

Meeting of the Board of Directors in Public on Wednesday 30 March 2022

Report Title	Quarter 3 Complaints Report
Report Author	Tanya Tofts, Patient Support & Complaints Manager
Executive Lead	Deirdre Fowler, Chief Nurse

1. Report Summary

Summary of performance in Quarter 3:

	Q3	
Total complaints received	490	↓
Complaints acknowledged within set timescale	95.1%	↑
Complaints responded to within agreed timescale – formal investigation	51.3%	↓
Complaints responded to within agreed timescale – informal investigation	87.4%	↓
Proportion of complainants dissatisfied with our response (formal investigation)	8.7%	↓

2. Key points to note

(Including decisions taken)

Improvements:

- Complaints received by the Emergency Department at Weston General Hospital decreased by half in Q3, from 30 to 15, in Q3, compared with Q2 and complaints about 'clinical care' in Weston Division reduced from 38 to 22.
- The large backlog of complaints and enquiries waiting to be allocated to a Complaints Officer was cleared by the end of Q3, meaning that all complainants were being contacted and their complaints progressed in a timely manner.
- A new section has been added to this report for the first time in Q3, outlining the successful new process, whereby the Patient Support & Complaints Manager and Deputy Head of Patient Safety carry out a weekly review of all complaints received, in order to identify any potential patient safety issues and cases requiring early escalation to Executive Directors. See section 4 for further details.
- A new part-time administrator has been recruited to the Patient Support & Complaints Team, providing additional cover in this role, helping to ensure the timely acknowledgement of complaints and enquiries.
- Acknowledgement of complaints within the national standard of three working days in increased from 70.4% in Q2 to 95.1% in Q3

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However:

- The Division of Weston received 169 PALS concerns in Q3, a further significant (57.9%) increase on the 107 recorded in Q2. Further information about this can be found in section 3.1.6.
- In Q3 there were 94 breaches of formal complaint deadlines that had been agreed with complainants, representing almost half (48.7%) of all responses sent out during this period. Of the 94 breaches, 32 were due to delays during the Executive signing process (note that latest data shows significant improvement).

3. Risks
 If this risk is on a formal risk register, please provide the risk ID/number.

4. Advice and Recommendations
 (Support and Board/Committee decisions requested):

- This report is for **Assurance**.

5. History of the paper
 Please include details of where paper has previously been received.

Patient Experience Group	2/3/22
Senior Leadership Team	16/3/22
Quality & Outcomes Committee	24/3/22

Complaints Report

Quarter 3, 2021/2022

(1 October 2021 to 31 December 2021)

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Author:

Tanya Tofts, Patient Support and Complaints Manager

Quarter 3 Executive summary and overview

	Q3	
Total complaints received	490	↓
Complaints acknowledged within set timescale	95.1%	↑
Complaints responded to within agreed timescale – formal investigation	51.3%	↓
Complaints responded to within agreed timescale – informal investigation	87.4%	↓
Proportion of complainants dissatisfied with our response (formal investigation)	8.7%	↓

Successes	Opportunities
<ul style="list-style-type: none"> Complaints received by the Emergency Department at Weston General Hospital decreased by half in Q3, from 30 to 15, in Q3, compared with Q2 and complaints about 'clinical care' in Weston Division reduced from 38 to 22. The large backlog of complaints and enquiries waiting to be allocated to a Complaints Officer was cleared by the end of Q3, meaning that all complainants were being contacted and their complaints progressed in a timely manner. A new section has been added to this report for the first time in Q3, outlining the successful new process, whereby the Patient Support & Complaints Manager and Deputy Head of Patient Safety carry out a weekly review of all complaints received, in order to identify any potential patient safety issues and cases requiring early escalation to Executive Directors. See section 4 for further details. A new part-time administrator has been recruited to the Patient Support & Complaints Team, providing additional cover in this role, helping to ensure the timely acknowledgement of complaints and enquiries. Acknowledgement of complaints within the national standard of three working days in increased from 70.4% in Q2 to 95.1% in Q3 	<ul style="list-style-type: none"> The Patient Support & Complaints Manager is working closely with all divisions to look at ways of reducing breaches of complaint response deadlines. This remains difficult due to operational pressures on the divisions and on the Patient Support & Complaints Team, to process the high volume of complaints and enquiries being received by the Trust.
	Priorities
	<ul style="list-style-type: none"> To successfully conclude recruitment to a vacant Complaints Officer post in the Patient Support and Complaints Team, following the withdrawal of a successful applicant at a very late stage of the process. To continue to support all divisions in returning to their pre-pandemic levels of performance in sending out complaint responses by the deadlines agreed with complainants.
	Risks & Threats
	<ul style="list-style-type: none"> The Division of Weston received 169 PALS concerns in Q3, a further significant (57.9%) increase on the 107 recorded in Q2. Further information about this can be found in section 3.1.6. In Q3 there were 94 breaches of formal complaint deadlines that had been agreed with complainants, representing almost half (48.7%) of all responses sent out during this period. Of the 94 breaches, 32 were due to delays during the Executive signing process.

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1. Complaints performance – Trust overview

The Trust is committed to supporting patients, relatives, and carers in resolving their concerns. Our service is visible, accessible and impartial, with every issue taken seriously. Our aim is to provide honest and open responses in a way that can be easily understood by the recipient.

During Quarter 3 (Q3) of 2021/22, the Trust received 490 complaints, an 8.1% decrease on the 533 received in Q2. The usual seasonal reduction in complaints received in December is clearly shown in Figure 1 below. The Patient Support and Complaints service has remained very busy, receiving 594 other enquiries in addition to the 490 complaints and checking and processing 193 formal complaint responses.

1.1 Total complaints received

The Trust received 490 complaints in Q3. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹ but does not include concerns which may have been raised by patients and dealt with immediately by front line staff. Figure 1 provides a long-term view of complaints received per month.

Figure 1: Number of complaints received

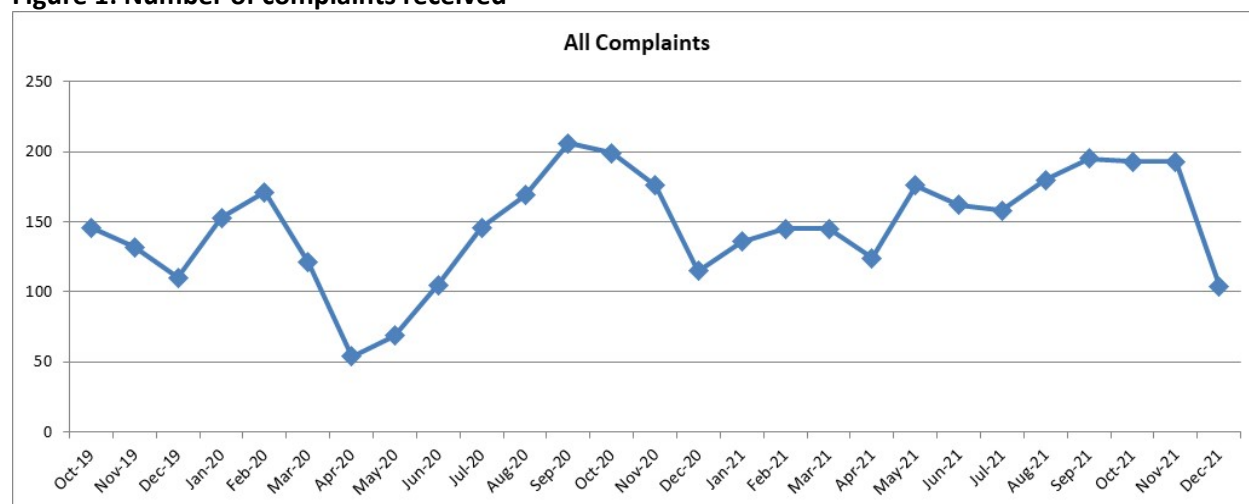
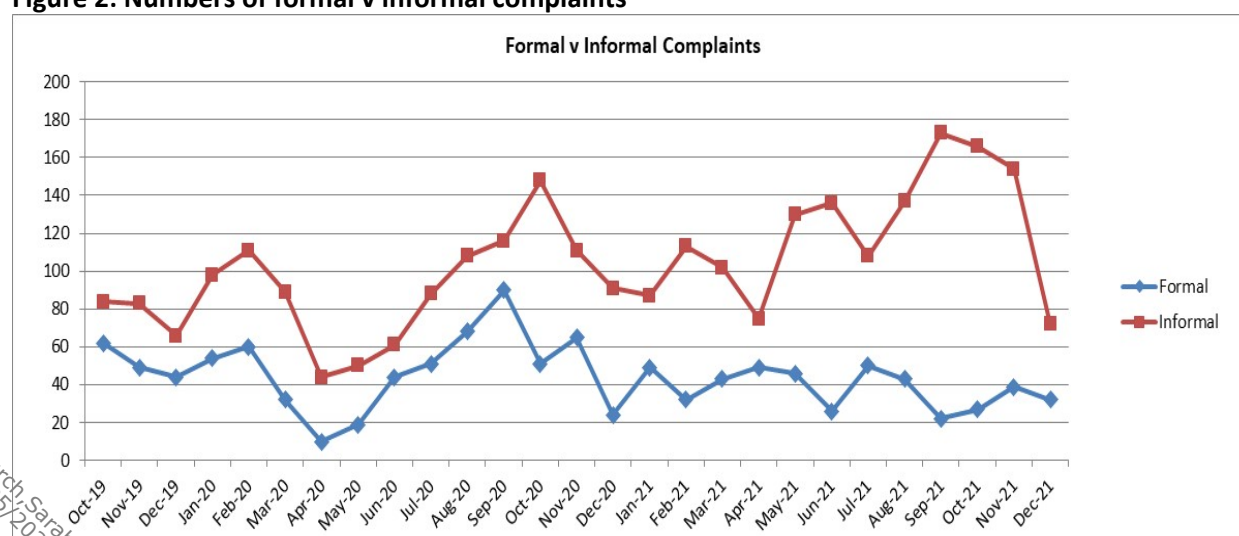


Figure 2: Numbers of formal v informal complaints



¹ Informal complaints are dealt with quickly via direct contact with the appropriate department, whereas formal complaints are dealt with by way of a formal investigation via the Division.

Figure 2 (above) shows complaints dealt with via the formal investigation process (98 in Q3) compared with those dealt with via the informal investigation process (392 in Q3), over the same period. We have consistently dealt with a higher proportion of complaints via the informal process, meaning that these issues are being dealt with as quickly as possible and by the specialty managers and senior nursing staff responsible for the service involved.

1.2 Complaints responses within agreed timescale

Whenever a complaint is managed through the formal resolution process, the Trust and the complainant agree a timescale within which we will investigate the complaint and write to the complainant with our findings or arrange a meeting to discuss them. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days.

When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale, and this is usually 10 working days.

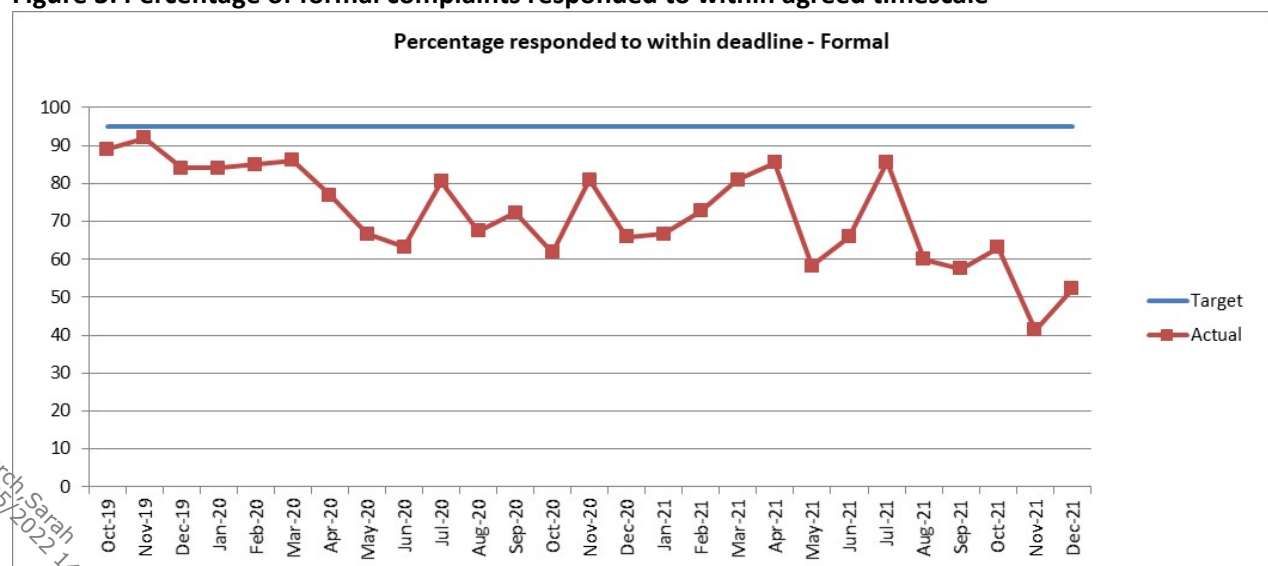
1.2.1 Formal Investigations

The Trust's target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust's response is posted to the complainant. In Q3 of 2021/22, only 51.3% of responses were sent to complainants within the agreed timescale. This represents 94 breaches out of the 193 formal complaint responses which were sent out during the quarter². This is the highest number of breaches reported in one quarter and a further deterioration on the 68.2% reported in Q2 and 68.4% in Q1.

Figure 3 shows the Trust's performance in responding to complaints since October 2019 and Figure 4 shows year-on-year performance since 2011/12. The low percentage in 2012/13 was due to an anomaly identified in how this data was reported and the subsequent adjustment that was made part way through the year. The 2021/22 data shown in Figure 4 is for the year to date at the time of this report, i.e., April 2021 to December 2021, and gives a clear indication of the deterioration in performance so far this year.

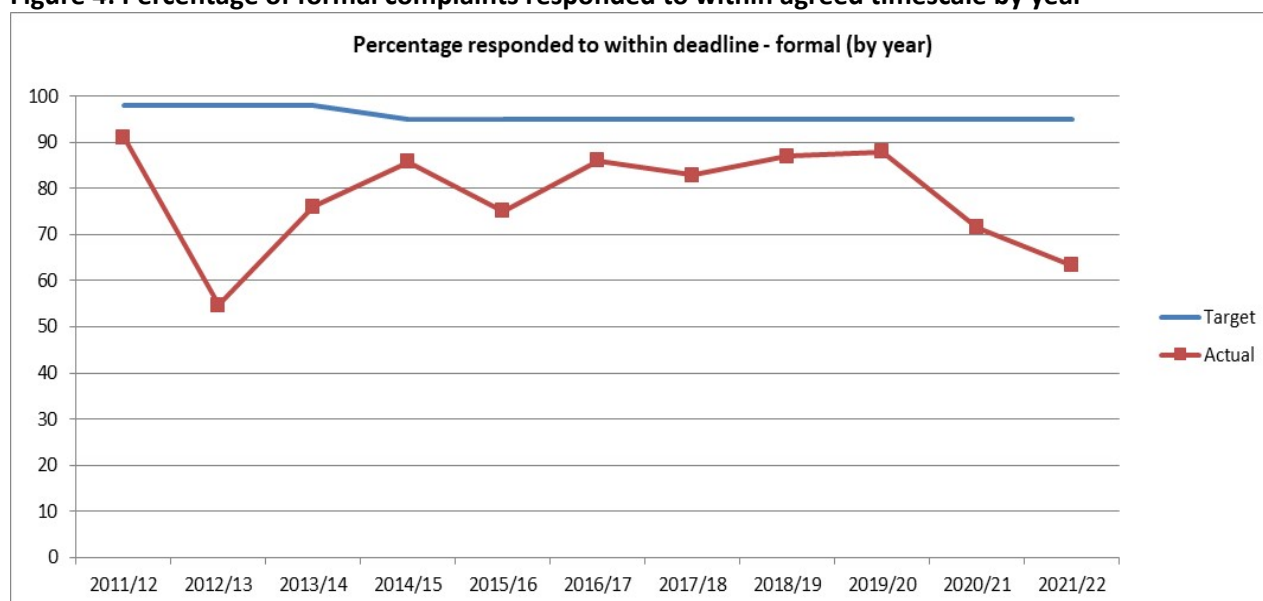
Please see section 3.3 of this report for details of where these breaches occurred and at which part of the process they were delayed.

Figure 3: Percentage of formal complaints responded to within agreed timescale



² Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

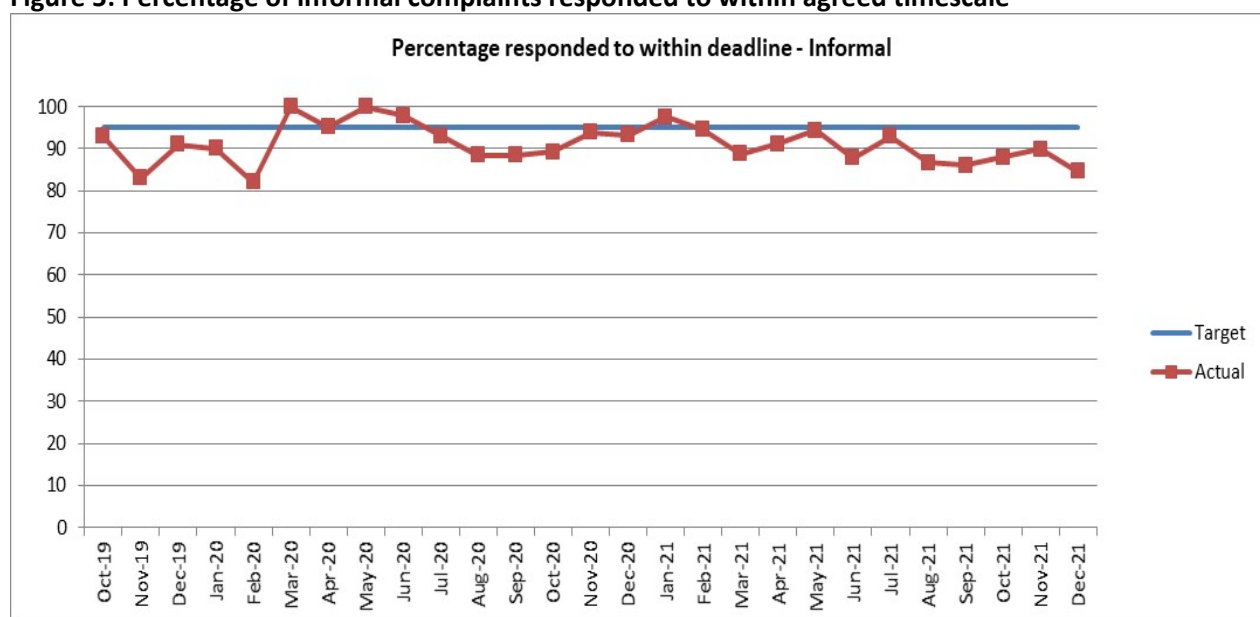
Figure 4: Percentage of formal complaints responded to within agreed timescale by year



1.2.2 Informal Investigations

In Q3 of 2021/22, the Trust received 392 complaints that were investigated via the informal process. During this period, the Trust responded to 215 complaints via the informal complaints route and 87.4% (188) of these were responded to by the agreed deadline, a slight deterioration on the 88.4% reported in Q2 and 91.5% in Q1. Figure 5 (below) shows performance since October 2019, for comparison with formal complaints.

Figure 5: Percentage of informal complaints responded to within agreed timescale



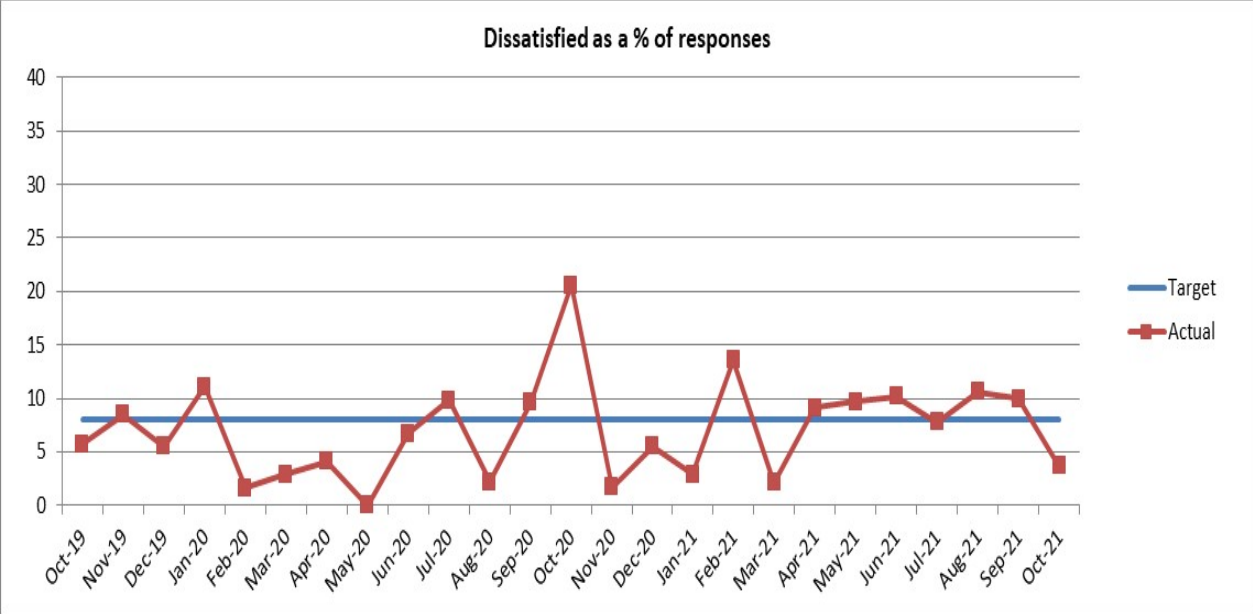
1.3 Dissatisfied complainants

The Trust's target is that no more than 8% of complaints responses should lead to a dissatisfied response. This data is reported **two months in arrears** in order to capture the majority of cases where, having considered the findings of our investigations, complainants tell us they are not happy with our response.

In Q3 of 2021/22, we are able to report dissatisfied data for August, September, and October 2021. Of the 219 complainants who received a first response from the Trust during those months, 19 have since contacted us to say they were dissatisfied. This represents 8.7% of the 219 first responses sent out during that period, a reduction on the 9.2% reported in Q2.

Figure 6 shows the monthly percentage of complainants who were dissatisfied with aspects of our complaints responses since October 2019. This data includes dissatisfied cases for the Division of Weston since June 2020, relating to responses sent out in April 2020, as this is reported two months in arrears.

Figure 6: Dissatisfied cases as a percentage of responses



2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 1 provides a breakdown of complaints received in Q3 of 2021/22 compared with Q2. There was an 8.1% decrease in the total number of complaints received, compared with the previous quarter.

Complaints decreased in all categories in Q3, with the exception of ‘attitude and communication’, which increased slightly. The top three categories consistently remain as ‘clinical care’, ‘attitude and communication’ and ‘appointments and admissions’. These three categories accounted for 81.2% (398/490) of all complaints received, as detailed in Table 1 below.

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q3 (2021/22)	Number of complaints received in Q2 (2021/22)
Clinical Care	170 (34.7% of total complaints) ↓	177 (33.2% of total complaints) ↑
Appointments & Admissions	126 (25.7%) ↓	132 (24.8%) ↑
Attitude & Communication	102 (20.9%) ↑	100 (18.8%) ↓
Facilities & Environment	31 (6.3%) ↓	35 (6.5%) ↑
Information & Support	22 (4.5%) ↓	32 (6%) ↓
Discharge/Transfer/Transport	18 (3.7%) ↓	23 (4.3%) ↑
Documentation	11 (2.2%) ↓	20 (3.8%) ↑
Access	10 (2%) ↓	14 (2.6%) ↑
Total	490	533

Each complaint is also assigned to a more specific sub-category, of which there are over 100. Table 2 lists the most commonly reported sub-categories, which together accounted for 76% of the complaints received in Q3 (373/490).

There are small increases in several sub-categories, with the most notable being 'medication issues', which includes complaints about medication being incorrect or not being received. Almost half (12) of these were due to complaints about Boots Pharmacy, which is covered in more detail in section 3.1.5 about the Division of Diagnostics & Therapies.

Complaints in respect of 'clinical care (medical/surgical)' and 'cancelled/delayed appointments and operations' remained high in Q3, although lower overall than reported in Q2.

The largest decrease, compared with Q2, was in complaints recorded under the sub-category of 'attitude of medical staff', which decreased by 43%. Where themes or trends have been identified in these areas, the appropriate divisions have been asked to comment in section 3 of this report.

Table 2: Complaints by sub-category

Sub-category	Number of complaints received in Q3 (2021/22)	Q2 (2021/22)	Q1 (2021/22)	Q4 (2020/21)
Cancelled/delayed appointments and operations	90 (18.4% of total complaints) ↓	99	84	69
Clinical care (medical/surgical)	83 (16.9%) ↓	104	77	68
Clinical care (Nursing/Midwifery)	39 (8%) ↑	36	26	20
Communication with patient/relative	24 (4.9%) ↓	27	43	42
Appointment administration issues	23 (4.7%) ↑	22	24	7
Medication issues	23 (4.7%) ↑	13	13	3
Attitude of nursing/midwifery	17 (3.5%) ↑	16	12	14
Failure to answer phones / failure to respond	16 (3.3%) ↑	14	16	15
Discharge arrangements	15 (3.1%) ↓	22	10	15
Attitude of medical staff	12 (2.4%) ↓	21	17	16
Attitude of A&C staff	11 (2.2%) ↑	9	9	2
Lost personal property	10 (2%) ↓	14	15	21
Information about patient	10 (2%) ↓	11	7	10

Figures 7-10 (below) show the longer-term pattern of complaints received since October 2019 for a number of the complaints categories and sub-categories reported in Tables 1 and 2.

Figure 7 shows that complaints about 'cancelled/delayed appointments and operations' began to climb significantly from May 2020. This spike was largely due to the volume of appointments being necessarily cancelled at the start of the Covid-19 pandemic and followed this trajectory until there was a significant reduction in the latter part of Q3 of 2020/21. However, apart from a one-off decrease in July 2021, complaints in this sub-category continued to rise again over the last three quarters before decreasing throughout Q3 of 2021/22.

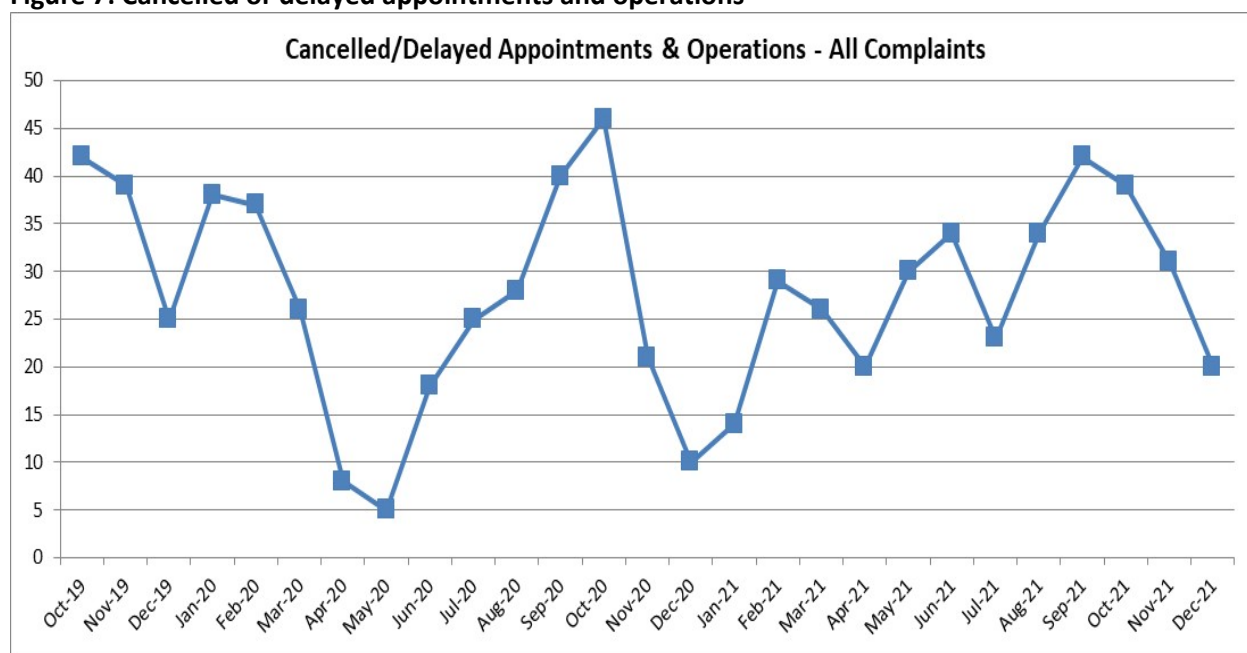
Figure 8 shows the number of complaints received in respect of 'clinical care (medical/surgical)' in comparison with those about 'clinical care (nursing/midwifery)'. Whilst the numbers of complaints in the latter sub-category are consistently much lower than the former, they do follow a similar trajectory, and both decreased through Q3.

Figure 9 shows that complaints about ‘attitude and communication’ increased again over Q3, after peaking in November 2020, when it was raised as a concern during discussion at the December 2020 meeting of the Trust’s Quality and Outcomes Committee. There followed a further peak in May 2021, followed by a notable decrease at the end of Q1 2021/22. Since then, complaints in the category have steadily increased again, only dropping towards the end of Q3. Complaints in this category continue to be closely monitored by the Patient Support and Complaints Manager, in order to identify and report on any themes and trends. The manager also reports all complaints about the attitude of medical staff to the Medical Director’s Team on a monthly basis.

The Divisions of Surgery and Women & Children had the highest numbers of ‘attitude and communication’ complaints overall, with 24 and 23 complaints respectively in Q3. For the Division of Surgery, there was no pattern of high numbers within a particular department/specialty, but there were four complaints each for Bristol Dental Hospital (BDH), Bristol Eye Hospital (BEH) and the ENT Outpatient Clinic. For Women & Children, there were no discernible themes by department, with the complaints spread across various areas. However, 17 of the complaints (74%) were for children’s services, with six for women’s services.

In Q3, 40 of the 102 complaints received in this category were for outpatient services, with 25 for emergency care and 24 complaints from inpatients. The remaining 13 complaints come under ‘other’, including administrative services and car parking. Trends in categories and sub-categories of complaints are explored in more detail in the individual divisional details from section 3.1.1 onwards.

Figure 7: Cancelled or delayed appointments and operations



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Figure 8: Clinical care – Medical/Surgical and Nursing/Midwifery

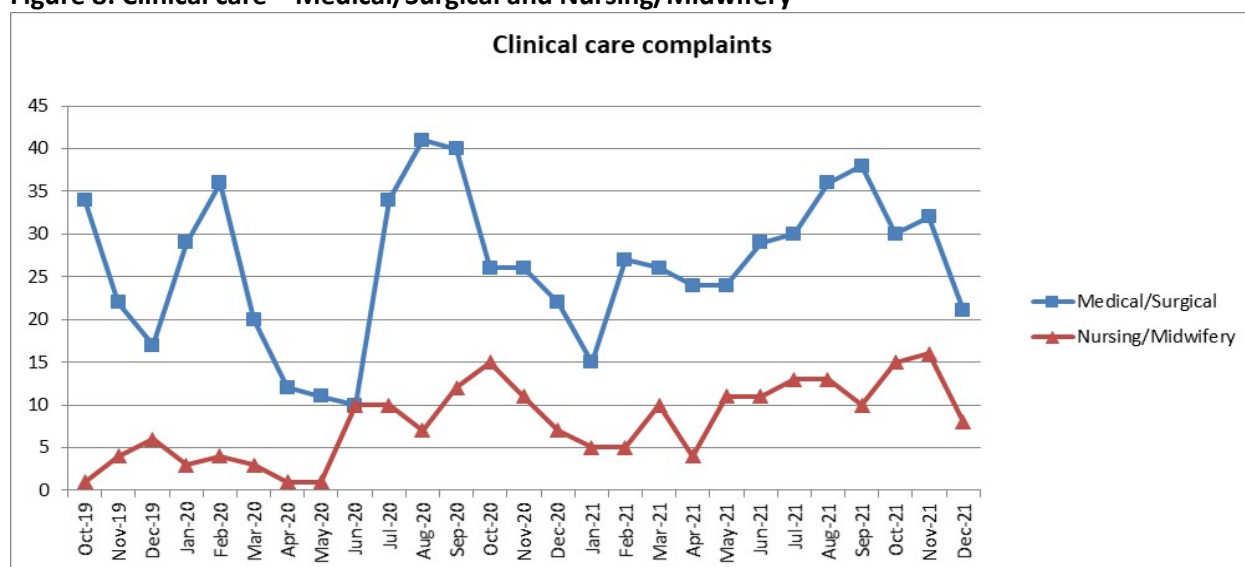


Figure 9: Attitude and communication complaints

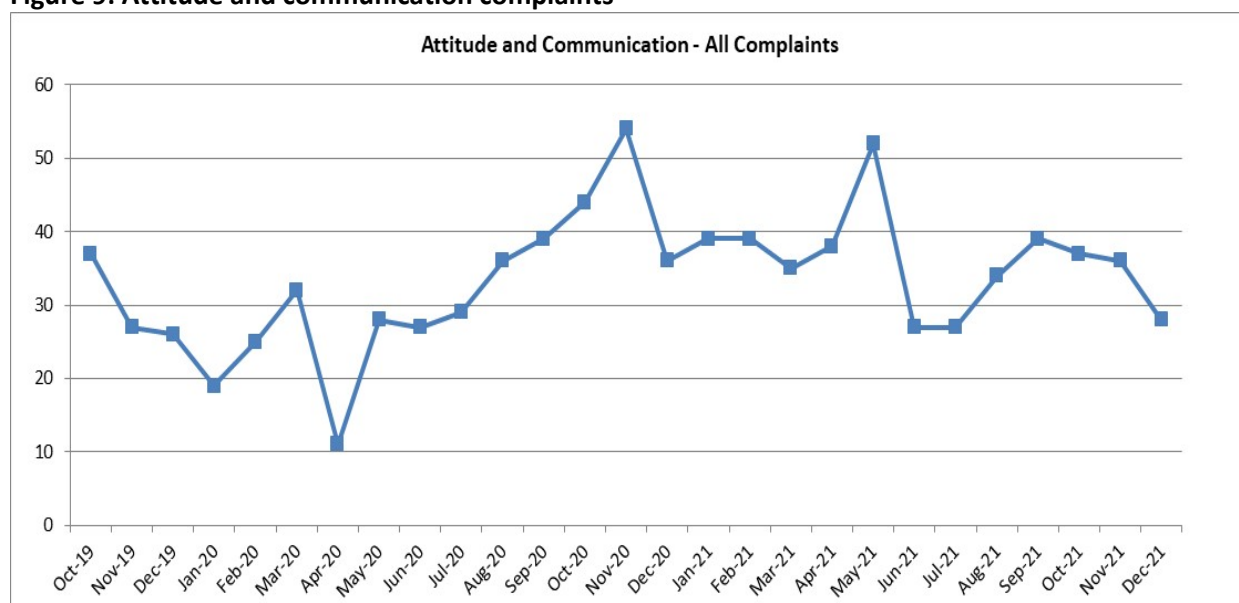
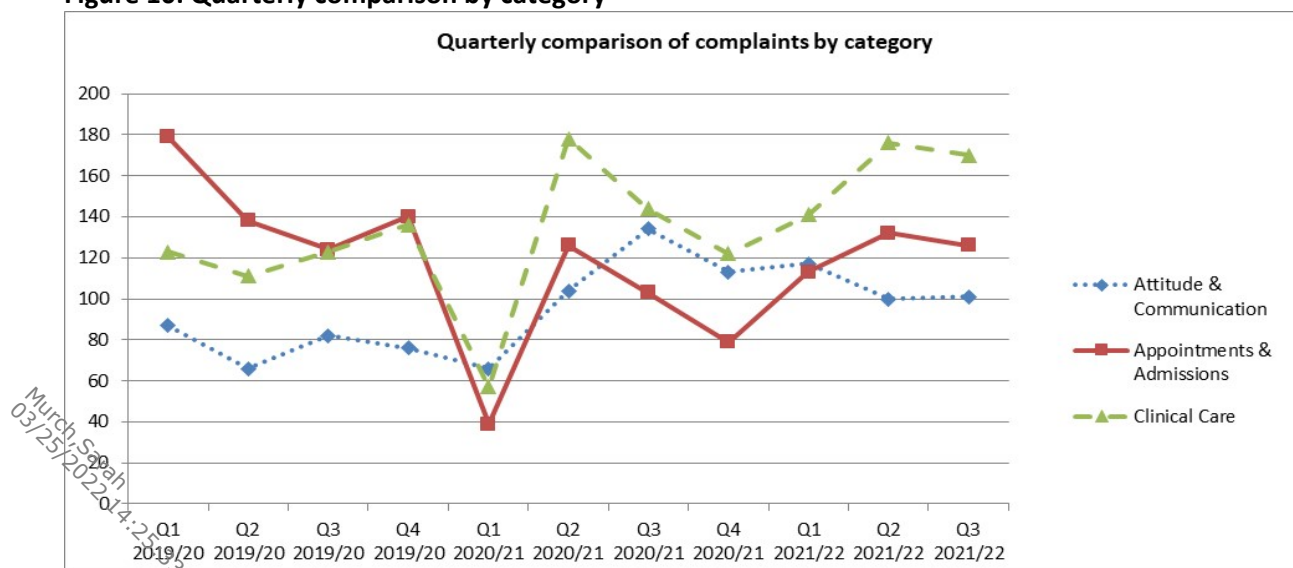


Figure 10: Quarterly comparison by category



3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q3 complaints performance by Division. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; and concerns about staff attitude and communication. Data for the 18 complaints received by the Division of Trust Services (including Estates & Facilities) is not included in this table but is summarised in section 3.1.7 of the report.

Table 3	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Weston
Total number of complaints received in Q3	127 (129) ↓	93 (110) ↓	63 (55) ↑	99 (123) ↓	42 (18) ↑	48 (77) ↓
Number of complaints about appointments and admissions	48 (55) ↓	9 (20) ↓	26 (20) ↑	19 (25) ↓	14 (4) ↑	10 (5) ↑
Number of complaints about staff attitude and communication	24 (19) ↑	22 (27) ↓	10 (10) =	23 (26) ↓	7 (6) ↑	10 (9) ↑
Number of complaints about clinical care	38 (39) ↓	31 (32) ↓	16 (13) ↑	45 (49) ↓	17 (4) ↑	22 (38) ↓
Area where the most complaints have been received in Q3	Bristol Dental Hospital (BDH) – 22 (31) Bristol Eye Hospital (BEH) – 31 (34) Ward 41 (BEH) – 7 (0) QDU – 9 (4) ENT (inc. A609) – 24 (17)	Emergency Department (BRI) (inc. A413 AMU) – 35 (36) Dermatology – 11 (18) Ward A524 – 7 (2) Unity – 5 (6)	BHI (all) – 47 (38) BHOC (all) – 15 (16) (Plus one for Clinical Genetics) BHI Outpatients (inc. Outpatient Echo) – 28 (23) BHOC Outpatients & Chemo Day Unit – 8 (9) Ward C708 – 4 (4) Ward C805 – 4 (5)	BRHC (all) – 60 (70) (Plus one for SBCH paediatric outpatients) Children's ED – 15 (11) Paediatric Neurology / Neurosurgery – 8 (6) StMH (all) – 38 (48) Ward 73 (Maternity) – 11 (9) Gynae Outpatients – 6 (7)	Boots Pharmacy – 17 (1) Audiology – 11 (3) Radiology – 11 (10)	Accident & Emergency – 15 (30) Outpatients (Main, Orthopaedics & Quantock) – 12 (10)
Notable deteriorations compared with Q2	ENT (inc. A609) – 22 (17) QDU – 9 (4) Ward 41 (BEH) – 7 (0)	Ward A524 – 7 (2)	No notable deteriorations	No notable deteriorations	Boots Pharmacy – 17 (1) Audiology – 11 (3)	No notable deteriorations
Notable improvements compared with Q2	Oral & MaxFax Surgery – 6 (18)	Rheumatology – 1 (7) Clinic A410 – 1 (6)	No notable improvements	Carousel Outpatients – 2 (6)	No notable improvements	Accident & Emergency – 15 (30)

3.1.1 Division of Surgery

The Division of Surgery received 127 new complaints in Q3 2021/22; a similar number to those received in Q2. Of these 127 complaints, 51 were in respect of inpatient services, 67 were about outpatient services and the remaining nine were in respect of administrative/reception services. The largest number of complaints received by the Division was again recorded under the category of 'appointments and admissions' (37.9%), with 35 of the 48 complaints received being about cancelled or delayed appointments and operations and 11 in respect of appointment administration issues. The largest percentage increase was in complaints about 'attitude and communication', with half of the complaints in this category being made up of complaints about failure to answer the phone /respond and communication with patient/relative.

There was an unusual spike in complaints for Ward 41 at Bristol Eye Hospital, from one in Q4 of 2020/21, to none in Q2 and seven in Q3. Six of the seven complaints were about 'clinical care' with one about a delayed operation.

The Division achieved 69.2% against its target for responding to formal complaints within the agreed timescale in Q3, compared with 87.8% in Q2 and 93.3% in Q1. 88.6% of informal complaints were responded to within the agreed timescale, compared with 93.3% in Q2 and 96.4% in Q1.

It should be noted that, of the eight breaches of deadline for the division in respect of formal complaints in Q3, only two were attributable to delays in the division, which is an excellent achievement given the operational pressures the divisions continue to be under. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

Table 4: Complaints by category type

Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Appointments & Admissions	48 (37.9%) ↓	55 (42.6% of total complaints) ↑
Clinical Care	38 (29.9%) ↓	39 (30.2%) ↑
Attitude & Communication	24 (18.9%) ↑	19 (14.7%) ↓
Information & Support	6 (4.7%) =	6 (4.7%) ↓
Discharge/Transfer/Transport	5 (3.9%) ↑	2 (1.6%) ↓
Facilities & Environment	4 (3.1%) =	4 (3.1%) ↓
Access	2 (1.6%) ↑	1 (0.8%) ↑
Documentation	0 (0%) ↓	3 (2.3%) ↑
Total	127	129

Table 5: Top sub-categories

Category	Number of complaints received – Q3 2021/22	Number of complaints received – Q2 2021/22
Cancelled/delayed appointments & operations	35 ↓	43 ↑
Clinical care (medical/surgical)	23 ↑	20 ↑
Appointment administration issues	11 ↑	5 ↓
Clinical care (dental)	8 ↑	5 ↑
Failure to answer phone/respond	7 ↑	4 ↑
Communication with patient/relative	5 ↓	6 ↓

Figure 11: Surgery – formal and informal complaints received

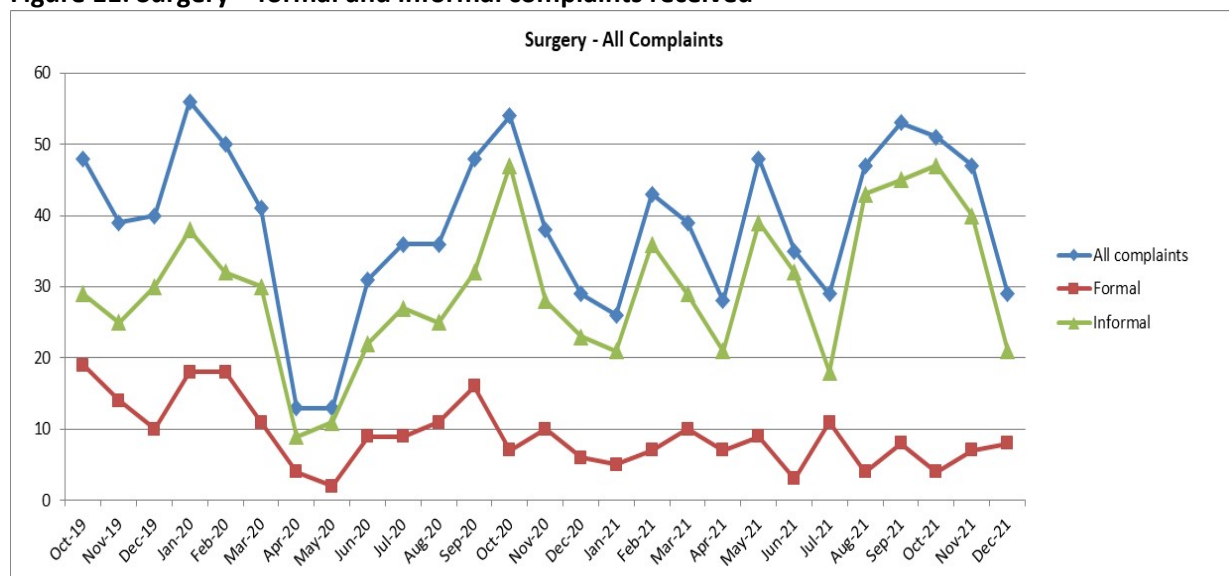


Figure 12: Surgery – Appointments and admissions

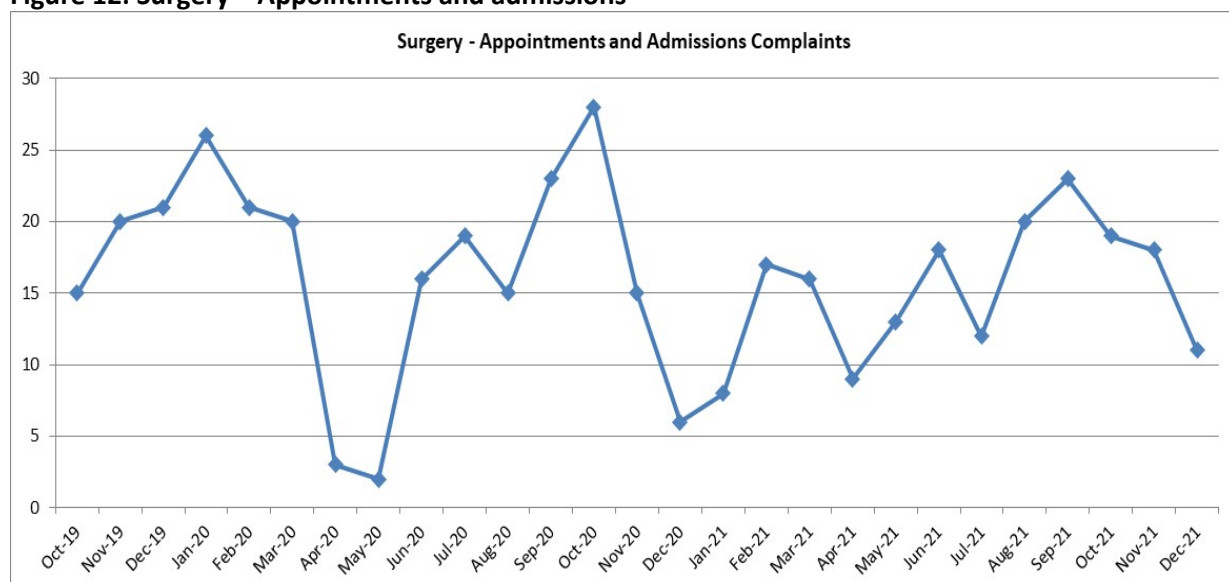
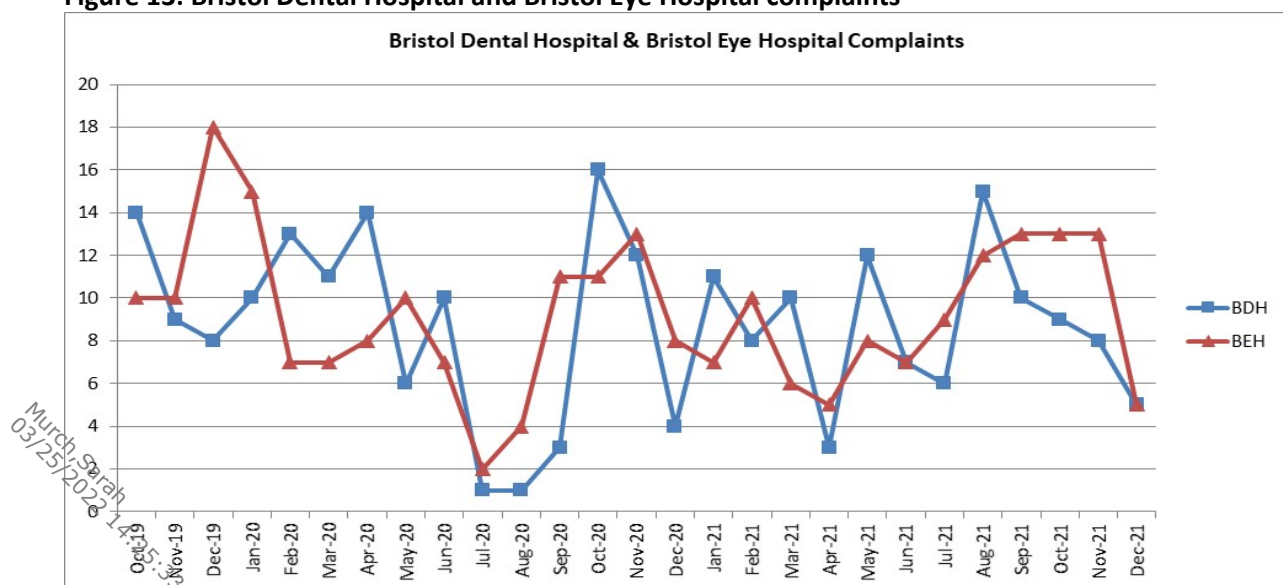


Figure 13: Bristol Dental Hospital and Bristol Eye Hospital complaints



3.1.2 Division of Medicine

The Division of Medicine received 93 new complaints in Q3 of 2021/22; a decrease compared with the 110 received in Q2. The largest number of complaints received by the Division is consistently in the category of 'clinical care' and this remained the case in Q3, again accounting for a third of all complaints received by the division, with 58.1% of these being about 'clinical care (medical/surgical)'. The most notable decrease compared with Q2, was in the number of complaints received in respect of 'appointments and admissions', which saw a decrease of 55%.

The Division achieved 56.4% against its target for responding to formal complaints within the agreed timescale in Q3, a deterioration on the 73.8% reported in Q2 and 65.6% in Q1. For informal complaints, the Division achieved 85.7% for responding within the agreed timescale; a slight deterioration on the 89.7% reported in Q2 and 90.9% in Q1. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

Table 6: Complaints by category type

Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Clinical Care	31 (33.3% of total complaints) ↓	32 (29.1% of total complaints) ↑
Attitude & Communication	22 (23.7%) ↓	27 (24.5%) ↑
Appointments & Admissions	9 (9.7%) ↓	20 (18.2%) ↑
Facilities & Environment	9 (9.7%) ↑	8 (7.3%) ↓
Discharge/Transfer/Transport	8 (8.5%) ↑	7 (6.4%) ↑
Information & Support	6 (6.5%) ↑	5 (4.5%) =
Access	5 (5.4%) ↓	6 (5.5%) ↑
Documentation	3 (3.2%) ↓	5 (4.5%) ↑
Total	93	110

Table 7: Top sub-categories

Category	Number of complaints received – Q3 2021/22	Number of complaints received – Q2 2021/22
Clinical care (medical/surgical)	18 ↑	22 ↑
Clinical care (nursing/midwifery)	8 ↑	6 =
Discharge arrangements	7 =	7 =
Attitude of nursing staff	7 ↑	3 =
Lost personal property	6 ↑	5 ↓
Visiting hours	5 ↑	4 ↑
Cancelled or delayed appointments and operations	5 ↓	12 ↑

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Figure 14: Medicine – formal and informal complaints received

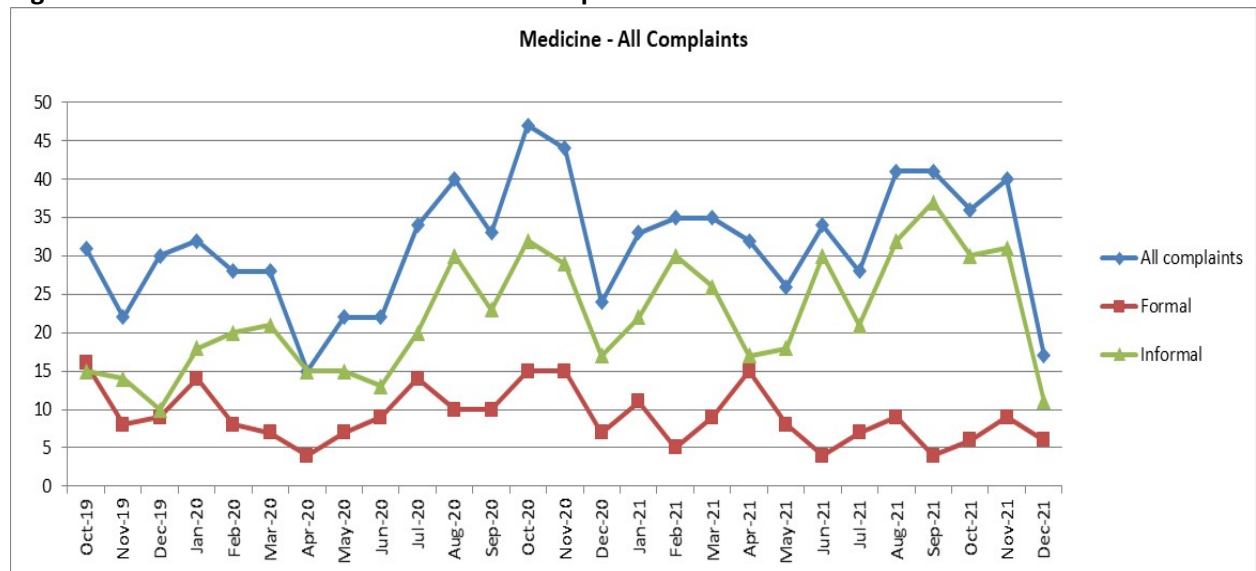


Figure 15: Medicine – All clinical care complaints

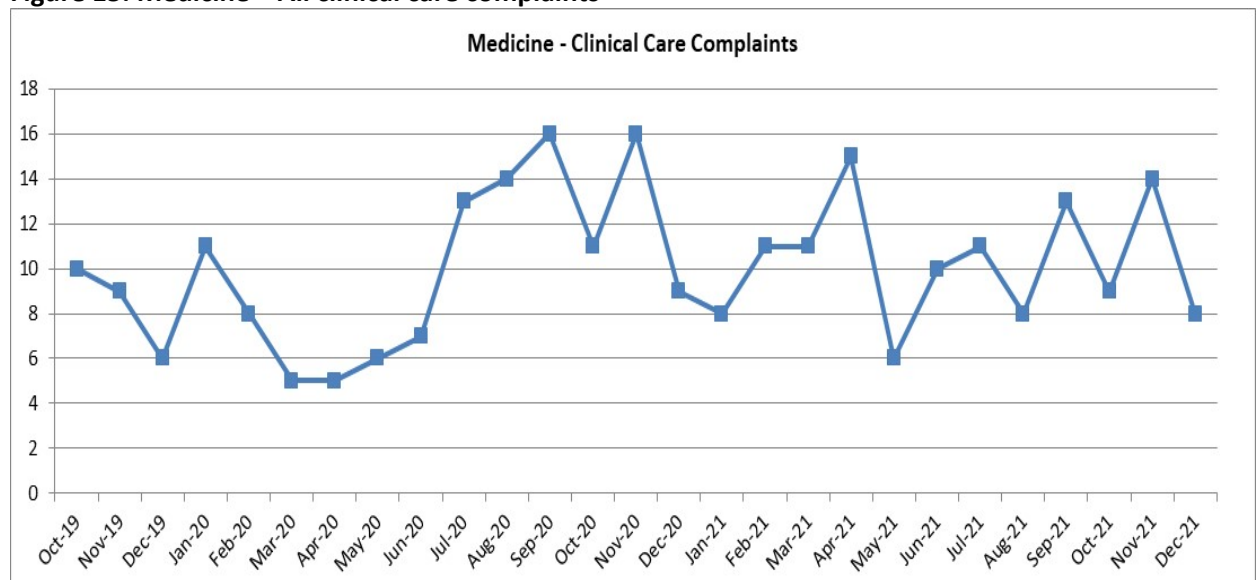
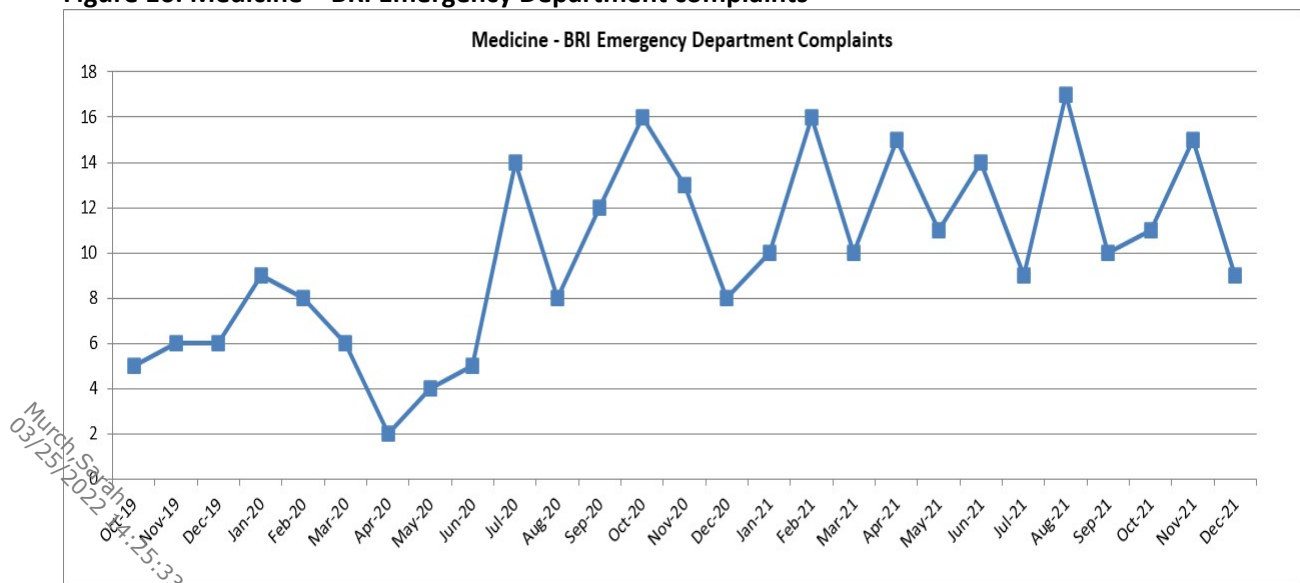


Figure 16: Medicine – BRI Emergency Department complaints



3.1.3 Division of Specialised Services

The Division of Specialised Services received 63 new complaints in Q3; an increase on the 55 received in Q2 but a reduction on the 79 in Q1. Of these complaints, 47 were for the Bristol Heart Institute (BHI), compared with 38 in Q2; and 15 were for the Bristol Haematology & Oncology Centre (BHOC), a similar number to the 16 received in Q2. In addition, there was one complaint for Clinical Genetics.

The largest number of complaints received by the Division in Q3 was again recorded under the category of 'appointments and admissions' (41.3%), with the majority (21 of 26) being in respect of cancelled/delayed appointments or operations.

Complaints in respect of outpatient services are consistently higher in the division, with low numbers by comparison each quarter for inpatient services. In Q3, there was a 70%/30% split in favour of outpatient complaints.

The Division achieved 57.1% against its target for responding to formal complaints within the agreed timescale in Q3, a notable further deterioration compared with 70.6% reported in Q2 and 72% in Q1. For informal complaints, the division achieved 77.8%, compared with 86.4% reported in Q2 and Q1. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

Table 8: Complaints by category type

Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Appointments & Admissions	26 (41.3% of total complaints) ↑	20 (36.4% of total complaints) ↓
Clinical Care	16 (25.4%) ↑	13 (23.6%) ↓
Attitude & Communication	10 (15.9%) =	10 (18.2%) ↓
Documentation	3 (4.7%) ↑	1 (1.8%) ↓
Facilities & Environment	3 (4.7%) =	3 (5.5%) ↑
Information & Support	2 (3.2%) ↓	5 (9.1%) ↑
Discharge/Transfer/Transport	2 (3.2%) =	2 (3.6%) ↑
Access	1 (1.6%) =	1 (1.8%) ↓
Total	63	55

Table 9: Top sub-categories

Category	Number of complaints received – Q3 2021/22	Number of complaints received – Q2 2021/22
Cancelled or delayed appointments and operations	21 ↑	14 ↓
Clinical care (medical/surgical)	8 ↑	7 ↓
Appointment administration issues	4 ↓	5 =
Failure to answer phone/respond	4 ↑	2 ↓

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Figure 17: Specialised Services – formal and informal complaints received

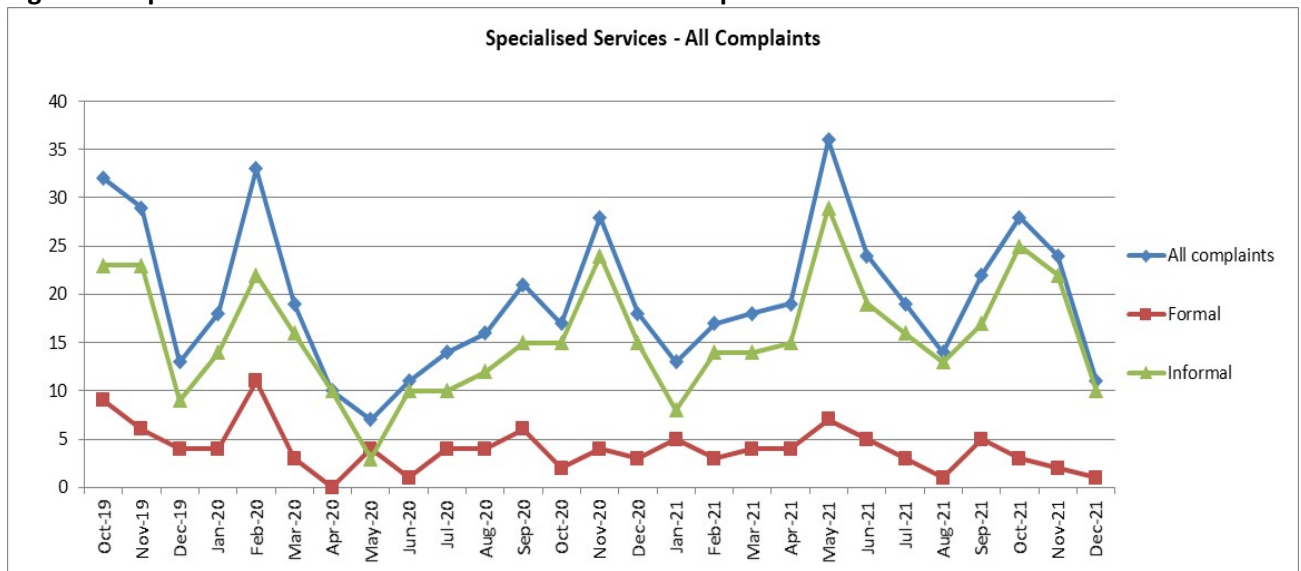


Figure 18: Complaints received by Bristol Heart Institute and Bristol Haematology & Oncology Centre

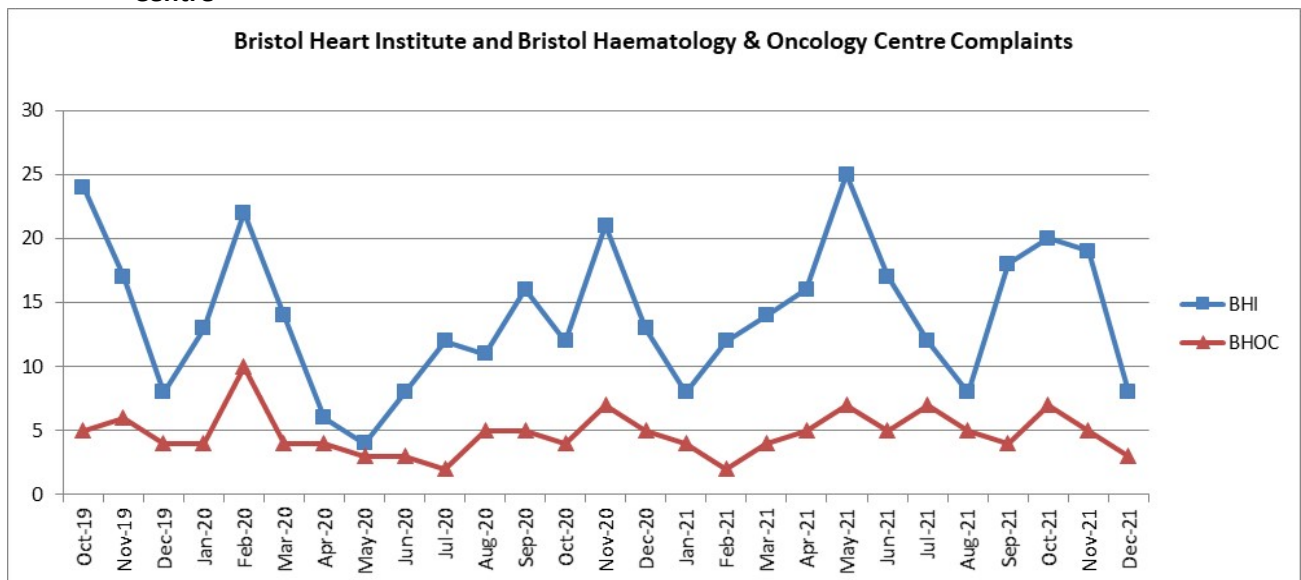
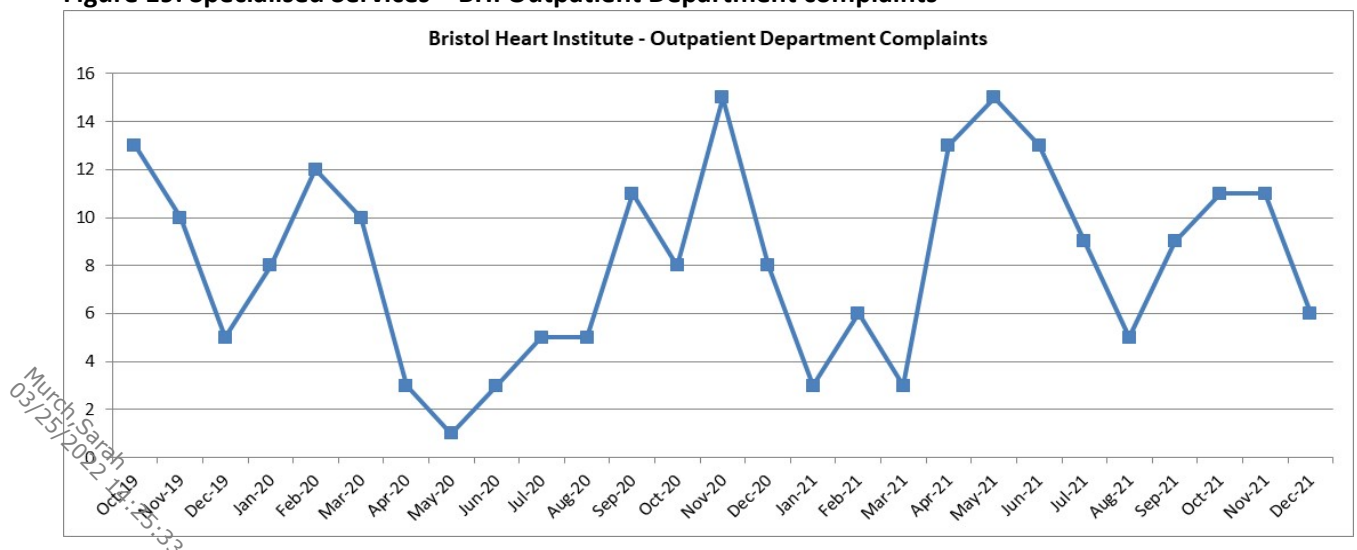


Figure 19: Specialised Services – BHI Outpatient Department complaints



3.1.4 Division of Women's and Children's Services

The Division of Women & Children received 99 new complaints in Q3 of 2021/22; a decrease on the 123 received in Q2 and higher than the 88 received in Q1. Of these complaints, 60 were for Bristol Royal Hospital for Children (BRHC), compared with 70 in Q2; and 38 were for St Michael's Hospital (StMH), compared with 48 in Q2. There was also one complaint for the paediatric outpatient clinic at South Bristol Community Hospital (SBCH).

Complaints recorded under the primary category of 'clinical care' accounted for 45.6% of all complaints received by the Division in Q3 (45 of 99); complaints in this category are consistently the highest for the division. Complaints about 'appointments and admissions' decreased slightly following a spike in Q2.

The highest number of complaints received for Bristol Royal Hospital for Children (BRHC) was in the category of 'clinical care' (21), closely followed by 'attitude and communication' (17). Whilst St Michael's Hospital had fewer complaints overall than BRHC, the highest number of complaints received in Q3 (23 of 38) were in respect of 'clinical care', representing 60.5% of all complaints received by the hospital.

