will deliver over the next three years: 1. Create a vibrant and varied volunteering programme that mirrors the rich diversity of our communities. 2. Develop innovative roles that put the patient and staff experience at the forefront of what we do. 3. Embed our volunteering programme as a visible and valued part of Team UHBW. 4. Unlock the potential of volunteers, with opportunities that reward and recognise their value. In October 2022, our Voluntary Services Steering Group re-started and is overseeing the delivery of the new strategy. 
RAG rating	Objective for 2022/23 completed and the new Volunteering Strategy is being implemented

2.1.2 Quality objectives for 2023/24

This year, we have again identified five quality objectives. These include three objectives we are carrying forward: Year 3 of our objectives to deliver the NHS Patient Safety Strategy and to improve patients' experience of discharge, and an ongoing focus on supporting patients to 'wait well'.

We have also identified two new objectives associated with strategic priorities which have been developed using the Patient First approach. Patient First is a long-term, tried and tested approach to continuous improvement, helping us deliver our Trust strategy. It will see us move from trying to do too many things to working together on fewer goals and doing them well, with the patient at the heart of everything we do. For 2023/24, we have set two quality objectives based on our Patient First experience of care and patient safety priorities. These objectives are:

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

The continuation of our existing objective to improve patients' experience of discharge also supports the Patient First strategic priority of timely care.

Objective 1	**Delivering the NHS Patient Safety Strategy**
Rationale and past performance	In July 2019, NHS Improvement (now part of NHS England) 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: • 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. 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, by: • Improving understanding of safety by drawing intelligence from multiple sources of patient safety information (Insight). • Equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (Involvement).

	• Designing and supporting programmes that deliver effective and sustainable change in the most important areas (Improvement). This quality priority is a continuation of an objective we set ourselves in 2022/23.
What will we do?	In 2023/24, we will deliver Year 3 of UHBW priorities to implement the national strategy. To do this we will: Insight • Implement and embed new Patient Safety Incident Response Framework (PSIRF) throughout UHBW in 2023/24. • Ensure our local risk management system is ready to link with the new national Learning from Patient Safety Events system in line with the revised NHS England timescales. • Develop a revised patient safety learning framework. Involvement • Embed the role of Patient Safety Partners within UHBW. • Develop a new Patient Safety Engagement and Involvement Framework enhancing opportunities for patients, families and staff to contribute to learning responses with a focus on inclusivity. • Refine the UHBW patient safety training matrix and content for all staff to incorporate additional national Health Education England (now part of NHS England) training as it becomes available. Improvement • Align our patient safety improvement programme with Patient First objectives and ensure systems-focused improvement work arising from PSIRF learning responses feed into our Patient First approach. • Ensure reduction of health inequalities is taken into account when developing improvement work arising from learning responses. Culture development • Develop a Human Factors Faculty across UHBW. • Develop new feedback mechanisms for monitoring the experience and impact of PSIRF on patients, families and staff.
Measurable target/s for 2023/24	• Achieve compliance with the new Patient Safety Incident Response Framework (PSIRF) standards following transfer to PSIRF in Q1 2023/24. • Meet the NHS England milestone for progress against transferring to the national Learning from Patient Safety Events system by the end of September 2023. • Meet the revised NHS England deadline for transferring to the national Learning from Patient Safety Events System once published. • Develop an engagement and involvement framework for patient safety in conjunction with our patient safety partners by the end of Q2 2023/24. • Develop a Human Factors Faculty across UHBW by end 2023/24.
How progress will be monitored	Through quarterly reporting to the Patient Safety Group, Clinical Quality Group, and Quality and Outcomes Committee

Board sponsors	Chief Medical Officer / Chief Nurse and Midwife
Implementation lead	Associate Director of Quality and Patient Safety

Objective 2	**Improving patient experience of discharge from hospital (Year 3)**
Rationale and past performance	Over the previous two years we have 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. Throughout 2021/22 we largely focused on diagnostic activity, to gain a better understanding of this complex topic. During 2022/23 we progressed into developing a workstream entitled Every Minute Matters (EMM) using the diagnostic activity and information obtained the previous year. For 2023/24 we aim to progress and sustain the EMM programme and continue our focus on new initiatives to continue to enhance patients' and families' experience of their discharge.
What will we do?	During 2022/23 we developed a new workstream called Every Minute Matters across the Trust. The programme focused on releasing time, both in term of how long patients spend in hospital, and how we enable the best use of staff time. Initial results from this work have been encouraging and the workstream is gaining recognition both locally and nationally. Our focus going forward in 2023/24 is ensuring sustainability of the initiatives under the EMM programme so that divisional teams take ownership of the initiatives and manage the activity as part of their everyday working, and to direct our focus onto some specific activities within the EMM programme, which are: • Achieving 33% of all patients discharged before noon. • Promoting the use of criteria-led discharge. • Promoting weekend discharges. • Maximising the use of the Hospital at Home (H@H) pathways. Our focus will be on promoting the early discharge of patients by ensuring everything patients need for their discharge is prepared and ready for the day of discharge. This includes the process of providing Tablets to Take Away (TTAs) and information about the patient's medication. In 2022/23 we started using the Mapps App to provide printed medication-specific information for patients and we will develop this further through a roll out across all our hospital clinical areas, undertaking a comprehensive review of the process of providing TTAs at the same time. This also aligns with an action from the National Inpatient Survey 2022. **Criteria Led Discharge** We know from our data from proactive board rounds that Criteria Led Discharge is not used as much as it perhaps could be. The EMM team

	has commenced working with two cardiology wards, and a cardiac surgery ward to develop and trial the use of a clinical note (within the CareFlow system) to support CLD for patients who have undergone cardiac surgery, and pacemaker procedures. Our aim for 2023/24 is to take the learning from the initial CLD pathways and to expand this further and develop additional pathways across all divisions in the Trust. **Weekend Discharges** There is already a project of work in place to increase the number of patient discharges at the weekend, with a target of 80% of weekday discharges taking place at weekends. In 2022/23 we achieved 65%. A suite of activities is being used to improve this performance which includes a multi-professional weekend discharge staff event. This event focuses on making improvements to the discharge process, including detailed mapping of Friday activity and which patients are identified for discharge over the weekend. A new model of 'weekend huddles' will be implemented, proposed to begin in April 2023, supported by operational matron teams and our Proactive Hospital Improvement Coach. **Hospital at Home (H@H)** H@H provides clinical care for people who are acutely unwell in their own homes across Bristol, North Somerset, and South Gloucestershire. The service enables people to get the care they need at home safely and conveniently, rather than being in hospital. The following pathways are currently available for patients to be referred to: heart failure, frailty, respiratory and provision of antimicrobial medication at home. Existing and new pathways are being developed and our focus will be on ensuring we are taking full advantage of this service and ensuring we have the right internal process for patients to access this service. **Active Hospitals** We have committed to implementing the Active Hospitals – Enabling the Home First programme across UHBW during 2023/24. We have the benefit of an Active Hospitals coordinator funded by Ageing Well, via Age UK Bristol, to support implementation of the programme. The Active Hospitals programme aims to: • Change the physical activity culture in hospitals. • Encourage patients to stay active during their stay. • Create an enablement ethos amongst all staff. • Improve patient experience and flow through the hospital. • Enable earlier discharge and decreased care needs. The programme will be delivered through: • Trust commitment for long-term planning and sustainable cultural change. • Enthusiasm and commitment at all levels from the Board to the ward staff.

	• Support in the community. • Working in collaboration with internal and external stakeholders and networks. • Data collection and analysis to demonstrate the benefits of embedding physical activity into hospitals. • Considering patient outcomes and staff wellbeing. We are currently scoping the delivery of the Active Hospitals programme which will report through the EMM steering group.

Measurable target/s for 2023/24	• Increased number of patients discharged by midday.
	• Increased number of weekend discharges (target = 80% of weekday discharges).
	• 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:
	  o "Do you feel you were kept well informed about your expected date of discharge from hospital?"
	  o "On the day you left hospital, was your discharge delayed for any reason?"

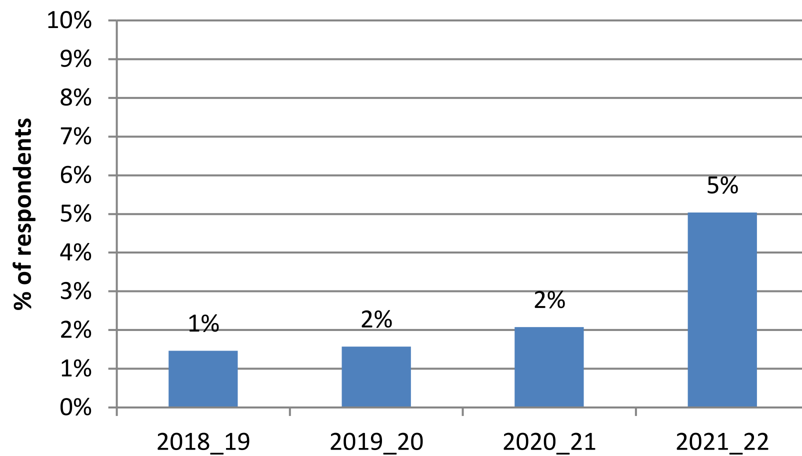
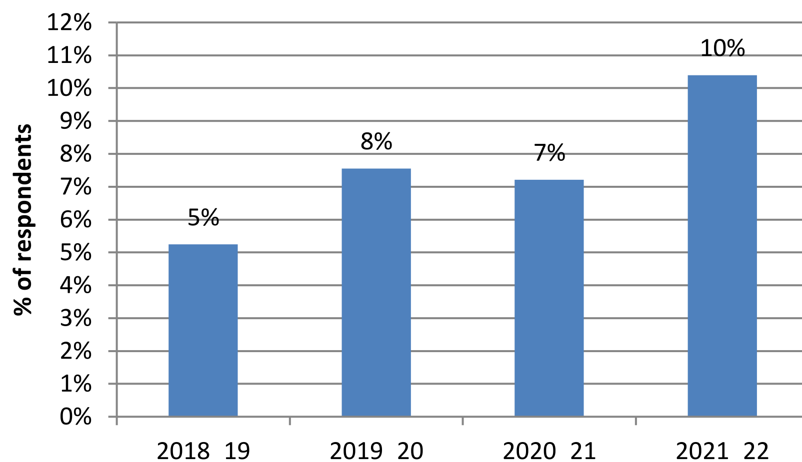
How progress will be monitored	Every Minute Matters Steering Group Patient Flow and Discharge Group reporting to the Recovery Delivery Programme Board
Board sponsors	Chief Nurse and Midwife / Chief Operating Officer
Implementation leads	Deputy Chief Operating officer Deputy Chief Nurse Assistant Director of Operations Assistant Chief Nurse
Designated Heads of Nursing	Directors of Nursing, Division of Medicine, and Weston General Hospital

Objective 3	**Waiting well**
Rationale and past performance	As a result of the coronavirus (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. 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. 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. This quality priority focuses on Waiting Well and is a continuation of an objective we set ourselves in 2022/23.
What will we do?	Three waiting well priorities have been agreed, taking account of patient experience feedback: 1. Acknowledgment 2. Communication 3. Signposting Our goals for 2023/24 are: • To further develop the information presented on the Trust's Waiting Well web pages including the creation of content designed to meet the needs of children and young people, their parents, guardians, or carers. • To improve how we communicate with our patients from the point of referral to discharge. This will include how we acknowledge receipt of referral, signpost patients to sources of information and support, and confirm patients' wishes about remaining on a waiting list. We will reflect the diverse needs of our population including Accessible Information Standards. • To undertake a further Health Matters event to share the progress we are making to support patients who are waiting and gather feedback to inform the next steps. • To work with system partners to develop a health screening questionnaire for patients waiting for surgery, completed as early as possible in their pathway, to increase opportunities to improve their health prior to their procedure. • To use the C2Ai clinical risk stratification tool to identify patients who would benefit the most from targeted health preparation prior to surgery, and to prioritise the treatment of patients at higher risk of deterioration or complications. • To capitalise on the opportunities offered by the DrDoctor platform roll out to improve patients' experience of engaging with our hospital services including the Quick Book, Quick Question, Digital Letters, Assessments and Patient Led Booking modules.
Measurable target/s for 2023/24	We will seek improvements in the following metrics: • The number of unique visitors to the Trust's Waiting Well web pages. • The number of patients re-prioritised for surgery. • The number of services using the C2Ai tool. • The number of services utilising the DrDoctor modules following the pilot phase. It is anticipated that this platform will deliver improvements across a range of metrics including Did Not Attend (DNA) rates, reduction in the number of patients reported as overdue their follow-up appointment, and response times to

	telephone calls to our Appointment Centre and Patient Access teams. • The percentage of services using the questionnaire, and the percentage of completed questionnaires. • Patient feedback about feeling prepared.
How progress will be monitored	Waiting Well Group, reporting to the Planned Care Steering Group
Board sponsor	Chief Operating Officer
Implementation leads	Deputy Chief Operating Officer – Planned Care
Designated Heads of Nursing	Director of Nursing, Division of Specialised Services

Objective 4	**Improving experience of care through better communication**
Rationale and past performance	Patient First is our new approach to continuous improvement at UHBW. Experience of Care has been chosen as one of six strategic priorities to focus our improvement efforts to ensure we deliver on our True North (our shared vision and purpose at UHBW) – 'patients at the heart of all that we do'. Background: Whilst most patients give us very positive feedback, a significant number tell us that their overall experience of care provided is less than good. By this, we mean they have rated their care as fair, poor or very poor in monthly patient surveys. Our position has deteriorated in some areas relative to other comparable non-specialist acute NHS providers since 2019/20, and this is particularly apparent in inpatient care and maternity care. Problem: Data from patient feedback and complaints indicates that in maternity and inpatient care we are inconsistent in the way we provide person-centred, compassionate inclusive care and that some patients from diverse groups have poorer experiences and outcomes. In addition, our feedback is not always representative of the communities that we serve. Impact: Too many patients have a poor experience of our services and staff are not satisfied with the standard of care they provide. Scope: Our data analysis as part of Patient First has revealed that we need to focus on the theme of improving communication in inpatient care on wards in the Division of Medicine and at Weston General Hospital as well as our maternity wards to make the most significant overall improvements in experience of care. This quality priority currently excludes all other areas, for example outpatient and emergency department care.

	 
What will we do?	Our vision is to provide person-centred, compassionate, inclusive care for patients with a particular focus on our diverse communities every time. As part of this quality priority, we will co-design an Experience of Care Strategy with our people and our communities which will guide our work in this area over the next three-five years. The strategy will be approved and published by March 2024. During 2023/24, we will: Quarters 1 and 2 (April to September 2023)

	1. Work with relevant divisions to agree an approach for this improvement work. 2. Establish/adapt a governance structure to ensure that progress can be monitored (from ward to Board) and issues and risks to delivery escalated appropriately and in a timely way. 3. Refresh and provide detailed baseline data (based on patient feedback) by ward, for wards within the Division of Medicine, maternity and at Weston General Hospital. Quarter 3 (October to December 2023) 4. Undertake an in-depth data analysis of the patient journey for specialties in scope, combined with division-led A3 thinking (a model used as part of Patient First). 5. Develop and approve detailed improvement plans for the top contributing areas (as highlighted by baseline data). Quarter 4 (January to March 2023) 6. Implement improvement plans and monitor performance via the Patient Experience Hub (our real-time patient feedback system). 7. Start to evaluate success, assess sustainability of improvements made and embed in standard work and practice within wards. As part of our Health Equity Delivery Plan 2023/24, we have committed to improve access to, experience of, and outcomes from our services for our diverse communities. As part of this, we will develop a community outreach programme in collaboration with partners in the voluntary and community sector to better understand and improve the experience of marginalised communities. We will ensure the community outreach programme is informed by the priorities emerging in Medicine, Weston General and maternity services as part of the delivery of this quality priority (i.e. which communities do not provide us with feedback in these services via our standard survey routes and how will we address this).
Measurable target/s for 2023/24	1. Greater or equal to 98% of patients will rate their care as good or above in our local patient surveys by 2027/28. (see table below) 2. Ensure feedback is representative of the communities we service via a range of community engagement and survey approaches. 3. Achieve a top 10% score for the NHS staff survey question: "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation" by 2027/28.

Area	Baseline (Oct 21 – Sep 22)	End 2023/2024	Target 2027/28
Division of Medicine inpatient wards	90.5%	92.0%	98.0%
Weston General inpatient wards	87.6%	89.7%	98.0%
Maternity wards	91.9%	93.1%	98.0%

	<table><tr><td>Baseline 2022 survey</td><td>Target 2023/24</td><td>Target 2027/28</td></tr><tr><td>71.1%</td><td>72.6%</td><td>78.7%</td></tr></table>
How progress will be monitored	Divisional Experience of Care Groups, Trust-wide Experience of Care Group, Clinical Quality Group, Quality and Outcomes Committee, Board
Board sponsors	Chief Nurse and Midwife
Implementation lead	Associate Director of Quality and Compliance Head of Experience of Care and Inclusion

Objective 5	**Reducing patient harm events through consistency in the early recognition of sepsis**
Rationale and past performance	Patient First is our new approach to continuous improvement at UHBW. Patient safety has been chosen as one of six strategic priorities to focus our improvement efforts to ensure we deliver on our True North (our shared vision and purpose at UHBW) – ‘patients at the heart of all that we do’. Background: We are continuously improving our systems for keeping people safer in our hospitals, but there are a number of key components of a well-functioning safety system where we know we have scope to improve further. These include our reflective learning processes, our implementation of human factors principles, our recording and use of contemporary safety data, and our staff engagement in a safety culture. Problem: A minority of patients come to avoidable harm under our care resulting in poorer clinical outcomes and higher patient mortality. This also risks poor patient, carer and family experience, and moral injury for our staff. Scope: The deteriorating patient and sepsis-related risks. • Recognised internationally as the likely commonest cause of inadvertent patient harm in hospitals. • Our SHMI (Summary Hospital-level Mortality Indicator) data show that sepsis-related deaths (sepsis is the body’s extreme response to an infection; a life-threatening medical emergency) are increasing and although they are still within expected levels for our peer group and we have not received a formal outlier alert, we are undertaking a data ‘deep dive’ to investigate this further to fully inform our decision making. • Failure to recognise/escalate deteriorating patients has been one of our six most frequently reported incidents over the last two years and is a common theme in patient safety incidents and medical examiner referrals.

