University Hospitals Bristol NHS
NHS Foundation Trust

Quality Report 2010/2011

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

Statement from the Chief Executive

Welcome to University Hospitals Bristol NHS Foundation Trust's Quality Report for 2010/11. This is the third year that the Trust has published an annual report about the quality of its services.

The purpose of Quality Reports is to ensure Trust Boards focus on quality improvement as a core function of the organisation. Our Quality Report spells out our commitment to providing a high quality, patient-focused healthcare service that meets the needs of our diverse patient population.

Quality Reports also enable NHS Foundation Trusts to be held to account by the public, as well as providing useful information for current and future patients. This Quality Report is an honest and open assessment of the quality of care patients received when they were in our care during 2010/11. While it is impossible to include information about every service the Trust provides in this kind of document, it is nevertheless our hope that the report we present here will give you confidence in our ability to deliver safe, effective and compassionate care.

This year, our Governors have been influential in determining the structure and 'flow' of our Quality Report. In particular, the Quality Report has been clearly structured around the three core themes of Safety, Experience and Effectiveness. In each case, the report explains what we achieved in 2010/11, and what our aspirations are for the year ahead.

Following the publication of last year's Quality Reports by NHS providers, the independent charity, the King's Fund, carried out an extensive review of these reports and made a number of important recommendations. We have heeded their advice in a number of ways: for example, this Quality Report is more concise and readable than last year's; we have tried to present a report that will make sense to people who are not involved in delivering healthcare; for ease of reading, we have indicated how well we did in relation to the objectives we set ourselves for 2009/10, using a 'traffic light' system of indicators and, for the first time, we have provided an analysis of overall patient satisfaction according to patients' ethnicity.

The Coalition Government has recently set out its ambitions for NHS healthcare in a new quality framework (called the 'NHS Outcomes Framework') which includes a focus on cancer survival. As such, we are particularly pleased that this year we are publishing, as part of our Quality Report, five year survival statistics following oesophageal cancer surgery. Most people diagnosed with oesophageal cancer have late-stage disease. This is complex surgery with a relatively poor prognosis – this is because patients do not usually have significant symptoms until their tumour is fairly large. Our data indicates that nearly a half of patients who received surgery for oesophageal cancer at the Trust in 2006/7 are still alive today.

This year, our Quality Report has been reviewed, prior to publication, by the Health Scrutiny Committees of our local councils; the people who fund our services (represented by our host commissioner, NHS Bristol); the Local Involvement Networks for Bristol and South Gloucestershire; our external auditors (the Audit Commission); and by our Governors. We also welcome your feedback: if you have any comments about this Quality Report, we would be pleased to receive them. Please email chris.swonnell@uhbristol.nhs.uk or write to us at Trust Headquarters, Marlborough Street, Bristol BS1 3NU.

As Chief Executive of the University Hospitals Bristol, I confirm that, to the best of my knowledge, the information presented in this document is accurate. I am proud of the story told in this Quality Report and I hope you enjoy reading it.

Robert Woolley
Chief Executive

Contents

Introduction 4
Overview of quality objectives for 2010/11 4

Safety

Report on our objectives for 2010/11 5
- Healthcare acquired infections 5
- High-risk medication errors which cause harm to patients 8
- Hospital acquired thrombosis 9

Review of 2010/11 11
- Pressure Ulcers 11
- Falls 11
- Histopathology 12
- Nutritional Care 13
- Adverse Event Rate 14
- National Patient Safety Agency alerts 14

Objectives for 2011/12 15

Experience

Report on our objective for 2010/11 16
- Increasing patient and public involvement in our services 17

Review of 2010/11 19
- National Patient Experience CQUIN 19
- Overall patient rating of care 20
- 'Would you recommend us?' 21
- Complaints 22
- Privacy and dignity (including elimination of mixed sex accommodation) 22
- Staff-patient communications 24
- National Staff Survey 2010 25

Objectives for 2011/12 28

Effectiveness

Report on our objective for 2010/11 29
- NICE Quality Standard for Dementia 29

Review of 2010/11 31
- Hospital Standardised Mortality Ratio 31
- Adult Cardiac Surgery 32
- Cataract Surgery 33
- Oesophageal Cancer 34
- Patient Reported Outcome Measures (PROMs) 35

Objectives for 2011/12 36

Performance against key national priorities 37

Appendix A - Statements of assurance from the Board 40
Appendix B – Additional information 48
Appendix C – Assurance statements from third parties 51
Appendix D – Statement of Directors' Responsibilities 61
Appendix E – External Audit opinion on 2010/11 Quality Report 62

Introduction

This year, we have structured our Quality Report in a way which focuses on the three key dimensions of quality in healthcare: Safety, Experience and Effectiveness. Discrete sections of the report deal with each dimension in turn, explaining how we performed against specific objectives we set ourselves for 2010/11; what else happened during the year and what our plans are for 2011/12. Each section begins with a clear commitment from the Trust, drawn from our Quality Strategy.

We have introduced some new clinical themes, but we have also attempted to provide continuity with last year's report for the purpose of transparency and to enable the reader to make comparisons. Some new themes – for example falls and pressure sores –have been introduced in recognition of their fundamental importance to patient care, whilst others have been included at the request of our Governors, Non-Executive Directors and commissioners. Other mandatory content, which the Trust is required to publish by the Department of Health and Monitor, can be found towards the end of this Quality Report.

Overview of objectives

Last year, we set ourselves six specific quality objectives. In the pages which follow, you will be able to read a detailed account of how we got on. Each strand of work within each objective has been assigned a 'traffic light' (Red/Amber/Green) rating to give the reader an idea of the progress we have made. Table 1, below, provides an overview. Two of our objectives were associated with reducing Healthcare Acquired Infections, hence there are five objectives listed here.

We said we would…	How did we get on?
Reduce further the incidence of Healthcare Acquired Infections	**Amber/Green**
Reduce the number of high risk medication errors which caused actual harm to patients	**Amber/Green**
Reduce Hospital Acquired Thrombosis	**Amber**
Increase the level of patient and public involvement in service improvement	**Green**
Meet the requirements of the proposed NICE Quality Standard for Dementia	**Amber**

Table 1.

Within the respective sections of the report for Safety, Experience and Effectiveness, you will also find our quality objectives for the year ahead. In some cases, our ambitions reflect on-going commitments to quality (for example, the NHS South West Quality and Safety Programme), whilst other objectives provide a 'nod' towards the new NHS Outcomes Framework (e.g. improving cancer survival).

Our Governors have debated, contributed to and ultimately approved, all our objectives; the objectives have also been presented in public session of the Health Overview and Scrutiny Committees of our local authorities, and discussed in a facilitated workshop with Local Involvement Networks.

Safety: our commitment

The safety of our patients is central to everything we want to achieve as a provider of healthcare. We will focus on avoiding and preventing harm to patients from the care, treatment and support that is intended to help them. There should be no avoidable deaths as a consequence of healthcare.

Report on our objectives for 2010/11

Objective 1

We wanted to reduce further the incidence of Healthcare Acquired Infections.

Why we chose this

Reduction of healthcare-acquired infection is at the heart of our plans for improving quality and safety. Our patients have said that this is what matters to them. Meeting these expectations is key to people having confidence in our services.

We said we would…

1. Reduce the rate of MRSA (Meticillin Resistant Staphylococcus Aureus) infection to below 0.026 per 1,000 bed days. This equated to no more than six hospital acquired cases in the year.
2. Reduce the rate of C Diff (Clostridium difficile) infection to no more than 0.28 per 1,000 bed days. This equated to no more than 72 cases in the year.
3. Reduce all hospital acquired blood stream infections by 25%.
4. Reduce the number of urine infections associated with catheters to no more than two per 100 admissions.
5. Improve antibiotic prescribing compliance through the implementation of the Trust's policy.

How did we do?

1. We have reduced the rate of MRSA blood stream infections in patients who are in hospital for more than two days to 0.016 per 1,000[1] bed days (5 cases).	
2. We achieved all the targets set by the Department of Health and NHS Bristol for 2010/11. We have reduced the rate of C diff infection to 0.32 per 1,000[1] bed days. The number of cases (94) was 6% fewer than in 2009/10. Although this was higher than rate of infection we set ourselves internally (our 'stretch target'), it was below NHS Bristol's target of 97 cases.	
3. Meticillin sensitive Staphylococcus aureus (MSSA) blood stream infections became nationally reportable from January 2011 and have therefore been used as the marker for this overall reduction. We have reduced the number of MSSA blood stream in patients admitted with infections and after two days by 24% (from 112 to 85 cases)	
4. In September and October 2010, we undertook a prevalence audit of the number of patients with catheters and the number that had associated infections. This audit showed 84 patients (18% of the 467 audited) with catheters and, of these, only four (0.8% of all patients) with infections. In addition, we have audited infection control precautions at insertion and for ongoing care of catheters and these results have shown 95% and 94% compliance with infection control standards.	
5. During 2010/11, the Trust has fully implemented, and monitored, its policy for antibiotic prescribing. This policy sets out a 'zero tolerance' approach to non-compliance. A new prescribing chart has been introduced; specialist pharmacists monitor and intervene if prescriptions are not considered to be appropriate; weekly feedback is given to Divisions; an 'anti-infective steering group' is now led by the Deputy Medical Director. As a result, compliance of prescriptions with the policy continues to rise and was above 75% during the final quarter of the year.	

[1] Based on bed days in 2008/9 as used in national MRSA data tables

"During 2010/11, the Trust has fully implemented, and monitored, its policy for antibiotic prescribing. This sets out a 'zero tolerance' approach to non-compliance."

As in previous years, prevention of infection was a key focus for the Trust in 2010/11. In addition to the steps described above, we have increased the percentage of staff who had infection control training (currently 93%). We've also continued to participate in the National Patient Safety Agency 'Clean Your Hands' campaign: the focus for this has been to ensure that alcohol hand gel is used by staff and visitors to clean their hands as near to the point of care delivery as possible, resulting in the relocation of alcohol hand gel dispensers from entrances and corridors to patient bedside areas (lockers, beds and entrances to bays).

Not only has this change ensured that staff and visitors can clean their hands at the most appropriate point, it has also reduced the risk of injury from accidental spills and drinking of alcohol gel. The relocation of alcohol hand gel is thought to have contributed to the lowered score for hand hygiene noted in the National Staff Survey for 2010, where only 53% of staff reported that hand washing materials were always available.

The lowest scores within this data came from administrative, clerical and central function staff who will not have direct clinical contact. However, in the same survey, it should also be noted that 90% of our staff agreed that the Trust does enough to promote the importance of hand washing to staff.

Results of a local audit of hand washing facilities identified a lack of hand washing basins in some of the wards in the Bristol Royal Infirmary Old Building and King Edward Building, but with 93% of point of care locations having alcohol hand gel available.

The practice of hand washing is monitored monthly, and our 95%+ standard has been met throughout 2010/11.

Prevention of Norovirus outbreaks remains a high priority for the Trust and, as such, decisions are taken early to close wards to new and admissions and non-essential staff upon suspicion of an outbreak, and not to re-open until we are confident that the outbreak has stopped. This is supported with prompt laboratory testing of any patient suspected of having Norovirus infection. From January to March 2011 there were 17 ward closures due to Norovirus, with 123 patients confirmed to have the infection. Although we are confident that management of the outbreaks was effective, we have commissioned an external review of our outbreak management by the Health Protection Agency to support our plans for prevention in winter 2011/12.

Ensuring staff are fit to work and free from infection is an important aspect of our infection prevention programme. In support of this, all staff are screened for infection when they begin work at the Trust and are offered appropriate vaccinations against infectious disease. Some infections, including Tuberculosis (TB), are not fully preventable by vaccination and can become active many years after the person was initially infected.

During 2010/11, as a result of TB lung infection in a member of our staff, 150 babies were contacted and given antibiotics as a precautionary measure. We are working closely with our partner Occupational Health Service to provide more awareness amongst staff of the risk of occurrence of active TB disease after initial health clearance.

"Ensuring staff are fit to work and free from infection is an important aspect of our infection prevention programme."

Objective 2

We wanted to reduce the number of high risk medication errors which caused actual harm to patients.

Why we chose this

According to the National Patient Safety Agency's Safety in Doses report (2009), incidents involving medicines account for one in every eleven incidents reported nationally, and closer to one in seven incidents reported by our Trust. The vast majority (95%+) of such incidents at our Trust are of low harm, or no harm, but medication incidents have the potential for causing severe harm.

We said we would…

1. Improve methodology around implementing lessons learned from reported incidents.
2. Implement National Patient Safety Agency (NPSA) guidance
3. Implement medicines reconciliation (getting medicines right)
4. Improve the quality of anticoagulation management
5. Audit of NPSA guidance implementation

The outcomes we wanted to achieve were that:

- The total number of incidents reported per quarter would be maintained
- The total number of incidents resulting in major or catastrophic harm would not increase
- The total number of incidents resulting in moderate harm would reduce
- The proportion of moderate, major and catastrophic incidents would reduce

How did we do?

1. There were regular monthly multidisciplinary reviews of reported incidents. Divisions responded to issues raised and lessons learned were shared via the Medicine Governance Group. Three medicine safety bulletins were published.

2. The NPSA has published eight patient safety publications which make reference to medicinal products. The Trust has confirmed compliance with four of these publications within the required deadlines. Of the remaining four publications, compliance is currently pending finalisation of relevant Trust policies and procedures.

3. Medicines reconciliation occurs in over 80% of patients admitted through the Medical Assessment Unit (documented within 24 hours). A new form has been introduced for clerking patients in the Divisions of Medicine, and Surgery Head and Neck. A trust-wide standard operating procedure has been developed, and we are trialling the use of GP software to gain access out-of-hours to information about patients' medication (for Adult A&E and MAU).

4. Regular in-depth review of inpatients who develop an INR (International Normalised Ratio – a measure of coagulation) score of greater than six during their stay has identified common themes: co-morbidities; use of interacting drugs (especially anti-infectives); not following the dosing guidelines on the oral anticoagulation chart. Oral anticoagulation chart has been revised to highlight these areas.

5. Four audits have focused on the following NPSA guidance: 2008/RRR04 Using vinca alkaloids minibags; 2007 Patient Safety Alert 18 – anticoagulation therapy (two audits looking at adult oral anticoagulation and anticoagulation in paediatric cardiac surgery respectively); 2007 Patient safety guidance 01 - Medicine reconciliation.

[2] Quarter 4 data not available at the time of writing

Outcomes:

Pending confirmation of quarter 4 data[2], all outcomes have been achieved (based upon a comparison of the first 9 months of 2009/10 and 2010/11).

- The average number of incidents reported per quarter has increased in 2010/11, possibly as a consequence of changes in our reporting process (878 incidents were reported during the first three quarters of 2010/11, compared with 774 incidents in the corresponding period for 2009/10)
- The number of incidents resulted in major or catastrophic harm did not increase (this year 0; last year 0)
- The number of incidents resulting in moderate or greater harm reduced (this year 20; last year 32)
- The percentage of incidents resulting in moderate harm reduced (this year 2.28%; last year 4.13%)

Objective 3

We wanted to reduce Hospital Acquired Thrombosis.

Why we chose this

Venous Thromboembolism (VTE) is a significant cause of mortality, long term disability and chronic ill health. It is estimated that there are 25,000 deaths from VTE each year in hospitals in England.

We said we would…

1. Introduce a prescription chart with an integral risk assessment
2. Obtain VTE training slots on the Foundation Programme for medical staff, and roll out the Department of Health e-learning tool to medical, nursing and pharmacy staff
3. Update the VTE patient information leaflet and arrange outreach presentations on VTE for patient link groups to raise awareness
4. Make weekly prescription chart audit data for VTE risk assessment and thromboprophylaxis available to Divisional Boards via the VTE clinical champions. Continue with monthly case note review examining risk assessment and prescription of thromboprophylaxis.
5. Ask VTE champions to oversee qualitative audits undertaken by Foundation Doctors and ensure the results and actions are agreed by The Thrombosis and Anticoagulation Committee

The outcome measure for this objective was that at least 90% of adult inpatients would be assessed for their risk of developing VTE.

"The percentage of incidents resulting in moderate or greater harm reduced."

How did we do?

A full VTE risk assessment was included in the prescription chart following the initial launch of the VTE prompt in the prescription chart in May 2010. The prescription chart also includes an area for documentation of re-assessment.	
VTE training continues for medical nursing, midwifery and allied health professionals. Staff are also required to complete online training via the Department of Health National e-VTE tool. A shorter and more focussed e-VTE programme has also been made available via the Trust's intranet site. Ward based teaching covers general aspects of VTE. The Trust has also obtained VTE training slots on the Foundation Programme for medical staff.	
The VTE patient information leaflet was updated in the summer of 2010, and has since been further amended to incorporate information about anti-embolic stockings. The leaflet is available to all wards. Further work is required to develop staff awareness through outreach meetings.	
Snapshot audits of compliance with VTE risk assessment and thromboprophylaxis prescription have been put 'on hold' due to increased pharmacy pressures. Monthly case note reviews (20 adult inpatients) audit for VTE compliance and have shown an improvement over a half-year period (April 2010, 11/20 cases compliant; September 2010, 17/19 compliant). Whenever a patient is identified as not having received a VTE risk assessment, the Medical Director writes to the lead consultant to underline the importance of following this practice.	
Qualitative audits by trainee medical staff have seen poor uptake. VTE is on the Trust's audit priority list for 2011/12 and funding has instead been obtained to increase the VTE project nurse role to full-time, to include responsibility for audits of qualitative aspects of VTE risk assessment and thromboprophylaxis delivery.	