The Division achieved 55.8% against its target for responding to formal complaints within the agreed timescale in Q3, compared with 84.5% in Q2 and 90.5% in Q1. For informal complaints, the division achieved an impressive 96.3% compared with 85.2% in Q2, after three consecutive quarters at 100%. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

Table 10: Complaints by category type

Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Clinical Care	45 (45.6% of total complaints) ↓	50 (40.7% of total complaints) ↑
Attitude & Communication	23 (23.2%) ↓	26 (21.1%) =
Appointments & Admissions	19 (19.2%) ↓	25 (20.3%) ↑
Information & Support	4 (4%) ↓	5 (4.1%) ↑
Facilities & Environment	4 (4%) =	4 (3.3%) ↑
Documentation	2 (2%) ↓	6 (4.9%) ↑
Discharge/Transfer/Transport	1 (1%) =	1 (0.7%) ↑
Access	1 (1%) ↓	6 (4.9%) ↑
Total	99	123

Table 11: Top sub-categories

Category	Number of complaints received – Q3 2021/22	Number of complaints received – Q2 2021/22
Clinical care (medical/surgical)	21 ↓	29 ↑
Clinical care (nursing/midwifery)	16 =	16 ↑
Cancelled or delayed appointments and operations	13 ↓	18 ↑
Communication with patient/relative	8 ↑	7 ↓
Infection control/infectious disease enquiry	5 ↑	0 ↓

Figure 20: Women & Children – formal and informal complaints received

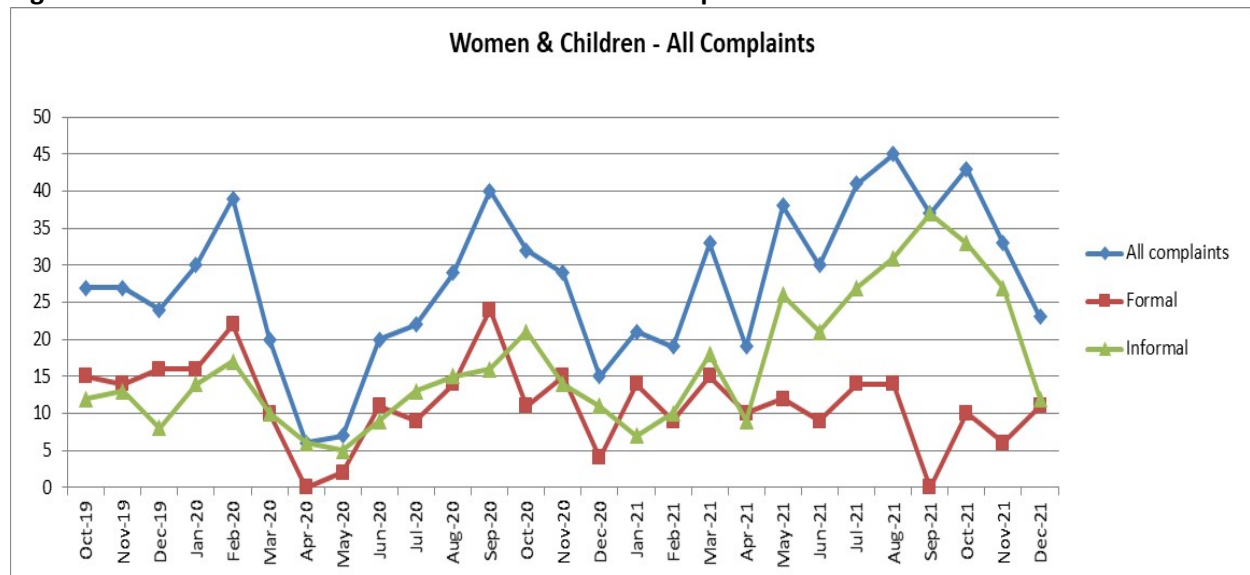


Figure 21: Complaints received by Bristol Royal Hospital for Children

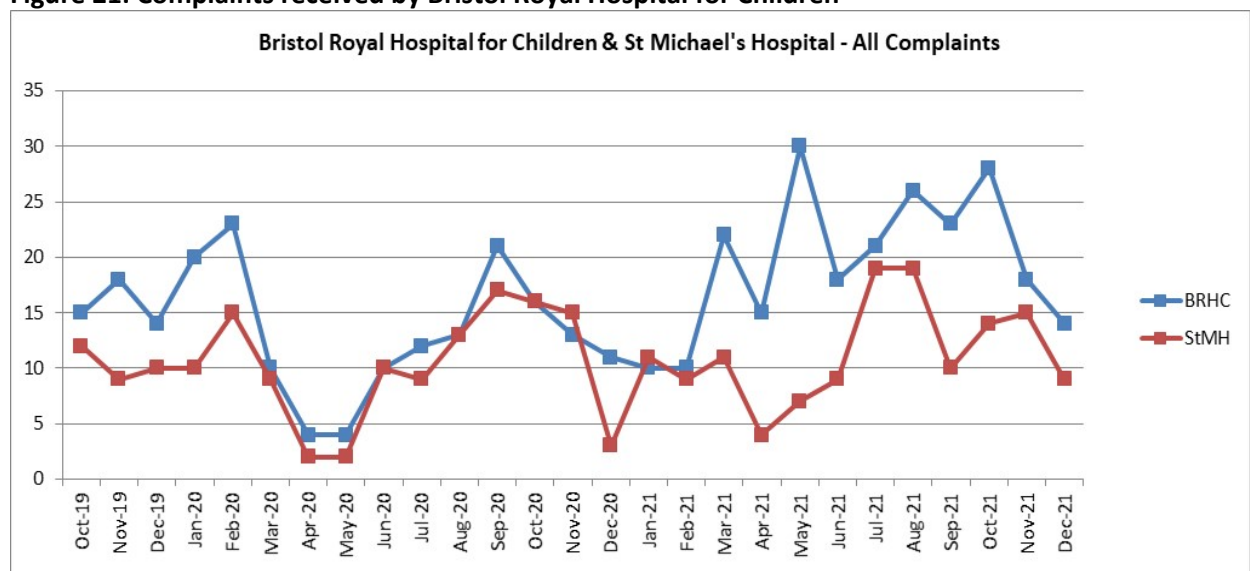
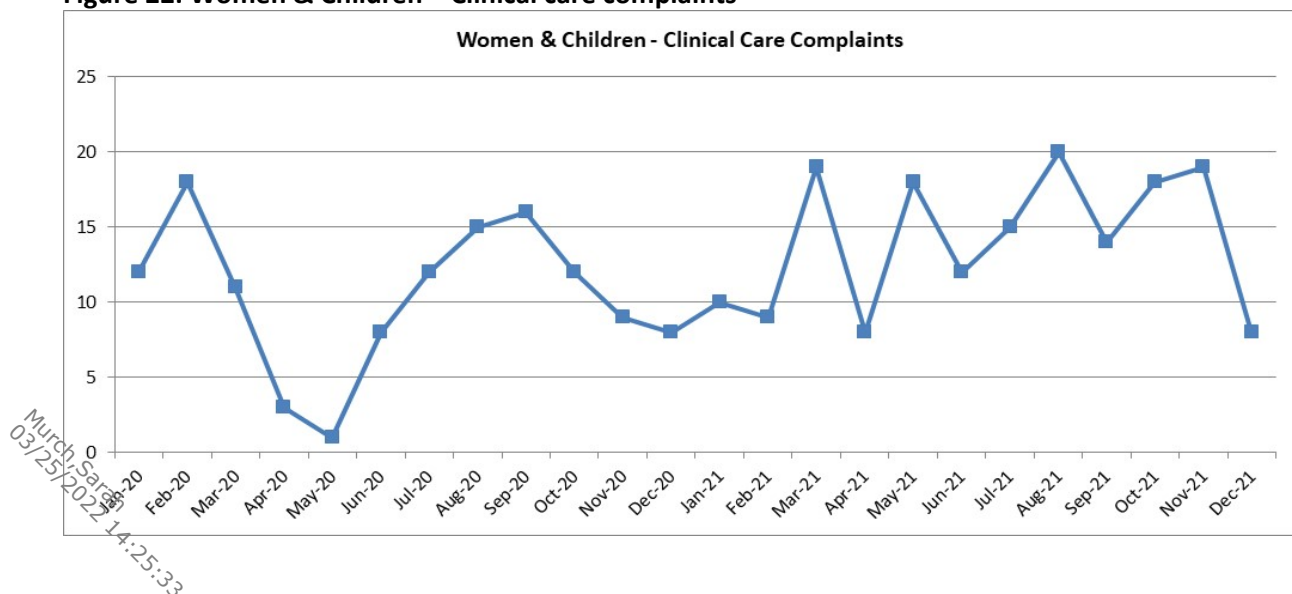


Figure 22: Women & Children – Clinical care complaints



3.1.5 Division of Diagnostics & Therapies

The Division of Diagnostics & Therapies received 42 new complaints in Q3, a significant increase on the 18 received in Q2 and 17 in Q1, and when compared with the usual volume of complaints received by the division. The majority of these complaints were about 'clinical care', which accounted for over 40% of all complaints received. This included the 12 complaints for Boots Pharmacy mentioned in section 2, Table 2. Complaints about 'appointments and admissions' also increased notably, from four in Q2 to 14 in Q3.

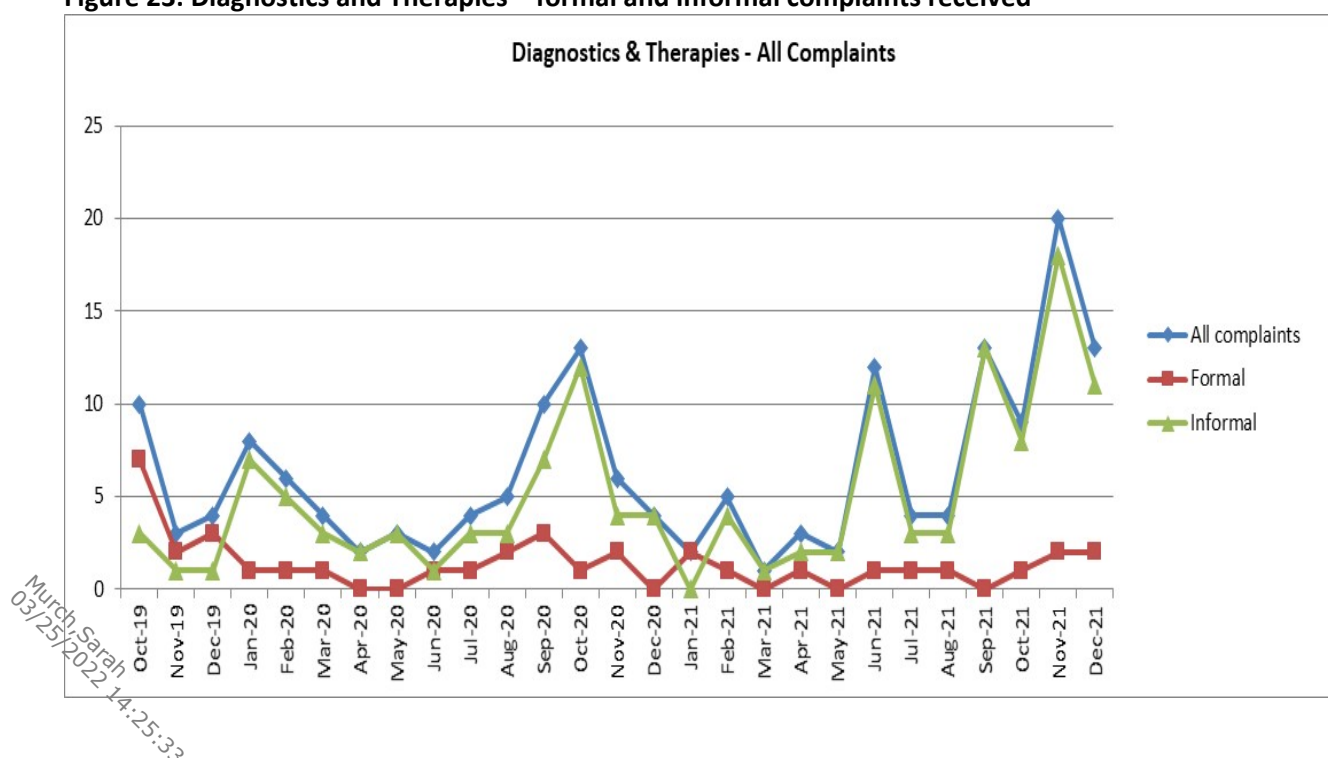
The division received 17 complaints about the Boots Pharmacy in the BRI, and 11 each for the audiology service and for radiology.

The Division achieved 75% against its target for formal complaint responses in Q3, compared with 100% in Q2 and 66.7% in Q1. 91.7% of informal complaints were responded to by the agreed deadline in Q3, compared with 90% in Q2 and 100% in Q1. See section 3.3 Table 17 for details of where in the process the delays occurred.

Table 12: Complaints by category type

Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Clinical Care	17 (40.5%)	4 (19%) =
Appointments & Admissions	14 (33.3%)	4 (33.3%) ↑
Attitude & Communication	7 (16.6%)	6 (28.6%) ↑
Information & Support	2 (4.8%)	3 (14.3%) ↑
Facilities & Environment	1 (2.4%)	1 (4.8%) =
Access	1 (2.4%)	0 (0%) ↓
Documentation	0 (0%) =	0 (0%) =
Discharge/Transfer/Transport	0 (0%) =	(0%) =
Total	42	18

Figure 23: Diagnostics and Therapies – formal and informal complaints received



3.1.6 Division of Weston

The Division of Weston received 48 new complaints in Q3 of 2021/22; a notable decrease on the 77 complaints received in Q2 and similar to the 51 received in Q1. The highest number of complaints received by the division was again those recorded under the category of 'clinical care', which whilst notable lower than in Q2, still accounted for almost half of all complaints received by the Division. The sharp rise in complaints about 'discharge arrangements' in Q2 was not repeated in Q3, with complaints in this category decreasing from 11 to just two. There were small increases in complaints about 'appointments and admissions' (which includes cancelled/delayed appointments and operations) and 'attitude and communication', with no discernible trends identified in either category.

The largest number of complaints received by one department has consistently been the Emergency Department, with 15 complaints in Q3, 27 in Q2, 10 in Q1 and 18 in Q4 of 2020/21. Complaints for this department represented almost a third of all complaints received by the division in Q3 (15 of 48).

The Division achieved 34.5% (19 of 55 responses) against its target for responding to formal complaints within the agreed timescale in Q2, a similar figure to the 34.8% reported in Q2 and a sustained improvement on the 10% reported in Q1, although still significantly below the target of 95%. The division responded to 75% of informal complaints within the agreed timescale in Q3, compared with 78.9% in Q2 and 75% in Q1. However, it should be noted that many complaints processed via the informal process by other divisions, are dealt with as 'concerns' by the PALS team at Weston, meaning that numbers of informal complaints for the division are low.

As noted in the Executive Summary of this report, the Weston PALS team saw an increase in these concerns, from 84 in Q2 to 169 in Q3. Of the 169 concerns, 42 were about 'attitude and communication'; 33 were in respect of 'appointments and admissions', including cancelled and delayed appointments; and 26 were about 'clinical care'. Full details of any themes and trends identified from these concerns will be reported separately by the Division of Weston.

Please see section 3.3 Table 17 for details of where in the process any delays occurred.

Table 13: Complaints by category type

Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Clinical Care	22 (45.8% of total complaints) ↓	38 (49.4%) ↑
Attitude & Communication	10 (20.8%) ↑	9 (11.7%) ↓
Appointments & Admissions	10 (20.8%) ↑	5 (6.5%) ↓
Facilities & Environment	2 (4.2%) ↓	4 (5.2%) =
Discharge/Transfer/Transport	2 (4.2%) ↓	11 (14.3%) ↑
Documentation	1 (2.1%) ↓	3 (3.9%) ↑
Information & Support	1 (2.1%) ↓	7 (9%) ↑
Access	0 (0%) =	0 (0%) =
Total	48	77

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Table 14: Top sub-categories

Category	Number of complaints received – Q3 2021/22	Number of complaints received – Q2 2021/22
Clinical care (medical/surgical)	10 ↓	26 ↑
Clinical care (nursing/midwifery)	8 ↓	9 ↑
Cancelled or delayed appointments and operations	8 ↑	5 ↓
Attitude of nursing/midwifery	3 ↑	1 ↓
Communication with patient / relative	3 =	3 ↓

Figure 24: Division of Weston - formal and informal complaints received

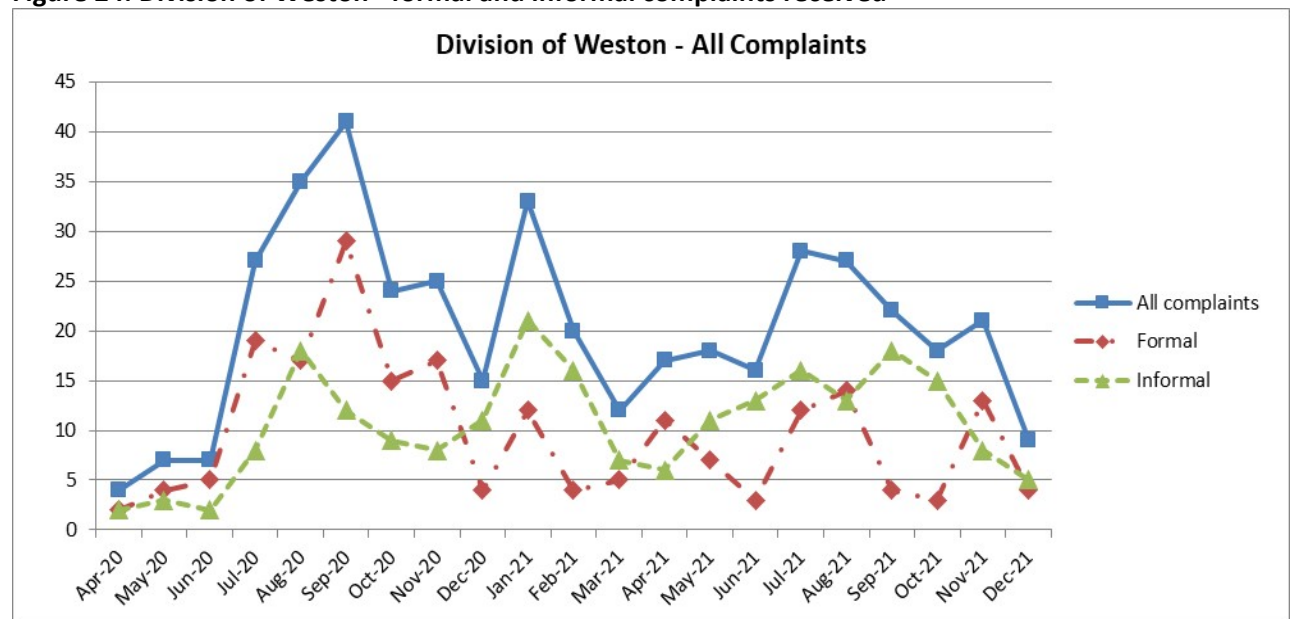
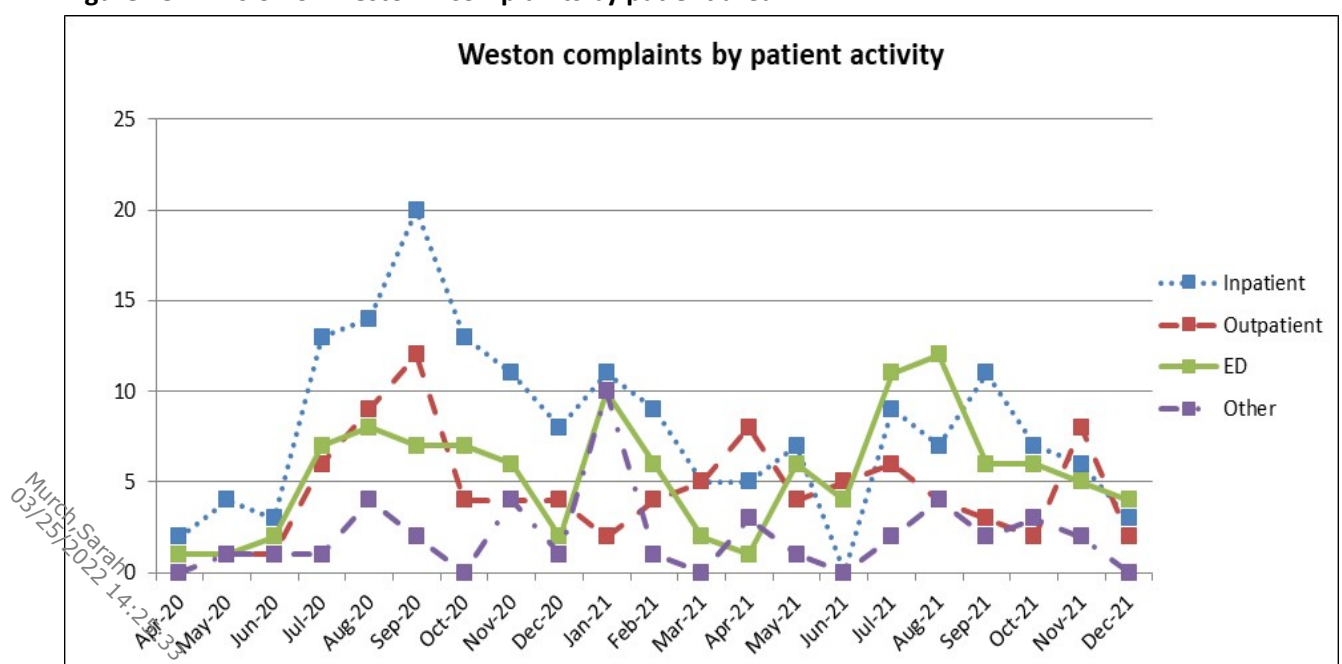


Figure 25: Division of Weston – complaints by patient area



3.1.7 Division of Trust Services

The Division of Trust Services, which includes Estates & Facilities, received 18 new complaints in Q3; the same number as reported in Q2.

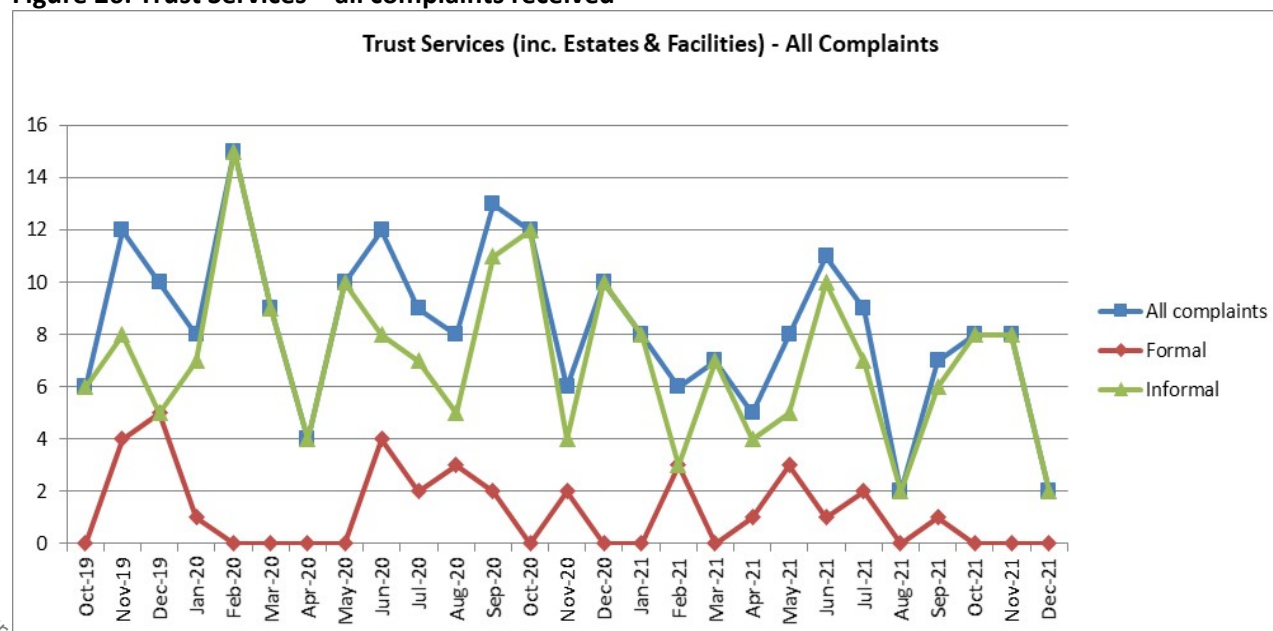
The largest number of complaints received by the Division was recorded under the category of 'facilities and environment', four of which (50%) related to car parking. Four of the six complaints recorded under the category of 'attitude and communication' were about security staff. The remaining complaints were split between Medical Records, the Private & Overseas Patients Team, Hotel Services and the Trust website.

The Division achieved only 20% against its target for responding to formal complaints within the agreed timescale in Q3; a notable deterioration on the 70% reported in Q2 and significantly below the 95% target. They achieved 100% for informal complaints; an excellent achievement and an improvement on the 91.7% reported in Q2. Please see section 3.3 Table 17 for details of where in the process any delays occurred.

Table 15: Complaints by category type

Category Type	Number and % of complaints received – Q3 2021/22	Number and % of complaints received – Q2 2021/22
Facilities & Environment	8 (44.5% of total complaints) ↓	11 ↑
Attitude & Communication	6 (33.3%) ↑	3 ↓
Documentation	2 (11.1%) =	2 ↑
Information & Support	2 (11.1%) ↑	1 ↓
Clinical Care	0 (0%) ↓	1 =
Appointments & Admissions	0 (0%) =	0 ↓
Discharge/Transfer/Transport	0 (0%) =	0 (0%) =
Access	0 (0%) =	0 (0%) =
Total	18	18

Figure 26: Trust Services – all complaints received



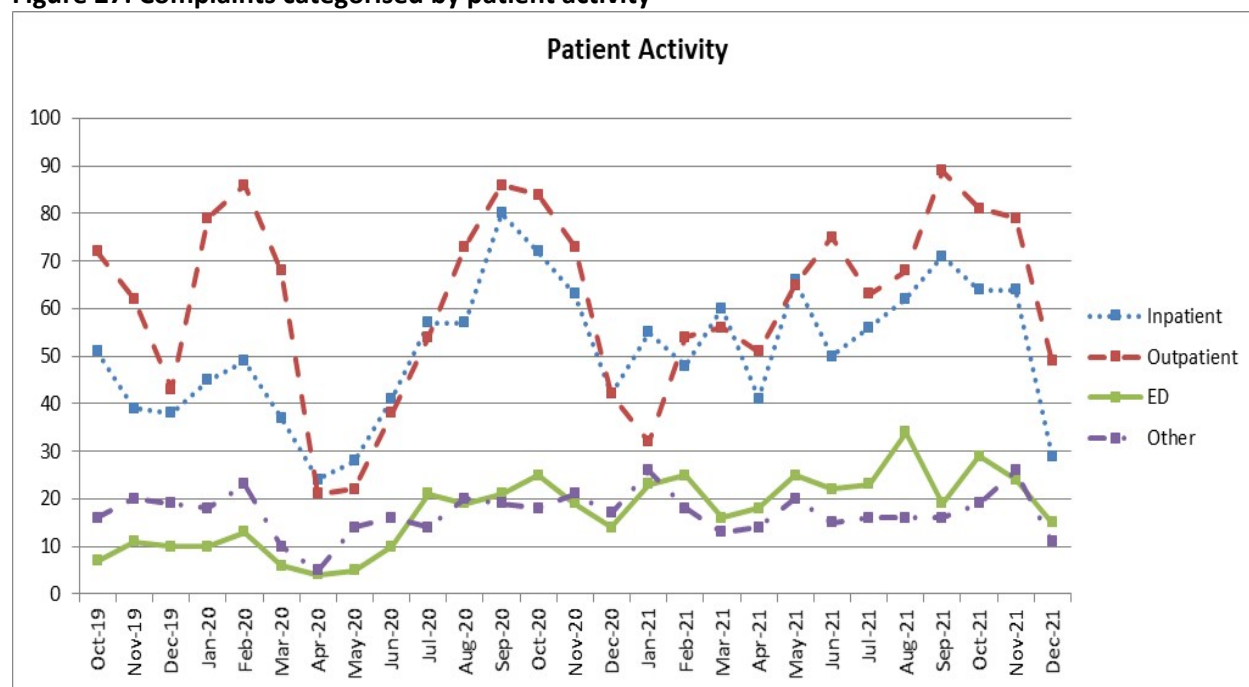
With effect from May 2020, Estates & Facilities complaints have been reported separately, as well as being included in the data produced for Trust Services. Figure 26 above shows all complaints received for Trust Services, including Estates & Facilities.

3.2 Breakdown of complaints by inpatient/outpatient/ED status

In order to more clearly identify the number of complaints received by the type of service, Figure 27 below shows data differentiating between inpatient, outpatient, Emergency Department and other complaints. The category of 'other' includes complaints about non-clinical areas, such as car parking, cashiers, administration departments, etc.

In Q3, 42.7% (*41.3%) of complaints received were about outpatient services, 32% (35.5%) related to inpatient care, 13.9% (14.3%) were about emergency patients; and 11.4% (9%) were in the category of 'other' (as explained above). * Q2 percentages are shown in brackets for comparison.

Figure 27: Complaints categorised by patient activity



3.3 Complaints responded to within agreed timescale for formal resolution process

In Q3, all divisions reported breaches of formal complaint deadlines, with a total of 94 breaches reported Trustwide. This is a further deterioration on the 81 breaches reported in Q2 and 68 breaches in Q1. This is the highest number of breaches recorded since this report commenced and is reflective of the operational pressures being experienced across the Trust due to the pandemic, in addition to the usual Winter pressures.

The Division of Weston reported 36 breaches of deadline, there were 19 for Women & Children, Medicine reported 17, there were nine for Specialised Services, eight for Surgery, four for Trust Services (none of which were for Estates & Facilities), and just one for Diagnostics & Therapies. Please see Table 22 below for details of where in the process the delays occurred/who the breaches were attributable to.

In Q3 the Trust responded to 193 complaints via the formal complaints route and 51.3% (99) of these were responded to by the agreed deadline, against a target of 95%, compared with 68.2% in Q2 and 68.4% in Q1.

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Table 16: Breakdown of breached deadlines – Formal

Division	Q3 2021/22	Q2 2021/22	Q1 2021/22	Q4 2020/21
Weston	36 (65.5%)	43 (65.2%)	27 (90%)	22 (68.8%)
Women & Children	19 (44.2%)	9 (15.5%)	4 (9.5%)	3 (7.5%)
Medicine	17 (43.6%)	11 (26.2%)	21 (34.4%)	10 (35.7%)
Specialised Services	9 (42.9%)	10 (29%)	7 (28%)	4 (22.2%)
Surgery	8 (30.8%)	5 (12.2%)	3 (6.7%)	1 (3.2%)
Trust Services	4 (80%)	3 (30%)	5 (55.6%)	4 (57.1%)
Diagnostics & Therapies	1 (25%)	0 (0%)	1 (33.3%)	0 (0%)
All	94 breaches	81 breaches	68 breaches	44 breaches

(So, as an example, there were 17 breaches of timescale in the Division of Medicine in Q3, which constituted 43.6% of the complaint responses which were sent out by that division in Q3).

Breaches of timescale in respect of formal complaints were caused either by late receipt of draft responses from Divisions which did not allow adequate time for Executive review and sign-off; delays in processing by the Patient Support and Complaints Team (PSCT); delays during the sign-off process itself; and/or responses being returned for amendment following Executive review.

Table 17 shows a breakdown of where the delays occurred in Q3. During this period, 53 breaches were attributable to the Divisions, nine were caused by delays in the Patient Support & Complaints Team, and 32 occurred during Executive sign-off.

The nine breaches due to delays whilst responses were being checked by PSCT have been reviewed and were due to the team's capacity to deal with the high volume of new complaints and enquiries coming into the service, combined with the large caseloads being managed by each Complaints Officer.

Delays during the Executive sign-off process have been discussed with the Chief Nurse; this has resulted in a review of which members of the Executive team are able to sign responses and the process by which this is appropriately escalated in the absence of the Chief Nurse and Chief Executive.

Table 17: Source of delay

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	Weston	All
Division	2	3	5	3	0	4	36	53
PSCT	1	3	2	3	0	0	0	9
Execs/sign-off	5	11	2	13	1	0	0	32
Other Trust	0	0	0	0	0	0	0	0
All	8	17	9	19	1	4	36	94

3.3.1 Complaints responded to within agreed timescale for informal resolution process

All breaches of informal complaint timescales are attributable to the Divisions, as the Patient Support & Complaints Team and Executives do not contribute to the time taken to resolve these complaints. In Q3, the Trust responded to 215 complaints via the informal complaints route (a notable 21.5% increase on the 177 reported in Q2) and 87.4% of these were responded to by the agreed deadline; a slight deterioration on the 88.4% reported in Q2.

Table 18: Breakdown of breached deadlines - Informal

Division	Q3 2021/22	Q2 2021/22	Q1 2021/22	Q4 2020/21
Specialised Services	8 (22.2%)	3 (13.6%)	5 (13.5%)	0 (0%)
Surgery	8 (11.4%)	4 (7.4%)	2 (3.6%)	1 (2.9%)
Medicine	6 (14.3%)	3 (10.3%)	3 (9.1%)	4 (11.1%)
Weston	2 (25%)	4 (21.1%)	4 (25%)	3 (17.6%)
Diagnostics & Therapies	2 (8.3%)	1 (10%)	0 (0%)	0 (0%)
Women & Children	1 (3.7%)	4 (14.8%)	0 (0%)	0 (0%)
Trust Services	0 (0%)	1 (8.3%)	1 (8.3%)	2 (10.5%)
All	27	20	15	10

4. Highly sensitive complaints and links with patient safety

When a patient is involved in a patient safety incident, it is possible that additional investigatory processes will run in parallel, alongside the patient safety investigation. This might include the patient or their family making a complaint, or another statutory process requiring a form of investigation, such as the Child Death Review process. Since 2016, the Trust has had Standard Operating Procedures (SOPs) in place, in respect of identifying incidents from complaints and the link between the different types of investigations.

If it is clear the investigations will run concurrently, an overall Case Manager is appointed by the relevant Division, with responsibility for ensuring that the patient/family, and also the staff involved, have an understanding of the statutory requirements the Trust is working to, how the Trust will bring in objectivity, the timescales that each investigation will be working to, what information they will consider, how the patient/family can input into the process and how they would like to receive feedback.

There is another SOP that links into the processes described above; for early escalation of 'Highly Sensitive' complaints to an Executive Director. This SOP applies to all complaints received by the Patient Support and Complaints Team (PSCT) which meet one or more of the following criteria:

- All child deaths;
- All unexpected adult deaths;
- All complaints containing serious allegations about a specific member of staff;
- All complaints where serious harm to a patient is alleged;
- All complaints where the complainant is threatening to contact a third party such as the press, media, or a healthcare regulator;
- Possible legal claim;
- The Trust has been notified of a complainant being dissatisfied with our response for a second (or subsequent) time.

With effect from November 2021, the Patient Support & Complaints Manager and the Deputy Head of Patient Safety, meet weekly to review all complaints received the previous week and identify any potential patient safety issues within those complaints and whether they need to be escalated to Executive level at an early stage, in line with the SOPs described above.

This "belt and braces" approach provides assurance that (a) cases subject to more than one investigatory process are always assigned a Case Manager; (b) all patient safety incidents and/or serious incidents contained in complaints are identified at the outset; and (c) any potentially highly sensitive cases are escalated to Executive Directors at an early stage.

Some examples of issues successfully identified during Q3 are shown below.

Example 1

A complaint about the erroneous dispensing of medication by Boots Pharmacy was discussed at the weekly meeting. This was then linked into a more general analysis of Boots Pharmacy errors made in October and November 2021, being carried out by the Trust's Pharmacy Governance Lead. As a result of this analysis and the subsequent review of processes with Boots Pharmacy, the Pharmacy Governance Lead was confident that the actions taken were robust enough to minimise the risk of similar incidents recurring.

Example 2

At the weekly review meeting, a complaint was discussed about a patient who suffered a fracture whilst she was an inpatient at Weston General Hospital. She had needed to go to the toilet and a commode was brought to her, but the nurse did not apply the brake and when the patient sat down, the commode moved and the patient, who has significant osteoporosis, injured herself, sustaining a new fracture. Although a patient safety incident had been recorded at the time of the event (three weeks earlier) it had not been correctly rated as 'moderate harm' and was still at the stage of 'being reviewed'. The Deputy Head of Patient Safety arranged for the staff involved to be contacted and asked to validate the incident in terms of the harm caused to the patient and, as a direct result of this, the matter was discussed at the Rapid Incident Review meeting for Executive review.

Example 3

A complaint was received from the wife of a patient who had been discharged prematurely from Bristol Royal Infirmary (BRI) and had passed away. Following discussion of the complaint at the weekly review meeting, it was ascertained that the BRI Emergency Department had in fact referred the patient to Sirona for 'virtual ward' monitoring at home, but Sirona had not picked this up, so the patient had not been seen in the community. By the time the patient came back into hospital, he had severe Covid-19 and died. Sirona have now reported this on STEIS as a Serious Incident, and it will be discussed at the UHBW Rapid Incident Review meeting. In the meantime, the element of the complaint relating to the patient's discharge is being investigated by the Division of Medicine via the formal complaints process.

5. Learning from complaints

All feedback is welcome, as it creates an opportunity to better understand, and to improve the care and treatment we provide to our service users. All complaints are investigated, learning is identified and any necessary changes to practice are made. Actions resulting from complaints are monitored and reviewed by our divisions; the Patient Support and Complaints Team also monitor progress.

Below are some examples of actions taken by the Trust in response to complaints during Q3 2021/22. These two complaints have been included in this report due to the large number of actions identified, which provides assurance that the concerns were listened to and taken seriously, and that lessons have been learned.

- A complaint was received from the parent of a paediatric patient, who was brought to the Children's Emergency Department (CED) with a broken Percutaneous Endoscopic Gastronomy (PEG) feeding tube, which was migrating into her stomach, leaving her stoma exposed. The parent described a very poor experience, which was in stark contrast to previous attendance to the department; including long waits to be seen, being asked to wait in an unsuitable room, inaccurate record-keeping, poor communication with the patient, failure to provide pain relief; ignoring the parent's concerns around the long period since the patient had food or fluids; and a reliance on the parent to carry out certain aspects of care. The actions identified as a result of this complaint were as follows:

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- Where a child presents with a period of reduced fluid/food intake beyond a normal feeding interval, the CED team will implement a process to routinely check their blood sugar levels;
 - CED team to provide an update to the patient's GP, which can be attached as an addendum to the discharge summary, confirming that reference to cardiac checks being undertaken was incorrect;
 - Ensure that the surgical team is more proactive in their communication with parents/families/carers when carrying out gastrostomy procedures, and that they ensure parents/families/carers are happy to be present and hold their child if required;
 - The CED Team and the Surgical Team have been reminded about the importance of listening to parents, documenting any concerns raised and ensuring that these are addressed at the time, or that an explanation is provided when the concern cannot be addressed;
 - Family Room to be reviewed to ensure that bereavement boxes are put away to prevent any inadvertent distress being caused, and for a sign to be placed on the door to indicate when it is in use;
 - The BRHC Paediatric Disability Team were asked to contact the parent to ensure that the patient's hospital passport is updated;
 - The CED Sister has met with the Reception Team to highlight the poor experience and to remind them of the 'Escalation of Parental Concerns' policy;
 - The Matron has reiterated to the CED Team that all expected patients (patients who are brought in to see a particular team, so in this case the surgical team) who attend the department, must be triaged and have an allocated nurse assigned to them. This will be monitored to ensure consistency; and
 - A mechanism to be established by which expected patients for another specialty are treated in the CED going forward, including the clear definition of clinical duties of the different teams. (Women & Children)
- The mother of a current adult inpatient was extremely concerned that her son's pain relief was not being adequately managed, as he had called her several times screaming in agony. He had also advised his mother that whenever he pressed his call bell, the nursing staff came and switched it off without even speaking to him. As a result of this complaint, the following actions were identified:
 - The external nurse staffing agency was informed of the allegation regarding the manner in which another patient was spoken to by an agency nurse, in order that the agency could investigate this with the Registered Nurse involved;
 - Ward staff have been reminded of the process for escalating concerns to the Senior Nursing Team out of hours;
 - A formal debrief and feedback session has been held with all nursing staff involved, specifically to discuss the perceived lack of care, kindness and compassion; and
 - All Registered Nurses working on the ward in question now have to attend Complex Analgesic Techniques (CAT) training, provided by the Pain Specialist Team, and to have completed the CAT assessment. (Surgery)

6. Patient Support & Complaints Team activity

6.1 Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team are also responsible for providing patients, relatives and carers with help and support. A total of 376 enquiries were received in Q3, a similar number to the 380 received in Q2. This figure includes 169 concerns recorded by the Patient Advice & Liaison Service (PALS) in Weston, a significant 57.9% increase on the 107 recorded in Q2 and more than double the 84 received in Q1.

In addition, the Patient Support and Complaints Team also recorded and acknowledged 37 compliments received during Q3 (not included in the 376 noted above) and shared these with the staff involved and their Divisional teams. This is a decrease on the 61 compliments reported in Q2, although this does not include compliments received and recorded elsewhere within the divisions.

In addition to the enquiries detailed above, in Q3 the Patient Support and Complaints Team recorded 181 enquiries that did not proceed, compared with 171 in Q2. This is where someone contacts the department to make a complaint or enquiry but does not leave enough information to enable the team to carry out an investigation (and the team is subsequently unable to obtain this information), or they subsequently decide that they no longer wish to proceed with the complaint.

Including complaints, requests for information or advice, requests for support, compliments, feedback, and cases that did not proceed, the Patient Support and Complaints Team continues to deal with an increasingly high volume of activity, with a total of 1,084 separate **new** enquiries in Q3 of 2021/22, compared with 1,145 in Q2 and 1,042 in Q1. Although this represents a decrease in activity when compared with the previous quarter, it should be noted that, despite the service consistently receiving a significantly lower number of enquiries in December, this is almost 30% higher than the same period a year ago.

5.2 Acknowledgement of complaints by the Patient Support and Complaints Team

The NHS Complaints Procedure (2009) states that complaints must be acknowledged within three working days. This is also a requirement of the NHS Constitution. The Trust's own policy states that complaints made in writing (including emails) will be acknowledged within three working days and that complaints made orally (via the telephone or in person) will be acknowledged within two working days.

In Q3, 284 complaints were received in writing (216 by email, 43 via website feedback and 25 letters), 190 were received verbally by telephone and five in person. 11 complaints were also received in Q3 via the Trust's 'real-time feedback' service.

Of the 490 complaints received in Q3, 95.1% (466/490) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written). This is a significant improvement on the 70.4% reported in Q2.

5.3 PHSO (Ombudsman) cases

During Q3, the Trust was advised of Parliamentary and Health Service Ombudsman (PHSO) interest in three new complaints. During the same period, five existing cases remain ongoing, and four cases were closed during Q3.

Table 19: Complaints opened by the PHSO during Q3

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust and [date notified by PHSO]	Site	Department	Division
32437	N/A	JD	29/01/2021 [04/10/2021]	BDH	Primary Care Unit (BDH)	Surgery
We have not heard anything further from the PHSO since they asked if local resolution had been exhausted, and understand they are currently taking upwards of 12 months to commence investigations due to a backlog.						
35115	AM	GM	11/06/2021 [22/10/2021]	BDH	Community Dental Sites	Surgery

PHSO made contact to ask if the Trust had exhausted local resolution with this case. The PHSO caseworker advised that it would be at least 12 months before they commence an investigation.						
28356	IN	PD	18/06/2020 [08/11/2021]	WGH	Cheddar Ward	Weston
A copy of the complaint file and relevant medical records was sent to the PHSO, who reviewed this documentation and decided to close the case with 'no further action' – see also cases closed during Q3.						

Table 20: Complaints ongoing with the PHSO during Q3

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
34127	RR	N/A	02/08/2020	WGH & StMH	Maternity	W&C
The PHSO is in the process of investigating two complaints made by the patient in 2018 – one to WGH pre-merger and one to UHBristol. Both complaints have been linked and are being managed by the corporate complaints team, who have sent all of the information requested by the PHSO. We contacted the PHSO for an update in December 2021 and they advised that there had been delays in obtaining information from the complainant, but they hoped to be in a position to proceed with their investigation soon.						
20388	LT	MT	04/05/2021	BHOC	BHOC Outpatients	SpS
The PHSO had initially advised the Trust that they were closing the case with 'no further action' to be taken. However, they then contacted us again in October 2021 to say that they would actually be carrying out an investigation. The last update from the PHSO was received at the beginning of February 2022, advising that they are awaiting some final advice from one of their advisors and then should be in a position to provide us with their provisional thoughts.						
22146	FT	JT	13/07/2020	BRI	Upper GI	Surgery
Update received from PHSO in January 2022, advising that they were still waiting on clinical advice and hoped to receive this soon in order to share their provisional findings with us.						
21583	JT	JT	08/12/2020	BRI	A524 - Respiratory	Medicine
PHSO's provisional report received, and the intention is to partly uphold the complaint, with recommendations to be made to the Trust. Awaiting final report.						
25054	MM	EM	19/01/2021	BHI	C604 - CICU	SpS
Update received from PHSO at the end of January 2022, advising that they had been awaiting clinical advice and hoped to be in a position to send the Trust their provisional report shortly.						

Table 21: Complaints closed by the PHSO during Q3

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
32960	JM	N/A	09/07/2021	BRI	Emergency Dept.	Medicine
Prior to carrying out a full investigation, the PHSO contacted the Trust, seeking a voluntary financial payment of between £100-£450, due to the severity of the injustice and the impact on the complainant. Having considered this, the division agreed to a payment of £100 and this was made, and the case closed, on 30/12/2021.						
18996	AC	BC	05/01/2018	BRHC	PICU	W&C
The PHSO's final report was received on 04/10/2021, with a decision to 'Uphold' the complaint, as failings were found in several areas, most prominently in communication with the parents in the aftermath of						

their baby's tragic death. Several recommendations have been made by the PHSO, which the Trust is carrying out with the assistance of an external consultant in order to provide assurance of learning from the findings of the PHSO.						
16724	GS/HC	HS	10/01/2019	BRHC	Apollo Ward	W&C
The PHSO's final report was received on 18/11/2021, with the decision to 'Partly Uphold' the complaint. Recommendations made by the PHSO were that the Trust acknowledged the failings identified, confirmed the learning taken from the report and made a payment of £500.						
28356	IN	PD	08/11/2021	WGH	Cheddar Ward	Weston
Following initial contact from the PHSO, we sent them a copy of the complaint file and relevant medical records. The PHSO reviewed this documentation and decided to close the case with 'no further action' – see also cases closed during Q3 below.						

7. Severity of Complaints

Since April 2019, the Patient Support & Complaints Team has been recording the severity of complaints received by the Trust using a system of categorisation proposed by researchers at the London School of Economics. This severity rating is based on the nature of the complaint as first described to the Trust by or on behalf of the patient; not after the issues have been investigated. This ensures that the rating is reliable and independent of the outcome of the investigation.

We know from NHS data that Trusts with high levels of incident reporting have fewer instances of severe harm to patients, i.e., organisations with cultures that encourage reporting when things go wrong, learn and provide safer care. The LSE research suggests a similar pattern of data associated with patient complaints, i.e., Trusts who receive high levels of low-level severity complaints receive lower levels of high severity complaints, again indicating that a culture of openness to receiving and learning from complaints is associated with safer and higher quality care. Put another way, receiving complaints should not be viewed as a bad thing *per se*; it depends on what the complaint is about. A practical example of each of these categories is shown in Table 22 below.

As we build our dataset, we hope that this will enable us to begin to differentiate between higher and lower performing areas within the Trust (in terms of the severity of complaints reported) and to use the information to explore opportunities for quality improvement.

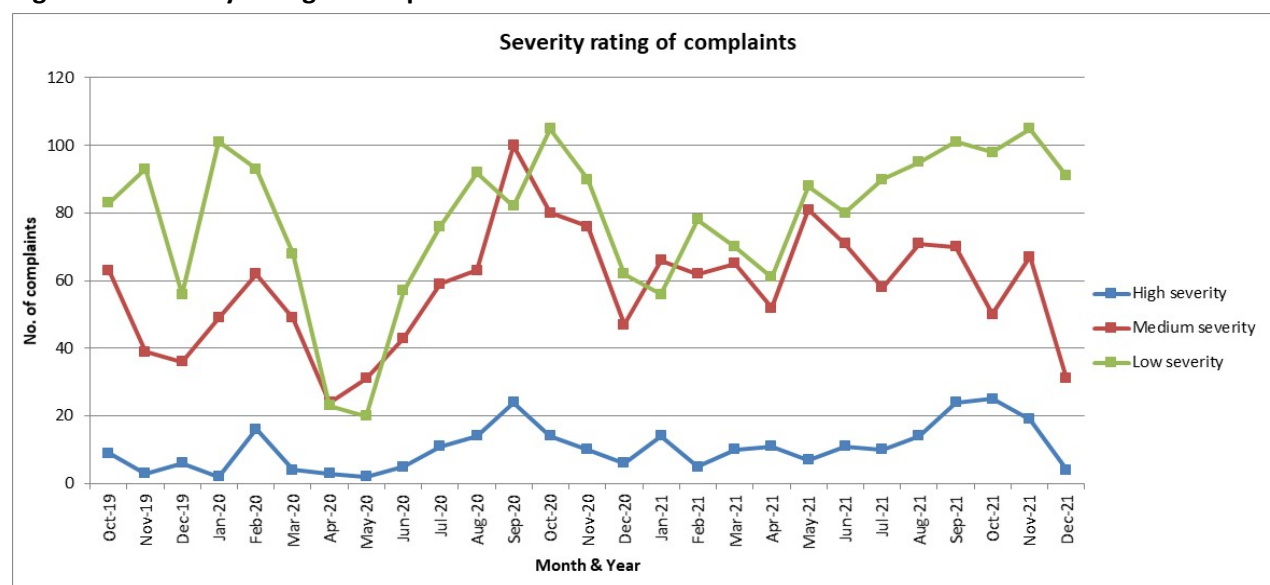
Table 22: Examples of severity rating of complaints

	Low severity	Medium severity	High severity
Clinical problem	Isolated lack of food or water	Patient dressed in dirty clothes	Patient left in own waste in bed
Clinical problem	Slight delay administering medication	Staff forgot to administer medication	Incorrect medication administered
Management problems	Patient bed not ready on arrival	Patient was cold and uncomfortable	Patient relocated due to bed shortage
Management problems	Appointment cancelled and rescheduled	Chasing departments for an appointment	Refusal to give appointment
Relationship problems	Staff ignored question from patient	Staff ignored mild patient pain	Staff ignored severe distress
Relationship problems	Staff spoke in condescending manner	Rude behaviour	Humiliation in relation to incontinence

In Q3, the Trust received 490 complaints, all of which have been severity rated by the Patient Support & Complaints Team. Of these 490 complaints, were rated as being low severity, as medium and as high. Figure 28 below shows a breakdown of these severity ratings by month since October 2019.

In July 2020, the corporate Patient Support and Complaints Team commenced the management of complaints for the Division of Weston and therefore started recording the severity of their complaints at the same time. Figure 28 therefore includes severity ratings for the Division of Weston's complaints from July 2020 onwards.

Figure 28: Severity rating of complaints



Whilst numbers of medium and low severity complaints remained consistent with previous quarters, there was an increase in the number of complaints rated as high severity between September and November 2021. Notably, in this category were some of the complaints previously mentioned in this report for Boots Pharmacy, including complaints about incorrect medication or medication not being received. There were also some high severity complaints about 'clinical care', including a patient's allegation that nerve damage had been caused during surgery, a family's opposition to the patient's life support machine being switched off and a patient alleging that a radioactive metallic object had been left inside her following a procedure.

The number of complaints received since October 2019, by severity is as follows, with the average shown in brackets: High severity – 283 (av. 10.5); Medium severity – 1,565 (av. 58); Low severity – 2,114 (av. 78). A breakdown by Division is shown in Table 23 below.

Table 23: Severity rating of complaints by Division (all complaints received in Q3 2021/22)

Division	High Severity	Medium Severity	Low Severity	Totals
Weston	11 (22.9%)	17 (35.4%)	20 (41.7%)	48
Specialised Services	6 (9.5%)	17 (27%)	40 (63.5%)	63
Women & Children	14 (14.1%)	32 (32.3%)	53 (53.5%)	99
Trust Services	0 (0%)	5 (27.8%)	13 (72.2%)	18
Surgery	6 (4.7%)	35 (27.6%)	86 (67.7%)	127
Diagnostics & Therapies	3 (7.1%)	15 (35.7%)	24 (57.2%)	42
Medicine	11 (11.8%)	25 (26.9%)	57 (61.3%)	93
Totals	51 (10.4%)	146 (29.8%)	293 (59.8%)	490

*i.e. only 4.7% of complaints received by the Division of Surgery in Q3 of 2021/22 were rated as high severity – this compares, for example, with 22.9% of complaints for the Division of Weston.

Meeting of the Board of Directors in Public on Wednesday 30th March 2022

Report Title	Quarter 3 2021/22 Patient Experience & Involvement Report
Author	Matthew Areskog, Patient Experience Manager
Executive Lead	Deirdre Fowler, Chief Nurse

1. Report Summary

The Quarterly Patient Experience Report provides a comprehensive review of patient survey data and Patient and Public Involvement activities being carried out at the Trust.

2. Key points to note
(Including decisions taken)

This report provides an update on key Trust patient experience measures and Patient and Public Involvement (PPI) activity.

The inpatient experience tracker score in the Divisions of Surgery, Specialised Services and Women & Children's (excluding Maternity) remain above target, a consistent feature throughout the pandemic. There has been an increase in the kindness and understanding score for Division of Weston during Q3.

Q3 data highlights a continuation of trends seen during 2021/22, i.e. the sustained pressures arising from the pandemic on operational services and staffing levels are being reflected in patient feedback.

- The inpatient experience tracker score for the Division of Medicine was 83 and below target (Q2 was 83);
- The inpatient experience tracker score for the Division of Weston was 84, a modest improvement from 82 in Q2 although remains below target;
- The kindness and understanding score for Maternity continues to track below the minimum target and below its long-term average;
- The FFT score for the BRI ED remained low in Q3 (73.9). The high volume of negative comments received during Q2 primarily relate to waiting times, staff attitude and the environment.

The outpatient tracker score for Bristol and Weston hospital sites remains above target. A significant proportion of outpatients continue to be seen via Virtual Clinics. Patient feedback suggests that these changes continue to be received positively by many patients.

UHBW performed in the top 10% of trusts nationally for the overall experience of care question in the 2020 Children and Young People's Survey.
 Members of the Weston Patient Focus Group (formerly the Weston General Hospital Patient Council) have been recruited to the Healthy Weston 2 programme bringing an influential lay voice into that work.

3. Risks

If this risk is on a formal risk register, please provide the risk ID/number.

4. Advice and Recommendations

(Support and Board/Committee decisions requested):

- This report is for **Assurance**.

5. History of the paper

Please include details of where paper has previously been received.

Patient Experience Group	2/3/22
Senior Leadership Team	16/3/22
Quality & Outcomes Committee	24/3/22

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We are
supportive
respectful
innovative
collaborative.
We are UHBW.

Quarterly Patient Experience and Involvement Report

Quarter 3 - 2021/22

Report date: 10th February 2022

Author:

Matthew Areskog, Patient Experience Manager

Contributors:

Anna Horton, Patient Experience and Regulatory Compliance Coordinator

Tony Watkin, Patient and Public Involvement Lead

Samantha Moxey, Patient Experience Support Officer

1. Overview of patient-reported experience and involvement

Successes	Priorities
<p>The inpatient experience tracker score in the Divisions of Surgery, Specialised Services and Women & Children's (excluding Maternity) remain above target, a consistent feature throughout the pandemic. There has been an increase in the kindness and understanding score for Division of Weston during Q3.</p> <p>The outpatient experience tracker score for Bristol and Weston hospital sites remains above target. A significant proportion of outpatients continue to be seen via Virtual Clinics. Patient feedback that these changes continue to be received positively by many patients.</p> <p>UHBW performed in the top 20% of trusts nationally for the overall experience of care question in the 2020 Children and Young People's Survey.</p> <p>Members of the Weston Patient Focus Group (formerly the Weston General Hospital Patient Council) have been recruited to the Healthy Weston 2 programme bringing an influential lay voice into that work</p>	<p>Understanding the experience of Cancer Services during the pandemic through a series of patient focus groups commencing in March 2022.</p> <p>Members of the Weston Patient Focus Group commencing the 'My Journey' programme at Weston General Hospital.</p> <p>Roll-out of phase 1 of the Trust's Patient Experience Hub (IQVIA) to ensure patient feedback is seen by staff, teams and departments in a timely way to support quality and service improvement activity.</p> <p>Launch of new access guides for patients, carers and the public in March 2022 in partnership with AccessAble (supplier) and representatives of the Bristol Disability Commission.</p> <p>Development of a robust action plan based on the findings of the 2021 National Maternity Survey results where UHBW performed in the bottom 20% of Trusts nationally.</p>
Risks & Threats	Opportunities
<p>Q3 data highlights a continuation of trends seen during 2021/22, i.e. the sustained pressures arising from the pandemic on operational services and staffing levels are being reflected in patient feedback.</p> <ul style="list-style-type: none"> The inpatient experience tracker score for the Division of Medicine was 83 and below target (Q2 was 83); The inpatient experience tracker score for the Division of Weston was 84, a modest improvement from 82 in Q2 although remains below target; The kindness and understanding score for Maternity continues to track below the minimum target and below its long-term average. <p>Challenges in these areas have included the continuation of significant demand in the urgent and emergency care pathway and multi-faceted workforce issues during the period.</p> <p>The FFT score for the BRI ED remained low in Q3 (73.9). The high volume of negative comments received during Q3 primarily relate to waiting times, staff attitude and the environment.</p>	<p>Digital Services and Outpatient Services are beginning to utilise patient insight generated through the Virtual Clinic survey in the roll-out of the new virtual clinic platform, 'Dr, Dr', ensuring actions are identified to make the platform accessible for those who require additional support and who may be digitally excluded. The Patient Experience Manager is now part of the Project Steering Group to focus on this opportunity.</p> <p>The Patient Experience Hub (IQVIA) has the capability to create real-time alerts where there is feedback of concern in relation to a service. This alert process creates a more robust and timely system to capture actions taken as a result of patient feedback. This will be explored as part of phase 2 of the system development.</p>

2. About this report

This report provides an overview of experience of care across our hospitals. The analysis is based on the range of feedback we have received via multiple methods that comprise our patient experience programme.

3. Patient and Public Involvement

The Trust's PPI Lead has delivered / supported a range of corporate and divisional initiatives, including:

- Members of the Weston Patient Focus Group (formerly the Weston General Hospital Patient Council) have been recruited to the Healthy Weston 2 programme bringing an influential lay voice into that work.
- Members of our Community of Practice for involvement participated in an NHS training programme developing skills around effective patient and public involvement. The training programme offers the potential to form the basis of a consistent approach to PPI in the BNSSG area.
- Planning a programme of focus groups with patients who have received care at UHBW as part of a cancer diagnosis scheduled for March and April 2022. This is part of an on-going focus on the experience of cancer care in the Trust during Covid 19.
- Supporting and advising Divisional colleagues in aspects of effective PPI including NICU and Respiratory care.
- Work to bring to completion the surveying of UHBW hospital sites as part of the AccessAble Access Guide survey work has continued. During Q3 it was agreed, in discussion with the Trust Communications team, to pause a planned December soft launch. This was to allow further time to edit the Access Guides to reflect the new main entrance infection control points in hospitals and to allow for further validation of guides relating to Bristol Royal Hospital for Children as part of the sign off process. Operational pressures as a result of the Omicron variant had also impacted on the ability of both AccessAble and the Trust Communications team to implement the web sharing protocols required to make the Guides available on-line. The revised plan is to launch the Access Guides in March 2022 in partnership with AccessAble and representatives of the Bristol Disability Commission.
- In partnership with Bristol, North Somerset and South Gloucestershire CCG, North Bristol NHS Trust, and Bristol Autism Support "audits" of our Emergency Departments through the lens of autistic people continues. The audit is being undertaken by autistic people with support from the Patient Experience Team and uses an evaluation tool co-designed with service users. The audit of Weston General Hospital ED will take place in February.
- Bringing a community partner voice into the Trust EDI baseline assessment exploring how our behaviours, processes and systems support Equality Diversity and Inclusion as it relates to patients and communities.
- Forging new community partner relations to inform how we support transgender people in our care in lieu of new NHS Guidance expected in 2022.

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4.1 Inpatient Experience – Trust Level

The charts in this section of the report show data from the Trust’s postal survey programme across our hospitals. These surveys were extended to the Division of Weston from April 2021. For the purposes of reporting during 2021/22 and prior to clinical integration, data for Bristol Hospitals and the Division of Weston are displayed separately on charts in any Trust-wide reporting.

The overall inpatient experience tracker score for patients seen at Bristol hospitals (see Chart 1) consistently performed at the alert threshold of 88, although remains just above target (87). There is variation at a Divisional level which is explored later in this report.

The inpatient experience tracker in Division of Weston remains below target but has increased to an average of 84 during Q3, compared to 82 in Q1. The ‘Kindness and Understanding’ score for patients seen at Weston General Hospital has increased during Q3 (see Chart 2) to 93, up from 91 in Q2.

Chart 1: Inpatient Experience Tracker Score

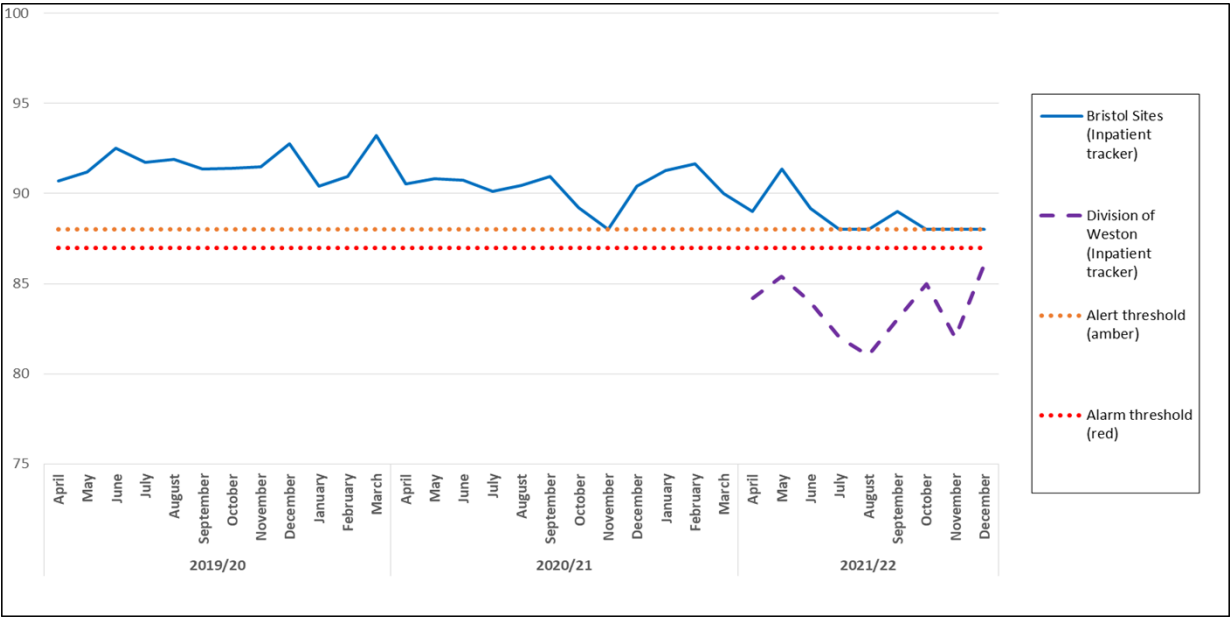
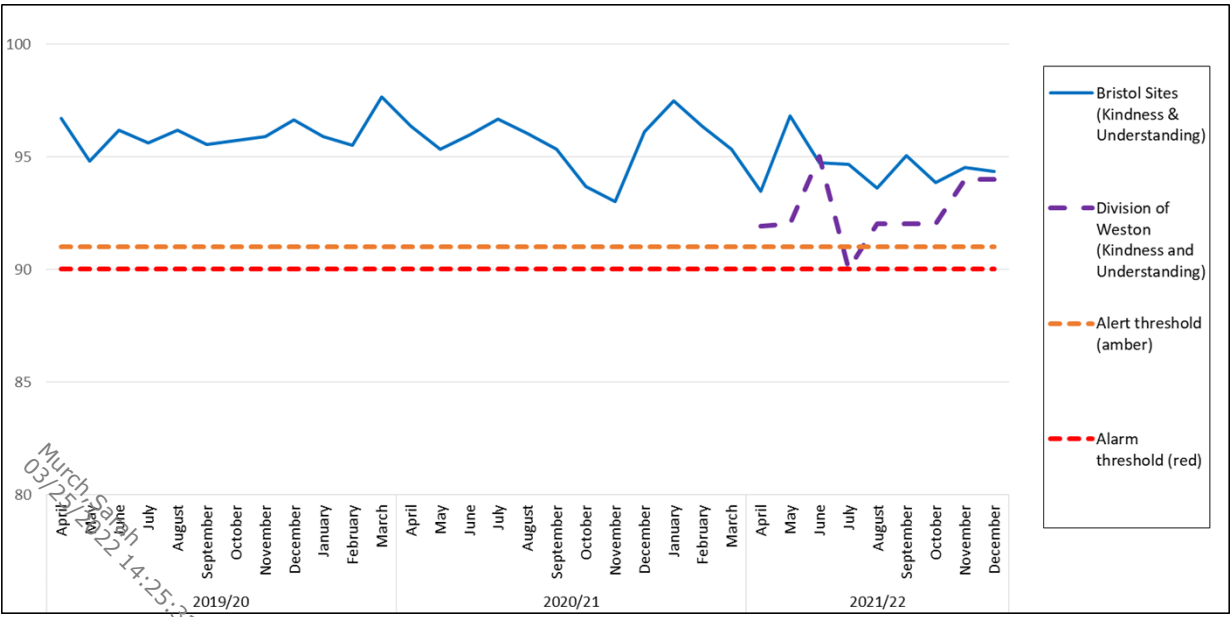


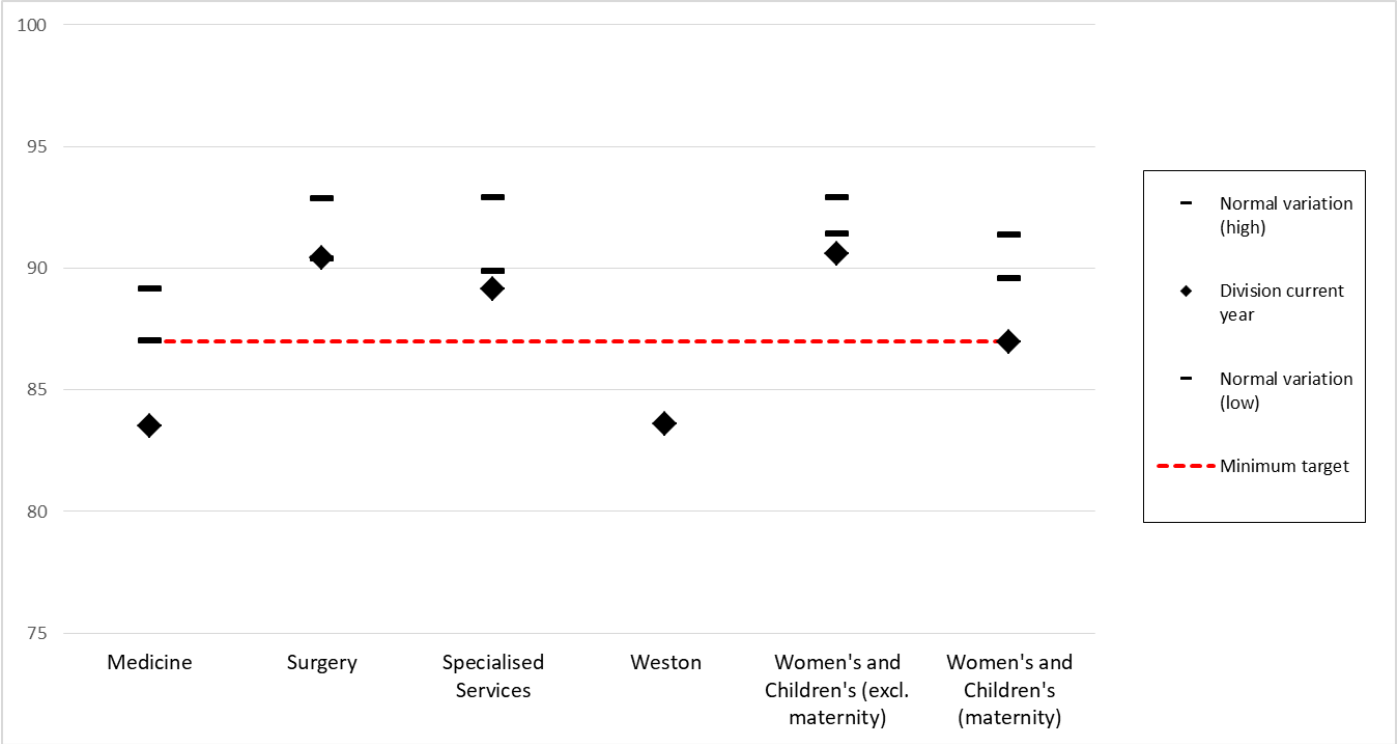
Chart 2: Inpatient Kindness & Understanding Score



4.2. Inpatient Experience - Divisional analysis

We are able to examine inpatient-reported experience at a Divisional-level by aggregating the data for 2021/22 year-to-date and comparing this to the long-term trend score (average of 2019/20 & 2020/21) for each Division (Charts 3 and 4). Please note that there is no long-term trend data for the Division of Weston as the postal survey programme was extended on 1 April 2021.

Chart 3: Divisional inpatient experience tracker scores April to December 2021/22 compared to their normal fluctuation over the long-term (2019/20 and 2020/21). The year-to-date mean score for each Division is shown as a diamond, with two lines around this showing the historical variation in the score over time (the “standard deviation”); therefore, if patient experience was consistent with the long-term average, you would expect the current score, represented by the diamond, to sit somewhere between these two dash lines.



On target

Inpatient experience based on the tracker score (Chart 3) during 2021/22 (to date) in the Divisions of Surgery, Specialised Services and Women & Children’s (excluding Maternity) remain above target, a consistent feature throughout the pandemic.

The inpatient tracker score relating to Maternity wards is lower than the long-term average and sits at the minimum target threshold of 87 when looking at 2021/22 year to date.

Below target

The inpatient experience tracker score for the Division of Medicine is 84 for 2021/22 year to date and continues to track below its long-term average (88). Q3 out-turn is 83 which matches the out-turn from Q2. Further analysis of the survey results based on key survey questions that comprise the overall inpatient tracker score has been undertaken. Patient reported experience has declined under the themes of communication (most significantly with doctors but also with nurses) and involvement in decisions about care and treatment.