	• Often deterioration is infection/sepsis-based, but even when it isn't, many of the required actions remain clinically pertinent. Our year 1 'breakthrough objective' for this Patient First strategic priority is to focus on sepsis recognition. There are challenges to this, for example, significant changes to national sepsis guidelines from NICE (National Institute for Health Care and Excellence) are imminent, and compliance with sepsis assessment and pathway care can only be monitored manually, e.g. by reviewing notes and the outcome measures are often proxy rather than actual.
What will we do?	Our vision is to consistently deliver the highest quality, safe and effective care, aspiring to eliminate avoidable harm caused to patients under our care. Central to what we do will be the desire to create a just culture where patient safety is paramount. Current and planned work for our Deteriorating Patient Programme includes: • Launching and ongoing monitoring and support of the Critical Care Outreach team across all adult sites. • Deteriorating Patient Education – completing a full review and update of e-learning for recognition and management of adult patients; also developing a UHBW e-learning module on NEWS (National Early Warning Scores) to replace the Royal College of Physicians' guidance, so we have a locally-provided and therefore more relevant and flexible set of modules that can be adapted and updated to reflect changes to guidance, and in line with our CareFlow Vitals upgrades and project progress. • Pregnant patient in non-maternity areas – at present we have significant challenges getting accurate data regarding numbers of pregnant patients treated in non-maternity areas. Our aim is to implement MEOWS (Modified Early Obstetric Warning Scores) across the organisation for pregnant patients outside maternity areas with in-reach provided from maternity services in St Michael's Hospital which will improve recognition and escalation of deteriorating pregnant patients and give non-maternity staff expert support which is easily accessible. • ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) / ReSPECT Plus review and implementation, and monitoring of quality of end-of-life planning including a thematic analysis/harm panel of safety incidents, complaints, claims and medical examiner referrals where end-of-life planning was a contributory factor, which will generate actions and recommendations.
Measurable target/s for 2023/24	• To develop a Deteriorating Patient Data Dashboard for monitoring and reporting. • To undertake a deep dive of our sepsis-related mortality data to identify action to improve the accuracy of reporting into HSMR (Hospital Standardised Mortality Ratio) and SHMI datasets. • To develop outcomes measures for monitoring reduction in harm from unrecognised clinical deterioration which will be included in the dashboard. This aims to include delayed recognition of deterioration;

	delayed escalation; and delayed response to escalation which are difficult to measure directly. Proxy measures of this will include a combination of factors such as: ○ Rates of unplanned ICU (Intensive Care Unit) admissions. ○ Critical care outreach team referral and trigger activity and outcomes. ○ e-vitals activity. ○ ReSPECT form and ReSPECT Plus completion and quality data. ○ Themes from medical examiner referrals around quality and frequency of deaths related to unrecognised deteriorating patients. ○ Identifying pregnant patients being cared for in non-maternity areas and ensuring they are monitored using MEOWS with in-reach support from maternity services.
How progress will be monitored	Deteriorating Patient Group, Trust-wide Patient Safety Group, Clinical Quality Group, Quality and Outcomes Committee, Board
Board sponsor	Chief Medical Officer
Implementation lead	Associate Medical Director for Patient Safety, and Director of Nursing for the Division of Surgery

2.2 Statements of assurance from the Board

2.2.1 Participation in clinical audits and national confidential enquiries

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

During 2022/23, 50 national clinical audits and seven national confidential enquiries covered NHS services that University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) provides. During that period, the Trust participated in 81% (42/52) of national clinical audits and 100% (7/7) 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 coronavirus (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 2022/23 and whether it did participate:

Table 1

Name of audit / programme	Participated
Acute, urgent and critical care	
ICNARC Case Mix Programme (CMP)	Yes
Pain in children – part of RCEMQIP[1]	No[†]
Assessing for cognitive impairment in older people – part of RCEMQIP[1]	No[†]
Mental health self-harm – part of RCEMQIP[1]	No[†]
Major Trauma Audit (TARN)	Yes
ICNARC 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
Cancer	
National Bowel Cancer Audit (NBoCA) – part of NGICP[2]	Yes
National Lung Cancer Audit (NLCA)	Yes
National Oesophago-Gastric Cancer (NOGCA) – part of NGICP[2]	Yes
Elderly care	
Fracture Liaison Service Database (FLS) – part of FFFAP[3]	Yes
National Audit of Inpatient Falls (NAIF) – part of FFFAP[3]	Yes
National Hip Fracture Database (NHFD) – part of FFFAP[3]	Yes
National Audit of Dementia (NAD)	No[R]
UK Parkinson's Audit	Yes
National Joint Registry (NJR)	Yes

Name of audit / programme	Participated
Respiratory	
Adult Asthma Secondary Care – part of NACAP[4]	Yes[B]
COPD Secondary Care – part of NACAP[4]	Yes[B]
BTS Adult Respiratory Support Audit	No
UK Cystic Fibrosis Registry	Yes
Heart	
Adult Cardiac Surgery (ACS) – part of NCAP[5]	Yes
National Audit of Percutaneous Coronary Interventions (PCI) – part of NCAP[5]	Yes
Myocardial Ischaemia National Audit Project (MINAP) – part of NCAP[5]	Yes
Cardiac Rhythm Management (CRM) – part of NCAP[5]	Yes
National Heart Failure Audit (NHF) – part of NCAP[5]	Yes
National Audit of Cardiac Rehabilitation (NACR)	Yes
National Congenital Heart Disease (CHD) – part of NCAP[5]	Yes
Long term conditions	
Cleft Registry and Audit Network (CRANE)	Yes
National Early Inflammatory Arthritis Audit (NEIAA)	Yes
National Diabetes Core Audit – part of NDA[5]	Yes[O]
National Diabetes Inpatient Safety Audit – part of NDA[5]	No[R]
National Pregnancy in Diabetes Audit (NPID) – part of NDA[5]	Yes
National Ophthalmology Database Audit	Yes
Inflammatory Bowel Disease programme / IBD Registry	Yes
UK Renal Registry Chronic Kidney Disease Audit	Yes
Women's and Children's Health	
Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Yes
BTS National Smoking Cessation Audit (Maternity)	No
National Maternity and Perinatal Audit (NMPA)	Yes
National Neonatal Audit Programme (NNAP)	Yes
National Paediatric Diabetes Audit (NPDA)	Yes
Neurosurgical National Audit Programme	No
National Acute Kidney Injury Audit	No
Paediatric Asthma Secondary Care – part of NACAP[3]	Yes
Paediatric Intensive Care Audit Network (PICANet)	Yes
Other	
Elective Surgery: National PROMs Programme	Yes
National Audit of Care at the End of Life (NACEL)	No[R]
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes
Confidential enquiries/outcome review programmes	
Child Health Clinical Outcome Review Programme	Yes
Learning Disabilities Mortality Review Programme (LeDeR)	Yes[O]
National Perinatal Mortality Review Tool	Yes
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes

Name of audit / programme	Participated
Medical and Surgical Clinical Outcome Review Programme	Yes[O]
National Child Mortality Database	Yes
National Perinatal Mortality Review Tool	Yes

[1] RCEMQIP: Royal College of Emergency Medicine Quality Improvement Programme
[2] NGCIP: National Gastro-Intestinal Cancer Programme
[3] FFFAP: Falls and Fragility Fractures Audit Programme
[4] NACAP: National Asthma and COPD Audit Programme
[5] NCAP: National Cardiac Audit Programme
[6] National Diabetes Audit programme

[†] Difficulty registering Bristol and Weston sites as one trust and agreeing funding. Issues resolved and registered/entering data for the 2023/24 programme.
[R] Resources/staffing issues. Agreed to participate in 2023/24.
[B] Bristol site only
[O] Organisational/service level data submitted only.

Of the above national clinical audits and national confidential enquiries, those which published reports during 2023/23 and where the Trust submitted data, are listed in Table 2 alongside the number of cases submitted to each audit. Case ascertainment is shown in brackets where known.

Table 2

Name of audit / programme	Participated
Acute, urgent and critical care	
ICNARC National Cardiac Arrest Audit (NCAA)	26
National Emergency Laparotomy Audit (NELA)	115 (82%)
Sentinel Stroke National Audit programme (SSNAP)	656
Society for Acute Medicine Benchmarking Audit (SAMBA)	~50
Cancer	
National Bowel Cancer Audit (NBoCA) – part of NGICP[1]	240 (>80%)
National Lung Cancer Audit (NLCA)	337
National Oesophago-Gastric Cancer (NOGCA) – part of NGICP[1]	165
Elderly care	
Fracture Liaison Service Database (FLS) – part of FFFAP[2]	1682 (100%)
National Audit of Inpatient Falls (NAIF) – part of FFFAP[2]	12
National Hip Fracture Database (NHFD) – part of FFFAP[2]	591(100%)
UK Parkinson's Audit	50
National Joint Registry (NJR)	82 (100%)
Respiratory	
Adult Asthma Secondary Care – part of NACAP[4]	62
COPD Secondary Care – part of NACAP[4]	272
UK Cystic Fibrosis Registry	293
Heart	
Adult Cardiac Surgery (ACS) – part of NCAP[3]	3179 (100%)

Name of audit / programme	Participated
National Audit of Percutaneous Coronary Interventions (PCI) – part of NCAP[3]	4825 (100%)
Myocardial Ischaemia National Audit Project (MINAP) – part of NCAP[3]	698 (66%)
Cardiac Rhythm Management (CRM) – part of NCAP[3]	658
National Heart Failure Audit (NHF) – part of NCAP[3]	400 (65%)
National Congenital Heart Disease (CHD) – part of NCAP[3]	2591(100%)
Long term conditions	
National Early Inflammatory Arthritis Audit (NEIAA)	96 (100%)
National Ophthalmology Database Audit	526 (100%)
UK Renal Registry Chronic Kidney Disease Audit	47 (100%)
Women's and Children's Health	
Seizures and Epilepsies in Children and Young People (Epilepsy 12)	277
National Maternity and Perinatal Audit (NMPA)	4111 (100%)
National Neonatal Audit Programme (NNAP)	586 (100%)
National Paediatric Diabetes Audit (NPDA)	521
Paediatric Asthma Secondary Care – part of NACAP[4]	71
Paediatric Intensive Care Audit Network (PICANet)	711 (100%)
Other	
Elective Surgery: National PROMs Programme	74

The outcomes and proposed actions from completed projects are reviewed by the Trust Clinical Audit Group. Details of the changes and benefits of audit projects completed during 2022/23 will be published in the Trust's Clinical Audit Annual Report, available in July 2023.

2.2.2 Participation in clinical research

Our role as a specialist research active teaching trust positioned us well for the award of a National Institute for Health and Care Research Clinical Research Facility (NIHR CRF), and a second NIHR Biomedical Research Centre (BRC), both of which started in 2022/23.

The NIHR Bristol CRF launched in September 2022 and provides dedicated clinic space and expertise to deliver experimental medicine and early translational research in our core therapeutic areas of Vaccine Development, and Oncology and Immunotherapy. The NIHR Bristol BRC commenced in December 2022 and leads experimental research with our university and NHS partners in mental health, respiratory and orthopaedic disorders, diet and physical activity and new surgical procedures. It has a special focus on population health and use of large data sets for research.

UHBW holds a position as a key partner in and host of Bristol Health Partners Academic Health Science Centre (BHP AHSC), which brings together university, NHS and city council partners to improve health and service delivery across Bristol, North Somerset and South Gloucestershire (BNSSG). BHP AHSC now acts as the research delivery strategy and oversight committee for the regional Integrated Care System (BNSSG ICS).

Our NIHR-funded portfolio includes the Applied Research Collaborative (ARC West), the Biomedical Research Centre (Bristol BRC), and NIHR Bristol Clinical Research Facility, as well as a substantial number of NIHR career development awards and project and programme grants. Alongside these awards, we are host for the NIHR Clinical Research Network West of England, whose responsibility is delivery of NIHR research in the region.

Work with researchers to increase the number of NIHR project and programme grants we are awarded has started to bear fruit, underpinned by the small grants scheme which Bristol and Weston Hospitals Charity supports. We continue to monitor our performance, focusing efforts on delivering our open grants according to plan, and recruiting participants to our hosted studies to time and target.

The COVID-19 vaccine research we were part of during the pandemic has acted as a launchpad for further adult and paediatric vaccine research, working with industry and academic funders and sponsors to address areas of need in public health, and we continue to prioritise that work.

Across all our specialties, the number of patients receiving relevant health services provided or subcontracted by UHBW in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee was 9,582. This compares with 10,840 in 2021/22.

2.2.3 CQUIN framework (Commissioning for Quality and Innovation)

Following a national two-year suspension of CQUINs during 2020/21 and 2021/22, to support recovery of services, throughout 2022/23 a smaller number of directed short term CQUINs across core clinical priority areas were proposed by NHS England. There has been a national requirement to report performance data on all schemes throughout the year, albeit there are several schemes where existing data flows exist nationally for collection of data.

The following CQUINs were agreed for delivery across UHBW in 2022/23 with commissioners:

BNSSG ICB CQUINs
- Staff flu vaccinations
- Appropriate antibiotic prescribing for urinary tract infections (UTIs) in adults aged 16+
- Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions
- Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service
- Cirrhosis and fibrosis tests for alcohol dependent patients

Specialised commissioning CQUINs
- Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery
- Achieving progress towards hepatitis C elimination within lead hepatitis C centres
- Delivery of Cerebral Palsy Integrated Pathway assessments for cerebral palsy patients in specialised children’s services

- Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines

2.2.4 Data quality

UHBW submitted records during 2022/23 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 99.0% for accident and emergency care.
- which included the patient's valid general practice code was: 99.7% for admitted patient care; 99.9% for outpatient care and 99.6% for accident and emergency care.

(Data source: NHS number, Trust statistics. GP Practice: NHS Information Centre, SUS Data Quality Dashboard, April 2022 – January 2023 extracted 17/03/2023.

UHBW completed 107 of 109 mandatory requirements in the 2021/22 Data Security and Protection (DSP) Toolkit and submitted an improvement plan to NHS Digital (now part of NHS England) to achieve the remaining requirements. NHS Digital approved this improvement plan and UHBW's Data Security and Protection (DSP) Toolkit Assessment is "21/22 Approaching Standards".

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 March 2023, the Trust commissioned an External Clinical Coding Audit in Bristol and one in Weston (January 2023) to fulfil the DSP Toolkit requirement. The Bristol audit reviewed a total of 200 episodes from the specialities of general medicine/stroke and general medicine, endoscopy, trauma and orthopaedics, medical oncology, clinical oncology and clinical haematology. The episodes audited were randomly selected from April-October 2022 data.

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

The following levels of accuracy were achieved:

- Primary diagnosis accuracy: 91.5% (-5% from 2021)
- Primary procedure accuracy: 90.8% (-8% from 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 2023 reviewed a total of 200 episodes from the specialties of general medicine, paediatric medicine, respiratory medicine, trauma and orthopaedics and upper GI. The episodes audited were randomly selected from April-October 2022 data.

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

The following levels of accuracy were achieved:

- Primary diagnosis accuracy: 93.0% (-2.5% from 2021)
- Primary procedure accuracy: 97.5% (-0.9 % from 2021)

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

- The data quality programme involves a regular data quality checking and correction process. This involves the use of daily reports by the CareFlow EPR support team that have identified errors and queries. Some errors are corrected centrally but may involve users across the Trust in the correction (this includes staff in clinical divisions checking with the patient for their most up-to-date demographic information).
- The Trust is awaiting the final Audit Reports for both Bristol and Weston and once received, an action plan will be put in place to work on the audit recommendations with the aim of improving percentages over the following 12 months. The reports will also be shared with the Data Quality Improvement Group.

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 currently has an overall CQC rating of 'Good'.

In last year's Quality Account we reported that the Trust had been issued with a formal notice from the CQC in respect of concerns about safe staffing, use of escalation areas, and clinical leadership at Weston General Hospital. In August 2022 the CQC re-inspected Weston General. In response to the improvements demonstrated during the inspection, the CQC formally lifted the previous notice. The CQC also highlighted a number of requirements and recommendations to further 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. The full report from this inspection, and all previous inspections, can be read at www.cqc.org.uk/provider/RA7.

The Trust did not receive a CQC core services inspection at its Bristol site during 2022/23. However, the CQC did carry out specialist IR(ME)R (Ionising Radiation Medical Exposure) inspections at the Trust's radiology and radiotherapy facilities in Bristol, plus informal monitoring visits at the Bristol Royal Hospital for Children and to the Trust's critical care facilities in both Bristol and Weston.

2.2.6 Clinical accreditation

During 2022/23 UHBW embarked on implementing a ward and department accreditation programme across all clinical areas of the Trust, entitled Accreditation of Quality Care (ArQC).

The programme ensures the constant monitoring, assessing and improvement of the quality of care that is being given at ward or department level and gives regular feedback to clinical staff. Clinical accreditation brings together key measures of nursing and multi-professional clinical care into one overarching framework to enable a comprehensive assessment of the quality of care at ward, department, and unit at team level. Clinical areas are objectively scored against agreed standards for a range of nurse/ multi-professional sensitive quality indicators or metrics.

The wards and departments at UHBW are assessed against multiple standards grouped under the following four ambitions:

- High Quality Compassionate Care
- Leadership (Well led)
- Avoidable Harm
- Effective Patient Care

A total of 143 standards sit beneath these ambitions.

Preparation for an accreditation visit involves a comprehensive review of quality data, enabling the identification of any themes that the team wish to explore further. The next step involves an assessment team reviewing the clinical area. The assessment team comprises an overall lead, a senior nurse or allied health professional (AHP) and an independent clinical or non-clinical lead who will complete a 15-step assessment and talk to staff, patients and relatives. A patient record review is also undertaken. High-level feedback is given on the day of the visit, and a follow-up report is provided detailing recommendations the ward or department should implement or consider implementation to enhance quality standards.

A clinical area that achieves compliance with 75%-89% of the standards achieves a silver accreditation and above 90% achieves a gold accreditation. Silver accredited areas will be assessed again after six months and for a gold area, this would be one year. If a gold area sustains gold again after one year, they are awarded a diamond accreditation.