Outcome:

91.6% of adult inpatients were assessed for their risk of developing VTE in March 2011. In March, the Trust made a significant change to the reporting system for VTE assessment, so that our compliance figures are now based on full census data (i.e. all patients) rather than 'snapshot' audits.

Review of 2010/11

This section explains how the Trust performed during 2010/11 in a number of key safety-related areas, which are in addition to the specific objectives that we identified.

Pressure Ulcers

In 2010/11, we reduced the total number of hospital acquired pressure ulcers by 22%. Pressure ulcers (bed sores or pressure sores) are damage to skin and tissue beneath the skin due to the weight of the body pressing for long periods on one specific area, friction or rubbing of the skin, or shear (layers of skin sliding against each other, for example when sliding down in the bed). Anyone can be vulnerable to getting a pressure ulcer, but people are most at risk if they:

- have trouble moving and cannot change position themselves
- cannot feel pain over part, or all, of their body
- are incontinent
- are seriously ill, or have had surgery
- have a poor diet and don't drink enough water
- are very young or very old
- have damaged their spinal cord and can neither move nor feel their bottom and legs
- older and are ill or have suffered an injury like a broken hip

In July 2010, we undertook an audit of how many patients had pressure ulcers acquired within the Trust. We identified 74 patients (11%). An audit repeated in February 2011 found 63 patients (8.5%) with Trust-acquired pressure ulcers. In order to achieve this reduction, we have instigated a range of actions including: training for staff who move patients; supportive review visits by the Chief Nurse's Team for patients with the most severe hospital acquired pressure ulcers; and a package of care which ensures that patients at high risk of pressure ulcers are repositioned regularly, placed on the correct mattress or cushion and their skin is kept clean and dry.

Falls

Patients in hospital are also vulnerable to falling: many are elderly, and some will have previously fallen at home. Preventing inpatient falls is the responsibility of everyone in the Trust. We are committed to ensuring that the risk of falls within our environment is minimised, and that where falls may be unavoidable, the risk of injury is controlled.

2010/11 saw the establishment of a trust-wide steering group to lead on a concerted drive within the Trust on the prevention and management of inpatient falls. The falls prevention and management care plan was re-launched along with revised risk assessment documentation. Staff induction and update training now includes sessions on falls prevention.

The Trust is working in collaboration with NHS Bristol in accordance with the Department of Health's Prevention Package for Older People. We also participated in National Falls Awareness Week (June 2010) and the National Audit of Falls and Bone Health (due to publish its findings in May 2011). Since January 2011, the Trust has been collecting data on patients who have fallen and who suffer from Cognitive impairment (dementia).

Table 2, below, shows a pattern of increasing numbers of patient falls during 2010/11: we believe that this reflects the focus the Trust has placed on improving the reporting of falls as safety incidents, i.e. we now have a more realistic picture of the extent of patient falls across the Trust.

Table 2.

	April-June 2010	July-September 2010	October-December 2010	January-March 2011
Number of falls	278	261	340	408
Fractures	9	5	8	6

Source: Ulysses Safeguard system - reported incidents

All recorded fractures resulting from falls have been reviewed by the Executive team to assess whether they should be classed as Serious Incidents and reported externally as such. During 2010/11, 17/28 fractures were identified and reported as Serious Incidents. The Trust continues to report, investigate and learn from these incidents.

We have benchmarked our falls rate against National Patient Safety Agency Data. This shows that the Trust as a whole reported 4.13 falls per 1,000 bed days in 2010/11, compared to the national rate of 5.6, however the falls rate in our Division of Medicine was above the national average at 6.6 falls per 1,000 bed days, reflecting its predominantly older and frailer patient population.

Histopathology

University Hospitals Bristol NHS Foundation Trust commissioned an Independent Inquiry into allegations of serious misdiagnosis in histopathology services at the Trust between the years 2000 and 2008, which were aired in the media in June 2009.

The Trust Board accepted the Inquiry report in December 2010 and published it in full on its website and at a press conference. The exhaustive Inquiry found no evidence to suggest that the histopathology department at University Hospitals Bristol provides anything other than a safe service. Patients should have confidence that the Trust has learnt lessons from this Inquiry, however, and is acting on the recommendations of the panel.

Since the report's publication, UH Bristol and North Bristol NHS Trust have been working towards the integration of their two histopathology departments, as recommended by the Inquiry. The Trusts have a formal Partnership Agreement, approved by both Boards in November 2010, enshrining principles of co-operation and outlining a number of areas for joint working beyond histopathology.

A joint director of histopathology services has been appointed and the two organisations, in collaboration with NHS Bristol, are implementing a comprehensive action plan in response to the Inquiry recommendations. The action plan has been shared with the Bristol Health Scrutiny Commission, the Care Quality Commission and Monitor, the Foundation Trust regulator. Monthly updates are provided to the UH Bristol public Board meeting and to the quarterly Membership Council. In addition, the Trust has set up five patients groups to explore their expectations of histopathology services.

The Inquiry report acknowledges that differences of interpretation can arise between histopathologists, especially in complex cases, and that mistakes can and do get made. While the Inquiry found the service at UH Bristol to be safe, it also found that a small number of serious diagnostic errors had occurred over the eight year period which had resulted in harm to patients.

A further, recent misdiagnosis was reported to the Trust in early 2011. UH Bristol and North Bristol Trust have each conducted a detailed Root Cause Analysis investigation into this particular case, which has also been notified to the Care Quality Commission and Monitor. The Trusts have shared their respective findings and implemented measures to minimize the chance of this type of incident ever recurring.

Nutritional care

The Care Quality Commission (CQC) has published a set of quality and safety standards which all providers of health and social care in England should meet.

At the point when the Trust was required to register with the CQC (i.e. from 1st April 2010), we declared non-compliance with one of these standards which relates to 'Meeting nutritional needs' (known as 'Outcome 5'). We did this because we were not always providing the standard of nutritional care that we expected for our patients. The specific reasons why we declared non-compliance were as follows:

- Protected mealtimes (times when patients can eat without disturbance) were not always observed by staff,
- Improvements were needed regarding nutritional screening and care planning,
- Adaptive cutlery[3] needed to be made available for patients.

The last of these issues was addressed immediately and the first two concerns were the focus of targeted work across adult and paediatric services during 2010/11.

On 30th September 2010, the Trust received a letter from the CQC advising that it would be conducting a 'review of compliance' in respect of Outcome 5. The CQC subsequently carried out unannounced site visits to the Bristol General Hospital and the Bristol Royal Infirmary Queen's Building on the 12th and 14th October respectively. The Trust received a formal written report from the CQC on 12th November. Inspectors gave positive feedback about the quality of nutritional care they had observed, however they noted that:

- Despite the Trust's focus on protected mealtimes, these were not always being observed by medical clinicians,
- Patients did not always receive the food that they had requested and although they receive an alternative, this may not have been suitable for them,
- Nutrition care plans did not contain details of patient's food likes and dislikes or record whether the care plan had been discussed with the individual.

The Trust put in place a short term action plan to address each of these issues.

The latest available audit data (April/May 2011) indicates that protected mealtimes are being observed on the majority of wards (81% of adult wards and 67% of the children's wards). Data also shows that 94% of adults and 84% of children are being nutritionally screened within 24 hours of admission[4], against a target of 90%.

In children's services in particular, this represents huge progress over the past year in an area of practice where the Trust is seen by its peers to be leading the way.

If current progress continues, the Trust anticipates being in a position to justify a formal declaration of compliance with Outcome 5 at the end of May 2011.

"The latest available audit data indicates that protected mealtimes are being observed on the majority of wards."

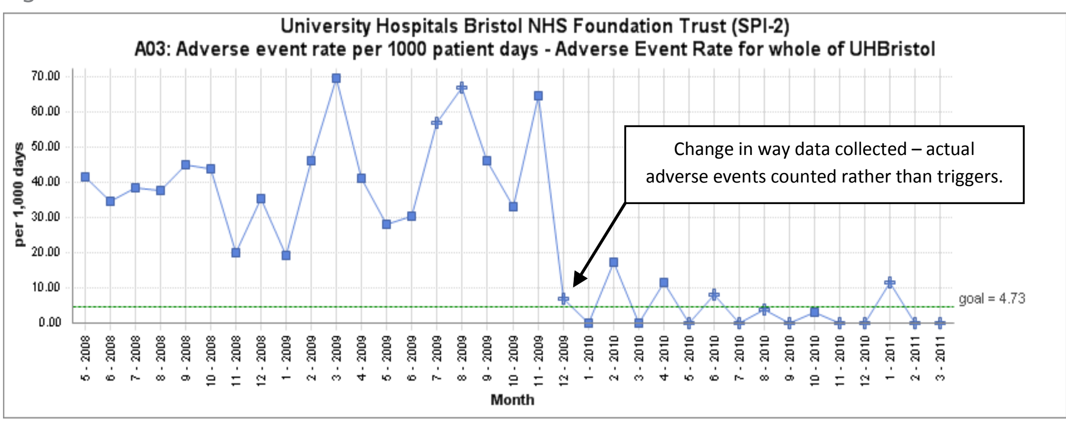
[3] i.e. cutlery which has been modified to help patients to eat independently.

[4] There are two relevant measures for adult wards: the percentage of patients who received a nutritional assessment within 24 hours (94%) and the percentage who received a fully completed assessment (75%). The system in the Children's Hospital is slightly different: there is only one measure, which is the percentage of patients who received a complete assessment.

Adverse Event Rate

During 2010/11, a sample of 20 adult inpatient cases has been reviewed every month to look for adverse events relating to patient safety. A standardised proforma (the Global Trigger Tool) is used by the Trust's Patient Safety Team to identify potential harm events (called 'triggers'). A medical review of each case determines if the trigger is linked to an adverse event for the patient, the nature of the adverse event and the extent of harm sustained. A low adverse event rate has been sustained during 2010/11. A similar adverse event process for paediatric patients commenced in 2010 using a targeted trigger tool.

Figure 1.



Source: South West Quality and Patient Safety Programme

We are committed to retaining our focus on incident reporting and organisational learning in 2011/12 and beyond.

National Patient Safety Agency Alerts

Through analysis of reports of patient safety incidents, and safety information from other sources, the National Patient Safety Agency develops advice for the NHS that can help to ensure the safety of patients. The NPSA issues 'alerts' to the NHS as and when issues arise. Alerts cover a wide range of topics, from vaccines to patient identification.

During 2010/11, reviews carried out by our internal auditors highlighted a need for the Trust to improve the timeliness of responses to published NPSA Alerts. The Trust is implementing the audit recommendations. We have reviewed our current system for managing alerts: an improved system will be implemented in 2011/12 in order to achieve compliance with the relevant timescales. At the end of 2010/11, responses to seven alerts were outstanding, three of which have been addressed at the time of writing in May 2011.

Objectives for 2011/12

2011/12 will be a 'year of learning'. The Trust is midway through a five year commitment to participation in the NHS South West Quality and Safety Programme. Reflecting patient safety priorities agreed with our commissioners as part of the CQUIN[5] scheme for 2011/12, we will in particular seek further improvements in the following areas which are within the scope of the programme:

1. Hospital Acquired Thrombosis (VTE)
2. Medication errors
3. Inpatient falls
4. Pressure ulcers

The first two themes are a continuation of safety objectives we set ourselves in 2010/11. The last two themes address topics we have introduced to the Quality Report for the first time this year as fundamentals of good patient care. Success criteria will be defined via the CQUIN framework.

In 2011/12, we will also continue to implement the findings of the independent enquiry into our Histopathology services. The enquiry panel made a series of recommendations, which the Trust is in the process of implementing, working with its partners across the local health community. In 2011/12, specifically, we will:

- Produce a joint plan with North Bristol NHS Trust for an integrated pathology service across Bristol,
- Finalise a review of Multidisciplinary Team meetings and implement agreed developments,
- Build upon work begun in 2010/11 to involve patients and their carers to develop histopathology aspects of care pathways.

The Chief Nurse and Medical Director will be the Executive Directors responsible for achieving these objectives. Progress will be measured by the Trust's Clinical Quality Group and by the Quality and Outcomes sub-committee of the Board.

"2011/12 will be a 'year of learning'. The Trust is midway through a five year commitment to participation in the NHS South West Quality and Safety Programme."

[5] See page 45 for more information about Commissioning for Quality and Innovation (CQUIN)

Experience: our commitment

All our patients and the people who care for them, are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support. We want all our patients to have a positive experience of healthcare.

Report on our objectives for 2010/11

Objective 4

We wanted to increase the level of patient and public involvement in service improvement.

Why we chose this

The Trust is committed to providing a high quality, patient-focused healthcare service that meets the needs of a diverse patient population. To do this, we need to understand what it's like to experience our services as a patient.

We said we would…

Learn from our patients' experience, by:

1. Collecting robust patient experience metrics via a regular postal survey of discharged inpatients,
2. Developing a proactive programme of ward-based survey activities where teams of volunteers, governors and staff interview patients and record their views on electronic hand-held survey devices,
3. Giving patients, relatives, visitors and carers the opportunity to comment on the inpatient experience via comments cards available on each ward,
4. Exploring new and innovative ways of allowing patients and the public to give feedback about our services.

How did we do?

1. We introduced a **postal survey**, as planned. In fact, there are now three monthly surveys: a survey of inpatients aged 12 years and over is received by approximately 1,500 patients each month and achieves a 50% response rate; another survey is sent to approximately 350 parents and guardians of children aged 0-11 years, achieving a response rate of 40%; and a third survey is given to women using our maternity services (this has been less successful and we have recently changed the way that the questionnaire is administered).

These surveys are designed to give the Trust Board and our clinical Divisions, high quality patient experience data, including analysis at ward level. In our first year of running these surveys, **over 10,000 patients have given us their views** about what we do well and how we could make things better.

2. We also introduced **bi-monthly ward-based surveys** to enable us to explore specific themes with patients in greater depth. These surveys have been carried out by a trained team of volunteers including staff members and Governors. In 2010/11, we explored:

- Privacy and dignity on the ward,
- 'My Ward',
- Patient communication on the ward,
- Compassion on the ward.

In each survey, we talked with around 100 patients and gathered responses using hand-held electronic devices. Patients have appreciated the opportunity to give their views and have equated this with a caring ethos.

3. **Comments cards have been made available in 66 inpatient locations across the Trust.** These are mostly used by patients at point of discharge. Patients are asked three questions: what they liked, what they would improve and what they would suggest. The cards are posted in a comments box and are reviewed weekly at staff meetings. The cards and subsequent actions are 'owned' by the wards and where possible, ward staff are empowered to respond to the comments on the cards.

In some instances, actions may be escalated to Divisional Patient and Public Involvement Forums (the groups which co-ordinate patient and public involvement within our hospitals). In some locations, completed cards are posted on a notice board to that other patients, visitors, carers and staff can see them. A random selection of completed cards is displayed at every meeting of the Trust Board and Membership Council. Here are a few examples of how staff have responded to comments from patients:

- "We have introduced protected meal rounds [times when patients can eat without disturbance] at the Bristol Heart Institute since introduction of the cards as many patients said that the food took a long time to serve and was often cold. The housekeeper now rings a bell at 12.20pm to prepare the ward for lunch. Service starts at 12.30pm with the nursing assistants and domestic staff all helping out. Food is now served to the right patients in a timely and presentable way and it's hot. The nursing assistants ensure that it is eaten and recorded and patients report a better service"
- "Patients said the clinic felt gloomy so we replaced the light bulbs."
- "Patients said the ward was very hot. We discovered that one of the ceiling mounted thermostats was damaged so we replaced it."

How did we do? (continued)

4. We have continued to expand the use of **Focus Groups** across the Trust. Groups this year have explored Patient Safety in Surgery; Patients who have experienced a stroke; Quality of Care for Oncology Patients; Head and Neck Cancer and Quality of Care for Cardiac Patients. These facilitated groups consist of up to twelve patients and the discussions are centred on aspects of the patient care pathway. Focus groups are 'commissioned' by Divisions and are increasingly seen as an integral part of service development.

We have been exploring the use of instant feedback approaches at the Bristol Heart Institute. Interactive **'Opinion finders'** and **'Hear Say'** events have given patients, carers and visitors opportunities to have their say on specific non-clinical issues:

- "As a result of patient feedback during Hear Say, we have extended the opening hours of our Atrium Café at the weekend"
- "Recently, a patient visited the centre to meet with staff and give feedback on his experience (arranged through the clinical nurse specialist). This has happened a few times before and staff find it very powerful to hear patients' stories".

Finally, we have continued to develop a pro-active approach to working with our local community. Groups such as the Royal National Institute of Blind People (RNIB), Action for Blind Bristol, The Bristol Physical Access Chain, the Council of Bristol Mosques, The Alzheimer's Society, UBAX Somali women's forum, Bristol Carer Organisations and Bristol and South Gloucestershire Local Involvement Networks (LINks) are some of the organisations engaged with the Trust in service development. Workstreams include:

- The redevelopment of the Bristol Royal infirmary,
- The centralisation of acute Children's Services,
- The role of carers in the Trust,
- A Dementia Care lay reference group,
- A Head and Neck cancer centralisation lay reference group.