Table 1: Division of Medicine inpatient experience score themes

Division of Medicine <i>Inpatient experience score themes</i>	Long-term average ¹	2021/22		
		Q1	Q2	Q3
Ward cleanliness	94	92	91	88
Respect and dignity	95	92	93	95
Communication with doctors	84	83	76	75
Communication with nurses	87	82	82	82
Involvement in care and treatment	81	75	73	75
AVERAGE	88	85	83	83

The analysis has been reviewed by the Division of Medicine and the following response received:

‘We have refocused our teams on cleanliness and the Matron who covers infection, prevent and control (IPC) in the division has met with the individual ward sisters where this is an issue to develop a more robust plan. In many situations it was when the housekeeper was away due to Covid-related sickness and our inability to backfill the housekeeper’s role. We have had high levels of staff sickness in our wards and the pressure was compounded by having to switch wards back to Covid wards. We are gradually coming out of this now so this is a positive step forwards.

Around communication with doctors, our biggest challenge has been the continual crowding in ED and the pressure that this puts on the medical team to see the patients in timely way and of course we triage at the ‘front door’ which is undertaken by our senior nurse team (Emergency Nurse Practitioners and Advanced Care Practitioners) but sickness has been an issue but we recently did a back to basics week in ED especially in fast flow.

We have implemented a fast flow process which is having a positive impact which should help with involvement in care scores at the beginning of the patient’s pathway.’

Hayley Long, Head of Nursing, Division of Medicine.

The inpatient experience tracker score for the Division of Weston is 84 in Q3, an improvement from 82 in Q2. When reviewing the feedback further (see table below), there has been a fall in the inpatient survey score relating to communication with doctors when compared to Q1, however, communication with nurses has improved to 85 in Q3 (up from 81 in Q1).

Table 2: Division of Weston inpatient experience score themes

Division of Weston <i>Inpatient experience score themes</i>	Long-term average*	2021/22		
		Q1	Q2	Q3
Ward cleanliness	No data	90	93	92
Respect and dignity	No data	93	93	92
Communication with doctors	No data	81	70	74
Communication with nurses	No data	81	80	85
Involvement in care and treatment	No data	77	74	78
AVERAGE	No data	84	82	84

¹ 2019/20 and 2020/21 average

As the postal survey only commenced from April 2021 for patients seen at Weston General Hospital, there is no trend data to compare and therefore we will build a better understanding in time on whether this score is broadly reflective of inpatient experience at the hospital in the longer-term.

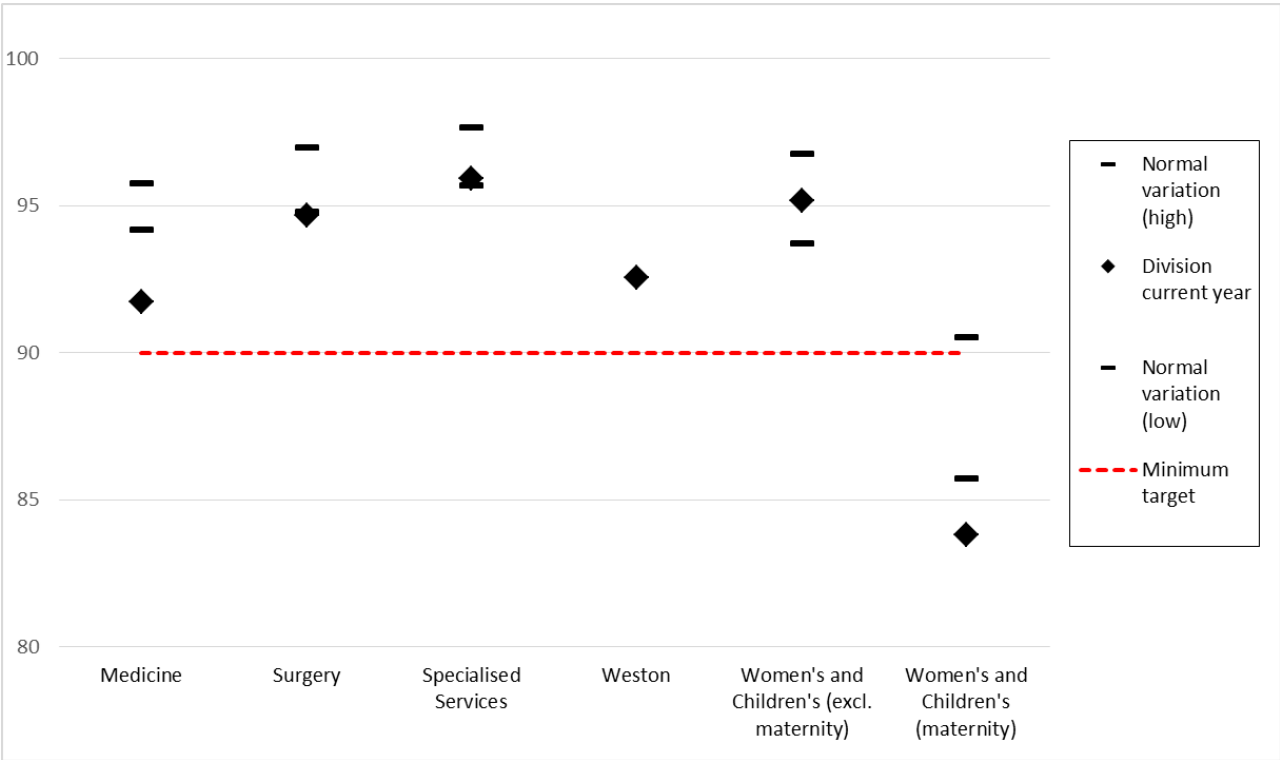
The analysis has been reviewed by the Division of Weston and the following response received:

“It is really positive to see that the scores for communication with nurses has increased and a slight improvement for communication with doctors. This has been reinforced with the clinical teams and whilst not an excuse the site has been under extreme pressure with short term sickness with the top reasons being Covid-19 absence, anxiety / stress and seasonal viruses and operational pressures. It is encouraging to see an improvement for involvement in care and treatment; however the Division recognises that this is still not where it should be. We will continue to reinforce the importance of communication and involvement of patients and families across the site.”

Joanna Poole, Head of Nursing, Division of Weston.

At a Divisional level, the kindness and understanding scores for 2021/22 for Divisions of Surgery, Specialised Services and Women’s and Children’s (excluding Maternity) are broadly comparable their long-term average (see chart 4).

Chart 4: Divisional kindness and understanding scores April to December 2021 compared to their normal fluctuation over the long-term (2019/20 and 2020/21).



Whilst the kindness and understanding scores for the Division of Medicine remains below its long-term average, it remains above the minimum target.

The kindness and understanding score for the Division of Weston remains above target and comparable to the score for the Division of Medicine.

The kindness and understanding score for Maternity is below the minimum target for 2021/22 (year to date). The score tends to fluctuate around this level and is typically lower than other inpatient wards. The analysis has been reviewed by the Head of Midwifery and the following response received:

‘Face to face ante natal classes have being re-instated where possible and some antenatal parent education hubs have been set up. Some antenatal videos have also been developed. This will aid women’s expectations of what the stay on the post-natal ward entails, as often women are surprised that they will have the baby with them at all times and will be encouraged to mobilise early after a caesarean section. As a Trust, we are also utilising the ‘Birth-rate plus’ workforce assessment tool so we can re-assess the staffing requirements within the unit. There is also a plan to re-start the Maternity services” patient experience” working group to focus on any other actions we can take to improve experiences for women. In addition, as soon as we are able, we will aim to return to the use of volunteers on the ward to support women.’

Sarah Windfeld, Head of Midwifery. Division of Women’s and Children’s.

4.3. Inpatient Experience - Hospital site analysis

The majority of our hospital sites remain at, or above, target for the inpatient experience and kindness and understanding tracker scores. It is clear though that across a number of our hospitals, 2021/22 patient reported inpatient experience tracks below their long-term averages. This is apparent in the BRI, BHI, BRCH, BHOC and St Michael’s (maternity only). There is no long-term trend data for Weston General Hospital (which is below minimum target), however, historically, the National Adult Inpatient Survey data shows that experience at WGH tracks lower than the BRI. For further detail see chart 11 at the end of the report.

Chart 5: Hospital-level inpatient experience tracker scores April to December 2021 compared to their normal fluctuation over the long-term (2019/20 and 2020/21).

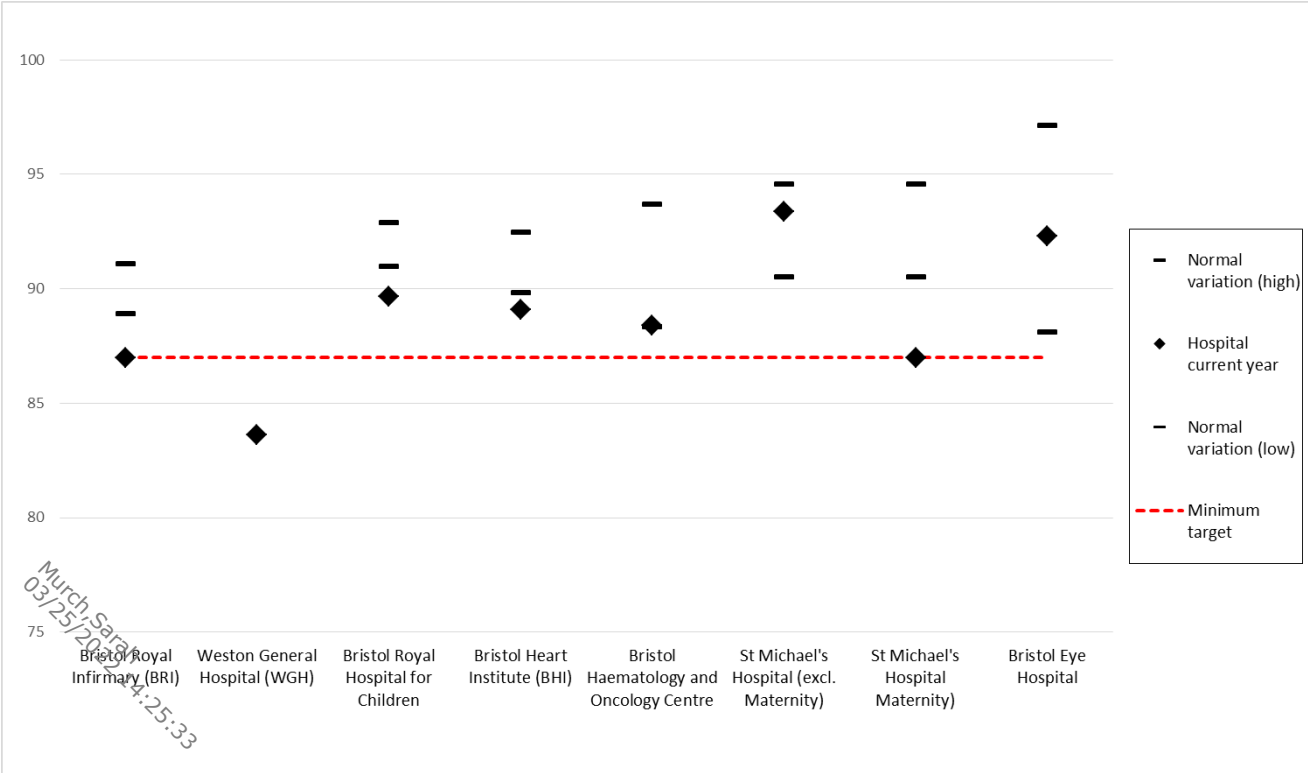


Chart 6: Hospital-level kindness and understanding scores April to December 2021 compared to their normal fluctuation over the long-term (2019/20 and 2020/21).

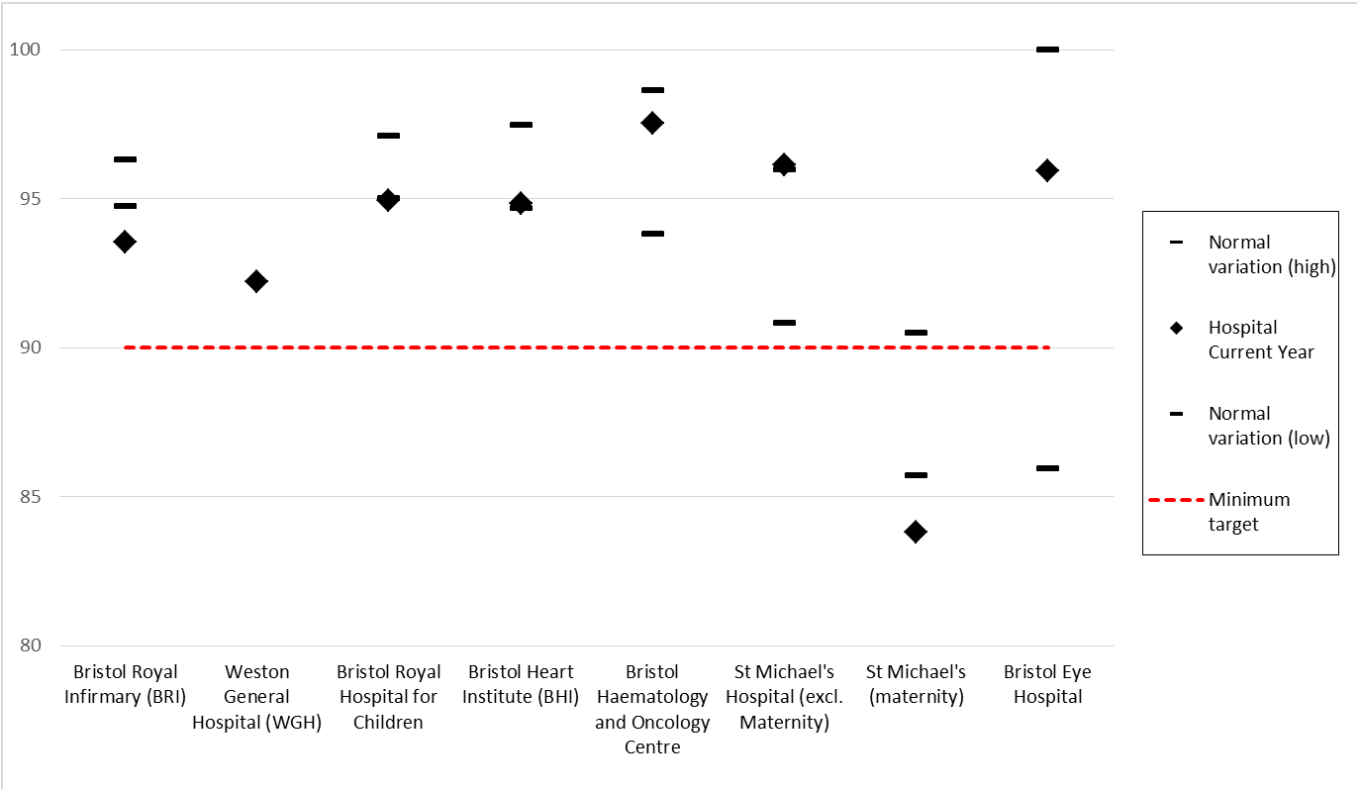


Table 3: Sample of positive inpatient feedback received via the postal survey in Q3 2021/22

Division	Feedback
Medicine	I was completely overwhelmed by the dedication and excellence of all of your people. Mine was a perfect experience. In less than 12 hours your people resolved a problem that seemed to me impossible to achieve. (Ward A700).
Surgery	It was a pleasure to be seen at the Bristol Eye hospital as they were very professional in every way from start to finish. Everybody was very friendly and welcoming; you were made to feel like a person and not just a number. The hospital was very clean and tidy which is always nice to see. The experience and treatment I have received at BEH is excellent and would certainly rate and recommend anyone to go there if they were having problems. (Bristol Eye Hospital Outpatients).
Specialised Services	I came in by ambulance and everyone was waiting and ready for me. I cannot express enough my gratitude to every member of staff, nothing was too much trouble and I was looked after so well. I could discuss my fears and concerns and I was spoken to by various members of staff with all information I needed to know. Every single member of staff was so polite and helpful. I was looked after wonderfully and I cannot suggest any improvement as I could not find fault with anything. Brilliant. Thank you. (Ward C705).
Weston	Given the high demands and long term pressure the NHS has been under, I could not fault the care given. The care and thoughtfulness of all those that looked after me was simply amazing from my admission in A&E, my 7 nights on Harptree and my procedure at the Bristol Heart Institute and the ambulance transfer there and back, everyone, the cleaners, admin staff, support staff, ambulance team, nurses, and medical team, doctors and consultants were each all just brilliant - thank you. (Harptree ward).

W&C (Childrens)	The Doctors, Nurses and everyone else in that hospital were amazing on caring for my daughter and for myself, explaining in detail any step that will be taken before and after it happens. This is far the best treatment that I could wish for my Daughter. I want to congratulate all the professionals involved in my daughter's treatment. Amazing people working in an amazing hospital, thanks a lot to everyone. (Ward E702).
W&C (Maternity)	Very relaxed atmosphere after giving birth which was nice for me and the baby to get some rest and recovery! All staff were happy, positive and showed how much they loved being there and doing their job! All staff are very helpful and reassuring with any concerns you may have. Would highly recommend this hospital and its services. (Ward 73).

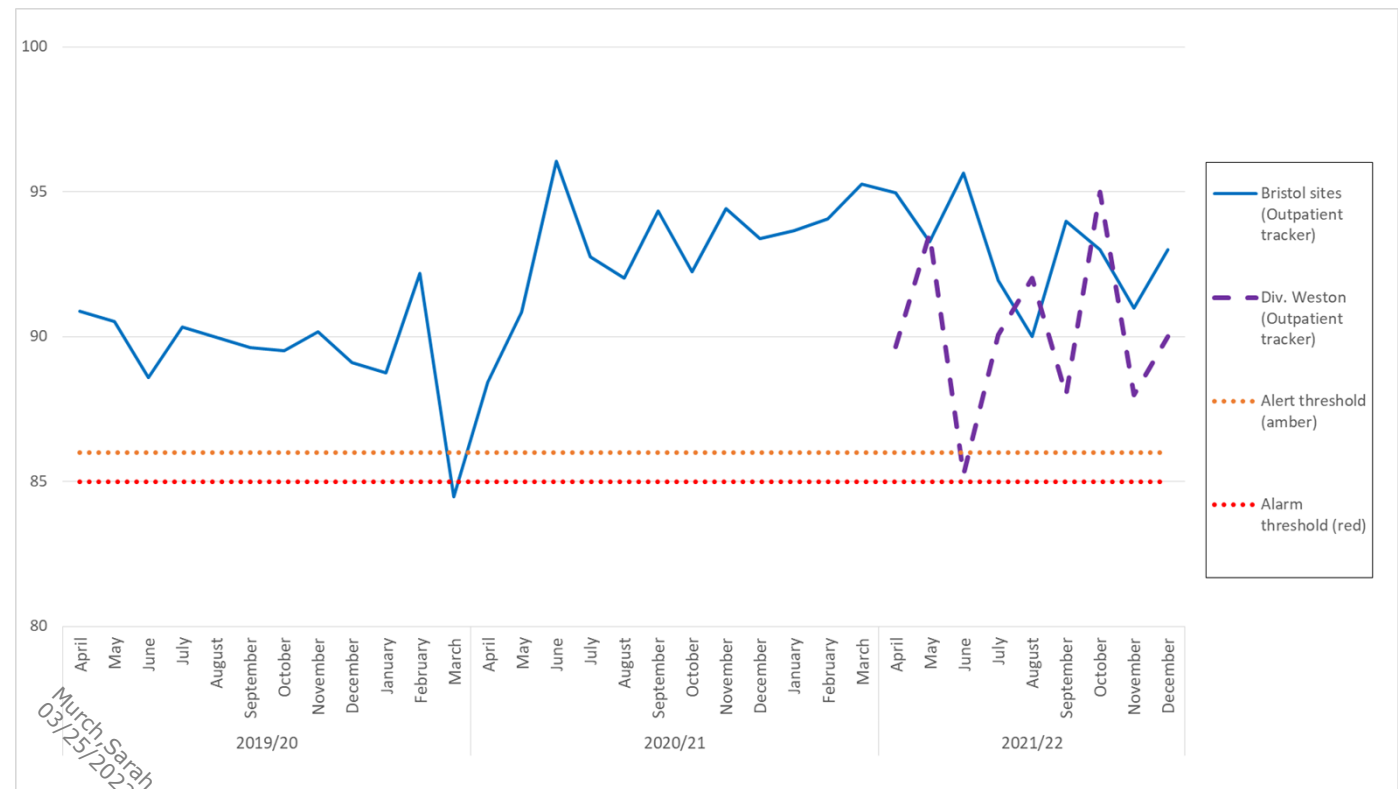
5 Outpatient Experience

The impact of the introduction of Virtual Clinics during 2020/21 as a result of the Trust’s rapid reconfiguration of Outpatient services in response to Covid-19 can be clearly seen in our Outpatient experience tracker score.

Since the introduction of Virtual Clinics, the outpatient experience tracker score for Bristol sites has continued to improve over subsequent months as staff and services adjusted to new ways of working. The score continues to trend above its long-term average (see chart 7). This is a considerable and sustained benefit in delivering Outpatient services as part of a new model which appears to be offering a very positive experience for a large cohort of patients.

The outpatient experience tracker score for Q3 for Bristol sites was 92 and for the Division of Weston was 92 – both were above target. Please note that sample sizes at a Divisional level for the survey are small, and therefore fluctuation in the data for Division of Weston when tracked by month is more evident.

Chart 7: Outpatient Experience Tracker Score



Patient Experience of 'Virtual Clinics'

Since April 2020, there has been a growing body of local survey work taking place across the Trust to understand the quality and suitability of remote outpatient services, known as 'Virtual Clinics' in more depth. The most significant source of feedback has been a Trust-wide survey asking patients to share their experience of Virtual Clinics; during Q3 2021/22, there were 1,119 responses to this survey.

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

Some key headlines from this data (which are consistent with Q2 feedback) are:

- 88% of respondents rated the process of booking the virtual clinic appointment as either very good or good;
- 92% of respondents accessed the virtual clinic appointment themselves, with 8% reporting they needed some help to set up the call;
- 23% of respondents did not know who to contact if they had a problem in accessing the video consultation;
- 98% of respondents felt they were able to have a suitable level of privacy for the video consultation;
- 47% of respondents found the virtual consultation less stressful than a face to face appointment, with 43% stating there was no difference between the two and 5% stating it was more stressful;
- 91% of respondents felt their concerns had been listened to during the appointment and 93% reported they felt involved in decisions about their care;
- 92% of respondents stated they would be happy to have their follow-up appointment virtually.

Evaluation of this large dataset of patient feedback suggests that for those who had experience of accessing virtual clinics during the period, they generally welcomed the changes that the Trust has made to the delivery of outpatient services. There is variation across the Trust in the consistency of providing information to patients pre-appointment on who to contact if they encounter any difficulties.

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

Analysis by key demographic groups

Demographic questions were incorporated within the virtual clinics survey at the end of 2020/21. These questions allow for analysis on whether there were any differences in the experience of specific cohorts of patients and in doing so, supporting the Trust in prioritising work to tackle any health inequalities that are evident. The Trust's planned transition to a new Virtual Clinic system, 'Doctor Doctor', from April 2022, presents an opportunity for Outpatient Services to ensure the system is accessible for the groups highlighted below.

An analysis of patient experience by protected characteristic groups was included in the 2021/22 Q1 Patient Experience and Involvement report. The key themes were:

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

This data does not however account for all patients as there were some patients who were not suitable to attend virtual consultations. Additionally, some sample sizes of measured demographics were particularly small which could limit the extent to which the data is representative of future patients included in this cohort.

6 Patient surveys: Friends and Family Test

The Friends and Family Test (FFT) is a national patient survey mandated by NHS England. It asks the question: “Overall, how was your experience of our service?”. Where possible, methods such as online, SMS or postal surveys are being prioritised to avoid unnecessary burden on staff.

During Q3, we received 16,748 FFT responses which is in line with the volume of responses received in Q2 (16,692).

FFT data for Q3, compared to Q2, is shown below (Table 4). Overall, FFT scores are comparable to Q2. The FFT score for BRI ED continues to be low when compared to other EDs within the Trust and stands at 73.9% in Q3 as shown in Chart 10 overleaf.

Please note that the FFT question changed in December 2020. It is not therefore valid to compare results to historical data from pre 2020 so no trend data is shown in this report.

Table 4: Friends and Family Test Data – Q2 and Q3 2021/22

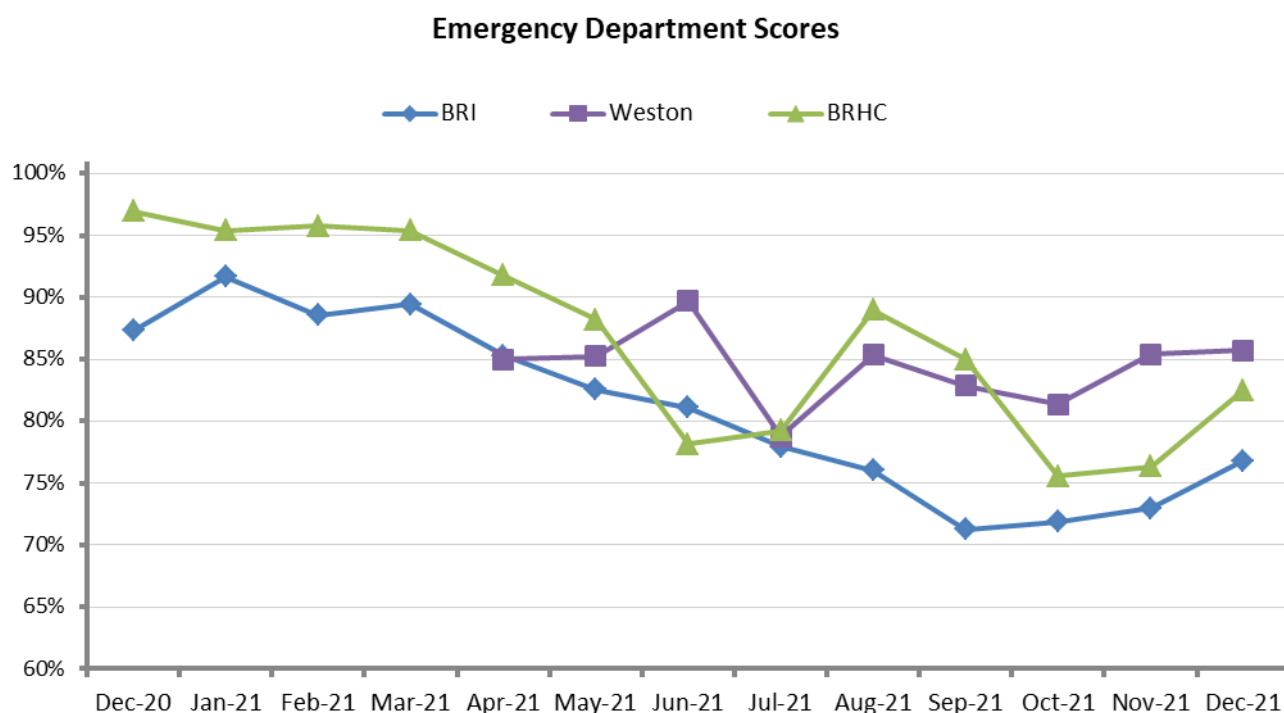
Attendance type by Division/Site	Response Rate		FFT Score ^[1]	
	Q2	Q3	Q3	Q3
Inpatients				
Medicine	22.8%	18.3%	93.5%	93.8%
Surgery	33.8%	30.8%	94.4%	95.5%
Specialised Services	50%	32.7%	95.9%	95.3%
Women's and Children's	29.1%	24.2%	95.9%	97.4%
Weston	39.1%	25.3%	91.4%	91.3%
Trust total	34.5%	26.1%	94.3%	94.8%

Continued overleaf

[1] The FFT score is calculated as those reporting their overall experience of care as ‘Very good’ or ‘Good’ divided by the total number of responses

	Response Rate		FFT Score ^[1]	
	Q2	Q3	Q2	Q3
Emergency Department				
Bristol Royal Infirmary	5.1%	6.5%	75.4%	73.9%
Children's Hospital	7.7%	9.9%	84.4%	77.8%
Weston	12.2%	13.8%	82.7%	84.1%
Bristol Eye Hospital	6.5%	14.7%	97%	95.1%
Trust total	7.6%	10.2%	83.3%	82.5%
Outpatients				
Bristol	N/A	N/A	94.9%	94.9%
Weston	N/A	N/A	94%	94.4%
Trust total	N/A	N/A	94.8%	94.9%
Maternity				
St Michael's Hospital	7%	9%	99%	99%
Day case				
Bristol	17.4%	17.4%	99.3%	99.8%
Weston	53.7%	39.6%	99.5%	99.6%
Trust total	24.9%	21.5%	99.4%	99.7%

Chart 10: Emergency Department FFT Scores December 2020 – December 2021



*Note: Prior to April 2021, response rates at Weston ED were too low to report a statistically valid FFT score

^[1] The FFT score is calculated as those reporting their overall experience of care as 'Very good' or 'Good' divided by the total number of responses

7.1 Improvement activity - specific issues identified via the Friends and Family Test

The feedback received via the Trust's Friends and Family Test is generally very positive. Table 5 below provides a response from Divisions / services for the relatively small number of negative ratings, where that rating was accompanied by a specific, actionable, comment.

Table 5: Divisional response to specific issues raised via the Friends and Family Test, where respondents stated their experience was poor or very poor specific / actionable reason was given.

Division	Area	Patient Comment	Response from ward / department
Medicine	BRI ED	My care was amazing, however I did feel sorry for a pregnant lady who came in with bleeding, reception asking her how many pads she needed to use etc loudly with a busy waiting room, everyone could hear, I know it's difficult but she should have been taken to one side and it dealt with a bit more sensitively. It was a Friday night as well so very busy.	The Head of Nursing in Division of Medicine has fed this back to the ED team to reflect on the importance of privacy and respect for individual needs which should always be paramount. Due to the high demand in the BRI ED and crowding, it can be challenging to maintain the level of privacy we would ordinarily wish to.
	BRI ED	I was Covid-positive and sent to BRI ED by my GP. I was told to check in at the main desk with all the other patients. This surprised me. I was then told to take a seat. I asked to speak to the receptionist privately. I told her I was Covid-positive and I shouldn't be sitting in the main waiting area. She said I had to go back in to the main room and book in again as she wasn't a proper receptionist. Afterwards, I said again I couldn't sit in the main area and was told to wait outside. The entrance way had automatic sliding doors, a vending machine and one chair so I sat there. It wasn't very warm. Triage came after a few hours, said they nearly missed me. Afterwards I ended up back in the same place. After 4 hours I was so cold I moved my chair into a corridor. Nobody checked on me or offered me a sandwich or warm drink. I was called in for bloods, and those staff said they nearly missed me, and then 30 minutes later went back to the cold corridor. One kind worker brought me a blanket. Finally, after 6 hours I asked a cleaner if there was anybody who could help me get a hot drink and something to eat.	BRI ED has been over-crowded at times and the team do their best to ensure patients are managed within the appropriate place. This is of particular importance for those that are known to have Covid-19. The reality is that at times all of the appropriate space will be being used. This feedback has been shared with the BRI ED team to reflect and identify learning by the Head of Nursing in Division of Medicine.

Murch, Sarah
03/25/2022 14:25:33

		<p>She was very nasty and said, I can't it's not my job. I asked if there was anybody who could help me. Two receptionists came out and I asked them and they arranged it. I sat in a cold reception and cold corridor for 10 hours and nobody checked on me. There were no arrangements for a waiting area for Covid-positive people. If I hadn't said I would not sit in the waiting room, I would have been allowed to infect a load of other ill people. Very bad treatment when I was already very poorly.</p>	
<p>Specialised Services</p> <p>Murch, Sarah 03/25/2022 14:25:33</p>	C705	<p>Poor communication on the ward. Poor communication with my family. Did not see a doctor for 2 days (due to bank holiday), barely saw or spoke to any nursing staff. Water jugs empty all day, not offered hot drink at night, not given choice of food. Loud music playing outside of ward on reception desk all night, making it difficult to sleep. Wife's phone calls not answered on several occasions and could hear phone ringing with staff members sat next to it. Language barriers with staff. Ward was very tidy and clean. Shame the communication was so poor in all aspects!</p>	<p>An email has been sent to the team regarding poor communication. The following actions are noted:</p> <ol style="list-style-type: none"> 1) Patients won't be seen usually by doctors on weekends & bank holidays unless they are unwell or they have a clinical reason to be seen. If a patient requests to be seen by a doctor –we will always inform the on call doctors. This is to be explained to the patients to avoid further complaints. 2) We have had many shifts with bare minimum staffing levels, including admin & clerical staffing; this could be the reason for phone calls were not answered. We will encourage nursing students to answer the phones. 3) Staff, including the kitchen staff, are reminded to continue to offer hot drinks and re-fill water jugs even though the bays are closed due to infection control reasons. We will encourage patients to ask a member of staff, if they need any water, hot or cold drinks. 4) In regards to the language barrier, this is still to be investigated as I have had no language issues with staff. 5) All of these areas have been added to the ward safety brief
	D603	<p>The room was absolutely freezing but with no way to regulate the icy blast</p>	<p>This is a known problem in BHOC and especially on D603.</p>

		<p>from the ceiling vent. I spent most of the day times sitting at the table at the end of the corridor, except for meals. I slept in the room, of course, but I would wake in the morning warm in body, due to plenty of blankets, but with freezing cold face. No wonder I returned home with a form a rhinitis that is only clearing up now. Putting a patient in such a cold room cannot be conducive to their well-being. It certainly wasn't to mine! I might also suggest that it may be worth testing the airflow for the sort of bugs that live in air con systems.</p>	<p>1. Whenever a room is too hot or cold this is reported on Agility.</p> <p>2. More portable heaters have been ordered for D601/D603</p> <p>There does seem to be a persistent problem with air-con and heating on both wards and so this has been escalated to Estates for a review.</p>
Surgery	C808	<p>1. There was an automatic door at each end of corridor to the ward I was staying in. There was a lot of noise from the operation of these doors and the metal trolleys that staff used for treatments, both of which I found to be an ongoing nuisance.</p> <p>2. The ward was brightly lit a lot of the time in the late evening.</p> <p>3. An extra bed had been positioned at right angles between the foot of facing beds at the far end of the ward. A screen had been provided at the foot of this bed facing the ward doors. This created an extra bed on the ward but in my view overcrowded the ward and had implications for the health and safety of patients and staff. On my last night before being discharged I was transferred to this bed because another patient was expected who would be put in the bed space where I had been. I found the second bed space was not private enough as it was too near the other patients and their visitors as well as being in full view of the ward doors. The other patient to be placed in my previous bed space never arrived.</p> <p>4. In general I was very pleased with the treatment and care that I received from the surgical team, nurses and domestic staff.</p>	<p>The ward has electric doors that open using swipe access, as identified by the patient. This is the main entrance to the ward. We could improve the patient experience by closing the doors to the patient bay but we would need to identify a clinical staff member to remain in the bay for patient safety which we could look to plan for longer term but appreciate this would not be achievable with current staffing levels. We will review the noise at night work though and identify if there are any changes we can make in this area to improve the noise and therefore patient experience. The bed discussed is in addition to our current bed spaces and it is called a 'boarding bed'. This is to support the current hospital capacity/demand challenges that we have but recognise it can have a detrimental impact on patient experience.</p>

Murch, Sarah
03/25/2022 14:25:33

	Bristol Eye Hospital ED	Waiting for over 4 hours, cold waiting room, and no access to buy hot drinks. No information given to me, despite having had eye surgery during the previous week.	Apologies for the delay and long wait. The opening times for the shop are limited which our estates team are aware of and reviewing. I am sorry that a staff member was unable to offer a drink or provide any information whilst in the emergency department. The Matron will feedback to the team, where possible, if patients are waiting for long periods, that they update them of the timings and offer warm drinks.
Women's and Children's	E702 – BRCH Apollo Ward	Patient was left with no nurse checking her catheter for over 48 hours, no cleaning and no clean bed sheets. When mum asked for help to move patient, nurses looked vague and asked how to mover her despite them having experience of spinal injuries and mum not. No nurse ever introduced themselves. I felt she had no care or respect and she was merely a number, not a 12 year old scared girl.	Apologies that this occurred. Unfortunately it was not raised with us at the time; however, we will highlight this to the nursing staff and speak to the CSF regarding training around catheter care. Due to the many new staff that we have had start on Apollo we are already planning some sessions on manual handling bespoke to Apollo on the ward study days this year as we have recognised that this is an area where we need to improve. We have also had several staff with bad backs from moving patients on Apollo so this will hopefully address this.
	Maternity Ward 76	The one thing I think could be improved is the induction onto the ward, no-one told me about meal times, kitchen info or snack info. I appreciate there are signs but just some verbal info on arrival would be nice.	The ward sisters have developed patient information to inform patients about meal times etc. and will remind staff to orientate patients on arrival.
Weston	ED	Infection control appalling. Despite being potentially Covid positive, equipment used without being wiped between patients. Doctors wearing the same masks and not cleaning hands between patients. Receptionists unhelpful. One receptionist wearing high heels with uncovered toes whilst entering clinical areas, surely this is a needle stick injury risk? Poor communication by some doctors. Porters however were fantastic.	All equipment cleaned between patients with appropriate products as per guidance. Masks are not required to be changed between patients. Hand washing audit results requested on 09/02/2022, this was not previously identified as an issue in previous audits. The line manager of reception staff has been contacted to address footwear with her staff - this had already been observed this week in addition to this feedback.

Murch, Sarah
03/25/2022 14:25:33

	Berrow ward	Weston General Hospital failed to medicate my wife on several occasions. On one occasion I had to take in morphine (we had at home as they ran out of it at the hospital). Something I find totally unforgivable. And then a couple of days later, they ran out of solvable paracetamol.	Unsure why this was the case – will review with ward. Oral morphine is a ward stock medication and readily available on the wards. Other forms of morphine (controlled drugs) are ordered via pharmacy and stored in the controlled drug cupboard, a record of the stock level and updated with every drug administration so that stock can be ordered through pharmacy as and when required. Out of hours drugs can be obtained by contacting the Clinical Site Manager who can access the medications in the emergency drug cupboard or via the on-call pharmacist. Dissolvable paracetamol is also ward stock and stock levels are checked weekly and drugs ordered as required.
Diagnostics and Therapies		There was no specific negative feedback received during the quarter for review.	

7.2 Other examples of improvement to experience of care

This section of the report highlights improvement action taken by Divisions in response to patient feedback and/or actions instigated by staff to improve experience of care during the quarter.

Bristol Eye Hospital (BEH) - BEH has excellent links to the Friends of BEH charity that provide advice and support to enable the hospital to fully consider the needs of our patients who experience difficulties with their vision. Improving the hospital provision is an ongoing conversation to ensure BEH provide a fully accessible service. Following a complaint received in September 2020 regarding inaccessible services, the patient was engaged and now participates in initiatives supporting Trust-wide improvements. As a result we have improved the following:

- Better signage to inform patients to let us know of any adjustments required;
- Key poster available in Braille;
- If Braille communications are needed we apply the following process: Alert added to CareFlow and the process is followed to organise all future letters in braille;
- E-learning package developed in partnership with Bristol Sight Loss Council focusing on what it is like to be a visually impaired patient and the link to the NHS Accessible Information Standard (AIS).

Our Emergency Department has also recently been reviewed by the Bristol Autism Support team to consider potential improvements to support patients with Autism who may require additional support. As a result of feedback from the audit we:

- Supply ear defenders ;
- Have chargers available for electronic devices;
- Display a poster to advise patients to alert us to any adjustments they may require;
- Review of patient pathway to simplify and map the provision;
- Are organising staff training on supporting patients with Autism.

Maternity services have introduced the use of 'Cook balloons' for induction of labour which is a gentler experience for women and also prevents delays in inductions. Some women can go home with the Cook balloon inserted and return when they are ready for an artificial rupture of their membrane (ARM) and labour.

Division of Medicine (specifically BRI Emergency Department) has implemented a new protocol for the safe storage and transfer of the belongings of deceased patients. This has been introduced following some negative feedback from families.

Bristol Royal Hospital for Children - The Wales and West Acute Transport for Children service (WATCH) is a dedicated critical care transport service with highly skilled nursing and medical teams who retrieve critically ill and injured children from around Wales and the South West and transfer them to Paediatric Intensive Care. They also repatriate children back to their local hospital where able. In order to ensure the service is responsive to the needs of the people it supports, WATCH are now recoding an email address from all parents/families who come through the service and email them (with consent) a week afterwards to ask for feedback on the service and their experience – including areas for improvement.

Murch, Sarah
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8 Patient Surveys: national benchmarks

The Care Quality Commission’s national patient survey programme provides a comparison of patient-reported experience across NHS trusts in England.

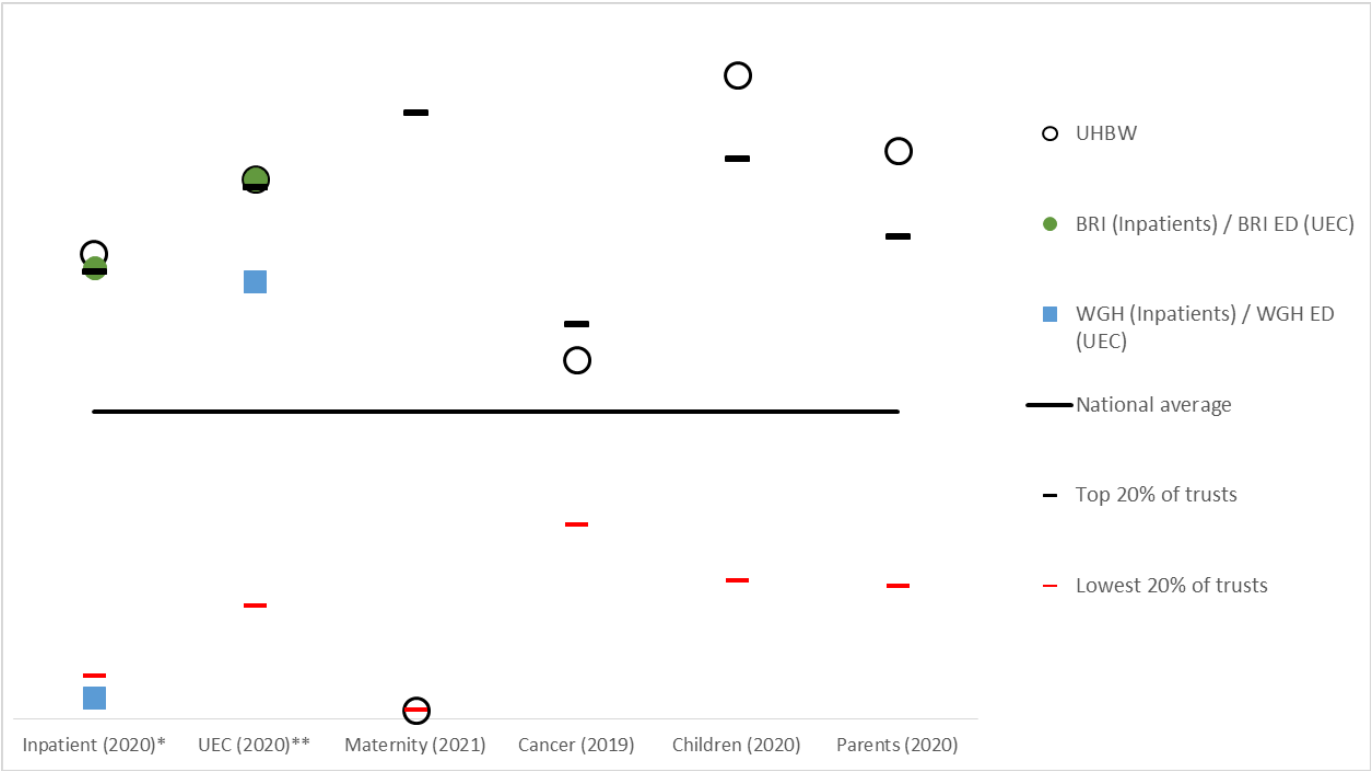
Chart 11 below represents how UHBW compares to the national average for each of the most recent national surveys when looking at the ‘overall experience’ score from each survey.

During Q3, the chart has been updated in light of the results from:

- The National Children and Young People’s Survey (2020) which is disaggregated by responses from a) children and young people and b) parents. The National Children and Young People’s Survey results indicate that UHBW performed in the top 10% of Trusts nationally.
- The National Maternity Survey (2021) where the Trust has performed in the bottom 20% of Trust’s nationally, this compared to top 20% national performance in the 2019 survey.

The results of each national survey, along with improvement actions / learning, are reviewed by the Trust’s Patient Experience Group and the Quality and Outcomes Committee of the Trust Board.

Chart 11: Overall experience relative to national benchmarks²



² This is based on the national survey question that asks patients to rate their overall experience. We have indexed (=100) each score to the national average to ease comparability. This overall question is not included in the national maternity survey and so we have constructed this score based on a mean score across all of the survey questions. UHBW chose not to participate in the voluntary 2020 National Cancer Patient Experience Survey (NCPES).

Meeting of the Board of Directors in Public on Wednesday 30th March 2022

Report Title	National Patient Survey SPORT Summary
Author	Matthew Areskog, Patient Experience Manager
Executive Lead	Deirdre Fowler, Chief Nurse & Midwife

1. Purpose of briefing

This briefing has been prepared to summarise UHBW's performance in the latest round of published national patient survey results and to provide assurance on the actions being taken to address improvement opportunities.

2. Key points to note

Each year, UHBW participates in the national patient survey programme which is a mandatory requirement for all NHS acute providers. Some of the surveys take place annually, others on a biennial basis. The programme is coordinated by the Care Quality Commission (CQC) and Picker Institute.

The national survey programme provides important benchmarking information for the Trust and provides insight to support quality improvement activity. However, a key limitation is that survey results are typically available to providers up to 10 months after the fieldwork (patients completing the survey) took place. In order to understand experience of care in a timely way, the Trust adopts a local patient survey programme which comprises the Friends and Family Test (FFT) and postal surveys post-discharge for inpatients, outpatient and maternity services. The results of the local survey programme are shared with Divisions, through the UHBW clinical governance framework, and reported to PEG, SLT, QOC and Board routinely.

Between September 2021 and February 2022, five national survey results were published:

- Urgent and Emergency Care Survey 2020(CQC)
- Inpatient Survey 2020 for those aged 16+ (CQC)
- Children and Young People Survey 2020 (CQC)
- Under 16 Cancer Experience Survey 2020 (Picker Institute)
- Maternity Survey 2021 (CQC)

The attached SPORT summary provides an overview of UHBW's performance in relation to these surveys. Chart 1 (on page 2 of the report) provides a visual representation of where the Trust performance in relation to the national average for each survey.

There are patient experience action plans in place for the BRI Emergency Department, Maternity Services and Bristol Royal Hospital for Children and focus groups planned to further explore the experience of those under 16 (and their parents) receiving cancer care and support from UHBW.

A detailed briefing report with accompanying appendices has been prepared for each of the five surveys.

3. Risks

If this risk is on a formal risk register, please provide the risk ID/number.	
None	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<ul style="list-style-type: none"> This report is for Assurance. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
Senior Leadership Team	16/03/2022
Quality and Outcomes Committee	24/03/2022

Successes	Priorities
<p>UHBW performed in the top 10% of Trust's nationally in the Children and Young People (2020) - from the perspective of parents, ranked 6th out of 125 Trusts, and from the perspective of children and young people, ranked 15th out of 125 Trusts).</p> <p>Bristol Royal Hospital for Children ranks as the 3rd best specialist children's hospital in the country for the overall experience of care question (from the perspective of parents). Note this survey relates to children and young people who had been admitted to hospital as an inpatient, a planned day case, or following an emergency attendance.</p> <p>UHBW performs in the top 20% of Trust's nationally for the overall experience of care question in two national patient surveys:</p> <ol style="list-style-type: none"> 1) Urgent and Emergency Care (2020) for those aged 16 and over (ranked 25th out of 126 Trusts), maintained position in the top 20% of Trusts from the previous survey in 2018. <p>Weston General Hospital (WGH) Emergency Department (ED) was not eligible to participate in the National Urgent and Emergency Care Survey, however, a locally commissioned survey that took place at the same time and mirrored the national survey methodology shows the majority of questions (32 out of 38) scored within 5% of the performance of BRI ED. There was stronger performance at WGH ED (than BRI ED) for four questions on the survey (scoring > five points higher);</p> <ol style="list-style-type: none"> 2) Inpatient care (2020) for those aged 16 and over (ranked 26th out of 137 Trusts), maintained position in the top 20% of Trusts from the previous survey in 2019. <p>UHBW ranks as the 3rd best city-centre acute Trust in the country for the overall experience of care question in the National Inpatient Survey 2020. In addition, UHBW performs above the national average across every section of the inpatient pathway in the 2020 National Inpatient Survey (from admission through to discharge). There are particularly strong scores in the areas of 'care and treatment', 'operations and procedures' and 'respect and dignity'.</p>	<p>Following the mixed results for UHBW from the inaugural 2020 Under 16 Cancer Experience survey, focus groups with young people and parents are planned to identify areas for improvement that are relevant and pertinent to the care that UHBW provides directly (as part of the Trust's role leading the Principal Treatment Centre in the South West region). The insight from focus groups will inform an action plan, developed by the Children's Cancer Network Team which will be monitored through the Trust's Paediatric Haematology, Oncology and BMT governance Group.</p> <p>The improvement plan in place for the BRI Emergency Department incorporates insight from the National Urgency and Emergency Care Survey as well as ongoing feedback via the Friends and Family Test. Improvements to the waiting area have commenced (a temporary new location whilst further refurbishments are being completed) as well as a focus on improving the quality of communication between patients and staff whilst they are waiting to be seen.</p> <p>The Division of Women's and Children's services will now commence the implementation of the Maternity Services patient experience action plan which focuses on the areas of concern raised via the National Maternity Survey 2021. The Trust's local maternity postal survey will be used to monitor anticipated improvements in experience of care during 2022/23.</p> <p>Ward-level analysis of inpatient experience at WGH has been shared with the Division of Weston Management Team and a meeting took place on 9th March 2022 between Head of Nursing, Deputy Head of Nursing and Patient Experience Team to review the analysis and prioritise areas for improvement.</p>
Risks & Threats	Opportunities
<p>Inpatient experience at WGH was lower than Bristol hospital sites (as measured through the 2020 National Inpatient Survey). This pattern is consistent with the data collected through the Trust's ongoing postal survey programme which is reported to PEG, SLT, QOC and Board via the inpatient experience tracker score. It should be noted that our 2021/22 Q3 survey data suggests Division of Weston broadly performs in line with Division of Medicine on the inpatient tracker score.</p> <p>UHBW achieved a set of results in the 2021 National Maternity Survey which were below average across many elements of the maternity pathway and in some cases amongst the bottom 20%. This is in stark comparison to strong set of results in the 2019 National Maternity Survey. There were 16 question scores for UHBW from the 2021 survey where a statistically significant decrease is evident when compared to</p>	<p>Improvement opportunities were identified for five areas of the Children and Young People Survey, and Women's and Children's Division have developed an action plan to address these issues which is being led by the LIAISE team. A series of social media posts have been scheduled to celebrate the successes of the survey as well as highlight the actions that have been taken by Bristol Royal Hospital for Children in relation to the issues raised in the survey.</p> <p>A multi-disciplinary staff workshop in Maternity services was held on 24th February to review the National Maternity Survey results. The workshop offered a collaborative forum with staff to reflect on experience of care across the</p>

the results from the 2019 survey. Areas of particularly poor (comparatively) experience related to ante-natal care, care in hospital after birth and care at home after birth.

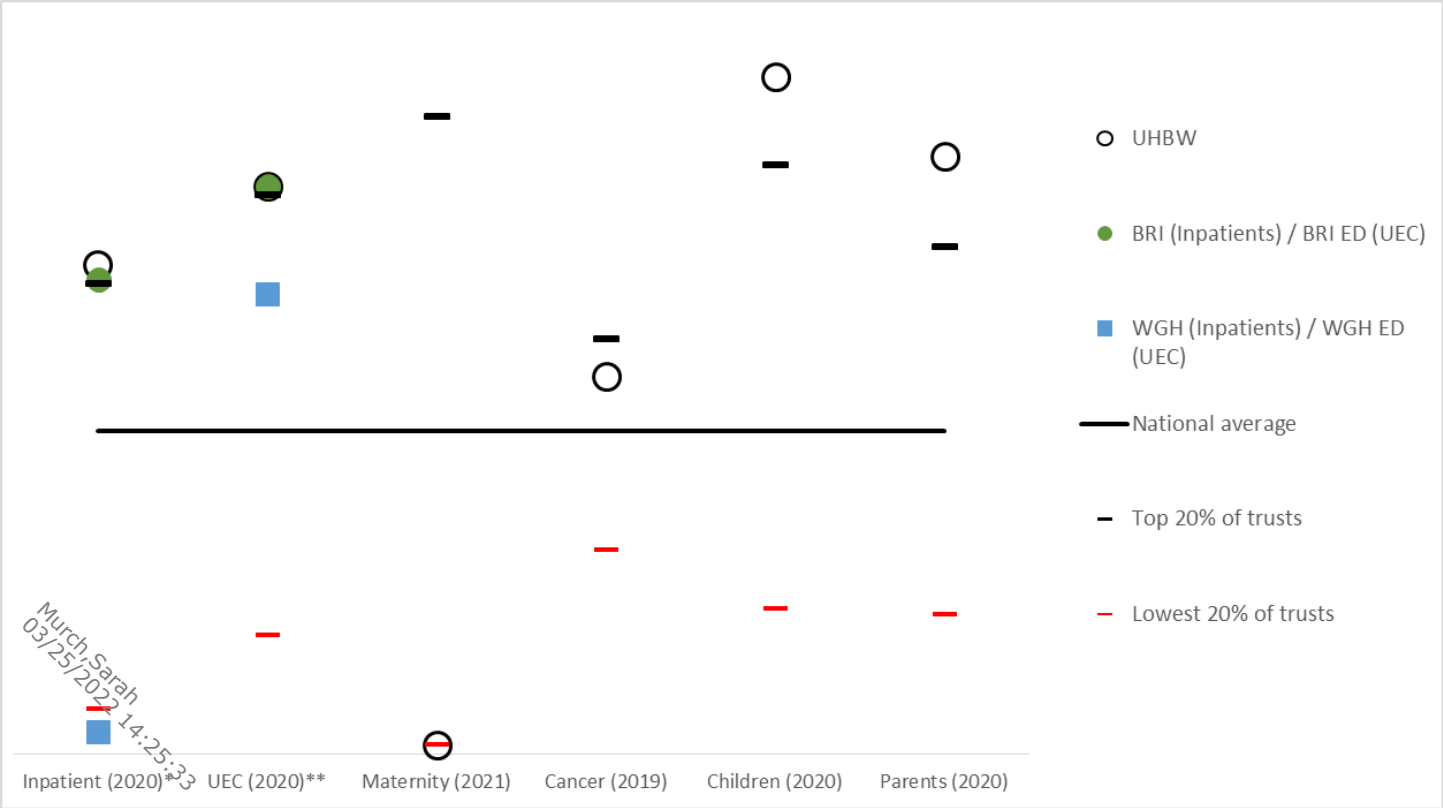
The 2020 Under 16 Cancer Experience survey results were mixed for UHBW. 10 questions scored above the national average and 21 questions scored below. All remaining questions (21) were largely in line with the national average. UHBW, as Principal Treatment Centre (PTC), ranked 10th out of the 13 PTCs involved in the survey when parents / carers were asked to rate their child’s care, and 11th out of 13 PTCs when children were asked how well they felt looked after.

maternity pathway. The patient experience action plan for Maternity services includes a specific objective to build on this model of staff engagement in order to continually reflect on feedback and improve the quality of care.

The merger of UH Bristol and Weston Area Health Trust to form UHBW has offered a greater platform for sharing good practice between departments. This is the case in relation to the patient experience at the Trust’s EDs where there is appetite between the lead consultants and matrons from WGH, BRCH and BRI EDs to co-host a workshop with the Trust’s Patient Experience Manager in summer 2022 to share learning.

Chart 1: Summary of UHBW performance in National Patient Surveys

This chart is based on the latest published survey results. Please note the Trust did not participate in the 2020 National Cancer Experience Survey which was voluntary.



Matthew Areskog, Patient Experience Manager. 08/03/2022.

Briefing report: 2020 National Urgent and Emergency Care (UEC) Patient Survey Results

1. National Urgent and Emergency Care Survey 2020

The National Urgent and Emergency Care (UEC) Survey takes place every two years and is part of the Care Quality Commission's (CQC) national survey programme. In total, 126 NHS trusts participated in the 2020 survey. Patients were eligible to receive a questionnaire if they were aged 16 years or older and had attended a Type 1 Emergency Department¹ during September 2020. The data is for University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and primarily covers attendances at the Bristol Royal Infirmary Emergency Department (BRI ED)².

A questionnaire was sent by post to 1250 patients that had attended the Bristol Royal Infirmary ED, with 291 responses received; a 25% response rate compared to 30.5% nationally³. Separately, a local survey was run alongside the national survey for Weston General Hospital emergency department (Weston ED) following the same methodology and these results are covered separately in this report⁴.

NHS UEC services faced unprecedented challenges in 2020 due to the COVID-19 pandemic and have been affected in many ways such as the separating of patients with COVID-19 (or symptoms) from those that do not resulting in parallel systems in UEC services. Despite this change, analysis by the CQC shows that overall response rates both nationally and for Trusts are very similar to 2018 and they have generally heard from the same cohort of people at the same rate as 2018. Providers have been encouraged to consider the changes to NHS UEC services both nationally and locally when interpreting comparisons and survey results this year.

2. Headline results

The BRI ED achieved the following headline results in the survey:

- One question scored better than the national average to a statistically significant degree:
 - o 'Did you have confidence and trust in the doctors and nurses examining and treating you?'
- The remaining 37 questions scored in line with the national average;
- In the previous (2018) survey, UH Bristol achieved, more question scores (four) that were classed as being better than the national average to a statistically significant degree.
- For the overall question which asks "Overall, I had a very good experience", UHBW (BRI ED) ranks 25th out of 126 Trusts, which places the Trust in the top 20% of performance.
- Due to the Trust merger and change in methodology since previous UEC survey, comparisons between 2018 and 2020 results are not possible.

The full set of results is attached as Appendix A to this report.

¹ Type 1 Departments are defined as "consultant led 24 hour service with full resuscitation facilities and designated accommodation for patients".

² Just four patients in the mail out sample had attended the Bristol Royal Hospital for Children Emergency Department.

³ The response rate calculation excludes questionnaires that could not be delivered.

⁴ Weston General Hospital emergency department does not fall into the type 1 department covered by this survey

3. Analysis of the BRI ED survey results

Chart 1 shows the key touchpoints of an “average” patient experience journey at the BRI ED for patients attending in September 2020 (i.e. the period covered by the national survey). These touchpoints are calculated in sections based on the average of a cohort of related question scores in the survey.

Arrival and waiting

Following a reasonably positive experience on arrival, waiting in the department was challenging. It should be noted that BRI ED scored above the national average for the waiting section in 2020 and improved on its position since 2018. The aspects of waiting that continue to drive a negative experience at BRI ED, i.e. lower survey scores, are: 1) lack of information on expected wait time, 2) the length of wait and 3) getting help with symptoms whilst waiting.

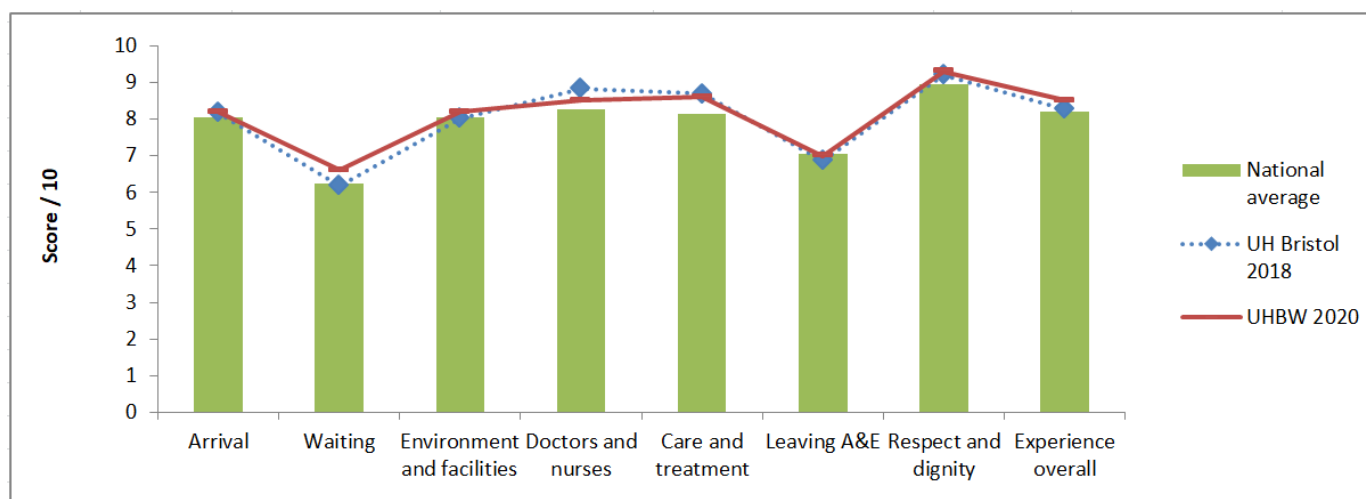
Care and treatment

When patients were seen, the experience of the care from doctors and nurses care was above the national average and, despite demand pressures on the Department, most patients reported that they had enough time with the medical professionals and had confidence and trust in the doctors and nurses examining and treating them.

Leaving

Experience of care in relation to quality of the information provided on leaving the department was poorer when compared to other parts of the patient journey through BRI ED. The section of ‘leaving’ the department covers questions relating to managing medication side effects, discussing transport arrangements to get home and staff explaining how patients would receive test results (if they did not receive them in ED).

Chart 1: Key touchpoints in the BRI Emergency Department patient journey



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4. Local Weston General Hospital Emergency Department survey

Weston General Hospital (WGH) Emergency Department did not meet the inclusion criteria (Type 1 departments) for inclusion in the National UEC Survey. However, as a recently merged Trust, we were keen to ensure we could understand experience of care robustly at WGH ED. We therefore commissioned Patient Perspective, who administers many of the National Surveys on our behalf, to run a local survey for patients seen at WGH ED, which mirrored the approach and questions set used for the National UEC survey. The full set of results has been attached as Appendix B to this report.

Analysis of the local survey results shows that the majority of questions (32 out of 38) scored within 5% of the performance of BRI ED. The six questions where there were notable variations in score are shown below - a difference of +/- 5%. There was stronger performance at WGH ED for four out of the six questions (highlighted in green).

UEC Survey Question	BRI ED	WGH ED
6. Were you given enough privacy when discussing your condition with the receptionist?	73%	80%
9. How long did you wait before you first spoke to a nurse or doctor? This does not include staff screening for coronavirus at the entrance to A&E.	64%	71%
29. Did a member of staff explain the results of the tests in a way you could understand?	88%	82%
32. In your opinion, how clean was the A&E department?	88%	94%
34. While you were in A&E, did you feel threatened by other patients or visitors? ⁵	92%	97%
45. After leaving A&E, was the care and support you expected available when you needed it?	80%	74%

Whilst it is not possible to make comparisons between the local survey results and the National UEC benchmarking dataset, there remains useful learning to take forward in WGH ED, both in terms of areas where there is a positive experience of care, and other areas for improvement. These results will be shared with the WGH ED management team. As part of sharing the results and reflecting on the findings, it is recommended that the BRI ED and WGH ED staff explore opportunities to work together to share good practice and learning.

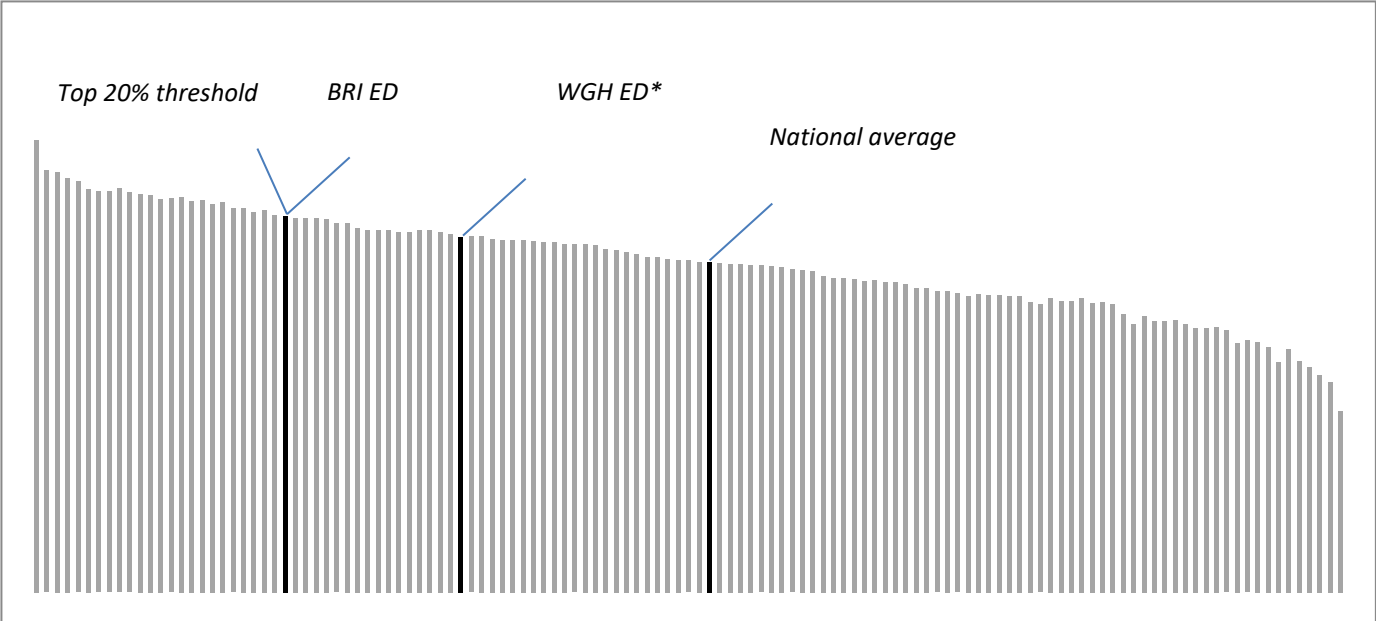
5. Benchmarking

The following section compares BRI ED performance in the 2020 National UEC survey to other Trusts nationally and regionally using the overall experience of care question.

In the 2020 National UEC survey, BRI ED patients gave the Trust an overall experience rating of 8.51 out of 10. This compares to a national average on this survey question of 8.26, and was within rounding error of being in the "top 20%" of trusts nationally (Chart 2 overleaf). This places BRI ED 25th out of 126 Trusts.

⁵ Note that a high score for this question is positive, i.e. more patients did not feel threatened by other patients or visitors)

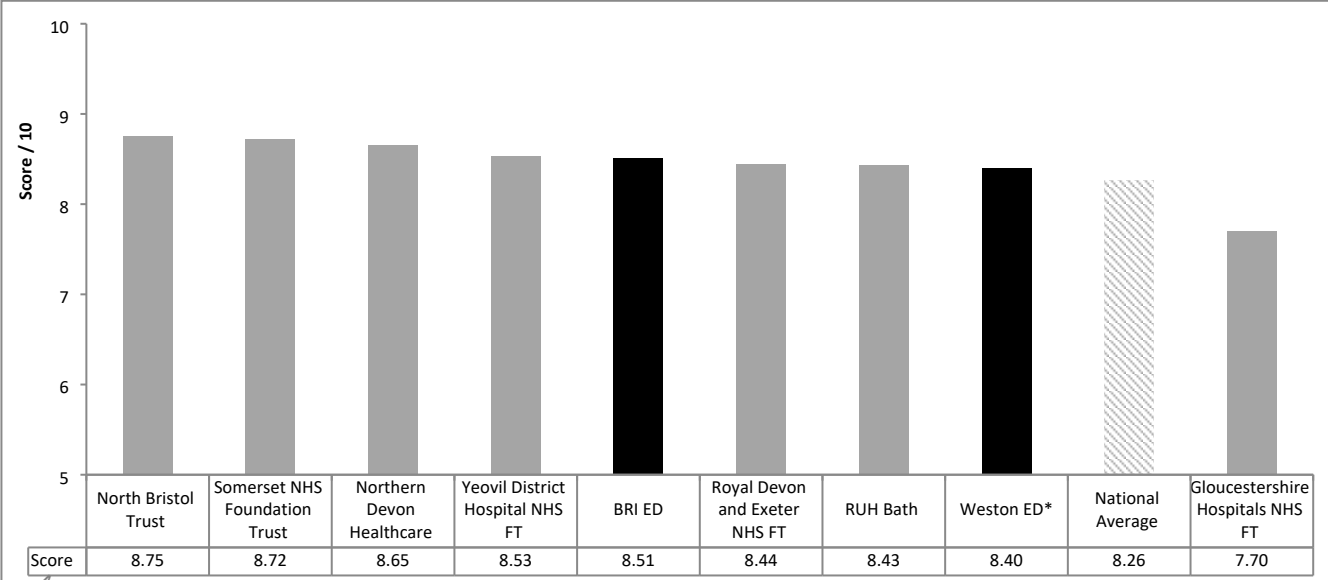
Chart 2: Overall experience rating question score – all Trusts nationally



*Please note we have included the WGH ED overall experience question score to provide an indication of performance compared to the national average and BRI ED and it is for interest only. However, it is not strictly comparable because WGH ED was not included in the National UEC Survey 2020 due to the criteria set by CQC.