UBHW has fifty-five inpatient areas across the Bristol and Weston sites, both adults and children. Since ArQC was commenced in March 2022, 40 clinical areas have had a first assessment completed and nineteen of these areas have been reassessed for a second time. Three out of the seven Trust emergency departments have been assessed for the first time and four day-case areas have been assessed for the first time. In total 66 clinical area have been assessed across the Trust. Gold accreditation has been achieved in seven clinical areas; all other areas have achieved silver accreditation.

As well as providing an internal assessment of quality assurance / improvement and patient safety delivered within each clinical area, implementing the programme within UHBW has delivered the following additional benefits:

- Frontline staff have welcomed the opportunity to speak to senior nursing staff and meet staff from other divisions, providing an opportunity to share practice and support developing a culture of team working.
- Staff have been encouraged to be able to describe examples of learning from complaints and serious incidents, demonstrating a learning and improvement environment across the Trust.

- Variation in clinical practice has been identified and reduced, releasing more time for staff to focus on direct patient care.
- The assessment teams have felt involved and had a reason to visit the clinical areas, providing an increased feeling of job satisfaction.

Overall, there has been a sense of pride within clinical teams and a celebration of what they have achieved, and for our patients and relatives an assurance that they will receive a high standard of care during their stay in our hospitals.

2.3 Mandated quality indicators

In February 2012, the Department of Health and Social Care (DHSC) and NHS Improvement (now part of NHS England) 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	49.2 2021/22	43.7	0.0	138.4	48.6 2020/21
Rate of patient safety incidents reported per 1,000 bed days	104.7 Apr21-Mar22	NA	NA	NA	82.5 Apr20-Mar21
Percentage of patient safety incidents resulting in severe harm or death	0.27% Apr21-Mar22	NA	NA	NA	0.34% Apr20-Mar21
Responsiveness to inpatients' personal needs	*Data not published*				77.6 2020/21
Summary Hospital-level Mortality Indicator (SHMI) value and banding	100.8 "As Expected" Dec21-Nov22	100.0	71.7	122.2	99.3 "As Expected" Dec20-Nov21
Percentage of deaths with specialty code of 'palliative medicine' or diagnosis code of 'palliative care'	39.2% Dec21-Nov22	40.8%	66.0%	12.6%	39.0% Dec20-Nov21
Emergency readmissions within 30 days of discharge: age 0-15	10.5% 2021/22	3.3%	12.5%	46.9%	9.3% 2020/21
Emergency readmissions within 30 days of discharge: age 16 or over	12.8% 2021/22	2.1%	12.0%	142.0%	14.6% 2020/21

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

Part 3

Review of services in 2022/23

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 2022/23 we have continued work to implement the NHS Patient Safety Strategy and adopting the new national Patient Safety Incident Response Framework (PSIRF).

This new framework sets out the NHS approach to developing and maintaining systems and process for responding to patient safety incidents for the purpose of learning and improving patient safety. This builds on previous work and provides 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.

An update of our quality objective for 2022/23 for implementing the patient safety strategy is provided in section 2.1.1.

Our Patient Safety Incident Response Plan outlines how we will respond to patient safety incidents for the next 18-24 months and can be found on our Trust website.

3.1.1 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 following a Rapid Incident Review meeting, informing the decision to investigate and the terms of reference of any further learning response. Throughout 2022/23, 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 2022/23 was 109 for UHBW, compared to 84 in 2021/22. Two serious incidents were downgraded following investigation. A breakdown of the categories of the 109 serious incidents is provided in Figure 1.

Themes from serious incidents reported in 2022/23 continue to reflect the legacy effects of the coronavirus (COVID-19) pandemic in terms of harm identified relating to delays in providing diagnostics and treatment as we restore elective services; and the significant operational pressures experienced in urgent and emergency care across the system, and the staffing impact related to continued COVID-19 infection sickness related absences, staffing vacancies and high staff turnover.

All patient safety incident investigations aim to 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).

3.1.2 Never events

There were three never events reported in our Trust in 2022/23:

- Insertion of the wrong dioptre lens during ophthalmology surgery at the Bristol Eye Hospital (July 2022).
- Wrong site nerve block in orthopaedic surgery at the Bristol Royal Infirmary, (September 2022).
- Implantation of the wrong burr hole shunt is Paediatric Neurosurgery at the Bristol Royal Hospital for Children (December 2022).

One investigation has concluded and two are currently developing action plans in response to the investigation recommendations. Examples of improvement recommendations we have made as a result of our investigations include:

- Introduction of the adoption of the new “Prep stop block” standardised checking process in theatre. The introduction of the additional Prep stage introduces an increased focus on handover of care and the preparation of equipment prior to the procedure.
- A programme of work to aim to reduce unnecessary interruptions in theatre.
- Simulation training to understand the potential patient safety risks in checking processes and reducing the risk of confirmation bias.
- Regular auditing of check processes in theatre to provide assurance.
- Development of an intraocular lens standard operating procedure that integrates the new national safety standard for invasive procedures (NatSSIPs2 guidance).

3.1.3 Learning from patient safety incident investigations and never events

The main learning themes identified from our serious incident investigations in 2022/23 relates to:

- Systems for ensuring continuity of care and safe handover of care, both internal and external to the organisation.
- Follow-up of incidental diagnostic findings.
- Systems in place for undertaking inter-hospital transfers between Trust sites.

Thematic reviews of incidents in these cases have produced system-wide recommendations which we are taking forward in collaboration with system partners to implement system-wide solutions.

Falls improvement work has continued in 2022/23 both at Bristol and Weston sites including targeted falls prevention training in areas with higher numbers of falls and in areas that are identifying new falls risks as a result of operational pressures and delays, such as emergency departments and extra capacity areas. The Enhanced Care

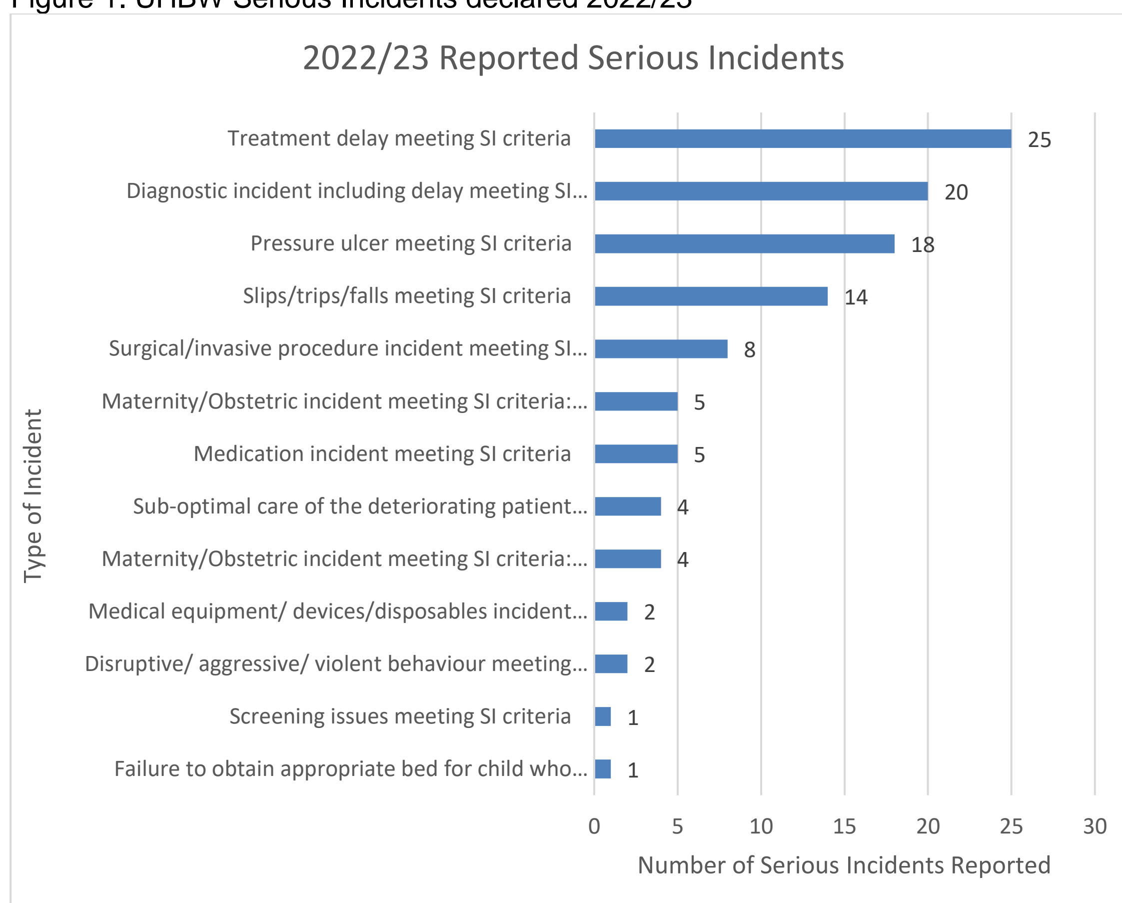
Observation Policy has been significantly updated to make it clearer as to what the requirements are to help prevent falls in our most vulnerable patients.

Tissue viability improvement work has been refocused in 2022/23 undertaking the delivery of ward-based training and audit. Revitalising the tissue viability link nurses in clinical areas and providing new innovative approaches to disseminate learning such as the use of a monthly tissue viability newsletter, competitions and UHBW Twitter account. We continue to focus on improvement work for the early recognition and response to deterioration in patients' conditions 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 improvement plans that set out actions and initiatives to reduce risk to be taken forward within each year.

Figure 1. UHBW Serious Incidents declared 2022/23



Source: StEIS and UHBW serious incident log

3.1.4 Duty of candour

We continue to comply with the statutory and regulatory requirements for duty of candour. Audits using a Trust standardised duty of candour audit tool has demonstrated 100% compliance with duty of candour for all completed serious incidents in 2023/23.

3.1.5 Our Patient Safety Improvement Programme 2021-2023

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 programme underpins the Trust's commitment to continuous improvement and aims to embed processes and systems that are efficient and deliver improved patient outcomes.

It provides a framework and structure to take forward safety and quality improvements across the Trust, with focus on internal and external improvement opportunities identified from systematic learning and new developments. The following information outlines the workstreams that are the agreed priorities for the programme and highlight some of the key work that has been progressed.

Deteriorating patient (adults):

Following detailed diagnostic work in summer 2022 a refreshed programme was developed. The aim of the programme is to have effective and timely recognition, escalation, and response to improve the care, outcomes, and experience of patients whose condition is deteriorating; optimising the use of digital systems to enable patient care. There are four key workstreams:

- Designing and implementing a 24/7 Critical Care Outreach service for adult patients on the main Bristol site in order to ensure equitable and quality care for all acutely unwell, critically ill adult patients irrespective of location. The new service was launched in October 2022. Since implementation, direct ward referrals to the adult intensive care unit in Bristol are occurring at an earlier stage in a patient's deterioration, and the transfer time for patients requiring intensive care admission has been reduced by 50%, with 70% completed in less than three hours.
- CareFlow Vitals[1] refresh in-patient wards. This workstream aims to improve timely recognition of patient deterioration by ensuring staff understand the full system functionality and it's use as an enabler to care and to support recognition, escalation, and the response to the deteriorating patient. This work has continued throughout 2022/23 and will continue to do so in 2023/24.
- Implementation of CareFlow Vitals in our adult emergency departments has been achieved in 2022/23 on Bristol and Weston sites. This provides improved visibility of deteriorating patients within the emergency department, accurate and automated NEWS2 calculations to reduce human error, assists in bed-management decisions and enables ward nurses already using CareFlow Vitals to see patient physiological observations prior to them arriving on the ward so they can prepare accordingly.

[1] CareFlow Vitals is electronic software deployed for use at the bedside to record patient observations, calculate an early warning score and prompt escalation of deteriorating patients.

- Recommended Summary Plan for Emergency Care and Treatment (ReSPECT[2]). The focus for 2022/23 has been ensuring the use of a single ReSPECT form to standardise processes across UHBW adult services and to prepare for the introduction of ReSPECT Plus across the Integrated Care System. ReSPECT Plus is an electronic form to record discussions and decisions made with individual patients and supports the sharing of valid information between clinicians in acute and community settings. In relation to the ReSPECT project, we are in a scoping, gathering data, and understanding our current situation phase at the moment; so, it's too early to demonstrate the impact of the project.

Deteriorating patient (paediatrics):

The acuity of children being admitted to Bristol Royal Hospital for Children (BRHC) over the previous several years has increased. Following admission to a ward, some of these children may deteriorate requiring unplanned admission to the Paediatric Intensive Care Unit (PICU) or High Dependency Unit (HDU). It is essential to understand whether these children received timely escalation and appropriate management which is key to us providing optimal care and safe management.

BRHC successfully implemented 'Phase 1' of CareFlow Vitals across wards, high dependency units and the Children's Emergency Department in July 2022. The new system which includes the recording of physiological and neurological observations for infants and children, documentation of respiratory distress and respiratory devices, sepsis screening and urinalysis, has been embraced by the multi-disciplinary team. The implementation provides electronic calculation of the Paediatric Early Warning Score (PEWS) with the resulting 'Action / Response / Escalation' process to any high PEWS currently remaining a person-centric escalation, rather than automated. This long-awaited multi-professional, digital approach to caring for infants and children admitted to BRHC helps our teams assess and recognise any patient deterioration more effectively and efficiently. In 2023/24 we plan to adopt a national PEWS when finalised and use automated alerts to inform the Paediatric Outreach Service when a patient has a high PEWS.

Venous thromboembolism (VTE) prevention:

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. Compliance through our 2022/23 has remained around 83%. The aim of this workstream is to improve compliance with risk assessments and reduce hospital associated VTE. The Patient Safety Improvement team continue to undertake diagnostic work to identify emerging and existing issues relating to VTE prevention to inform improvement priorities. Work has also been progressed to improve the process for learning from hospital acquired VTE (HAVTE), and a recent thematic analysis of possible HAVTE incidents (April 2021-October 2022) was completed. This identified key learning themes around the lack of consistent recording of the VTE risk assessment and adherence to best practice National Institute for Clinical Excellence (NICE) guidelines to inform the VTE prescribing process. The main focus of improvement work for VTE is implementing an electronic

[2] ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. It provides healthcare professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment.

prescribing system (CareFlow Medicines Management) which will continue during 2023/24. This system provides options for integrating VTE risk assessments alongside thrombo-prophylaxis prescribing to make it easier for staff to complete both in the same system (rather than two separate systems) and support reduction of hospital associated VTE.

Invasive procedure safety:

The aim of this workstream is to support the reduction of risks associated with invasive procedures and to standardise invasive procedure safety Trust-wide. Work is being progressed by the clinical teams for early adoption of recently published revised National Safety Standards for Invasive Procedures (NatSSIPs2). This implementation includes a focus on cultural development (including clinical staff attitude surveys) and testing a "Prep, Stop, Block" process to reduce risk of wrong side nerve blocks.

Maternity and neonatal workstream

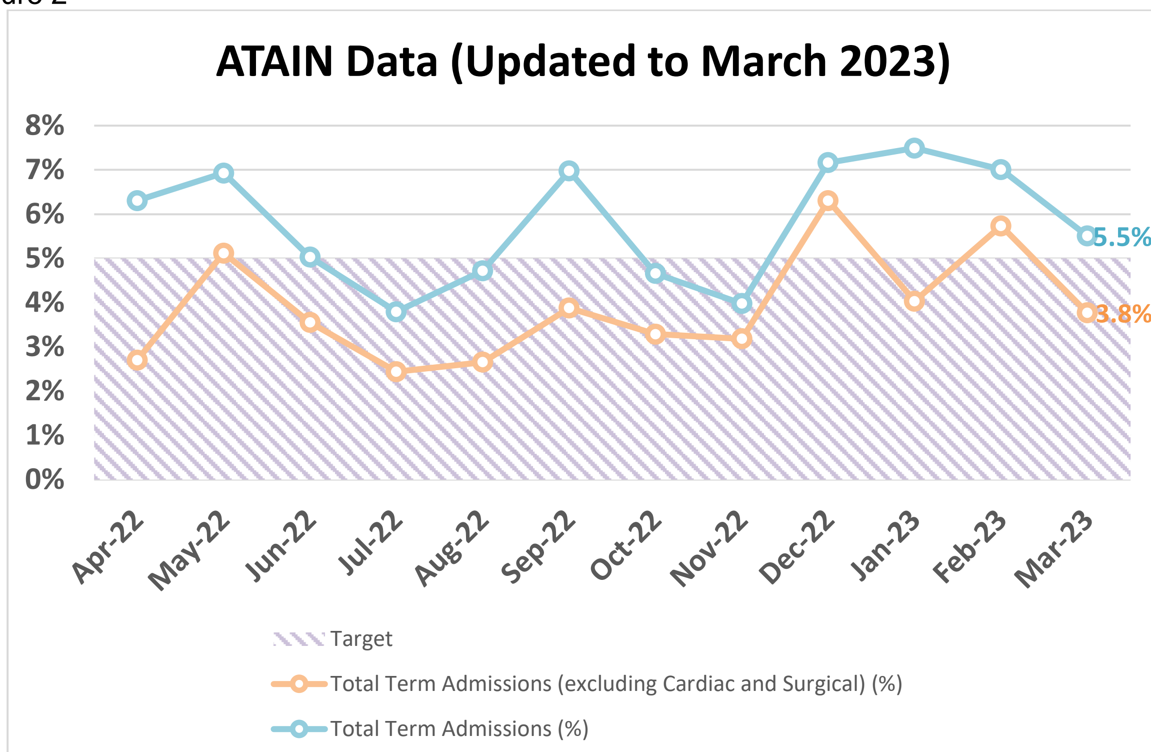
The main aim of the improvement workstream for maternity and neonatal care is to improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide high-quality healthcare experiences for all women, babies, and families within our care.

NHS England's national target for all women, babies and families across all maternity care settings in England is to reduce the rate of stillbirths, neonatal death and brain injuries occurring during or soon after birth by 20% by 2020 and by 50% by 2025. Maternity and neonatal services at UHBW are actively engaged across the local maternity and neonatal system (LMNS), the South West Academic Health Science Network and the maternity and neonatal safety improvement programme network (MatNeoSIP).