This work will support the emerging Equality Delivery System in the coming year.

All of this work has been used to inform the development of Patient Experience Action Plans. Some of the themes emerging from these plans are reflected in our objectives for 2011/12 (see page 28).

Review of 2010/11

National Patient Experience CQUIN

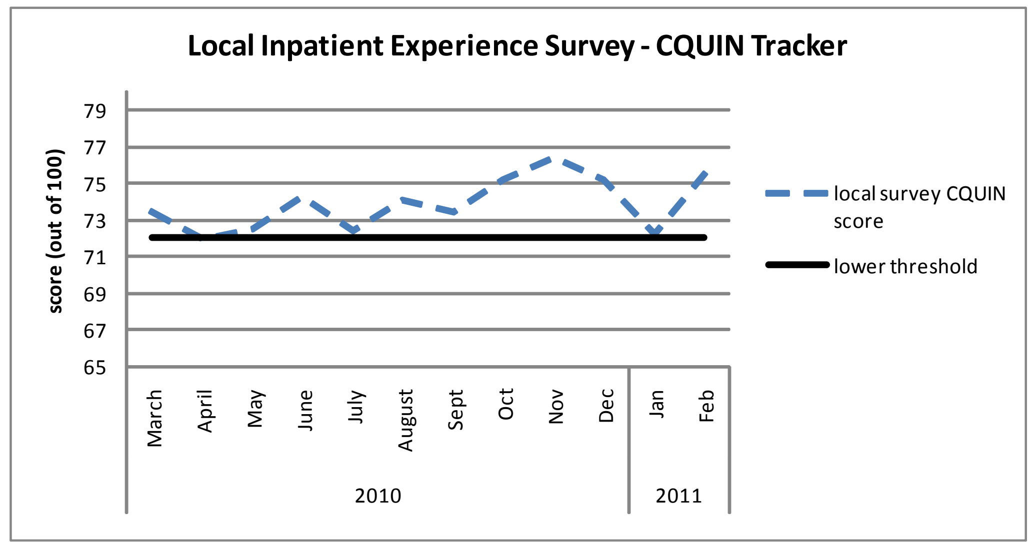
The Commissioning for Quality and Innovation (CQUIN) payment framework is a developmental process which enables commissioners to reward excellence by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals (see p42 for more information). A national CQUIN measure was set for all NHS providers in 2010/11, based on the results of the annual National Inpatient Survey. The CQUIN consists of five questions:

- Were you involved as much as you wanted to be in decisions about your care and treatment?
- Did you find someone on the hospital staff to talk to about your worries and fears?
- Were you given enough privacy when discussing your condition and treatment?
- Did a member of staff tell you about medication side effects to watch for when you went home?
- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

The Trust was set a target for improvement of 73.0 points, which we were disappointed not to achieve: the National Inpatient Survey seeks the views of patients seen during the month of July each year, i.e. relatively early in the financial year for the Trust to bring about improvements which could influence the CQUIN.

The Trust Board tracked the progress of this indicator throughout 2010/11 using much more robust data from our own monthly inpatient survey. Figure 2 shows that there were signs of improvement through the autumn of 2010, followed by a dip in reported patient experience which may reflect the early onset of winter pressures including Norovirus. The reader will note that performance improved in February 2011.

Figure 2

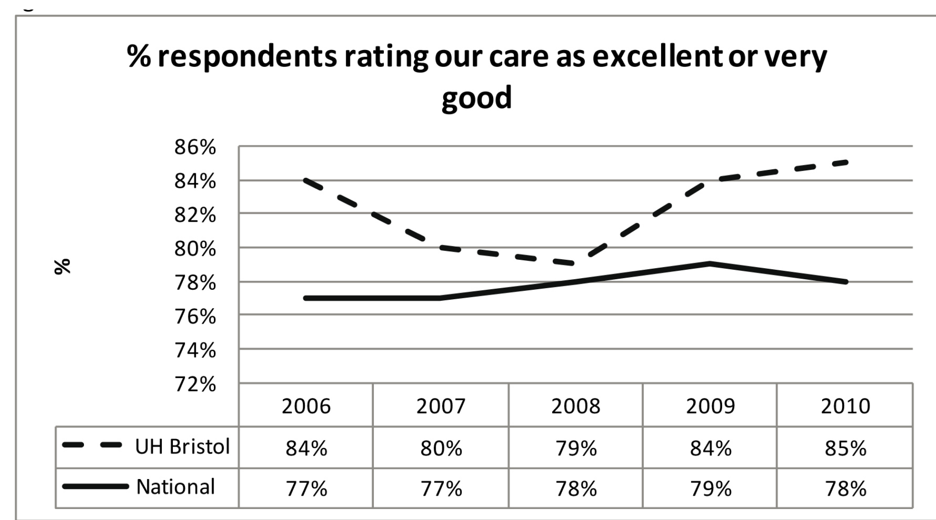


Source: UH Bristol monthly survey (inpatients aged 12+ excluding maternity)

Overall patient rating of care

According to data derived from the 2010/11 National Inpatient Survey (patients who were seen in our hospitals during July 2010), 85% of patients rated the care they received in our hospitals as either 'Excellent' or 'Very good'[6].

Figure 3.



	2006	2007	2008	2009	2010
UH Bristol	84%	80%	79%	84%	85%
National	77%	77%	78%	79%	78%

Source: National Inpatient Survey

[6] The officially reported figure in the Care Quality Commission National Inpatient Survey report was '82' – please note that is a score, not a percentage. The data equated to 85% of patients.

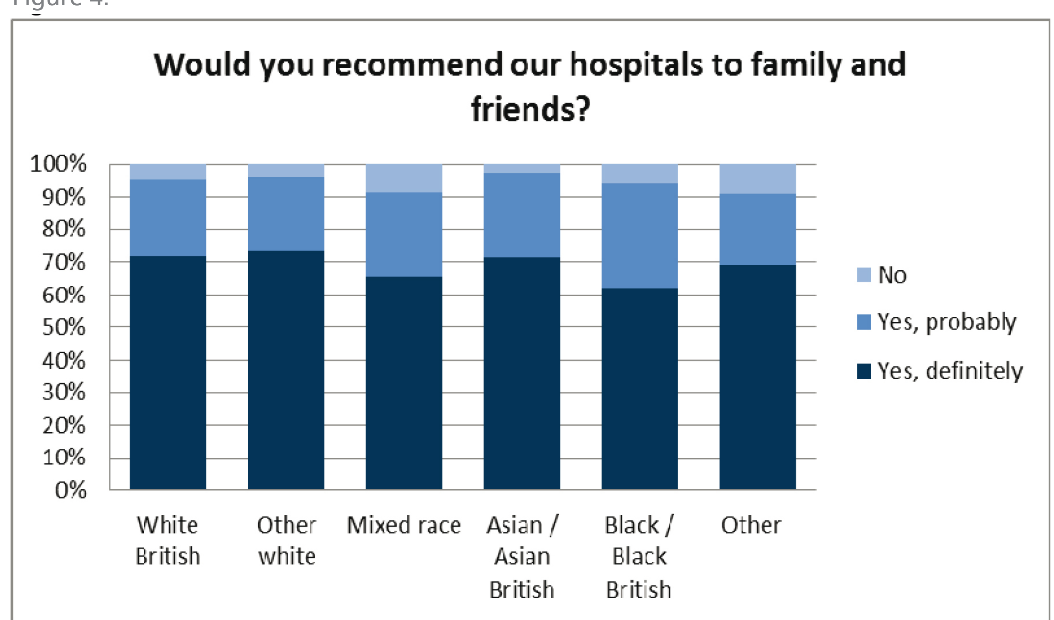
'Would you recommend us?'

This is one of the questions we ask in our monthly inpatient survey. During 2010/11, 10,224 patients answered this question. 73% of respondents said they 'definitely' would recommend us and a further 23% said they 'probably' would. Figure 4 shows responses to this question analysed by ethnicity. This gives a flavour of how we hope to present patient experience findings in the future.

The data should be read with a note of caution due to relatively low numbers of non-'White British' respondents and other demographic factors may lie behind these results (for example, we know that the 'White British' patients in our survey tend to be older than patients in the other categories, and that older people tend to express greater satisfaction with the care they receive).

This data is therefore a starting point for further discussion and investigation. Whilst we recognise that people don't **want** to be hospital, we would of course aspire to a position where no patients would say that they would not recommend us.

Figure 4.



Source: Monthly UH Bristol postal survey (inpatients aged 12+ and parents of 0-11 year olds; excludes maternity)

Complaints

Complaints are another important source of information telling us about the experiences of patients and those who care for them. In May 2010, the Trust's Patient Advice and Liaison Service (PALS) and Complaints Department merged to become the 'Patient Support and Complaints Team'. The procedures used by the previous departments have been reviewed and improved so complaints are now managed in more a consistent and effective way.

The total number of complaints received by the Trust in 2010/11 was 1,532: an average of 128 complaints per month. This represents an improvement compared to 2009/10 when the monthly average was 157 complaints[7].

Complaints legislation introduced in April 2009 requires all complaints to have an individually agreed response time, based upon their nature and complexity. The Trust's average response time for complaints is 25 working days (as required under the previous legalisation), with longer timescales negotiated for more complex complaints, particularly those covering more than one organisation.

In 2010/11, the average number of complainants who remained dissatisfied with the response to their complaint was four per month. All such cases were reinvestigated by the Trust. A small proportion of complainants remained dissatisfied with our response and contacted the Parliamentary and Health Service Ombudsman (PHSO) for independent review and consideration; however no further investigations were subsequently requested by the PHSO during 2010/11.

Privacy and dignity (including elimination of mixed sex accommodation)

In 2010/11, 86% of inpatients[8] told us that they were always treated with respect and dignity on the ward; 79%[9] said that they were always given enough privacy when discussing their treatment or condition[10].

Whilst many patients continue to tell us that the care they receive in the Trust is 'excellent' or 'very good', we can and must strive to ensure excellence in all aspects of patient care. Ensuring patients' privacy, and respecting their dignity, is of great importance to the Trust and a top priority for all staff on a daily basis. The specific issue of same sex hospital accommodation has again rightly been highlighted by the Trust's Governors for inclusion in this year's Quality Report.

The Trust's Privacy and Dignity Group has continued to progress work in all areas to improve the patient experience. Achievements during the last year include:

- A review and re-launch of the End of Life Policy to ensure that the person who has died is afforded dignity in death, from how the body is cared for and prepared, to how their possessions are handed back to their friends/relatives,
- A Last Offices box, funded by the League of Friends of the Bristol Royal Infirmary, is now available on every ward, ensuring that staff have all the resources they need to perform last offices. This includes the relevant policies and paperwork to help staff perform this important aspect of care to the best of their ability,
- "Do Not Enter" signs on wards across the Trust, to ensure that staff think about privacy and dignity before entering closed curtains. This work has been supported by our suppliers of disposable curtains.

[7] Please note that data quoted in the 2009/10 Quality Report was, for historic reasons, based on a 13 month reporting period – which is why a comparison of monthly rates is provided here, rather than a comparison of full-year data.

[8] 86% of 8,631 patients who responded to this question

[9] 79% of 8,603 patients who responded to this question

[10] Source: Trust Monthly survey (inpatients aged 12+ excluding maternity; March 2010 - January 2011)

The Privacy and Dignity Group is currently looking at the design of a hospital property bag to be used to return property to relatives after their loved one has died. Approximately 1,500 patients die each year in the Trust: we want to ensure that the way in which property is returned conveys respect for the person who has died, and for their family. Once the design has been completed and costed, the plan is to apply for charitable funding to meet the cost of the bags.

In order to raise the profile of the work of the Group, twice yearly study days have been held, which have been very well received by staff. In 2010 the group held drop-in days called "Making Dignity Our Priority – Care of the Person who has Died". Approximately 100 staff attended these practical and interactive events. In 2011, drop-in days called "Make a Patient's Day" will be aimed at non clinical staff such as Porters, Housekeeper and Ward Clerks, all of whom make valuable contributions to maintaining patients' privacy and dignity.

In November 2010, a change in national standards created an expectation that all NHS trusts eliminate mixed sex accommodation. The Trust was required to carry out a detailed assessment against this new, more stringent standard, with a view to making a formal declaration regarding compliance. On 31st March 2011, the Trust Board concluded that the Trust was non-compliant based on the following areas of concern:

- Lack of fixed segregation screens on the observation unit in the Adult Accident and Emergency Department. This requirement was an addition to the previous guidance.
- Bed capacity on the Medical Assessment Unit (MAU). This Unit does support same sex accommodation, but segregation cannot be maintained due to operational pressures. Bed capacity needs to be expanded in this respect. The number of notified breaches where patients shared sleeping accommodation within the MAU between April 2010 and January 2011 was 104.

The Trust has developed an action plan in respect of MAU and the A&E Observation Unit. There are currently 17 beds in MAU: the Trust has committed to expanding capacity to 25 beds, enabling the Trust to manage the operational pressures and eliminate mixed sex accommodation. The Trust Board has agreed this action, with a completion date of 1st August 2011. The Observation Unit requires fixed screens to be installed between patients: this work will be completed by 1st June 2011.

Figure 5 draws upon data from the annual National Inpatient Survey and demonstrates how patient experience of mixed-sex accommodation has improved during the last five years.

Figure 5.

Patients who shared a room or bay with patients of the opposite sex when first admitted

%	2006	2007	2008	2009	2010
UHBristol	24%	34%	30%	13%	8%
National	25%	24%	24%	18%	14%

Source: National Inpatient Survey

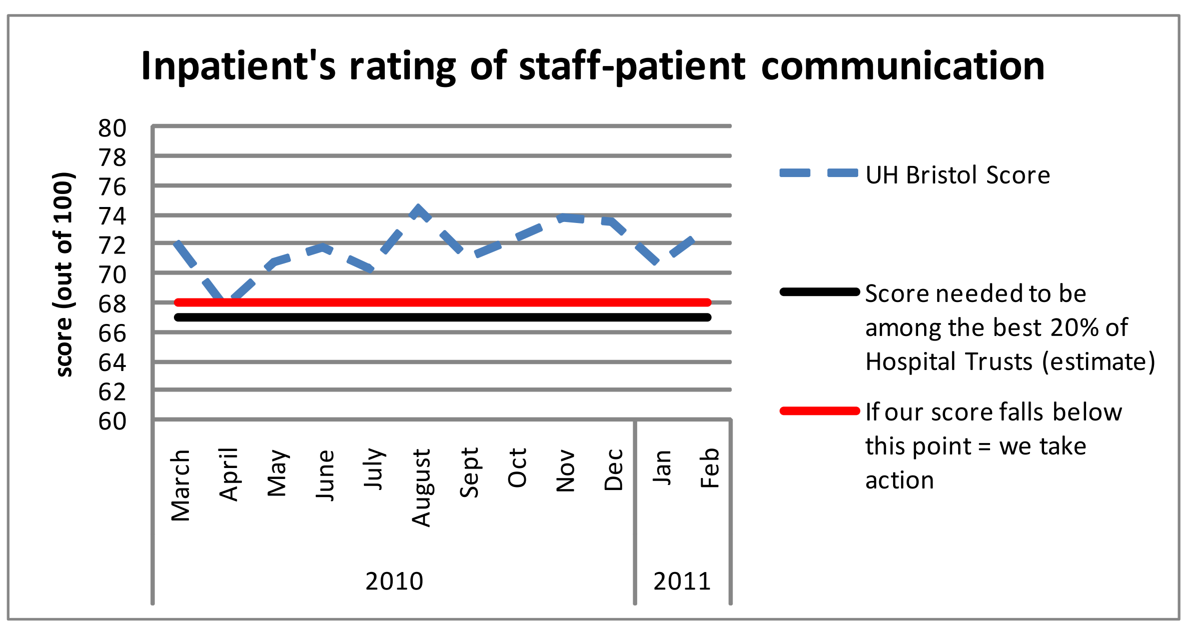
Staff-patient communications

Our Non-Executive Directors and Governors were keen to retain a section of the Quality Report which focuses on the quality of communication between staff and patients. The indicator shown in Figure 6 consists of a 'basket' of four questions which form part of our monthly inpatient survey. The questions are:

- Did a member of staff explain how you could expect to feel after the operation or procedure?
- Do you feel you were kept well informed about your expected date of discharge from hospital?
- Did a member of staff tell you about medication side effects to watch for when you went home?
- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

This indicator is reported to the Board each month. A statistical threshold has been set, below which the Board will expect to see intervention. Our rating dipped below that threshold in April 2010; however the dashboard was not in place at this point in time (data has since been populated retrospectively) so the Board did not request any specific intervention at this point. The data returned to 'norm' the following month.

Figure 6.