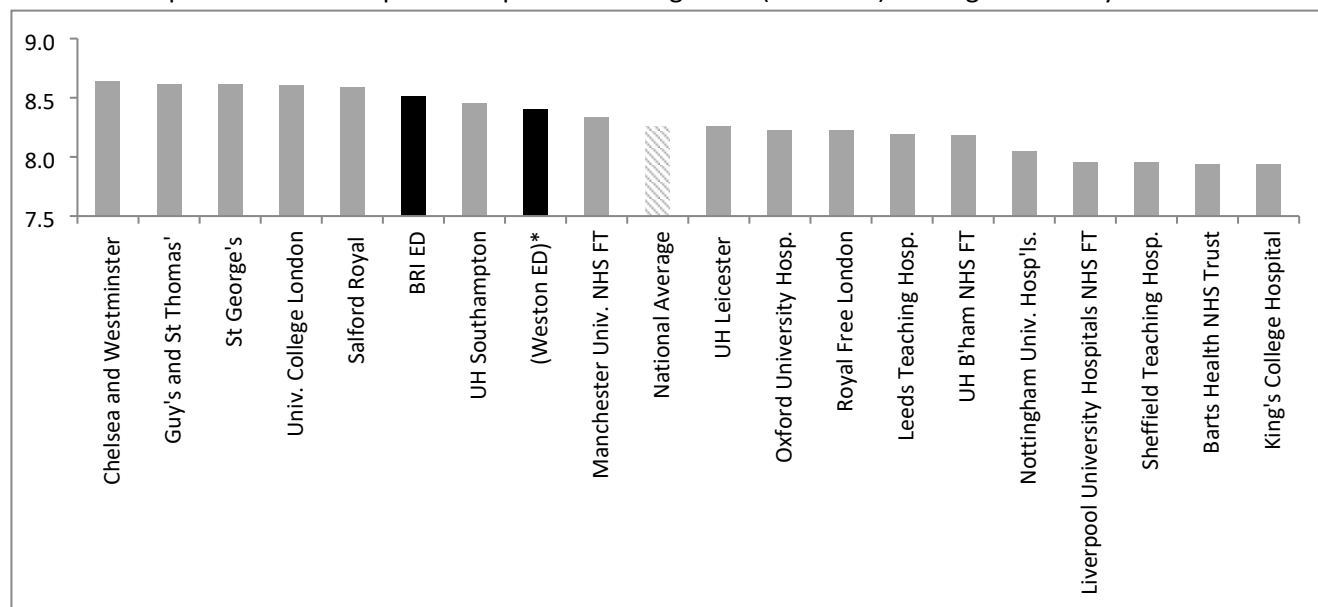
Chart 3 (below) shows that the overall patient experience rating score for BRI ED was broadly in line with other geographically neighbouring trusts although the WGH score was towards the lower end of the scores. In addition, when comparing BRI ED and WGH ED with other large-city centre acute trusts (Chart 4), both performed in the top 50% and were above the national average score.

Chart 3: Comparison of overall patient experience rating question score for geographically neighbouring trusts



*Please note we have included the WGH ED overall experience question score to provide an indication of performance compared to the national average and BRI ED and it is for interest only. However, it is not strictly comparable because WGH ED was not included in the National UEC Survey 2020 due to the criteria set by CQC.

Chart 4: Comparison of overall patient experience rating score (out of 10) for large acute city-centre trusts



*Weston ED is not based within a large city-centre but has been included within this chart for interest. Please note we have included the WGH ED overall experience question score to provide an indication of performance compared to the national average and to BRI ED and it is for interest only. However, it is not strictly comparable because WGH ED was not included in the National UEC Survey 2020 due to the criteria set by CQC.

6. Sentiment analysis for patient comments for BRI ED

An analysis of each free-text comment received as part of the 2020 National UEC Survey has been undertaken for the BRI ED. The full analysis is attached as Appendix C to this report. There were 458 comments in total:

- 171 comments were about care and treatment;
- 165 comments about staff;
- 81 about the pathway of care;
- 26 about place (environment);
- 15 'other' comments.

Just under two thirds of the comments were positive in sentiment. While 85% of comments about staff and 61% of comments about care and treatment were positive, 58% of comments about both pathway of care and place (environment) were negative.

A further breakdown of themes for the comments can be found in charts 5-10 overleaf. Note this analysis was undertaken on the results of the 2020 survey only and we are unable to compare to the results of the 2018 survey.

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Chart 5: Total comments by sentiment

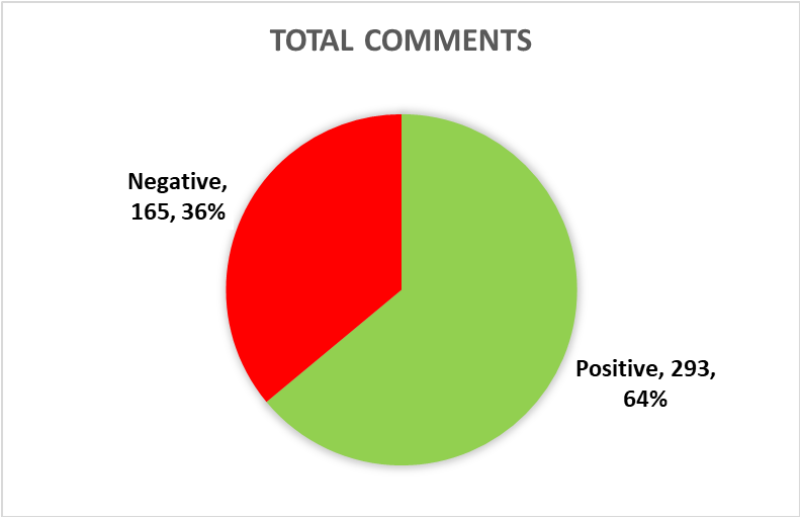


Chart 6: Sentiment analysis of comment categories

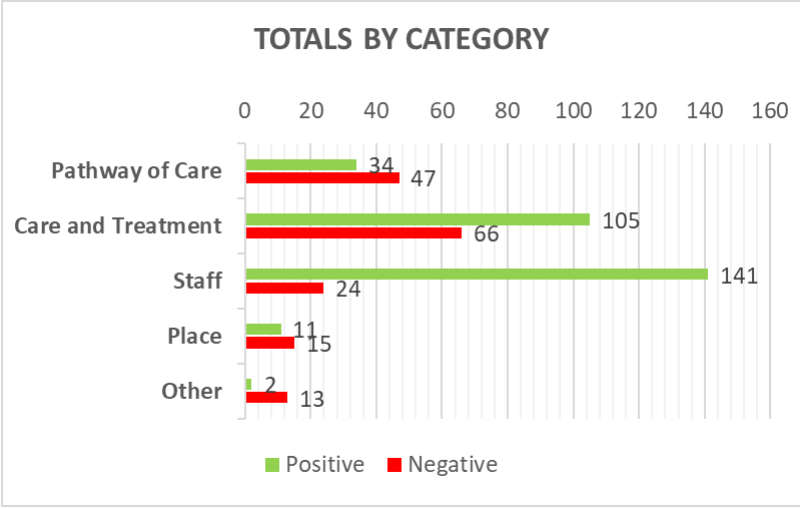


Chart 7: Pathway of care sentiment analysis

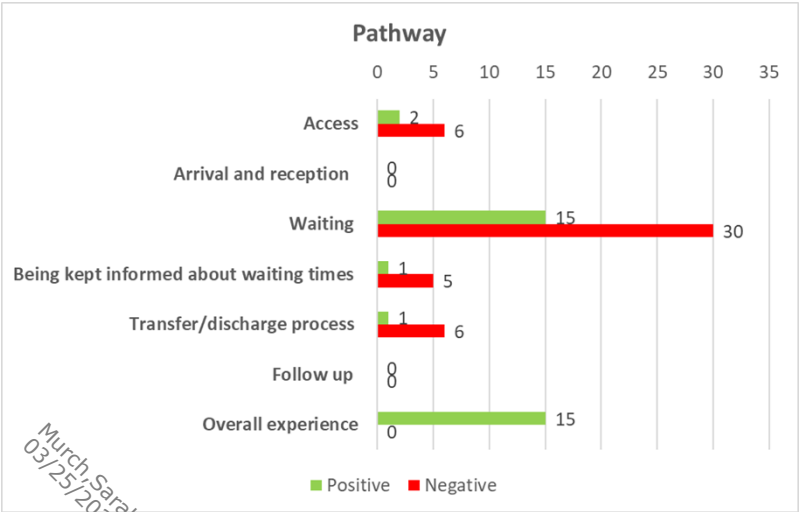


Chart 7 shows that ‘waiting’ was the most common negative theme of pathway of care comments.

Chart 8: Care and treatment sentiment analysis

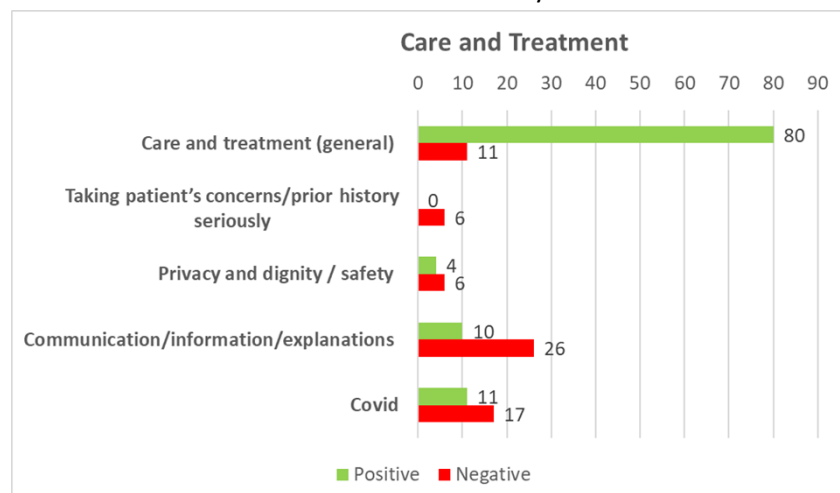


Chart 8 shows that there were an overwhelming number of positive comments in general for care and treatment. Although in contrast, there were a number of negative comments around 'communication/information/explanations' in relation to care and treatment such as *"I do not feel I was questioned enough. I was told my problem was not for A&E treatment. I was not received or advised in any caring way."*

Chart 9: Staff sentiment analysis

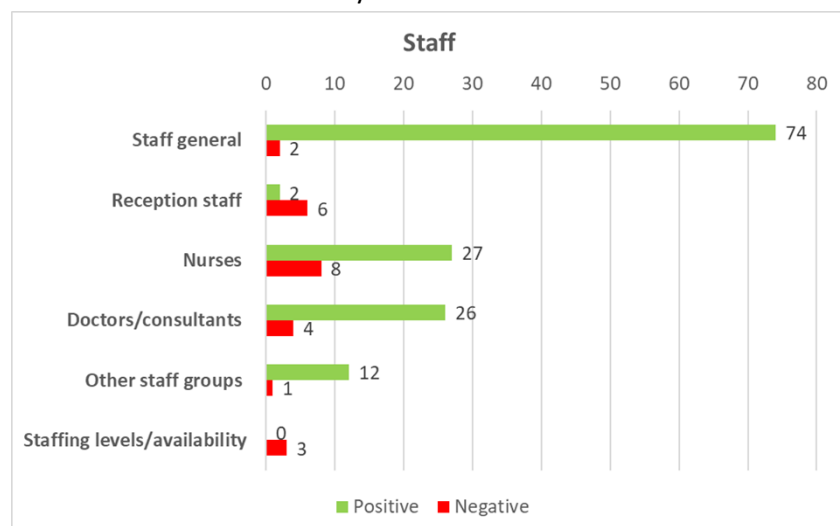
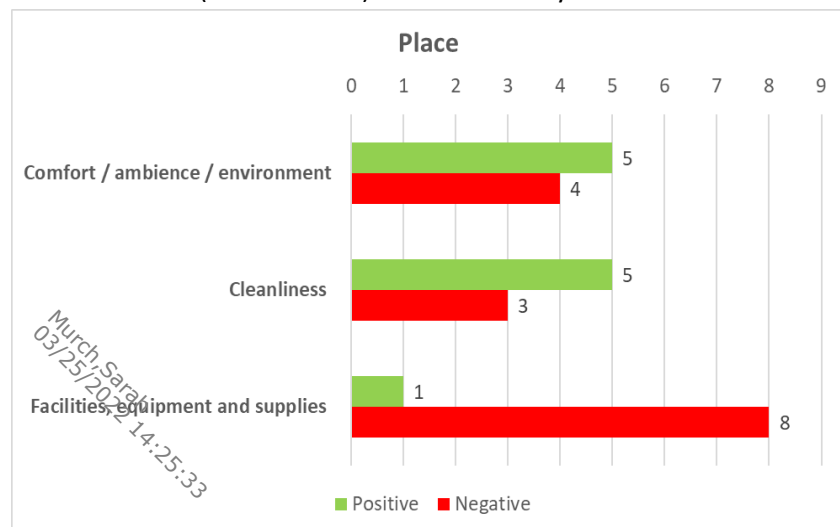


Chart 10: Place (environment) sentiment analysis



In summary, the main positive comments which have been drawn out from the thematic analysis are related to care, treatment and staff. Areas that require attention and improvement from the negative comments are related to waiting times and clear communication, clarity and timeliness of information and providing clear and comprehensible explanations. These themes are linked to relational aspects of care.

7. Improvement activity

The BRI ED Leadership Triumvirate has produced a Patient Experience action plan for the BRI ED which is attached as Appendix D to this report. The action plan reflects learning from the 2020 National UEC survey results as well as incorporating themes from the Trust's ongoing patient experience programme, primarily gathered via the Friends and Family Test (FFT).

The key objectives for improvement as detailed in the plan are as follows:

- To improve awareness of the impact of delayed ambulance handover crowding, exit blocking, extended waiting times on patient experience to staff in the department (ongoing);
- To improve the process re: patient property management;
- To work improving attitudes and behaviours across all grades and roles ;
- To providing conflict de-escalation training for all staff;
- To develop approaches to de-escalate complaints at source;
- To ensure learning from complaints is embedded in to quality improvements;
- To improve communication with patients to better manage expectations on wait times;
- To agree a process by which negative patient feedback submitted via the Trust website is taken forward for learning within the team (complete);
- To ensure that the application of visitor restrictions in the ED waiting room is applied consistently.

The majority of these actions are due to be completed by the end of December 2021 and will be monitored by the BRI ED Leadership Triumvirate. Further detail on due dates can be found in Appendix D.

In addition to the action plan, there have been a number of improvements made to the BRI ED which include:

- A new Same Day Emergency Care (SDEC) service on A413 which allows emergency patients to be seen in an ambulatory care setting rather than admitting them to hospital. It reduces the medical take, reduces the ambulance queue and improves overcrowding in ED;
- The waiting room is to be relocated to a temporary location for the next 4- 5 months whilst work is undertaken to complete an expansion of the waiting room - the improvement to the environment in the future will be significant;
- The Observation Unit has been expanded so more patients can be taken out of the main ED and prevent them coming into hospital;
- A move to A300 to expand capacity and to provide isolation cubicles.

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8. Summary and next steps

The BRI Emergency Department (BRI ED) received a positive set of results in the 2020 National UEC Survey which were broadly in line with the national average. For overall experience of care, the BRI ED ranks 25th out of 126 Trusts, within the top 20% nationally for Type 1 departments.

Next steps

- Survey results have been shared with BRI ED Leadership team who have compiled a Patient Experience action plan which is a live document that will be reviewed regularly by the department;
- The local survey results for WGH ED will now be shared with the management team in order that they review the findings and identify areas of strength and improvement actions;
- Ongoing patient feedback data (FFT) for both BRI ED and WGH ED will continue to be shared in a timely way with the departments in order that they monitor experience of care and ensure that improvement actions and associated benefits to patients are being realised;
- The 2022 National UEC (and local WGH ED survey) will be undertaken during September 2022 which will provide a further opportunity to listen to patients about their experience of care.

Report author - Anna Horton, Patient Experience and Regulatory Compliance Coordinator

Report date - 14th October 2021

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Information on the national survey scoring mechanism

For survey questions with two response options, the score is calculated in the same was as a percentage (i.e. the percentage of respondents ticking the most favourable response option). However, most of the survey questions have three or more response options. Based on the approach taken by the Care Quality Commission, each one of these response options contributes to the calculation of the score (note the CQC divide the result by ten, to give a score out of ten rather than 100).

As an example: Were you treated with respect and dignity on the ward?

	Weighting	Responses	Score
Yes, definitely	1	81%	$81 \times 100 = 81$
Yes, probably	0.5	18%	$18 \times 50 = 9$
No	0	1%	$1 \times 0 = 0$
Score			90

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Urgent & Emergency Care (UEC) Survey 2020

Report for Type 1 services (major A&E)

University Hospitals Bristol and Weston NHS Foundation Trust

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NHS Patient Survey Programme

Urgent & Emergency Care (UEC) Survey 2020

Report for Type 1 services (major A&E)

The Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England.

Our purpose:

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role:

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Urgent & Emergency Care (UEC) Survey 2020

To improve the quality of services the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is to ask people who have recently used health services to tell us about their experiences.

The 2020 survey of people who used UEC services involved 126 NHS trusts with a Type 1 accident and emergency (A&E) department¹. Fifty-nine of these trusts had direct responsibility² for running a Type 3 department³ and will therefore also receive benchmarked results for their Type 3 services. Two separate questionnaires were used, one for Type 1 services and one for Type 3 services. To access the questionnaires please see the 'Further Information' section below.

Responses were received from 41,206 people who attended a Type 1 department, a response rate of 30.5%. Responses were received from 7,424 people who attended a Type 3 department, a response rate of 30.8%⁴.

Patients were eligible for the survey if they were aged 16 years or older and had attended UEC services during September 2020⁵. Full sampling criteria can be found in the survey instruction manual (see 'Further Information' section).

Trusts responsible for only Type 1 departments drew a random sample of 1,250 patients. Trusts that also directly ran Type 3 departments sampled 950 patients from Type 1 departments and 420 patients from Type 3 departments totalling 1,370 patients. Questionnaires and reminders were sent to patients between November 2020 and March 2021.

Similar surveys were carried out in 2003, 2004, 2008, 2012, 2014, 2016 and 2018. Please note that redevelopment work carried out ahead of the 2016 survey means that **the results for 2020 are only comparable with 2018 and 2016** and not with earlier surveys.

¹ A Type 1 department is a major, consultant led A&E Department with full resuscitation facilities operating 24 hours a day, 7 days a week.

² The survey only includes Type 3 departments that are run directly by acute trusts, and not those run in collaboration with, or exclusively by others, for example, that are managed by a Clinical Commissioning Group (CCG).

³ A Type 3 department is an A&E/minor injury unit with designated accommodation for the reception of accident and emergency patients. The department may be doctor or nurse-led, treats at least minor injuries and illnesses and can be routinely accessed without appointment.

⁴ The 'adjusted' response rate is reported. The adjusted base is calculated by subtracting the number of questionnaires returned as undeliverable, or if someone had died, from the total number of questionnaires sent out. The adjusted response rate is then calculated by dividing the number of returned useable questionnaires by the adjusted base.

⁵ Trusts that had an eligible Type 3 service and could not achieve the required sample size in September could also sample back to August.

The UEC survey is part of a wider programme of NHS patient surveys, which covers a range of topics including adult inpatients, children and young people's services, maternity services and community mental health services. To find out more about our programme and for the results from previous surveys, please see the links contained in the 'Further Information' section.

The CQC will use the results from this survey in our regulation, monitoring and inspection of NHS acute trusts in England. We will use data from the survey in CQC Insight, an intelligence tool which identifies potential changes in quality of care and then supports us in deciding on the right regulatory response. Survey data will also be used to support CQC inspections.

NHS England and NHS Improvement (NHSE&I) are a key user of data from the CQC survey programme and will use the results of the Urgent and Emergency Care Survey. Listening to patients' experiences of their care plays a crucial part in delivering services that are safe, effective and continuously improving. Data from the survey programme are important for NHSE&I to understand patient experiences of the services they are receiving from acute and community settings.

Patient experience is a cross-cutting theme throughout the NHS Long Term Plan (NHS LTP). CQC data supports NHSE&I to track how it is doing on user experience, understand where inequality is present and the impact that policy initiatives are having on patients. NHS services have suffered a heavy burden from COVID-19 with the 2021-22 NHS Planning and Operational Guidance outlining a path to recovery, CQC data is supporting NHSE&I to understand how they do this in an equitable way.

This research was carried out in accordance with the international standard for organisations conducting social research (accreditation to ISO20252:2012; certificate number GB08/74322).

Comparing the results of 2020 survey with the 2018 survey

NHS UEC services have faced unprecedented challenges in 2020 due to the COVID-19 pandemic and have been affected in many ways^{6,7}. For example, one complication for urgent and emergency services was the separation (i.e. cohorting) of patients with COVID-19 or COVID-19 symptoms from those that do not, resulting in separate streams, or "parallel systems", for "infected" and "non-infected" patients in urgent and emergency care services – particularly Type 1 services. In addition, attendance patterns were unusual in 2020, where the first wave of the pandemic, in March and April 2020, led to unprecedented declines in Type 1 and Type 3 attendances nationally during this time.

Given the impact of the COVID-19 pandemic on NHS UEC services, we have examined the comparability of the 2020 survey with the 2018 survey. This included reviewing national and trust response rates and the demographics of respondents, as well as the potential impact that COVID-19 pressures had on national and trust level results.

Despite the change for UEC services in 2020, our analysis shows that we have generally heard from the same kinds of people, and at the same rates, as in 2018. Analysis also shows no statistically significant correlation between overall experience at a trust and COVID-19 bed occupancy. This finding provides greater confidence that trusts' results this year are not reflective of local COVID-19 pressures.

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⁶Royal College of Emergency Medicine, RCEM Position Statement. [COVID-19: Resetting Emergency Department Care](#), May 2020.

⁷Care Quality Commission, [Harnessing transformational change in emergency care and across the wider health and care system](#), June 2020.

As a result, we provide comparisons to the 2018 survey in this report. When using this data, changes to urgent and emergency care services, both nationally and locally, should be taken into account when interpreting comparisons with previous surveys and survey results this year.

Interpreting the report

Type 1 and Type 3 service results are provided in separate reports. Each report shows how a trust scored for each question in the survey, compared with the range of results from most other trusts that took part. It is designed to help understand the performance of individual trusts and to identify areas for improvement. A 'section' score is also provided, labelled S1-S9 in the 'section scores'. The scores for each question are grouped thematically and broadly in line with their order in the questionnaire, for example 'arrival' and 'waiting'.⁸

It is important to note that local provision will affect the case-mix seen at a Type 1 department. While 67 trusts provided a Type 1 sample only, this does not necessarily mean that there are no other alternative services available locally. For example, there may be services outside of the scope of the survey, such as walk-in centres, an urgent care centre run by another provider, or an out-of-hours GP service. This would affect the case-mix seen at the Type 1 department; if a trust does not have any alternative services available locally, it will see a mixture of major and minor cases. However, a trust that has other alternatives available locally (whether available directly through the trust or another provider) might see more seriously ill or injured patients in its Type 1 department and have fewer minor cases. This variation in provision should be considered if comparing trust-level results.

Standardisation

Trusts have differing profiles of people who use their services. For example, one trust may have more male patients than another trust. This can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report fewer positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of people.

To account for this, we standardise the data. Results have been standardised by the **age and gender** of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-gender profile reflects the England age-gender distribution (based on all of the respondents to the survey). Standardisation therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing. It is not appropriate to score all questions within the questionnaire, since some questions do not assess the trust in any way.

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⁸Q31 'Do you think the hospital staff did everything they could to help control your pain?' is in the 'Care & Treatment' section, as it was the only scorable question in the 'Pain' section.

Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the grey section of the graph, its result is 'about the same' as most other trusts in the survey.
- If your trust's score lies in the orange section of the graph, its result is 'worse' compared with most other trusts in the survey.
- If your trust's score lies in the green section of the graph, its result is 'better' compared with most other trusts in the survey.

The text to the right of the graph states whether the score for your trust is 'better' or 'worse'. If there is no text, the score is 'about the same'.

Methodology

The 'about the same,' 'better' and 'worse' categories are based on an analysis technique called the '**expected range**' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's performance is outside of this range, it means that it performs significantly above/below what would be expected. If it is within this range, we say that its performance is 'about the same'. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, it is very unlikely to have occurred by chance.

In some cases there will be no orange and/or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible for all trusts score (no orange section). This could be because there were few respondents and/or a lot of variation in their answers.

If fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section). This is because the uncertainty around the result is too great.

A technical document providing more detail about the methodology and the scoring applied to each question is available on our website (please see 'Further Information' section, below).

Tables

At the end of the report you will find tables containing the data used to create the graphs. These tables also show the response rate for your trust and background information about the people that responded (demographics).

Scores from the 2018 survey are also displayed where comparable. The column called 'change from 2018' uses arrows to indicate whether the score for 2020 shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2018. A statistically significant difference means that it is unlikely that a difference of this magnitude would be observed if there was no underlying change. Significance is tested using a two-sample t-test with a significance level of 0.05.

Where a result for 2018 is not shown, this is because the question was either new in 2020, or the question wording and/or response options have been changed. Comparisons are also not shown if a trust has merged with another trust(s) since the 2018 survey, if a trust committed a sampling error in 2018, or if a trust had a sampling issue in 2020. For more detail please see the Quality & Methodology document linked to in the 'Further Information' section below. Please also note that comparative data is not shown for the questionnaire sections as the questions contained in each section can change year on year.

Further information

The results for the 2020 survey are available on the [CQC website](#). Here you can find an A-Z list to view the results for each trust, the technical document which outlines the methodology and the scoring applied to each question, a statistical release with the results for England and a Quality & Methodology document.

Benchmark reports for each trust for the 2020 survey are available on [a dedicated web page for 2020 benchmark reports on the nhssurveys.org website](#).

The results for the 2018 survey can be found on a [dedicated web page for the 2018 survey on the nhssurveys.org website](#). From here you can also access results for surveys carried out in 2003, 2004, 2008, 2012, 2014. However, please note that due to redevelopment work carried out ahead of the 2016 survey, **results from 2020 are only comparable with 2018 and 2016**.

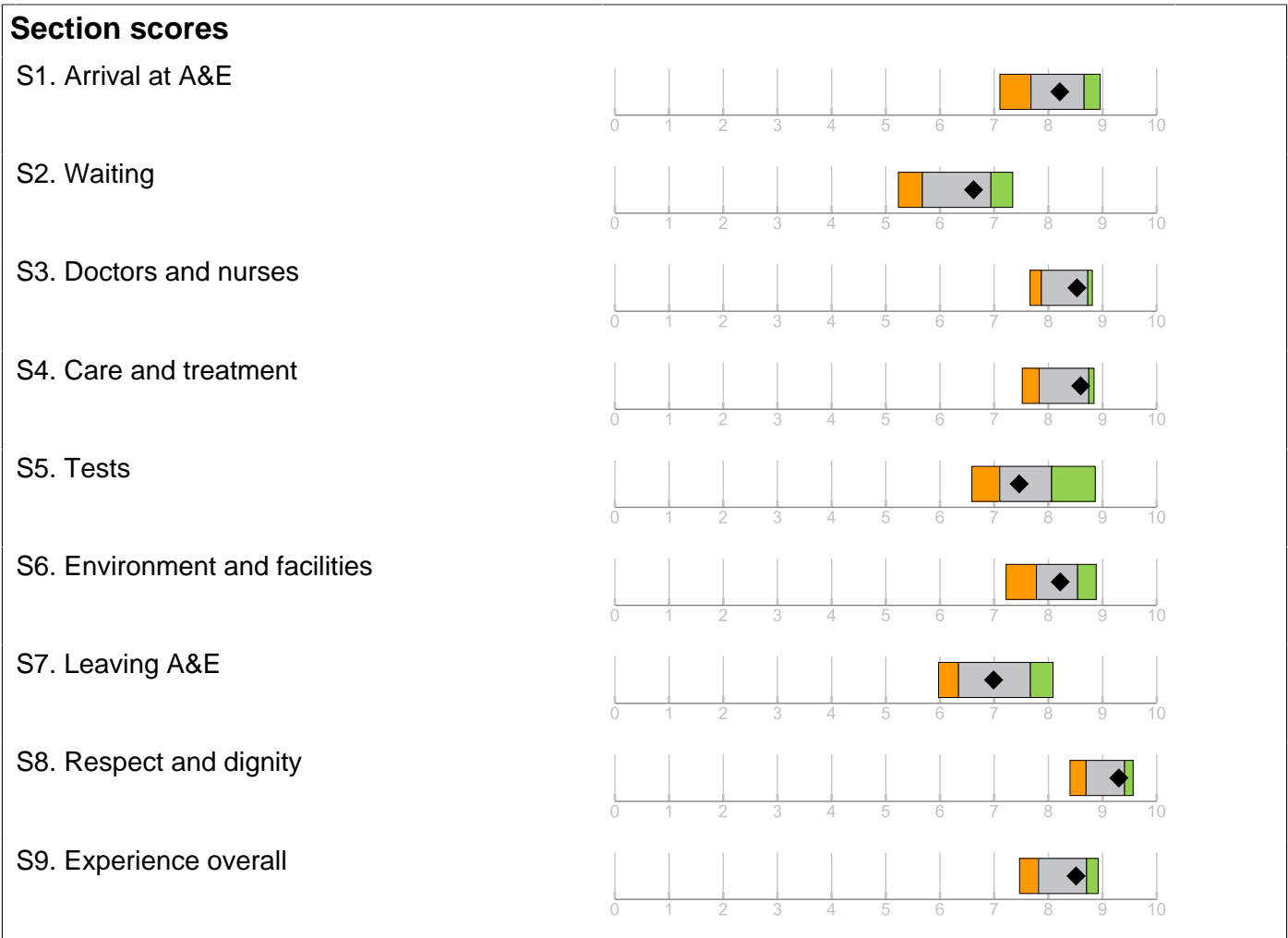
Full details of the methodology for the survey, including questionnaires, letters sent to patients, instructions on how to carry out the survey and the survey development report, are available [on a dedicated web page for the 2020 survey on the nhssurveys.org website](#).

More information on the patient survey programme, including results from other surveys and a programme of current and forthcoming surveys is available on the [CQC surveys landing page](#).

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Urgent & Emergency Care (UEC) Survey 2020

University Hospitals Bristol and Weston NHS Foundation Trust



Best performing trusts

About the same

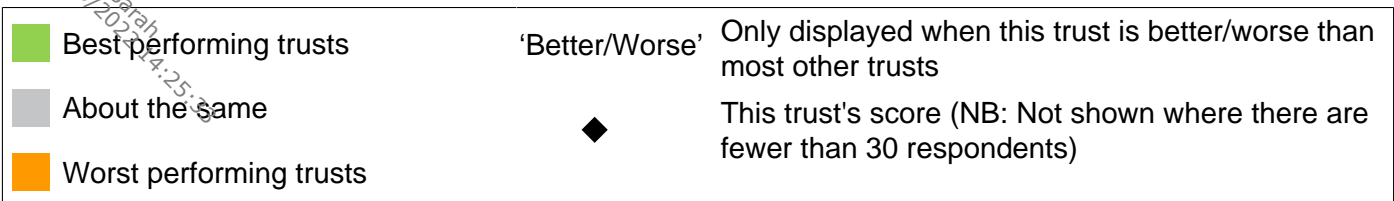
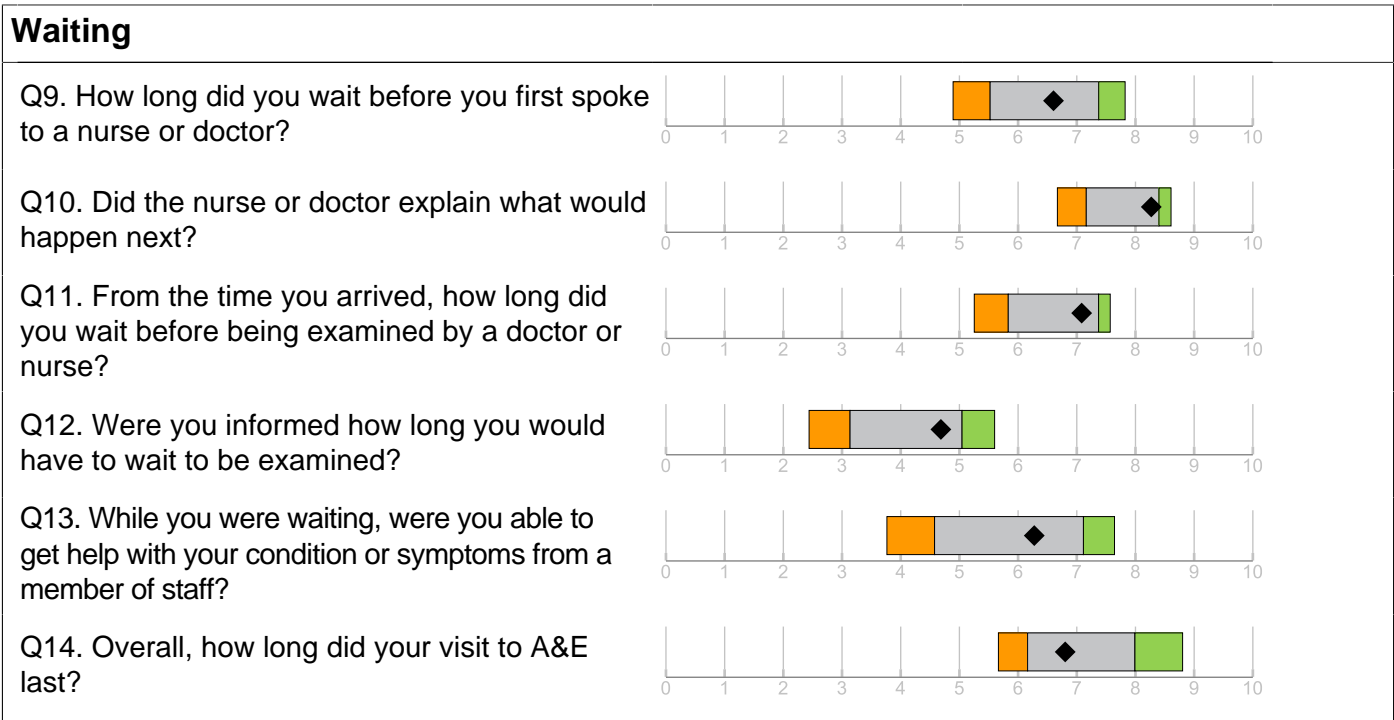
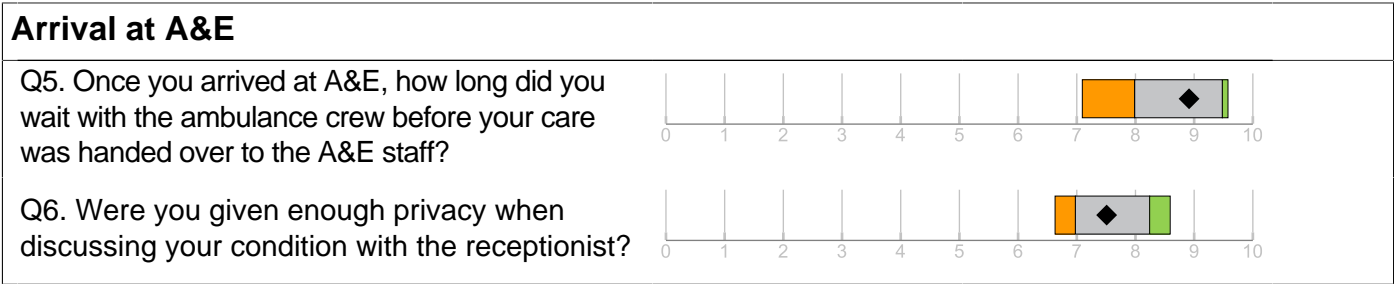
Worst performing trusts

‘Better/Worse’

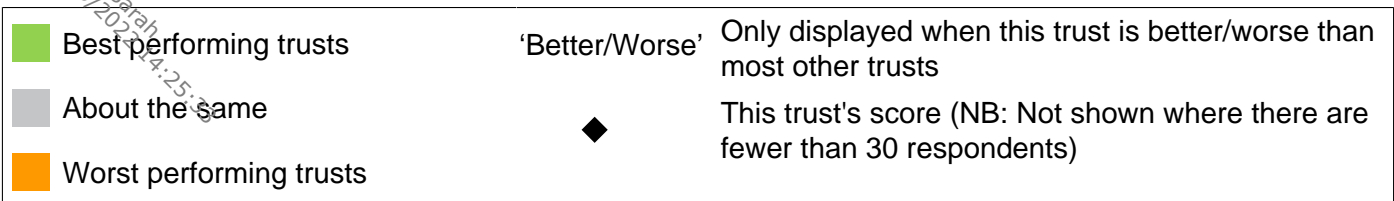
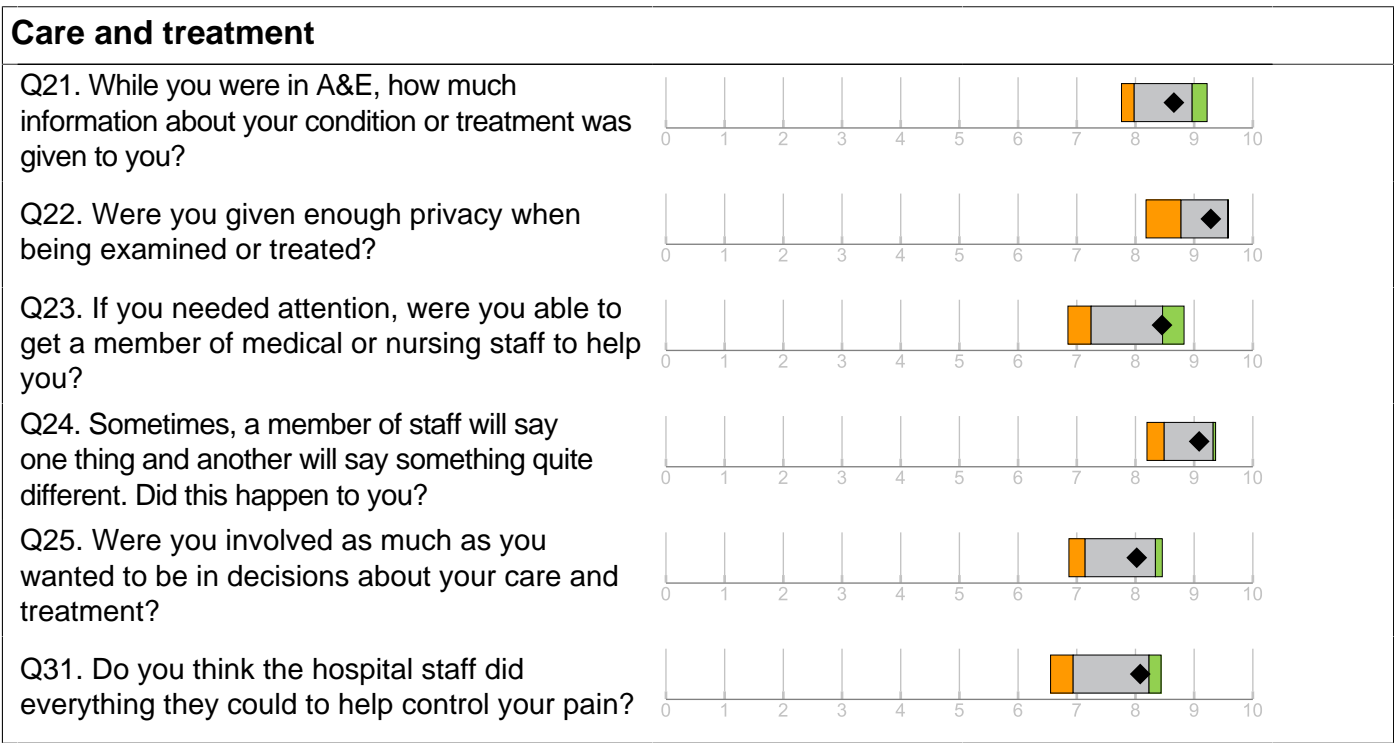
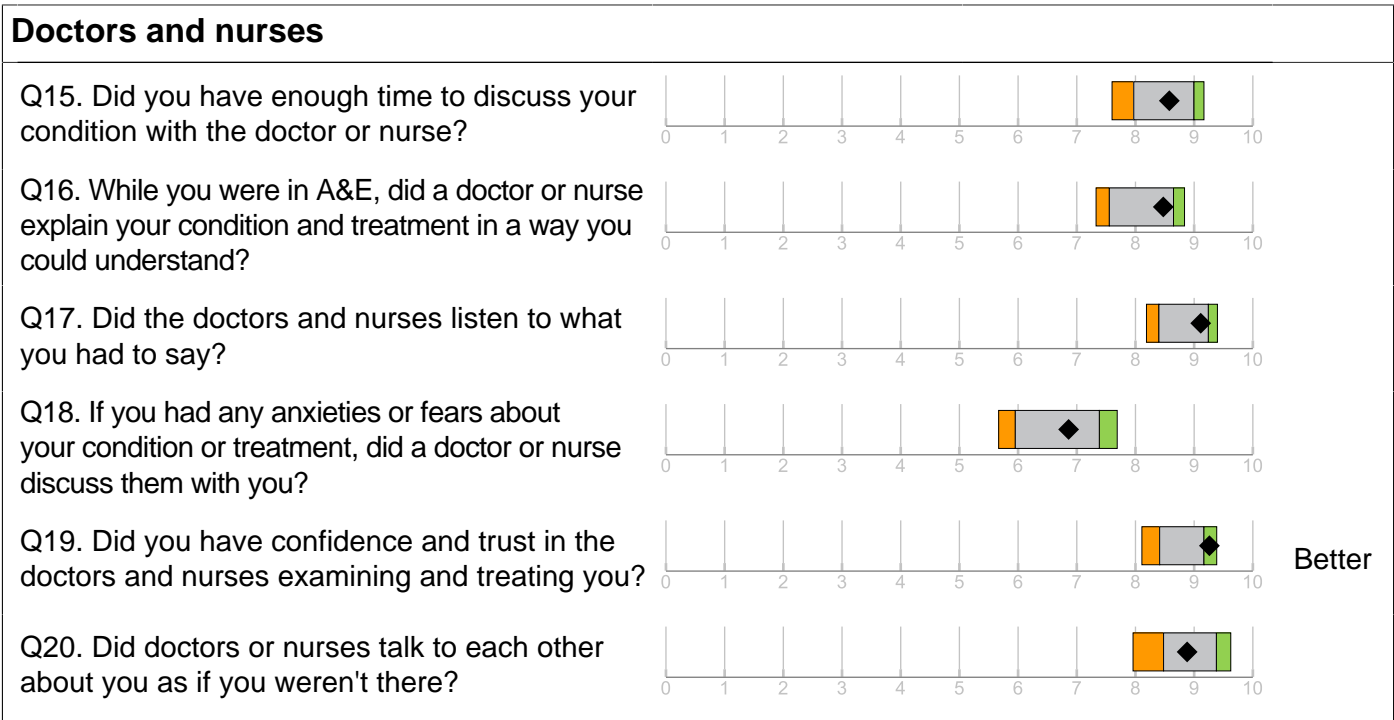
Only displayed when this trust is better/worse than most other trusts

This trust's score (NB: Not shown where there are fewer than 30 respondents)

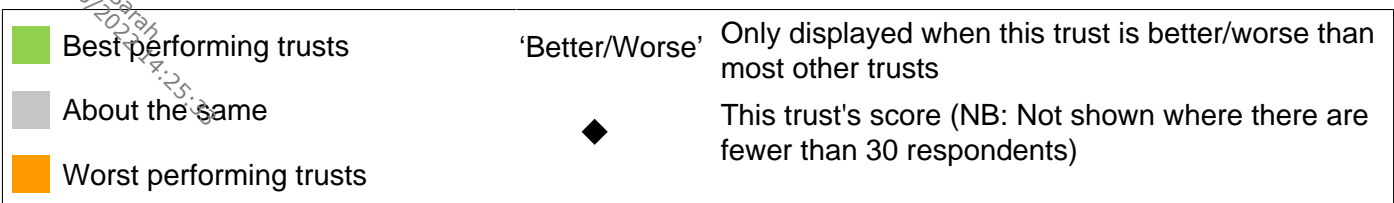
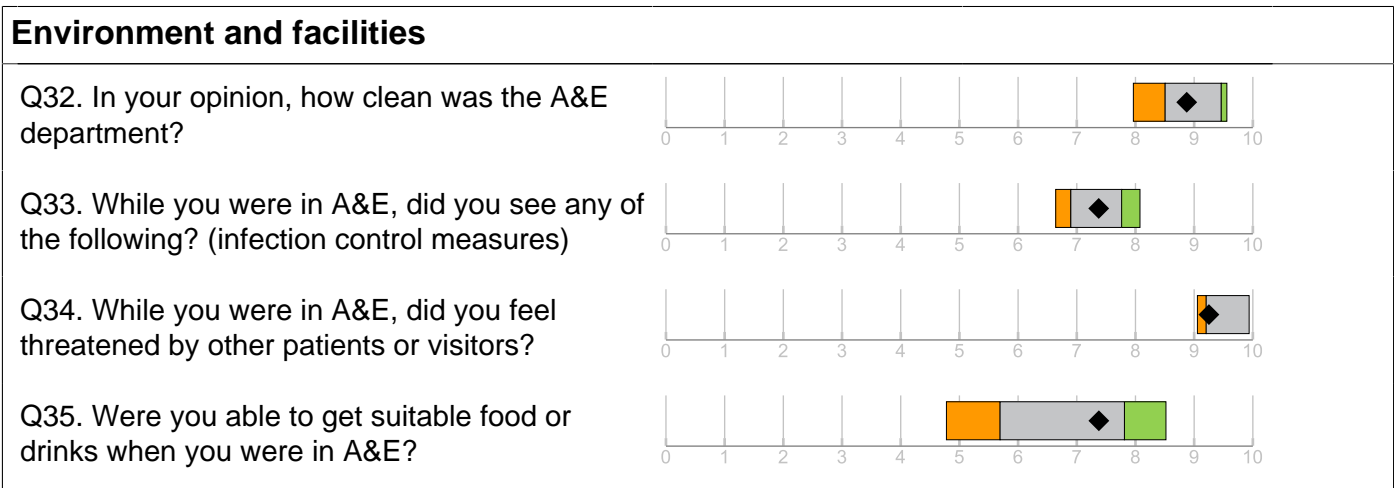
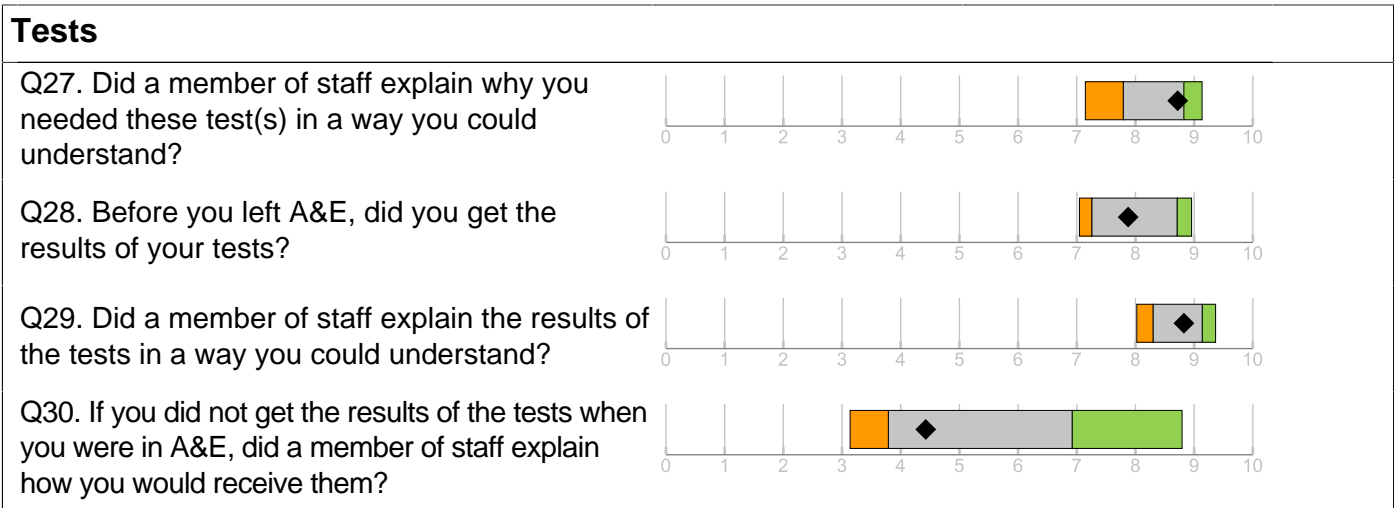
Urgent & Emergency Care (UEC) Survey 2020
University Hospitals Bristol and Weston NHS Foundation Trust



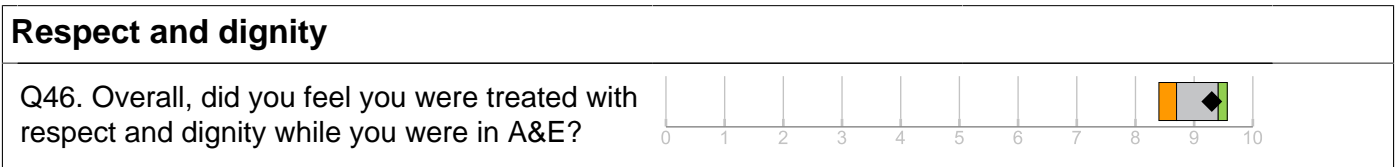
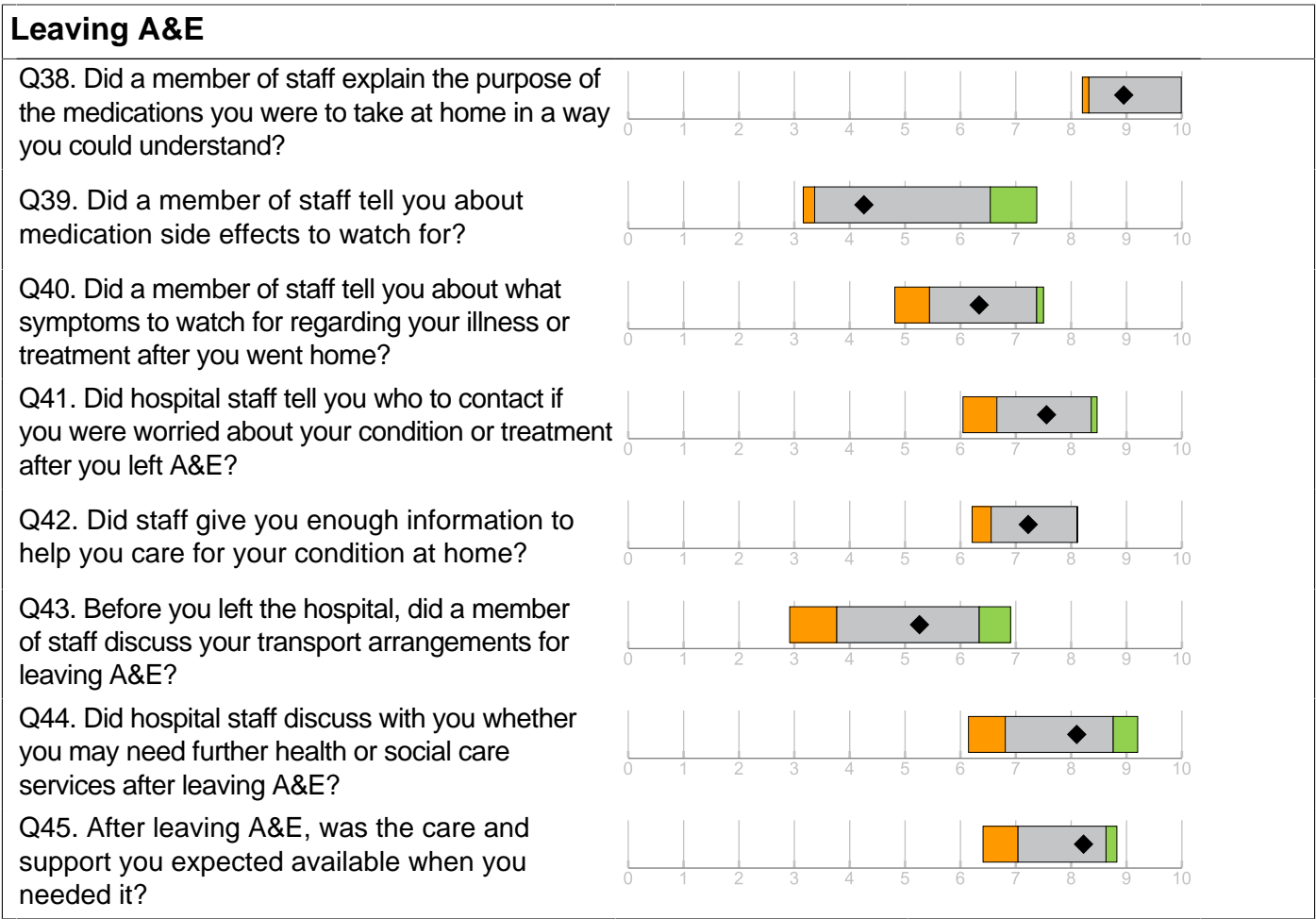
Urgent & Emergency Care (UEC) Survey 2020
University Hospitals Bristol and Weston NHS Foundation Trust



Urgent & Emergency Care (UEC) Survey 2020
University Hospitals Bristol and Weston NHS Foundation Trust



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Best performing trusts

About the same

Worst performing trusts

'Better/Worse'

Only displayed when this trust is better/worse than most other trusts

This trust's score (NB: Not shown where there are fewer than 30 respondents)

Urgent & Emergency Care (UEC) Survey 2020

University Hospitals Bristol and Weston NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Arrival at A&E						
S1 Section score	8.2	7.1	9.0			
Q5 Once you arrived at A&E, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?	8.9	7.1	9.6	104		
Q6 Were you given enough privacy when discussing your condition with the receptionist?	7.5	6.6	8.6	197		
Waiting						
S2 Section score	6.6	5.2	7.3			
Q9 How long did you wait before you first spoke to a nurse or doctor?	6.6	4.9	7.8	258		
Q10 Did the nurse or doctor explain what would happen next?	8.3	6.7	8.6	258		
Q11 From the time you arrived, how long did you wait before being examined by a doctor or nurse?	7.1	5.3	7.6	256		
Q12 Were you informed how long you would have to wait to be examined?	4.7	2.4	5.6	187		
Q13 While you were waiting, were you able to get help with your condition or symptoms from a member of staff?	6.3	3.8	7.6	121		
Q14 Overall, how long did your visit to A&E last?	6.8	5.7	8.8	256		
Doctors and nurses						
S3 Section score	8.5	7.7	8.8			
Q15 Did you have enough time to discuss your condition with the doctor or nurse?	8.6	7.6	9.2	283		
Q16 While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?	8.5	7.3	8.8	275		
Q17 Did the doctors and nurses listen to what you had to say?	9.1	8.2	9.4	282		
Q18 If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	6.9	5.7	7.7	194		
Q19 Did you have confidence and trust in the doctors and nurses examining and treating you?	9.3	8.1	9.4	285		
Q20 Did doctors or nurses talk to each other about you as if you weren't there?	8.9	8.0	9.6	281		

↑ or ↓

Indicates where 2020 score is significantly higher or lower than 2018 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2018 data is available.

Urgent & Emergency Care (UEC) Survey 2020

University Hospitals Bristol and Weston NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Care and treatment						
S4 Section score	8.6	7.5	8.8			
Q21 While you were in A&E, how much information about your condition or treatment was given to you?	8.7	7.8	9.2	283		
Q22 Were you given enough privacy when being examined or treated?	9.3	8.2	9.6	284		
Q23 If you needed attention, were you able to get a member of medical or nursing staff to help you?	8.5	6.8	8.8	193		
Q24 Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?	9.1	8.2	9.4	282		
Q25 Were you involved as much as you wanted to be in decisions about your care and treatment?	8.0	6.9	8.5	260		
Q31 Do you think the hospital staff did everything they could to help control your pain?	8.1	6.6	8.4	201		
Tests						
S5 Section score	7.5	6.6	8.9			
Q27 Did a member of staff explain why you needed these test(s) in a way you could understand?	8.7	7.1	9.1	220		
Q28 Before you left A&E, did you get the results of your tests?	7.9	7.0	9.0	193		
Q29 Did a member of staff explain the results of the tests in a way you could understand?	8.8	8.0	9.4	159		
Q30 If you did not get the results of the tests when you were in A&E, did a member of staff explain how you would receive them?	4.4	3.1	8.8	41		
Environment and facilities						
S6 Section score	8.2	7.2	8.9			
Q32 In your opinion, how clean was the A&E department?	8.9	8.0	9.6	280		
Q33 While you were in A&E, did you see any of the following? (infection control measures)	7.4	6.6	8.1	281		
Q34 While you were in A&E, did you feel threatened by other patients or visitors?	9.3	9.1	9.8	282		
Q35 Were you able to get suitable food or drinks when you were in A&E?	7.4	4.8	8.5	156		

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Indicates where 2020 score is significantly higher or lower than 2018 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2018 data is available.

Urgent & Emergency Care (UEC) Survey 2020

University Hospitals Bristol and Weston NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2018 scores for this NHS trust	Change from 2018
Leaving A&E						
S7 Section score	7.0	6.0	8.1			
Q38 Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	8.9	8.2	9.9	45		
Q39 Did a member of staff tell you about medication side effects to watch for?	4.3	3.2	7.4	37		
Q40 Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	6.3	4.8	7.5	141		
Q41 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?	7.6	6.0	8.5	149		
Q42 Did staff give you enough information to help you care for your condition at home?	7.2	6.2	8.1	155		
Q43 Before you left the hospital, did a member of staff discuss your transport arrangements for leaving A&E?	5.3	2.9	6.9	100		
Q44 Did hospital staff discuss with you whether you may need further health or social care services after leaving A&E?	8.1	6.1	9.2	86		
Q45 After leaving A&E, was the care and support you expected available when you needed it?	8.2	6.4	8.8	96		
Respect and dignity						
S8 Section score	9.3	8.4	9.6			
Q46 Overall, did you feel you were treated with respect and dignity while you were in A&E?	9.3	8.4	9.6	276		
Experience overall						
S9 Section score	8.5	7.5	8.9			
Q47 Overall...	8.5	7.5	8.9	267		

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Indicates where 2020 score is significantly higher or lower than 2018 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2018 data is available.

Urgent & Emergency Care (UEC) Survey 2020

University Hospitals Bristol and Weston NHS Foundation Trust

Background information

The sample	This trust	All trusts
Number of respondents	291	41206
Response Rate (percentage)	25	30
Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	44	45
Female	56	55
Age group (percentage)	(%)	(%)
Aged 18-35	20	11
Aged 36-50	17	13
Aged 51-65	22	25
Aged 66 and older	41	51
Ethnic group (percentage)	(%)	(%)
White	81	88
Mixed / Multiple ethnic groups	2	1
Asian / Asian British	4	4
Black / African / Caribbean / Black British	5	2
Other ethnic group	0	1
Not known	7	4
Religion (percentage)	(%)	(%)
No religion	34	22
Buddhist	0	0
Christian	57	68
Hindu	0	1
Jewish	0	0
Muslim	2	3
Sikh	0	1
Other religion	2	1
Prefer not to say	3	3
Sexual orientation (percentage)	(%)	(%)
Heterosexual / Straight	90	92
Gay / Lesbian	3	1
Bisexual	2	1
Other	1	1
Prefer not to say	4	4

MRS Comparisons

Survey	National Emergency Department Survey
Response Dates:	All Dates



Code	Display Text	MRS	Status
Q9_2018	Sometimes, people will first talk to a doctor or nurse and be examined later. From the time you arrived, how long did you wait before being examined by a doctor or nurse?	Avg: 69%	
	Bristol Royal Infirmary	69%	
	Weston General Hospital	70%	
Code	Display Text	MRS	Status
Q7	Were you given enough privacy when discussing your condition with the receptionist?	Avg: 77%	
	Weston General Hospital	80%	
	Bristol Royal Infirmary	73%	
Code	Display Text	MRS	Status
Q10	Were you informed how long you would have to wait to be examined?	Avg: 41%	
	Bristol Royal Infirmary	43%	
	Weston General Hospital	40%	
Code	Display Text	MRS	Status
Q33	In your opinion, how clean was the A&E department?	Avg: 92%	
	Weston General Hospital	94%	
	Bristol Royal Infirmary	88%	
Code	Display Text	MRS	Status
Q12_2018	Overall, how long did your visit to A&E last?	Avg: 70%	
	Bristol Royal Infirmary	68%	
	Weston General Hospital	72%	
Code	Display Text	MRS	Status
Q8	How long did you wait before you first spoke to a nurse or doctor? This does not include staff screening for coronavirus at the entrance to A&E.	Avg: 68%	
	Weston General Hospital	71%	
	Bristol Royal Infirmary	64%	

Code	Display Text	MRS	Status
Q21	If you needed attention, were you able to get a member of medical or nursing staff to help you?	Avg: 82%	
	Bristol Royal Infirmary	83%	
	Weston General Hospital	82%	
Code	Display Text	MRS	Status
Q16	Did you have confidence and trust in the doctors and nurses examining and treating you?	Avg: 90%	
	Weston General Hospital	89%	
	Bristol Royal Infirmary	92%	
Code	Display Text	MRS	Status
Q17	Did doctors or nurses talk to each other about you as if you weren't there?	Avg: 90%	
	Bristol Royal Infirmary	89%	
	Weston General Hospital	90%	
Code	Display Text	MRS	Status
Q15	If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?	Avg: 69%	
	Weston General Hospital	69%	
	Bristol Royal Infirmary	68%	
Code	Display Text	MRS	Status
Q26	Did a member of staff explain why you needed these test(s) in a way you could understand?	Avg: 84%	
	Bristol Royal Infirmary	87%	
	Weston General Hospital	83%	
Code	Display Text	MRS	Status
Q27	Before you left A&E, did you get the results of your tests?	Avg: 78%	
	Weston General Hospital	77%	
	Bristol Royal Infirmary	80%	

Code	Display Text	MRS	Status
Q28	Did a member of staff explain the results of the tests in a way you could understand?	Avg: 85%	
	Bristol Royal Infirmary	88%	
	Weston General Hospital	82%	
Code	Display Text	MRS	Status
Q22	Sometimes, a member of staff will say one thing and another will say something quite different. Did this happen to you?	Avg: 91%	
	Weston General Hospital	92%	
	Bristol Royal Infirmary	89%	
Code	Display Text	MRS	Status
Q23	Were you involved as much as you wanted to be in decisions about your care and treatment?	Avg: 79%	
	Bristol Royal Infirmary	80%	
	Weston General Hospital	78%	
Code	Display Text	MRS	Status
Q30_2018	If you did not get the results of the tests when you were in A&E, did a member of staff explain how you would receive them?	Avg: 56%	
	Weston General Hospital	60%	
	Bristol Royal Infirmary	48%	Below Avg
Code	Display Text	MRS	Status
Q13_2018	Did you have enough time to discuss your condition with the doctor or nurse?	Avg: 86%	
	Bristol Royal Infirmary	86%	
	Weston General Hospital	87%	
Code	Display Text	MRS	Status
Q31_2020	Do you think the hospital staff did everything they could to help control your pain?	Avg: 76%	
	Weston General Hospital	75%	
	Bristol Royal Infirmary	78%	

Code	Display Text	MRS	Status
Q20	Were you given enough privacy when being examined or treated?	Avg: 92%	
	Bristol Royal Infirmary	93%	
	Weston General Hospital	91%	
Code	Display Text	MRS	Status
Q34	While you were in A&E, did you feel threatened by other patients or visitors?	Avg: 95%	
	Weston General Hospital	97%	
	Bristol Royal Infirmary	92%	
Code	Display Text	MRS	Status
Q5	Once you arrived at A&E, how long did you wait with the ambulance crew before your care was handed over to the A&E staff?	Avg: 88%	
	Bristol Royal Infirmary	89%	
	Weston General Hospital	88%	
Code	Display Text	MRS	Status
Q13	While you were in A&E, did a doctor or nurse explain your condition and treatment in a way you could understand?	Avg: 83%	
	Weston General Hospital	82%	
	Bristol Royal Infirmary	84%	
Code	Display Text	MRS	Status
Q35	Were you able to get suitable food or drinks when you were in A&E?	Avg: 68%	
	Bristol Royal Infirmary	70%	
	Weston General Hospital	67%	
Code	Display Text	MRS	Status
Q14	Did the doctors and nurses listen to what you had to say?	Avg: 90%	
	Weston General Hospital	89%	
	Bristol Royal Infirmary	90%	

Code	Display Text	MRS	Status
Q38	Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?	Avg: 89%	
	Bristol Royal Infirmary	90%	
	Weston General Hospital	88%	
Code	Display Text	MRS	Status
Q39	Did a member of staff tell you about medication side effects to watch for?	Avg: 45%	
	Weston General Hospital	47%	
	Bristol Royal Infirmary	42%	
Code	Display Text	MRS	Status
Q42_2018	Did a member of staff tell you about what symptoms to watch for regarding your illness or treatment after you went home?	Avg: 62%	
	Bristol Royal Infirmary	63%	
	Weston General Hospital	61%	
Code	Display Text	MRS	Status
Q43	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left A&E?	Avg: 75%	
	Weston General Hospital	74%	
	Bristol Royal Infirmary	78%	
Code	Display Text	MRS	Status
Q44	Overall, did you feel you were treated with respect and dignity while you were in A&E?	Avg: 93%	
	Bristol Royal Infirmary	92%	
	Weston General Hospital	93%	
Code	Display Text	MRS	Status
Q45	Overall, how good was your experience (0=very poor, 10= very good)?	Avg: 84%	
	Weston General Hospital	84%	
	Bristol Royal Infirmary	84%	

Code	Display Text	MRS	Status
Q13_2020	While you were waiting, were you able to get help with your condition or symptoms from a member of staff?	Avg: 62%	
	Bristol Royal Infirmary	61%	
	Weston General Hospital	63%	
Code	Display Text	MRS	Status
Q19	While you were in A&E, how much information about your condition or treatment was given to you?	Avg: 85%	
	Weston General Hospital	85%	
	Bristol Royal Infirmary	84%	
Code	Display Text	MRS	Status
Q44_2018	Did staff give you enough information to help you care for your condition at home?	Avg: 72%	
	Bristol Royal Infirmary	71%	
	Weston General Hospital	72%	
Code	Display Text	MRS	Status
Q10_2020	Did the nurse or doctor explain what would happen next?	Avg: 81%	
	Weston General Hospital	79%	
	Bristol Royal Infirmary	83%	
Code	Display Text	MRS	Status
Q33_2020_1	While you were in A&E, did you see any of the following? Social distancing measures (such as markers on the floor or signage at the entrance)	Avg: 96%	
	Bristol Royal Infirmary	96%	
	Weston General Hospital	96%	
Code	Display Text	MRS	Status
Q33_2020_2	While you were in A&E, did you see any of the following? Handwashing with hand sanitiser or soap	Avg: 96%	
	Weston General Hospital	97%	
	Bristol Royal Infirmary	94%	

Code	Display Text	MRS	Status
Q33_2020_3	While you were in A&E, did you see any of the following? Staff wearing PPE (e.g. gloves, masks, plastic aprons, eyewear)	Avg: 97%	
	Bristol Royal Infirmary	98%	
	Weston General Hospital	97%	
Code	Display Text	MRS	Status
Q33_2020_4	While you were in A&E, did you see any of the following? Staff disposing of gloves and plastic aprons	Avg: 91%	
	Weston General Hospital	92%	
	Bristol Royal Infirmary	89%	
Code	Display Text	MRS	Status
Q33_2020_5	While you were in A&E, did you see any of the following? Cleaning of surfaces	Avg: 77%	
	Bristol Royal Infirmary	75%	
	Weston General Hospital	79%	
Code	Display Text	MRS	Status
Q33_2020_6	While you were in A&E, did you see any of the following? Tissues available	Avg: 80%	
	Weston General Hospital	81%	
	Bristol Royal Infirmary	80%	
Code	Display Text	MRS	Status
Q33_2020_7	While you were in A&E, did you see any of the following? Waste bins provided	Avg: 97%	
	Bristol Royal Infirmary	96%	
	Weston General Hospital	97%	
Code	Display Text	MRS	Status
Q43_2020_8	Before you left the hospital, did a member of staff discuss your transport arrangements for leaving A&E?	Avg: 48%	
	Weston General Hospital	47%	
	Bristol Royal Infirmary	50%	

Code	Display Text	MRS	Status
Q44_2020	Did hospital staff discuss with you whether you may need further health or social care services after leaving A&E (e.g. services from GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)?	Avg: 65%	
	Bristol Royal Infirmary	65%	
	Weston General Hospital	65%	

Code	Display Text	MRS	Status
Q45_2020	After leaving A&E, was the care and support you expected available when you needed it?	Avg: 76%	
	Weston General Hospital	74%	
	Bristol Royal Infirmary	80%	

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BRI ED Patient Experience Action plan- 2021/22

Updated 1/3/22							
No.	AREA FOR IMPROVEMENT	ACTIONS	WHEN	BY WHO	PROGRESS	STATUS	Completed Date
1	Awareness of the impact of poor performance indicators due to delayed ambulance handover, crowding, exit block extended LoS, increased V&A on patient experience	Ensure transparency of poor patient experience and required actions to improve are central to actions in the Trust Emergency care Quality and performance action plan	Ongoing		1/2/22 Trust Emergency Care quality and performance meeting currently stood down due to ICI.	Hold	
2		Ensure transparency of poor patient experience and required actions to improve are central in Division of Medicine Urgent Care board action plan		Sufi Husain / Angela Bezer		Ongoing	
3	Patient property management	Review processes within the ED for property management, including - responsibilities of staff on transfer / discharge - storage of deceased patient property - recording and storage of patients valuables - storage and management of lost property	Extended to 31/3/22	ED Lead Band 7s	1/2/22 Extensive review and realignment of deceased property (valuable / non valuable) arrangements completed and communicated to staff. Further work currently being undertaken around general patient property (current sickness delaying progress) this is including review of process, comms, staff orientation and improved signage. New expectation in place to ensure physical handover of bay at nursing handover, improving timely identification of left property. Progress delayed by ED LB7s being pulled into clinical numbers delivery date extended accordingly.	In progress	
		Remind all staff of agreed processes for patient property management			1/2/22- Previously completed, but to be refresher via Learning from complaints 1/22	completed	01/02/2022
4	Staff attitude	Arrange rolling programme of teaching for all grades and roles from the Trust patient experience team,	Extended to 1/5/22	Julie Crocker Sally Miller	28/2/22 progress to date limited due to constraints on non clinical time. Delivery date extended.		
		Develop and deliver local awareness sessions regarding minority groups	Extended to 30/4/22	Matt Sully / Lucy Harrison	1/2/22 Work to be lead by member of HIU team MS to check progress. Delivery date extended to reflect clinical pressure impacting staff release.		
		Close any gaps in PFCs Customer service training	Extended 31/3/22	H Shepherd. D Spec Manager	28/2/22 Delivery extended due to operational pressures and staff absence	In progress	
		Address behaviours of staff who have multiple concerns raised against them through line manager 1:1 discussions and identification of any individual training needs.	Ongoing	ED Leadership Tri	1/2/22 Issues being raised and any needs addressed through line management processes across all disciplines	Ongoing	
5	Conflict caused by warning letters	Review warning letter process with consideration of any amendments required for minority patient groups	Extended to 30/4/22	Matt Sully / Lucy Harrison	1/2/22 Action to be prioritised following further complaints/ appeals. First step to put further controls in place ahead of letters being issued to staff, through discussion with staff involved in incident - In place	In progress	

No.	AREA FOR IMPROVEMENT	ACTIONS	WHEN	BY WHO	PROGRESS	STATUS	Completed Date
6	Conflict de escalation	Make de escalation training available to all staff, Prioritise key groups or individuals as identified above	1/5/22	Nursing - J Crocker Medical - J Jones Admin - Heather Shepherd	1/2/22 MPVA Training now accessible via Kallidus. Trust has been awarded funding for additional courses. Currently staff unable to access training due to constraints on staff release due to operational pressures. Trust training team are exploring alternative options for delivery of MPVA training. 28/2/22 Dates for extended training circulated to all staff. Staff release remains a significant issue. EDMs to enquiry with DHoN re feasibility to offer to pay staff bank to attend	Ongoing	
7	Complaint de-escalation at source	Review processes to optimise live complaint management / resolution	Extended to 1/3/22	Matt Sully / Tina Whiting / Nikki Jackson	1/2/22 Options to progress directly with PSCT limited by offsite working and no direct foot fall to PSCT office. QPST working with PCST to minimise informal conversion to formal. New ED Band 7 meeting detailing daily expectations. Expectations shared with wider team through learning from complaints (LFC)	Ongoing	
		Communicate alternative processes / options to handing out PCST leaflet as first response.	Extended to 1/3/22		1/2/22 EDM undertaking work through new regular B7 meeting directly with NIC to articulate expectations re live involvement when patient concerns escalated, with the aim to resolve at source. Shared with wider team through LFC	Closed	28/02/2022
8	Learning from complaints	Develop a regular ED 'Learning from complaints' (LFC) staff communication, modelled on the ED 'Learning from incidents' (LFI) format	Extended to 1/2/22	Nikki Jackson	1/2/22 delayed due to staff absence and technical issues, Launch Feb 22. 28/2/22 1st edition published Feb 22	Ongoing	10/02/2022
9	Improve patient communication in waiting room	Following refurb work with IT and Comms to improve patient information displayed in Fast flow waiting room. ?To re-establish display of estimated waiting times	March 2022	Nikki Jackson	1/2/22 indicative waiting time display re-established	closed	01/02/2022
10	Wider understanding of impact of 12 hr trolley breaches on patient experience	Develop and circulate a weekly 12hr performance report, focussed on patient experience	1/10/21	Nikki Jackson	Minimal response to local circulation, therefore withdrawn	closed	28/09/2021
11	Agree process by which negative website feedback is taken forward for learning within the team	Agree with Tanya Tofts the process by which negative website feedback - is converted to a complaint - which does not convert to a complaint is received to ensure any learning is taken into the LFC process	31/10/21	Nikki Jackson	Only website feedback where the patient was subsequently engaged with PCST will be taken forward as complaints all other feedback will be passed through to ED for review	closed	30/09/2021
12	Application of ED Waiting room visitor restrictions	Discuss with all clinical staff the need for consistent application of the exceptions to the visitor restrictions, in support of the admin team. Review supporting signage	31/10/21	Matt Sully / Helen Norton / Emily Spencer	Signage review complete 27/9/21. comms to staff to consistently apply. 2/22 - refresher through LFC	closed	01/02/2022
13	Patient risk assessments	Review options to commence in-patient risk assessments 4 hours after admission. Provide relevant training to nurse staff to complete risk assessment booklet	31/10/21	Matt Sully / EDLB7s	in place and embedded in operational practice for discharge to assess patients with extended LoS in ED.	closed	01/01/2022
14	Waiting room environment	Review new interim environment	1/1/22	Matt Sully	Arts Manager has provided art work to balance against necessary ED signage	closed	01/01/2022

No.	AREA FOR IMPROVEMENT		ACTIONS	WHEN	BY WHO	PROGRESS	STATUS	Completed Date
15	Additional EDM resource to focus on quality and patient safety		Appoint Short term secondment EDM Define remit of role	31/01/2022	HoN / Dhon	Secondment in post expectations in place	closed	01/02/2022
16	Establish ED Matron rounds		Daily rounds 5/7 weekly, to included Staff safety briefing, environmental rounds, opportunity for escalation, and direct patients interaction	31/01/2022	Tina Whiting / Matt Sully	in place and embedded in operational practice	closed	01/02/2022
17	Band 7 Development		Establish regular Band 7 meeting to support 2 way communication and staff development including expectations of role in relation to quality and patient safety	31/01/2022	Tina Whiting / Matt Sully	In place.	ongoing	01/02/2022
18	Improve the quality of patient safety and experience in patients arriving by Ambulance		Establish Nurse RAT to improve initial patient contact, assessment, management planning and communication	31/01/2022	Matt Sully	In place	closed	01/02/2022
19	Improve the quality of patient safety and experience of patients in Fast flow		Increase all staffs awareness of quality and patient safety expectations in Fast Flow	31/01/2022	Fast Flow working group	Fast Flow Back to basics weeks improvement week held wc 24/1/22. Learning to be shared at Division of Medicine Urgent Care Board	closed	01/02/2022

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2020 National Inpatient Survey: Briefing and Local Analysis Report

1. Purpose of this report

This report provides a summary of how well the Trust performed in the Care Quality Commission's (CQC) 2020 Adult Inpatient Survey. Please note that this was the first survey where a combined sample of patients seen at Bristol and Weston hospitals was submitted as a merged Trust.