The key quality improvement priorities that were identified in 2022/23 are:

- An improvement to meet the target of a minimum of 80% compliance for four consecutive months of carbon monoxide recording at antenatal bookings and at 36 weeks of pregnancy, and the increased promotion of smoking cessation to tackle health inequalities caused by smoking during pregnancy. UHBW has become an early implementer for enhanced smoking cessation support with funding from NHS England and a full-time smoking cessation advisor commenced in post in March 2023. The impact of this will be monitored during 2023/24.
- Avoiding Term Admissions into Neonatal Units (ATAIN). The objective of this workstream is to ensure that term babies are born in good condition reducing the requirement for admission to the Neonatal Intensive Care Unit (NICU) at birth. The aim of the workstream is to reduce term admissions to NICU to 5% or below (excluding cardiac and surgical cases). Figure 2 below demonstrates variable achievement throughout 2022/23, however, we met the improvement goal in December 2022 and February 2023 so will now aim to consistently sustain improvement in 2023/24.

Figure 2



Other improvement workstreams in the maternity programme underway include:

- Improving the detection and management of diabetes in pregnancy.
- Improving the early recognition and management of deterioration during labour and early post-partum period. This is an identified priority in our Trust Patient Safety Incident Response Plan (see section 3.1).
- Utilisation of the PERIPREM (Perinatal Excellence to Reduce Injury in Premature birth) care bundle.
- Improving the optimisation and stabilisation of the very preterm infants.

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.

3.1.6 Freedom to Speak Up

The Trust has a Freedom to Speak Up Guardian (FTSUG) and a deputy guardian with whom all staff can raise concerns, either directly or via a dedicated confidential raising concerns email address and telephone line.

The role of the FTSUGs is to raise awareness and build confidence in speaking up and ensure our leadership and management training, which became mandatory for all managers at the end of 2022, 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 80

volunteer staff freedom to speak-up champions, representative of various staff groups and backgrounds. Champions receive training by the FTSUG to provide support for staff to talk through issues or concerns in confidence, and can signpost to further support, but 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. Regular communications about speaking up are included in the weekly all-staff newsletter, alongside FTSUG updates to different teams and departments and fortnightly walkarounds to meet staff.

Mandatory essential speak-up training for all staff was introduced in February 2021 and compliance in March 2023 was 78% across the Trust.

In the past year, 109 concerns from all staff groups were raised via the FTSUG (compared to 102 concerns the previous year). Most concerns are raised by admin/clerical staff (30%) and nursing staff (25%).

In terms of themes of concerns raised, the majority (36%) relate to policies and processes, followed by 34% relating to inappropriate attitudes and behaviours, including bullying and harassment. Concerns within these categories include those related to pay and reward, working culture, and opportunities for development and progression.

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 and midwife/chief medical officer or their deputies to investigate and take appropriate action.

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

- HR services
- Staff side
- Occupational health
- Patient Safety team
- Safeguarding team
- Victim support officers
- Staff networks

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

3.1.7 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 James McDonald for the Bristol hospitals and Dr William Hicks for the Weston site. Guardian of Safe Working for Junior Doctors reports are published by the Trust at www.uhbw.nhs.uk/p/about-us/reports-and-publications

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	21/22 Actual	Target 2022/23	Quarter 1	Quarter 2	Quarter 3	Quarter 4	22/23 Actual
Infection control and cleanliness monitoring								
MRSA Hospital Onset Cases	National Infection Control data (PHE)	7	0	0	1	2	4	7
MSSA Hospital Onset Cases	National Infection Control data (PHE)	41	No set target	8	9	11	12	40
CDiff Hospital Onset Cases	Infection Control system (MESS)	82	< 89	20	25	21	12	78
CDiff Healthcare Associated Cases	Infection Control system (MESS)	95	No set target	26	29	26	19	100
EColi Hospital Onset Cases	Infection Control system (MESS)	75	< 119	28	17	18	12	75
Serious incidents and never events								
Number of Serious Incidents Reported***	Datix/local data	89	No set target	24	30	23	33	110
Total Never Events	Datix/local data	3	0	0	2	1	0	3
Patient falls								
Falls per 1,000 bed days	Datix/Medway	4.83	< 4.8	4.82	4.8	5.31	5.16	5.02
Total number of patient falls resulting in harm	Datix	35	< 24	8	9	4	10	31
Pressure ulcers developed in the Trust								
Pressure Injuries Per 1,000 Beddays	Datix/Careflow	0.174	< 0.4	0.143	0.09	0.166	0.111	0.128
Pressure Injuries - Grade 2	Datix	53	No set target	13	5	12	5	35
Pressure Injuries - Grade 3	Datix	11	No set target	1	4	4	6	15
Pressure Injuries - Grade 4	Datix	1	No set target	0	0	1	0	1
Venous Thromboembolism (VTE)								
Adult inpatients who received a VTE Risk Assessment*	Careflow	83.3%	≥95%	81.9%	83.1%	83.5%	84.4%	83.3%
Medicines								
Medication incidents resulting in harm	Datix	0.29%	< 0.5	0.34%	0.22%	0.18%	1.01%	0.37%
Non-purposeful omitted doses of the listed critical medication**	Local audit	0.36%	< 0.75	1.14%	0.87%	1.65%	1.45%	1.28%
Staffing levels								
Staffing Fill Rate - Combined	National Unity return	92.5%	No set target	89.0%	89.2%	89.1%	90.5%	89.4%
Staffing Fill Rate - RN Shifts	National Unity return	88.3%	No set target	86.6%	86.4%	87.9%	90.7%	87.9%
Staffing Fill Rate - NA Shifts	National Unity return	101.9%	No set target	94.2%	95.1%	91.8%	90.0%	92.7%

*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 Experience of Care

The experience that patients have as part of the healthcare we provide is a core component of quality. At UHBW, we believe that experience is more than simply satisfaction with a service we provide. We want all patients and carers to be treated with dignity and respect, to be fully involved in decisions affecting their care and to receive accessible, inclusive and equitable services. 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 about their experience of care and how we can make it better by 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 Experience of Care Group and the Trust Board.

National patient survey results published during 2022/23[3] demonstrate that:

In the **National Adult Inpatient Survey** (sampled November 2021), the overall experience of care rating for UHBW was 8.2/10, a fall from 8.6/10 from our 2020 results. Our score was in line with the national average. At national level the percentage of patients who scored trusts 9 or 10 out of 10 for this question has reduced since 2020, suggesting an overall decline in inpatient experience across the country. In terms of the overall hospital experience rating question in the survey, UHBW ranked 56th out of 134 participating trusts, a fall from 26th place in the 2020 results.

The main areas for improvement identified, which formed into an action plan, were:

- Re-think the support available in the lead up to discharge by involving patients in discharge planning (including around their medication needs), keeping patients informed of what will happen next and working with community partners to ensure patients have the right support in place at home (i.e. equipment).
- Reflect on how patients' views on low staffing levels impact on both relational and personal aspects of care and in doing so, take action to increase patients' confidence that they will be able to talk to a member of staff when they need to, and ensure they get the right support to wash.
- Reduce noise at night from staff to support patients to rest well in our hospitals.
- Improve the quality and choice of food to better support meeting the nutritional needs of patients.

In the **National Cancer Patient Experience Survey** (sampled April to June 2021); patients scored the Trust 9 out of 10 for the 'overall experience of care' question. This result, higher than the national average rating, places UHBW in the top 30% of trusts nationally. Given the context, that this feedback was collected in 2021 from patients who

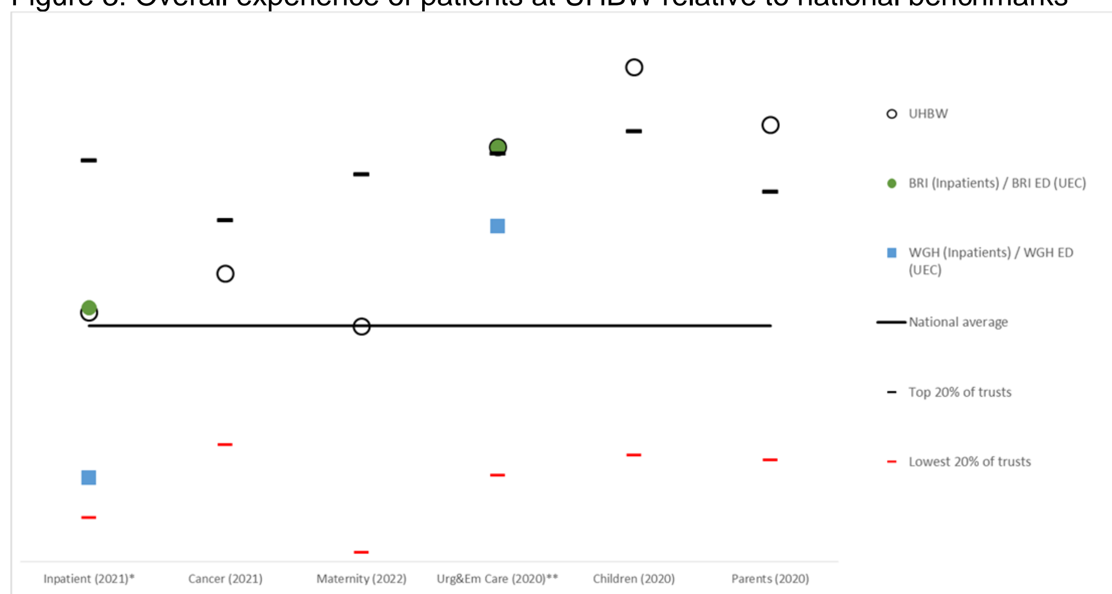
[3] National surveys results are published around ten months after the participating patients attended hospital.

were experiencing their cancer diagnosis and care during the height of the coronavirus (COVID 19) pandemic, there are a lot of positive reflections and evidence that many services have been sustained despite these challenges. There are consistent themes of good practice across UHBW, including information giving and the quality of care and positive attributes of staff.

In the **National Maternity Survey** (sampled February 2022), UHBW broadly performed in line with the national average with a score of 7.8 out of 10. Using this metric, UHBW ranked 51st out of 121 trusts in the 2022 survey which is a significant improvement from the rank of 101st place in the 2021 results. UHBW's 2022 national maternity survey results saw an improvement in many areas when compared to the results from 2021. On the back of the 2021 results, a multi-disciplinary 'Women's Experience Group' was formed to oversee the successful delivery of the maternity experience improvement plan. There is evidence from the 2022 results that the improvement efforts are translating into a more positive experience for women and their partners. There is more work to do to ensure that experience is positive across all aspects of the maternity pathway, particularly in relation to care in hospital after birth. The improvement plan is being reviewed, updated, overseen and monitored by the Women's Experience Group following the publication of the 2022 results.

A visual summary of how UHBW performed in the most recent national patient survey publications can be found in Figure 3 below.

Figure 3: Overall experience of patients at UHBW relative to national benchmarks[4]



Source: UHBW analysis of Care Quality Commission data.

[4] 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.

3.2.2 Feedback from our monthly survey programme

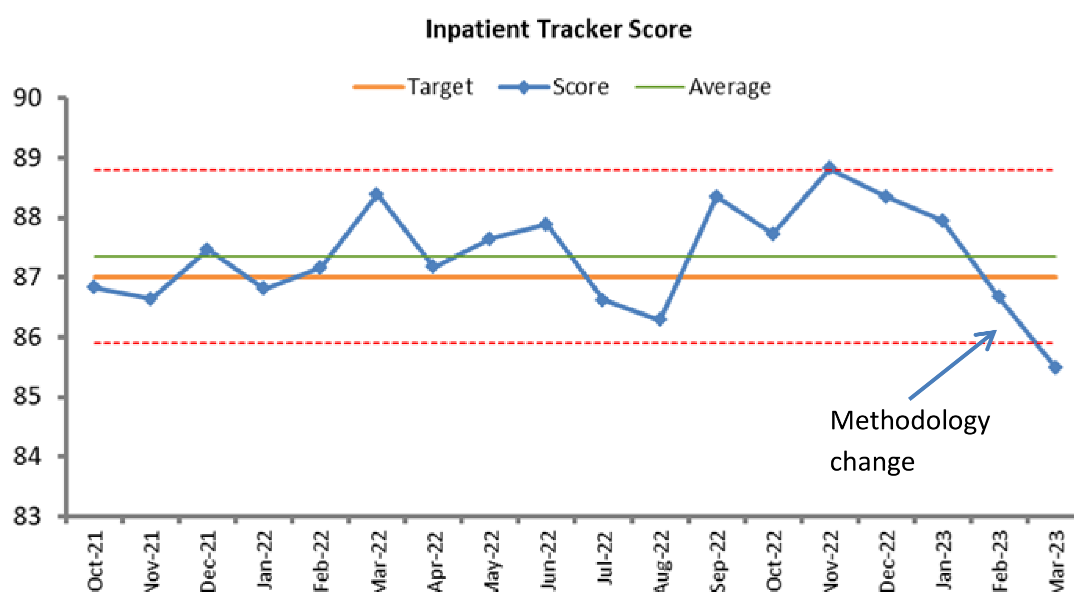
UHBW has a comprehensive local survey programme which ensures that ongoing and timely feedback from patients forms a key part of our quality monitoring and improvement approach. Our extensive patient feedback processes provide us with important insights from patients and people who visit our hospitals 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 are routinely reported to the Experience of Care group, Clinical Quality Group and Quality and Outcomes Committee. These measures are taken from a monthly survey which is sent to a sample of inpatients, outpatients and women seen in maternity services. Two of these measures are the inpatient and outpatient experience tracker scores. These 'composite' scores are made up of key questions from each monthly 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.

The charts below show the inpatient and outpatient experience tracker scores as well as a third chart which displays whether patients reported they were treated with kindness and understanding during their stay in hospital.

The inpatient experience tracker score for 2022/23 (as a whole) was above the minimum target (87). There were four occasions during 2022/23 where the score dipped just below target, however, the decline seen in February and March 2023 is largely driven by a change in methodology for the monthly survey which is now available to patients digitally (via text message) with a paper copy automatically sent to those over 80 and for patients who request a paper copy. This change aligns to the CQC National Patient Survey methodology. Age group has an impact of how patients rate their experience of care, for example Q4 2022/23 data shows patients ages 18-59 are three times more likely to rate their care as poor or very poor compared to those aged 60+.

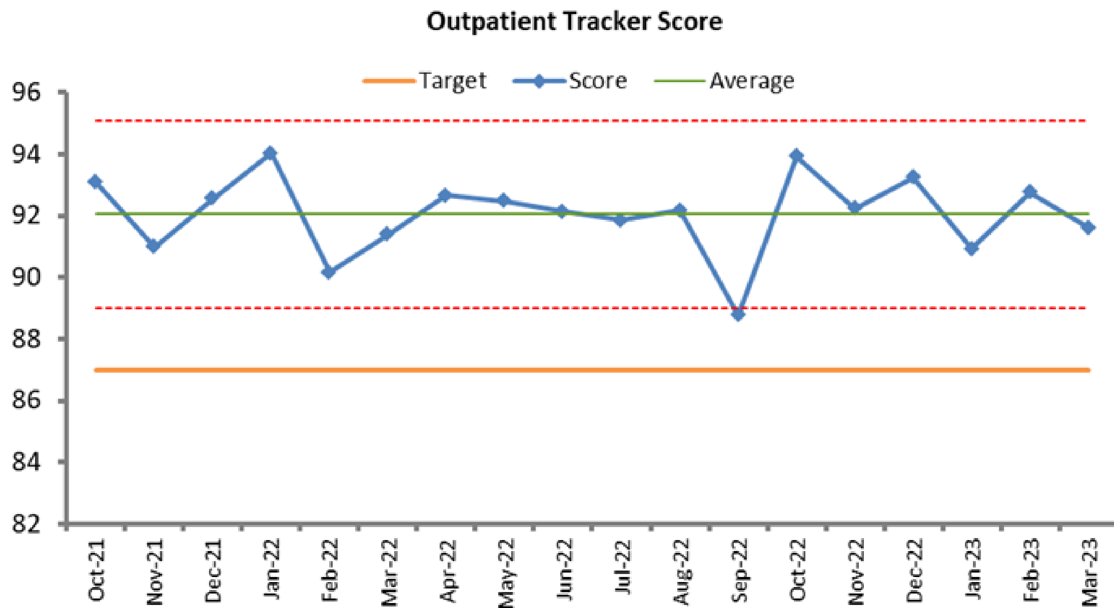
Figure 4: Inpatient Experience Tracker Score



Source: UHBW monthly survey

The outpatient experience tracker score has remained above target throughout 2022/23. The score continues to track above the pre-pandemic average. This has been the case since the introduction of video clinics at the start of the coronavirus (COVID-19) pandemic

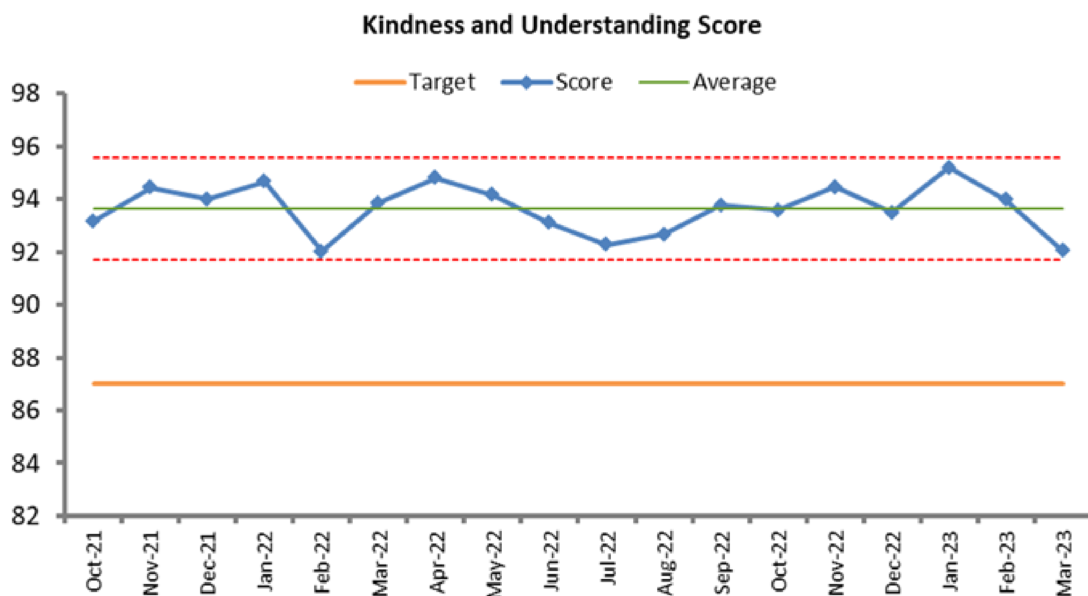
Figure 5: Outpatient Experience Tracker Score (Trust-level)



Source: UHBW monthly survey

The kindness and understanding score has remained above target throughout 2022/23.