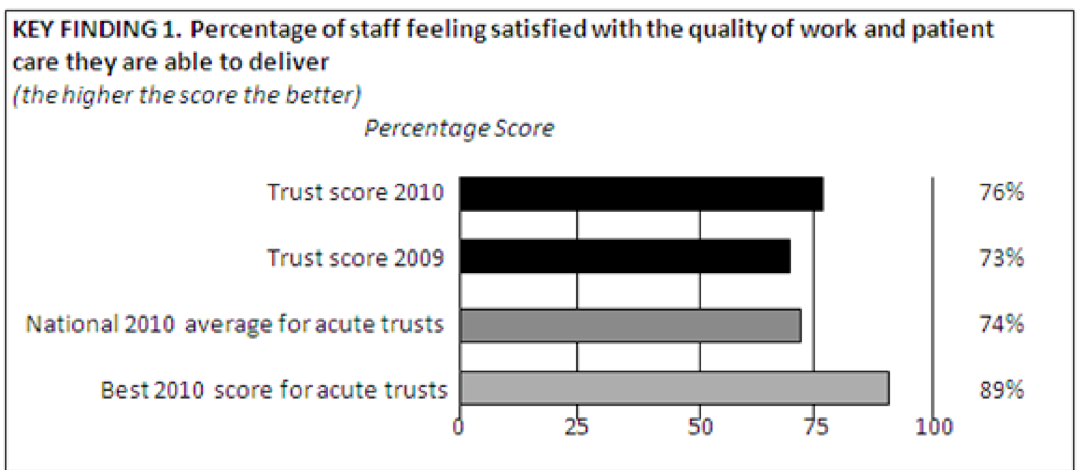


Source: UH Bristol monthly survey (inpatients aged 12+ excluding maternity)

National Staff Survey 2010

Published research is increasingly pointing to the relationship between staff and patient satisfaction. Put simply, a happy, supported, trained workforce is more likely to deliver care which is safe, effective and which patients rate highly. Trusts are encouraged by the Department of Health to include in their Quality Reports data from specific indicators (questions) which appear in the annual National Staff Survey. These indicators demonstrate how quality of care within the Trust is viewed by its workforce. Relevant results from the 2010 survey are presented below. Questionnaires were sent to a random sample of 1,500 staff across the Trust. 59% of staff responded (an improvement from 56% in 2009).

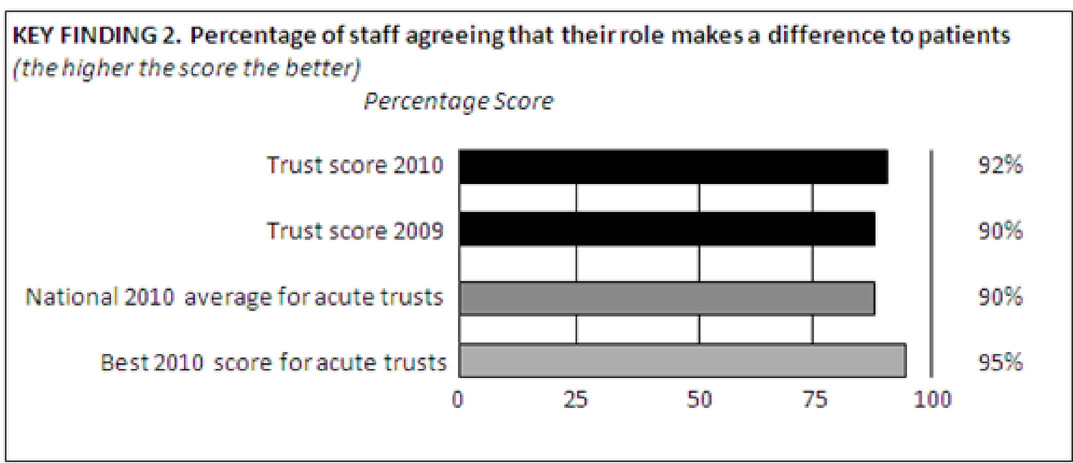
Figure 7.



Source: National Staff Survey 2010

76% of staff agreed with at least two of the following three statements: that they are satisfied with the quality of care they give to patients; that they are able to deliver the patient care they aspire to and that they are able to their job to a standard they are personally pleased with. The Trust's score was average when compared with trusts of a similar type and equated to a 3% increase on the previous year.

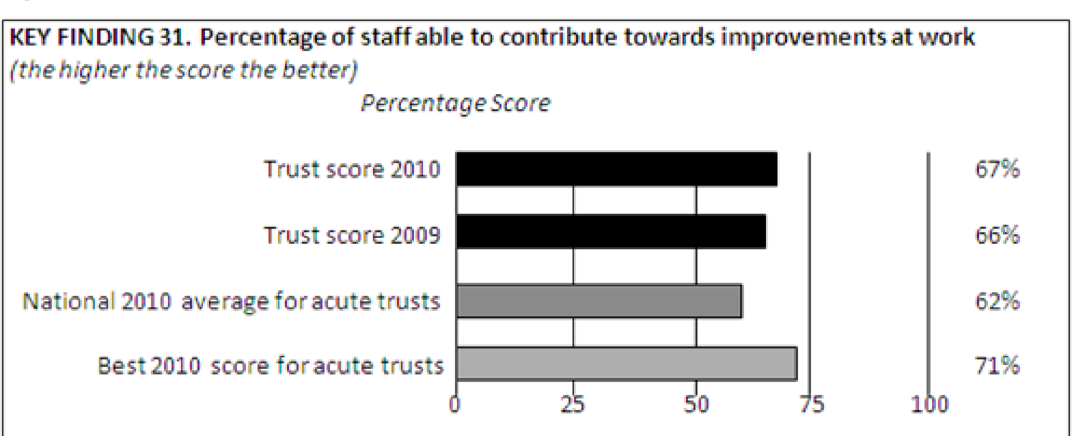
Figure 8.



Source: National Staff Survey 2010

92% of staff agreed that their role makes a difference to patients. This score was in the highest (best) 20% of NHS trusts of a similar type: a 2% increase compared to 2009.

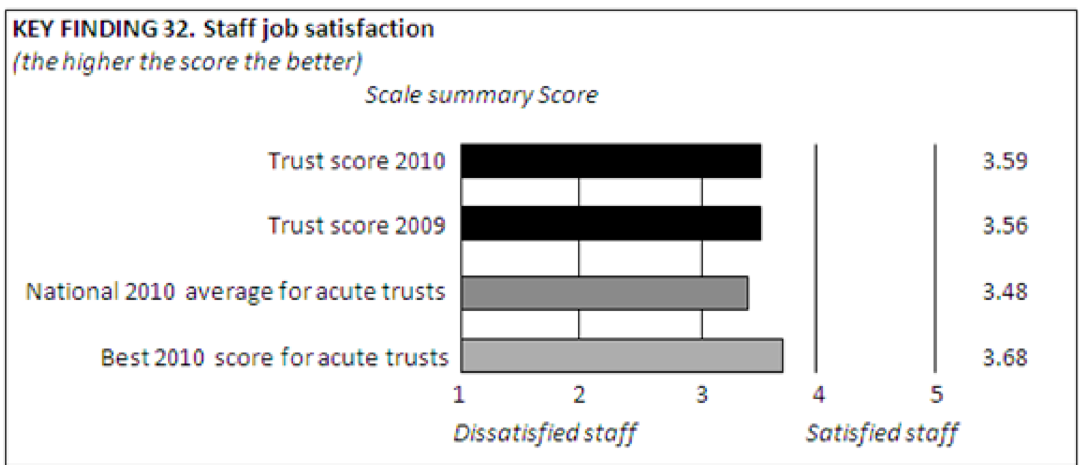
Figure 9.



Source: National Staff Survey 2010

67% of staff agreed with at least two of the following three statements: that they are able to make suggestions to improve the work of their team; that there are frequent opportunities for them to show initiative in their role and that they are able to make improvements at work. This score was in the highest (best) 20% of NHS trusts of a similar type: a 1% increase compared to 2009.

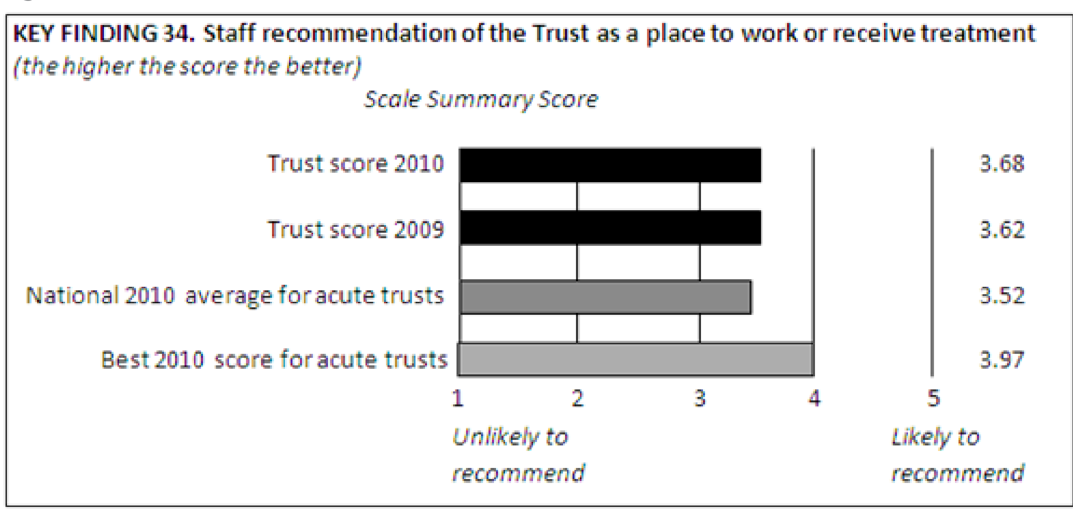
Figure 10.



Source: National Staff Survey 2010

Staff were asked how satisfied they were with various aspects of their job including: recognition for good work; support from their immediate manager and colleagues; freedom to choose methods of working; amount of responsibility; opportunities to use their skills and the extent to which the Trust values their work. The Trust's score of 3.59 was in the highest (best) 20% when compared with trusts of a similar type: a statistically significant increase since 2009, when the Trust scored 3.56.

Figure 11.



Source: National Staff Survey 2010

Finally, staff were asked whether or not they thought care of patients and service users was the Trust's top priority, whether or not they would recommend the Trust to others as a place to work and whether they would be happy with the standard of care provided by the Trust if a friend or relative needed treatment. The Trust's score of 3.68 was in the highest (best) 20% when compared with trusts of a similar type: a statistically significant increase since 2009, when the Trust scored 3.62.

Objectives for 2011/12

1. We will persevere with our strategy for obtaining systematic feedback from inpatients and extend the core methodologies into Outpatient services (i.e. postal surveys, clinic-based surveys and comments cards)
2. We will create a range of opportunities for carer feedback and engagement, with a particular focus on carers of patients with dementia
3. We will achieve measurable reductions in patient-reported hospital noise at night
4. We will ensure that patients who need assistance at mealtimes receive this
5. We will review the provision of ward-based patient information ensuring that this meets our patients' needs
6. We will develop customer care training for staff in response to what our patients tell us matters to them.

Objectives 3, 4 and 5 have resulted from an analysis of inpatient feedback in 2010/11. Objective 6 has been requested by our Governors. The Chief Nurse will be the Executive Director responsible for achieving these objectives. Progress will be measured by the Trust's Clinical Quality Group, and by the Quality and Outcomes sub-committee of the Board.

"We will persevere with our strategy for obtaining systematic feedback from inpatients and extend into outpatient services."

Effectiveness: our commitment

We will ensure that the 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.

Report on our objectives for 2010/11

Objective 5

We wanted to meet the requirements of the proposed NICE Quality Standard for Dementia

Why we chose this

The term Dementia covers a range of progressive, terminal brain conditions which affects more than 73,000 people in the South West of England. This number is set to increase by 40% to 102,000 by 2021. There is increasing national recognition of the importance of ensuring the highest possible standards of assessment and care for patients with dementia in hospital.

We said we would…

Meet the requirements of the proposed NICE Quality Standard for Dementia.

"There is increasing national recognition of the importance of ensuring the highest possible standards of assessment and care for patients with dementia in hospital."

How did we do?

The NICE Quality Standard for Dementia was published in June 2010. The Trust is collaborating within the South West Dementia Partnership to drive through the necessary changes to clinical practice to meet the standards set out by NICE.

There are three statements within the Quality Standard which are of particular relevance to the Trust:

Statement	Position	
Statement 1 - People with dementia receive care from staff who have been appropriately trained in dementia care.	The Trust currently partially meets this standard. Staff have access to training in 'Safeguarding Adults' (Health professionals), Dementia awareness (healthcare assistants) and online eLearning, as well as the University of West of England postgraduate module on Dementia Care. However, we recognise that training provision is insufficient and not all staff take up these opportunities. The Trust is currently working with North Bristol NHS Trust on a shared Dementia Training Strategy, to include a mandatory training session for all staff, starting in April 2012.	
Statement 5 - People with dementia, while they still have capacity, and their carer/s, will have discussed and made decisions about the use of advance statements; advance decisions to refuse treatment; Lasting Power of Attorney; Preferred Priorities of Care.	Again, the Trust partially meets this standard. The Trust has appropriate policies and protocols in place to support these issues, which are also addressed via patient safety updates and corporate induction for all staff, plus Level 2 Safeguarding Adults training. As of April 2011, 40.9% of eligible staff had received Level 2 Safeguarding Adults training. We are committed to improving this position: our target is to achieve 80% compliance by 31st October 2011.	
Statement 8 - People with suspected or known dementia using acute and general hospital inpatient services or emergency departments have access to a liaison service that specialises in the diagnosis and management of dementia and older people's mental health.	The Trust meets this standard. As a result of an enlarged multidisciplinary team that supports both of the acute trusts in Bristol, there is now increased access to the Older Adult Mental Health Team, including a Consultant Psychiatrist.	

The first National Audit of Dementia Care in General Hospitals took place in 2010. The Trust participated fully in the organisational and clinical phases of this audit, the results of which are being used as key measures to track implementation of the NICE Quality Standard across the South West region.

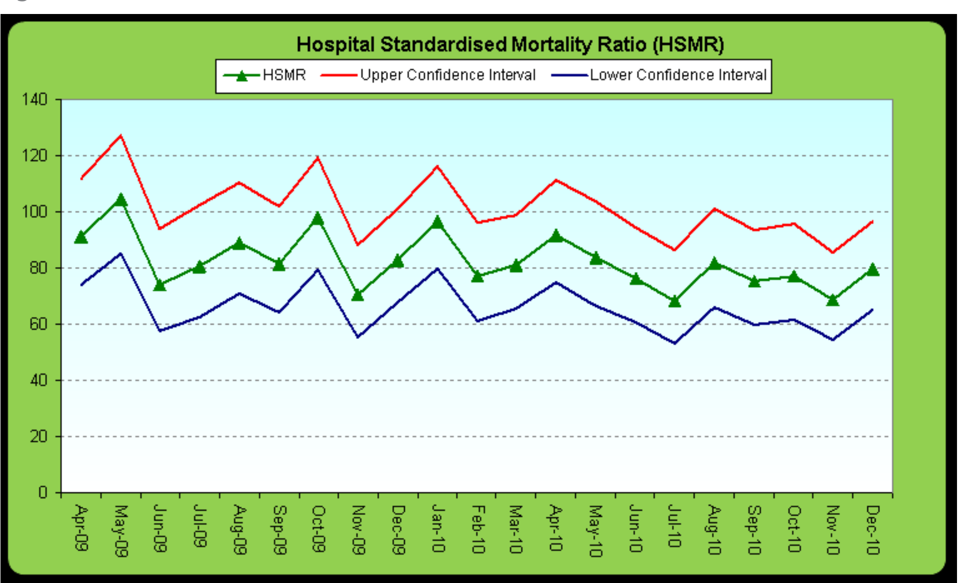
Review of 2010/11

Hospital Standardised Mortality Ratio

The Hospital Standardised Mortality Ratio is a calculation used to monitor death rates in hospitals. Based on a subset of diagnoses which give rise to 80% of in-hospital deaths, the HSMR is a broad measure covering the majority of hospital activity where risk of death is significant. As such, it is an excellent screening tool for identifying where there may be problems with avoidable mortality. HSMR is calculated using routinely collected Hospital Episode Statistics: this data is analysed by Imperial College London, who publish a benchmark mortality standard which trusts can compare against. Data is available two months in arrears to allow for this benchmarking process to take place. The data is also scrutinised by the Care Quality Commission, who issue alerts to individual trusts if unexpectedly high mortality figures are detected (see page 46). It should be noted that the HSMR does not provide definitive answers: rather it poses questions which Trusts have a duty to investigate.

University Hospitals Bristol continues to have a low overall HSMR and was listed in the Dr Foster Hospital Guide 2010 as having 'lower than expected' HSMR. The same report listed the Trust as having 'lower than expected' mortality for an indicator which covers a 'basket' of five specific conditions which contribute to the HSMR: heart attacks, stroke, pneumonia, congestive heart failure and broken hips.

Figure 12.



Source: Imperial College London – derived from HES data

In simple terms, HSMR compares the number of actual deaths with the number of expected deaths. The 'expected' measure is a prediction based on complex statistical modelling which takes into account factors such as age, co-morbidity and social deprivation. In figure 12, the upper and lower confidence intervals describe the level of statistical doubt associated with this model. The graph is saying that we can be 95% confident that the 'true' HSMR lies somewhere between the intervals.