The full benchmarking report prepared by Ipsos Mori on behalf of the CQC is attached as Appendix B to this report.

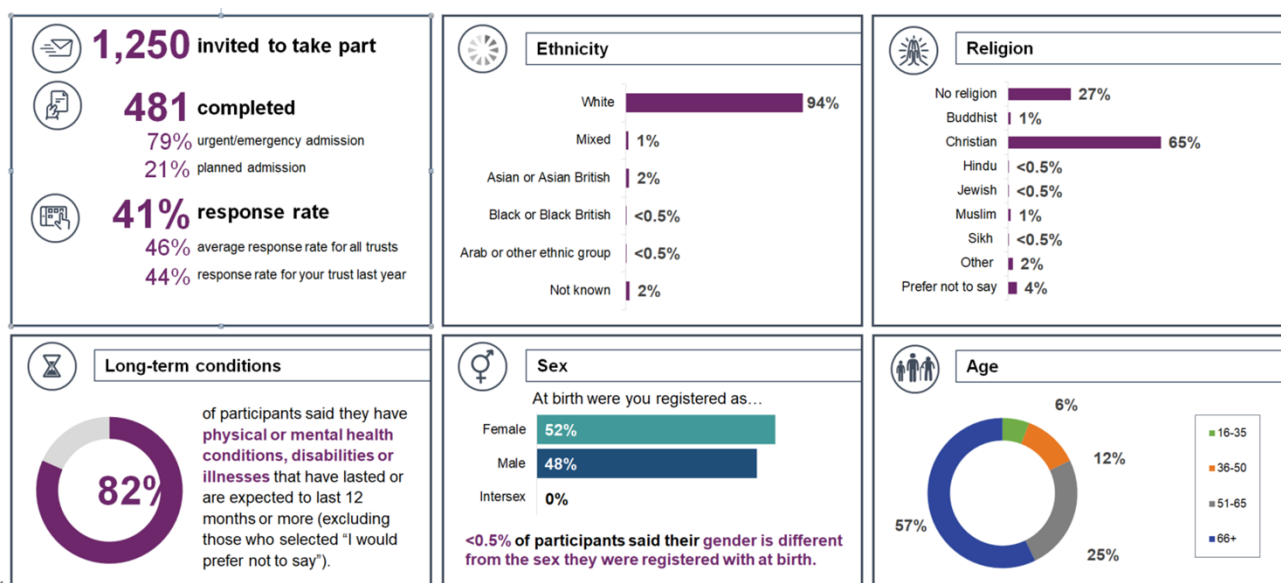
2. Background

The national inpatient survey is an annual survey that all English acute trusts participate in. Patients were eligible to participate in the survey if they were aged 16 years or over, had spent at least one night in hospital during November 2020, and were not admitted to maternity or psychiatric units.

The Adult Inpatient 2020 survey is significantly different to previous years' surveys with regards to methodology, sampling month and questionnaire content.

CQC took the opportunity to review and update the question set, terminology and methodology used in the survey. This included new questions relating to COVID-19 and collecting data on the experiences of COVID-19 negative and COVID-19 positive patients. The sampling month also moved from July to November. The 2020 survey was conducted using a push-to-web methodology (offering both online and paper completion). The questionnaire was amended significantly, with changes to both question wording and order. The 2020 results are therefore not comparable with previous years' data and trend data is not available, nor valid. In future years, trend data will be incorporated.

Who took part in the survey?



There is further ward-based information in Appendix A (which found at the end of this report) which shows a count of patients in the sample (not respondents) against the last ward they stayed prior to discharge.

3. Headline survey results

The Trust achieved scores that were better or somewhat better than the national average to a statistically significant degree on **four** survey questions:

Better on:

- 'Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?' and
- 'Beforehand, how well did hospital staff answer your questions about the operations or procedures?'.

Somewhat better on:

- 'Beforehand, how well did hospital staff explain how you might feel after the operations or procedures' and
- 'Thinking about any medicine you were to take at home, were you given any of the following?'.

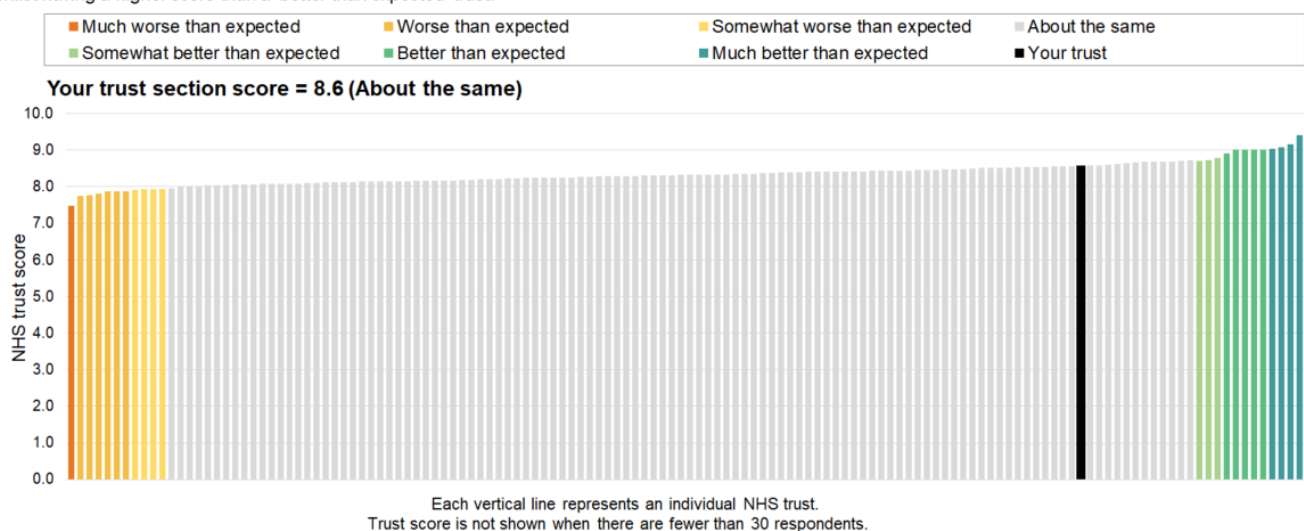
There were no question scores where UHBW was below the national average.

In terms of the overall hospital experience rating question in the survey, UHBW performed in the top 20% of trusts nationally, coming 26th out of 137 Trusts – indicated by the black line in the chart below. UHBW was the third highest scoring Trust in the region for overall patient experience and third highest scoring Trust when compared to large city acute Trusts.

Section 10. Overall experience

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



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The graphic below provides a simple summary of the top and bottom scoring questions on the survey when compared to the national profile.

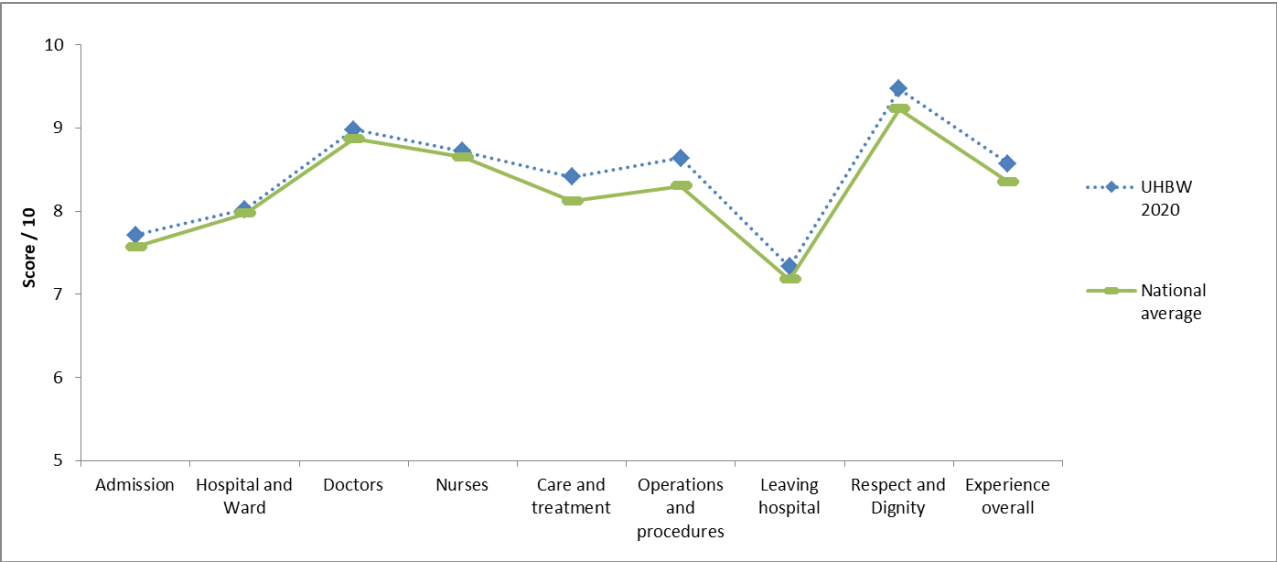
Where patient experience is best	Where patient experience could improve
<div><ul style="list-style-type: none">✓ Changing wards during the night: staff explaining the reason for patients needing to change wards during the night✓ Information about medicines to take at home: patients being given information about medicines they were to take at home✓ Expectations after the operation or procedure: patients being given an explanation from staff, before their operation or procedure, of how they might feel afterwards✓ Privacy for discussions: patients being able to discuss their condition or treatment with hospital staff without being overheard✓ Talking about worries and fears: patients feeling able to talk to staff about their worries and fears</div>	<div><ul style="list-style-type: none">○ Quality of food: patients describing the hospital food as good○ Dietary requirements: patients being offered food that met any dietary requirements they had○ Disturbance from hospital lighting: patients not being bothered at night from hospital lighting○ Noise from other patients: patients not being bothered by noise at night from other patients○ Support from health or social care services: patients being given enough support from health or social care services to help them recover or manage their condition after leaving hospital</div>

4. Analysis

Chart 1 below represents overall scores for each of the section headers within the survey. Sections are groups of questions relating to the same overall theme and they are, to a large extent, chronologic in terms of the patient journey during an inpatient stay. The chart compares UHBW section scores to the national average for each section.

The chart shows that across the sections of the survey, patients seen at UHBW reported an experience that was better than the national average. The areas of particular strength (as indicated by the larger gaps between the national average marker and UHBW marker) were ‘care and treatment’, ‘operations and procedures’ and ‘respect and dignity’.

Chart 1: UHBW section scores from the 2020 National Inpatient Survey compared to the national average



Charts 2 and 3 overleaf compare the overall ratings between geographically neighbouring trusts. These charts contain the overall UHBW score, and include the BRI and WGH displayed separately. Responses from BHOC, BHI and Bristol Eye Hospital were too low to be included in hospital site level analysis.

At a provider level, UHBW is the third highest scoring Trust in the region for overall patient experience and third highest scoring Trust when compared to large city acute Trusts.

Chart 2: Overall patient experience rating amongst geographical neighbouring trusts from 2020 National Inpatient Survey

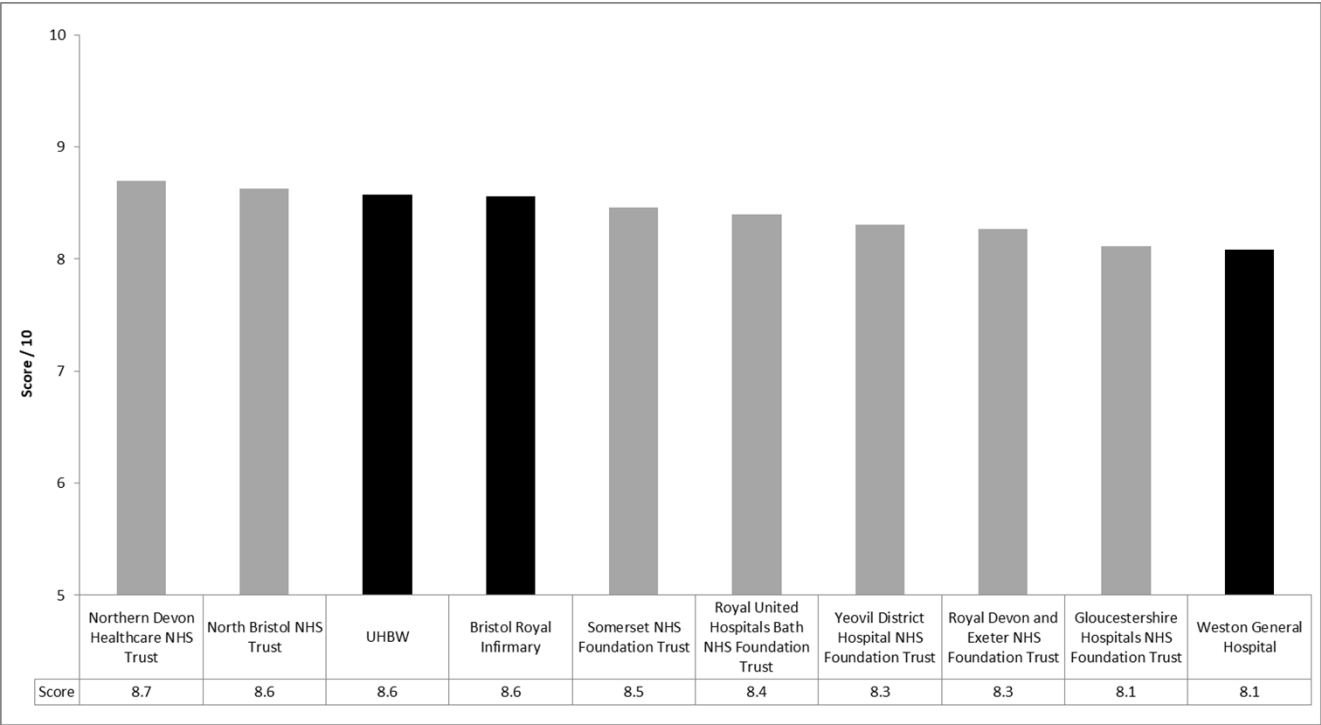
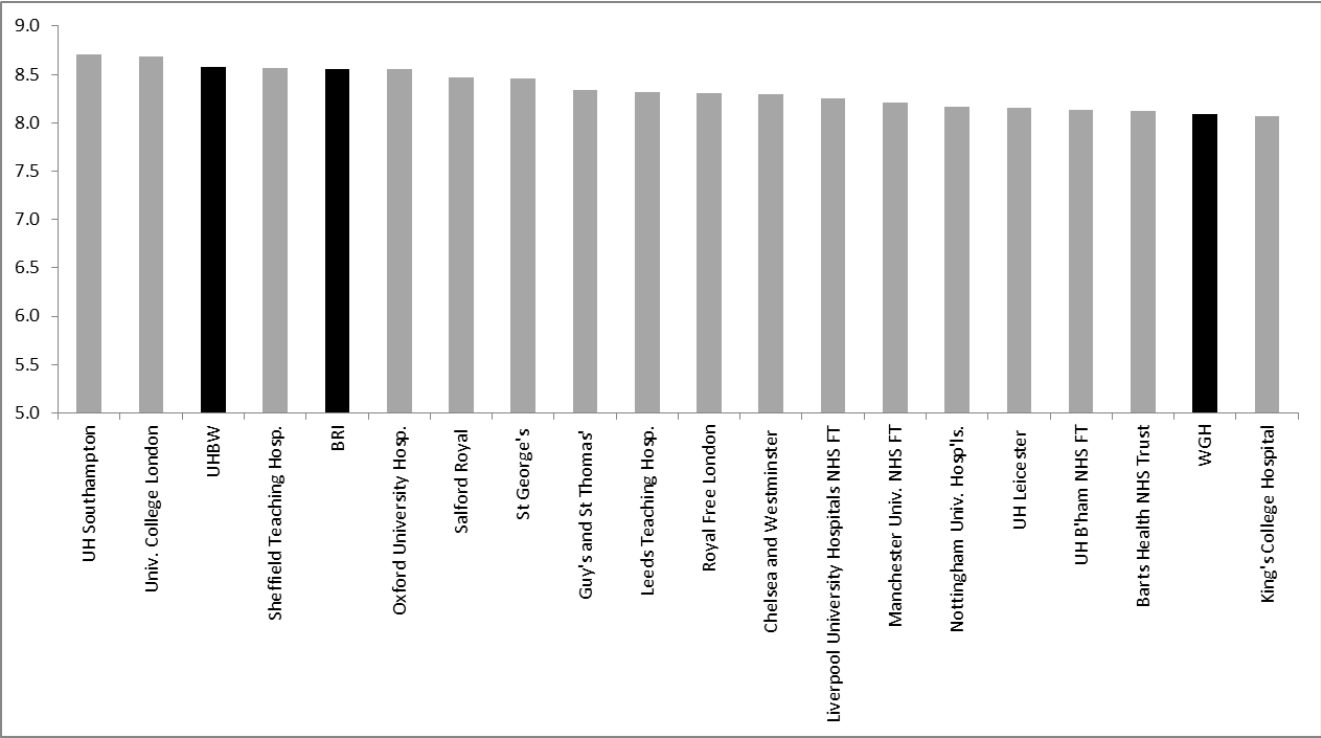


Chart 3: Overall patient experience rating amongst large city acute trusts from 2020 National Inpatient Survey



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5. Sentiment analysis for patient comments

An analysis of each free-text comment received as part of the 2020 National Inpatient Survey has been undertaken. The full analysis is attached as Appendix C to this report. There were 426 comments about staff, 310 about care and treatment, 186 about the hospital environment and facilities and 117 about pathway of care.

Around two thirds of the comments overall were positive. 85% of comments about staff and 65% of comments about care and treatment were positive, half of comments on aspects of the pathway of care (51%) were positive. However, the majority of comments on hospital environment and facilities (69%) were negative. A further breakdown of themes for the comments can be found in charts 4 – 8 overleaf. Note this analysis was undertaken on the results of the 2020 survey only and we are unable to compare to the results of the 2018 survey.

Chart 4: Total comments by sentiment

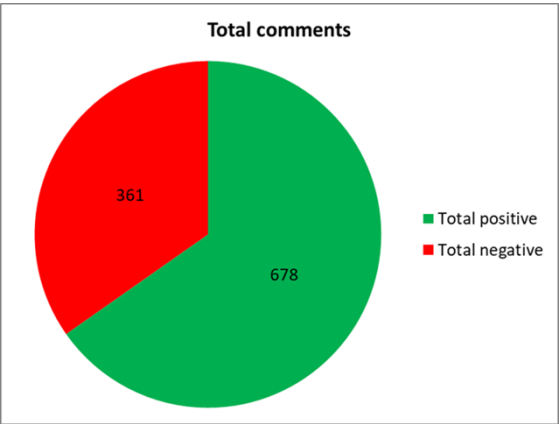


Chart 5: Pathway of care sentiment analysis

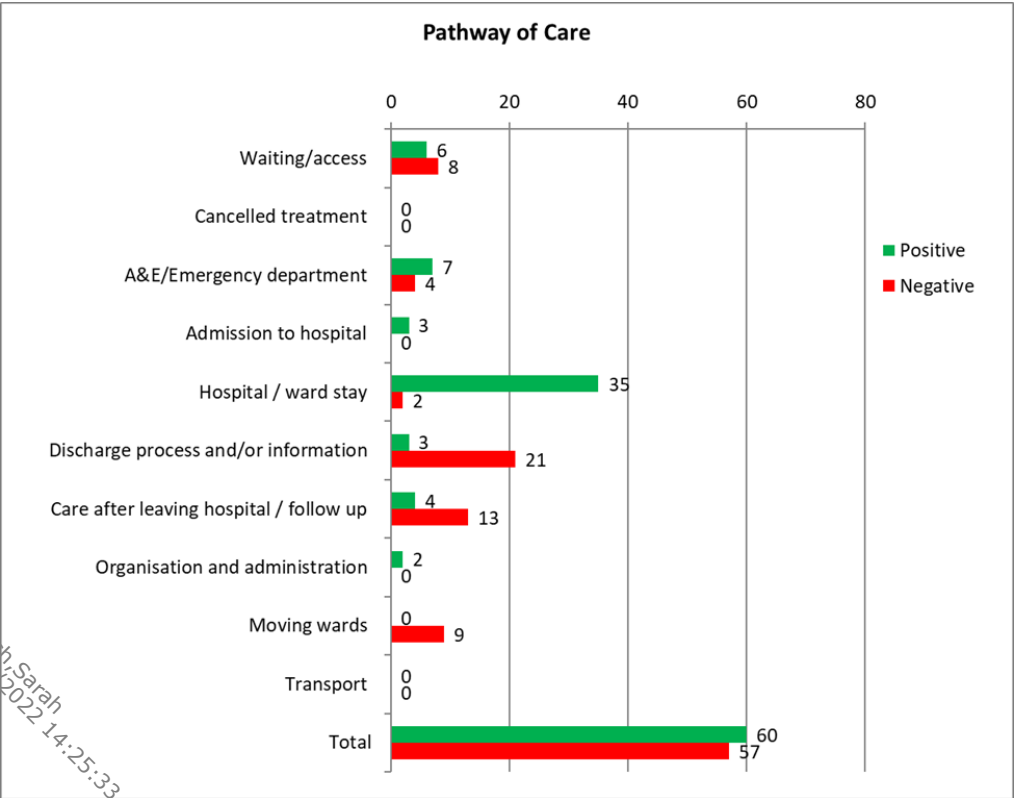


Chart 6: Care and treatment sentiment analysis

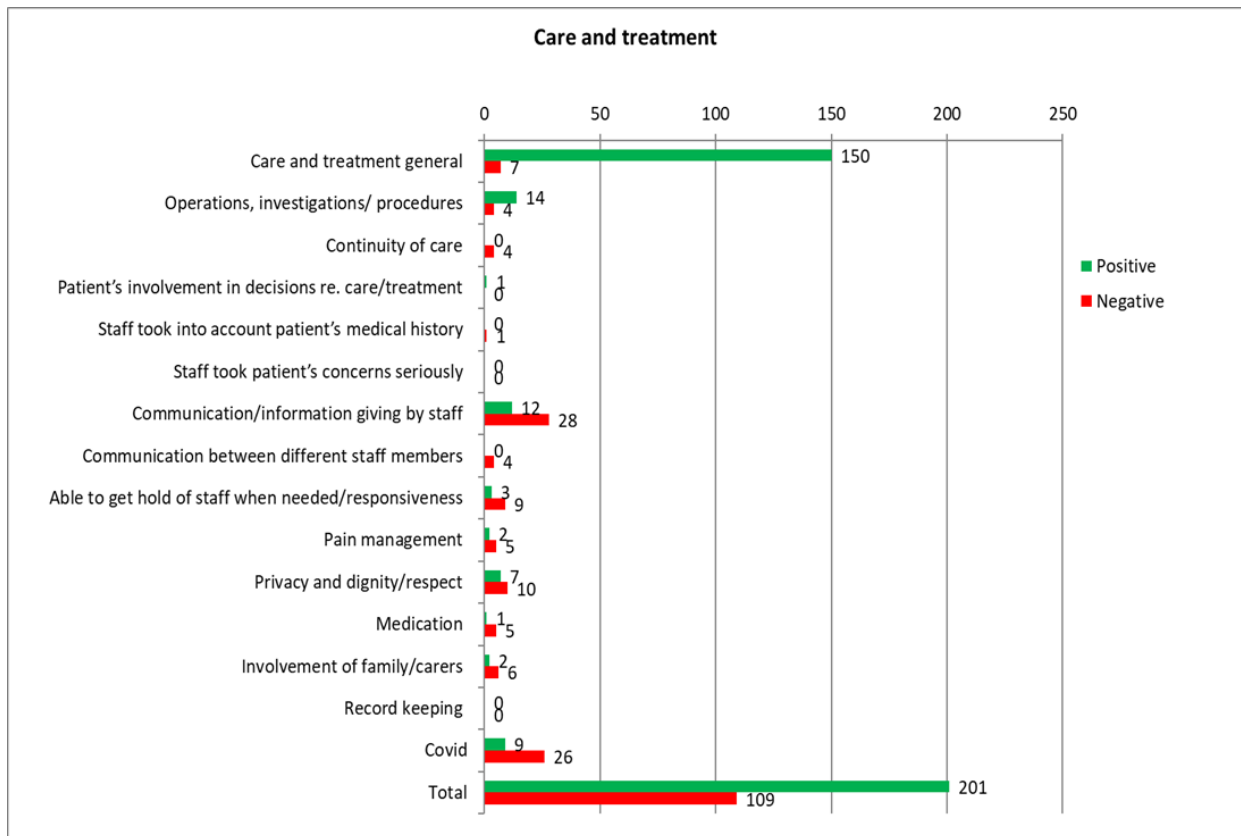
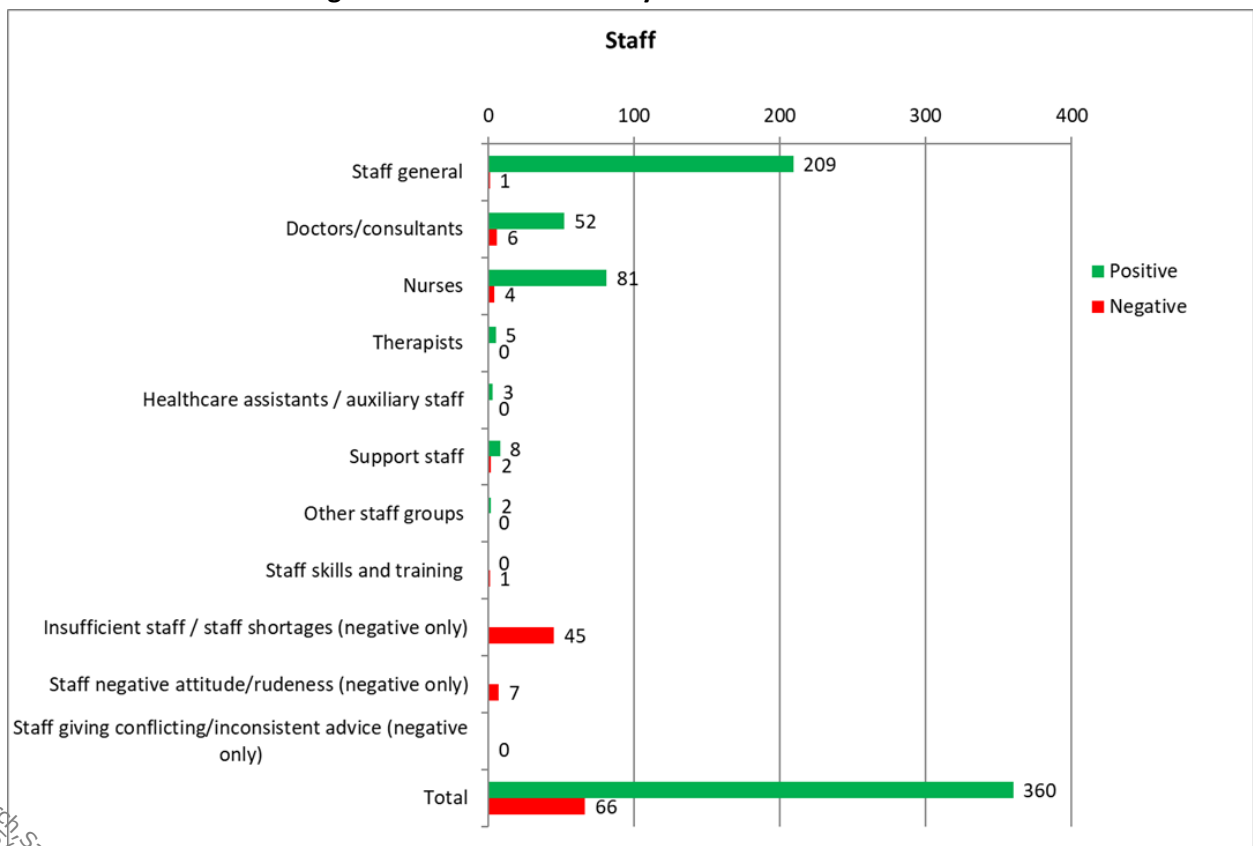
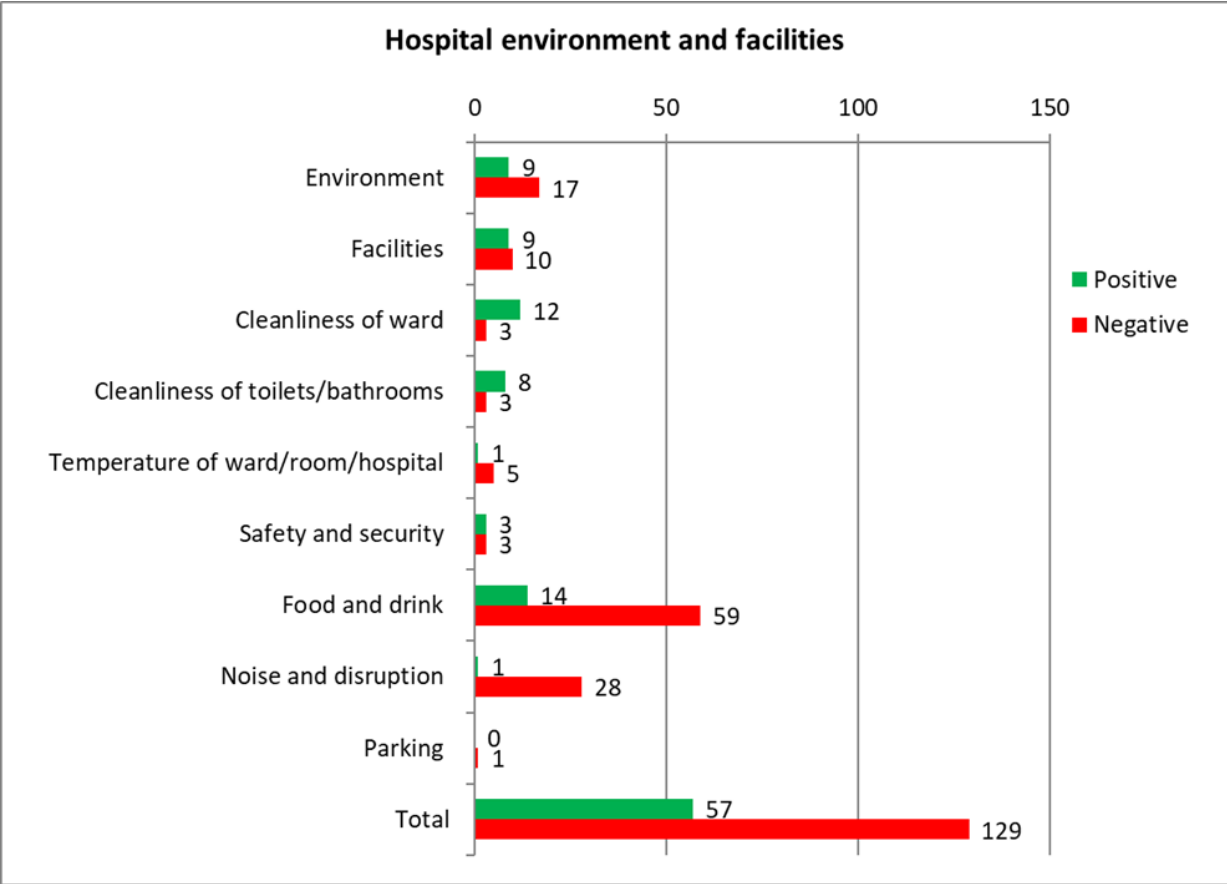


Chart 7: Comments relating to staff - sentiment analysis



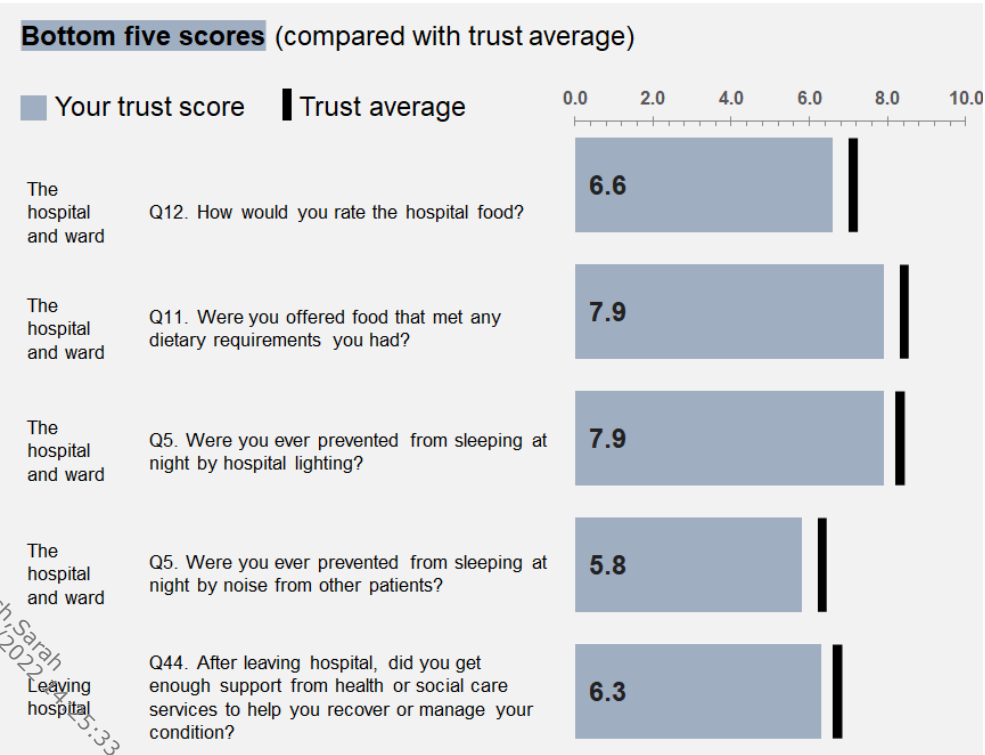
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Chart 8: Hospital environment and facilities sentiment analysis



6. Improvement opportunities

At a Trust level, there are five questions which fall below the national average (although not to a statistically significant degree that results in UHBW becoming an outlier). Four of these relate to environmental needs under the section ‘The hospital and ward’.



Further analysis of this data at a site level reveals that:

- Both BRI (score 6.4) and WGH (6.7) were below the national average for Q12 – How would you rate the quality of food with scores of 6.4 and 6.7;
- At WGH, patients were more likely to report they were offered food that met dietary requirements with a score of 8.1 compared to 7.7 at BRI;
- Patients were more likely to report they received enough support from health and social care services after leaving hospital when discharged from BRI (6.7) than WGH (5.2) although both scores fall below the national average;

These results have been shared with Divisional Triumvirates and to the Patient Experience Group (PEG).

Any specific actions taken as a result of the survey findings will be recorded by the Corporate Patient Experience team, however, there is no action plan in place specifically to address the findings of the survey, particularly given the overall positive results for the Trust across the majority of themes of the survey.

Whilst the national inpatient survey is useful as a way of comparing patient experience between trusts, the small sample sizes and delay in publishing the results make it less useful as a service improvement tool. To address this, the Trust has an ongoing patient experience programme that supports ongoing monitoring of patient-reported experience down to ward-level. This programme is the main focus of the Trust's improvement work in response to patient feedback.

Matthew Areskog, Patient Experience Manager.

8th November 2021

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Appendix A

Ward at discharge for patients in the sample as at November 2020. Note it is not possible to show this profile for patients who have responded to the survey, only those that appeared in the original sample.

Ward at discharge	Specialty (as at Nov 2020)	Patients in sample	% of total
A516	Discharge Lounge	115	9%
A609	General Surgery	79	6%
A300	General Medicine	71	6%
A400	General Medicine	50	4%
A700	General Surgery	47	4%
H304A	Ophthalmology	42	3%
WGH Harptree	General Medicine	41	3%
A413	General Medicine	38	3%
C805	Cardiology	36	3%
WGH Kewstoke Ward	Care of Elderly / Dementia	33	3%
78	Gynaecology	32	3%
WGH Sandford Ward	Acute admissions	32	3%
WGH Cheddar Ward	Respiratory Medicine	30	2%
C705	Cardiology	28	2%
WGH Hutton Ward	Trauma and Orthopaedics	28	2%
A900	Gastroenterology/Hepatology	27	2%
C808	Gastroenterology / GI Surgery	27	2%
A602	Trauma and Orthopaedics	26	2%
D603	Clinical Oncology	26	2%
A522	General Medicine	25	2%
A800	Respiratory Medicine	25	2%
WGH Steephelm Ward	Surgery	24	2%
WGH Medical Admissions Unit	Acute admissions	23	2%
WGH Berrow Ward	Gastroenterology	23	2%
C708	Cardiac Surgery	21	2%
A524	Respiratory Medicine	20	2%
A605	Respiratory Medicine	19	2%
WGH Draycott Stroke Unit	Medically fit for discharge	18	1%
A604	Trauma and Orthopaedics	17	1%
WGH Uphill Ward	Stroke	17	1%
SBCH 200	Rehabilitation	16	1%
D703	Clinical Haematology	16	1%
A515	Geriatric Medicine / Stroke	15	1%
A525	Respiratory Medicine	15	1%
A512	General Medicine	13	1%
C603	Cardiology	13	1%
WGH Day Case Unit	Surgery	13	1%
A528	Geriatric Medicine	12	1%
WGH Waterside Unit	Covid	10	1%
WGH Discharge Lounge	Discharge Lounge	9	1%
B301	Sleep Studies	8	1%

SBCH 100	Rehabilitation	7	1%
E600	Paediatric Cardiology	6	<1%
E500	Paediatric Neurology	5	<1%
A518	General Medicine	4	<1%
A600	Intensive Care	3	<1%
C604	Cardiac Surgery	2	<1%
E702	Paediatrics	2	<1%
NUF Theatres		2	<1%
A606	Pre op	1	<1%
E602	Paediatric Surgery	1	<1%
WGH Seashore Centre	Children	1	<1%
WGH Ambulatory Emergency Care	All specialties	1	<1%
WGH Intensive Therapy Unit	All specialties	1	<1%
WGH Theatre Receiving Unit	All specialties	1	<1%

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NHS Adult Inpatient Survey 2020 Benchmark Report

University Hospitals Bristol and Weston NHS Foundation
Trust

Murch, Sarah
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1 Adult Inpatient Survey 2020 | RA7 | University Hospitals Bristol and Weston NHS Foundation Trust



Ipsos MORI



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		Section 2. The hospital and ward	Section 2. The hospital and ward	
		Section 3. Doctors	Section 3. Doctors	
		Section 4. Nurses	Section 4. Nurses	
		Section 5. Your care and treatment	Section 5. Your care and treatment	
		Section 6. Operations and procedures	Section 6. Operations and procedures	
		Section 7. Leaving hospital	Section 7. Leaving hospital	
		Section 8. Feedback on care	Section 8. Feedback on care	
		Section 9. Respect and dignity	Section 9. Respect and dignity	
		Section 10. Overall experience	Section 10. Overall experience	

This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos MORI Terms and Conditions which can be found at <http://www.ipsos-mori.com/terms>.

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Background and methodology

This section includes:

- an explanation of the NHS Patient Survey Programme
- information on the Adult Inpatient 2020 survey
- a description of key terms used in this report
- navigating the report

Background and methodology

The NHS Patient Survey Programme

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services.

The NPSP is commissioned by the Care Quality Commission (CQC); the independent regulator of health and adult social care in England.

As part of the NPSP, the Adult Inpatient Survey has been conducted annually since 2002. The CQC use the results from the survey in the regulation, monitoring and inspection of NHS acute trusts in England.

To find out more about the survey programme and to see the results from previous surveys, please refer to the section on further information on this page.

The Adult Inpatient Survey 2020

The survey was administered by the Coordination Centre for Mixed Methods (CCMM) at Ipsos MORI. A total of 169,176 patients were invited to participate in the survey across 137 acute and specialist NHS trusts. Completed responses were received from 73,015 patients, an adjusted response rate of 45.9%.

Patients were eligible to participate in the survey if they were aged 16 years or over, had spent at least one night in hospital, and were not admitted to maternity or psychiatric units. A full list of eligibility criteria can be found in the survey [sampling instructions](#).

Trusts sampled patients who met the eligibility criteria and were discharged from hospital during November 2020. Trusts counted back from the last day of November 2020, sampling every consecutively discharged patient until they had selected 1,250 patients. Some smaller trusts, which treat fewer patients, included patients who were treated in hospital earlier than November 2020 (as far back as May 2020), to achieve a large enough sample.

Fieldwork took place between January and May 2021.

Trend data

The Adult Inpatient 2020 survey was significantly different to previous years' surveys with regards to methodology, sampling month and questionnaire content. This year's survey was conducted using a push-to-web methodology (offering both online and paper completion). The questionnaire was amended significantly, with changes to both question wording and order. The 2020 results are therefore not comparable with previous years' data and trend data is not available. In future years, trend data will be incorporated into these reports.

Further information about the survey

- For published results for other surveys in the NPSP, and for information to help trusts implement the surveys across the NPSP, please visit the [NHS Surveys website](#).
- To learn more about CQC's survey programme, please visit the [CQC website](#).

Key terms used in this report

The 'expected range' technique

This report shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts. This is designed to help understand the performance of individual trusts and identify areas for improvement.

This report also includes site level benchmarking. This allows you to compare the results for sites within your trust with all other sites across trusts. It is important to note that the performance ratings presented here may differ from that presented in the trust level benchmarking.

More information can be found in the [Appendix](#).

Standardisation

Demographic characteristics, such as age and gender, can influence patients' experience of care and the way they report it. For example, research shows that men tend to report more positive experiences than women, and older people more so than younger people.

Since trusts have differing profiles of patients, this could make fair trust comparisons difficult. To account for this, we 'standardise' the results, which means we apply a weight to individual patient responses to account for differences in demographic profile between trusts.

For each trust, results have been standardised by the age, sex and method of admission (emergency or elective) of respondents to reflect the 'national' age, sex, and method of admission distribution (based on all respondents to the survey). This helps ensure that no trust will appear better or worse than another because of its profile, and enables a fairer and more useful comparison of results across trusts. In most cases this standardisation will not have a large impact on trust results. Site level results are standardised in the same way.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale of 0 to 10. A score of 10 represents the best possible result and a score of 0 the worst. The higher the score for each question, the better the trust is performing. Only evaluative questions in the questionnaire are scored. Some questions are

descriptive (for example Q1) and others are 'routing questions', which are designed to filter out respondents to whom the following questions do not apply (for example Q6). These questions are not scored. Section scoring is computed as the arithmetic mean of question scores for the section after weighting is applied.

Trust average

The 'trust average' mentioned in this report is the arithmetic mean of all trusts' scores after weighting is applied.

Suppressed data

If fewer than 30 respondents have answered a question, no score will be displayed for that question (or the corresponding section the question contributes to).

Further information about the methods

For further information about the statistical methods used in this report, please refer to the [survey technical document](#).

Using the survey results

Navigating this report

This report is split into five sections:

- **Background and methodology** – provides information about the survey programme, how the survey is run, and how to interpret the data.
- **Headline results** – includes key trust-level findings relating to the patients who took part in the survey, benchmarking, and top and bottom scores. This section provides an overview of results for your trust, identifying areas where your organisation performs better than the average and where you may wish to focus improvement activities.
- **Benchmarking** – shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part; using the 'expected range' analysis technique. This allows you to see the range of scores achieved and compare yourself with the other organisations that took part in the survey. Benchmarking can provide you with an indication of where you perform better than the average, and what you should aim for in areas where you may wish to improve.

- **Trust results** – includes the score for your trust; a comparison with other trusts in your region; a breakdown of scores across sites within your trust. It may be helpful to compare yourself with regional trusts, so you can learn from and share learnings with trusts in your area who care for similar populations. Internal benchmarking may be helpful so you can compare sites within your organisation, sharing best practice within the trust and identifying any sites that may need attention.
- **Appendix** – includes additional data for your trust; further information on the survey methodology; interpretation of graphs in this report.

How to interpret the graphs in this report

There are several types of graphs in this report which show how the score for your trust compares to the scores achieved by all trusts that took part in the survey.

The two chart types used in the section 'benchmarking' use the 'expected range' technique to show results. For information on how to interpret these graphs, please refer to the [Appendix](#).

Other data sources

More information is available about the following topics at their respective websites, listed below:

- Full national results; A-Z list to view the results for each trust; technical document: www.cqc.org.uk/inpatientsurvey
- National and trust-level data for all trusts who took part in the Adult Inpatient 2020 survey: <https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2020/>. Full details of the methodology for the survey, instructions for trusts and contractors to carry out the survey, and the survey development report can also be found on the NHS Surveys website.
- Information on the NHS Patient Survey Programme, including results from other surveys: www.cqc.org.uk/content/surveys
- Information about how the CQC monitors hospitals: www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-nhs-acute-hospitals

Headline results

This section includes:

- information about your trust population
- an overview of benchmarking for your trust
- the top and bottom scores for your trust

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Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of patients who took part in the survey.



1,250 invited to take part



481 completed

79% urgent/emergency admission

21% planned admission



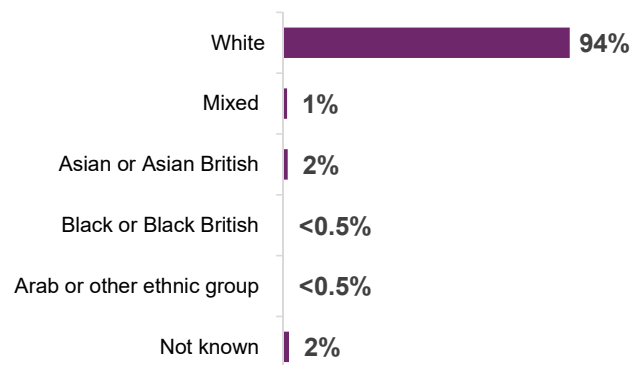
41% response rate

46% average response rate for all trusts

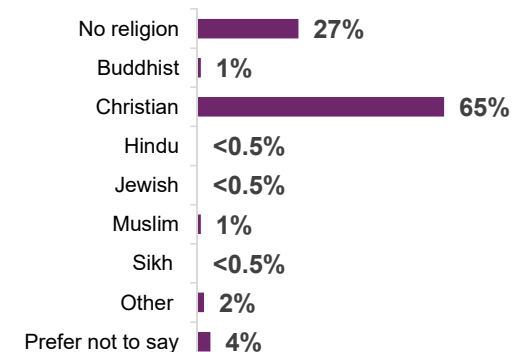
44% response rate for your trust last year



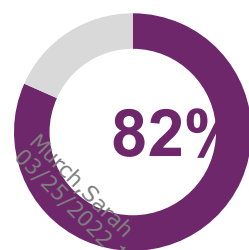
Ethnicity



Religion



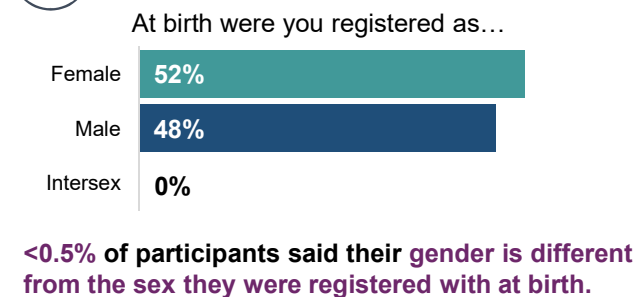
Long-term conditions



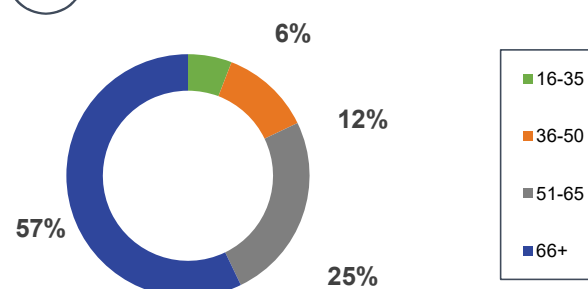
of participants said they have **physical or mental health conditions, disabilities or illnesses** that have lasted or are expected to last 12 months or more (excluding those who selected "I would prefer not to say").



Sex



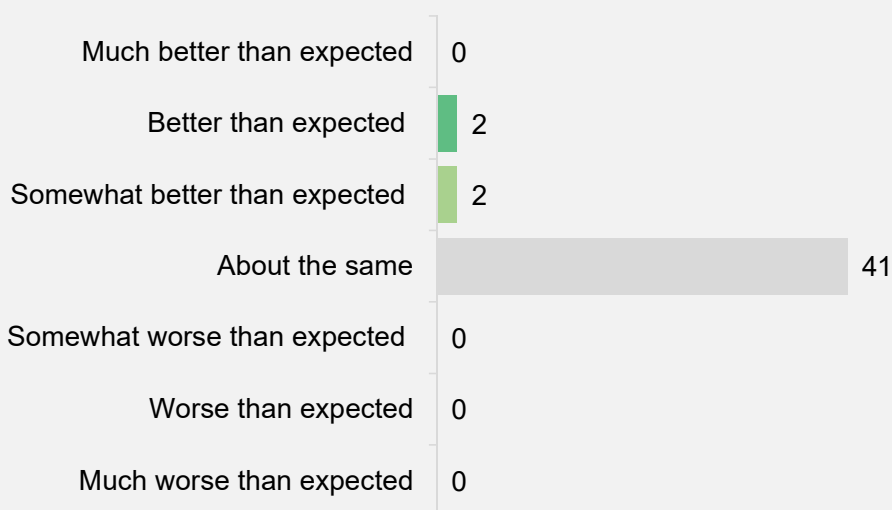
Age



Summary of findings for your trust

Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.



Comparison with last year's results

Results for the Adult Inpatient 2020 survey are not comparable with results from previous years. This is because of a change in survey methodology, extensive redevelopment of the questionnaire, and a different sampling month. More information on this is available in the [survey development report](#).

The Adult Inpatient 2021 benchmark reports will include an overview of the number of questions at which your trust's performance has significantly improved, significantly declined, or not significantly changed compared with your result from the previous year.

For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix section ["comparison to other trusts"](#).

Best and worst performance relative to the trust average

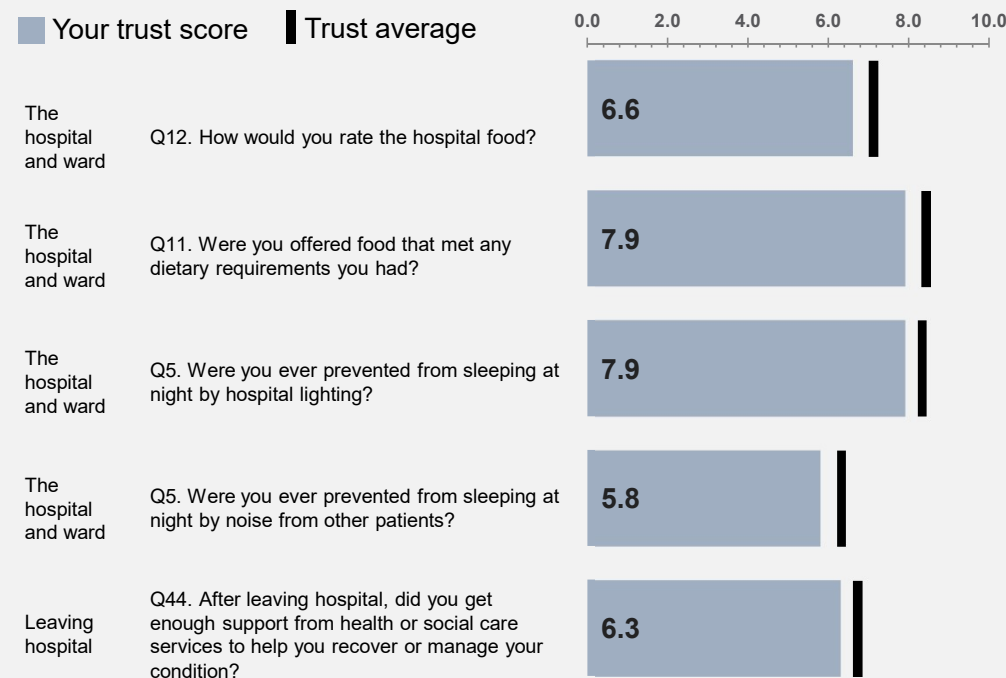
These five questions are calculated by comparing your trust's results to the trust average.

- **Top five scores:** These are the five results for your trust that are highest compared with the trust average. If none of the results for your trust are above the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's best performance may be worse than the trust average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the trust average. If none of the results for your trust are below the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's worst performance may be better than the trust average.

Top five scores (compared with trust average)



Bottom five scores (compared with trust average)



Benchmarking

This section includes:

- how your trust scored for each evaluative question in the survey, compared with other trusts that took part
- an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts



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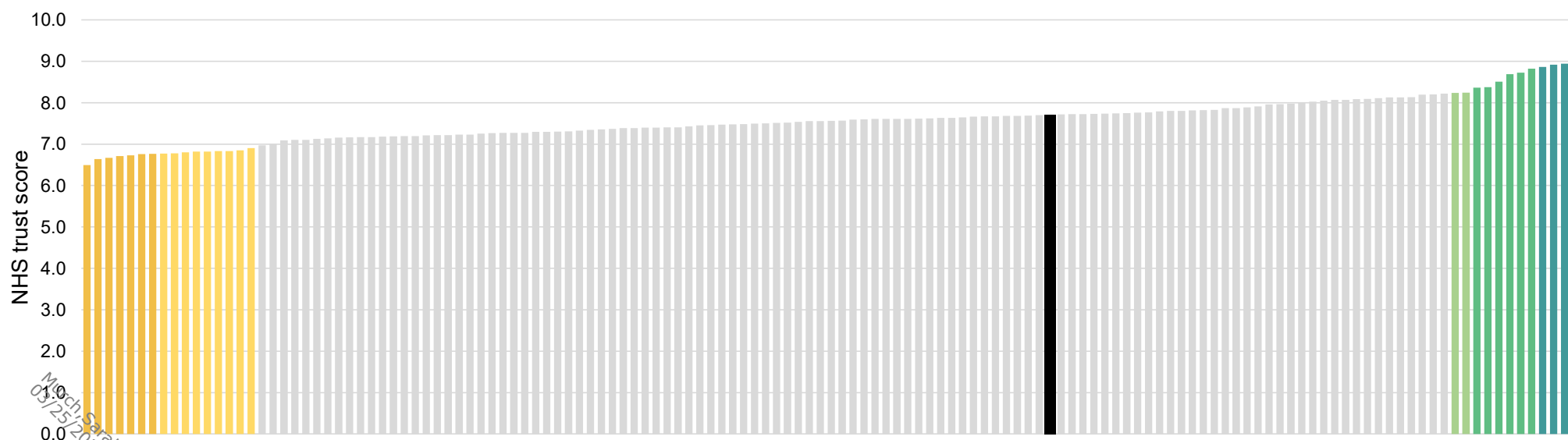
Section 1. Admission to hospital

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Your trust section score = 7.7 (About the same)

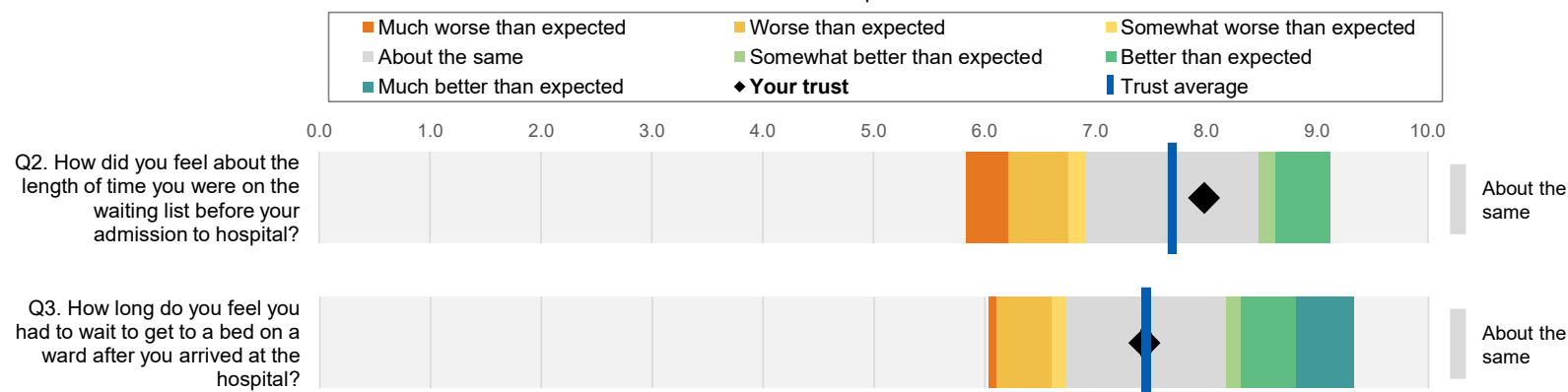


Each vertical line represents an individual NHS trust.
Trust score is not shown when there are fewer than 30 respondents.

Section 1. Admission to hospital (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
102	8.0	7.7	5.8	9.1

449	7.4	7.5	6.0	9.3
-----	-----	-----	-----	-----

Section 2. The hospital and ward

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Your trust section score = 8.0 (About the same)

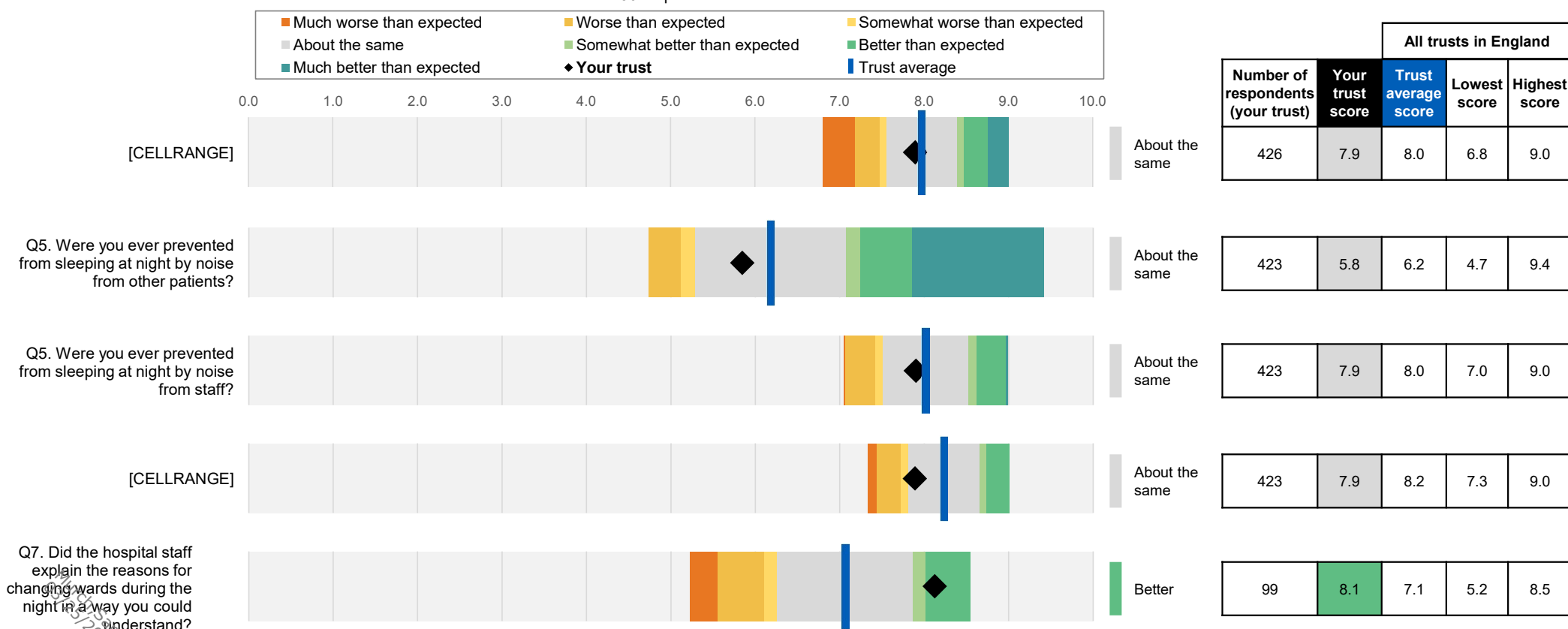


Each vertical line represents an individual NHS trust.
Trust score is not shown when there are fewer than 30 respondents.

Section 2. The hospital and ward (continued)

Question scores

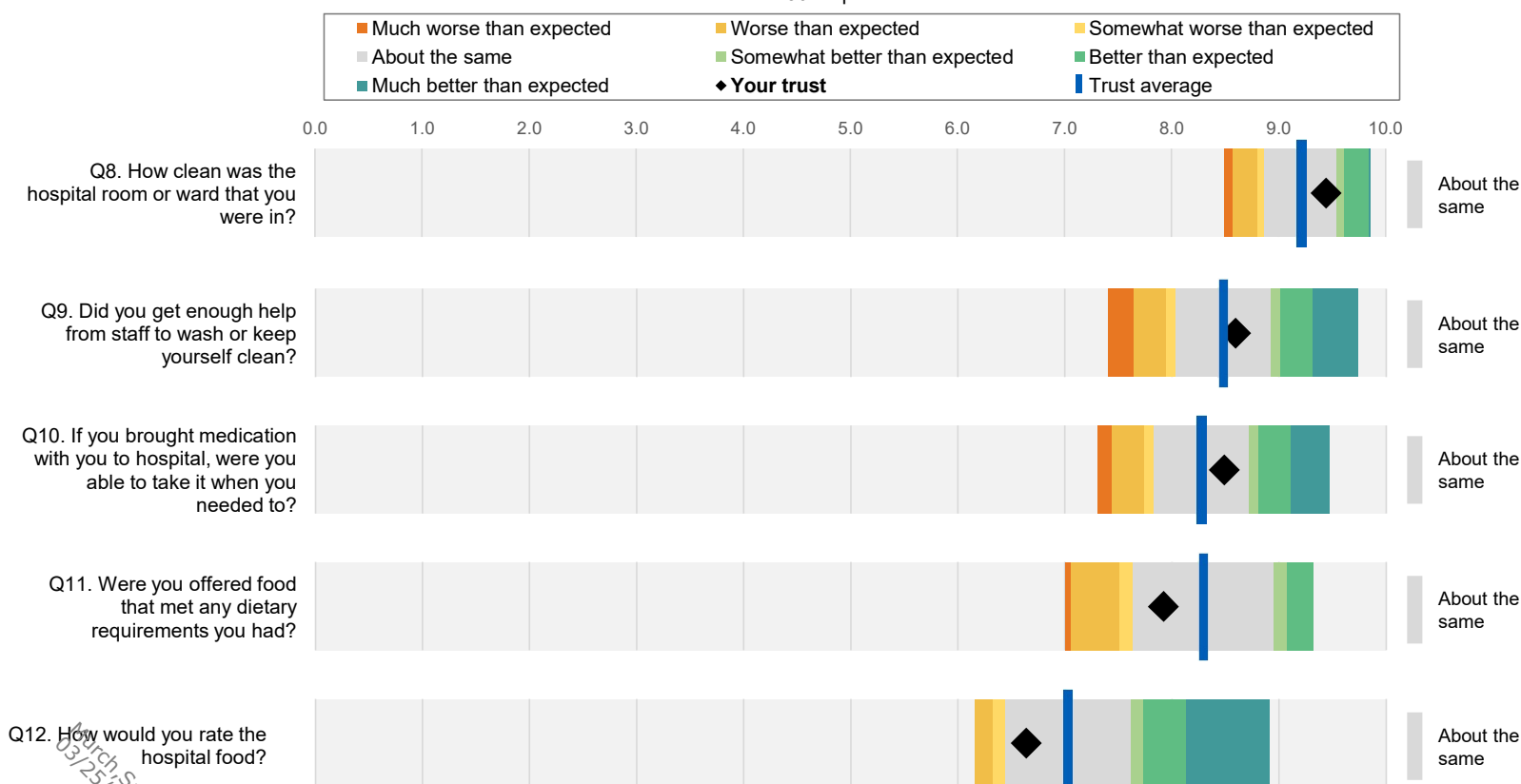
Trust score is not shown when there are fewer than 30 respondents.