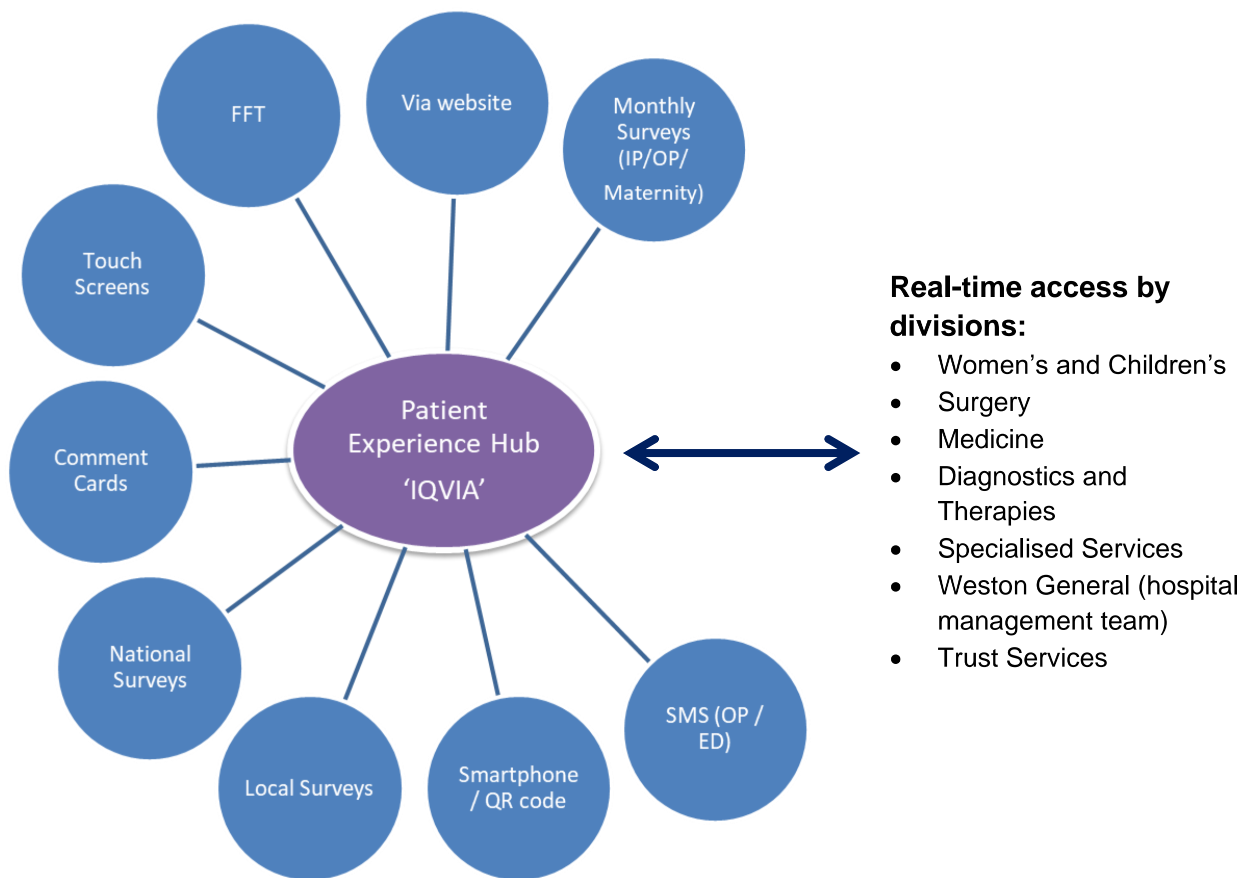
Figure 6: Kindness and understanding score (Trust-level)



Source: UHBW monthly survey

3.2.3 Patient Experience Hub

During 2022/23, we launched the Patient Experience Hub at UHBW and have so far trained over 250 staff to use this innovative system. The Hub brings most of our patient feedback into one place using a system called IQVIA (represented in the image below). It provides instant access for staff across the Trust to patient feedback right down to ward and department level. It provides staff with a set of analysis reports (benchmarking, filtering, heat maps, thematic analysis) for quality improvement activity and enables staff to share positive and negative feedback easily with their teams. The Hub also ensures patients can feedback in a variety of ways, maximising digital routes where possible, with some feedback collected directly in to IQVIA and then available in real-time.



3.2.4 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 and communities 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:

- The completion of a review of our emergency departments in partnership with Bristol Autism Support Services to understand how these services can better support Autistic people. The BRI emergency department (ED) now benefits from a sensory suite, a quieter area to sit, apart from the traditional waiting area. Resources kept in the suite include a communication guide, ear defenders, eye masks, ear plugs, memory cards and fidget toys. These can be used to help communicate with patients and assist with supporting anxious patients.
- The recruitment of two Lay Patient Safety Partners to bring an external assurance and patient/carer perspective to this work.
- The recruitment of six lay partners to steering groups starting in 2023/24 that will focus on improving aspects of dermatology care including inflammatory skin disease.
- Continued work 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 review the access arrangements for visually impaired people attending the BRI ED. This includes an audio description of how to navigate to the BRI ED from the Welcome Centre.
- Working with the Bristol Sight Loss Council and Bristol Eye Hospital to deliver a new video exploring the importance of the Accessible Information Standard.
- Launching the UHBW online Access Guides offering comprehensive information to the public about the Trust's locations and access arrangements. In 2022/23 there were 16,000 users of the service and 45,000 page views.
- Sharing in-person patient stories at Public Trust Board enabling Board members to reflect on the experiences of people attending our hospitals.
- Working with patients and their families to design a new ECMO service (extra-corporeal membrane oxygenation), a form of life-support that we offer to patients with the most severe forms of heart and lung failure. As a result of this work a model of peer-support for patients and families is being developed as part of a wider wellbeing initiative that includes the introduction of a patient diary which enables patients and families to reflect on and understand their experience of care.
- Working with marginalised people who are referred to our High Impact User Team because of their repeat attendance at the BRI ED to better understand and respond to their needs. The priorities for improvement will be to change the name of the service so it better reflects how it supports people and to improve the content of personal care plans so that they are more reflective of the individual.
- Re-launching the My Journey volunteer programme that enables patients and community partners to undertake service evaluation work including bringing a non-clinical perspective to the clinical accreditation process. 12 volunteers have been recruited to this programme.
- Re-launching the Trust Carers Steering Group and enhancing the opportunities for an influential carers voice in that group in collaboration with the Carers Support Centre.

During the coming year we will further 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, further develop the support we offer our lay representatives/patient partners, establish a community outreach programme to better understand and respond to the needs of our diverse communities including a collaboration with Bristol Black Carers, and lead the development of a new Experience and Care Strategy with community partners.

3.2.5 Health equity

2022/23 was a pivotal year in the UHBW's ambition to play a proactive and leading role in the local healthcare system on tackling health inequalities and making our services more accessible and inclusive for our diverse communities.

During 2022/23:

- UHBW has worked with external partner, AccessAble, to create detailed access guides to facilities, wards, and departments all of our hospital sites across Bristol and Weston General Hospital. The guides, funded by Bristol and Weston Hospitals Charity, contain facts, figures and photographs to help patients, visitors and staff plan their journeys to and around hospital sites, including information on parking facilities, hearing loops (audio induction loops) for people with hearing aids, walking distances and accessible toilets.
- The independent equality, diversity and inclusion (EDI) baseline review report was received in May 2022 from Public Health Action Support Team (PHAST), the national social enterprise who were commissioned to undertake the review. The report was discussed at a Board seminar in July 2022 and the three overarching recommendations from the baseline review were approved.
- UHBW funded a new substantive Patient EDI manager post as part of the Experience of Care and Inclusion Team to bring dedicated strategic resource to coordinate the efforts of UHBW, as part of the ICS, to advance health equity for our patients and communities.
- As part of a 2022/23 quality priorities, a Health Equity Delivery Plan was developed, drawing on the recommendations of the EDI baseline review, and approved by Quality and Outcomes Committee in March 2023. The plan is being shared widely internally and with external stakeholders via the Integrated Care System (ICS) and community partners. The plan:
    - Sets out an ambitious programme of equality objectives, such as reaching compliance with the NHS Accessible Information Standard (AIS), improved learning and training opportunities for colleagues on different aspects of equality and diversity knowledge and practice, as well as improved data collection and use of EDI intelligence to improve planning and priority setting.
    - Sets out a phased approach towards greater cohesion and integration of workforce and patient/community EDI activity. In practical terms, there will be more opportunities for sharing knowledge and experiences across our organisation through the lens of EDI. Organisational Development EDI colleagues are working closely with the new Patient EDI manager towards a more collaborative approach.
- Professor Deirdre Fowler, Chief Nurse and Midwife was established as the Executive Lead for Health Equity at UHBW.
- A new multi-disciplinary Health Equity Delivery Group has been established, chaired by the Trust's Deputy Medical Director, which reports to the Clinical Quality Group and to Board via Quality and Outcomes Committee (QOC).

3.2.6 Complaints received in 2022/23

In 2022/23, 1,898 complaints were reported to the Trust Board, compared with 1,873 in 2021/22. The majority of the complaints (1,219 of 1,898 or 64.2%) were investigated via

informal resolution, with the remaining 679 addressed through the formal complaints process.

In addition, the Patient Support and Complaints team dealt with 1,493 other enquiries, including compliments, requests for support and requests for information and advice; a similar number to the 1,489 enquiries dealt with in 2021/22. The team also received and recorded an additional 765 enquiries which did not proceed after being recorded (an increase on the 721 reported in 2021/22). In total, the team received 4,156 separate new enquiries into the service in 2022/23; a small increase of 1.8% on the 4,083 reported the previous year.

In 2022/23, the Trust had 10 complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), representing a 66.7% increase on the six cases referred the previous year, although still a very low total overall. During the same period, 12 cases were closed by the PHSO. Of these 12 cases, none were upheld; three were partly upheld; one was not upheld and the remaining eight cases were closed without a full investigation and recorded as 'no further action'. At the end of the year 2022/23, four cases were still under investigation by the PHSO.

615 complaints were responded to via the formal complaints process in 2022/23 and 71.1% of these (437) were responded to within the agreed timescale, which is an improvement on the 62.8% achieved in 2021/22, but below the Trust's target of 95%. A total of 872 complaints were responded to in 2022/23 via the informal complaints process and 86.4% of these (753) were responded to within the agreed timescale, a deterioration on the 92.7% achieved the previous year. The informal process encourages rapid resolution by the specialty manager responsible for the service involved.

At the end of the reporting year, 10.9% of complainants had expressed dissatisfaction with the formal response they had received. This represents a total of 73 of the 667 first formal responses sent during the reporting period, which is a small increase on 2021/22 (9%).

3.2.7 Learning and improving

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. The examples below are improvements to experience of care that have been introduced following feedback from our patients, carers, parents and communities from surveys, complaints and other sources:

- In the Bristol Heart Institute (BHI), a new idea launched called the 'Golden Sunshine Patient'. The idea is to support patients who are identified on the board round each day to leave the ward with a member of staff to go to the hospital garden on level 5 in the BHI garden to have some fresh air during their stay in hospital. Feedback from patients who have been given this opportunity has been positive and also the staff who have had the opportunity to leave the ward area for 15 minutes to support a patient to do this.
- In Caterpillar Ward at Bristol Royal Hospital for Children, projectors have been installed into the cubicles as entertainment for patients and families.

- Positive feedback has been received on patient experience relating to 'Dancing on Draycott' which takes place every Wednesday afternoon at Weston General Hospital, this supports movement and engages patients in activity. There is also an Age UK activities coordinator on Kewstoke Ward who engages the patients in games and activities which supports their recovery and rehabilitation. The project is in the process of being evaluated.
- As part of the Black Maternity Matters project, the Practice Education Facilitator undertook community outreach with Somali Women in East Bristol to better understand their experience of maternity services provided by UHBW and identify how to improve communication and information sharing with this community.
- Within the BRI ED, the Patient Experience Hub is accessed weekly and themes identified each month for action. Information is cross referenced with identified complaint actions. Examples of improvements made during 2022/23 include:
    - More healthy options in vending machines
    - Fixing some accessibility issues with disabled toilets (toilet riser and grab rails fitted
    - Temperature issues have been resolved in the waiting room during the winter months
    - Improved signage to facilities
    - Ambulance queue information leaflets for those waiting with South Western Ambulance Service NHS Foundation Trust
    - Facilities and décor in the relatives’ room has been improved (painted, coffee making facilities, signage)
    - Phone charging points have been installed in the waiting room

3.2.8 Overview of monthly Board assurance regarding patient experience

Table 5 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

Quality measure	Data source	Actual 2021/22	Target 2022/23	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Actual 2022/23
Monthly patient surveys								
Inpatient experience tracker Score	Monthly monthly survey	91	≥ 87	88	87	88	87	87
Kindness and Understanding	Monthly monthly survey	96	≥ 90	94	93	94	94	94
Outpatient experience tracker Score	Monthly monthly survey	93	≥ 85	92	91	93	92	92
Inpatient Score	Friends and Family Test	97.6%	≥ 90%	94.2%	94.2%	95.9%	96%	95.1%
ED Score	Friends and Family Test	84.2%	≥70%	83.3%	84.8%	81.1%	87.6%	84.2%
Maternity Score	Friends and Family Test	96.7%	≥92%	98.9%	97.7%	99.1%	98.3%	98.5%
Patient complaints								
Number of Patient Complaints	Patient Support and Complaints Team	1,873	No set target	417	441	567	473	1,898
Formal Complaints Responded To Within Trust Timeframe	Patient Support and Complaints Team	62.8%	≥ 95%	75.2%	71%	72.1%	66.7%	71.1%
Informal Complaints Responded To Within Trust Timeframe	Patient Support and Complaints Team	92.7%	≥ 95%	88.8%	86.7%	86.7%	83.2%	86.4%
Percentage of Responses where Complainant is Dissatisfied	Patient Support and Complaints Team	9%	< 8%	9.7%	9.9%	11.4%	12.9%	10.9%

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 (now part of NHS England) 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 7, 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 available is from December 2021 to December 2022 shows that the Trust remains in the 'as expected' category. In this period the Trust had 2,240 deaths compared to 2,230 expected deaths; a SHMI score of 100.4.

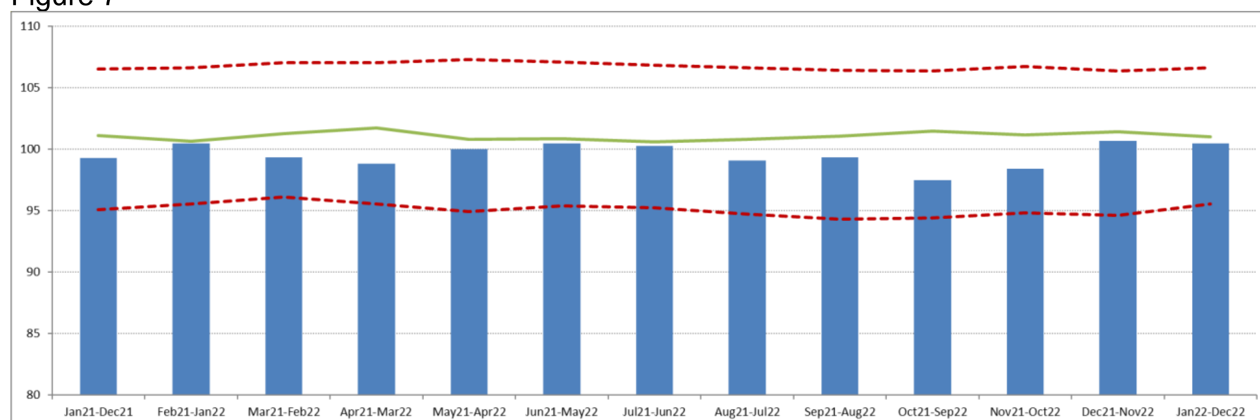
Understanding the impact of our care and treatment by monitoring mortality and outcomes for patients is a vital element of improving the quality of our services. To help facilitate this, the Trust has a Quality Intelligence Group (QIG) whose purpose is both to identify and be informed of any potential 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 Trust's Associate Director of Quality and Patient Safety

In January 2023, the Trust undertook a deep dive looking into mortality figures after observing a reported increase in HSMR over a time period where SHMI remained

unchanged. This work included a comparison of the differences in methodology between the two measures to define any areas for concern specific to UHBW. Other areas of scrutiny in addition to the usual alerts that are managed through QIG, included spell versus superspell coding, length of stay data and its relation to mortality reporting, changes to mortality risks during the timeframe in question and palliative care data.

No areas of concern have been identified through these reviews; the palliative care data review is ongoing at the time of writing and HSMR has now normalised.

Figure 7



Source: CHKS benchmarking

3.3.2 Learning from deaths (local mortality review)

During the period of April 2022 to March 2023, 2,064 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:

- 487 in the first quarter
- 479 in the second quarter
- 570 in the third quarter
- 528 in the fourth quarter

By 31 March 2023, 80 case record reviews have been carried out in relation to 2,064 deaths. The number of deaths in each quarter for which a case record review was carried out was:

- 30 in the first quarter
- 14 in the second quarter
- 28 in the third quarter
- 8 in the fourth quarter

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

Internal processes

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 continues in the post of Associate Medical Director with a portfolio covering patient Safety and mortality. She has strengthened the mechanisms for informal concerns and feedback to be passed to clinical areas for reflection in circumstances that do not trigger structured judgement reviews so feedback goes to the End of Life Steering Group as well as to individual clinical areas. 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. The Trust had led on setting up ICS-wide multidisciplinary Learning from Deaths education events, the first of which was hosted by UHBW and well attended by colleagues from other providers, community colleagues, medical examiners and mortality teams.