Figure 13.

Adult Cardiac Surgery Activity and Mortality - All procedures

Source: Central Cardiac Audit Database / Patient Analysis Tracking System

Adult Cardiac Surgery Outcomes

The Trust has maintained a comprehensive cardiac surgery database for the past 15 years, enabling comparison of outcomes for patients undergoing adult cardiac surgery against national and international benchmarks.

In 2009/10, for the first time, the Bristol Heart Institute performed in excess of 1,500 adult heart surgeries, making it one of the largest centres for cardiac surgery in the United Kingdom. Cardiac surgery outcomes at the Trust have been openly published since the 1990s: with rare exceptions, the Bristol Heart Institute's mortality figures have been better than the UK average for all procedures since data has been available. Data is published annually and can be viewed in detail on the Trust's website in the 'Key Publications' section – visit www.uhbristol.nhs.uk

Figure 13 above shows a pattern of increasing levels of surgical activity, and a combined mortality rate which is below the national average. Please note that benchmarked mortality data is available one year in arrears. This is to enable the national CCAD (Central Cardiac Audit Database) team to perform its comparative analysis of data across the NHS. The latest data shown in Figure 13 is therefore for the year 2009/10.

Cataract Surgery Outcomes

Cataract surgery is the most frequently performed surgical procedure at the Bristol Eye Hospital, with approximately 5,000 cases each year. The Trust carries out an annual audit to monitor overall visual acuity outcomes and surgical complication rates. It should be noted that the figures quoted here are provisional.

In 2010/11, 4,590 cataract operations were carried out. 60.6% of procedures were on “first eyes” and 39.4% on “second eyes” (second eyes are where the patient has already had cataract surgery on one eye). Table 3, below, shows a number of key outcome measures for 2010 compared with Trust data from previous years, and a UK benchmarking study.

In summary, state-of-the-art cataract surgery (i.e. predominantly day-case phacoemulsification procedures under local anaesthesia) is being practiced at the Bristol Eye Hospital. Visual outcomes scores for 2010 are slightly lower than previously, whilst rates of posterior capsule rupture and dropped nucleus are slightly higher. This is likely to reflect the fact that our clinicians are seeing more complex cases and associated co-morbidity as an increasing proportion of lower-risk cases are now treated at the Independent Sector Treatment Centre[11]. It is important to note the higher percentage of patients with ocular co-pathology being operated upon (39.9% compared to 36% in 2009, 31% in 2008, 30% in 2007 and 15% in the national EPR study).

Table 3.	UH Bristol 2010	UH Bristol 2009	UH Bristol 2008	UK EPR study[12] (published 2009)
Day cases	98.2%	98.4%	97%	
Pre-operative visual acuity[13] of 6/12 or better	39.1%	41%	42%	63%
Surgery performed under general anaesthetic (as opposed to local anaesthetic)	4.4%	4%	5.5%	
Post-operative visual acuity of 6/12 or better (compared to pre-operative visual acuity, i.e. a measure of success)	82.7%	86%	92%	92%
Posterior capsule rupture*	2.3% (1.91-2.79%)	1.7%	2.2%	1.9%
Dropped nucleus*	0.4% (0.26-0.65%)	0.1%	0.24%	0.2%
Post-op cystoid macular oedema*	1%	1.6%	5.3%	0.6%

* Denotes complications associated with Cataract Surgery

[11] ISTCs are private-sector owned treatment centres contracted within the NHS to treat NHS patients free at the point of use, like any other NHS hospital.

[12] Electronic Patient Record

[13] Visual acuity is acuteness or clarity of vision

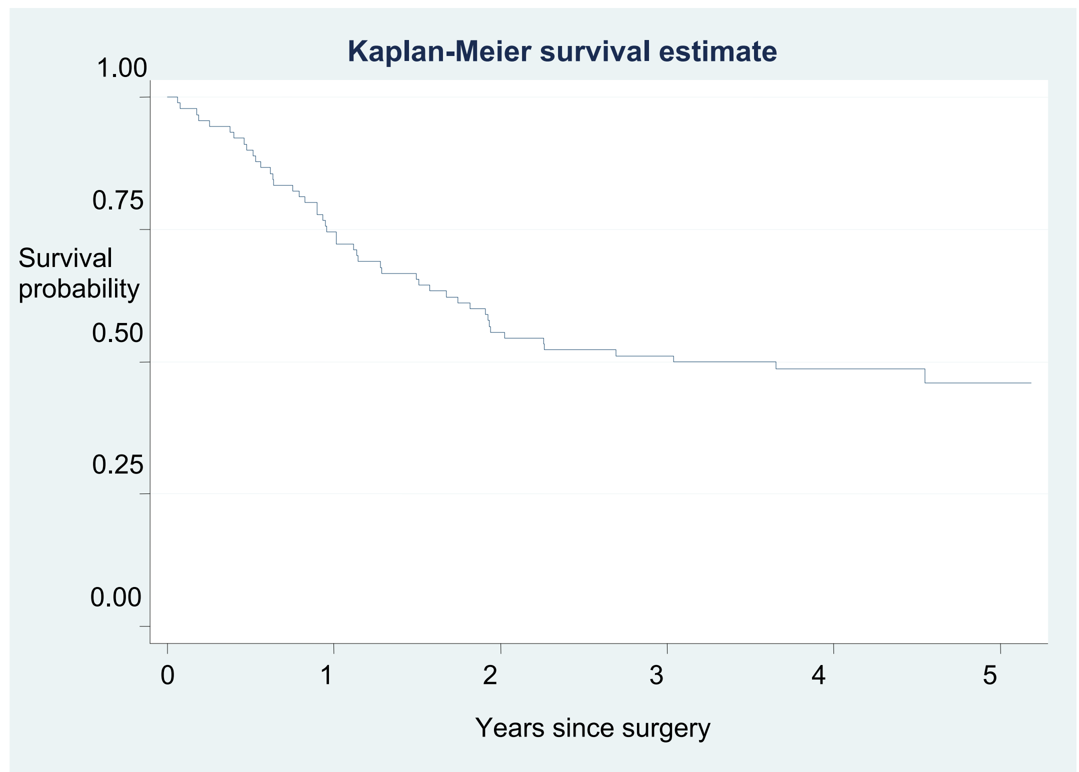
Oesophageal Cancer Outcomes

The oesophago-gastric surgical unit at the Bristol Royal Infirmary comprises a team of six surgeons providing expertise in the local and tertiary care of benign and malignant upper Gastro-Intestinal diseases. Oesophagectomy is a long and complex operation that typically lasts between five and seven hours and it is associated with considerable risks of postoperative mortality and morbidity.

The main purpose of undergoing oesophagectomy for cancer is to optimise long term cure rates. These have historically been poor, with many centres and studies showing five year survival figures of less than 25%. In Bristol, we have folclowed up the long term survival of patients undergoing oesophagectomy in 2006 and 2007 and found that almost 50% were alive five years after their surgery.

Currently, long term survival data is not available from the national oesophago-gastric audit, but our figures are comparable to those achieved from international centres of excellence.

Figure 14. Five-year survival of patients selected for planned oesophagectomy at University Hospitals Bristol between 2006 and 2007.



90 patients were scheduled for surgery in 2006 and 2007. Source: local database

Patient Reported Outcome Measures (PROMs)

Since 2009, Patient Reported Outcome Measures (PROMs) have been collected by all NHS providers for four common elective surgical procedures: groin hernia surgery, hip replacement, knee replacement and varicose vein surgery. Two of these procedures – groin hernia surgery and varicose vein surgery, are carried out at the Bristol Royal Infirmary.

PROMs comprise questionnaires completed by patients before and after surgery to record their health status.

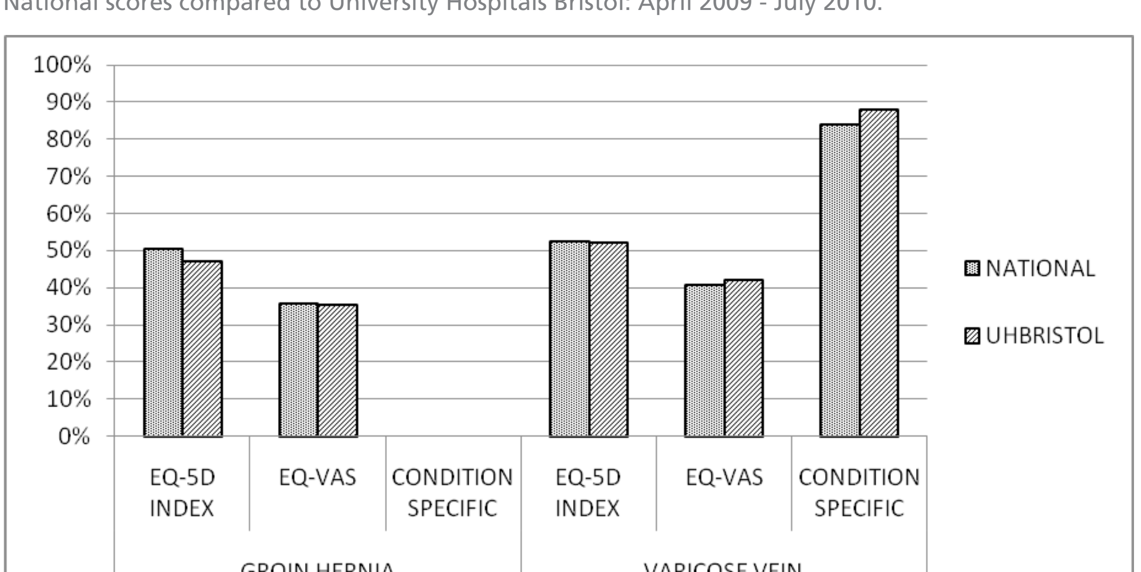
Outcomes are measured in three ways: a tool called the 'EQ-5D index' asks patients questions about things like mobility, activities and pain levels; patients also rate their health on a scale of 0-100 using a 'visual analogue scale' and finally (in the case of varicose veins) patients are asked questions about the specific condition for which they are having surgery.

In September 2010, the Department of Health published the first post-operative scores from the PROMs programme, updates of which are now made available on a regular basis. Data for the period April 2009 – July 2010 (see Figure 15) indicates that patient-reported outcomes for patients treated by University Hospitals Bristol are similar to those reported across the NHS.

The graph shows that more than four out of five patients reported positive outcomes relating to their varicose vein surgery, although only around half of patients reported improvements to their general quality of life as a result (i.e. using the two EQ-5D measures).

Results for individual trusts should be read with caution as the numbers of patients is relatively small with wide margins of statistical error associated with the data: for example, for the Groin Hernia EQ-5D index, of 19,338 patients in England who completed the PROM, 125 were patients of University Hospitals Bristol.

Figure 15. Percentage of scores that improved for each procedure and scoring mechanism. National scores compared to University Hospitals Bristol: April 2009 - July 2010.



Source: Health and Social Care Information Centre

Objectives for 2011/12

The Trust's goal is to maintain its 'lower than expected mortality' rating for headline HSMR[14]. We have identified four specific areas where we would like to see progress in 2010/11:

1. One year survival rates for colorectal, breast and lung cancer patients – in particular, we will implement the recommendations of Improving Outcomes: a strategy for cancer (Department of Health, 2011),
2. Achieving improvements in Dr Foster rating for stroke care – in particular, we will establish a specialist stroke unit: our target is that 90% of patients who suffer a stroke will spend 90% of their care in a specialist unit,
3. Increasing the proportion of spontaneous vaginal births,
4. Dementia care - implementing our action plan in response to the NICE Quality Standard for Dementia, and delivering the following specific actions related to agreed standards of dementia care within the South West region:

- Introduce "This is Me" document across the Trust,
- Define and implement the Dementia Champion role across the Trust,
- Develop and implement a minimising ward move policy for patients with dementia,
- Identify communal areas used by patients with dementia and ensure appropriate signage is in place,
- Install clocks and calendars in all ward areas,
- Review current dementia training.

The first two themes - cancer survival and improving recovery from stroke - reflect priorities set out in the NHS Outcomes Framework 2011/12; the third is a local CQUIN target agreed with our commissioners; whilst the fourth theme links to both.

The Medical Director will be the Executive Director responsible for achieving these objectives. Progress will be measured by the Trust's Clinical Quality Group and by the Quality and Outcomes sub-committee of the Board.

[14] The HSMR will be replaced at some point during 2011/12 by a new measure called 'SHMI' - the Summary Hospital-level Mortality Indicator.

Performance against key national priorities

Summary of performance against national access standards

Whilst the Trust faced challenges in meeting all the national access standards in each quarter of 2010/11, overall, there was a marked improvement in performance relative to the previous year (see Table 4). The Trust continued to meet the target reductions in levels of MRSA (Meticillin Resistant Staphylococcus Aureus) bacteraemias and C diff (Clostridium difficile) infections, achieving not only the national but also local 'stretch' targets (i.e. even more demanding aspirations set by the Trust).

Key national waiting time standards for the Accident and Emergency maximum wait within four hours (95% standard), cancer and 18-week Referral to Treatment Times (RTT) were also achieved for the year as a whole.

The consistency of performance across quarters also improved, although the Trust failed to achieve the 95% A&E four-hour standard in the fourth quarter of the year. All of the cancer standards were achieved in quarters 2 and 3, with one standard (2-week wait for symptomatic breast patients – cancer not initially suspected) not being achieved in quarter 1 and one standard (62-day wait for treatment for patients referred from a screening programme), not being achieved in quarter 4.

The 18-week RTT standards for admitted and non-admitted patients were achieved in each quarter of the year. The standard for screening elective patients for MRSA failed to be achieved in full in the first two quarters of the year. However, following corrective action being taken to improve the frequency of monitoring of levels of screening, the 100% standard was achieved in the second half of the year, along with the screening of Emergency patients, which came into effect in quarter 4 2010/11.

Year-on-year improvements were also seen in a number of other access standards, including the target time spent on a stroke unit; reperfusion times for patients suffering a heart attack; and non-smoking rates of mothers at the time of delivery. Four of the six new standards relating to access for patients with learning disabilities had already been met at the start of the year. Compliance with the remaining two standards was achieved at the end of the second quarter of 2010/11.

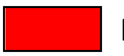
Despite improvements in 2010/11 compared to previous years, the Trust did not meet national standards for minimising the number of operations cancelled at the last minute for non-clinical reasons, nor for re-admitting patients whose operations were cancelled within 28 days. This was mainly due to the sustained increase in emergency demand, with bed availability being the major cause of cancellations on the day.

Full details of the Trust's performance in 2010/11 compared with 2009/10 are set out in Table 4, which shows cumulative year-to-date performance. Further commentary regarding the 18 week RTT, Accident and Emergency 4 hour wait, cancer and cancelled operations targets is provided in Appendix B of this Quality Report.

"While the Trust faced challenges in meeting all the national access standards in each quarter of 2010/11, overall there was a marked improvement in performance relative to the previous year."

Table 4 - Performance against national standards

National standard	2010/11 Target	2009/10	2010/11		Notes
A&E maximum wait of 4 hour	98%	**98.0%**	**96.6%**	↓	
MRSA Bloodstream Cases Against Trajectory	Trajectory	**15**	**5**	↓	
C.diff Infections Against Trajectory	Trajectory	**100**	**94**	↓	
Cancer - 2 Week wait (urgent GP referral)	93%	**93.7%**	**95.6%**	↑	
Cancer – 2 Week wait (symptomatic breast cancer not initially suspected)	93%	**46.9%**	**93.3%**	↑	Target met in 3 quarters in 2010/11 (not Q1)
Cancer - 31 Day Diagnosis To Treatment (First treatment)	96%	**96.3%**	**98.1%**	↑	Target me in every quarter in 2010/11
Cancer - 31 Day Diagnosis To Treatment (Subsequent Surgery)	94%	**92.6%**	**95.5%**	↑	Target me in every quarter in 2010/11
Cancer - 31 Day Diagnosis To Treatment (Subsequent Drug therapy)	98%	**99.6%**	**99.8%**	↑	Target met in every quarter in 2010/11
Cancer - 31 Day Diagnosis To Treatment (Subsequent Radiotherapy)	94%	**/**	**99.6%**		Target came in 1st Jan 2011
Cancer 62 Day Referral To Treatment (Urgent GP Referral)	85%	**80.9%**	**86.1%**	↑	Target met in every quarter in 2010/11
Cancer 62 Day Referral To Treatment (Screenings)	90%	**86.3%**	**90.8%**	↑	Target met in 3 quarters in 2010/11 (not Q4)
Cancer 62 Day Referral To Treatment (Upgrades)	Not published	**95.3%**	**96.2%**	↑	Target met in every quarter in 2010/11
Referral To Treatment Admitted Under 18 Weeks	90%	**90.5%**	**93.0%**	↑	Target met in every quarter in 2010/11
Referral To Treatment Non Admitted Under 18 Weeks	95%	**97.5%**	**98.3%**	↑	Target met in every quarter in 2010/11
GUM Offer Of Appointment Within 48 Hours	98%	**100%**	**100%**	→	
Number of Last Minute Cancelled Operations	0.80%	**1.1%**	**1.3%**	↑	
28 Day Readmissions	95%	**92.3%**	**91.0%**	↓	
Data Quality on Ethnic Group	85%	**88.8%**	**94.8%**	↑	
60 Minute Thrombolysis Call To Needle Time	68%	**100%**	**100%**	→	
Primary PCI - 150 Minutes Call To Balloon Time	75%	**69.6%**	**78.7%**	↑	Target as per 2009/10 Operating Framework
Delayed Transfers Of Care (Acute)	3.50%	**1.0%**	**1.5%**	↑	
Rapid Access Chest Pain 2 Week Wait	98%	**100%**	**100%**	→	
Infant Health - Mothers Who Are Not Smokers At Delivery	87.9%	**87.9%**	**89.1%**	↑	
Infant Health - Mothers Initiating Breastfeeding	71%	**76.3%**	**76.3%**	↓	
Stroke Care	76.2-78.1%	**69.8%**	**78.5%**	↑	Quarterly target as per PCT contact
High Risk TIA Patients Starting Treatment Within 24 Hours	52.9%	**58.9%**	**66.1%**	↑	Quarterly target as per PCT contact
MRSA Emergency Screening	90% (Q4)		**91.3%**		Target as agreed with the Primary Care Trust
MRSA Elective Screening	100%		**99.4%**		Achieved 100% standard in Q3 and Q4.