Section 2. The hospital and ward (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
467	9.4	9.2	8.5	9.9

311	8.6	8.5	7.4	9.7
-----	-----	-----	-----	-----

265	8.5	8.3	7.3	9.5
-----	-----	-----	-----	-----

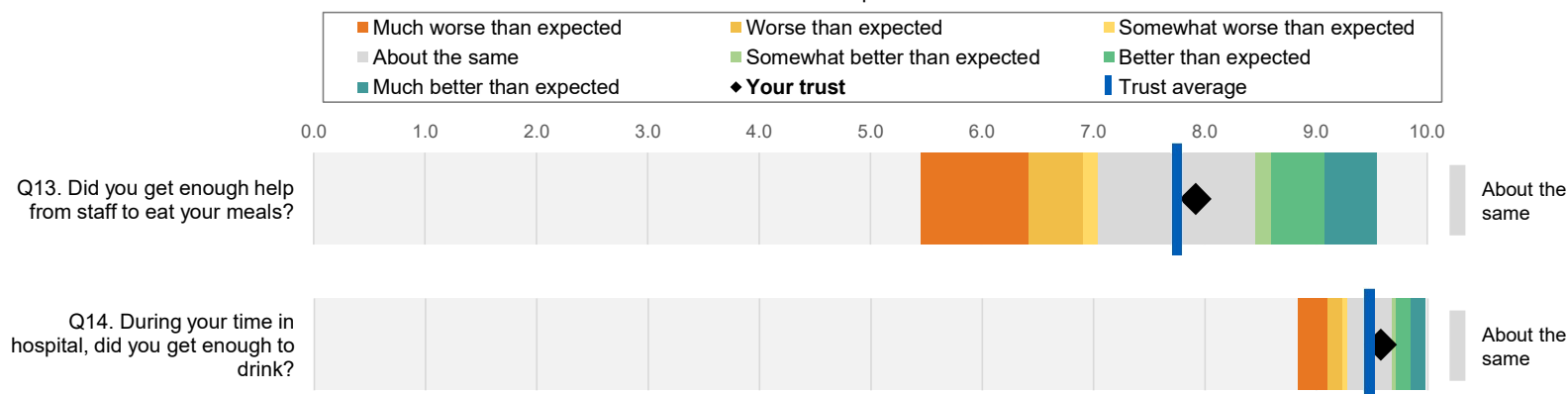
226	7.9	8.3	7.0	9.3
-----	-----	-----	-----	-----

455	6.6	7.0	6.2	8.9
-----	-----	-----	-----	-----

Section 2. The hospital and ward (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
93	7.9	7.8	5.5	9.6

447	9.6	9.5	8.8	10.0
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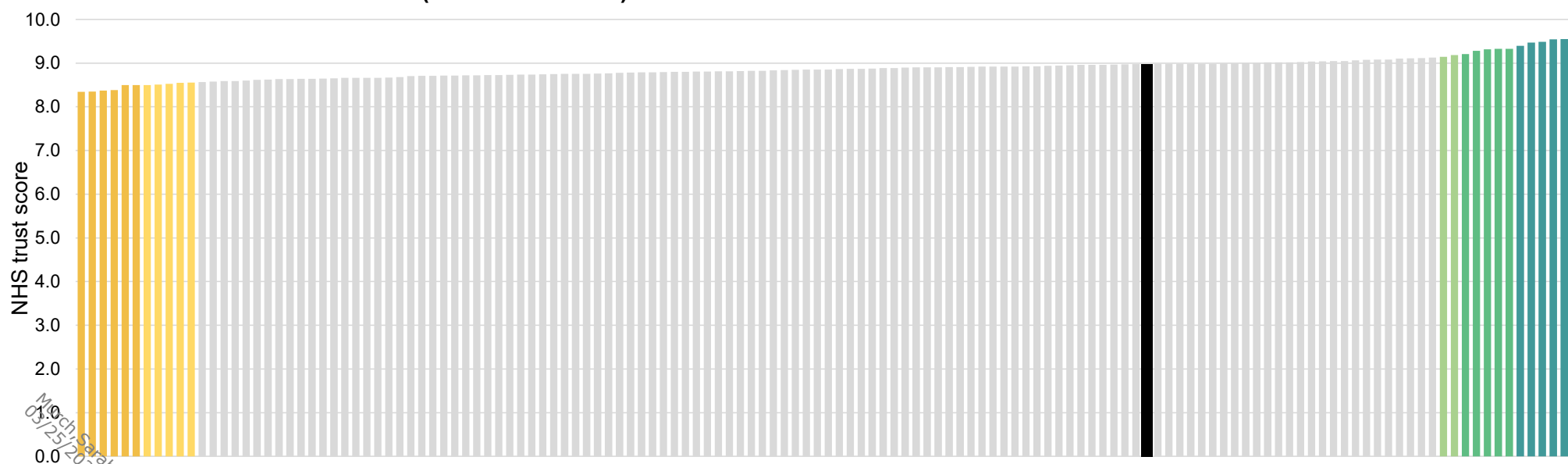
Section 3. Doctors

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

■ Much worse than expected	■ Worse than expected	■ Somewhat worse than expected	■ About the same
■ Somewhat better than expected	■ Better than expected	■ Much better than expected	■ Your trust

Your trust section score = 9.0 (About the same)

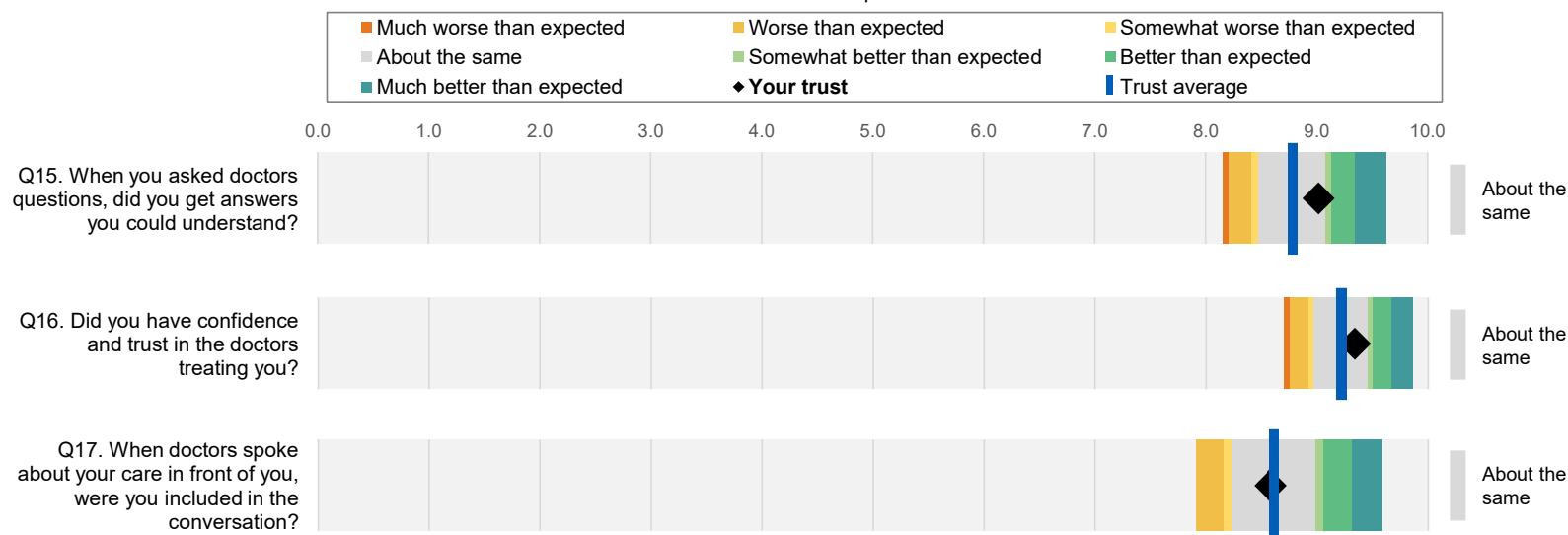


Trust score is not shown when there are fewer than 30 respondents.

Section 3. Doctors (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



Murch, Sarah
03/25/2022 14:25:33

Section 4. Nurses

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

■ Much worse than expected

■ Worse than expected

■ Somewhat worse than expected

■ About the same

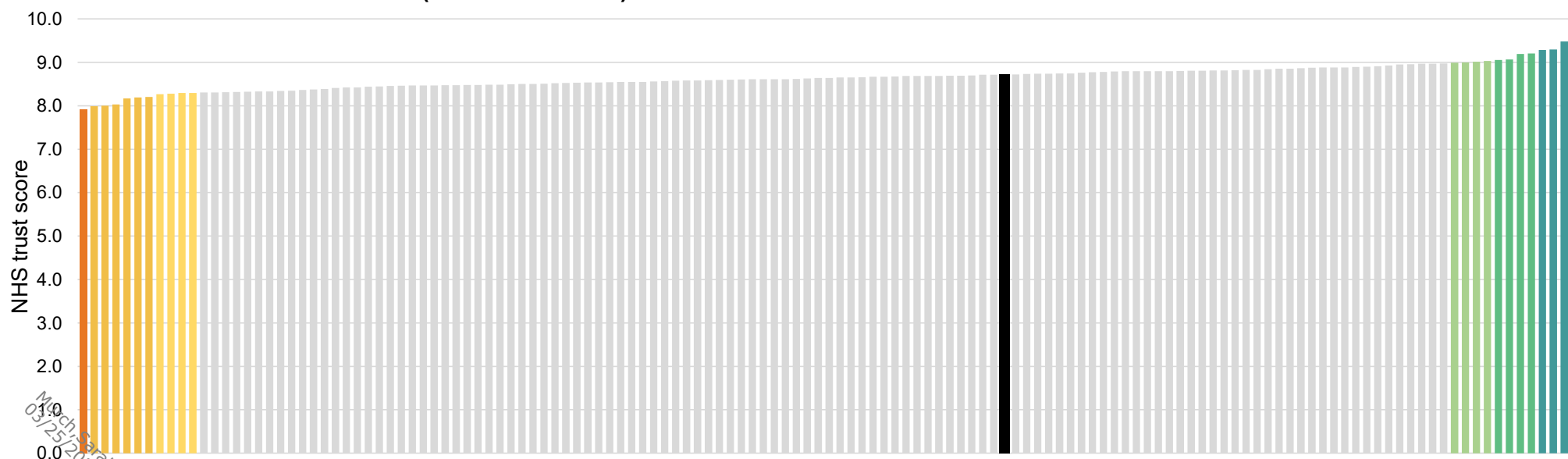
■ Somewhat better than expected

■ Better than expected

■ Much better than expected

■ Your trust

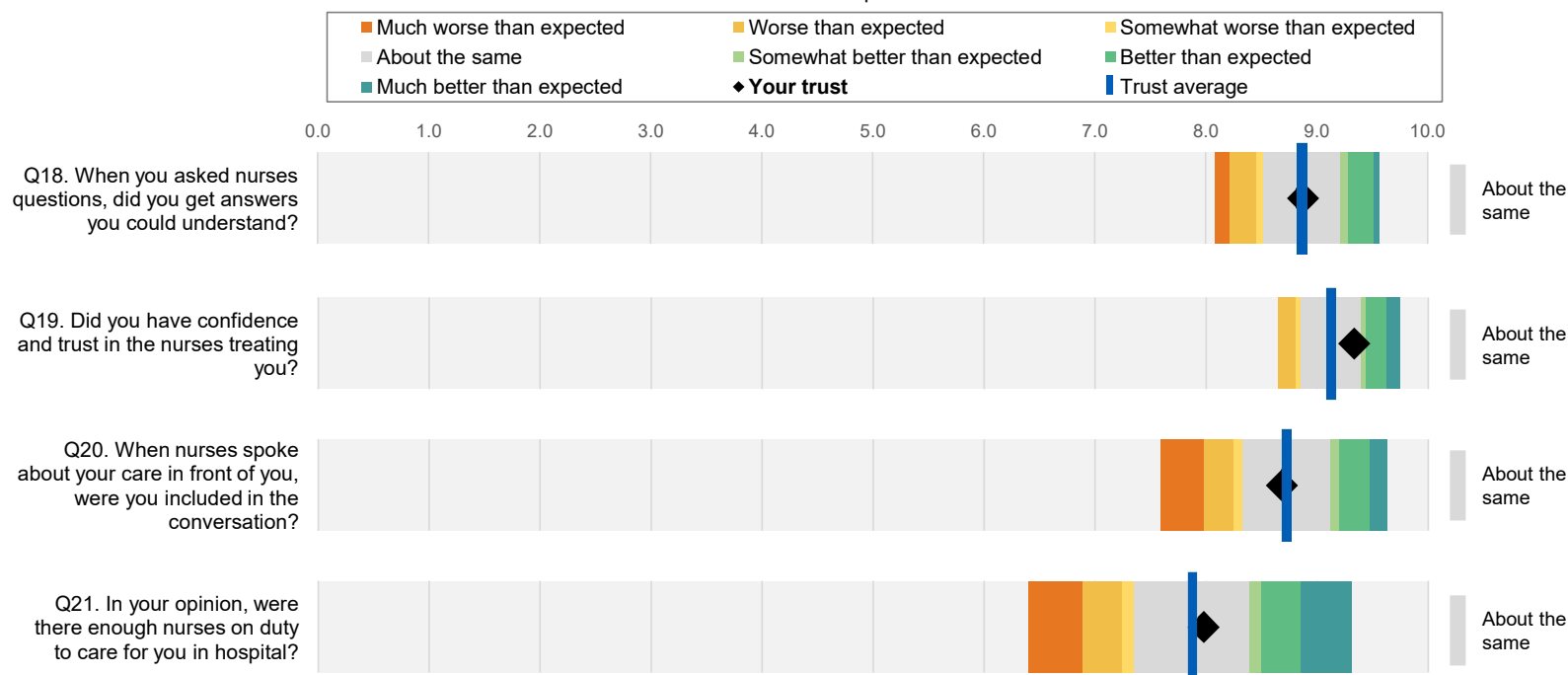
Your trust section score = 8.7 (About the same)



Section 4. Nurses (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
454	8.9	8.9	8.1	9.6

474	9.3	9.1	8.6	9.7
-----	-----	-----	-----	-----

473	8.7	8.7	7.6	9.6
-----	-----	-----	-----	-----

477	8.0	7.9	6.4	9.3
-----	-----	-----	-----	-----

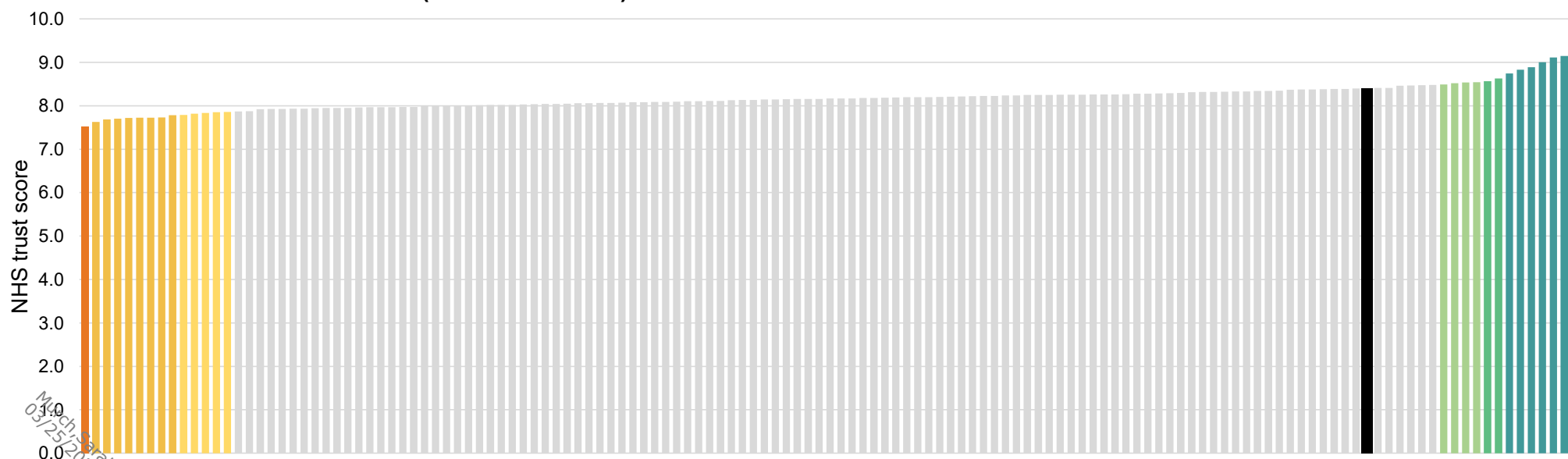
Section 5. Your care and treatment

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Your trust section score = 8.4 (About the same)

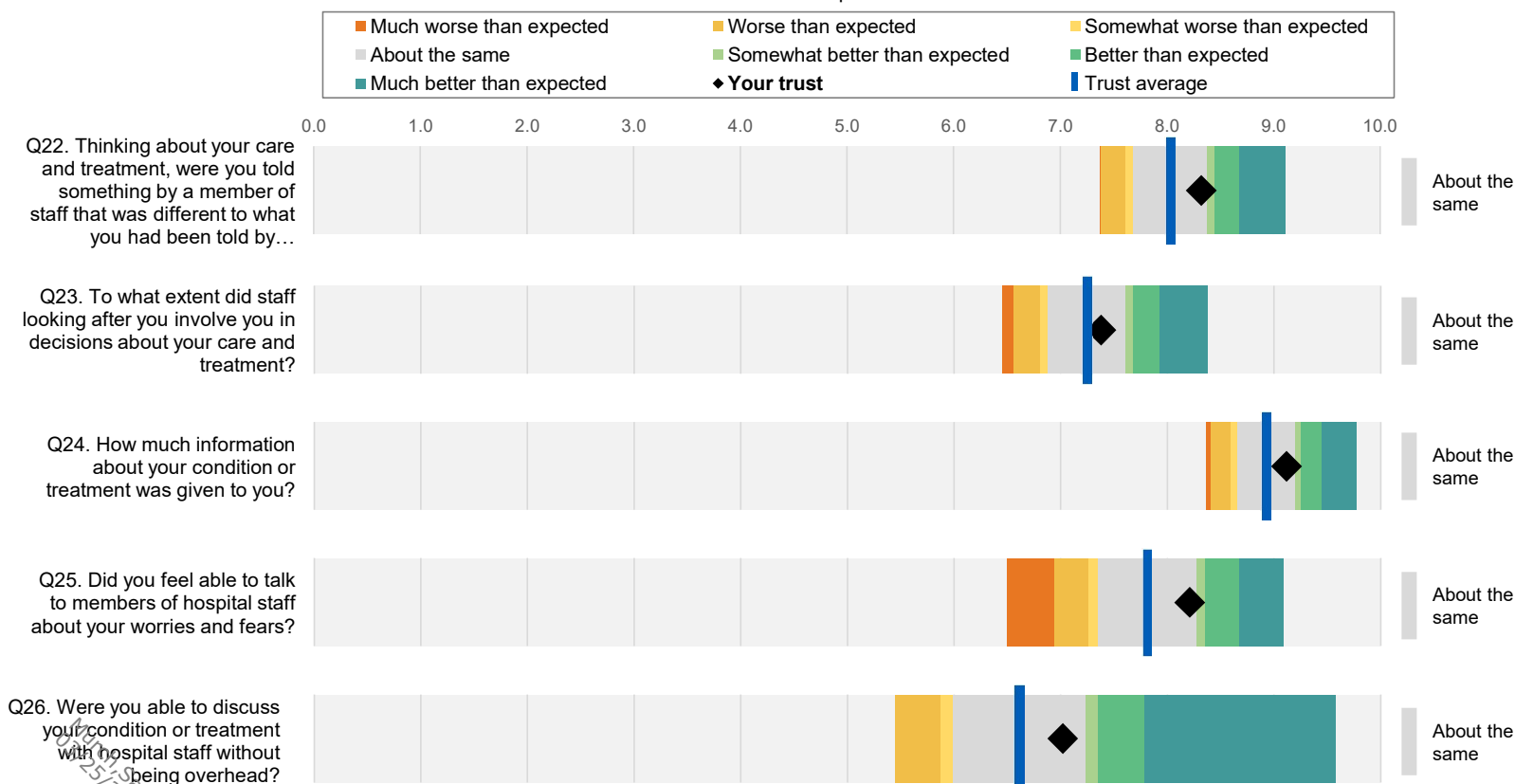


Each vertical line represents an individual NHS trust.
Trust score is not shown when there are fewer than 30 respondents.

Section 5. Your care and treatment (continued)

Question scores

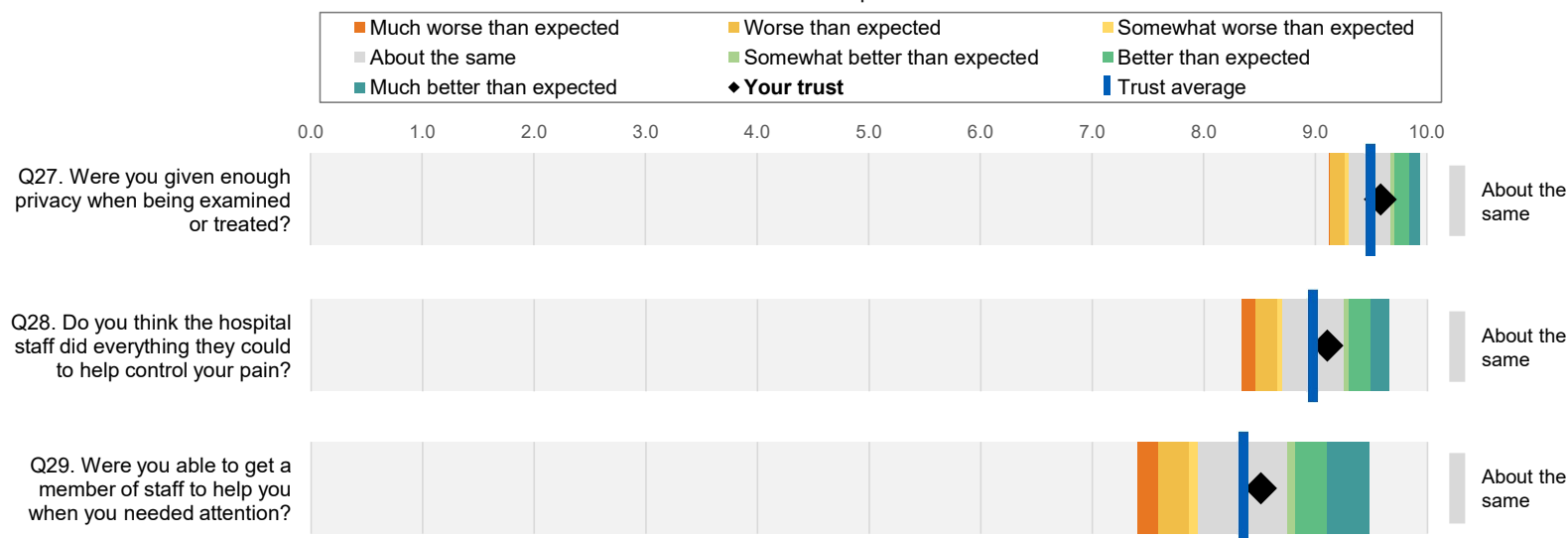
Trust score is not shown when there are fewer than 30 respondents.



Section 5. Your care and treatment (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
464	9.6	9.5	9.1	9.9

379	9.1	9.0	8.3	9.7
-----	-----	-----	-----	-----

430	8.5	8.3	7.4	9.5
-----	-----	-----	-----	-----

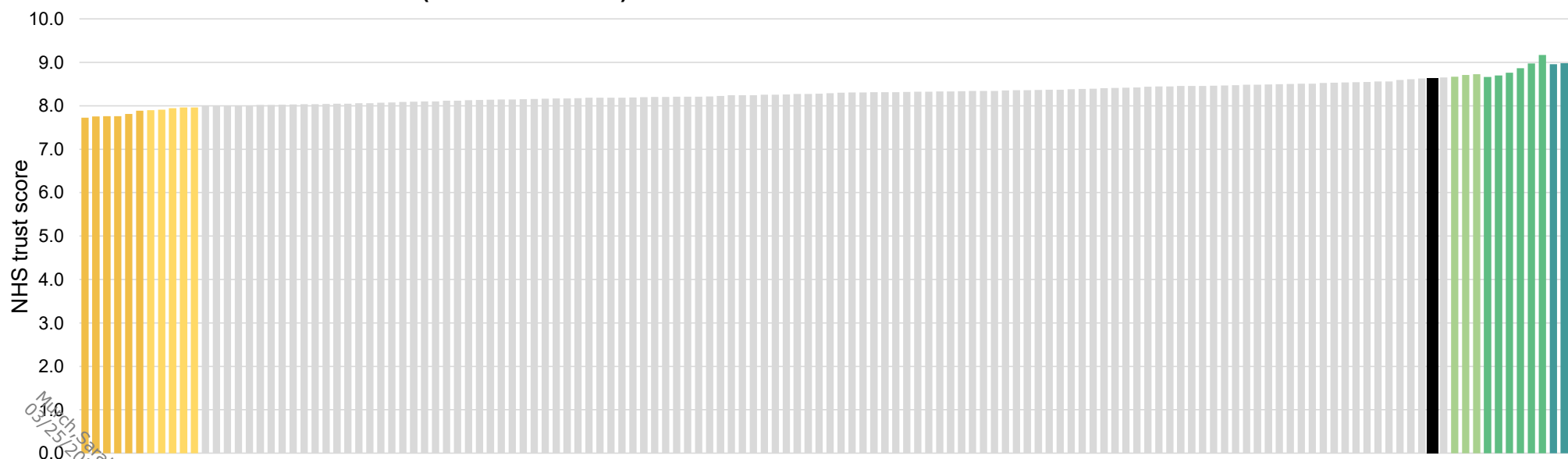
Section 6. Operations and procedures

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same
Somewhat better than expected	Better than expected	Much better than expected	Your trust

Your trust section score = 8.6 (About the same)

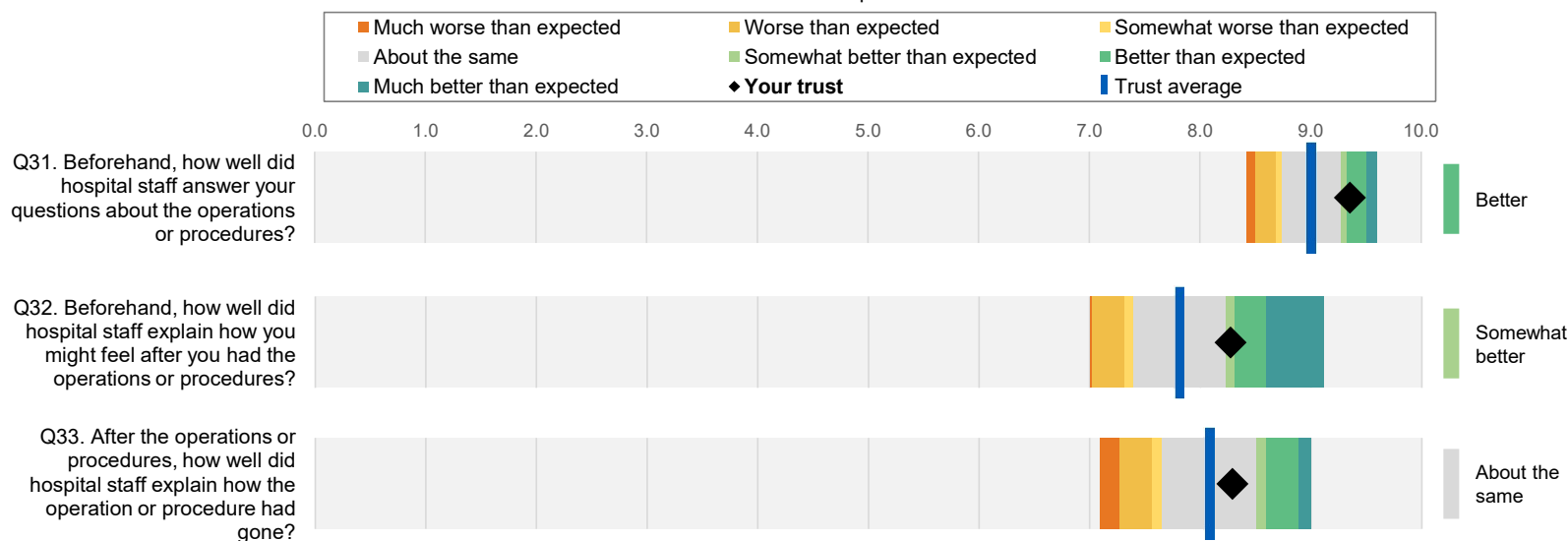


Each vertical line represents an individual NHS trust.
Trust score is not shown when there are fewer than 30 respondents.

Section 6. Operations and procedures (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
194	9.4	9.0	8.4	9.6

205	8.3	7.8	7.0	9.1
-----	-----	-----	-----	-----

207	8.3	8.1	7.1	9.0
-----	-----	-----	-----	-----

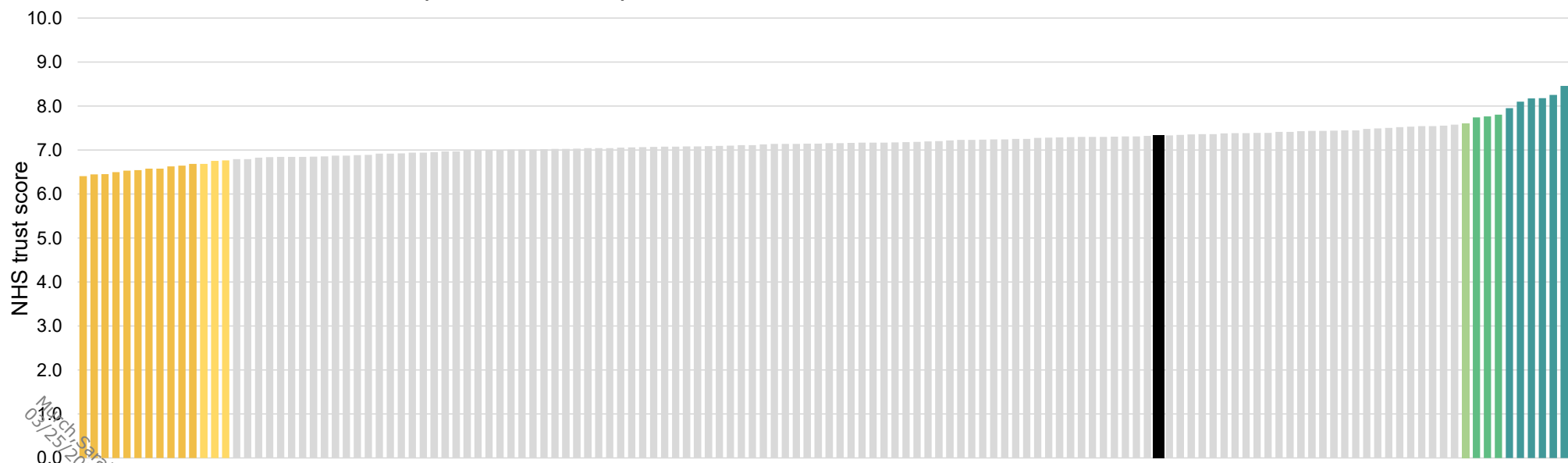
Section 7. Leaving hospital

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Your trust section score = 7.3 (About the same)

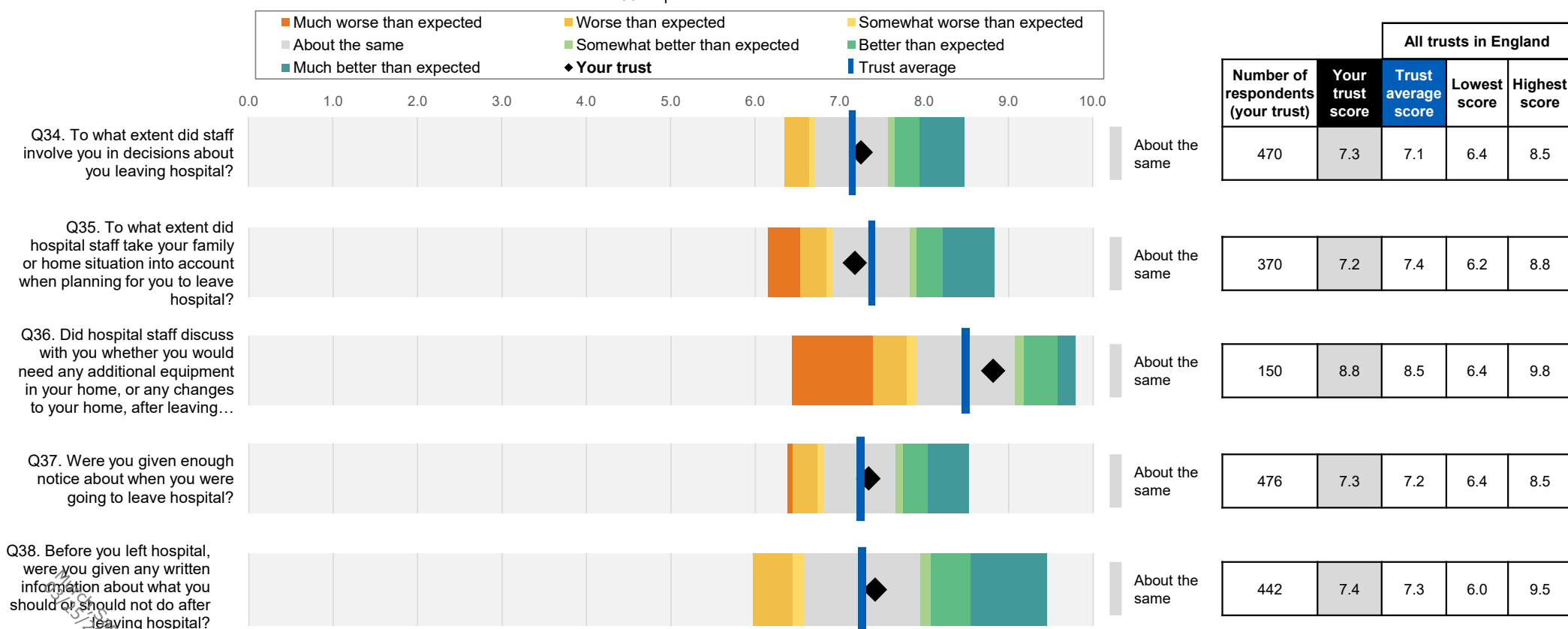


Each vertical line represents an individual NHS trust.
Trust score is not shown when there are fewer than 30 respondents.

Section 7. Leaving hospital (continued)

Question scores

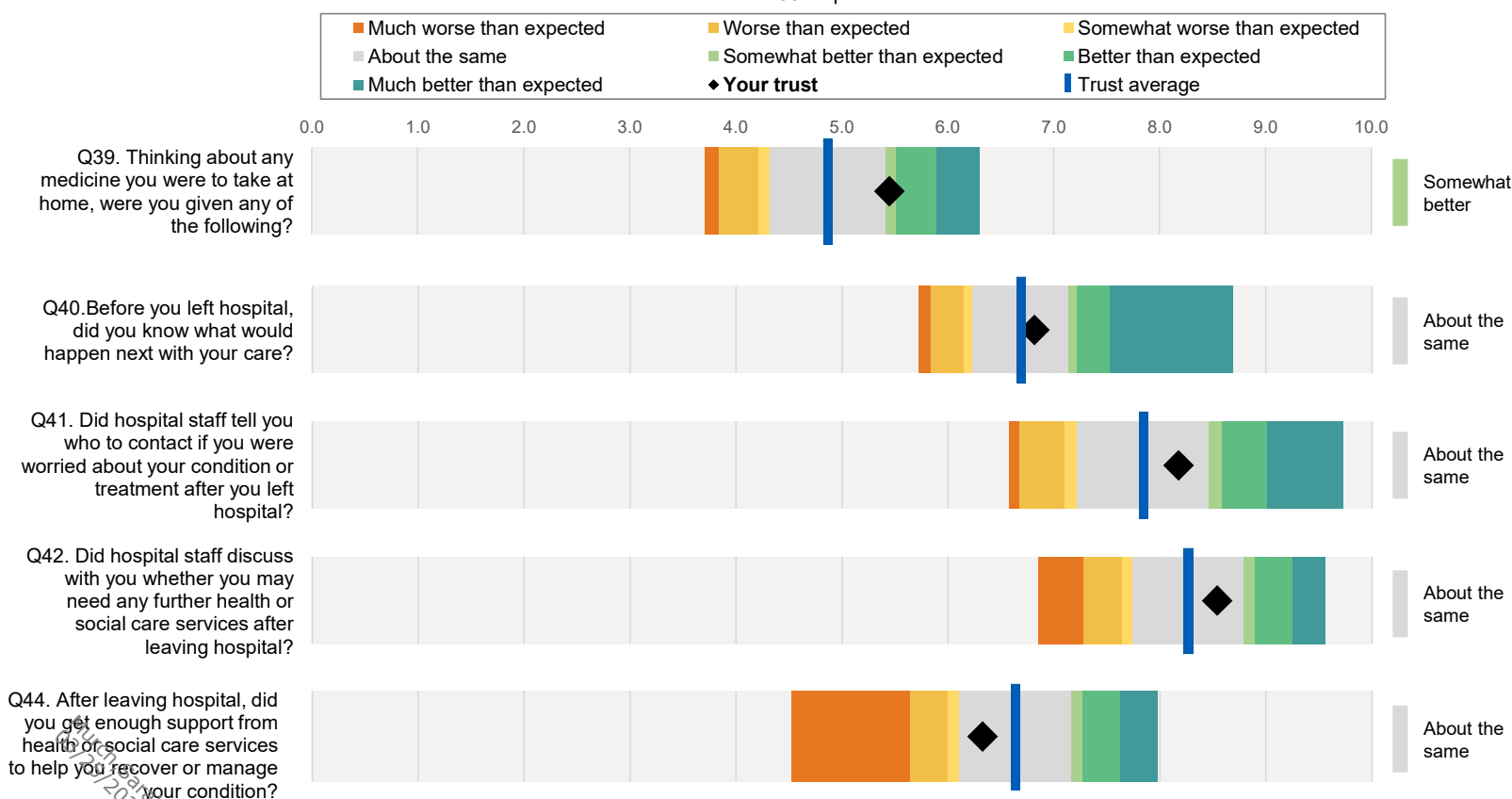
Trust score is not shown when there are fewer than 30 respondents.



Section 7. Leaving hospital (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.



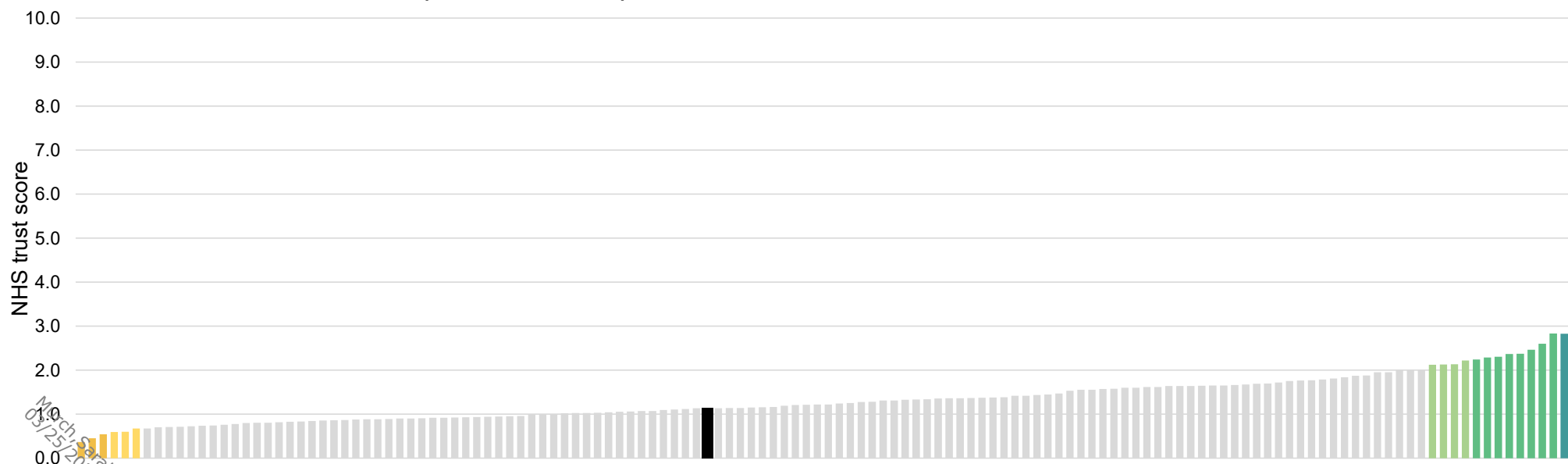
Section 8. Feedback on the quality of your care

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



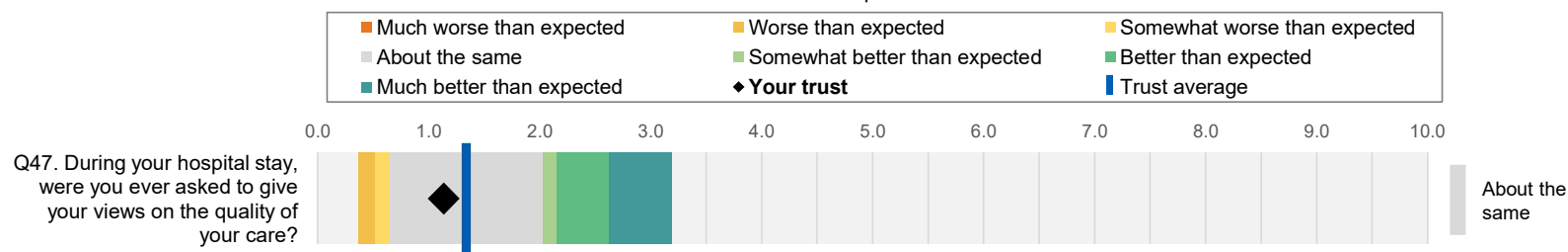
Your trust section score = 1.1 (About the same)



Section 8. Feedback on the quality of your care (continued)

Question score

Trust score is not shown when there are fewer than 30 respondents.



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
404	1.1	1.3	0.4	3.2

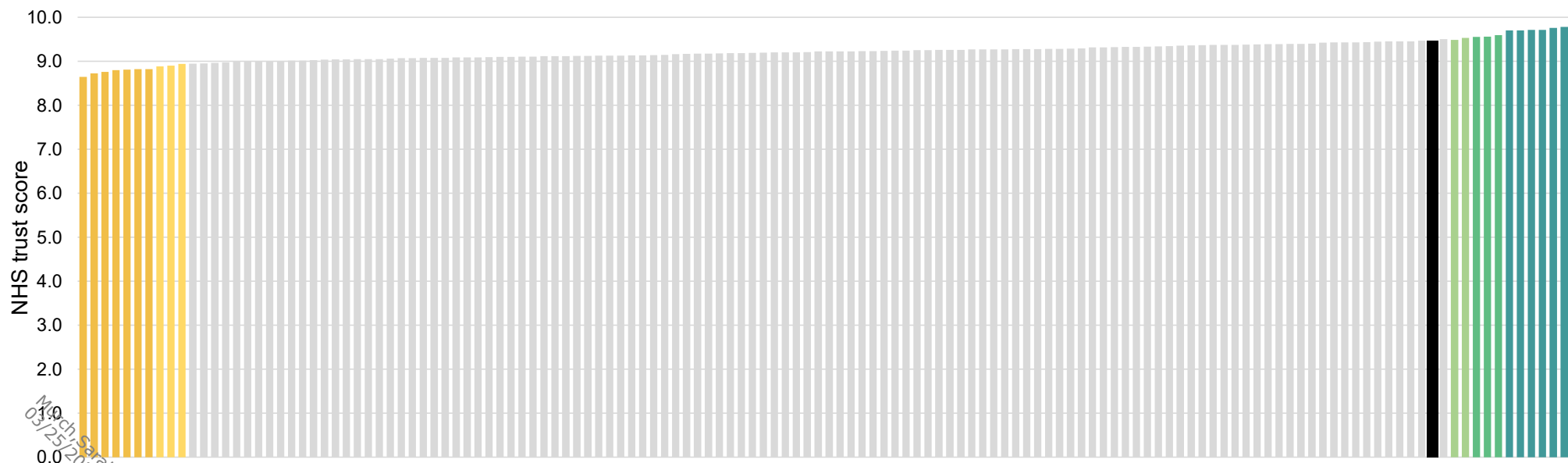
Section 9. Respect and dignity

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Your trust section score = 9.5 (About the same)

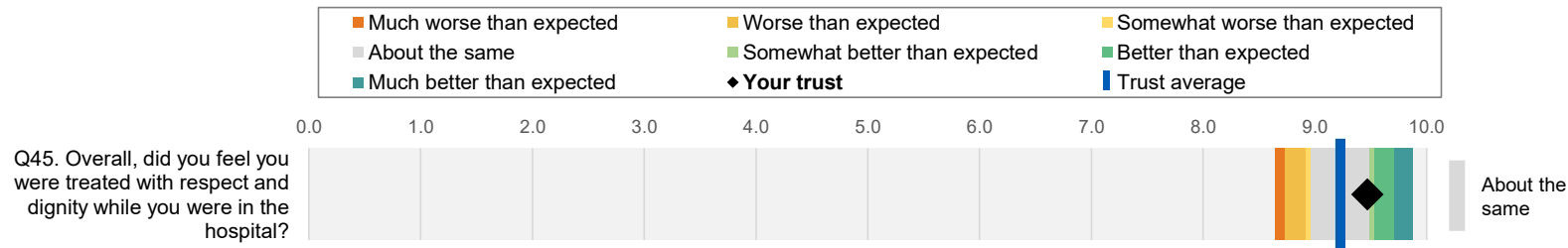


Trust score is not shown when there are fewer than 30 respondents.

Section 9. Respect and dignity (continued)

Question score

Trust score is not shown when there are fewer than 30 respondents.



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
476	9.5	9.2	8.6	9.9

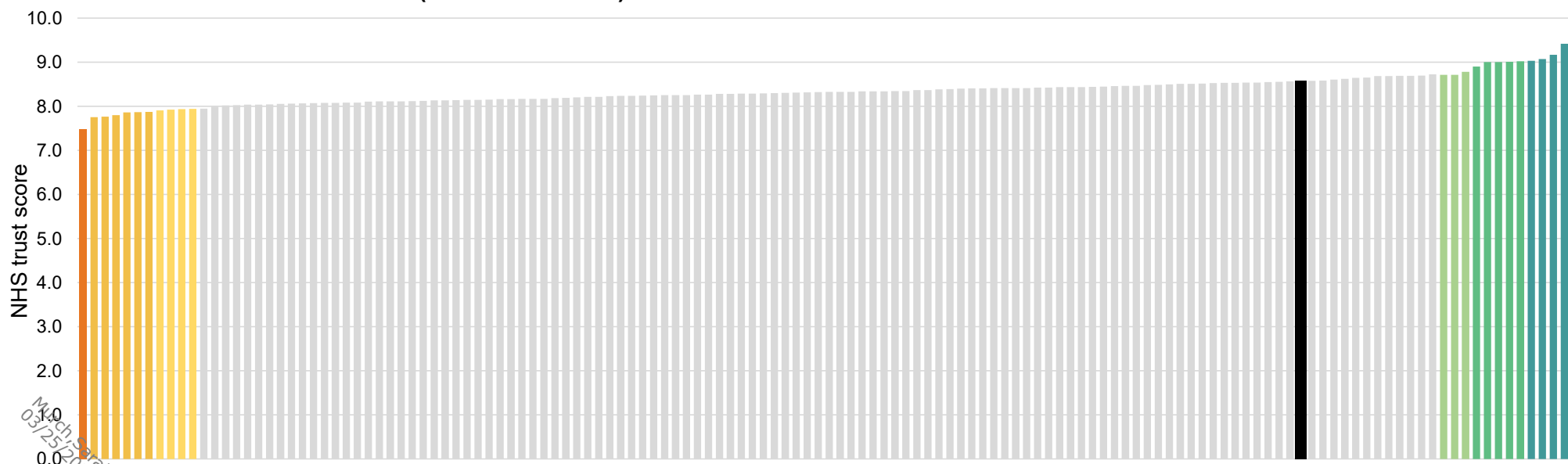
Section 10. Overall experience

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

■ Much worse than expected	■ Worse than expected	■ Somewhat worse than expected	■ About the same
■ Somewhat better than expected	■ Better than expected	■ Much better than expected	■ Your trust

Your trust section score = 8.6 (About the same)

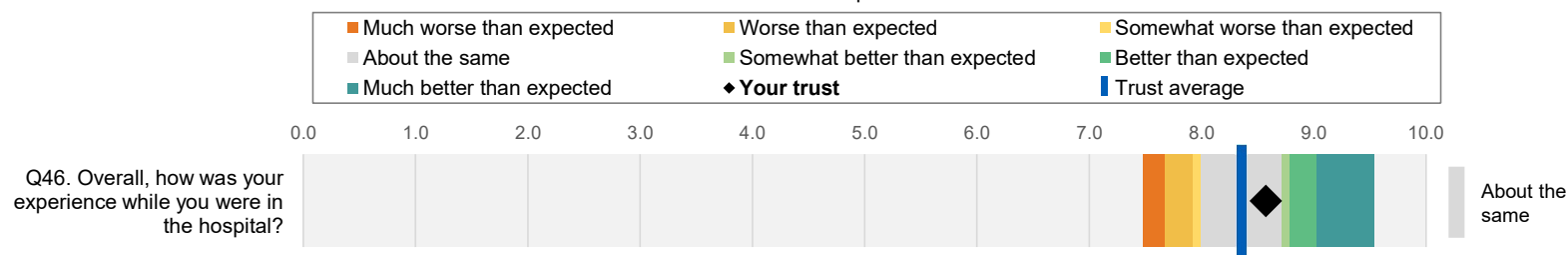


Each vertical line represents an individual NHS trust.
Trust score is not shown when there are fewer than 30 respondents.

Section 10. Overall experience (continued)

Question score

Trust score is not shown when there are fewer than 30 respondents.



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
476	8.6	8.4	7.5	9.5

Trust results

This section includes:

- an overview of results for your trust for each question, including:
 - the score for your trust
 - a comparison with other trusts in your region
 - a breakdown of scores across sites within your trust

Note: If fewer than 30 responses were received from patients discharged from a site, no scores will be displayed for that site.

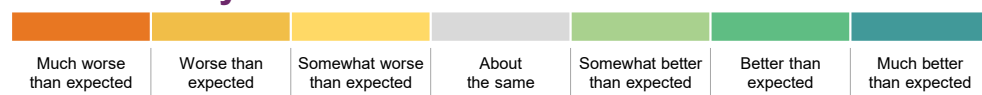


Ipsos MORI



Admission to hospital: Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?

Results for your trust



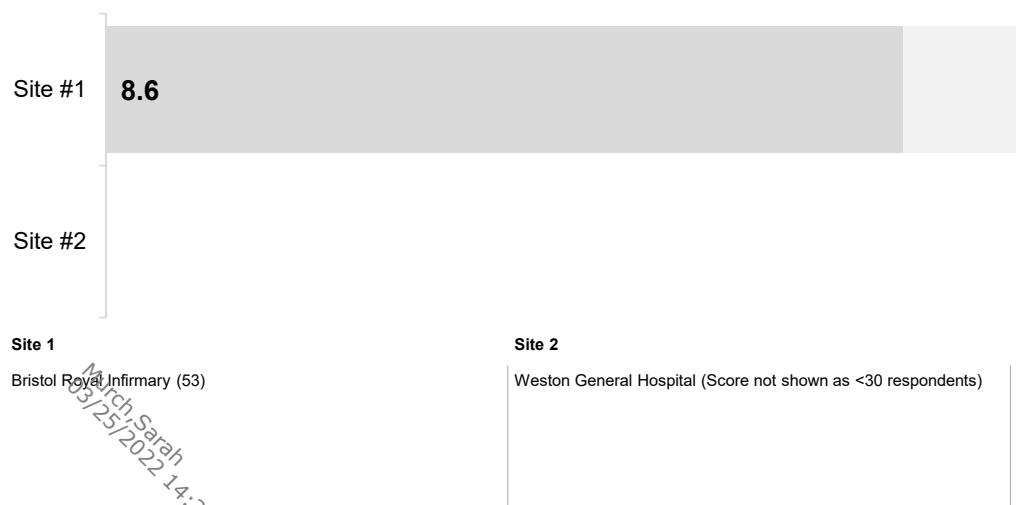
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1
Bristol Royal Infirmary (53)

Site 2
Weston General Hospital (Score not shown as <30 respondents)

Comparison with other trusts within your region

Top five trusts

Royal Devon and Exeter NHS Foundation Trust

8.5

Salisbury NHS Foundation Trust

8.4

Somerset NHS Foundation Trust

8.3

Royal Cornwall Hospitals NHS Trust

8.2

Torbay and South Devon NHS Foundation Trust

8.0

Bottom five trusts

Northern Devon Healthcare NHS Trust

7.1

Royal United Hospitals Bath NHS Foundation Trust

7.1

University Hospitals Dorset NHS Foundation Trust

7.7

Great Western Hospitals NHS Foundation Trust

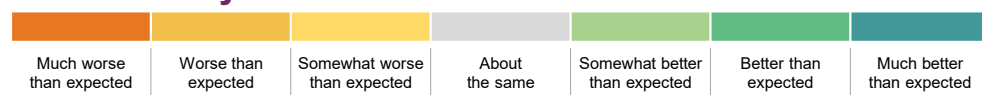
7.8

North Bristol NHS Trust

7.8

Admission to hospital: Q3. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

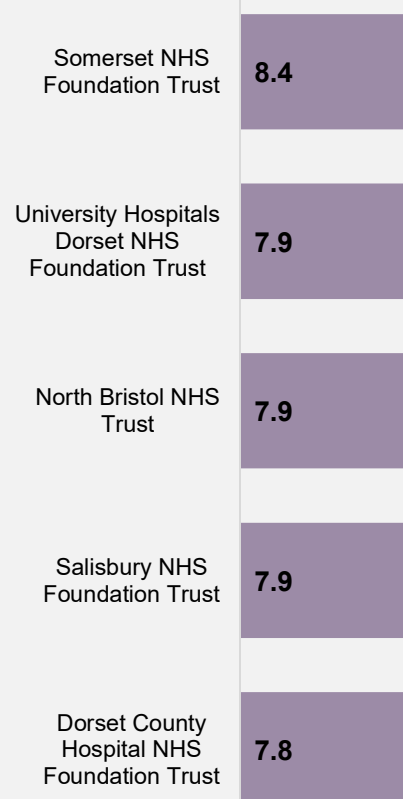
Bristol Royal Infirmary (285)

Site 2

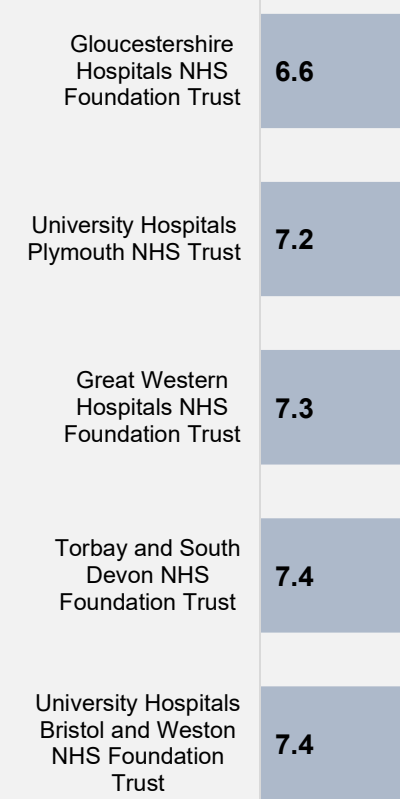
Weston General Hospital (105)

Comparison with other trusts within your region

Top five trusts

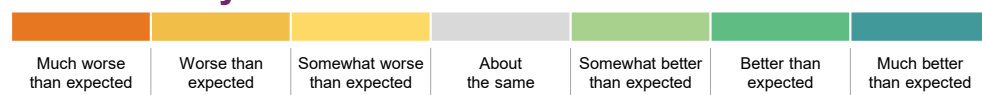


Bottom five trusts



The hospital and ward: Q4A. There were restrictions on visitors in hospital during the coronavirus (COVID-19) pandemic. Were you able to keep in touch with your family and friends during your stay?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (276)

Site 2

Weston General Hospital (100)

Comparison with other trusts within your region

Top five trusts

Salisbury NHS Foundation Trust

8.6

Dorset County Hospital NHS Foundation Trust

8.5

Torbay and South Devon NHS Foundation Trust

8.4

Great Western Hospitals NHS Foundation Trust

8.3

University Hospitals Plymouth NHS Trust

8.3

Bottom five trusts

University Hospitals Bristol and Weston NHS Foundation Trust

7.9

Gloucestershire Hospitals NHS Foundation Trust

7.9

Somerset NHS Foundation Trust

8.0

University Hospitals Dorset NHS Foundation Trust

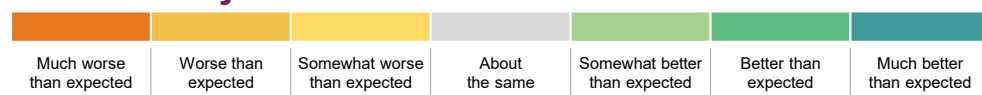
8.1

North Bristol NHS Trust

8.1

The hospital and ward: Q5. Were you ever prevented from sleeping at night by noise from other patients?

Results for your trust



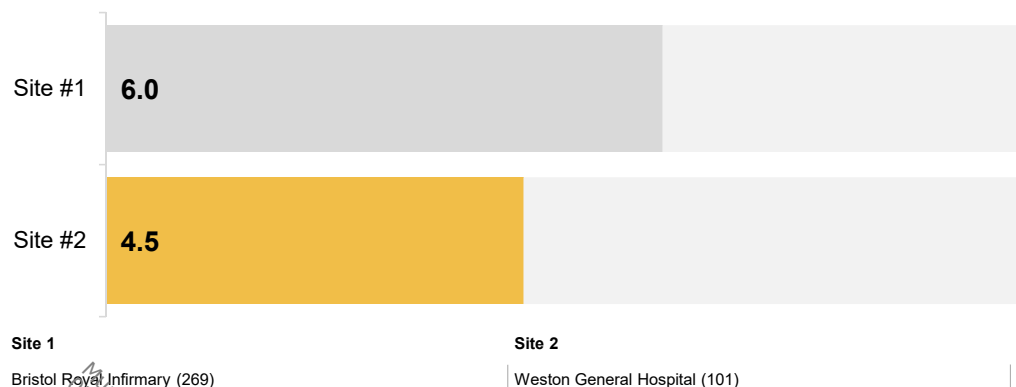
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



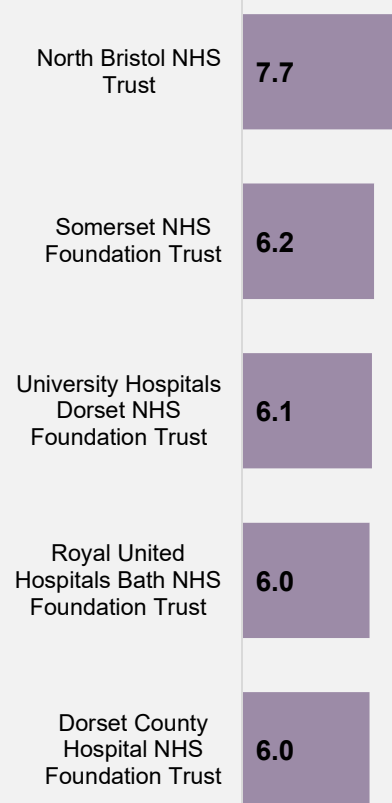
Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

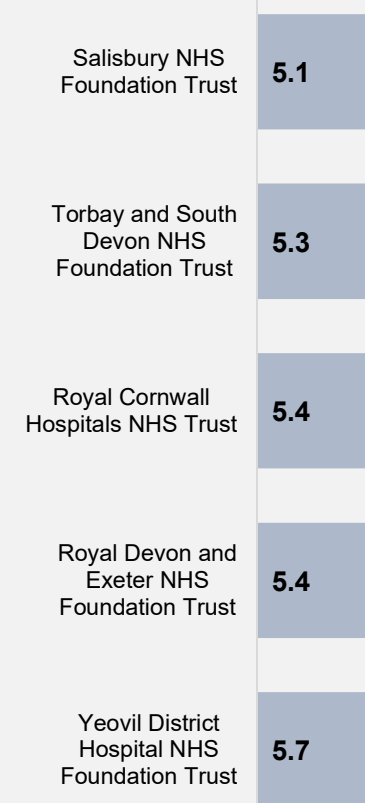


Comparison with other trusts within your region

Top five trusts

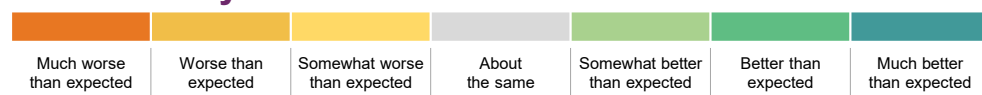


Bottom five trusts



The hospital and ward: Q5. Were you ever prevented from sleeping at night by noise from staff?

Results for your trust



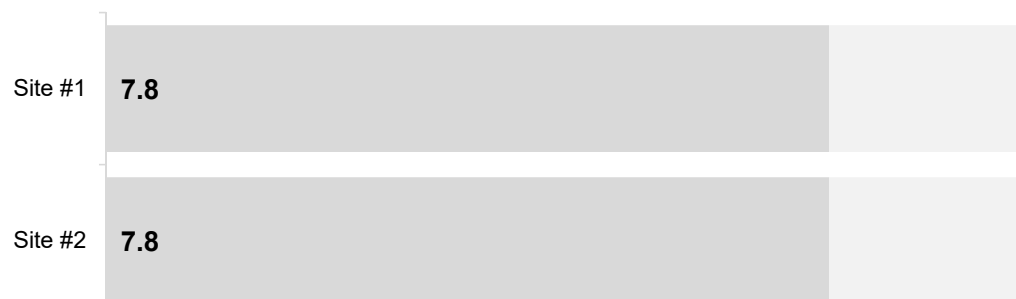
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (269)

Site 2

Weston General Hospital (101)

Comparison with other trusts within your region

Top five trusts

Salisbury NHS Foundation Trust

8.4

Northern Devon Healthcare NHS Trust

8.2

North Bristol NHS Trust

8.2

Somerset NHS Foundation Trust

8.1

Royal Cornwall Hospitals NHS Trust

8.1

Bottom five trusts

Great Western Hospitals NHS Foundation Trust

7.3

Torbay and South Devon NHS Foundation Trust

7.6

University Hospitals Plymouth NHS Trust

7.7

Gloucestershire Hospitals NHS Foundation Trust

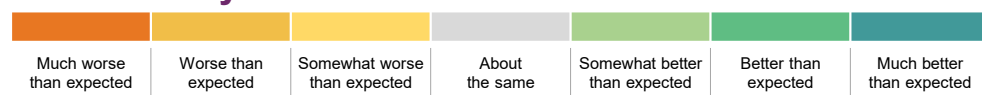
7.8

Dorset County Hospital NHS Foundation Trust

7.8

The hospital and ward: Q5. Were you ever prevented from sleeping at night by hospital lighting?

Results for your trust



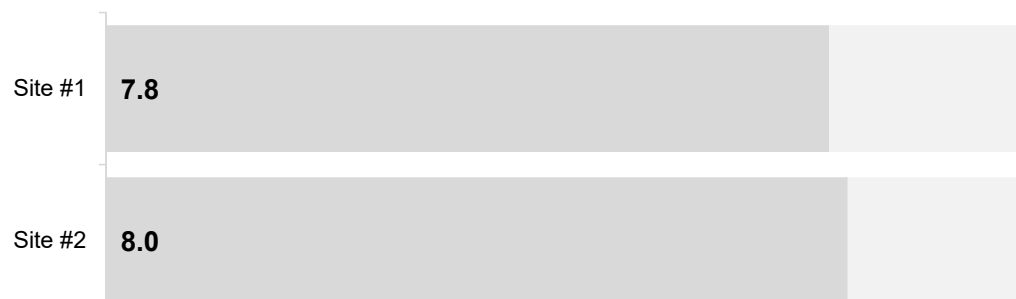
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (269)

Site 2

Weston General Hospital (101)

Comparison with other trusts within your region

Top five trusts

Royal Cornwall Hospitals NHS Trust

8.6

Northern Devon Healthcare NHS Trust

8.6

Royal Devon and Exeter NHS Foundation Trust

8.4

University Hospitals Dorset NHS Foundation Trust

8.4

Salisbury NHS Foundation Trust

8.3

Bottom five trusts

Great Western Hospitals NHS Foundation Trust

7.3

University Hospitals Plymouth NHS Trust

7.6

Torbay and South Devon NHS Foundation Trust

7.8

University Hospitals Bristol and Weston NHS Foundation Trust

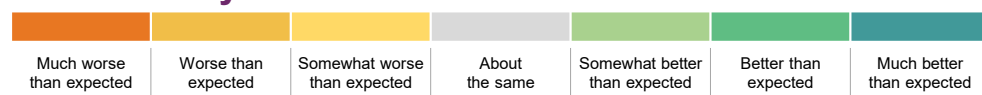
7.9

Royal United Hospitals Bath NHS Foundation Trust

7.9

The hospital and ward: Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?

Results for your trust



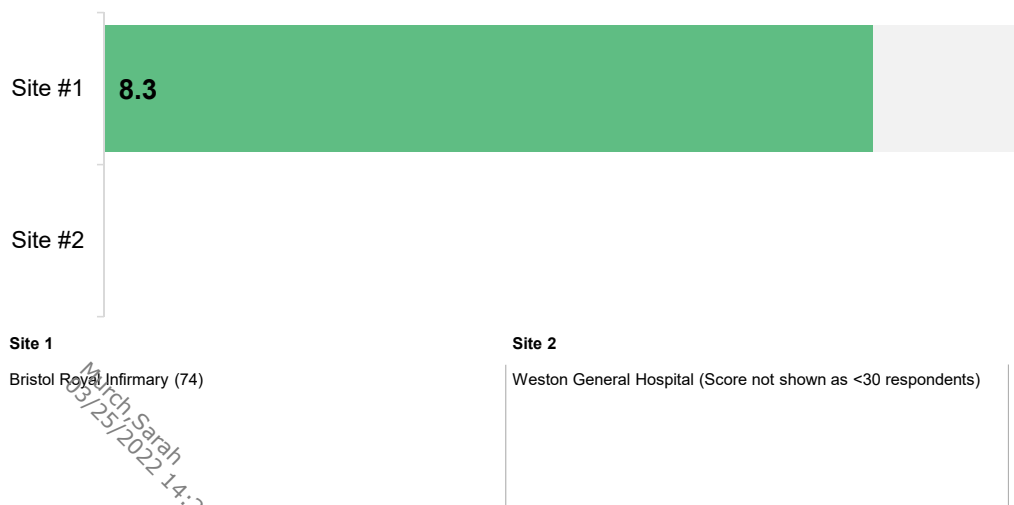
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Comparison with other trusts within your region

Top five trusts

University Hospitals Bristol and Weston NHS Foundation Trust

8.1

Dorset County Hospital NHS Foundation Trust

8.1

Northern Devon Healthcare NHS Trust

8.0

North Bristol NHS Trust

7.9

Salisbury NHS Foundation Trust

7.9

Bottom five trusts

Gloucestershire Hospitals NHS Foundation Trust

6.1

Great Western Hospitals NHS Foundation Trust

6.6

University Hospitals Dorset NHS Foundation Trust

6.9

Royal Cornwall Hospitals NHS Trust

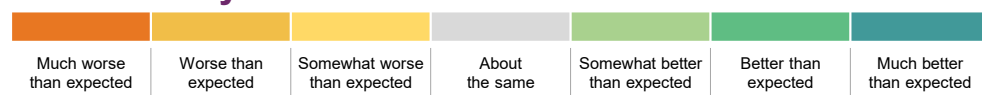
6.9

University Hospitals Plymouth NHS Trust

6.9

The hospital and ward: Q8. How clean was the hospital room or ward that you were in?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1
Bristol Royal Infirmary (298)

Site 2
Weston General Hospital (110)

Comparison with other trusts within your region

Top five trusts

North Bristol NHS Trust

9.5

Dorset County Hospital NHS Foundation Trust

9.5

Northern Devon Healthcare NHS Trust

9.5

University Hospitals Bristol and Weston NHS Foundation Trust

9.4

Royal Devon and Exeter NHS Foundation Trust

9.4

Bottom five trusts

Gloucestershire Hospitals NHS Foundation Trust

8.9

Great Western Hospitals NHS Foundation Trust

9.0

Salisbury NHS Foundation Trust

9.0

University Hospitals Dorset NHS Foundation Trust

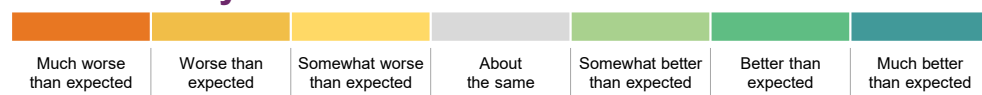
9.2

Royal United Hospitals Bath NHS Foundation Trust

9.2

The hospital and ward: Q9. Did you get enough help from staff to wash or keep yourself clean?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1
Bristol Royal Infirmary (204)

Site 2
Weston General Hospital (78)

Comparison with other trusts within your region

Top five trusts

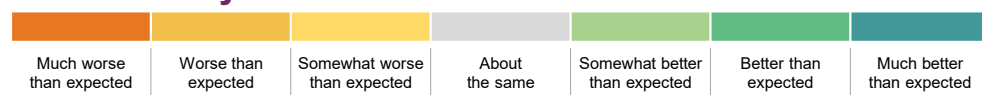
Northern Devon Healthcare NHS Trust	9.0
University Hospitals Plymouth NHS Trust	8.9
Dorset County Hospital NHS Foundation Trust	8.8
Royal Cornwall Hospitals NHS Trust	8.7
Royal United Hospitals Bath NHS Foundation Trust	8.6

Bottom five trusts

Gloucestershire Hospitals NHS Foundation Trust	8.1
Great Western Hospitals NHS Foundation Trust	8.2
Yeovil District Hospital NHS Foundation Trust	8.4
University Hospitals Dorset NHS Foundation Trust	8.5
Somerset NHS Foundation Trust	8.5

The hospital and ward: Q10. If you brought medication with you to hospital, were you able to take it when you needed to?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (161)

Site 2

Weston General Hospital (73)

Comparison with other trusts within your region

Top five trusts

Royal United Hospitals Bath NHS Foundation Trust

8.7

Salisbury NHS Foundation Trust

8.6

Somerset NHS Foundation Trust

8.5

University Hospitals Bristol and Weston NHS Foundation Trust

8.5

North Bristol NHS Trust

8.4

Bottom five trusts

Great Western Hospitals NHS Foundation Trust

7.8

Yeovil District Hospital NHS Foundation Trust

8.0

Dorset County Hospital NHS Foundation Trust

8.1

Royal Cornwall Hospitals NHS Trust

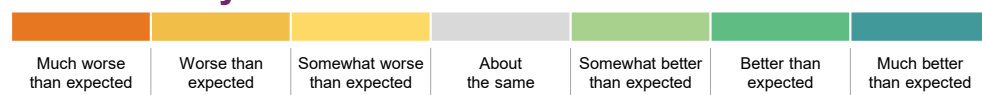
8.2

Torbay and South Devon NHS Foundation Trust

8.2

The hospital and ward: Q11. Were you offered food that met any dietary requirements you had?