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

- Access to palliative care teams, especially at weekends
- 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
- Anastamotic leaks after bowel surgery at Weston General Hospital
- Delays in chest drain insertion in specific areas

The Trust had led on setting up ICS-wide multidisciplinary Learning from Deaths education events, the first of which was hosted by UHBW and well attended by colleagues from other providers, community colleagues, medical examiners and mortality teams. Regionally, work has been undertaken to align the processes and share learning between UHBW and North Bristol NHS Trust (NBT). 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	21/22 Actual	Target 2022/23	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Actual 2022/23
Mortality								
Summary Hospital Mortality Indicator (SHMI)	NHSX	98.3	<100	100.2	98.6	98.4	-	
Hospital Standardised Mortality Ratio (HSMR)	CHKS	103.7	No target	112.8	114.5	106.4	-	
Fracture neck of femur								
Patients treated within 36 Hours	National Hip Fracture Database	63.4%	≥ 90%	46.2%	56.5%	53.1%	56.9%	52.7%
Patients seeing orthogeriatrician > 72 Hours	National Hip Fracture Database	96.1%	≥ 90%	89%	98%	95.8%	76.4%	91.7%
Patients achieving best practice tariff	National Hip Fracture Database	58.7%	≥ 90%	36.6%	51.7%	39.2%	48%	43.8%
Readmissions								
Emergency readmissions percentage	Careflow	2.4%	< 3.62	3.5%	4.03%	4.29%	5.49%	4.12%
Stroke Care								
Stroke Care: Percentage Receiving Brain Imaging within 1 Hour	SSNAP	56.7%	≥ 80%	48.8%	60.4%	57.8%	73.7%	57%
Stroke Care: Percentage Spending 90%+ Time On Stroke Unit	SSNAP	63.7%	≥ 80%	60.3%	52.7%	53.1%	68.4%	57%

3.4 Performance against national priorities and access standards

3.4.1 2022/23 Priorities and Operational Planning Guidance

On 24 December 2021, NHS England released the 2022/23 priorities and operational planning guidance.

The guidance outlined the priorities for the NHS in 2022/23 including improvements in elective and urgent and emergency care (UEC) performance.

A range of performance standards were defined in the document, which are summarised in table 7 below.

Table 7

Priority areas	Performance standards
Maximise elective activity and reduce long waits, taking full advantage of opportunities to transform the delivery of services.	• Eliminate waits of over 104 weeks as a priority by July 2022 and maintain this position through 2022/23 (except where patients choose to wait longer). • Eliminate waits of over 78 weeks by April 2023, except where patients choose to wait longer or in specific specialties. • Develop plans that support an overall reduction in 52-week waits where possible, in line with an ambition to eliminate them by March 2025, except where patients choose to wait longer or in specific specialties. • Accelerate the progress made towards a more personalised approach to follow-up care in hospitals or clinics, reducing outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023 and going further where possible. • Patient initiated follow-up (PIFU) to be expanded to all major specialties, moving, or discharging 5% of outpatient attendances to PIFU pathways by March 2023. • Referral optimisation, including through use of specialist advice services to enhance patient pathways – delivering 16 specialist advice requests, including advice and guidance (A&G), per 100 outpatient first attendances by March 2023.
Complete recovery and improve performance against cancer waiting times standards.	• Return the number of people waiting for longer than 62 days to the level in February 2020. • Improve performance against cancer standards, with a focus on the 62-day urgent referral to first treatment standard, the 28-day faster diagnosis standard and the 31-day decision-to-treat to first treatment standard.
Diagnostics.	• Increase diagnostic activity to a minimum of 120% of pre-pandemic levels across 2022/23.

Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity – keeping patients safe and offering the right care, at the right time, in the right setting.	• Reduce 12-hour trolley waits in EDs towards zero and no more than 2%. • Minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards, including: o Eliminating handover delays of over 60 minutes. o Ensuring 95% of handovers take place within 30 minutes. o Ensuring 65% of handovers take place within 15 minutes.

3.4.1.1 Development of BNSSG Operating Plan for 2022/23

Following the publication of the 2022/23 Priorities and Operational Planning Guidance, the Trust, with other partner organisations, contributed to the development of the 2022/23 BNSSG Integrated Care System (ICS) operating plan.

The Trust used demand and capacity modelling to determine the requirements to deliver the performance standards. There was also an assessment of bed, theatre, outpatient capacity and workforce to deliver these improvements.

In support the achievement of these ambitions, the ICB agreed additional investment of £6.35m with the following objectives:

Objective 1: Increase elective inpatient activity towards 2019/20 activity levels.

- The Trust established its Proactive Hospital Programme, and launch an initiative called Every Minute Matters, which focused on improving length of stay and ensuring timely discharge of patients from hospital.
- Funding was also agreed to expand our Same Day Emergency Care (SDEC) services to reduce hospital admissions.
- £1.3m funding was agreed for the Weston General Hospital Surgical Short Stay Unit (Knightstone Ward) to extend its use from August 2022 to March 2023.

Objective 2: Reduction in follow up backlogs with a specific focus on reducing delays to avoid preventable sight loss in Ophthalmology.

- The coronavirus (COVID-19) pandemic had resulted in the Trust reporting a significant increase in overdue follow ups. In this context, the Trust and BNSSG Integrated Care System's plan did not reflect the ambition outlined in the operational planning guidance to reduce follow-up volumes by 25%. Our plan was based on a modest reduction in long waiting overdue follow-ups.
- There was a particular increase in overdue follow-ups in ophthalmology. The Trust's plans were based on the eye diagnostic hub being moved to a new, larger location within the Broadmead Galleries shopping centre and was expected to generate more than 28,000 additional outpatients follow-up procedures.

Objective 3: Reduction in the number of long waiting patients, and improvements in diagnostic and cancer performance.

- £2m of funding was agreed to improve waiting times in endoscopy, paediatrics, dental specialties, oncology, gynaecology, and cardiac echo.
- Diagnostic plans included at least a 10% reduction on the May 2022 diagnostic waiting list size, elimination of patients waiting over 26 weeks and delivery of a Trust wide standard of 75% waiting under six weeks.

These investments contributed to a recovery of care backlogs, including an improvement in the number of patients anticipated to wait over 78 weeks and 104 weeks at the end of March 2023.

The Trust's performance trajectories in our operating plan submission are summarised in the following table.

3.4.1.2 Performance trajectories in the Trust's operating plan submission

Table 8

	Waiting time standard	Operational Planning Requirement	UHBW Plan Submission (by March 2023)
Referral to Treatment (RTT) Long Waits	104 Weeks	0 (Excluding patient choice)	197 by July 2022 29 by March 2023
	78 Weeks	0 (Excluding patient choice)	675
	52 Weeks	Reduce where possible	4,472
Outpatients	Outpatient Follow-up Activity	25% lower than 2019/20	-
	Patient Initiated Follow-up (PIFU) rate	5%	5%
	Advice & Guidance (ratio of requests to outpatient first attendances)	16:100	16:100
Cancer	62+ Day waits	180	180
	62-day urgent referral to first treatment	85%	85%
	28-day faster diagnosis standard	75%	75%
	31-day decision-to-treat to first treatment standard	96%	96%
Diagnostics	Diagnostic activity	Increase to 120% pre-pandemic levels.	UHBW targets for high volume modalities: Echo 105% Colonoscopy 243%

			CT 112% Flexi Sigmoidoscopy 82% Gastroscopy 100% MRI 100% Non-Obstetric Ultrasound 99%
Urgent & Emergency Care (UEC)	12-hour trolley waits	no more than 2%	0
	Ambulance handover delays greater than 60 minutes	0	0
	Ambulance handovers within 30 minutes	95%	-
	Ambulance handovers within 15 minutes	65%	-

3.4.2 NHS Oversight Framework 2022/23

The NHS Oversight Framework 2022/23 outlined the approach taken by NHS England to oversee Integrated Care System (ICS) and NHS provider performance and identify where organisations may need support.

The framework is built around five national themes:

- Quality of care, access, and outcomes
- Preventing ill-health and reducing inequalities
- Finance and use of resources
- Leadership and capability
- People

The delivery of performance standards as described in the 2022/23 Priorities and Operational Planning Guidance are associated with the quality of care, access and outcomes theme. The framework describes the measures that are used to assess performance.

Based on these themes, ICBs and NHS trusts are segmented into categories from 1 to 4. Segmentation indicates the scale and nature of support needs: segment 1 indicates no specific needs, whereas segment 4 indicates a requirement for mandated intensive support.

The default segment for all ICBs and NHS trusts is segment 2 unless the criteria for moving into another segment are met.

An NHS trust will be moved into segment 3 if they have significant support needs against one or more of the five national themes and in actual or suspected breach of the NHS provider licence. They will be moved into segment 4 if they are in actual or suspected breach of the NHS provider licence with very serious, complex issues manifesting as critical quality and/or finance concerns.

The Trust and BNSSG ICS plan for 2022/23 did not meet the requirements outlined in the 2022/23 Priorities and Operational Planning Guidance related to the elimination of waiting times greater than 104 and 78 weeks.

Therefore, the Trust and BNSSG ICS has been subject to performance management by NHS England throughout 2022/23.

The current segmentation for the Trust is segment 3 on 15 February 2023. The segmentation for the Trust and partner organisations is summarised in Table 9.

Table 9

Type	Organisation	Segment
Provider segmentation	University Hospitals Bristol and Weston NHS Foundation Trust	3
	North Bristol NHS Trust	3
Integrated care system segmentation	Bristol, North Somerset and South Gloucestershire (BNSSG) ICS	3

At present, 7% of NHS trusts are in segment 1, 38% in segment 2, 40% in segment 3, and 15% in segment 4. The current segmentation of the BNSSG ICS is segment 3. Information related to the segmentation of ICSs and NHS trusts is published on the NHS England website.

The following sections summarise performance against performance standards in 2022/23.

3.4.3 Referral to Treatment (RTT) Long Waits

The operational planning guidance required Trusts to eliminate referral to treatment waiting times over 104 weeks by July 2022 (excluding patient choice).

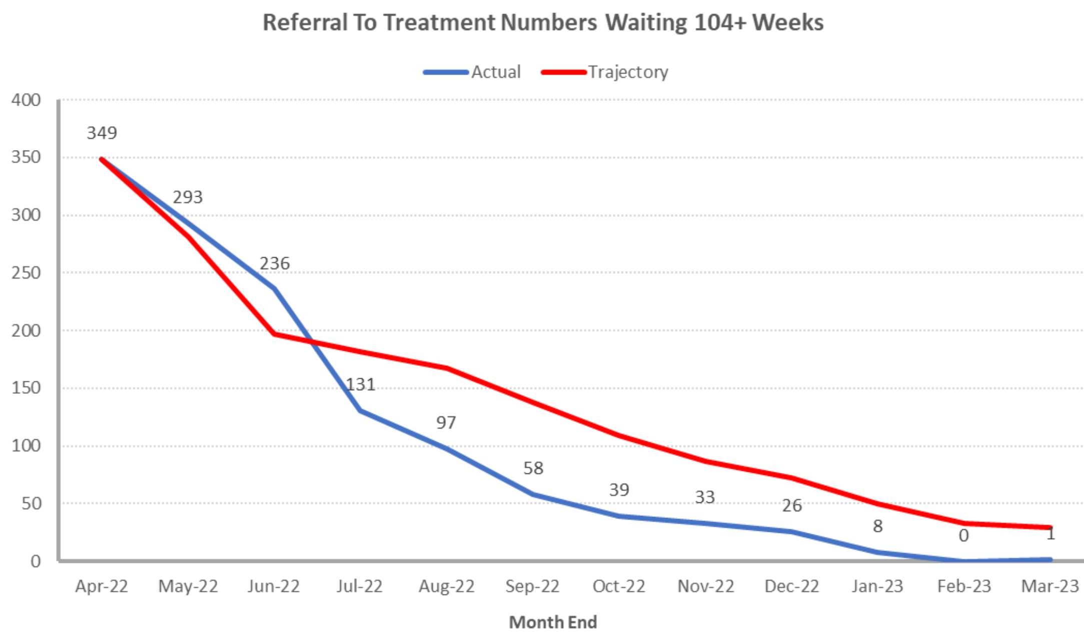
The Trust submitted a plan of 197 patients waiting over 104 weeks by July 2022, and 29 patients waiting over 104 weeks by March 2023. It was assumed that the 29 patients would be waiting over 104 weeks because of patient choice.

At the end of June 2022, the Trust reported 236 patients waiting over 104 weeks. This exceeded the operational planning requirements and the Trust's own trajectory for improvement.

However, the Trust demonstrated sustained improvement in reducing long waits throughout the remainder of 2022. In February 2023, the Trust reported that it has eliminated all patients waiting over 104 weeks.

At the end of March 2023, there was one patient waiting over 104 weeks. Therefore, the end of the year performance exceeded the planning requirements and the Trust's trajectory for improvement.

Figure 8

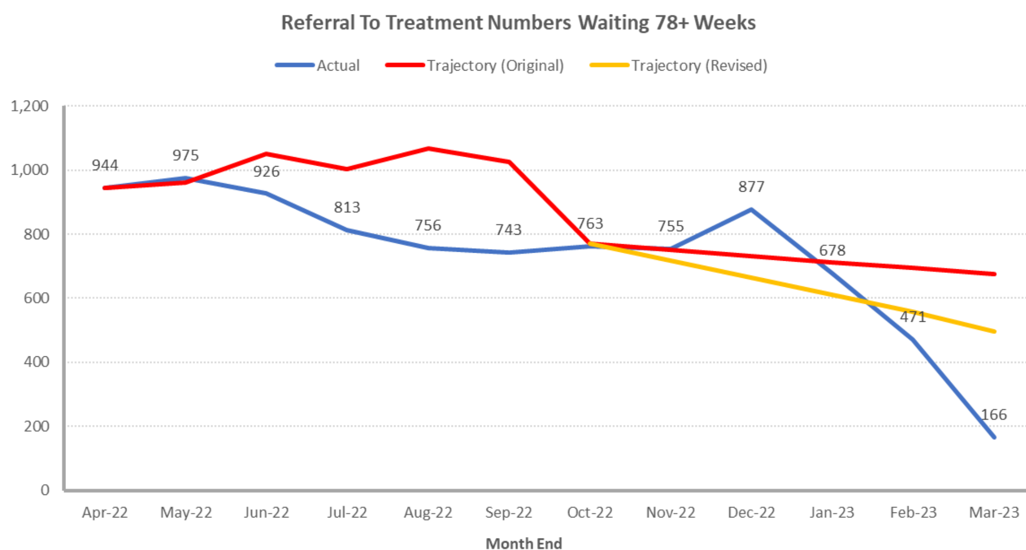


The operational planning guidance also stipulated that waiting times over 78 weeks should be eliminated by the end of March 2023. The Trust's plan was to reduce the care backlog to 675 patients waiting over 78 weeks by the end of March 2023.

The Trust continued to focus on reducing the patients waiting over 78 weeks. In October 2022, the Trust improved its plan from 675 to 497 patients waiting over 78 weeks at the end of March 2023.

At the end of March 2023, the Trust reported 166 patients waiting over 78 weeks. Although this number exceeds the requirements set out in the operational planning guidance, it does represent a significant improvement against the revised plan of 497 patients waiting over 78 weeks at the end of March 2023.

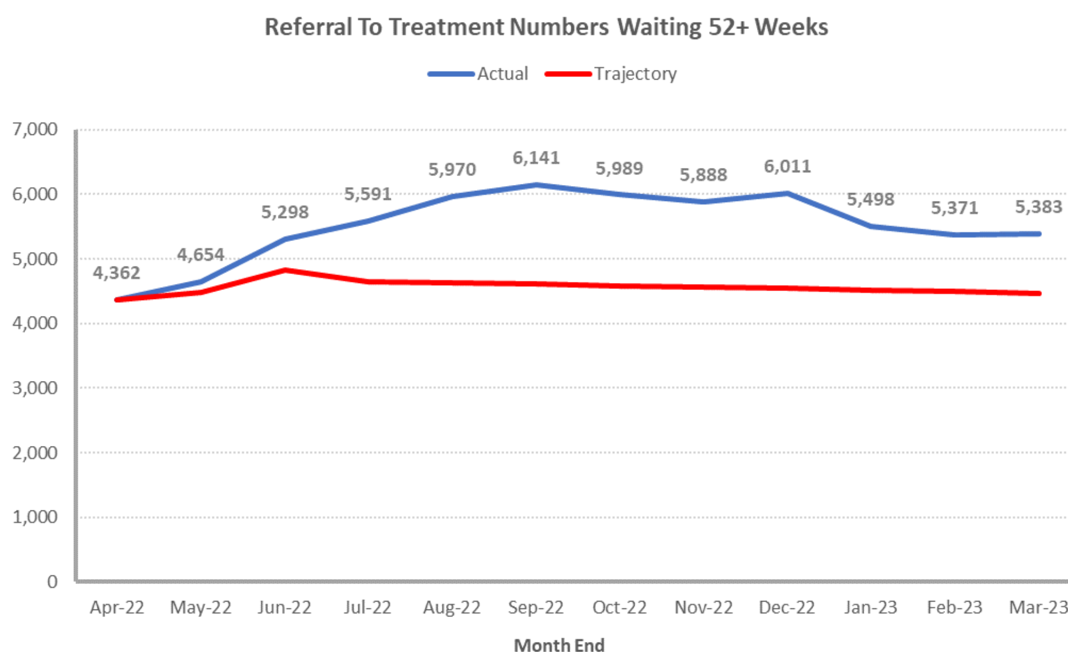
Figure 9



The operational planning guidance asked providers to reduce waiting times over 52 weeks where possible. In April 2022, the Trust reported 4,362 patients waiting over 52 weeks. Based on demand and capacity modelling, the Trust's plan anticipated that there would be 4,472 patients waiting over 52 weeks at the end of March 2023.

At the end of March 2023, the Trust reported 5,383 patients waiting over 52 weeks. This represents an increase in the total size of our 52-week backlog and reflects growth in the overall size of the referral to treatment waiting list over the same period.