Achieved Under-achieved  Failed

Quality Report Annex A - Statements of assurance from the Board

1. Review of services

During 2010/11, University Hospitals Bristol NHS Foundation Trust provided clinical services in 63[16] specialties via five clinical Divisions (i.e. Medicine; Surgery Head & Neck Services; Women's & Children's Services; Diagnostics and Therapy; and Specialised Services).

During 2010/11, the Trust Board has reviewed selected high-level quality indicators (e.g. infection control, HSMR) as part of monthly performance reporting. The Trust also receives information relating to the review of quality of services in all specialties via, for example, the Clinical Audit Annual Report. The income generated by University Hospitals Bristol NHS Foundation Trust services reviewed in 2010/11 therefore, in these terms, represents 100% of the total income generated from the provision of NHS services by the Trust for 2010/11.

2. Participation in clinical audits and national confidential enquiries

For the purpose of the Quality Report, the National Clinical Audit Advisory Group (NCAAG) has published a list of national audits and confidential enquiries, participation in which is seen as a measure of quality of any trust clinical audit programme. This list is not exhaustive, but rather aims to provide a baseline for trusts. The details which follow relate to this list.

During 2010/11, 48 national clinical audits and seven national confidential enquiries related to covered NHS services that University Hospitals Bristol NHS Foundation Trust provides.

During that period University Hospitals Bristol NHS Foundation Trust participated in 81% (39/48) national clinical audits and 100% (7/7) national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that University Hospitals Bristol NHS Foundation Trust was eligible to participate in during 2010/11 are as follows:

Title of audit	Eligible	Participated
Peri- and Neo-natal		
Neonatal intensive and special care (NNAP)	Yes	Yes
Children		
Paediatric pneumonia (British Thoracic Society)	Yes	No
Paediatric asthma (British Thoracic Society)	Yes	Yes

[16] Based upon the Trust's Statement of Purpose, which is in turn based upon the Mandatory Goods and Services Schedule of the Trust's Terms of Authorisation with Monitor

Paediatric fever (College of Emergency Medicine)	Yes	Yes
Childhood epilepsy (RCPCH National Childhood Epilepsy Audit)	Yes	Yes
Paediatric intensive care (PICANet)	Yes	Yes
Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)	Yes	Yes
Diabetes (RCPCH National Paediatric Diabetes Audit)	Yes	Yes
Acute care		
Emergency use of oxygen (British Thoracic Society)	Yes	No
Adult community acquired pneumonia (British Thoracic Society)	Yes	No
Non-invasive ventilation (NIV) - adults (British Thoracic Society)	Yes	No
Pleural procedures (British Thoracic Society)	Yes	No
Cardiac arrest (National Cardiac Arrest Audit)	Yes	No
Vital signs in majors (College of Emergency Medicine)	Yes	Yes
Adult critical care (ICNARC Case Mix Programme)	Yes	Yes
Potential donor audit (NHS Blood & Transplant)	Yes	Yes
Long term conditions		
Diabetes (National Diabetes Audit)	Yes	Yes
Heavy menstrual bleeding (RCOG National Audit of HMB)	Yes	Yes
Chronic pain (National Pain Audit)	Yes	Yes
Ulcerative colitis & Crohn’s disease (National IBD Audit)	Yes	Yes
Parkinson’s disease (National Parkinson’s Audit)	Yes	No
COPD (British Thoracic Society/European Audit)	Yes	Yes
Adult asthma (British Thoracic Society)	Yes	No
Bronchiectasis (British Thoracic Society)	Yes	No
Elective procedures		
Hip, knee and ankle replacements (National Joint Registry)	Yes	Yes
Elective surgery (National PROMs Programme)	Yes	Yes
Cardiothoracic transplantation (NHSBT UK Transplant Registry)	Yes	Yes
Liver transplantation (NHSBT UK Transplant Registry)	No	N/A
Coronary angioplasty (NICOR Adult cardiac interventions audit)	Yes	Yes
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	Yes	Yes
Carotid interventions (Carotid Intervention Audit)	Yes	Yes
CABG and valvular surgery (Adult cardiac surgery audit)	Yes	Yes
Cardiovascular disease		
National Clinical Audit of Management of Familial Hypercholesterolaemia	Yes	Yes
Acute Myocardial Infarction & other ACS (MINAP)	Yes	Yes
Heart failure (Heart Failure Audit)	Yes	Yes
Pulmonary hypertension (Pulmonary Hypertension Audit)	No	N/A
Acute stroke (SINAP)	Yes	No
Stroke care (National Sentinel Stroke Audit)	Yes	Yes
Renal disease		
Renal replacement therapy (Renal Registry)	Yes	Yes
Renal transplantation (NHSBT UK Transplant Registry)	Yes	Yes
Patient transport (National Kidney Care Audit)	Yes	Yes
Renal colic (College of Emergency Medicine)	Yes	Yes
Cancer		
Lung cancer (National Lung Cancer Audit)	Yes	Yes
Bowel cancer (National Bowel Cancer Audit Programme)	Yes	Yes
Head & neck cancer (DAHNO)	Yes	Yes

Trauma		
Hip fracture (National Hip Fracture Database)	Yes	Yes
Severe trauma (Trauma Audit & Research Network)	Yes	No
Falls and non-hip fractures (National Falls & Bone Health Audit)	Yes	Yes
Psychological conditions		
Depression & anxiety (National Audit of Psychological Therapies)	No	N/A
Prescribing in mental health services (POMH)	No	N/A
National Audit of Schizophrenia (NAS)	No	N/A
Blood transfusion		
O negative blood use (National Comparative Audit of Blood Transfusion)	Yes	No
Platelet use (National Comparative Audit of Blood Transfusion)	Yes	Yes
National Confidential Enquires		
Parental Nutrition (NCEPOD)	Yes	Yes
Surgery in the Elderly (NCEPOD)	Yes	Yes
Peri-operative care (NCEPOD)	Yes	Yes
Surgery in Children (NCEPOD)	Yes	Yes
Cardiac Arrest Procedures (NCEPOD)	Yes	Yes
Cosmetic Surgery (NCEPOD)	No	N/A
National maternal and perinatal mortality surveillance (CMACE)	Yes	Yes
Child mortality surveillance (CMACE)	Yes	Yes

The Trust did not participate in ten relevant national clinical audits in 2010/11. The reasons for this are set out below:

- British Thoracic Society audit programme (five of the audits within this programme) – resources have been identified within the specialty, however participation in every BTS audit was not possible due to sheer volume. The BTS audit programme for 2011/12 has yet to be announced – the Trust is committed to participating where resources allow.
- Cardiac arrest (National Cardiac Arrest Audit) – no funding available during 2010/11. The Trust has now registered and participation will commence June 2011.
- Parkinson's disease (National Parkinson's Audit) – clinical staff were not aware of this national audit. Participation has been agreed for next round (to commence 2012).
- Acute stroke (SINAP) – the Trust is already participating in the National Sentinel Audit for stroke and has prioritised this as there are insufficient resources to enable participation in studies. On-going discussions with Clinical Lead for stroke as to future participation by the Trust.
- Severe trauma (Trauma Audit & Research Network) – no funding available during 2010/11. Participation for 2011/12 is under discussion as a result of the centralisation of specialist paediatric services and the Trust's role as a Regional Trauma Centre.
- O Negative blood use (National Comparative Audit of Blood Transfusion) – the Trust did not have a Transfusion Lead in post during the audit period. A Lead has since been appointed and participation in the future National Comparative Audit programme confirmed for 2011/12.

The national clinical audits and national confidential enquiries that University Hospitals Bristol NHS Foundation Trust participated in and for which data collection was completed during 2010/11 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Title of audit	% Cases Submitted
Peri- and Neo-natal	
Neonatal intensive and special care (NNAP)	753*
Children	
Paediatric asthma (British Thoracic Society)	13*
Paediatric fever (College of Emergency Medicine)	100% (50/50)
Paediatric intensive care (PICANet)	561*
Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)	100% (977/977)
Acute care	
Vital signs in majors (College of Emergency Medicine)	100% (50/50)
Adult critical care (ICNARC Case Mix Programme)	100% (982/982)
Potential donor audit (NHS Blood & Transplant)	100%
Long term conditions	
Diabetes (National Diabetes Audit)	359*
Elective procedures	
Hip, knee and ankle replacements (National Joint Registry)	27% (5/18)
Elective surgery (National PROMs Programme)	83%
Coronary angioplasty (NICOR Adult cardiac interventions audit)	100% (989/989)
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	100% (302/302)
Carotid interventions (Carotid Intervention Audit)	98% (48/49)
CABG and valvular surgery (Adult cardiac surgery audit)	100% (1567/1567)
Cardiovascular disease	
National Clinical Audit of Management of Familial Hypercholesterolaemia	100% (40/40)
Acute Myocardial Infarction & other ACS (MINAP)	100% (817/817)
Heart failure (Heart Failure Audit)	52% (159/307)
Stroke care (National Sentinel Stroke Audit)	100% (62/62)
Renal disease	
Patient transport (National Kidney Care Audit)	100% (62/62)
Renal colic (College of Emergency Medicine)	100% (50/50)
Cancer	
Lung cancer (National Lung Cancer Audit)	59% (107/180)
Bowel cancer (National Bowel Cancer Audit Programme)	157*
Head & neck cancer (DAHNO)	>89%
Trauma	
Hip fracture (National Hip Fracture Database)	46% (162/350)
Falls and non-hip fractures (National Falls & Bone Health Audit)	66% (40/60)
Blood transfusion	
Platelet use (National Comparative Audit of Blood Transfusion)	100%
National Confidential Enquiries	
Parental Nutrition (NCEPOD)	81% (44/54)
Surgery in the Elderly (NCEPOD)	86% (12/14)
Peri-operative care (NCEPOD)	100% (6/6)

Surgery in Children (NCEPOD)	100% (22/22)
Cardiac Arrest Procedures (NCEPOD)	N/A
National maternal and perinatal mortality surveillance (CMACE)	Neonatal deaths: 37 (all reported) CMACE[17] has closed and at the time of writing, the Trust does not have access to Maternal and Stillbirth death statistics
Child mortality surveillance (CMACE)	Child Deaths: 33 (all reported)

* not possible to establish baseline from HES data

The reports of 18 national clinical audits were reviewed by the provider in 2010/11 and University Hospital Bristol NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National cancer audits

- Data is now being entered 'live' onto the Cancer Register at multidisciplinary team (MDT) meetings.
- Lead clinicians are to meet with the National Cancer Team to explore how to make better use of the Cancer Register and to improve the quality of the data submitted.
- Local reports are run on a frequent basis to help ensure data validity.
- The Trust will be exploring new approaches to data collection including the use of portable devices to capture data at 'point of care'.
- The results of national audits are now included within the national 'peer review process'; actions are agreed within specific cancer group annual reports.

National cardiac audits

- A dedicated data manager has been appointed to improve process, coordinate data submissions and improve data quality.
- Data is now being entered at the 'point of care' by clinical staff through web based data systems.
- Local audit is being conducted to enable further investigation into areas of concern.

National audits of older people, including dementia[18]

- A joint 'Dementia Steering Group' has been set up with colleagues from North Bristol Trust. A local group has also been established.
- A training strategy is being developed to identifying the key skills for people working with patients with dementia.
- The Trust is planning to adopt the 'This is me' leaflet developed by the Alzheimer's Society.
- The Trust has implemented guidance and recommendations around the management of constipation in older adults.

Neonatal intensive and special care (NNAP)

- Additional support is now being provided to the multi-disciplinary team to help enable fully validated and complete data submission.

[17] CMACE – the national Centre for Maternal and Child Enquiries – ceased to exist on 1st April 2011. CMACE's work will be taken forward by a new consortium awarded by the National Patient Safety Agency.
[18] We recognise that dementia is not confined to elderly patients.

Potential donor audit (NHS Blood and Transplant)

- Relevant Trust policy and guidelines have been updated.
- Donor committee meetings have been established and a 'workspace' for committee minutes and relevant information has been created.
- Staff awareness has been raised by attaching organ donation information to staff payslips. Information was widely disseminated and the process of organ donation was promoted during transplant week.
- Organ Donation funds have been distributed to critical care area as part organ donation task force recommendations.

The reports of 160 local clinical audits were reviewed by University Hospital Bristol NHS Foundation Trust in 2010/11. During 2010/11, summary outcomes and actions reports from these audits were reviewed by the Trust's Governance and Risk Management Committee (an Executive sub-committee of the Trust Board). Full details of the changes and benefits of these projects will be published in the 2010/11 Clinical Audit Annual Report. This will be available via the Trust's website in July 2011.

3. Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by University Hospitals Bristol in the period 1st April 2010 to 31st March 2011 that were recruited during that period to participate in research approved by a research ethics committee was 8,836.

4. CQUIN framework (Commissioning for Quality and Innovation)

The amount of potential income in 2010/11 for quality improvement and innovation goals was £5.61 million, based on 2010/11 actual outturn. This potential income was conditional upon achieving key national patient access targets in full.

It is currently forecast that associated payment in 2010/11 will be £1.361 million, although final validation by commissioners is not yet available.

An explanation of the factors contributing to the failure to earn more than the 24% of potential CQUIN rewards is provided at the end of this section. One key factor has been the inclusion of the gateway, which has served as a barrier to full clinical and divisional engagement, given that there is no certainty that achievement of individual CQUIN goals will then attract the relevant CQUIN reward. Additionally, the failure to meet the Cancelled Operations gateway standard reduced payments by 10%.

A proportion of University Hospitals Bristol Foundation Trust's income in 2010/11 was conditional upon achieving quality improvement and innovation goals agreed between University Hospitals Bristol Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2010/11 and for 2011/12 are available electronically at http://www.uhbristol.nhs.uk/who-we-are-and-what-we-do/how-we-are-doing.html

During 2010/11, the Trust was required to meet a number of gateway standards before being eligible for CQUIN financial rewards. The mandatory standards consisted of the national cancer standards, A&E 4-hour maximum wait, and 18-week Referral to Treatment Times. Achievement of a further three gateway standards (MRSA trajectory, 6-week diagnostic wait and the national last-minute cancelled operations standard) determined the scale of the reward. The Trust has achieved all of the CQUIN gateway standards, with the exception of last minute cancelled operations. This is in contrast to 2009/10, when a number of the mandatory gateways failed to be achieved.

The CQUIN goals were chosen to reflect both national and local priorities. Eighteen goals were agreed, including two nationally specified goals - Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE), and Improve responsiveness to

personal needs of patients. The Trust has achieved six of the eighteen goals in full and two in part, as follows:

- Reduction in medication errors;
- Reduction in Hospital acquired pressure ulcers;
- Increased use of WHO surgical checklist;
- Reduction of MRSA bloodstream cases (Infection control);
- Improved outcomes for adult and paediatric bone marrow transplants;
- Improved outcomes in paediatric cardiac surgery – readmissions and mortality;
- Improved outcomes in neonatal care – total refusals (part);
- Smoking cessation – referrals to cessation service (part).

Unfortunately, whilst spot audits have shown that the Trust is achieving the national VTE CQUIN, problems with data capture in 2010/11 have prevented us evidencing this. These issues will be rectified from April 2011 with the introduction of an electronic system for the data capture of VTE risk assessments.

Six of the CQUIN goals related to productivity indicators, including average length of stay, new to follow-up ratio and emergency readmissions, accounting for £2.24 million potential rewards. These targets, which were always known to be extremely challenging for the Trust, were not achieved. Other CQUINs which are expected not to be achieved are Smoking cessation training, GP discharge summaries, Emergency care 30 minute assessment and Improved outcomes in neonatal care (transfers out).

A new electronic system for discharge letters has been rolled out across the Trust through 2010/11; however, experience from other providers has shown that such systems can take a number of years to become fully embedded. It is anticipated that there will be sustained progress on this next year, when this will again be a CQUIN. The emergency care assessment within 30 minutes CQUIN has been impacted by the increased level of Accident and Emergency attendances across the Trust, particularly over the winter months.