Results for your trust



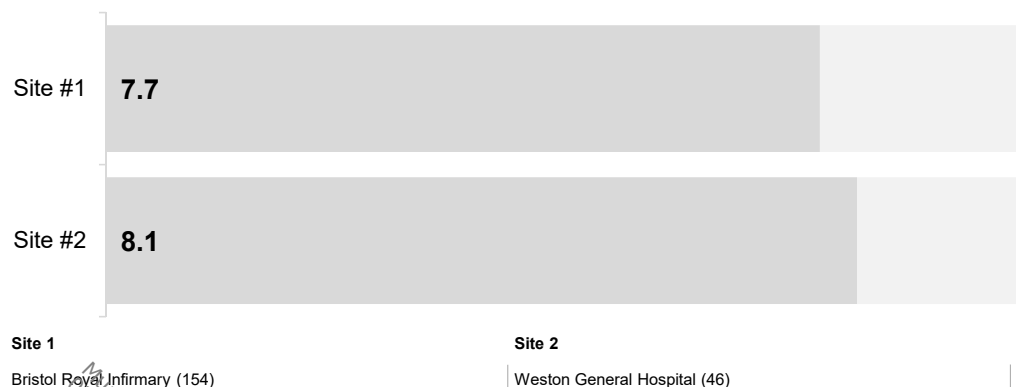
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

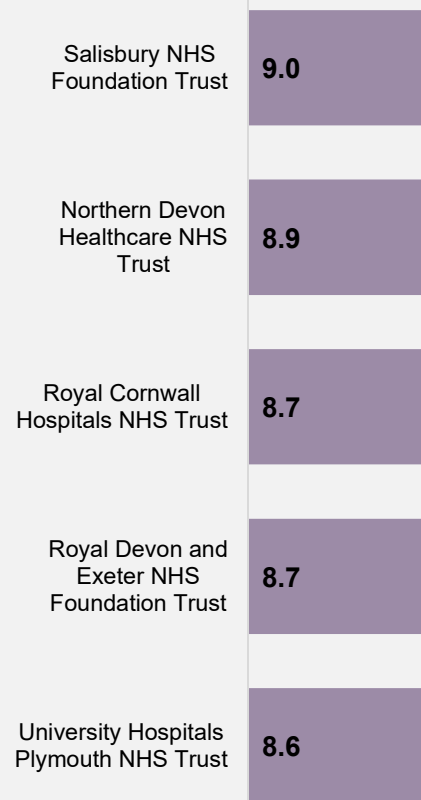
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



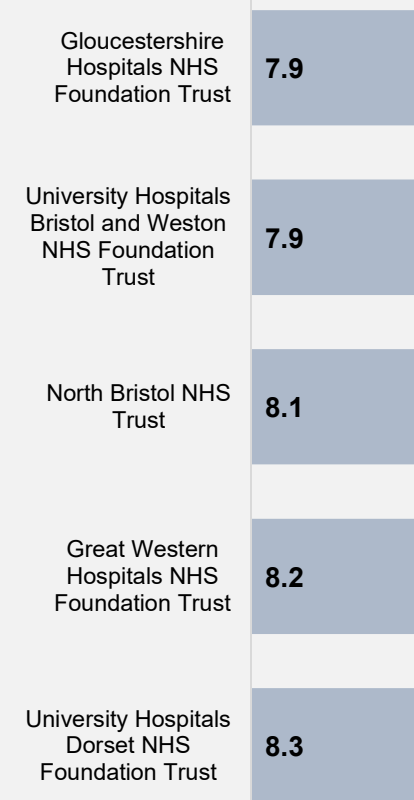
47 Adult Inpatient Survey 2020 | RA7 | University Hospitals Bristol and Weston NHS Foundation Trust

Comparison with other trusts within your region

Top five trusts

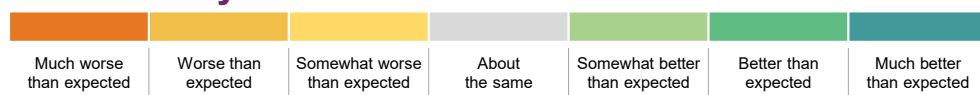


Bottom five trusts



The hospital and ward: Q12. How would you rate the hospital food?

Results for your trust



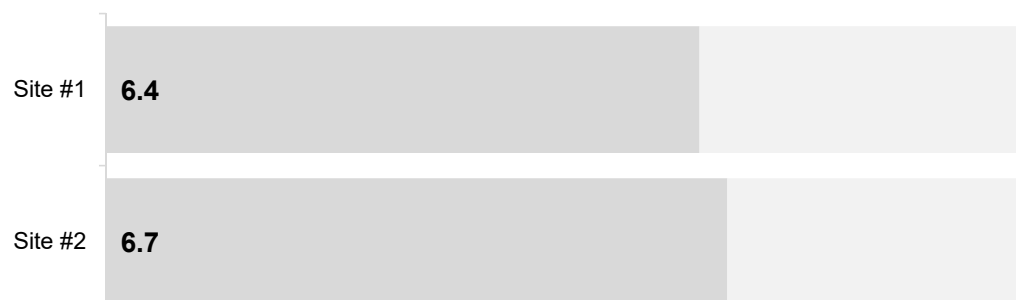
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (288)

Site 2

Weston General Hospital (110)

Comparison with other trusts within your region

Top five trusts

Salisbury NHS Foundation Trust

7.5

Northern Devon Healthcare NHS Trust

7.5

Yeovil District Hospital NHS Foundation Trust

7.4

University Hospitals Plymouth NHS Trust

7.4

North Bristol NHS Trust

7.3

Bottom five trusts

University Hospitals Bristol and Weston NHS Foundation Trust

6.6

Gloucestershire Hospitals NHS Foundation Trust

6.7

Great Western Hospitals NHS Foundation Trust

6.8

Royal United Hospitals Bath NHS Foundation Trust

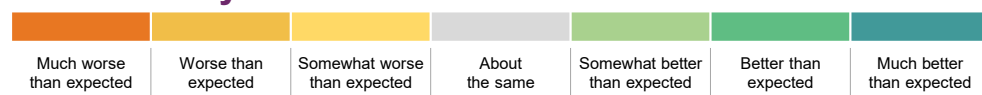
7.0

Royal Cornwall Hospitals NHS Trust

7.1

The hospital and ward: Q13. Did you get enough help from staff to eat your meals?

Results for your trust



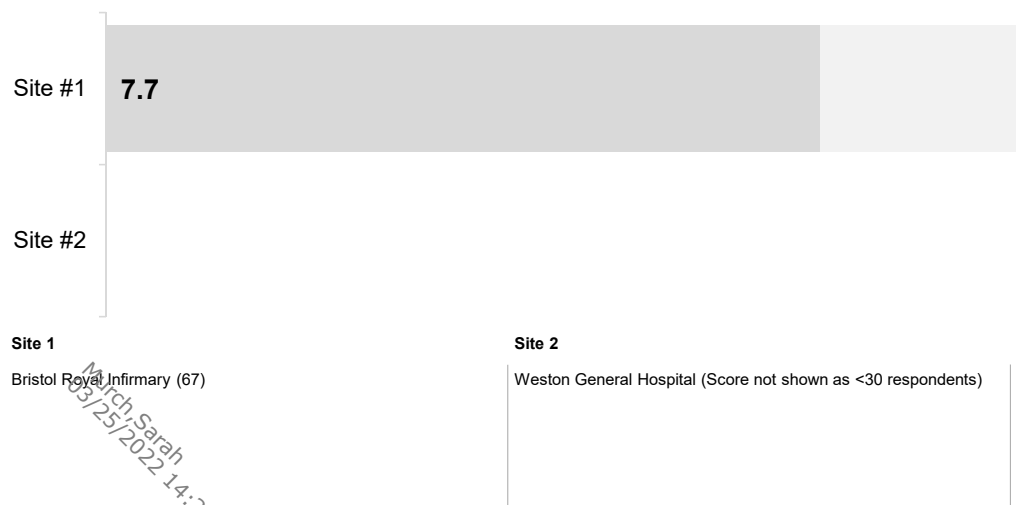
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Comparison with other trusts within your region

Top five trusts

Royal Devon and Exeter NHS Foundation Trust

8.5

Somerset NHS Foundation Trust

8.3

Northern Devon Healthcare NHS Trust

8.3

Dorset County Hospital NHS Foundation Trust

8.2

Royal Cornwall Hospitals NHS Trust

8.2

Bottom five trusts

Great Western Hospitals NHS Foundation Trust

7.2

Torbay and South Devon NHS Foundation Trust

7.4

University Hospitals Dorset NHS Foundation Trust

7.7

Gloucestershire Hospitals NHS Foundation Trust

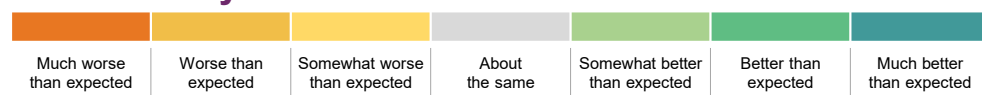
7.7

North Bristol NHS Trust

7.9

The hospital and ward: Q14. During your time in hospital, did you get enough to drink?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1
Bristol Royal Infirmary (283)

Site 2
Weston General Hospital (107)

Comparison with other trusts within your region

Top five trusts

Northern Devon Healthcare NHS Trust

9.7

Somerset NHS Foundation Trust

9.7

Royal Devon and Exeter NHS Foundation Trust

9.6

University Hospitals Bristol and Weston NHS Foundation Trust

9.6

Royal United Hospitals Bath NHS Foundation Trust

9.5

Bottom five trusts

Great Western Hospitals NHS Foundation Trust

9.1

University Hospitals Dorset NHS Foundation Trust

9.3

Salisbury NHS Foundation Trust

9.3

Torbay and South Devon NHS Foundation Trust

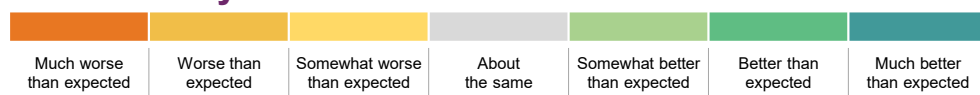
9.4

North Bristol NHS Trust

9.4

Doctors: Q15. When you asked doctors questions, did you get answers you could understand?

Results for your trust



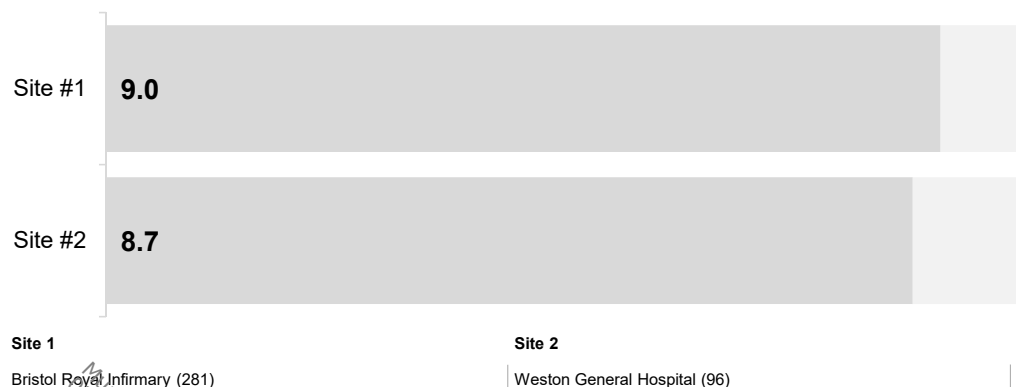
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (281)

Site 2

Weston General Hospital (96)

Comparison with other trusts within your region

Top five trusts

Royal United Hospitals Bath NHS Foundation Trust

9.1

University Hospitals Bristol and Weston NHS Foundation Trust

9.0

Somerset NHS Foundation Trust

8.9

Dorset County Hospital NHS Foundation Trust

8.9

Royal Devon and Exeter NHS Foundation Trust

8.8

Bottom five trusts

Yeovil District Hospital NHS Foundation Trust

8.6

Great Western Hospitals NHS Foundation Trust

8.6

Gloucestershire Hospitals NHS Foundation Trust

8.7

North Bristol NHS Trust

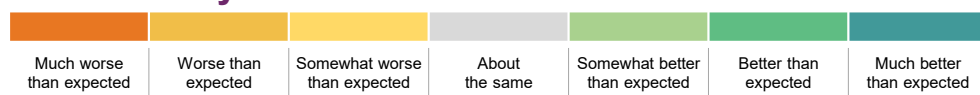
8.7

Torbay and South Devon NHS Foundation Trust

8.8

Doctors: Q16. Did you have confidence and trust in the doctors treating you?

Results for your trust



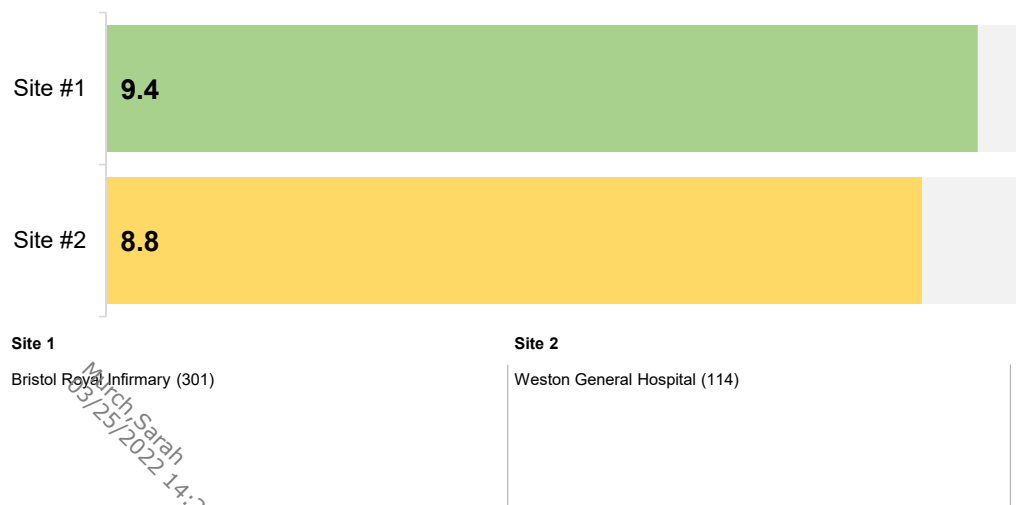
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Comparison with other trusts within your region

Top five trusts

University Hospitals Dorset NHS Foundation Trust

9.4

University Hospitals Bristol and Weston NHS Foundation Trust

9.3

Dorset County Hospital NHS Foundation Trust

9.3

University Hospitals Plymouth NHS Trust

9.3

Royal United Hospitals Bath NHS Foundation Trust

9.3

Bottom five trusts

Yeovil District Hospital NHS Foundation Trust

9.1

Great Western Hospitals NHS Foundation Trust

9.2

Gloucestershire Hospitals NHS Foundation Trust

9.2

Torbay and South Devon NHS Foundation Trust

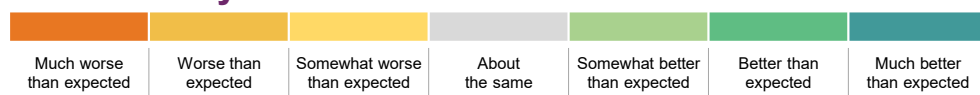
9.2

Salisbury NHS Foundation Trust

9.2

Doctors: Q17. When doctors spoke about your care in front of you, were you included in the conversation?

Results for your trust



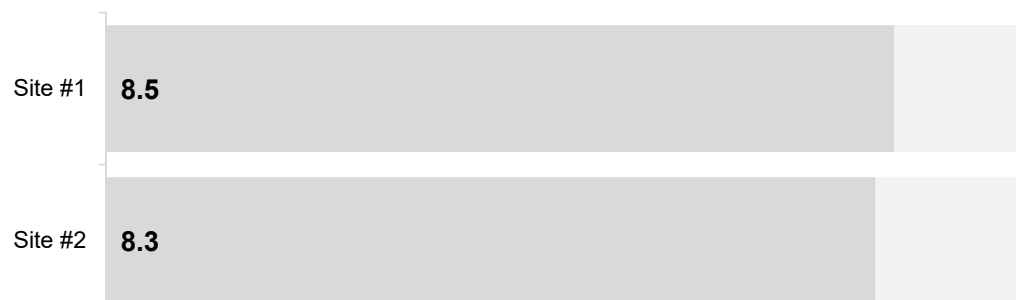
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (299)

Site 2

Weston General Hospital (113)

Comparison with other trusts within your region

Top five trusts

Royal Cornwall Hospitals NHS Trust

9.0

University Hospitals Dorset NHS Foundation Trust

8.9

Royal United Hospitals Bath NHS Foundation Trust

8.9

Somerset NHS Foundation Trust

8.9

Torbay and South Devon NHS Foundation Trust

8.8

Bottom five trusts

Northern Devon Healthcare NHS Trust

8.4

Great Western Hospitals NHS Foundation Trust

8.5

Gloucestershire Hospitals NHS Foundation Trust

8.5

University Hospitals Plymouth NHS Trust

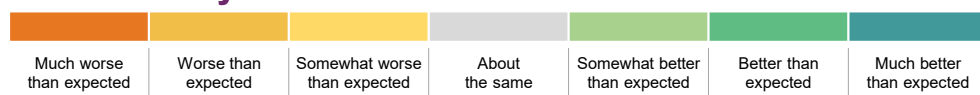
8.5

University Hospitals Bristol and Weston NHS Foundation Trust

8.6

Nurses: Q18. When you asked nurses questions, did you get answers you could understand?

Results for your trust



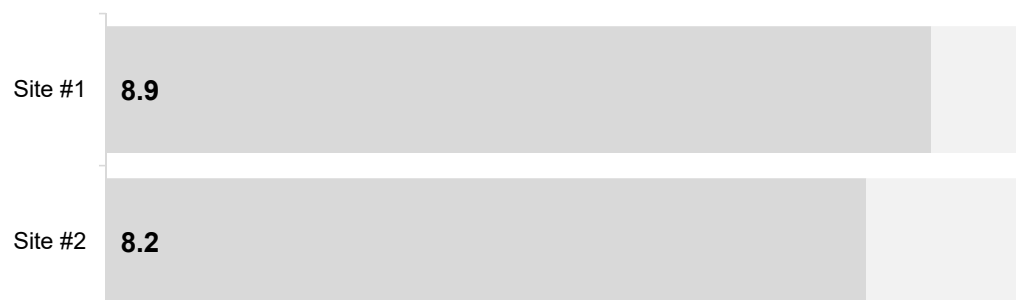
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (286)

Site 2

Weston General Hospital (109)

Comparison with other trusts within your region

Top five trusts

Northern Devon Healthcare NHS Trust

9.3

Royal United Hospitals Bath NHS Foundation Trust

9.1

Royal Cornwall Hospitals NHS Trust

9.1

Royal Devon and Exeter NHS Foundation Trust

9.0

University Hospitals Plymouth NHS Trust

9.0

Bottom five trusts

Yeovil District Hospital NHS Foundation Trust

8.7

Great Western Hospitals NHS Foundation Trust

8.7

Gloucestershire Hospitals NHS Foundation Trust

8.8

University Hospitals Bristol and Weston NHS Foundation Trust

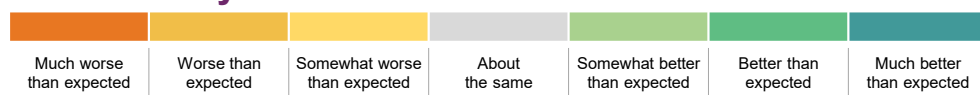
8.9

Somerset NHS Foundation Trust

8.9

Nurses: Q19. Did you have confidence and trust in the nurses treating you?

Results for your trust



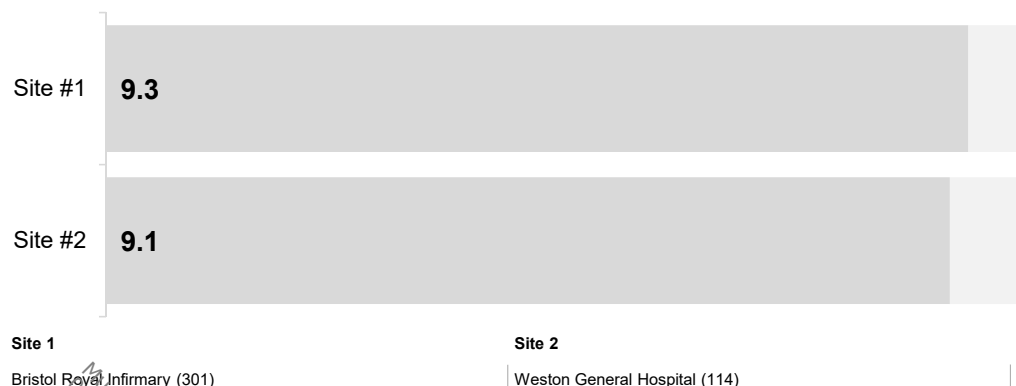
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (301)

Site 2

Weston General Hospital (114)

Comparison with other trusts within your region

Top five trusts

Northern Devon Healthcare NHS Trust

9.5

University Hospitals Bristol and Weston NHS Foundation Trust

9.3

Salisbury NHS Foundation Trust

9.3

Royal Cornwall Hospitals NHS Trust

9.3

Royal United Hospitals Bath NHS Foundation Trust

9.3

Bottom five trusts

Great Western Hospitals NHS Foundation Trust

8.9

Gloucestershire Hospitals NHS Foundation Trust

9.0

Yeovil District Hospital NHS Foundation Trust

9.1

Torbay and South Devon NHS Foundation Trust

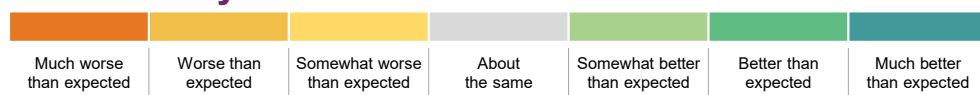
9.1

Royal Devon and Exeter NHS Foundation Trust

9.1

Nurses: Q20. When nurses spoke about your care in front of you, were you included in the conversation?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

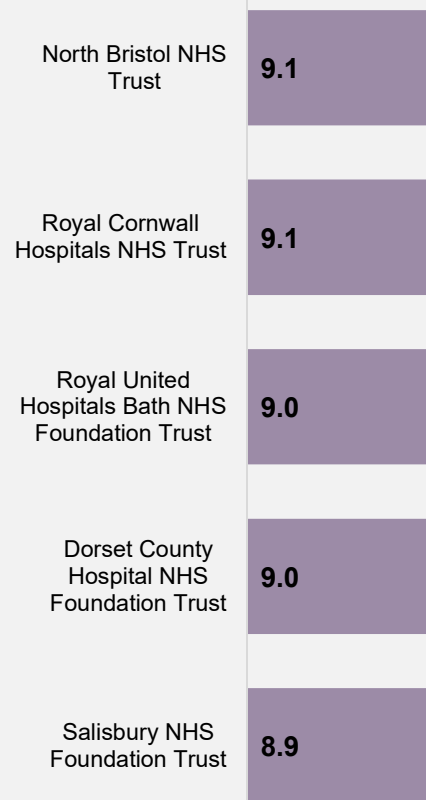
Bristol Royal Infirmary (302)

Site 2

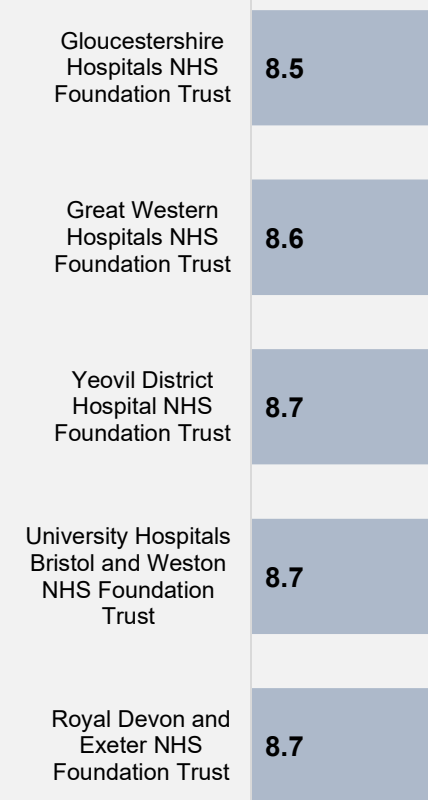
Weston General Hospital (112)

Comparison with other trusts within your region

Top five trusts

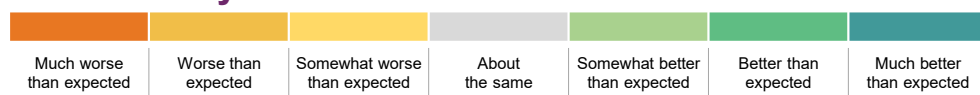


Bottom five trusts



Nurses: Q21. In your opinion, were there enough nurses on duty to care for you in hospital?

Results for your trust



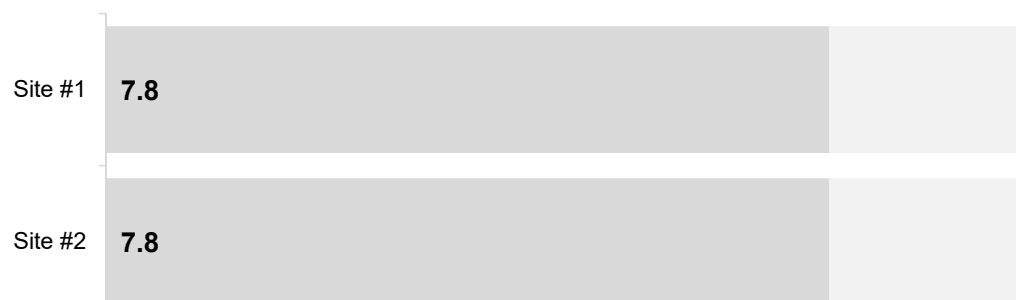
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

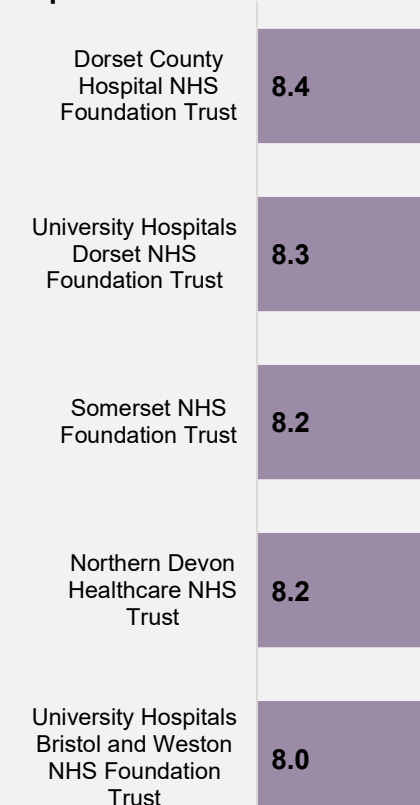
Bristol Royal Infirmary (304)

Site 2

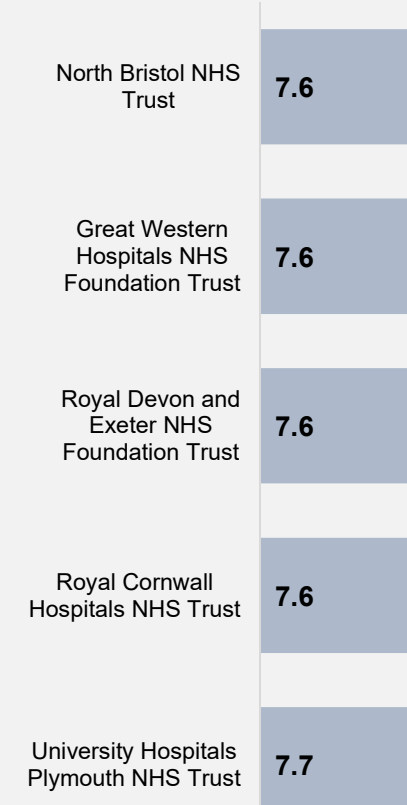
Weston General Hospital (114)

Comparison with other trusts within your region

Top five trusts

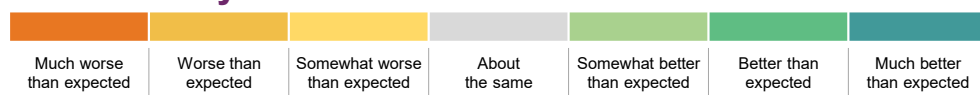


Bottom five trusts



Your care and treatment: Q22. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?

Results for your trust



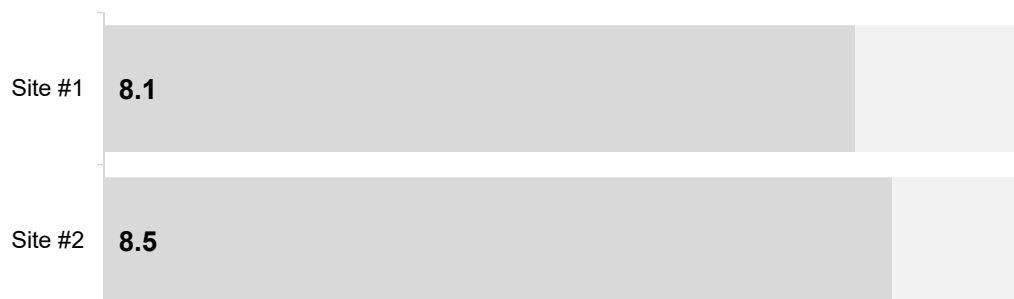
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (269)

Site 2

Weston General Hospital (102)

Comparison with other trusts within your region

Top five trusts

Northern Devon Healthcare NHS Trust

8.6

Royal United Hospitals Bath NHS Foundation Trust

8.4

University Hospitals Bristol and Weston NHS Foundation Trust

8.3

Royal Cornwall Hospitals NHS Trust

8.2

Somerset NHS Foundation Trust

8.2

Bottom five trusts

Great Western Hospitals NHS Foundation Trust

7.6

Torbay and South Devon NHS Foundation Trust

7.8

Gloucestershire Hospitals NHS Foundation Trust

7.9

University Hospitals Plymouth NHS Trust

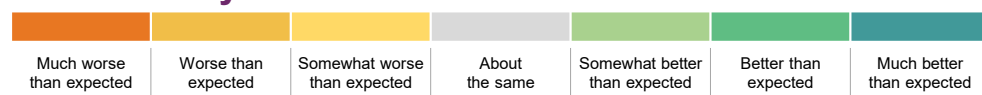
7.9

University Hospitals Dorset NHS Foundation Trust

7.9

Your care and treatment: Q23. To what extent did staff looking after you involve you in decisions about your care and treatment?

Results for your trust



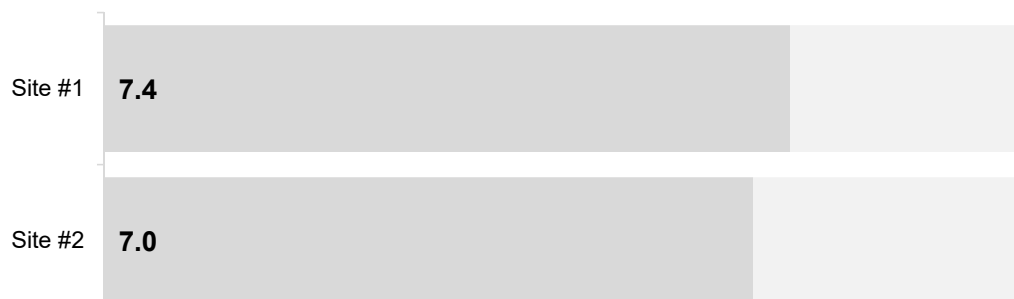
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (290)

Site 2

Weston General Hospital (109)

Comparison with other trusts within your region

Top five trusts

Northern Devon Healthcare NHS Trust

7.7

Dorset County Hospital NHS Foundation Trust

7.5

Royal Cornwall Hospitals NHS Trust

7.5

Royal Devon and Exeter NHS Foundation Trust

7.4

North Bristol NHS Trust

7.4

Bottom five trusts

Great Western Hospitals NHS Foundation Trust

7.0

University Hospitals Dorset NHS Foundation Trust

7.0

Gloucestershire Hospitals NHS Foundation Trust

7.0

University Hospitals Plymouth NHS Trust

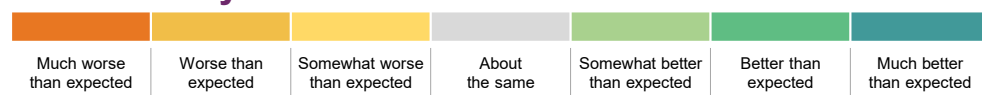
7.1

Torbay and South Devon NHS Foundation Trust

7.2

Your care and treatment: Q24. How much information about your condition or treatment was given to you?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

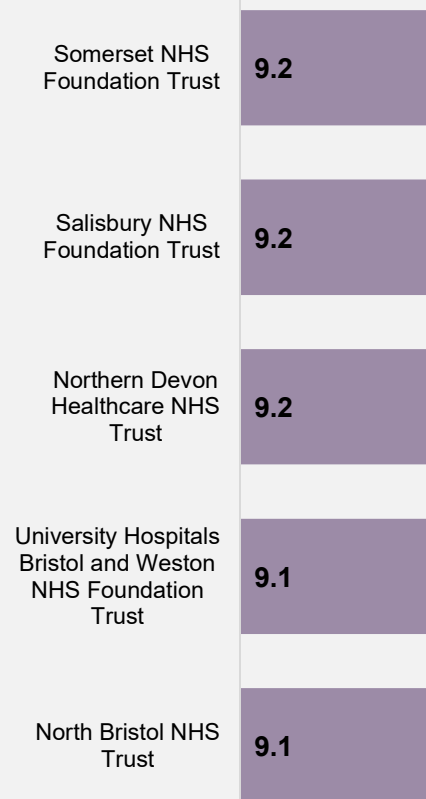
Bristol Royal Infirmary (291)

Site 2

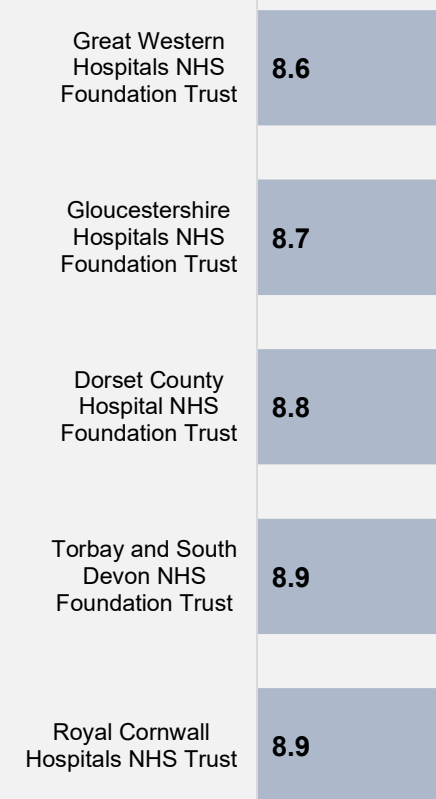
Weston General Hospital (104)

Comparison with other trusts within your region

Top five trusts

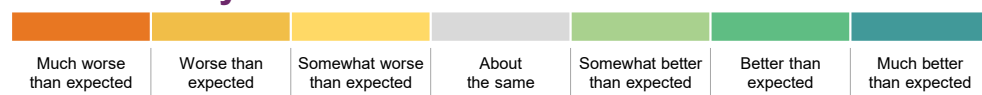


Bottom five trusts



Your care and treatment: Q25. Did you feel able to talk to members of hospital staff about your worries and fears?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (263)

Site 2

Weston General Hospital (93)

61 Adult Inpatient Survey 2020 | RA7 | University Hospitals Bristol and Weston NHS Foundation Trust

Comparison with other trusts within your region

Top five trusts

Northern Devon Healthcare NHS Trust

8.3

University Hospitals Bristol and Weston NHS Foundation Trust

8.2

University Hospitals Plymouth NHS Trust

8.1

North Bristol NHS Trust

8.1

Salisbury NHS Foundation Trust

8.1

Bottom five trusts

Gloucestershire Hospitals NHS Foundation Trust

7.4

Great Western Hospitals NHS Foundation Trust

7.6

Torbay and South Devon NHS Foundation Trust

7.8

Royal Cornwall Hospitals NHS Trust

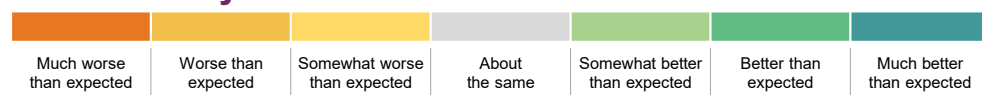
7.8

Yeovil District Hospital NHS Foundation Trust

7.8

Your care and treatment: Q26. Were you able to discuss your condition or treatment with hospital staff without being overheard?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

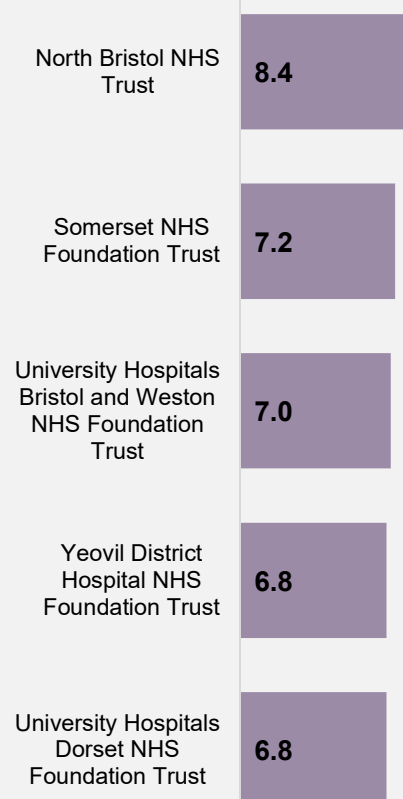


Site 1
Bristol Royal Infirmary (287)

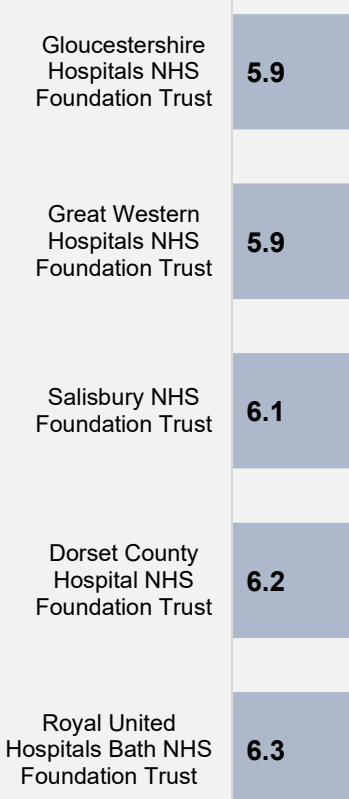
Site 2
Weston General Hospital (103)

Comparison with other trusts within your region

Top five trusts

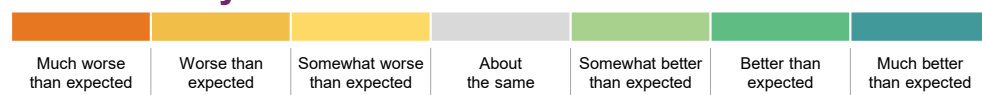


Bottom five trusts



Your care and treatment: Q27. Were you given enough privacy when being examined or treated?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (298)

Site 2

Weston General Hospital (109)

Comparison with other trusts within your region

Top five trusts

North Bristol NHS Trust

9.7

University Hospitals Bristol and Weston NHS Foundation Trust

9.6

Northern Devon Healthcare NHS Trust

9.6

Yeovil District Hospital NHS Foundation Trust

9.6

Gloucestershire Hospitals NHS Foundation Trust

9.5

Bottom five trusts

Royal Devon and Exeter NHS Foundation Trust

9.3

Salisbury NHS Foundation Trust

9.4

Great Western Hospitals NHS Foundation Trust

9.4

Royal United Hospitals Bath NHS Foundation Trust

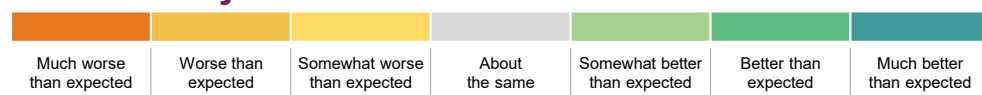
9.4

Somerset NHS Foundation Trust

9.4

Your care and treatment: Q28. Do you think the hospital staff did everything they could to help control your pain?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (249)

Site 2

Weston General Hospital (87)

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Comparison with other trusts within your region

Top five trusts

Northern Devon Healthcare NHS Trust

9.3

Somerset NHS Foundation Trust

9.1

Salisbury NHS Foundation Trust

9.1

University Hospitals Plymouth NHS Trust

9.1

University Hospitals Bristol and Weston NHS Foundation Trust

9.1

Bottom five trusts

Royal Cornwall Hospitals NHS Trust

8.8

Great Western Hospitals NHS Foundation Trust

8.8

Royal Devon and Exeter NHS Foundation Trust

8.9

Torbay and South Devon NHS Foundation Trust

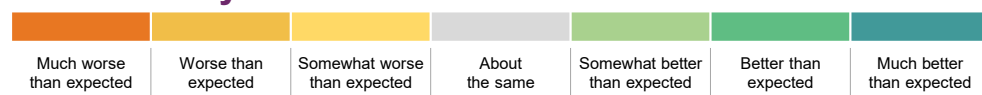
9.0

Dorset County Hospital NHS Foundation Trust

9.0

Your care and treatment: Q29. Were you able to get a member of staff to help you when you needed attention?

Results for your trust



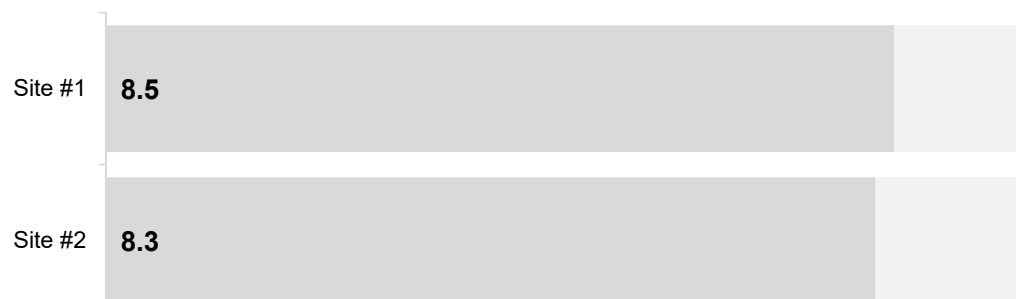
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (272)

Site 2

Weston General Hospital (105)

Comparison with other trusts within your region

Top five trusts

Dorset County Hospital NHS Foundation Trust

8.8

Northern Devon Healthcare NHS Trust

8.7

Somerset NHS Foundation Trust

8.6

University Hospitals Bristol and Weston NHS Foundation Trust

8.5

University Hospitals Dorset NHS Foundation Trust

8.5

Bottom five trusts

Great Western Hospitals NHS Foundation Trust

8.0

Gloucestershire Hospitals NHS Foundation Trust

8.1

Salisbury NHS Foundation Trust

8.2

Yeovil District Hospital NHS Foundation Trust

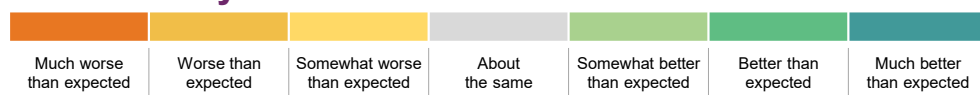
8.3

Royal Cornwall Hospitals NHS Trust

8.3

Operations and procedures: Q31. Beforehand, how well did hospital staff answer your questions about the operations or procedures?

Results for your trust



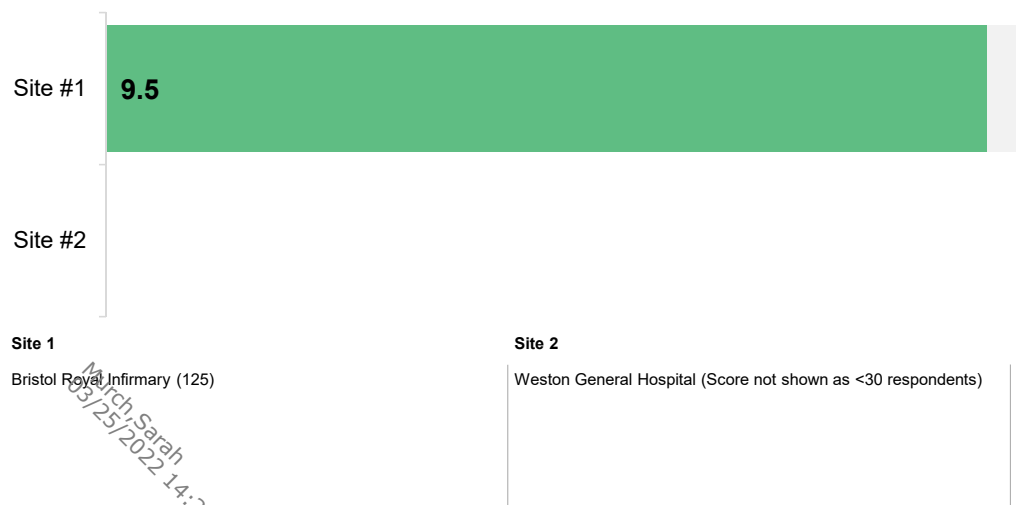
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

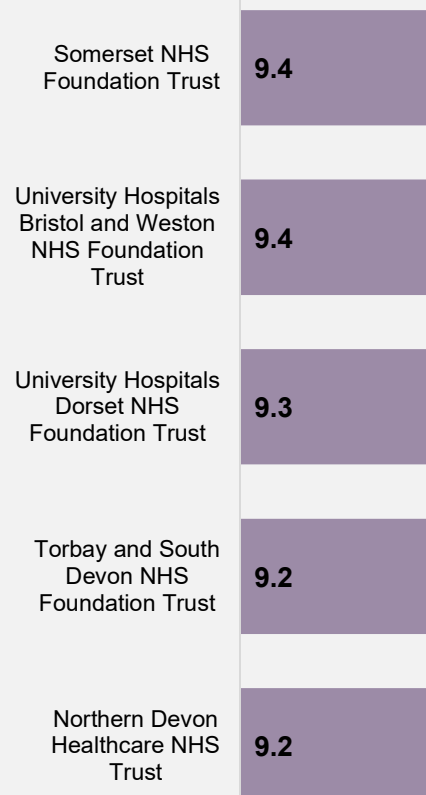


Bristol Royal Infirmary (125)

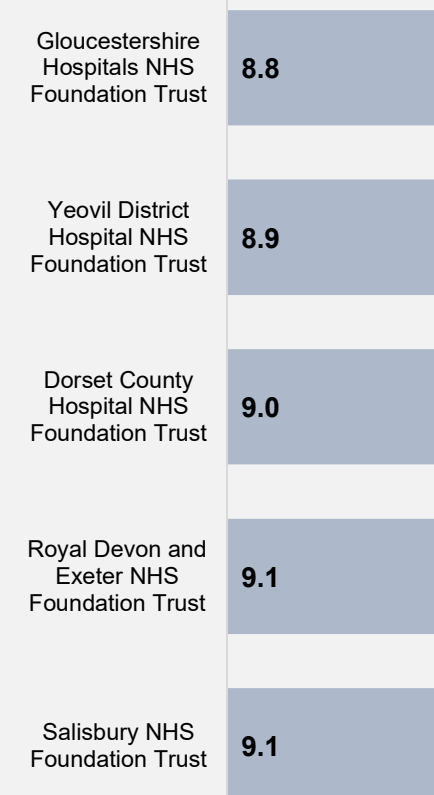
Weston General Hospital (Score not shown as <30 respondents)

Comparison with other trusts within your region

Top five trusts

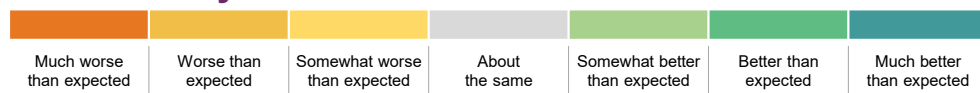


Bottom five trusts



Operations and procedures: Q32. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (130)

Site 2

Weston General Hospital (32)

Comparison with other trusts within your region

Top five trusts

University Hospitals Bristol and Weston NHS Foundation Trust

8.3

Somerset NHS Foundation Trust

8.2

University Hospitals Dorset NHS Foundation Trust

8.2

Northern Devon Healthcare NHS Trust

8.2

Salisbury NHS Foundation Trust

8.0

Bottom five trusts

Gloucestershire Hospitals NHS Foundation Trust

7.5

Dorset County Hospital NHS Foundation Trust

7.5

Royal Devon and Exeter NHS Foundation Trust

7.7

Yeovil District Hospital NHS Foundation Trust

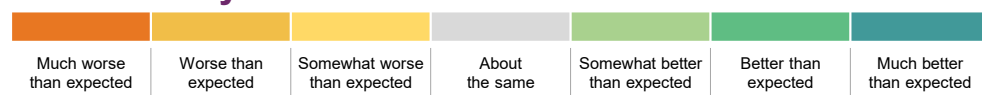
7.7

University Hospitals Plymouth NHS Trust

7.8

Operations and procedures: Q33. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?

Results for your trust



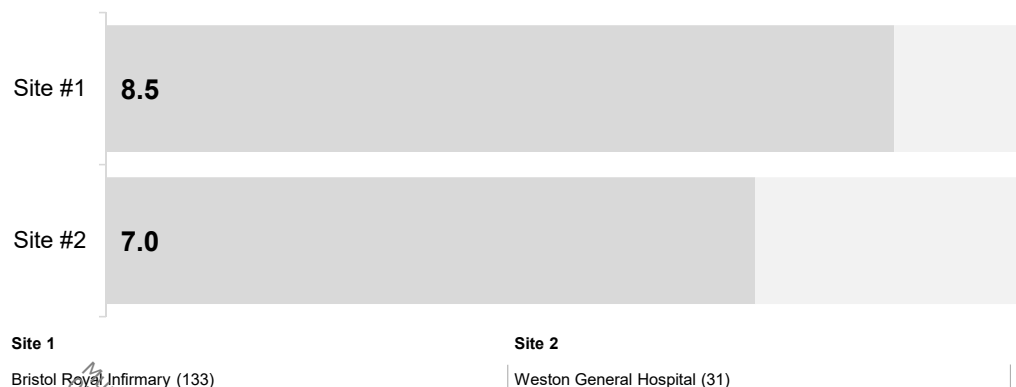
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (133)

Site 2

Weston General Hospital (31)

Comparison with other trusts within your region

Top five trusts

University Hospitals
Dorset NHS
Foundation Trust

8.6

Somerset NHS
Foundation Trust

8.5

Salisbury NHS
Foundation Trust

8.4

Dorset County
Hospital NHS
Foundation Trust

8.4

Yeovil District
Hospital NHS
Foundation Trust

8.3

Bottom five trusts

Gloucestershire
Hospitals NHS
Foundation Trust

7.6

Great Western
Hospitals NHS
Foundation Trust

7.8

Torbay and South
Devon NHS
Foundation Trust

8.1

North Bristol NHS
Trust

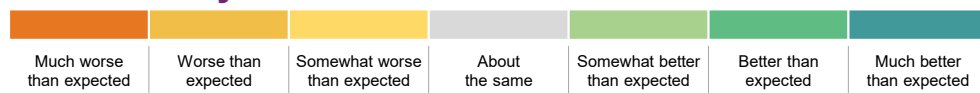
8.1

Royal Devon and
Exeter NHS
Foundation Trust

8.2

Leaving hospital: Q34. To what extent did staff involve you in decisions about you leaving hospital?

Results for your trust



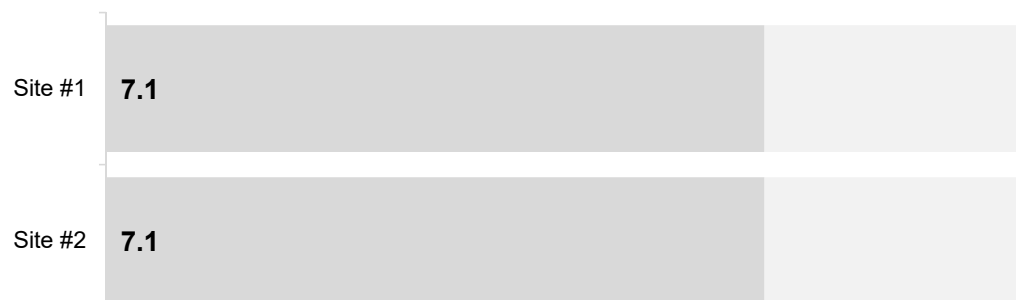
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (299)

Site 2

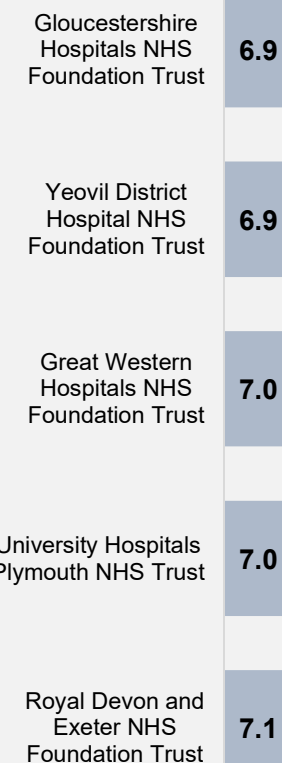
Weston General Hospital (112)

Comparison with other trusts within your region

Top five trusts

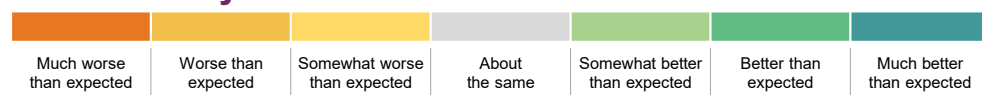


Bottom five trusts



Leaving hospital: Q35. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?

Results for your trust



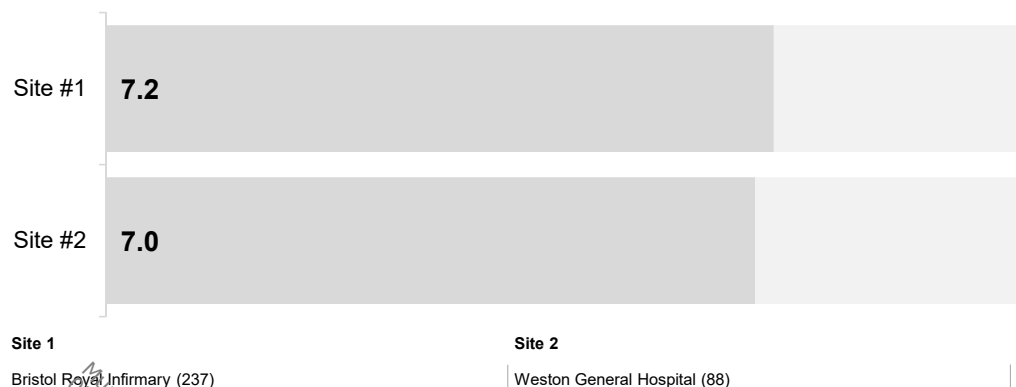
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1
Bristol Royal Infirmary (237)

Site 2
Weston General Hospital (88)

70 Adult Inpatient Survey 2020 | RA7 | University Hospitals Bristol and Weston NHS Foundation Trust

Comparison with other trusts within your region

Top five trusts

Northern Devon Healthcare NHS Trust

7.9

Salisbury NHS Foundation Trust

7.9

Dorset County Hospital NHS Foundation Trust

7.7

Royal Devon and Exeter NHS Foundation Trust

7.6

North Bristol NHS Trust

7.6

Bottom five trusts

Gloucestershire Hospitals NHS Foundation Trust

7.1

Great Western Hospitals NHS Foundation Trust

7.1

University Hospitals Bristol and Weston NHS Foundation Trust

7.2

Yeovil District Hospital NHS Foundation Trust

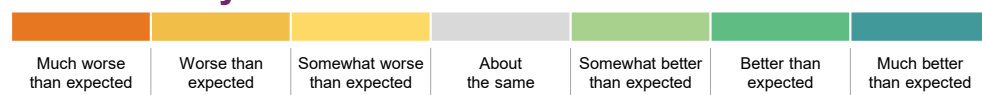
7.2

University Hospitals Plymouth NHS Trust

7.3

Leaving hospital: Q36. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (96)

Site 2

Weston General Hospital (41)

Comparison with other trusts within your region

Top five trusts

Northern Devon Healthcare NHS Trust

9.0

University Hospitals Bristol and Weston NHS Foundation Trust

8.8

University Hospitals Dorset NHS Foundation Trust

8.8

University Hospitals Plymouth NHS Trust

8.7

Royal Cornwall Hospitals NHS Trust

8.7

Bottom five trusts

Great Western Hospitals NHS Foundation Trust

8.2

Royal United Hospitals Bath NHS Foundation Trust

8.3

Somerset NHS Foundation Trust

8.3

Gloucestershire Hospitals NHS Foundation Trust

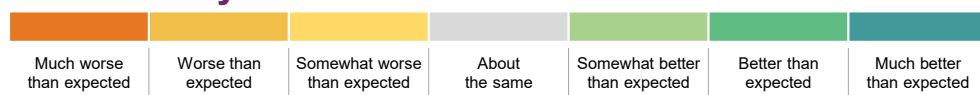
8.3

Yeovil District Hospital NHS Foundation Trust

8.4

Leaving hospital: Q37. Were you given enough notice about when you were going to leave hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (303)

Site 2

Weston General Hospital (114)

Comparison with other trusts within your region

Top five trusts

Northern Devon Healthcare NHS Trust

7.7

University Hospitals Dorset NHS Foundation Trust

7.5

Salisbury NHS Foundation Trust

7.4

Torbay and South Devon NHS Foundation Trust

7.4

Royal United Hospitals Bath NHS Foundation Trust

7.4

Bottom five trusts

Great Western Hospitals NHS Foundation Trust

6.8

Yeovil District Hospital NHS Foundation Trust

6.8

University Hospitals Plymouth NHS Trust

7.0

Gloucestershire Hospitals NHS Foundation Trust

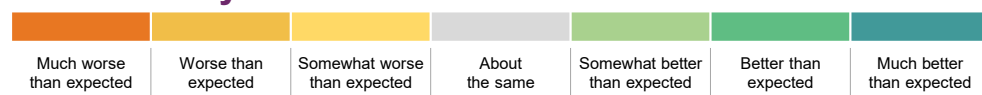
7.1

North Bristol NHS Trust

7.1

Leaving hospital: Q38. Before you left hospital, were you given any written information about what you should or should not do after leaving hospital?

Results for your trust



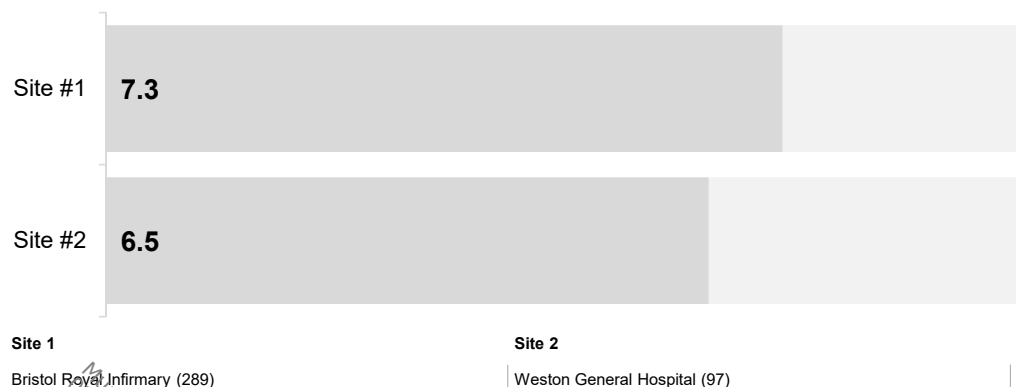
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (289)

Site 2

Weston General Hospital (97)

73 Adult Inpatient Survey 2020 | RA7 | University Hospitals Bristol and Weston NHS Foundation Trust

Comparison with other trusts within your region

Top five trusts

Royal Devon and Exeter NHS Foundation Trust

7.5

University Hospitals Bristol and Weston NHS Foundation Trust

7.4

University Hospitals Dorset NHS Foundation Trust

7.4

Royal Cornwall Hospitals NHS Trust

7.3

Torbay and South Devon NHS Foundation Trust

7.3

Bottom five trusts

Great Western Hospitals NHS Foundation Trust

6.2

Gloucestershire Hospitals NHS Foundation Trust

6.2

Royal United Hospitals Bath NHS Foundation Trust

6.5

Yeovil District Hospital NHS Foundation Trust

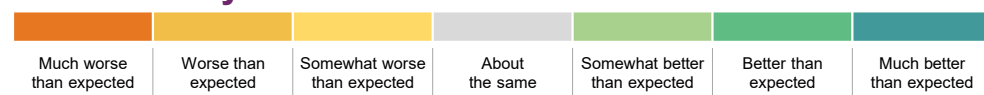
6.5

Somerset NHS Foundation Trust

6.9

Leaving hospital: Q39. Thinking about any medicine you were to take at home, were you given any of the following?

Results for your trust



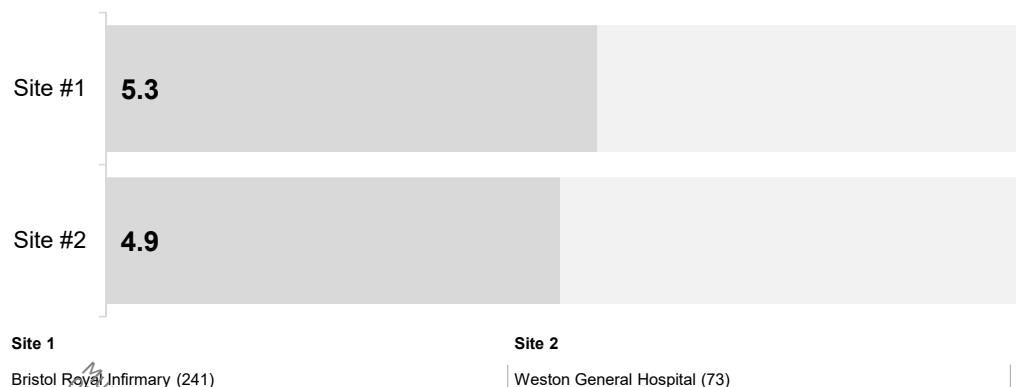
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (241)

Site 2

Weston General Hospital (73)

74 Adult Inpatient Survey 2020 | RA7 | University Hospitals Bristol and Weston NHS Foundation Trust

Comparison with other trusts within your region

Top five trusts

University Hospitals
Bristol and Weston
NHS Foundation
Trust

5.4

Royal Cornwall
Hospitals NHS Trust

5.3

Dorset County
Hospital NHS
Foundation Trust

5.2

University Hospitals
Dorset NHS
Foundation Trust

5.1

Gloucestershire
Hospitals NHS
Foundation Trust

5.1

Bottom five trusts

University Hospitals
Plymouth NHS Trust

4.4

Great Western
Hospitals NHS
Foundation Trust

4.6

Somerset NHS
Foundation Trust

4.7

Royal Devon and
Exeter NHS
Foundation Trust

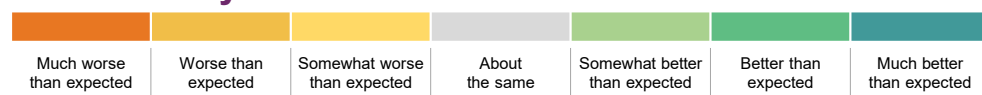
4.8

North Bristol NHS
Trust

4.8

Leaving hospital: Q40. Before you left hospital, did you know what would happen next with your care?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (274)

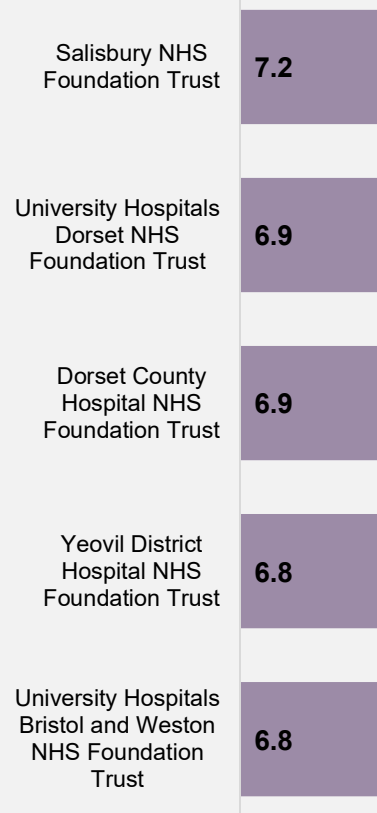
Site 2

Weston General Hospital (101)

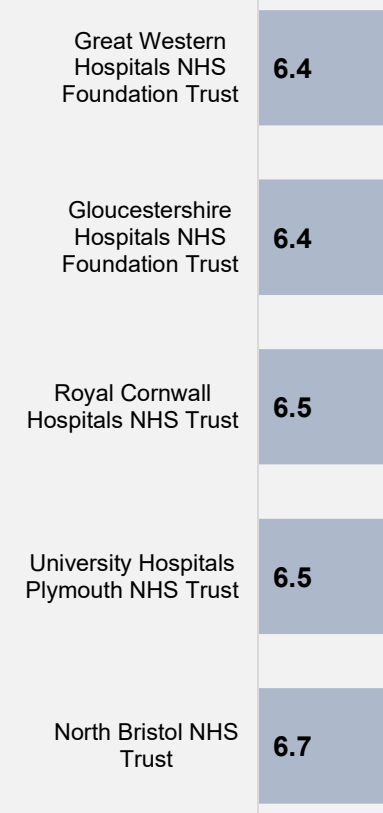
75 Adult Inpatient Survey 2020 | RA7 | University Hospitals Bristol and Weston NHS Foundation Trust

Comparison with other trusts within your region

Top five trusts

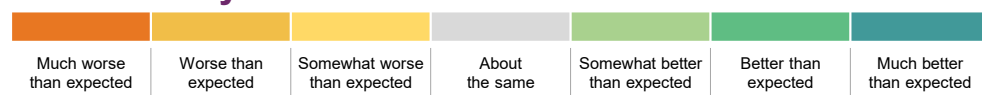


Bottom five trusts



Leaving hospital: Q41. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Results for your trust



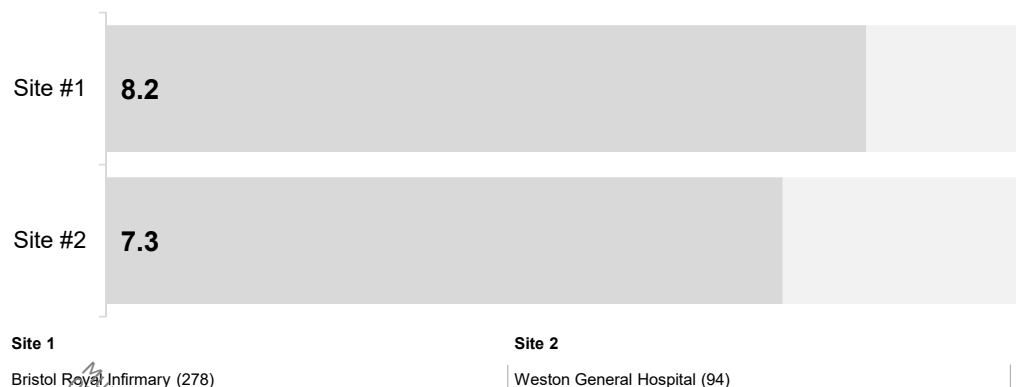
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Comparison with other trusts within your region

Top five trusts

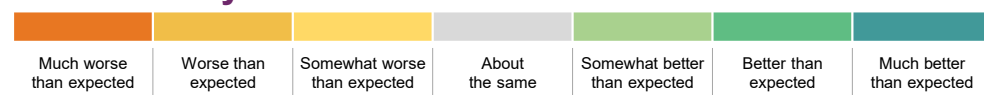
Northern Devon Healthcare NHS Trust	8.2
Torbay and South Devon NHS Foundation Trust	8.2
University Hospitals Dorset NHS Foundation Trust	8.2
University Hospitals Bristol and Weston NHS Foundation Trust	8.2
Dorset County Hospital NHS Foundation Trust	8.0

Bottom five trusts

Gloucestershire Hospitals NHS Foundation Trust	7.4
Great Western Hospitals NHS Foundation Trust	7.4
Yeovil District Hospital NHS Foundation Trust	7.7
Royal Devon and Exeter NHS Foundation Trust	7.8
Royal Cornwall Hospitals NHS Trust	7.8

Leaving hospital: Q42. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (171)

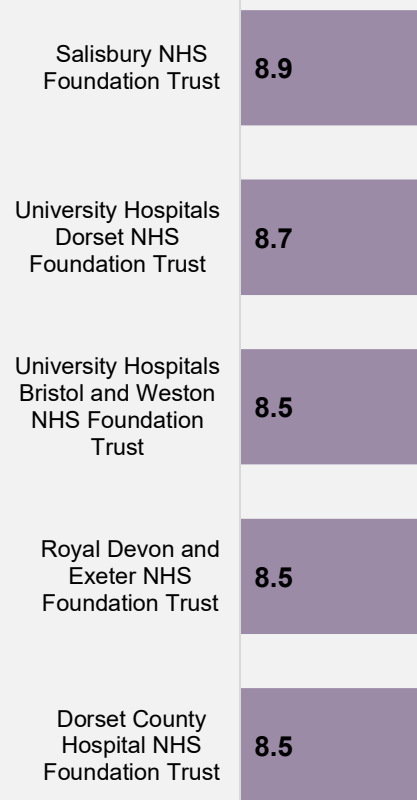
Site 2

Weston General Hospital (52)

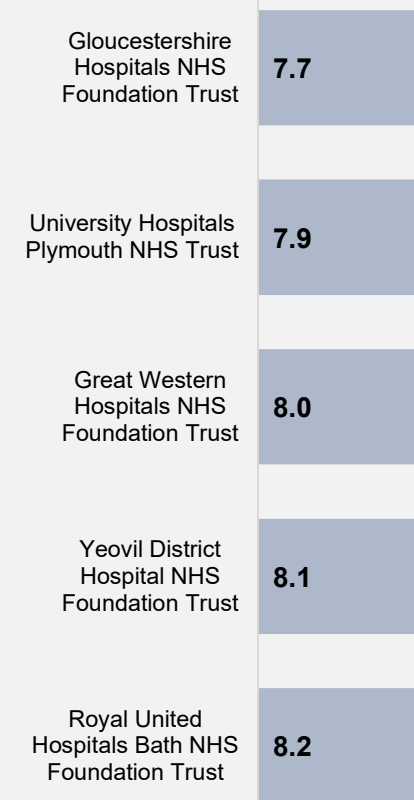
77 Adult Inpatient Survey 2020 | RA7 | University Hospitals Bristol and Weston NHS Foundation Trust

Comparison with other trusts within your region

Top five trusts

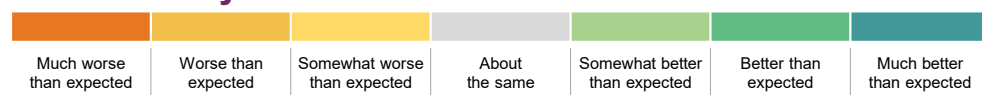


Bottom five trusts



Leaving hospital: Q44. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?