Figure 10



The Trust will continue to focus in 2023/24 on reducing long waiting times towards an elimination of waiting times over 78 weeks in a sustainable manner.

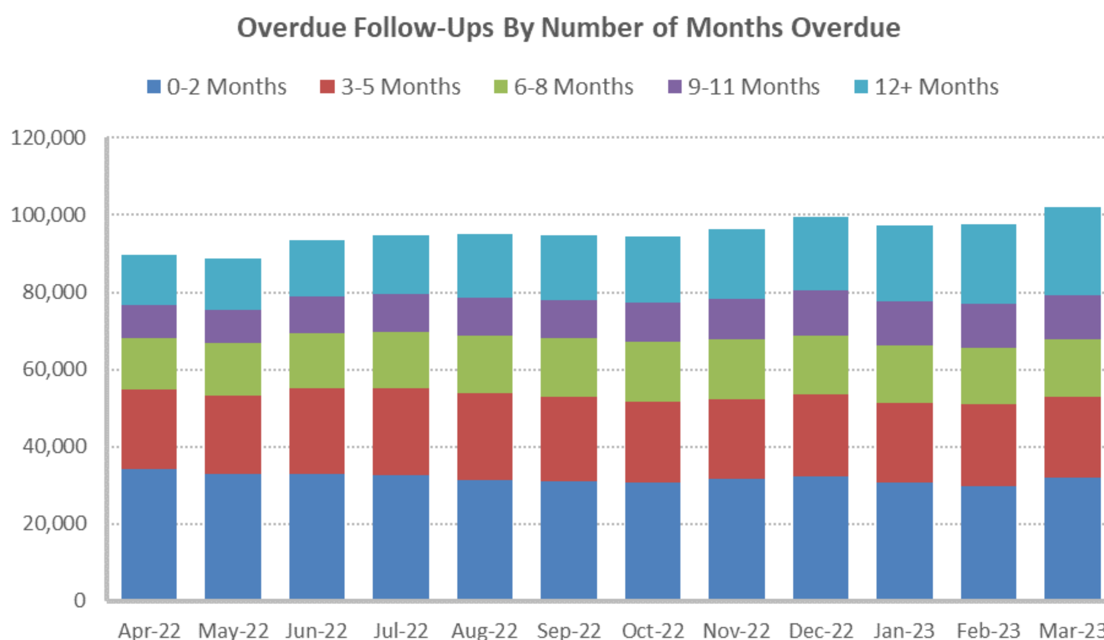
3.4.4 Outpatients

The operational planning requirement was to reduce the volume of follow-up activity delivered in 2022/23 by 25% compared to 2019/20.

In the context of the coronavirus (COVID-19) pandemic, the Trust's outpatient care backlogs have increased. Therefore, the Trust did not plan to reduce outpatient follow-up volumes and modelled the activity required to reduce the longest waiting follow-up care backlogs.

In 2022/23, the number of patients overdue their follow-up has increased from 89,591 in April 2022 to 101,950 at the end of March 2023. There has been a particular increase in the longest waiting cohorts of patients either 9-11 months or 12+ months overdue.

Figure 11



An important strategy to reduce the number of lower clinical priority routine follow-up attendances is the use of patient-initiated follow-up (PIFU). This means that patients can decide if and when they need to access a follow-up appointment. The operational planning guidance required PIFU levels to be at 5% of attendances.

The Trust has two PIFU pathways – one for patients who are discharged, with the ability for patients to initiate a follow-up if required, and the other for patients with a long term condition which means that there are longer intervals between follow-up appointments, with the ability for the patient to initiate a follow-up if required.

In March 2023, 3,762 patients were discharged to a PIFU pathway and an additional 1,244 were moved to PIFU on a long-term condition pathway. This is approximately 6.8% of all outpatient attendances in March 2023.

Advice and guidance are used to support the reduction of new referrals into hospital services. This means that general practitioners can seek advice and guidance from hospital specialists and continue to manage their ongoing care in the community.

The operational planning guidance required trusts to deliver 16 advice and guidance requests for every 100 outpatient first attendances (i.e. 16% of first attendances). The advice and guidance metric includes pre-referral activity (advice and guidance) and post-referral activity (pre-triage, referral and advice services).

For the month of March 2023, the Trust's advice and guidance performance included 1,756 advice and guidance responses. Data available for February confirms the Trust performance of 13% against the 16% target.

3.4.5 Cancer

One of the metrics being used by NHS England to monitor recovery of cancer care backlogs related to the coronavirus (COVID-19) pandemic is the number of patients on a cancer pathway waiting more than 62 days.

NHS England asked that all trusts return to, or below, the number of patients waiting over 62 days pre-pandemic. This number is different for each organisation and the Cancer Alliances has a role to play in determining the appropriate target for each trust and Integrated Care System.

In 2022/23, the target for the Trust was to have no greater than 180 patients waiting over 62 days.

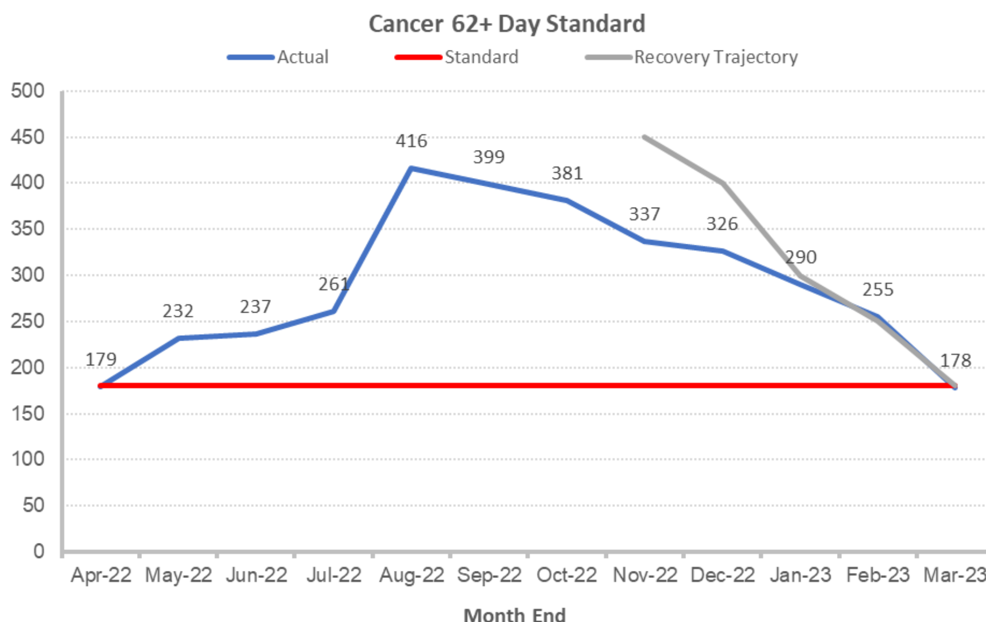
Note that the 62-day NHS constitutional standard is different from this metric as it is based on patients who start treatment. The measure of patients waiting over 62 days considers the number of patients waiting on a 62-day pathway prior to treatment or confirmation of cancer diagnosis.

In the late summer / early autumn of 2022, several of our clinical teams were impacted by the COVID-19 wave that resulted in high levels of sickness absence in some of our high-volume cancer specialties. The Trust also experienced an increase in referrals during this period that resulted in a significant increase in the number of patients waiting over 62 days.

In October 2022, the Trust developed a recovery plan to reduce the number of long waiting patients back to the pre-COVID target of 180 patients.

The Trust has successfully delivered this recovery plan and reported 178 patients waiting over 62 days at the end of March 2023.

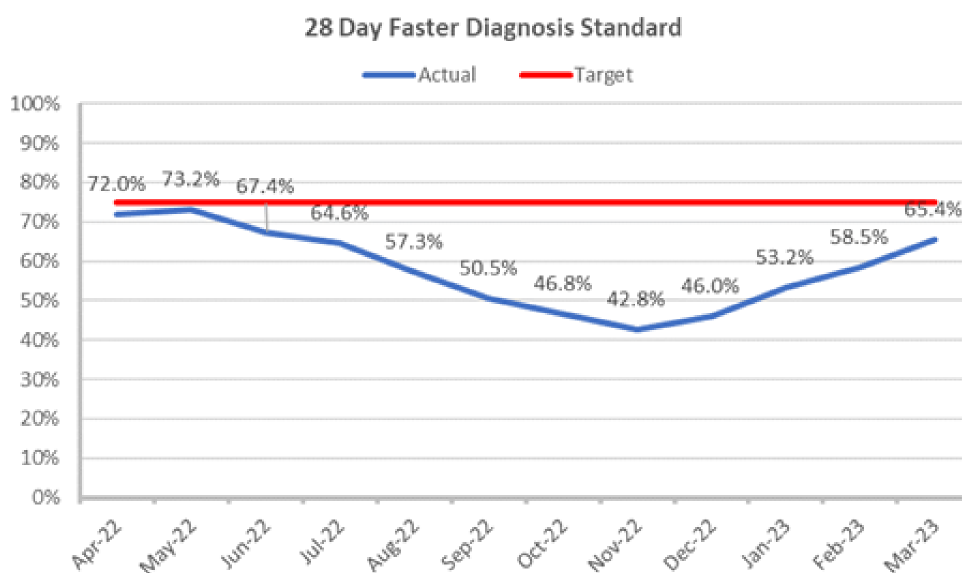
Figure 12



The increase in demand and shortfall in capacity during the late summer / early autumn period also impact the Trust's performance against the Faster Diagnosis Standard. The Faster Diagnosis Standard (FDS) is designed to measure the time from referral to a patient receiving a diagnosis, or having cancer ruled out, within 28 days. This standard is likely to replace the Two-Week Wait standard which measures the time from a patient being referred with a suspected cancer to see a specialist within 14 days of being referred by their GP or cancer screening programme.

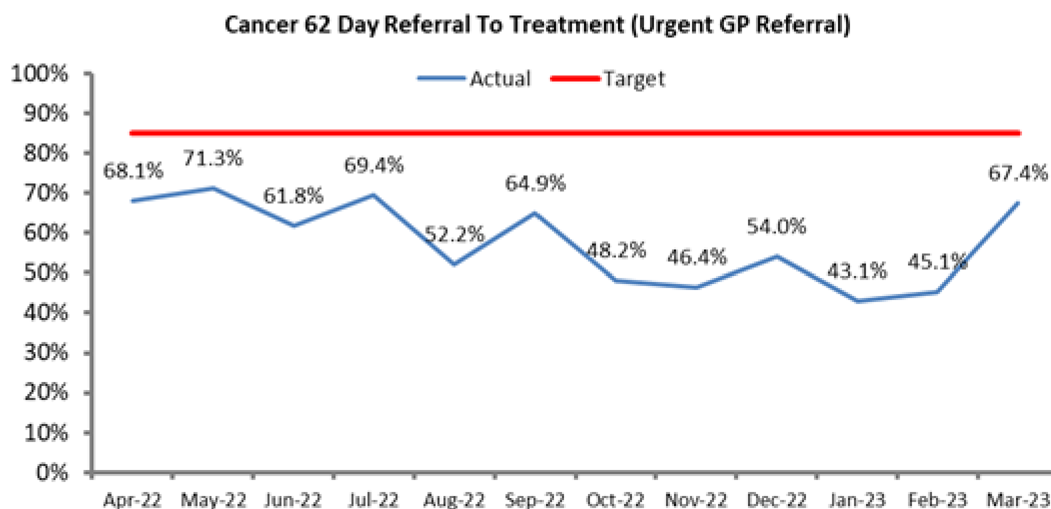
In March 2023, the Trust reported that 65.4% of patients received a diagnosis, or had cancer ruled out within 28 days. Although this is some way below the FDS standard of 75% it does demonstrate a month-on-month improvement since November 2022.

Figure 13



The impact of delays in the early stages of the cancer pathway has also impacted on the Trust's performance against the NHS constitutional standards. Performance has deteriorated against the 62-day urgent GP referral to treatment standard.

Figure 14



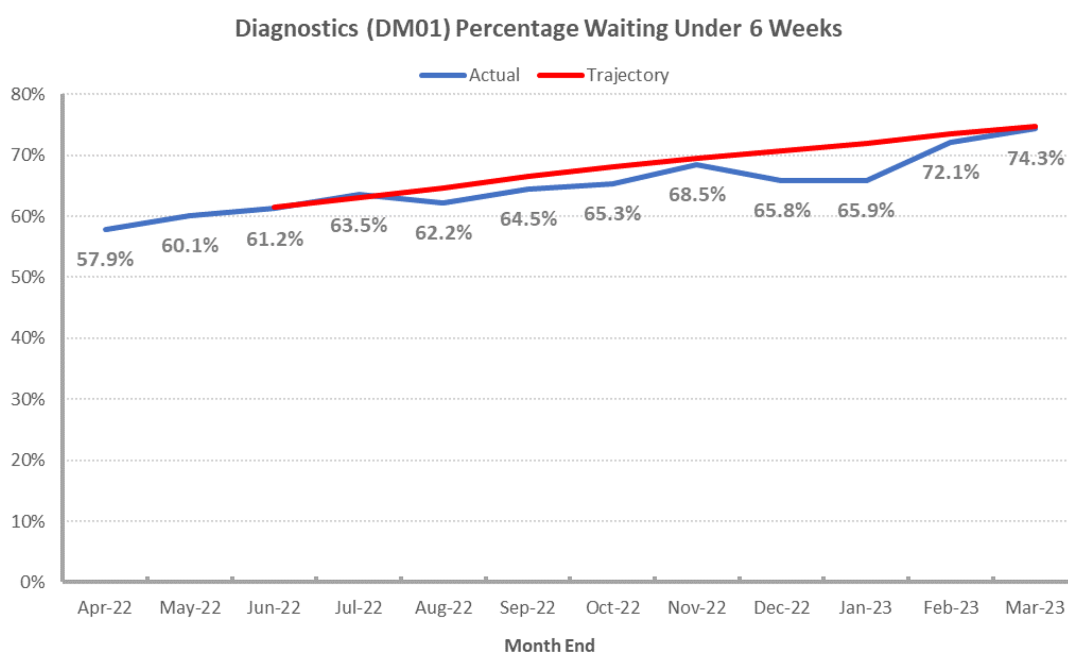
In April 2022, the Trust's performance against this standard was 68%. At the end of March 2023, performance had recovered to 67.4%. It is anticipated that as waiting times in the early part of the cancer pathway, performance against this retrospective standard will improve.

3.4.6 Diagnostic waiting times

The Trust planned to reduce diagnostic waiting times by increasing activity levels for high volume modalities. The plan was intended to increase the percentage of patients waiting under six weeks towards 75% at the end of March 2023.

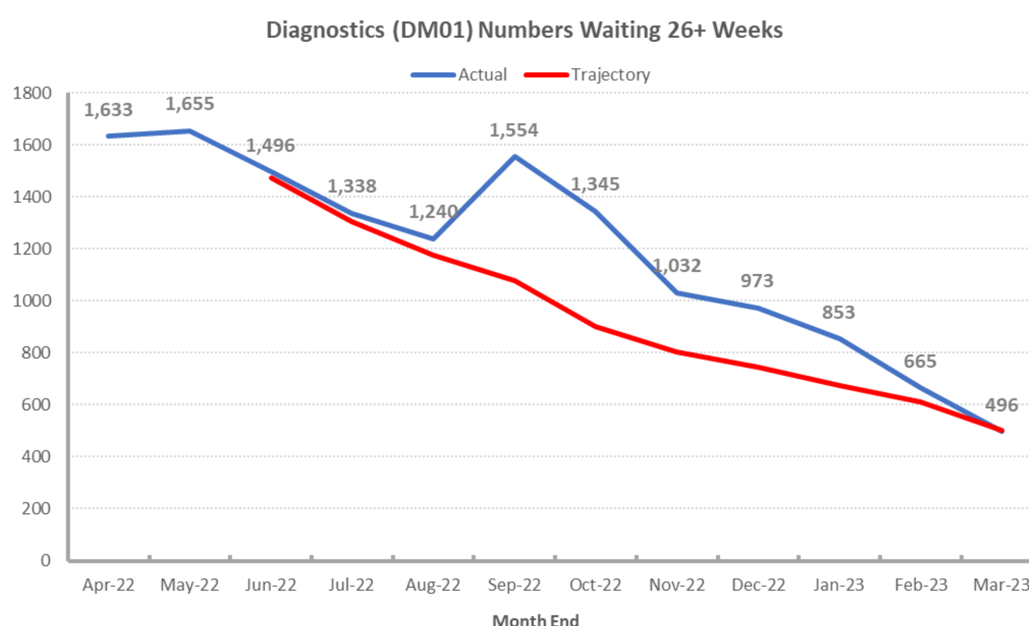
Throughout the year, there has been sustained improvement. At the end of March 2023, the Trust reported 74.3% of patients as waiting under six weeks.

Figure 15



The Trust's plan also focussed on reducing long waits for diagnostic investigation. The Trust's plan was based on a reduction to no more than 500 patients waiting greater than 26 weeks for a diagnostic investigation (418 endoscopy and 82 MRI only).

Figure 16



In April 2022, the Trust reported 1,633 patients waiting over 26 weeks for a diagnostic investigation. The Trust has demonstrated sustained improvement throughout the year. At the end of March 2023, the Trust reported 496 patients waiting over 26 weeks.

3.4.7 Urgent and Emergency Care (UEC)

Overall, ED attendances normalised to 2019/20 levels outturn experienced in 2021/22. Overall activity volumes are shown below.

Table 10: Total attendances at emergency departments (EDs)

	Total Attendances			
Hospital	**2019/2020**	**2020/2021**	**2021/2022**	**2022/2023**
Bristol Royal Hospital For Children	44,499	28,417	47,205	48,795
Bristol Eye Hospital	24,941	18,110	22,325	24,661
Bristol Royal Infirmary	73,499	59,952	74,852	73,444
Weston General Hospital	50,228	33,582	45,841	46,571
Grand Total	**193,167**	**140,061**	**190,223**	**193,471**

Table 11: Average daily number of attendances at Emergency Departments

	Average Attendances Per Day			
Hospital	**2019/2020**	**2020/2021**	**2021/2022**	**2022/2023**
Bristol Royal Hospital For Children	122	78	129	134
Bristol Eye Hospital	68	50	61	68
Bristol Royal Infirmary	201	164	205	201
Weston General Hospital	138	92	126	128
Grand Total	**529**	**384**	**521**	**531**

The operational planning guidance set out requirements to eliminate 12-hour trolley waits and ambulance handover delays greater than 60 minutes.