The Trust had raised concerns about the deliverability in full of the Neonatal CQUIN at the outset, given that commissioners had not agreed investment in increased cot capacity to the level proposed, and therefore achievement was always in doubt.

(Also see page 19 for information regarding the national Patient Experience CQUIN).

5. Care Quality Commission registration and reviews

University Hospitals Bristol NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is ‘registered without compliance conditions’. The Care Quality Commission has not taken enforcement action against University Hospitals Bristol during 2010/11.

As part of the process of registering with the CQC, the Trust declared non-compliance with four of the CQC’s 16 key quality and safety standards (called ‘Outcomes’). These were Outcome 5 (Meeting nutrition needs – see page 14), Outcome 10 (Safety and suitability of premises – we recognised the need to bring fire safety at St Michael’s Hospital up to the highest standards); Outcome 14 (Supporting Staff – for example, we recognised that we needed to improve the proportion of staff who were having an appraisal every 12 months) and Outcome 21 (Records – for example, we recognised that we needed to introduce clear guidance for our staff about how long different sorts of records should be kept for). The issues identified by the Trust which led to this decision had been addressed by year-end. The Trust has yet to receive a periodic Planned Review, however in October 2010 the CQC made an unannounced inspection of

Outcome 5, the findings of which are described elsewhere in this Quality Report.

During 2010/11, the Trust received one Outlier Alert from the CQC. Outlier Alerts are triggered when data received by the CQC suggests that a healthcare provider's clinical performance (typically mortality or complication rates following surgery) is found to be significantly different to that of other providers. An Alert does not draw conclusions – it is a prompt for the provider to make further investigations. In July 2010, we received an Alert for Percutaneous Coronary Intervention (PCI, coronary angioplasty). The Trust reviewed data for all patients who had received a coronary procedure in its catheter labs between May 2009 and May 2010. Following robust analysis, the Trust was able to confirm an increase in mortality associated with emergency PCI, as a result of higher risk patients being treated. Case-mix adjusted outcomes were found to be equal to, or better than, national figures. The Trust has requested that the national 'flagging' system be refined.

6. Data quality

University Hospitals Bristol NHS Foundation Trust submitted records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- Which included the patient's valid NHS number was: 99.1% for admitted patient care; 99.6% for outpatient care; and 94.9% for accident and emergency care. (Improved scores on 2009/10 for admitted and A&E. Same as 2009/10 for outpatients)
- Which included the patient's valid General Practice code was: 100% for admitted patient care; 99.8% for outpatient care; and 100% for accident and emergency care.

(Data source: NHS Information Centre, SUS Data Quality Dashboard, April 10 – December 2010 as at Month 9 inclusion date)

The Trust's score for 2010/11 for Information Quality and Records Management using the Information Governance Toolkit is 65% and graded Red. The score was 82% in 2009/10. This year's toolkit represents a substantial change with regard to the need to upload evidence and a strengthening of the requirements. The previous RAG (Red-Amber-Green) rating, which related to the overall percentage score, has been removed. It is now necessary to achieve level 2 against all 45 requirements in order to be rated green. University Hospitals Bristol was assessed at Level 1 on three requirements, which has resulted in the red rating. The first of these requirements relates to Information Governance Training: the Trust has added Information Governance to the list of statutory and mandatory training and is preparing a communications strategy to raise staff's awareness of this training and achieve Level 2. The second requirement relates to confidentiality audits: a schedule of audits is being communicated to staff, and checks performed to ensure that staff are conforming to policy. A third requirement was automatically rated red as a consequence of first two issues.

The Trust was not subject to the Payment by Results clinical coding audit during the reporting period (10/11) by the Audit Commission; however an external audit was arranged by the Trust which covered 1,080 sets of notes across a range of specialties. The error rates reported in this audit for the period October 2010 for diagnoses and treatment coding were:

- Primary procedures coded incorrectly: 9.9%
- Primary diagnoses coded incorrectly: 9.4%

This would equate with a Level 2 score in the Information Governance Toolkit (8-505) - an improvement on the Level 1 score in 2009/10.

Quality Report Annex B - Additional information

Extended narrative about national access targets

18 weeks

The Trust achieved an 18-week referral to treatment time (RTT) for over 90% of admitted patients and 95% of patients not requiring an admission as part of their treatment, in every month in 2010/11. The 90% and 95% standard were achieved in all except two national specialties each quarter. In so doing the Trust met the 18-week RTT standard in Monitor's original 2010/11 Compliance Framework, before the requirement was removed. The new median and 95th percentile standards for RTT were also achieved every month, from their introduction in the latter half of 2010.

A&E 4-hour maximum wait

The Trust achieved the four-hour maximum wait from arrival in an Emergency Department to discharge, admissions or transfer, for over 95% of patients during the year, but failed to achieve the standard in quarter 4. There was a 5% increase in emergency admissions into the Trust during the year (6% for the Bristol Royal Infirmary) compared with 2009/10. The Trust cared for a large number of seasonal flu cases during December 2010 and January 2011, which put additional pressure on bed availability and facilities to isolate patients. Levels of norovirus within the community remained a challenge for the Trust, with wards having to be closed in the last quarter of the year, during which the 95% standard failed to be achieved. The Trust's improvement plans for 2011/12 will focus on expansion of adult Medical Assessment Unit (MAU) facilities, enhancements to emergency care pathways to reduce admissions and lengths of stay, and ways of improving the Trust's responsiveness to meet fluctuations in levels of emergency demand. Work is also underway to assess the Trust's position against the new A&E quality of care indicators, and to understand what improvements need to be made to best serve our patients' needs.

Cancer

Significant advances were made in achieving the national cancer standards during 2010/11, building on the improvement work undertaken in the latter half of 2009/10. Across the year as a whole, every standard was achieved. As a result, the gateway for CQUIN rewards was met. A performance notice was issued to the Trust by NHS Bristol in relation to the breast 2-week wait standard, following a poor period of performance in the first quarter of the year. However, the 93% standard was achieved in quarters 2-4, with the strong performance in the last quarter in particular enabling the standard to be achieved for the year as a whole.

To consolidate the achievements against the cancer standards, the Trust will continue to carry-out quarterly reviews of the reasons why the cancer standards were not met for individual patients. This will shape our improvement plan for next year. Being a specialist provider of cancer treatment, the Trust receives many complex cases each year. These patients are often managed across a number providers (hospitals and other facilities) and may require more tests to diagnose and treat their cancer, which can introduce delays. Due to the nature of the specialist surgery undertaken for these patients, the Trust continues to experience a growing demand for Intensive Therapy Unit (ITU) beds. The Trust will therefore continue to focus on ways of minimising delays to cancer patient pathways which are within the control of the Trust, and expansion of its adult ITU facilities, to ensure the cancer waiting times standards continue to be met despite the inevitable challenges that our patient group brings.

Cancelled operations
During 2010/11, the Trust cancelled 1.3% of operations on the day of the procedure for non-clinical reasons. This was a slight increase compared to 2009/10 when 1.1% were cancelled. During the second quarter, the Trust received a performance notice from NHS Bristol in this respect. A refreshed action plan was agreed in response. Bed pressures remained the leading causes of last-minute cancellations of surgery (accounting for 41% of cases). This reflected the continued heightened demand for beds for emergency admissions during the year. Improving bed availability through actions to improve patient flow remains a key focus in 2011/12 to ensure improvements are realised against this important indicator of both patient experience and service efficiency.

Board engagement with Quality

Every public meeting of the Trust Board begins with consideration of a patient's story: both for organisational learning and as a reminder to the Board of whom the Trust exists to serve. Randomly selected patient comment cards are also displayed at every public Board meeting.

In our Quality Report for 2009/10, we said that we would be developing to use of quality 'dashboards' at Trust Board level and within our clinical Divisions. We also said that we would be establishing a new Board committee to oversee matters of Quality.

A quality dashboard was introduced as part of the monthly Board quality report in April 2010, comprising a range of quality metrics presented under the three domains of patient safety, clinical outcomes and patient experience. The metrics were chosen following a quality away day in late 2009 attended by representatives from our Governors and Non-Executive Directors, as well as key clinicians and managers from across the Trust.

The dashboard has been developed and quality metrics have been added to and refined, resulting in a total of 51 metrics by the end of 2010/11. The quality dashboard and report is a key tool for the Board to understand, scrutinise and challenge the quality of service provision and as such supports compliance with Monitor's Quality Governance Framework.

Where data is available at divisional level, the core quality metrics have been replicated in dashboards for the four inpatient clinical Divisions of Medicine, Surgery Head and Neck, Specialised Services, and Women and Children for use by their divisional Boards. Divisions have added locally selected metrics reflecting key quality priorities for their patient groups e.g. the Division of Women and Children have a maternity dashboard containing specific quality indicators for maternity services.

In 2011/12, the quality dashboards will be further developed to reflect the emerging quality priorities from internal intelligence, commissioning contracts and the overarching quality indicators in the NHS Outcomes Framework 2011/12.

The Trust Board undertook a technical review of Corporate Governance beginning in November 2010, shortly after the arrival of the newly appointed Trust Secretary. The review assessed the Trust's compliance with the Monitor Foundation Trust Code of Governance whilst undertaking a wider review of the risk and safety management provisions within service Divisions. Following consideration of a range of proposals by the Trust Secretary by the Audit and Assurance Committee, the Trust Board of Directors resolved to establish new committee arrangements at a meeting of the Board on 18th March 2011. The new committee structure includes a Quality and Outcomes Scrutiny Committee. This Non-Executive Committee of the Trust Board will assess current-state performance, particularly with regard to the quality of services and the patient experience.

Major incident response

During 2010/11, the Trust was unfortunate enough to have the opportunity to test its operational response to a major internal incident. Following a flood, caused by a burst pipe, power was lost to many areas in the Queens Building of the Bristol Royal Infirmary for eight hours. Whilst around half of the building was supported by emergency generator power during this time, many services were unable to operate. North Bristol NHS Trust provided superb support during this time, as did our own front line staff. No patient or staff member suffered harm during the incident and although 288 patients had either an outpatient appointment or operation cancelled, more than 50% were re-booked within 24 hours and all within a week of the incident. This was testament to the professionalism of our staff and the robust nature of our emergency planning.

As with every major incident, there were things for the Trust to learn. An action plan has been developed with clear, timed improvements that will enable us to minimise the impact of such an event even further in the future.

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. They are incidents where there is clear potential for causing severe harm or death. During 2010/11, a never event occurred in the Trust when a patient was injected intravenously with 1 ml of strong potassium chloride in error. Fortunately, the mistake was identified immediately and remedial action was taken which meant that the patient did not receive any of the drug and came to no harm. Immediate further preventative measures were put in place and a thorough root cause analysis investigation conducted.

Prior to the incident occurring, the Trust had put in place the systems and controls required by the National Patient Safety Alert Potassium Chloride Concentrate Solution, published in 2002, but in this instance, the guidance was not followed. Learning from the incident has been significant for the clinical area where the error occurred and has been shared - and is continuing to be shared - throughout the Trust and the local health community.

Quality Report Annex C – Assurance statements from 'third parties'

STATEMENT FROM THE MEMBERSHIP COUNCIL OF THE UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST

"Quality Reports are a tool for public accountability and quality improvement and therefore the Governors welcome the opportunity to comment on these accounts.

Format and readability

A group of Governors from the Quality Working Group were invited to discuss how the format of the Quality Report could be revised to make it a more readable document. We wanted the document to have: a logical flow; topics included set in context; a clear indication about sample sizes where applicable and one version that would suit all. We believe that through the immense amount of work by Chris Swonnell and his team, this is what we now have.

Safety

We are reassured by the further reduction in healthcare-acquired infection which is key to people having confidence in the system of care and are pleased by the efforts being made to improve procedures by the Trust to reduce the rate of infection incidences. We note that the Trust achieved all the targets set by the Department of Health and NHS Bristol for 2010/2011. We were pleased to see that the Trust has fully implemented, and monitored, its policy for antibiotic prescribing.

We were concerned by the level of medication errors and welcome the steps that are being taken to minimise the risk to patient safety. We note there are regular multidisciplinary reviews of reported incidents with a view to reducing errors and a programme in place for learning from mistakes.

We were pleased to see the measures the Trust has undertaken in the prevention of Venous Thromboembolism, which is a significant cause of mortality and moreover can cause long term disability and chronic ill health. We would like to see all adult patients risk assessed as soon as possible after admission – we note there was 96.1% compliance in February 2011. However we are aware that many patients experience difficulties with wearing anti-embolic stockings once discharged.

We saw the number of patients with Trust-acquired pressures ulcers as disappointingly high and would welcome improved measures to prevent occurrence. We note there is training for staff. We are assured that the team led by the Chief Nurse will improve this crucial aspect of care.

We were concerned with the escalated number of falls reported from September - December 2010 and hope that the implementation of specific staff training will improve this. We note the number of falls within Medicine is above average.

Histopathology
The Governors have read with great interest the Histopathology Review. We note there have been media concerns with histopathology services across North Bristol Trust and University Hospitals Bristol. We welcome the closer partnership with North Bristol NHS Trust and the appointment of a joint director of histopathology services.

Nutritional Care
We had concerns that patients were not given the help they needed at mealtimes resulting in poor nutrition, compromising their ability to fight infection and recover from illness. We are pleased to see measures have been put in place especially protected mealtimes.

Adverse Event Rate
We were pleased to see a low adverse event rate has been sustained during 2010/2011.

Experience

As Governors, we welcome the emphasis on patient and public involvement in service improvement. The use of regular postal surveys of discharged patients; the use of electronic hand-held survey devices; and the use of comment cards on the wards allow both patients and relatives to give "real" feedback about hospital care. We are pleased to see how comments can be immediately used to both praise staff and if necessary to improve aspects of care. We acknowledge the importance of completed cards at Trust Board and Membership Council meetings. We welcome the use of Focus Groups and the on-going commitment to working with groups such as RNIB, Action for Blind Bristol; The Bristol Physical Action Chain; the council of Bristol Mosques; The Alzheimer's Society; UBAX Somali women forum; Bristol Carers Organisations and Bristol and South Gloucestershire Local Involvement Networks (Links).

National Patient Experience CQUIN
We note the Trust did not achieve the national CQUIN measure 2010/2011 which to us indicates negative patient experience based on the five set questions. In contrast, according to the 2010/2011 National Inpatient Survey 85% of patients rated the care they received as either "Good" or "Excellent".

Complaints
We are reassured by the fact that the number of complaints is falling and that 95% were resolved within agreed timescales.

Privacy and Dignity (including elimination of mixed sex accommodation)
We note that in 2010/2011, 86% of inpatients believed they were always treated with respect and dignity. We value the work being done by the Trust's Privacy and Dignity Group including a review and re-launch of the End of Life Policy. We are aware that on the 31st March the Trust was non-compliant in the elimination of mixed sex accommodation but are aware of plans with agreed action and completion by 1st August 2011.

Staff-patient communications
We were pleased to see improvements in areas where effective communication is so important.

Effectiveness

Report on Trust objective for 2010/2011
We acknowledge the proposal by the Trust to meet the requirements of the proposed NICE Quality Standard for Dementia. We note the immense amount of commitment and work to achieve this standard.

Review of 2010/2011
It is reassuring to note outcomes for HSMR, Cardiac surgery, Cataract surgery and Oesophageal cancer. However we are concerned that national cancer standards are not being met. We note that some delays are due to complexity of surgery and therefore need for intensive care beds post-surgery. We are assured that the Trust will continue to focus on minimising delays to cancer patient pathways to ensure that cancer waiting times standards will be met. We are aware of delays in A&E and cancelled operations due to pressures on beds but are assured that there are plans to improve efficiency in these areas.

Finally we are pleased to note the introduction of the Quality dashboard as a key tool for the Board to understand, scrutinise and challenge the quality of service provision."

STATEMENT FROM BRISTOL LOCAL INVOLVEMENT NETWORK

We are pleased to see that the format of this year's Quality Report document has improved from that of last year, resulting in a much more readable and accessible document. It contains clear information on the work the Trust has been doing over the past year which will be useful for further research by LINk and other organisations such as the Joint Strategic Needs Assessment.

We congratulate both UHB and NBT on their Working Partnership agreement and we will be interested in seeing how this will evolve to the benefit of patients in the Greater Bristol Area. In particular, we note that as a result of the Histopathology review the Trusts have a joint action plan for future working. However, although it is noted in the Quality Report that both Trusts are acting on recommendations made by the review panel, we are aware that there is an issue regarding when patients are given their results and we therefore look forward to an early resolution of this.

During 2010, Bristol LINk was invited to make a number of visits to the BRI and Bristol General Hospital to investigate nutritional care at UHB and we were assured of the policies and procedures in place for a good standard of care particularly to the more vulnerable patients. In general, we agree with Care Quality Commission's concerns, one of which is over protected meal times which are designed to allow patients to eat meals without interruption and benefits their recuperation. We would like to see these become standard where possible and observed by all staff particularly medical clinicians.

Although the Trust is making a committed effort to reduce the number of falls, we feel from the statistics that there is still a high number of falls recorded for 2010 with no indication of how serious these were and what sort of harm they caused to the patients.

We compliment the Trust on reducing infections during hospital stays and putting in place improved procedures. However, from a lay point of view, we feel that quoting infections per bed days is not easy to follow. We would expect that, as a result of the current emphasis on hand washing procedures and the higher percentage of staff now taking infection control training, there will be continued improvements.

It is disappointing to see that the Trust did not meet the National Patient Experience CQUIN target. We feel it would have been useful to have the reasons why this was not met. We note that the Trust feel they have followed this up with more robust data from their own inpatient survey and have confidence this shows signs of improvement, although we are not sure this is indicated clearly by figure 2. We look forward to the results of future work planned by the Trust to capture improved feedback and data on patient experience during 2011/12.

It would have been useful to see the range of complaints received by the Trust so that we have some measure of their seriousness. However, we are aware that the procedures in place to process complaints have led to an improvement in the time taken to effect satisfactory resolution.

We note that work still needs to be done to reducing the number of high risk medication errors. Although the number of incidents resulting in major or catastrophic harm has not increased, and the numbers of incidents that result in moderate or greater harm have been reduced, we feel that the latter figures still seem high.

It is clear by the traffic lights that there is still work to be done in reducing Venous Thromboembolism (VTE). We would like to see an improvement in the uptake of qualitative audits by trainee medical staff in the coming year particularly as the reduction is a Trust objective for 2011/12.

We notice that the Trust has achieved a reduction in acquired pressure ulcers in 2010/11. However we would expect to see this further reduced and the policies put in place that indicate basic nursing practice are adhered to.

It is reassuring to see the efforts being made with regard to privacy and dignity particularly end of life care and consideration given to bereaved families. In addition, we note that, as a result of the more stringent requirements with regard to providing single-sex accommodation, the Trust has an action plan to improve the patient areas in the MAU and A&E Observation Unit, and the work is expected to be completed later this year. This will be of great benefit to patients at a time that could be potentially distressful during their period of assessment.

We note that work to meet the NICE Quality Standard for Dementia is on-going, with joint working with North Bristol NHS Trust, to improve training of staff in dementia awareness and safeguarding in particular. We look forward to a successful report on this for 2011/12.

One further objective for 2011/12 is to establish a specialist stroke unit. Bristol LINk visited the stroke unit recently and, although we were very impressed by the dedication and work done by the staff, the current accommodation has limitations with the danger of it being split up with recovering patients having to be accommodated elsewhere. We look forward to seeing the Trust's plans for improvement.

The pressure on bed demand especially over winter has clearly had an impact on the number of cancelled operations and re-admissions. We hope that the Trust can work on plans to be more responsive to fluctuations in demand at critical times of the year and that safe discharge procedures are in place to avoid bed-blocking.

We believe that there is now a robust relationship between Bristol LINk and UHB. A Joint Working Protocol has been established with Enter and View visits taking place throughout the year. There is a greater sharing of information and willingness of the Trust to listen to LINk concerns. We would expect this to be on-going during the transition period resulting from the change from LINk to HealthWatch in 2012.

Although we have used this opportunity to comment on areas of concern, we acknowledge that the Trust continues its work to provide a good in- and outpatient service for its patients.

STATEMENT FROM SOUTH GLOUCESTERSHIRE LOCAL INVOLVEMENT NETWORK

1. Introduction

1.1 This document contains the LINk's comments and questions on the UH Bristol Quality Report 2010/11. The LINk would like to thank the Trust and its Patient and Public Involvement Lead, Tony Watkin for the opportunity to review the document at a workshop with Tony and members of Bristol LINk on 4th May 2011.

1.2 Priorities set by South Gloucestershire LINk in its work plan included the reduction in hospital infections, control of hospital acquired thrombosis (VTE) and the improvement of standards of nutrition and hydration. The LINk is pleased to note the improvements in all three and that continued improvement remains an on-going target. The Link is also pleased with the improvement in the user friendliness and less jargon in this year's Quality Reports.

1.3 The information on Histopathology is based on the draft Quality Reports received and the LINk has had no opportunity to read or revise this information prior to the deadline to submit the Quality Reports.

2. Safety

2.1 The LINk welcomes the Trust's commitment to patient safety and its report on priorities and progress.

2.2 It would be helpful to know to what extent the Trust involves patients and the public in prioritising objectives.

2.3 Falls

2.3.1 We note the report on falls and would like to be kept informed of the Trust's achievement in reducing the number of them. However, we acknowledge that not all falls will be prevented

2.4 Histopathology

2.4.1 The LINk welcomes the appointment of the Joint Director of Histopathology Services.

2.4.2 It is stated that the two Bristol Trusts have accepted the Inquiry recommendations in full. However, according to the Consolidated Histopathology Plan approved by UH Bristol and North Bristol NHS Trust, both Trusts have decided not to implement one of the Inquiry's recommendations.

2.4.3 Recommendation 7.6 says "Where a patient's care is going to be discussed at a multidisciplinary team meeting, patients should not be given information contained in histopathology reports until the reports have been considered by the multidisciplinary team.

The Trusts' response is "UH Bristol and North Bristol Trust Medical Directors and Pathology Teams cannot implement this recommendation as it will jeopardise the existing gold standard service provided to patients by "one stop" services".

The LINk would like more information about the definition of a "gold standard one stop service" and would like to see evidence that they are acknowledged to be national best practice.

2.4.4 South Gloucestershire LINk's request for a public forum to discuss concerns about the extent to which the Inquiry was "exhaustive" has not been accepted by the Trust.

2.4.5 The LINk does not believe that the issues can be satisfactorily addressed in Trust meetings at which members of the public have no right of debate or reply. Focus groups with patients to explore their expectations of histopathology cannot be deemed a response to public dissatisfaction with the conduct and outcome of the Inquiry and the implications for public confidence in the safety of current and future services.

2.4.6 The LINk would welcome constructive discussions with the Trust to try to resolve these issues.

2.5 Nutritional Care

2.5.1 The LINk would like more information about assessments of nutritional screening and care planning. Do GPs perform any assessment before patients are referred to hospital? Are carers asked for information?

2.5.2 Are patients awaiting surgery monitored for adequate hydration? If surgery is delayed due to unforeseen circumstances, are protocols in place to ensure that they don't become dehydrated?

3. Experience

3.1 Admissions

3.1.1 How does the Trust ensure that patients are assessed before and during admission to ensure that appropriate support is available for their needs?

3.1.2 How are co-morbidities identified and how is appropriate care and support delivered?

3.1.3 To what extent are carers/personal assistants and relatives involved in the planning?

3.2 Discharge Planning

3.2.1 The LINk would like more information about the Trust's discharge planning and the involvement of consultants.

3.2.2 How does the Trust identify whether patients have unplanned care after discharge?

3.2.3 How is the information used to improve the discharge process?

3.2.4 To what extent are patient notes used by staff to assess and understand patients' discharge needs?

3.2.5 To what extent are carers/personal assistants and relatives involved in the planning?

3.3 Focus Groups

3.3.1 It would be helpful to know more about "Opinion finders" and "Hear Say" events.

3.3.2 The Trust mentions a pro-active approach to working with local organisations and communities. It would be useful to see a summary of one or two specific examples.

3.4 Complaints

3.3.1 How does performance compare with other Trusts?

3.3.2 Is there any analysis of trends and seriousness of complaints to enable lessons to be learned?

3.5 Mixed sex accommodation

3.5.1 Is this only an issue for the Medical Assessment Unit or are there other wards with mixed-sex accommodation? If so, how is the Trust dealing with this?

3.6 End of Life

3.6.1 Are relatives, carers and close friends involved with the patient in preparation for death, for example, Advance Directives?

3.6.2 What is the Trust's policy for broaching the subject of organ donation?

4. Effectiveness

4.1 How often is mandatory Safeguarding Adults training run?

4.2 Hospital Standardised Mortality Ratio (HMSR) – are there plans to extend this to other conditions?

5. General comments

5.1 The Partnership Agreement with NBT is mentioned. What does that actually mean for patients whose pathway crosses both Trusts? How does the patient know which Trust takes the lead role in his/her care?

5.2 The LINk would like more information on the Trust's management of the patient pathway between Health and Social Care.

5.3 It would be useful to have a summary on the work of Avon Breast Screening in the Quality Report.

5.4 Some specific examples of work the Governors have undertaken with the Trust would be informative.

5.5 Objectives for 2011/12 – these appear to be aims rather than objectives. It would be more meaningful if they were re-worded as measurable objectives.

5.6 The "traffic light" system for reporting progress is helpful.

STATEMENT FROM SOUTH GLOUCESTERSHIRE HEALTH SCRUTINY SELECT COMMITTEE

	Details / Comments
Local Authority	South Gloucestershire Council
Official Title of the OSC	Health Scrutiny Select Committee
Do the provider's priorities match those of the public?	Alison Moon, Chief Nurse and Mark Callaway, Deputy Medical Director presented UH Bristol's Draft Quality Report (QA) for 2010-11 to the Select Committee on 20th April 2011. The Committee is satisfied that in the development of the QA UH Bristol has paid due regard to issues raised by the public. The Committee welcomes the Trust introducing its own monthly patient survey, patients receiving comment cards and the Trust's Governors undertaking interviews with patients on wards using hand held electronic devices. In response to a question UH Bristol confirmed the patient surveys / cards would also be available in other languages. The Committee welcomes the objective around dementia care, particularly UH Bristol's on-going commitment to meeting the eight common standards of care, and commissioners now including these standards in contracts with healthcare providers.
Do you believe that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Reports?	The Committee asks that UH Bristol consider including details of the Bristol Histopathology Inquiry in the QA, covering the outcome of the Inquiry and the steps being taken by the Trust, and neighbouring North Bristol NHS Trust, to address the recommendations in the report.
Has the provider demonstrated they have involved patients and the public in the production of the Quality Report?	Yes, please refer to the first response above.
Any comment on issues the OSC is involved in locally?	Problems with access and car parking at the Bristol Royal Infirmary and the Children's Hospital are often raised with councillors and parking would be even more difficult once new building work commenced. However, the Committee noted that the Trust would be reducing staff car parking in order to maximise the number of patient spaces during the building work. It would also be promoting its free bus shuttle

	service from Cabot's Circus car park to the health campus.
Any other Comments	
Your contact details: • Committee • Chairman • Scrutiny Contact	Health Scrutiny Select Committee South Gloucestershire Council Councillor Sandra Grant, Chair Claire Rees, Democratic Services Officer 01454 864116 claire.rees@southglos.gov.uk

STATEMENT FROM BRISTOL CITY COUNCIL HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMISSION

	Details / Comments
Local Authority	Bristol City Council
Official Title of the OSC	Health and Adult Social Care Scrutiny Commission
Does a providers priorities match those of the public?	Members supported the objectives set by UHB for 2011/12 and in particular a commitment to Patient Safety at the heart of everything the Trust does.
Do you believe that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Reports?	Members did not feel there were any significant omissions and that the Quality Report was a very comprehensive document, which was also easy to read and understand. The Commission supported the objectives for 2011/12 and in particular the focus on Patient Safety being central to everything that the Trust wishes to achieve as a provider. Members welcomed the rigorous reporting mechanisms in relation to Patient Safety and the processes for escalating any issues of concern. Members also welcomed the inclusion of Falls Prevention and Pressure Ulcers as objectives for 2011/12 and the practical steps in particular being taken to prevent Falls. Members also noted the overall reduction in MRSA and that the Trust had performed well in this area. Some concerns were raised about hospital re-admissions and discharges and members noted the Trusts commitment to work with all partners to ensure improved outcomes in this area.
Has the provider demonstrated they have involved patients and the public in the production of the Quality Report?	Members welcomed involvement in the Quality Report and discussions at their meeting in March 2011 on the draft priorities for 2011/12. The priorities are supported by the Commission. The Commission noted the use of patient feedback in assessing priorities for the Trust and also the commitment and plan to eliminate mixed sex accommodation.
Any comment on issues the OSC is involved in locally?	The Commission has been involved with the Trust in relation to the Histopathology Inquiry and actions arising from that Inquiry. The Committee and Trust have agreed a quarterly monitoring process to review progress against actions and provide assurances against the Action Plan.
Any other Comments	None
Your contact details: • Committee • Chairman • Scrutiny Contact	Shana Johnson Scrutiny Co-ordinator Bristol Health and Adult Social Care Scrutiny Commission Chair: Cllr Lesley Alexander Shana.Johnson@bristol.gov.uk

STATEMENT FROM NHS BRISTOL

NHS Bristol has taken the opportunity to review the Quality Report prepared by University Hospital Bristol Foundation Trust for 2010/11. NHS Bristol have had discussions with University Hospital Bristol Foundation Trust on the content of their Quality Report, the majority of these suggestions have been included. The priorities for 2011/12 have been developed in partnership and NHS Bristol endorses the proposals set out in the Quality Report

NHS Bristol and University Hospital Bristol Foundation Trust have continued to work together on their shared vision of a comprehensive quality framework to ensure patients receive high quality health care. This includes nationally mandated quality indicators alongside locally agreed quality improvement targets. The national NHS contract and Commissioning for Quality and Innovation (CQUIN) scheme reflect the quality areas both organisation agree priorities to drive forward the quality agenda for 2011-12.

Throughout the year University Hospital Bristol Foundation Trust has provided assurance to NHS Bristol and associate PCTs through the monthly Clinical Quality Review Group on the quality of services, covering the key quality domains of safety, effectiveness and experience of care. Remedial plans have been put in place when performance has occasionally fallen below expectations and learning shared wherever possible

Through the quality framework for 2010/11 University Hospital Bristol Foundation Trust have been seen to improve the safety, effectiveness and patient experience of their services across a wide range of specialities. NHS Bristol commends University Hospital Bristol Foundation Trust on the significant reduction in health care acquired infections in 2010-11. This reflects the commitment of staff within the trust to reduce these infections.

NHS Bristol is working closely with University Hospital Bristol Foundation Trust to implement the joint action for Bristol that was produce in December 2010 following an Independent Enquiry into the Histopathology services.

NHS Bristol can confirm that we consider that the Quality Report contains accurate information in relation to the quality of services they provide to the residents of Bristol and beyond.

The accuracy of the data has been checked and concords with the data and information that has been supplied by them during the year.

Deborah Evans

Deborah Evans
Chief Executive
NHS Bristol

Date: 15 May 2011

Quality Report Annex D – Statement of Directors' Responsibilities

2010/11 STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor 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 foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:

  Board minutes and papers for the period April 2010 to May 2011;

  Papers relating to Quality reported to the Board over the period April 2010 to May 2011;

  Feedback from the commissioners dated 15/05/11

  Feedback from governors dated 09/05/2011;

  Feedback from Bristol LINk dated 17/05/2011;

  Feedback from South Gloucestershire LINk dated 19/05/2011;

  The trust's complaints data as reported to the Board for the period April 2010 to March 2011.

  The 2010 National Inpatient Survey received 05/04/2011;

  The 2010 National Staff Survey received 28/02/2011;

  The Head of Internal Audit's annual opinion over the trust's control environment dated 01/06/2011;

  Care Quality Commission quality and risk profile received 17/04/2011;
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, 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 Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

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

By order of the Board:

John Savage, Chairman
26 May 2011

Robert Woolley, Chief Executive
26 May 2011

Quality Report Annex E – External audit opinion

INDEPENDENT ASSURANCE REPORT TO THE MEMBERSHIP COUNCIL OF UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST ON THE ANNUAL QUALITY REPORT

I have been engaged by the Membership Council of University Hospitals Bristol NHS Foundation Trust to perform an independent assurance engagement in respect of the content of University Hospitals Bristol NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the 'Quality Report').

Scope and subject matter

I read the Quality Report and considered whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for my report if I become aware of any material omissions.

Respective responsibilities of the Directors and auditor

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ('Monitor').

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

I read the other information contained in the Quality Report and considered whether it is materially inconsistent with:

- Board minutes for the period April 2010 to May 2011;
- papers relating to Quality reported to the Board over the period April 2010 to May 2011;
- feedback from the Commissioners dated 15 May 2011;
- feedback from the Lead Governor dated 9 May 2011;
- feedback from LINks dated 17 May and 19 May 2011;
- the Trust's annual complaints data as reported to the Board for the period April 2010 to May 2011;
- the 2010 national patient survey dated 5 April 2011;
- the 2011 national staff survey dated 28 February 2011;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 1 June 2011; and
- Care Quality Commission quality and risk profiles dated 17 April 2011.

I considered the implications for my report if I became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). My responsibilities do not extend to any other information.

This report, including the conclusion, has been prepared solely for the Membership Council of University Hospitals Bristol NHS Foundation Trust as a body, to assist the Membership Council

in reporting University Hospitals Bristol NHS Foundation Trust's quality agenda, performance and activities. I permit the disclosure of this report within the Annual Report for the year ended 31 March 2011, to enable the Membership Council to demonstrate it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the Quality Report. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Membership Council as a body and University Hospitals Bristol NHS Foundation Trust for my work or this report save where terms are expressly agreed and with my prior consent in writing.

Assurance work performed

I conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). My limited assurance procedures included:

- making enquiries of management;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents listed previously.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.

Wayne Rickard
Officer of the Audit Commission

3-4 Blenheim Court
Matford Business Park
Lustleigh Close
Exeter
Devon
EX2 8PW
4 June 2011