In 2022/23, there have been 9,315 12-hour trolley waits. This is the time from a decision to admit to the eventual admission to a ward.

There continue to be challenges in flow out of the emergency departments following the coronavirus (COVID-19) pandemic, including management of infections requiring cubicles. This is challenging due to the proportionately low ratio of cubicles to bay beds, particularly at Weston General Hospital.

Figure 17

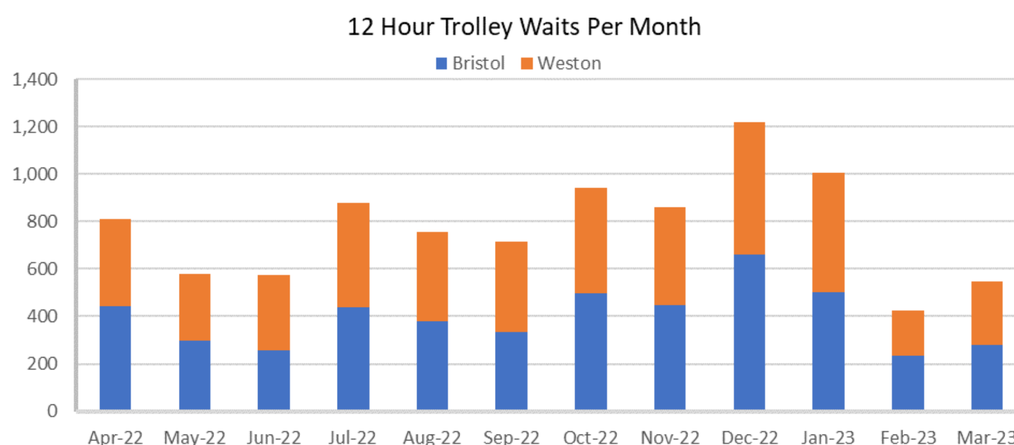
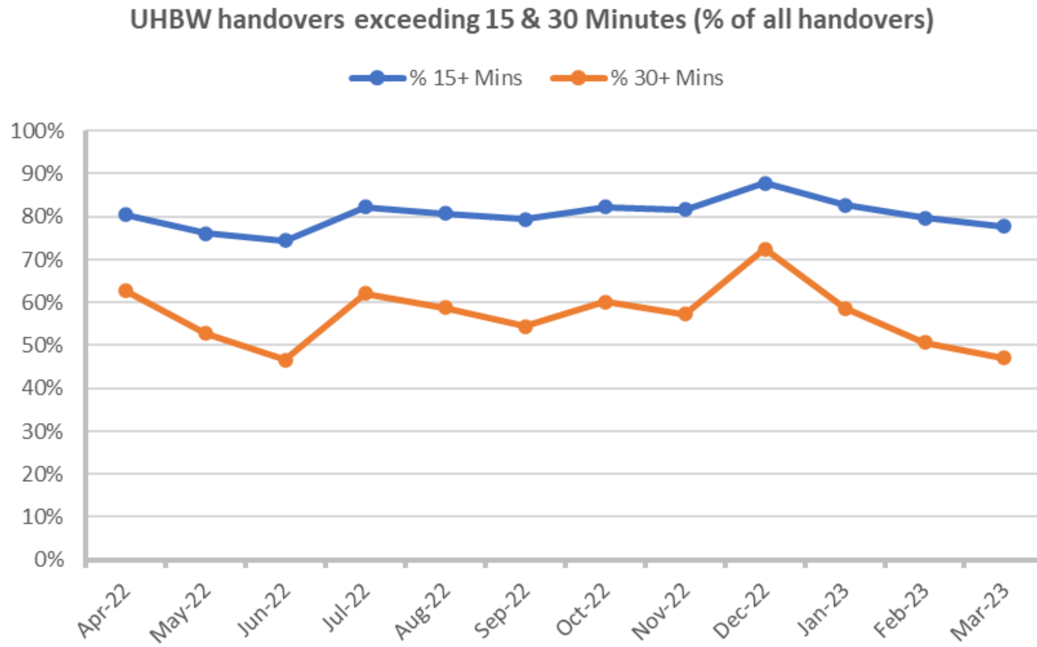


Table 12: Total number of 12-hour trolley waits.

Hospital	**2019/2020**	**2020/2021**	**2021/2022**	**2022/2023**
Bristol Royal Hospital For Children	2	0	154	372
Bristol Eye Hospital	0	0	0	0
Bristol Royal Infirmary	23	459	2,999	4,392
Weston General Hospital	796	981	2,608	4,551
Grand Total	**821**	**1,440**	**5,761**	**9,315**

Ambulance handover performance has also remained challenging across the Trust, with some improvement towards the end of the year.

Figure 18



As part of the refreshed workplans across urgent care in UHBW, there is a refocus on the 15-minute standard, including improvement work on the process of handover and escalation to prevent delays. We are also working with the ambulance service on real time data reporting to drive improvement.

APPENDIX A – Feedback about our Quality Account

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

The activity referred to in this Quality Account has taken place during a time of considerable change and challenge. Emergence from the worst effects of the COVID-19 pandemic was a relief: but further surges in infection continued to impact on patients and staff during this year and the backlog caused by the pandemic is considerable. Meanwhile, day-to-day demands have continued to rise for many Trust services and recent industrial action has affected performance at the end of the year.

Flow through the Trust's hospitals continues to be adversely affected by high levels of demand for adults' and children's Emergency Services alongside a lack of capacity in the community care services required to support patients on discharge.

The many challenges faced by the Trust during this time, the impact they have had on performance and the measures pursued to tackle them are clearly acknowledged and reported in this Quality Account.

Accordingly, the governors consider that it offers a clear and fair representation of the Trust's performance and demonstrates a strong commitment to learning from, and acting in response to, feedback and investigations.

Governor involvement with Quality and Performance at UHBW in 2022/23

The governors have a duty to continuously monitor the Trust's performance and hold the Non-Executive Directors (NEDs) on the Board of the Trust to account for it. During this year we have held a full programme of meetings and discussions, continuing with an online format initially but returning to the option of face-to-face meetings as well over the second half of the year.

We have reviewed full agendas of Quality and Performance issues every two months in our Quality Focus Group and then discussed specific topics of concern in more depth with all the NEDs at our regular engagement sessions with them. The Chair and NEDs continue to be open to all our comments and challenges and have fully engaged in answering our questions.

Public Board Meetings at the Trust have continued to be streamed via You Tube during this time enabling the public and governors to witness the Board in action; while a return to face-to-face meetings in recent months has also allowed governors to attend in person.

Questions raised on our publicly available Governors' Log (where they are answered by Trust executives and senior managers) have covered a wide range of topics including outpatient pharmacy services, cancer service targets, safe staffing levels, tackling surgical backlogs, out-of-hours patient discharge and quality of electronic data.

Quality Improvement Activity

UHBW set five quality objectives for 2022/23 and this account contains a full update on the progress made on all of these, followed by a description of the objectives set for the coming year.

Work on implementing the NHS Patient Safety Strategy (published in July 2019) has continued for a second year of very full activity to prepare the Trust for using the new Patient Safety Incident Response Framework (PSIRF) from May 2023 to be followed by reporting into the new national system of Learning from Patient Safety Events (LFPSE) in the second quarter of 2023/24. It is reassuring to know that the necessary staff training syllabus and investigation team to support this are now in place and that two Patient Safety Partners have been recruited, allowing the Trust to keep pace with the national transformation underway in Patient Safety across the NHS. Governors had the opportunity to learn more about this at a recent development seminar and recognise that continuing this work into a third year over 2023/24 has to be a key objective.

A second year of work on improving patient experience of discharge is also reported here with an emphasis on initiation of the Every Minute Matters (EMM) programme which is to be progressed further in the coming year. Discharge remains a key topic of concern for the governors and we welcome priority being given to it both by the Trust and the wider community of our Integrated Care System (ICS).

'Waiting Well' was a new objective for the Trust in 2022/23 aimed at improving the experience of waiting for care in the context of growing waiting lists post-pandemic and the need to continue this into a second year is clear. Use of feedback from the Health Matters event on this topic in November 2022 and the appointment of two lay representatives to join the Waiting Well group at the Trust have been welcome components of this work.

Following the development of a new Trust strategy for Healthcare Inequalities and a new vision for post- pandemic volunteering at the Trust governors will now monitor the delivery of identified goals related to these key strategies with keen interest. The need for progress in Equality, Diversity and Inclusion at the Trust has been championed by the governors for several years now.

The two new quality objectives set for the coming year are both associated with Patient First, the Trust's new approach to continuous improvement and the programme that will probably define future quality priorities. The coming year will give us the opportunity to learn more about this programme and identify if it can truly begin to deliver its patient-centred priorities.

Review of Services

This section of the account clearly reflects the on-going impact of the COVID-19 pandemic in delays to diagnostics, treatment and surgery alongside staffing challenges related to Covid-related sickness, vacancies and high turnover. The variable levels of progress with digital transformation at the trust are also clearly demonstrated with 'Vitals' supporting great progress in identifying deteriorating patients in both adult and children's services while the long-awaited electronic prescribing system has yet to be implemented, hindering progress with Venous Thromboembolism (VTE) prevention.

Further work on raising awareness of 'speaking up' and associated training for all staff should offer greater encouragement for staff to report concerns; and efforts to triangulate the key themes from all staff and patient comments received will be welcomed by the governors. The Patient Experience Hub, launched in 2022/23, should make a major contribution towards this.

The wide-ranging work undertaken under the heading of Patient and Public Involvement has been impressive and supported active involvement with the Trust by a number of

groups representing people with specific needs. Hopefully, the relaunch of the Trust Carers Steering Group will support similar involvement for carers.

A Trust commitment to learning from all surveys, significant incidents, informal and formal concerns and case reviews following death is clearly described and the contribution the Trust has made to wider, shared learning with North Bristol NHS Trust and colleagues across the ICS is to be commended. Action plans developed from such learning are also described here - including responses to the National Adult Inpatient Survey, the National Maternity Survey and internal mortality reviews as well as local ward-based projects such as 'Dancing on Draycott' at Weston General Hospital.

Other quality-related topics of special interest to the Council of Governors during 2022/23

- Increasing governors' understanding of the monthly Trust Integrated Quality and Performance reports
- Completion of the integration programme for Weston and Bristol hospitals and the introduction of the new management team structure for Weston General Hospital
- The development of the Board and Committee structure within the ICS, initial work on a strategy for the ICS and involvement of Trust Board members within this.
- Introduction of a new Trust People Strategy and Education Strategy to support staff recruitment, retention and development

These topics will remain priorities for us in the coming year as we welcome new colleagues to the Council of Governors after this year's elections and continue to monitor progress with all aspects of patient care at the Trust.

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

Healthwatch Bristol North Somerset and South Gloucestershire endorses the UBHW quality objectives which are ongoing for 2023/24. In particular we appreciate the complex work that aims to better meet the needs of patients and families in relation to hospital discharge. We especially commend the creation of the discharge passport and the process for managing information in relation to medications. The new model of 'weekend huddles' to process weekend discharge more effectively is an excellent development.

The 2023/24 new objective in relation to eliminating poor experience of care is welcomed. This aim, to improve inpatient care in Hospitals in Bristol and Weston-super-Mare, and maternity wards, will make a significant difference to the experience of care. Healthwatch and the Maternity and Neonatal Voices Partnership jointly support this work and will provide insight to help measure progress using our Local Voices reports and others.

Finally, Healthwatch welcomes the aim of improving access, experience and outcome with a particular focus on our diverse communities. The Health Equity Delivery Group will be a central plank of this work, and we will aim to support its work however we can over the next few years.

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

This statement for University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) Quality Account 2022/23 is provided by the Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB).

UHBW annual Quality Account provides an opportunity to celebrate the Trust's quality and performance during 2022/23. The data provided reflects information shared by the Trust with BNSSG ICB throughout the year. The ICB welcomes the opportunity to review and reflect on the Quality Accounts and fully supports the collaborative working between the Trust and the ICB, with a clear focus on quality improvement. BNSSG ICB acknowledges the continued challenges faced by UHBW in post pandemic restoration including the impact of health professional industrial action. This has inevitably impacted on the achievement levels for a range of quality indicators.

Five quality objectives were selected for 2022/23. The first two were existing objectives related to delivering:

- NHS Patient Safety Strategy
- Improving patients' experience of discharge

UHBW also set three new objectives:

- Supporting patients to 'wait 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

UHBW continue on their journey to implementing the NHS Patient Safety Strategy. It is commendable what has been achieved over the last twelve months. Notably ensuring the Patient Safety Incident Response Plan has been produced and approved by April 2023. The ICB acknowledges the continued focus on patient safety, this has been demonstrated by recruiting into key roles:

1. Expert patient safety investigation specialists
2. Patient Safety Partners
3. Head of Human Factors

There is no doubt these professionals will support UHBW's Patient Safety Incident Response Framework and will be key in successfully delivering safe quality care to service users as well as driving quality improvement.

Objective 2: Improving patient experience of discharge from hospital

BNSSG ICB commends UHBW on their Every Minute Matters (EMM) programme. The EMM programme has already improved time efficiency in discharging patients since EMM has been implemented. The number of quality improvement processes that have been developed under the umbrella EMM programme is to be commended. This includes but is not exhaustive:

- Improvements made to weekend discharges
- Utilising a multidisciplinary touchpoint to enable concise updates regarding patients
- Use of the Transfer of Care Document

Objective 3: Waiting well

UHBW's efforts of ensuring patients are 'Safe to Wait' whilst the Trust is recovering from the increased planned care backlog as a result of the COVID-19 pandemic is commendable and appropriate. BNSSG ICB acknowledges the collaborative working with patients and service users to understand the presenting concerns felt as a result of being on a long waiting list. As a consequence of the collaborative 'Health Matters' event, UHBW launched a 'Waiting Well' webpage providing information on what current expectations are, whilst providing signposting material. The innovation associated with using the DrDoctor platform, supporting patients to view clinic letters and rebook outpatient appointments is an excellent development. BNSSG ICB is excited to see the development of the DrDoctor assessment tool to gather information to support optimisation of patients' prior to surgery.

Objective 4: Developing a new Trust strategy for healthcare inequalities, with a focus on equality, diversity and inclusion (EDI) for patients and communities

BNSSG ICB acknowledges the progress made in achieving this objective and the work completed to support the EDI baseline review report. Following this report UHBW have developed the Health Equity Delivery Plan which includes five objectives to be delivered over the next two years. The ICB is looking forward to supporting and collaborating with the Trust in delivering these five objectives.

Objective 5: Developing and delivering a new vision for post-pandemic volunteering.

BNSSG ICB commends UHBW's engagement with volunteers and colleagues to develop the Volunteer Strategy 2023-2026. UHBW's four goals to be delivered over the next three years are an ambitious yet achievable vision. There is clear recognition by UHBW of the value of volunteers and BNSSG ICB commends UHBW's commitment in ensuring that volunteers are embedded colleagues and a valued part of #TeamUHBW. Future Planning.

BNSSG ICB recognises UHBW's five priorities for the coming year; this includes further development of three existing objectives. The ICB would like to thank UHBW for their collaboration and continued focus on patient quality and looks forward to supporting UHBW in achieving a shared vision and purpose – 'patients are at the heart of all we do.'

Michael Richardson
Deputy Chief Nursing Officer, Bristol North Somerset and South Gloucestershire Integrated Care Board

d) Statement from Bristol Health Scrutiny Committee

Bristol Health Scrutiny Committee members attended a helpful presentation / question and answer session in relation to the UHBW 2022/23 Quality Account attended by the UHBW Chief Medical Officer and Deputy Chief Executive, Chief Nurse and Midwife, and Head of Quality (Patient Experience and Clinical Effectiveness).

Members' comments are summarised below:

1. The general progress in delivering objectives and key targets/goals, and in improving patient experiences as documented in the Quality Account is welcomed. We understand that in terms of the data relating to patient experiences/perceptions about the quality of care they receive in the Trust's hospitals, this can be broken down by ethnicity and it would be useful to see this data.
2. In relation to cancer diagnosis, we noted that in February 2023, the Trust reported that 57% of patients received a diagnosis, or had cancer ruled out within 28 days. Although this is below the Faster Diagnosis Standard of 75%, we note and welcome the month-on-month improvement since November 2022.
3. We welcome the fact that a new vision is being developed for post-pandemic volunteering and that four specific goals have been set to be delivered over the next three years including:

    - Creating a vibrant and varied volunteering programme that mirrors the rich diversity of communities.
    - Developing innovative roles that put the patient and staff experience at the forefront of the Trust's work.

    We note and welcome an assurance that there is no intention within the Trust to place reliance for services on volunteers; and that volunteering presents an opportunity for added value/benefits, for example in relation to patient experiences. We also welcome the Trust's willingness to promote volunteering from young people and that the Trust's volunteer strategy recognises the importance of celebrating and recognising successful volunteering.
4. We welcome the work taking place to develop a new Trust strategy for healthcare inequalities, with a focus on equality, diversity and inclusion for patients and communities.
5. We suggest that the Trust should look to develop its liaison with schools in terms of work experience opportunities and sharing information on career opportunities for young people. We note and welcome the Trust's commitment to open up opportunities for employment with the aim of reflecting the area's diverse communities within the workforce.
6. Although not falling within the Bristol City Council geographical area, the findings from the latest Care Quality Commission inspection of medical care at Weston General Hospital (August 2022) are welcomed, noting also that the Enforcement Notice (from 2021) has been formally lifted.

e) Statement from North Somerset Health Overview and Scrutiny Panel

No statement provided this year due to purdah.

f) Statement from South Gloucestershire Overview and Scrutiny Panel

No statement provided this year due to purdah.

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 2022 to March 2023
    - papers relating to Quality reported to the board over the period April 2022 to March 2023
    - 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.

Eugine Yafele
Chief Executive

Jayne Mee
Chair