Results for your trust



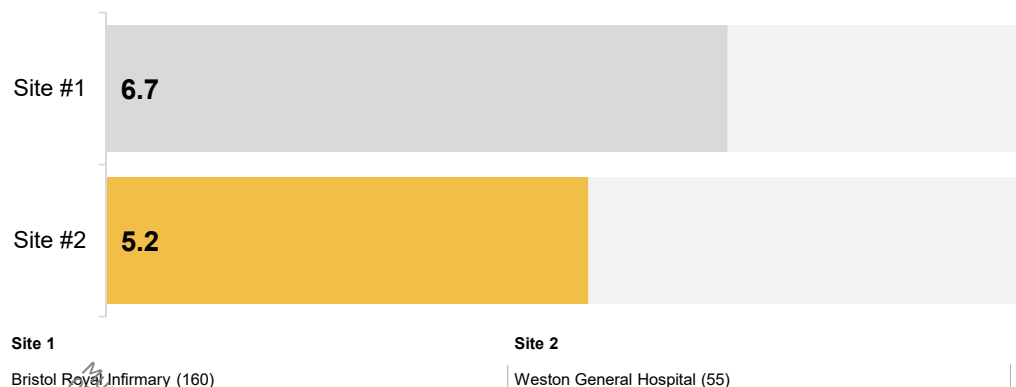
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

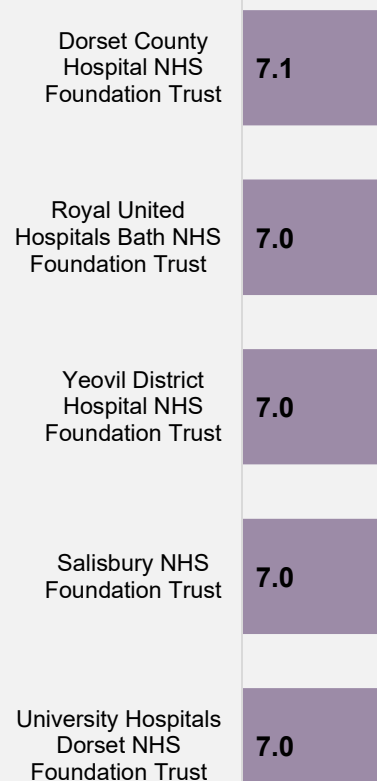
This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



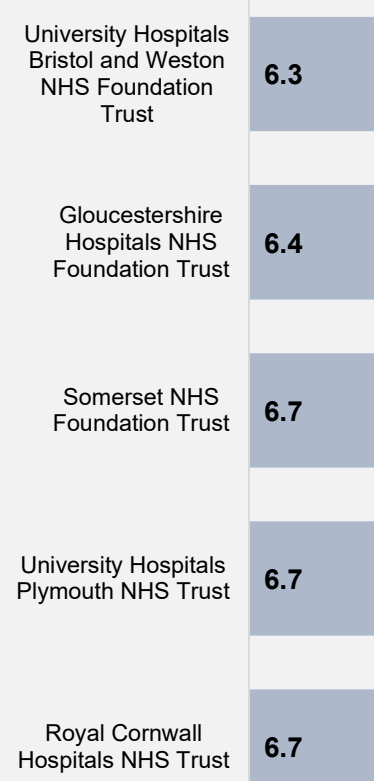
78 Adult Inpatient Survey 2020 | RA7 | University Hospitals Bristol and Weston NHS Foundation Trust

Comparison with other trusts within your region

Top five trusts

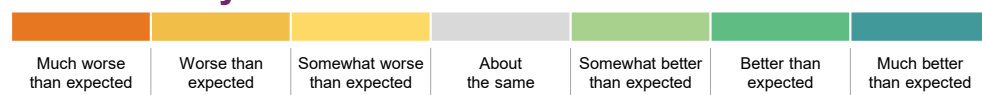


Bottom five trusts



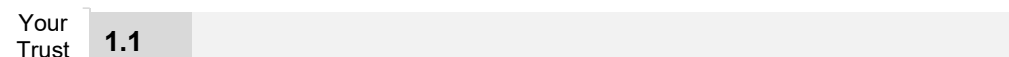
Feedback on care: Q47. During your hospital stay, were you ever asked to give your views on the quality of your care?

Results for your trust



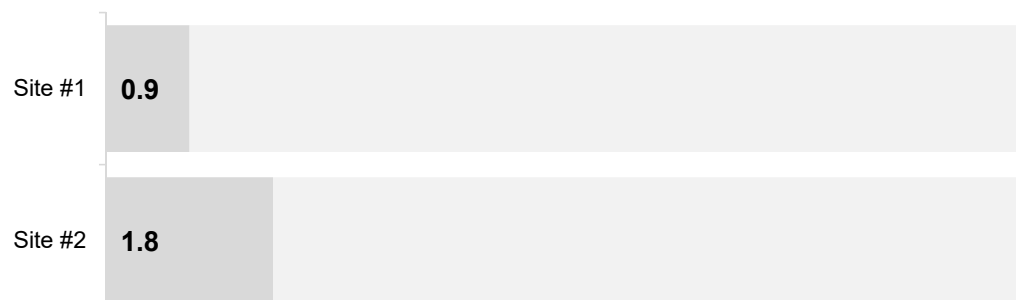
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

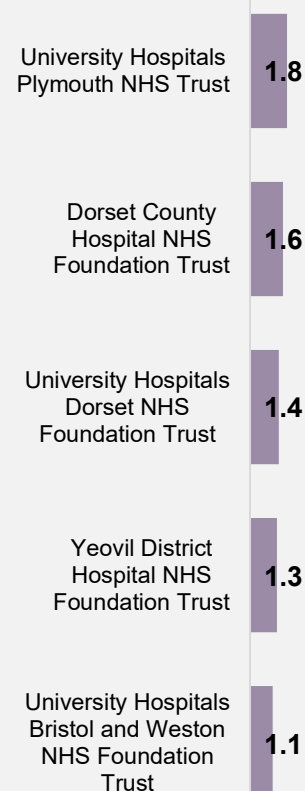
Bristol Royal Infirmary (251)

Site 2

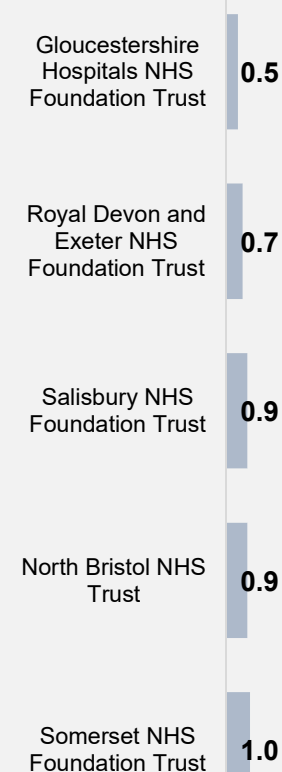
Weston General Hospital (108)

Comparison with other trusts within your region

Top five trusts

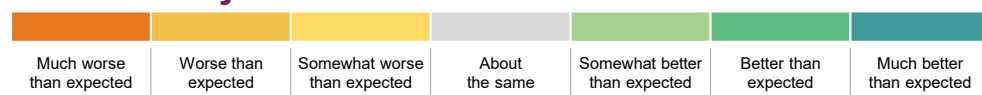


Bottom five trusts



Respect and dignity: Q45. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

Results for your trust



Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (302)

Site 2

Weston General Hospital (115)

Comparison with other trusts within your region

Top five trusts

University Hospitals Bristol and Weston NHS Foundation Trust

9.5

North Bristol NHS Trust

9.4

Dorset County Hospital NHS Foundation Trust

9.4

Northern Devon Healthcare NHS Trust

9.4

Salisbury NHS Foundation Trust

9.4

Bottom five trusts

Great Western Hospitals NHS Foundation Trust

9.0

Gloucestershire Hospitals NHS Foundation Trust

9.1

Royal Cornwall Hospitals NHS Trust

9.2

University Hospitals Plymouth NHS Trust

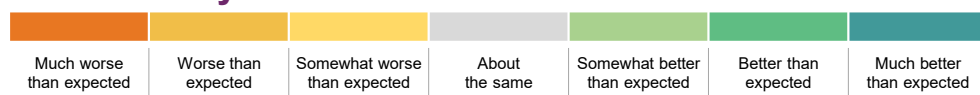
9.2

Torbay and South Devon NHS Foundation Trust

9.2

Overall: Q46. Overall, how was your experience while you were in the hospital?

Results for your trust



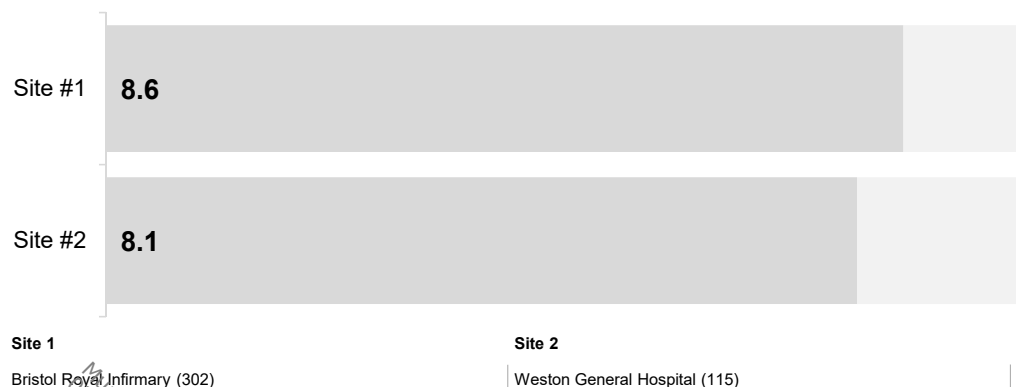
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.



Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.



Site 1

Bristol Royal Infirmary (302)

Site 2

Weston General Hospital (115)

81 Adult Inpatient Survey 2020 | RA7 | University Hospitals Bristol and Weston NHS Foundation Trust

Comparison with other trusts within your region

Top five trusts



Bottom five trusts



For further information

Please contact the Coordination Centre for Mixed Methods:
InpatientCoordination@ipsos-mori.com

Murch, Sarah
03/25/2022 14:25:33

Appendix

Murch, Sarah
03/25/2022 14:25:33

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Ipsos MORI



Comparison to other trusts

The questions at which your trust has performed much worse or worse compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

Much worse than expected

- Your trust has not performed "much worse than expected" for any questions.

Worse than expected

- Your trust has not performed "worse than expected" for any questions.

Murch, Sarah
03/25/2022 14:25:33

Comparison to other trusts

The questions at which your trust has performed somewhat worse or somewhat better compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

Somewhat worse than expected	Somewhat better than expected
<ul style="list-style-type: none">Your trust has not performed "somewhat worse than expected" for any questions.	<ul style="list-style-type: none">Q32. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?Q39. Thinking about any medicine you were to take at home, were you given any of the following?

Murch, Sarah
03/25/2022 14:25:33

Comparison to other trusts

The questions at which your trust has performed better or much better compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

Better than expected

- Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?
- Q31. Beforehand, how well did hospital staff answer your questions about the operations or procedures?

Much better than expected

- Your trust has not performed "much better than expected" for any questions.

NHS Adult Inpatient Survey 2020

Results for University Hospitals Bristol and Weston NHS Foundation Trust

Where patient experience **is best**

- ✓ Changing wards during the night: staff explaining the reason for patients needing to change wards during the night
- ✓ Information about medicines to take at home: patients being given information about medicines they were to take at home
- ✓ Expectations after the operation or procedure: patients being given an explanation from staff, before their operation or procedure, of how they might feel afterwards
- ✓ Privacy for discussions: patients being able to discuss their condition or treatment with hospital staff without being overheard
- ✓ Talking about worries and fears: patients feeling able to talk to staff about their worries and fears

Where patient experience **could improve**

- Quality of food: patients describing the hospital food as good
- Dietary requirements: patients being offered food that met any dietary requirements they had
- Disturbance from hospital lighting: patients not being bothered at night from hospital lighting
- Noise from other patients: patients not being bothered by noise at night from other patients
- Support from health or social care services: patients being given enough support from health or social care services to help them recover or manage their condition after leaving hospital

These topics are calculated by comparing your trust's results to the average of all trusts. "Where patient experience is best": These are the five results for your trust that are highest compared with the average of all trusts. "Where patient experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts.

This survey looked at the experiences of people who were discharged from an NHS acute hospital in November 2020. Between January 2021 and May 2021, a questionnaire was sent to 1250 inpatients at University Hospitals Bristol and Weston NHS Foundation Trust who had attended in late 2020. Responses were received from 481 patients at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].

Adult Inpatient Survey 2020 | RA7 | University Hospitals Bristol and Weston NHS Foundation Trust



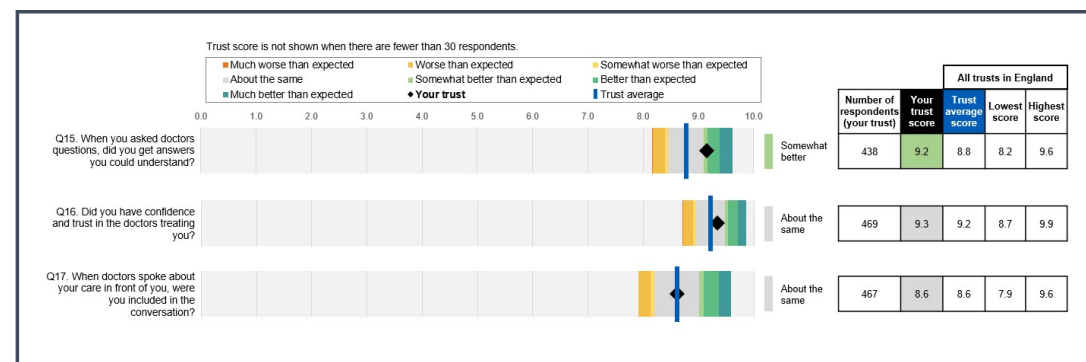
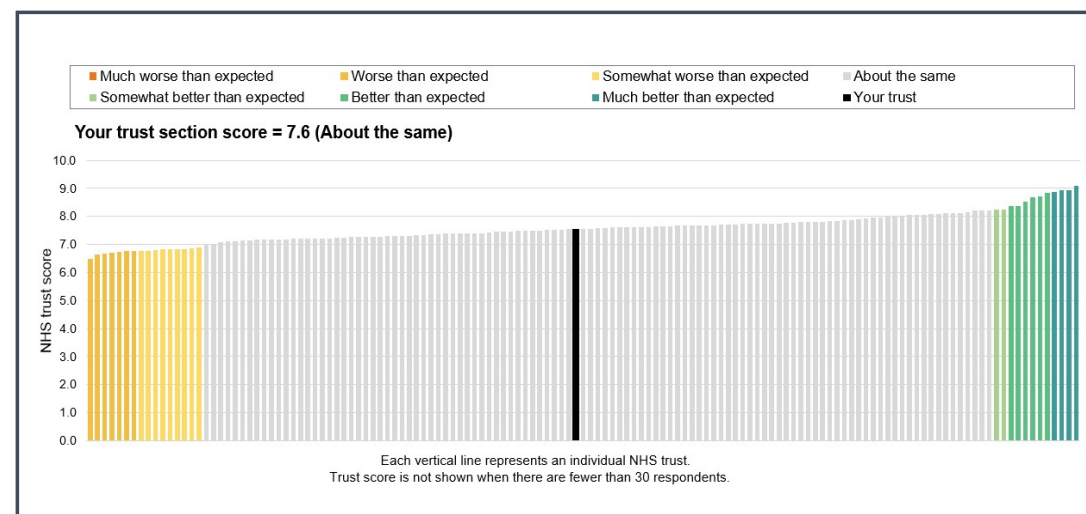
How to interpret benchmarking in this report

Trust level benchmarking

The charts in the 'benchmarking' section show how the score for your trust compares to the range of scores achieved by all trusts taking part in the survey. The black line shows the score for your trust. The graphs are divided into seven sections, comparing the score for your trust to most other trusts in the survey:

- If your trust's score lies in the **dark green section** of the graph, its result is 'Much better than expected'.
- If your trust's score lies in the **mid-green section** of the graph, its result is 'Better than expected'.
- If your trust's score lies in the **light green section** of the graph, its result is 'Somewhat better than expected'.
- If your trust's score lies in the **grey section** of the graph, its result is 'About the same'.
- If your trust's score lies in the **yellow section** of the graph, its result is 'Somewhat worse than expected'.
- If your trust's score lies in the **light orange section** of the graph, its result is 'Worse than expected'.
- If your trust's score lies in the **dark orange section** of the graph, its result is 'Much worse than expected'.

These groupings are based on a rigorous statistical analysis of the data termed the 'expected range' technique.



How to interpret benchmarking in this report (continued)

Trust level benchmarking

The 'much better than expected', 'better than expected', 'somewhat better than expected', 'about the same', 'somewhat worse than expected', 'worse than expected' and 'much worse than expected' categories are based on an analysis technique called the 'expected range'. Expected range determines the range within which a trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust, to indicate whether the trust has performed significantly above or below what would be expected.

If it is within this expected range, we say that the trust's performance is 'about the same' as other trusts. Where a trust is identified as performing 'better' or 'worse' than the majority of other trusts, the result is unlikely to have occurred by chance.

The question score charts show the trust scores compared to the minimum and maximum scores achieved by any trust. In some cases this minimum or maximum limit will mean that one or more of the bands are not visible – because the range of other bands is broad enough to include the highest or lowest score achieved by a trust this year. This could be because there were few respondents, meaning the confidence intervals around your data are slightly larger, or because there was limited variation between trusts for this question this year.

In some cases, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust. This occurs as the bandings are calculated through standard error rather than standard deviation. Standard error takes into account the number of responses achieved by a trust, and therefore the banding may differ for a trust with a low numbers of responses.

Site level benchmarking

The charts in the 'trust results' section present site level benchmarking. This allows you to compare the results for sites within your trust with all other sites across trusts. It is important to note that there may be differences between the average score of the sites provided and the overall score for the trust. This may be related to the size of the sites, results for suppressed sites or weighting, as sites and trusts are weighted separately. In addition, if a single site result is presented for a trust, the 'expected range' category may differ: although the score achieved will be the same for both the site and for the trust, the upper and lower boundary levels will differ between the two due to them being calculated differently in each case.

Additional information on the 'expected range' analysis technique can be found in the survey technical report on the [NHS Surveys website](#).

An example of scoring

Each evaluative question is scored on a scale from 0 to 10. The scores represent the extent to which the patient's experience could be improved. A score of 0 is assigned to all responses that reflect considerable scope for improvement, whereas a score of 10 refers to the most positive patient experience possible. Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. Where options were provided that did not have any bearing on the trust's performance in terms of patient experience, the responses are classified as "not applicable" and a score is not given. Similarly, where respondents stated they could not remember or did not know the answer to a question, a score is not given.

Calculating an individual respondent's score

The following provides an example for the scoring system applied for each respondent. For question 15 "When you asked doctors questions, did you get answers you could understand":

- The answer code "Yes, always" would be given a score of 10, as this refers to the most positive patient experience possible.
- The answer code "Sometimes" would be given a score of 5, as it is placed at an equal interval along the scale.
- The answer code "No, never" would be given a score of 0, as this response reflects considerable scope for improvement.
- The answer codes "I did not have any questions" and "I did not feel able to ask questions" would not be scored, as they do not have a clear bearing on the trust's performance in terms of patient experience.

Calculating the trust score for each question

The weighted mean score for each trust, for each question, is calculated by dividing the sum of the weighted scores for a question by the weighted sum of all eligible respondents to the question for each trust. An example of this is provided in the [survey technical document](#).

Calculating the section score

An arithmetic mean of each trust's question scores is taken to provide a score for each section.

Briefing report: 2020 National Children and Young People's Survey Results

1. Purpose of this report

This report provides a summary of how well the Trust performed in the Care Quality Commission's (CQC) 2020 National Children and Young People's Survey. The full benchmarking report prepared by the Survey Coordination Centre on behalf of the CQC is attached as Appendix A to this report.

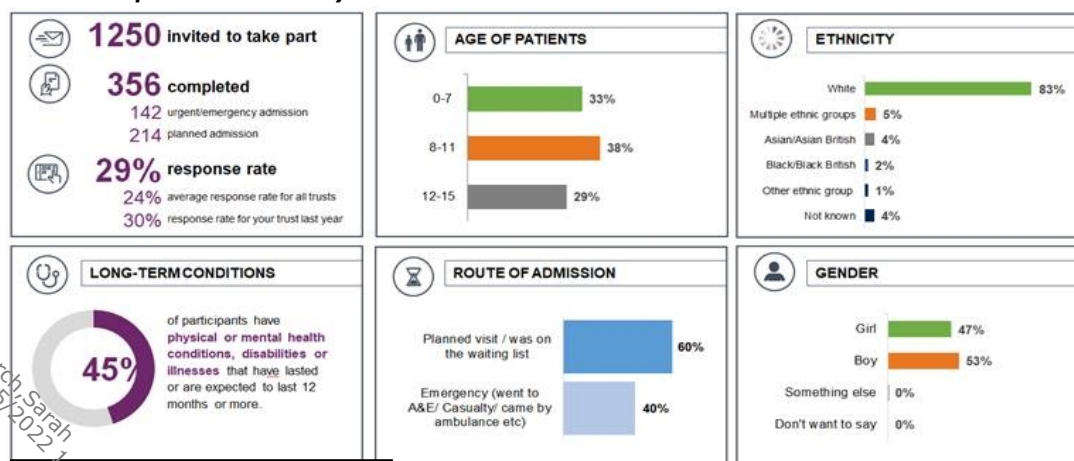
2. Background

The National Children and Young People's Survey is part of the CQC's national patient survey programme. A total of 113,943 patients were invited to participate in the survey across 125 acute and specialist NHS trusts. Each trust sent a questionnaire by post to the parents/carers of 1250 patients aged between 0-15 years, who had been discharged between 1st November 2020 and 31st January 2021. These patients had been admitted to hospital as an inpatient, a planned day case, or following an emergency attendance. The large majority of the University Hospitals Bristol and Weston (UHBW) survey sample was comprised of attendees at the Bristol Royal Hospital for Children and so the survey results are primarily reflective of care delivered at that hospital¹.

The 2020 National Children and Young People's Survey uses three different questionnaires, each one appropriate for a different age group of patients sampled:

- Survey version 'A': The '0-7 questionnaire': sent to the parents of patients aged between 15 days and 7 years old at the time of discharge (completed entirely by parent/carer);
- Survey version 'B': The '8-11 questionnaire': sent to patients aged between 8 and 11 years old at the time of discharge (short section for the child or young person to complete, followed by a separate section for their parent/carer to complete);
- Survey version 'C' The '12-15 questionnaire': sent to patients aged between 12 and 15 years old at the time of discharge (short section for the child or young person to complete, followed by a separate section for their parent/carer to complete).

Who took part in the survey?



¹ Around 8% of the sample was spread across other UHBW hospitals: Bristol Dental Hospital, Bristol Eye Hospital, and the Bristol Royal Infirmary.

3. Summary of results

UHBW achieved the following headline results in this survey:

- **Two** questions were scored as '**much better than expected**' than most Trusts;
 - Did staff play with your child at all while they were in hospital? (parent/carer)
 - For most of their stay in hospital what type of ward did your child stay on? (parent/carer)
- **14** questions were scored as '**better than expected**' than most Trusts;
 - Did you feel able to ask staff questions? (child/young person)
 - If you had any worries, did a member of staff talk with you about them? (child/young person)
 - Did hospital staff keep you informed about what was happening whilst your child was in hospital? (parent/carer)
 - Were you able to ask staff any questions you had about your child's care? (parent/carer)
 - Were the different members of staff caring for and treating your child aware of their medical history? (parent/carer)
 - Did you feel that staff looking after your child knew how to care for their needs? (parent/carer)
 - Afterwards, did staff explain to you how the operations or procedures had gone? (child/young person)
 - Afterwards, did staff explain to you how the operations or procedures had gone? (parent/carer)
 - Did a member of staff tell you who to talk to if you were worried about your child when you got home? (parent/carer)
 - When you left hospital, did you know what was going to happen next with your child's care? (parent/carer)
 - Overall, how well do you think you were looked after in hospital? (child/young person)
 - Do you feel that the people looking after your child were friendly? (parent/carer)
 - Were you treated with dignity and respect by the people looking after your child? (parent/carer)
 - Overall... I felt that my child had a very good experience (parent/carer)
- **Eight** questions were scored as '**somewhat better than expected**' than most Trusts;
 - Did your child like the hospital food provided? (parent/carer)
 - How clean do you think the hospital room or ward was that your child was in? (parent/carer)
 - Did hospital staff talk with you about how they were going to care for you? (child/young person)
 - Did members of staff treating your child communicate with them in a way that your child could understand? (parent/carer)
 - Did members of staff treating your child give you information about their care and treatment in a way that you could understand? (parent/carer)
 - Did you have confidence and trust in the members of staff treating your child? (parent/carer)

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- Were members of staff available when your child needed attention? (parent/carer)
 - Before the operations or procedures, did a member of staff answer your questions in a way you could understand? (parent/carer)
- Results were **'about the same'** as other Trusts for the remaining **44** questions;
 - There were **no** questions scored as **'worse'** than the national average.

The graphic below provides a simple summary of the top and bottom scoring questions on the survey when compared to the national profile.

Where patient experience is best

- ✓ **Access to facilities:** parents or carers feeling they were able to prepare food in the hospital if they wanted to
- ✓ **Play and activities:** parents or carers feeling that staff played with their child while they were in hospital
- ✓ **Hospital food:** parents or carers feeling that their child liked the hospital food provided
- ✓ **Concerns about care:** parents/carers feeling staff told them who to talk to if worried about child when they got home
- ✓ **Hospital Wi-Fi:** parents/carers feeling that the hospital Wi-Fi was good enough for their child to entertain themselves

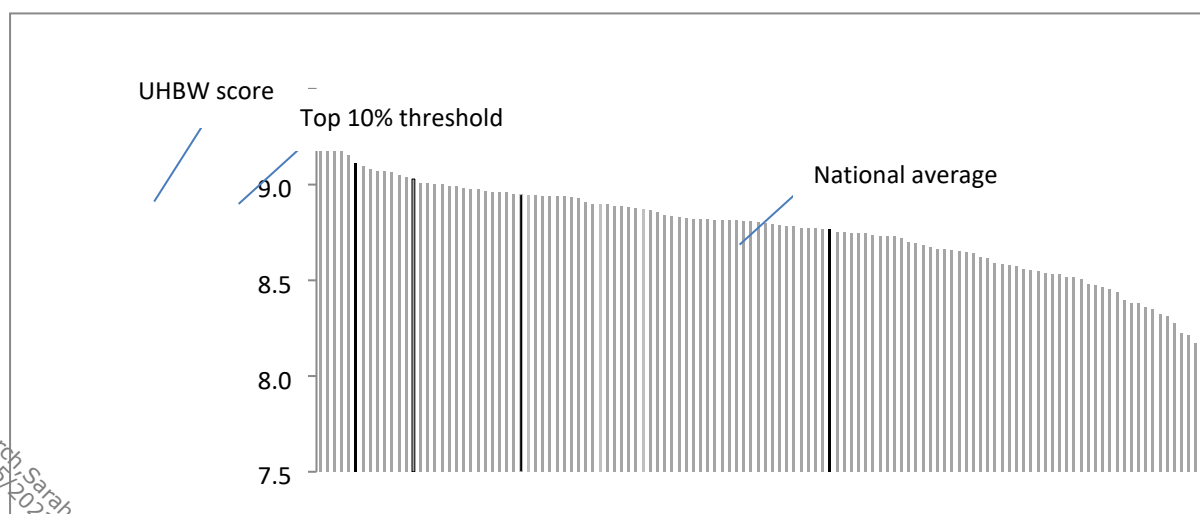
Where patient experience could improve

- **Quiet hospital wards:** patients feeling it was quiet enough to sleep on the ward
- **Admission dates:** patients were given a choice of admission dates
- **Access to facilities:** parents or carers feeling they had access to hot drinks facilities in the hospital
- **Being with their child:** parents or carers feeling that they were able to be with their child as much as they needed to
- **Decisions about care:** patients feeling involved in decisions about their care and treatment

4. Overall experience analysis

Respondents to the survey were asked to give an overall experience rating for their hospital experience (out of ten). Charts 1 and 2 below shows that UHBW performed in the top 10% of trusts nationally on this with a score of 9.1 (parent/carer) and 9.5 (child/young person). In comparison to those Trusts which have a specialist children's hospital, as outlined in Charts 3 and 4, UHBW were in the top four out of the twelve Trusts for the overall experience rating and was above the mean score for the cohort.

Chart 1: Overall experience rating question score (parent/carer) – all Trusts nationally



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Chart 2: Overall experience rating question score (child/young person) – all Trusts nationally

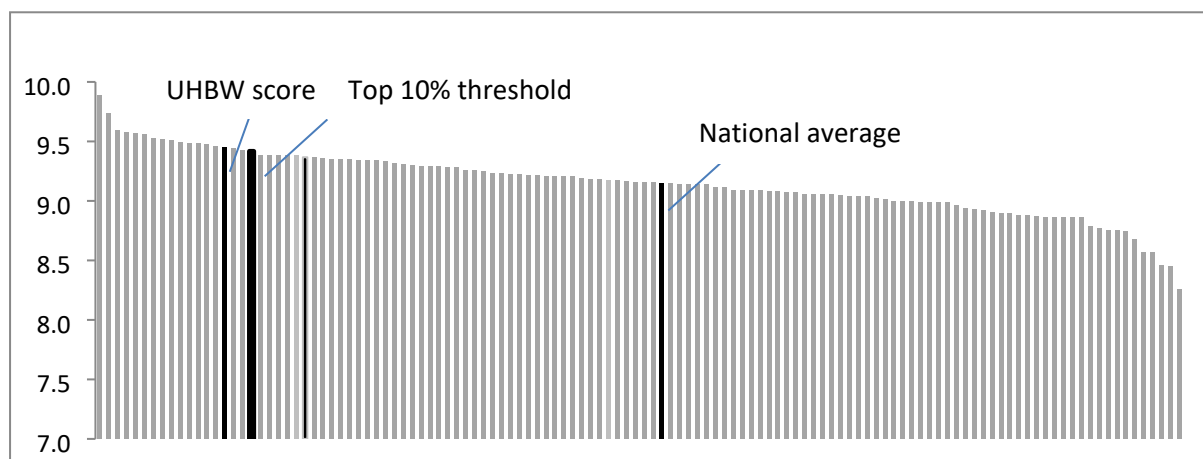


Chart 3: Overall experience rating (/10) (parent/carer) – specialist children's hospitals

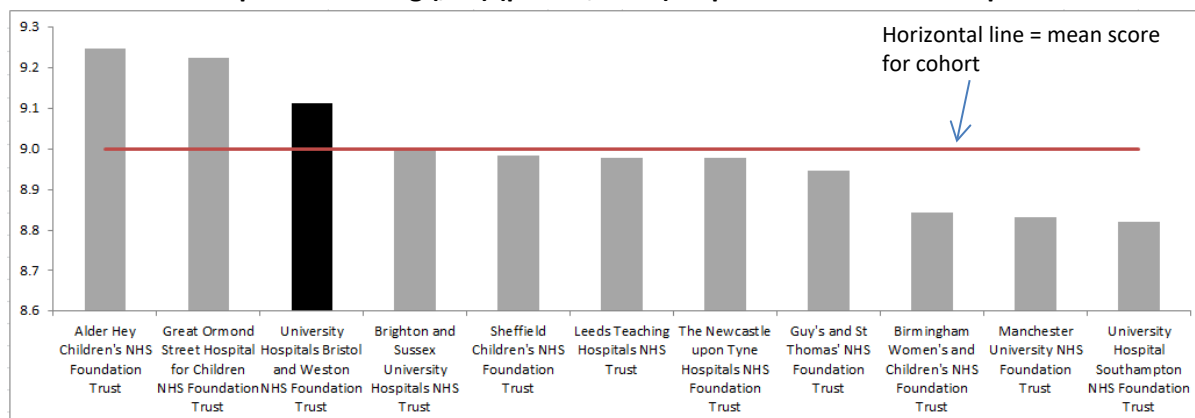
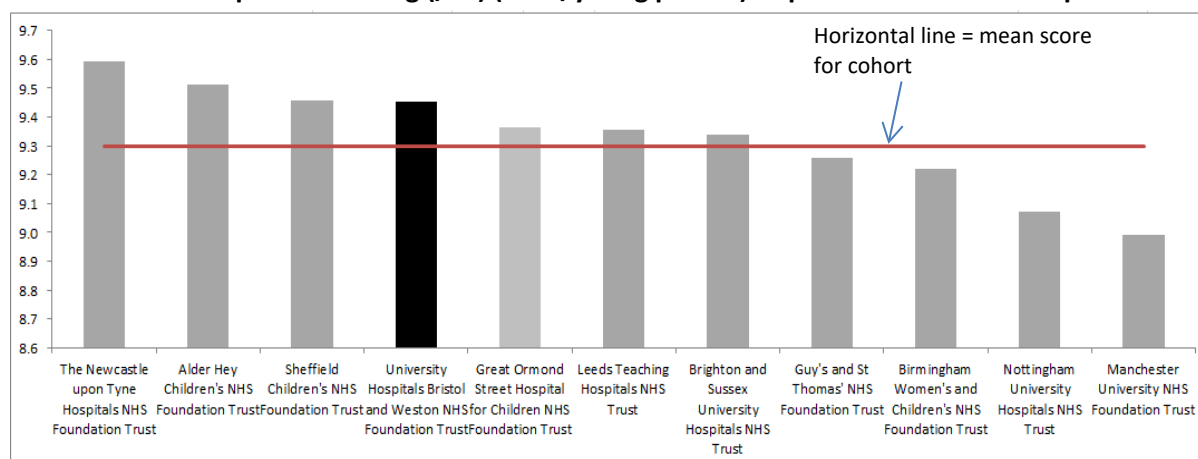


Chart 4: Overall experience rating (/10) (child/young person) – specialist children's hospitals



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Charts 5 and 6 below show the key touchpoints of an “average” patient experience journey whilst visiting our hospital. These touchpoints are calculated in sections based on the average of a cohort of related question scores in the survey. In the ‘parent/carer version of the survey, ‘Hospital ward’, ‘Facilities’ and ‘Leaving hospital’ scored marginally higher than the national average (Chart 5). ‘Pain Management’ in the child/young person survey was the most notable area where UHBW scored above the national average (Chart 6). Please note, ‘Going to hospital’ and ‘Facilities’ are excluded from Chart 6 as these sections are not asked in the child/young person version of the survey.

Chart 5: Key touchpoints in the patient journey – parent/carer

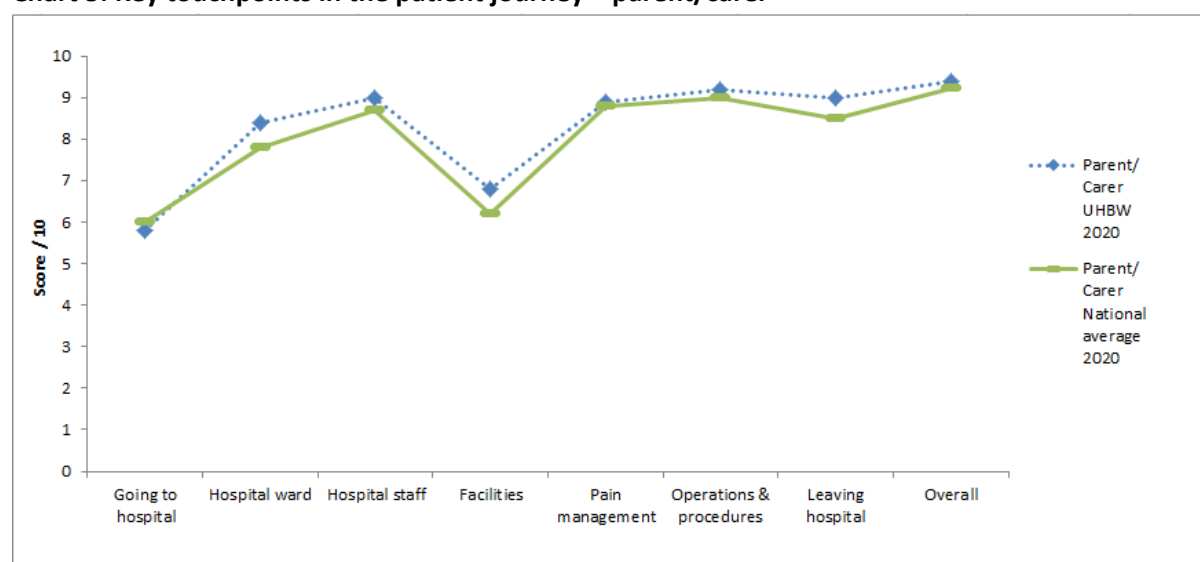
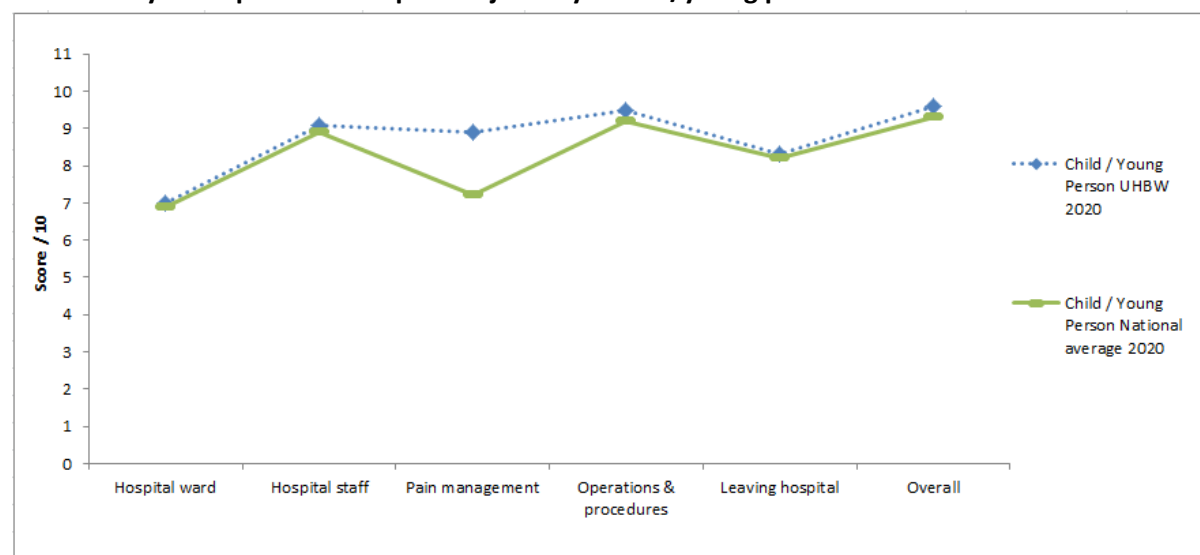


Chart 6: Key touchpoints in the patient journey – child/young person



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5. Sentiment analysis for patient comments

An analysis of each free-text comment received as part of the 2020 National Children and Young People's Survey has been undertaken. The full analysis is attached as Appendix B to this report. There were 248 comments about staff, 125 about care and treatment, 37 about the pathway of care and 85 about the hospital environment and facilities. A further breakdown of themes for the comments can be found in charts 7 to 11 below and overleaf. Note this analysis was undertaken on the results of the 2020 survey only and we are unable to compare to the results of the 2018 survey.

Sentiment analysis of these comments shows:

- 72% of the comments overall were positive;
- 89% of comments about staff were positive;
- 77% of comments about care and treatment were positive;
- 59% of comments about aspects of the pathway of care were negative;
- 73% of comments about the hospital environment and facilities were negative.

Chart 7: Total comments by sentiment

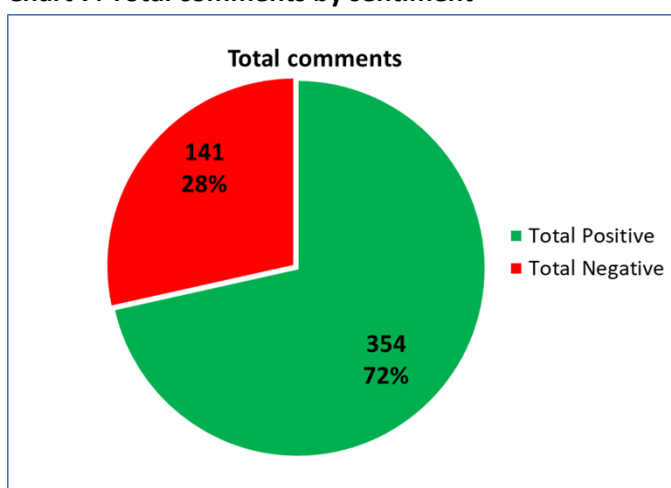
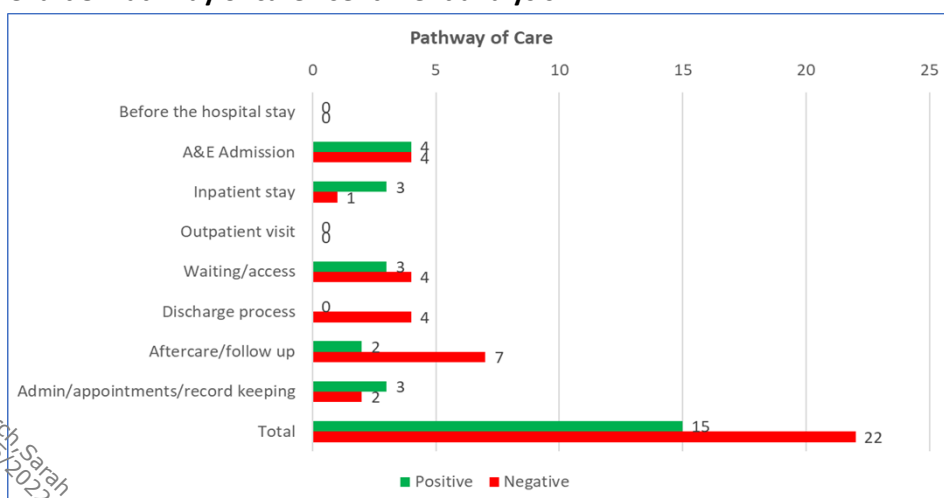


Chart 8: Pathway of care - sentiment analysis



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Chart 9: Hospital environment and facilities - sentiment analysis

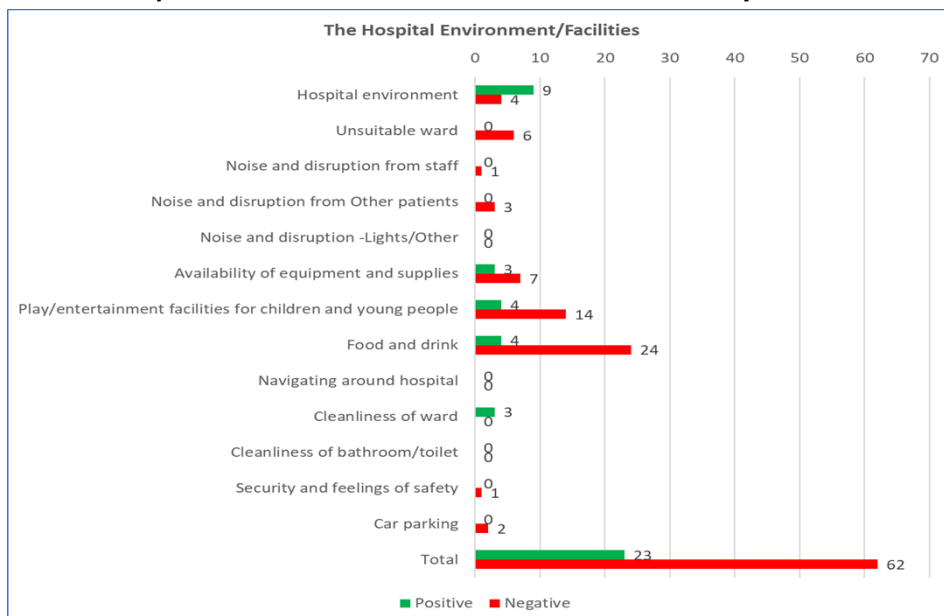


Chart 10: Care and treatment - sentiment analysis

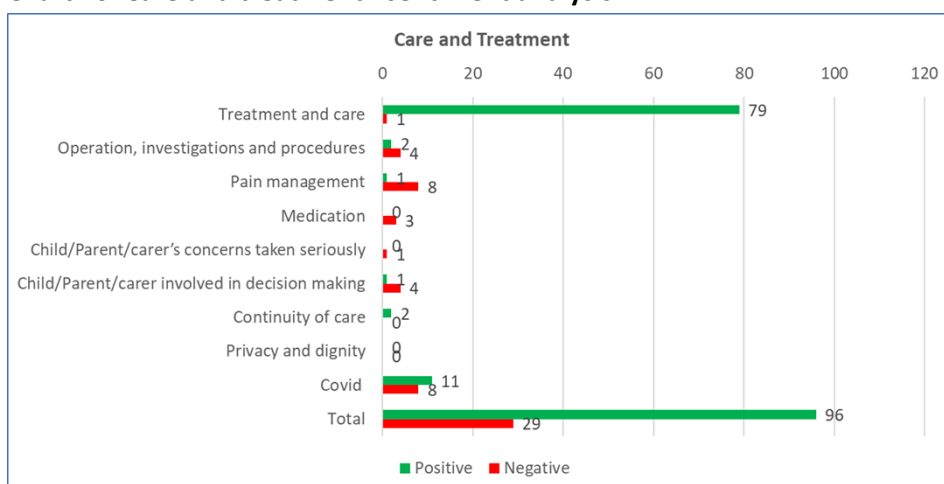
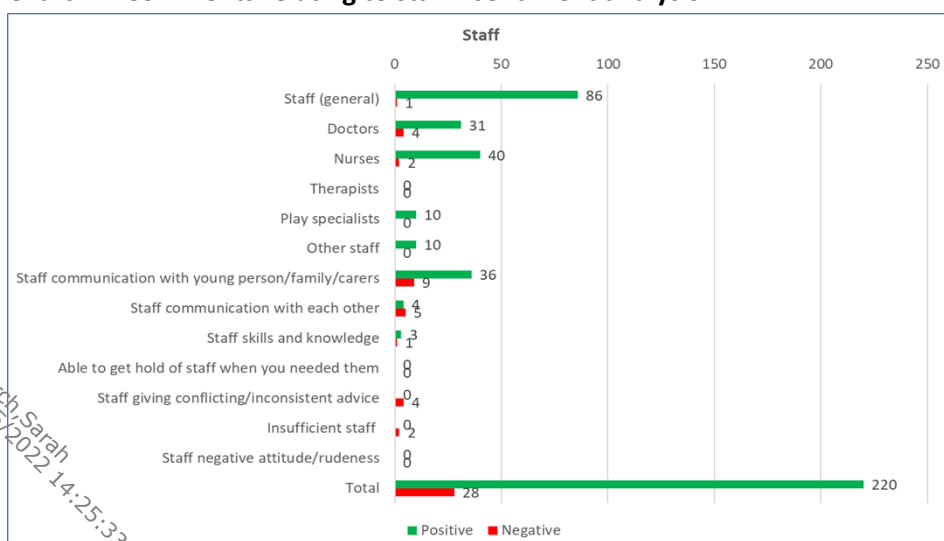


Chart 11: Comments relating to staff - sentiment analysis



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6. Changes between 2018 and 2020

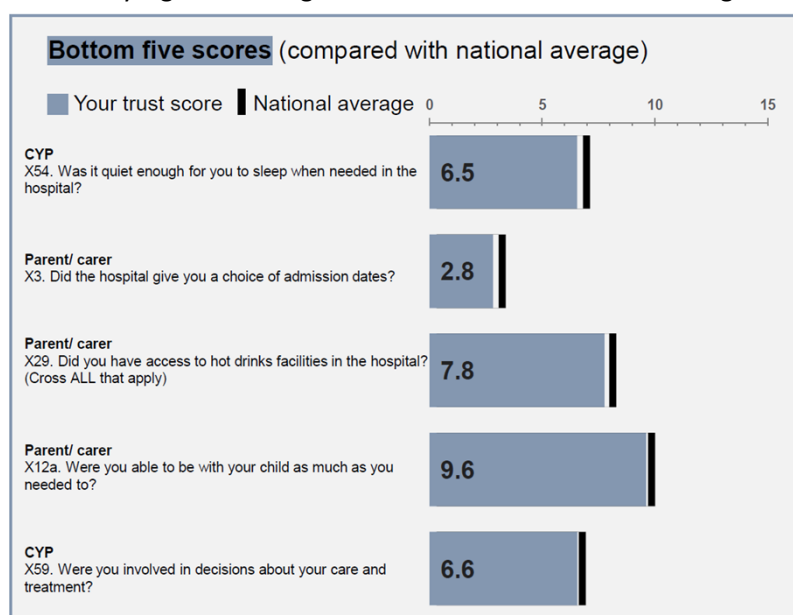
In comparison to the 2018 results, the Trust performed:

- **'Significantly better'** in 13 questions;
- **'No different'** in 43 questions;
- **'Significantly worse'*** in two questions:
 - 'Were there enough things for you to do in the hospital?'
 - 'Were there enough things for your child to do in the hospital?'

*Note: the two questions where we scored significantly worse compared to the 2018 survey were still above the national average for the 2020 survey.

7. Improvement opportunities

At a Trust level, there are five questions which fall below the national average (although not to a statistically significant degree that results in UHBW becoming an outlier):



In response to these improvement opportunities, Women's and Children's Division have developed an action plan to address these issues which is being led by the LIAISE team and is outlined below:

Issue	Actions	Due date	Owner
Quiet hospital	Exploring care packs with Bristol & Weston Hospital Charity to include earplugs and eye masks	March 2022	LIAISE Team
Admission dates	Limited scope to address due to pressures on waiting lists but highlighted to admissions managers for consideration around what realistic opportunities we have to give families more choice	ongoing	LIAISE Team
Access to facilities – hot drinks	LIAISE exploring approved cups for parents to use with Grand Appeal Feedback shared with Regulation 14 meeting to	May 2022	LIAISE Team

	explore any further options. Any developments will require Health & Safety review prior to pilot due to proven issues with risk of burns/scalds		
Being with their child	Impact of Covid to be considered as contributing factor Most wards now reopened to two visitors Supported virtual visiting options established Plan to re-audit once restrictions raised for comparison	Sept 2022	LIAISE Team
Decisions about care	Link with Youth Involvement Group to explore how we unpack this further - What does being involved look like - How can we offer choices - How do we encourage Young Persons to speak up Linked to NICE guideline review	Sept 2022	LIAISE Team

These results have been shared with the Divisional Triumvirate and Executive Directors before onwards reporting to Patient Experience Group, Senior Leadership Team, Quality and Outcomes Committee and Trust Board. A series of social media posts have been scheduled by the LIAISE team in the division to celebrate the successes of the survey as well as highlight the actions that have been taken by Bristol Royal Hospital for Children in relation to the issues raised in the survey.

Whilst The National Children and Young People's Survey is useful as a way of comparing patient experience between trusts, the small sample sizes and delay in publishing the results make it less useful as a service improvement tool. To address this, the Trust has an ongoing patient experience programme that supports ongoing monitoring of patient-reported experience down to ward-level. This programme is the main focus of the Trust's improvement work in response to patient feedback.

Report author: Anna Horton, Patient Experience & Regulatory Compliance Coordinator

Date: 9th February 2022

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NHS Children and Young People's Patient Experience Survey Benchmark Report 2020

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



Contents

1. Background & methodology	2. Headline results	3. Benchmarking	4. Change over time	5. Appendix
		Section 1. Going to hospital	Section 1. Going to hospital	
		Section 2. The hospital ward	Section 2. The hospital ward	
		Section 3. Hospital staff	Section 3. Hospital staff	
		Section 4. Facilities	Section 4. Facilities	
		Section 5. Pain	Section 5. Pain	
		Section 6. Operations and procedures	Section 6. Operations and procedures	
		Section 7. Leaving hospital	Section 7. Leaving hospital	
		Section 8. Overall	Section 8. Overall	

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This work was carried out in accordance with the requirements of the international standard for organisations conducting social research (accreditation to ISO27001:2013; certificate number GB10/80275).

Background and methodology

This section includes:

- an explanation of the NHS Patient Survey Programme
- information on the Children and Young People's Patient Experience Survey
- a description of key terms used in this report
- navigating the report

Background and methodology

The NHS Patient Survey Programme

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services.

The NPSP is commissioned by the Care Quality Commission (CQC); the independent regulator of health and adult social care in England.

As part of the NPSP, the Children and Young People's Patient Experience Survey has been conducted every two years since 2014. The CQC use the results from the survey in the regulation, monitoring and inspection of NHS acute trusts in England.

To find out more about the survey programme and to see the results from previous surveys, please refer to the section on further information on this page.

Children and Young People's Patient Experience Survey

The survey was administered by the Survey Coordination Centre for Existing Methods (SCCEM)

at Picker Institute.

A total of 113,943 patients were invited to participate in the survey across 125 acute and specialist NHS trusts. Completed responses were received from 27,374 parents and children and young people, an adjusted response rate of 24.2%.

Patients were eligible to participate in the survey if they had been admitted to hospital, were aged between 15 days and 15 years old and had been discharged between 1st November 2020 and 31st January 2021. A full list of eligibility criteria can be found in the survey [sampling instructions](#).

Trusts drew a sample of up to 1250 patients. Some smaller trusts, which treat fewer patients, included patients who were discharged from hospital earlier than 1st November 2020 (as far back as 1st October 2020) to achieve a large enough sample.

Fieldwork took place between March and July 2021.

Trend data

The Children and Young People's Patient Experience Survey is comparable back to the 2016 and 2018 survey iterations. Whilst the survey was also

conducted in 2014, the methodological approach changed in 2016 meaning that the 2020 results are not comparable with 2014. Trend data is presented in this report for questions that have been asked in previous survey years.

Further information about the survey

- For published results for other surveys in the NPSP, and for information to help trusts implement the surveys across the NPSP, please visit the [NHS Surveys website](#).
- To learn more about the CQC's survey programme, please visit the [CQC website](#).

Key terms used in this report

The 'expected range' technique

This report shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts. This is designed to help understand the performance of individual trusts and identify areas for improvement. More information can be found in the [Appendix](#).

Standardisation

Demographic characteristics, such as age and method of admission, can influence patients' experience of care and the way they report it. For example, research shows that older people report more positive experiences of care than younger people. Since trusts have differing profiles of patients, this could make fair trust comparisons difficult. To account for this, we 'standardise' the results, which means we apply a weight to individual patient responses to account for

differences in demographic profile between trusts. For each trust, results have been standardised by the method of admission (emergency or elective), whether they stayed overnight in hospital and the age of respondents to reflect the 'national' age-admission type distribution (based on all respondents to the survey).

This helps ensure that no trust will appear better or worse than another because of its profile, and enables a fairer and more useful comparison of results across trusts. In most cases this standardisation will not have a large impact on trust results.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale of 0 to 10. A score of 10 represents the best possible result and a score of 0 the worst. The higher the score for each question, the better the trust is performing. Only evaluative questions in the

questionnaire are scored. Some questions are descriptive (for example X1) and others are 'routing questions', which are designed to filter out respondents to whom the following questions do not apply (for example X34). These questions are not scored.

National average

The 'national average' mentioned in this report is the arithmetic mean of all trusts' scores after weighting is applied.

Suppressed data

If fewer than 30 respondents have answered a question, no score will be displayed for that question.

Further information about the methods

For further information about the statistical methods used in this report, please refer to the [survey technical document](#).

Using the survey results

Navigating this report

This report is split into five sections:

- **Background and methodology** – provides information about the survey programme, how the survey is run, and how to interpret the data.
- **Headline results** – includes key trust-level findings relating to the patients who took part in the survey, benchmarking, and top and bottom scores. This section provides an overview of results for your trust, identifying areas where your organisation performs better than the average and where you may wish to focus improvement activities.
- **Benchmarking** – shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part; using the 'expected range' analysis technique. This allows you to see the range of scores achieved and compare yourself with the other organisations that took part in the survey. Benchmarking can provide you with an indication of where you perform better than the average, and what you should aim for in areas where you may wish to improve.

- **Change over time** – displays your trust score for each survey year. Where available, trend data will be shown from 2016 to 2020. Questions are displayed in a line chart with the trust mean plotted alongside the national average. Statistical significance testing is also shown between survey years 2020 and 2018. This section highlights areas your trust has improved on or declined in over time.
- **Appendix** – includes additional data for your trust; further information on the survey methodology; interpretation of graphs in this report.

How to interpret the graphs in this report

There are several types of graphs in this report which show how the score for your trust compares to the scores achieved by all trusts that took part in the survey.

The chart used in the section 'benchmarking' use the 'expected range' technique to show results. While the chart in the 'change over time' section uses line charts. For information on how to interpret these graphs, please refer to the [Appendix](#).

Other data sources

More information is available about the following topics at their respective websites, listed below:

- Full national results; A-Z list to view the results for each trust; technical document: <http://www.cqc.org.uk>
- National and trust-level data for all trusts who took part in the Children and Young People's Patient Experience Survey 2020: <https://nhssurveys.org/surveys/survey/01-children-patient-experience/year/2020/>. Full details of the methodology for the survey, instructions for trusts and contractors to carry out the survey, and the survey development report can also be found on the NHS Surveys website.
- Information on the NHS Patient Survey Programme, including results from other surveys: www.cqc.org.uk/content/surveys
- Information about how the CQC monitors hospitals: www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-nhs-acute-hospitals

Headline results

This section includes:

- information about your trust population
- an overview of benchmarking for your trust
- the best and worst scores for your trust

Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of patients who took part in the survey.



1250 invited to take part



356 completed

142 urgent/emergency admission

214 planned admission



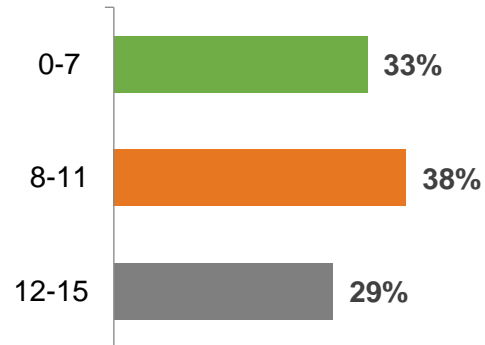
29% response rate

24% average response rate for all trusts

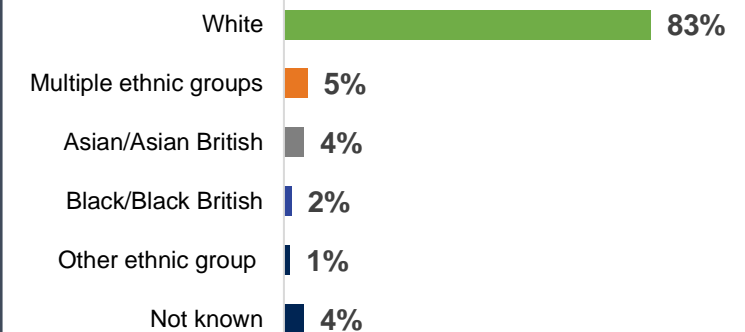
30% response rate for your trust last year



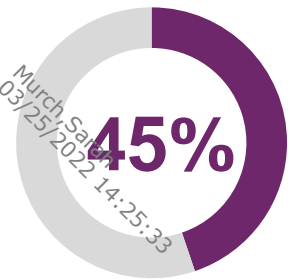
AGE OF PATIENTS



ETHNICITY



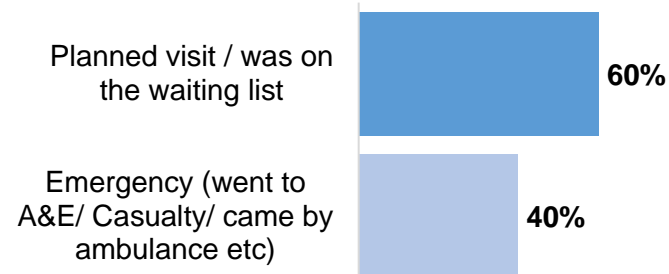
LONG-TERM CONDITIONS



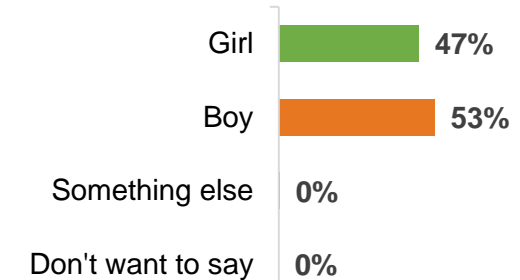
of participants have **physical or mental health conditions, disabilities or illnesses** that have lasted or are expected to last 12 months or more.



ROUTE OF ADMISSION



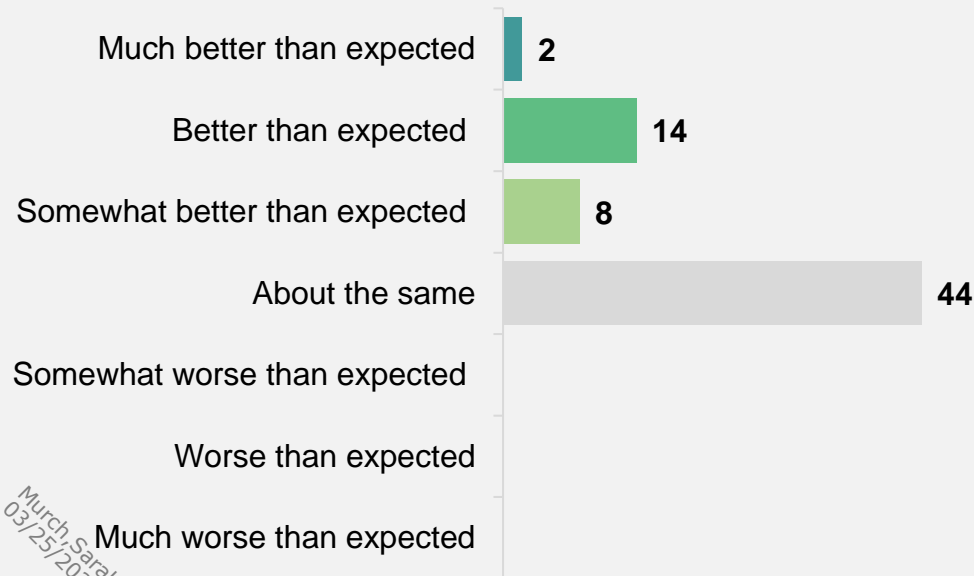
GENDER



Summary of findings for your trust

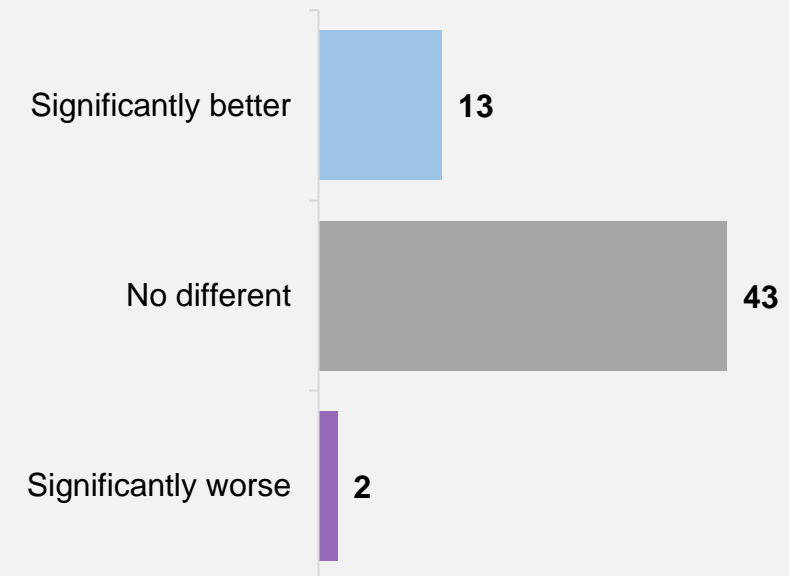
Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.



Comparison with last year's results

The **number of questions** at which your trust has performed statistically significantly better, significantly worse, or no different than your result from the previous year, 2020 vs 2018.



For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix section [“your trust has performed much worse”](#), [“your trust has performed worse”](#), [“your trust has performed somewhat worse”](#), [“your trust has performed somewhat better”](#), [“your trust has performed better”](#), [“your trust has performed much better”](#).

Best and worst performance relative to the national average

These five questions are calculated by comparing your trust's results to the national average.

- **Top five scores:** These are the five results for your trust that are highest compared with the national average. If none of the results for your trust are above the national average, then the results that are closest to the national average have been chosen, meaning a trust's best performance may be worse than the national average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the national average. If none of the results for your trust are below the national average, then the results that are closest to the national average have been chosen, meaning a trust's worst performance may be better than the national average.

Top five scores (compared with national average)

■ Your trust score ■ National average

Parent/ carer X30. Were you able to prepare food in the hospital if you wanted to?	4.7
Parent/ carer X10. Did staff play with your child at all while they were in hospital?	9.1
Parent/ carer X28. Did your child like the hospital food provided?	7.0
Parent/ carer X40. Did a member of staff tell you who to talk to if you were worried about your child when you got home?	9.3
Parent/ carer X11. If your child used the hospital Wi-Fi to entertain themselves, was it good enough to do what they wanted?	6.3

Bottom five scores (compared with national average)

■ Your trust score ■ National average

CYP X54. Was it quiet enough for you to sleep when needed in the hospital?	6.5
Parent/ carer X3. Did the hospital give you a choice of admission dates?	2.8
Parent/ carer X29. Did you have access to hot drinks facilities in the hospital? (Cross ALL that apply)	7.8
Parent/ carer X12a. Were you able to be with your child as much as you needed to?	9.6
CYP X59. Were you involved in decisions about your care and treatment?	6.6

Benchmarking

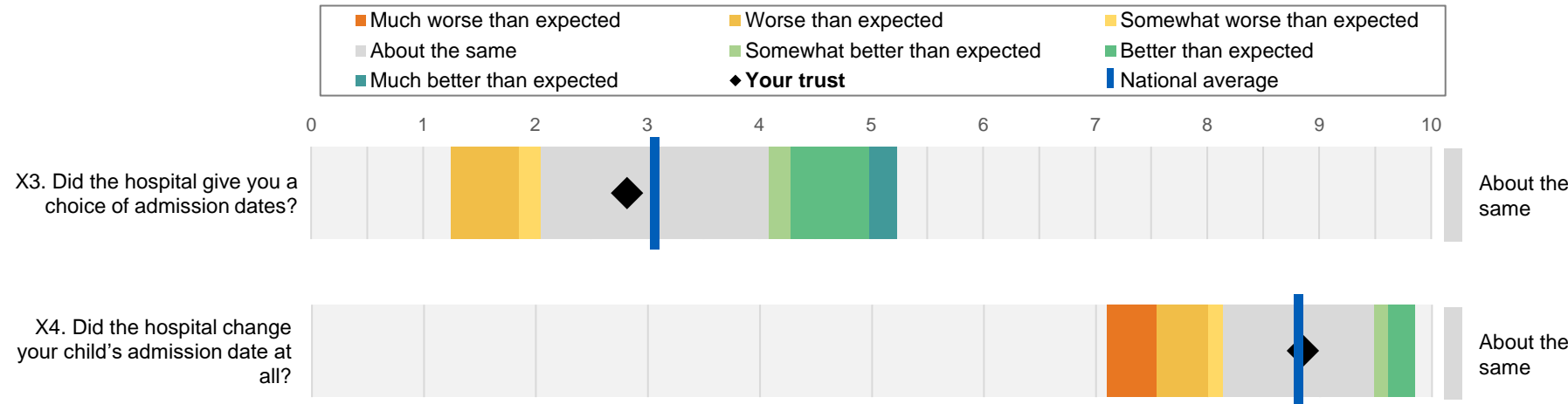
This section includes:

- how your trust scored for each evaluative question in the survey, compared with other trusts that took part.
- an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts.



Section 1. Going to hospital

Question scores



0-7 parents

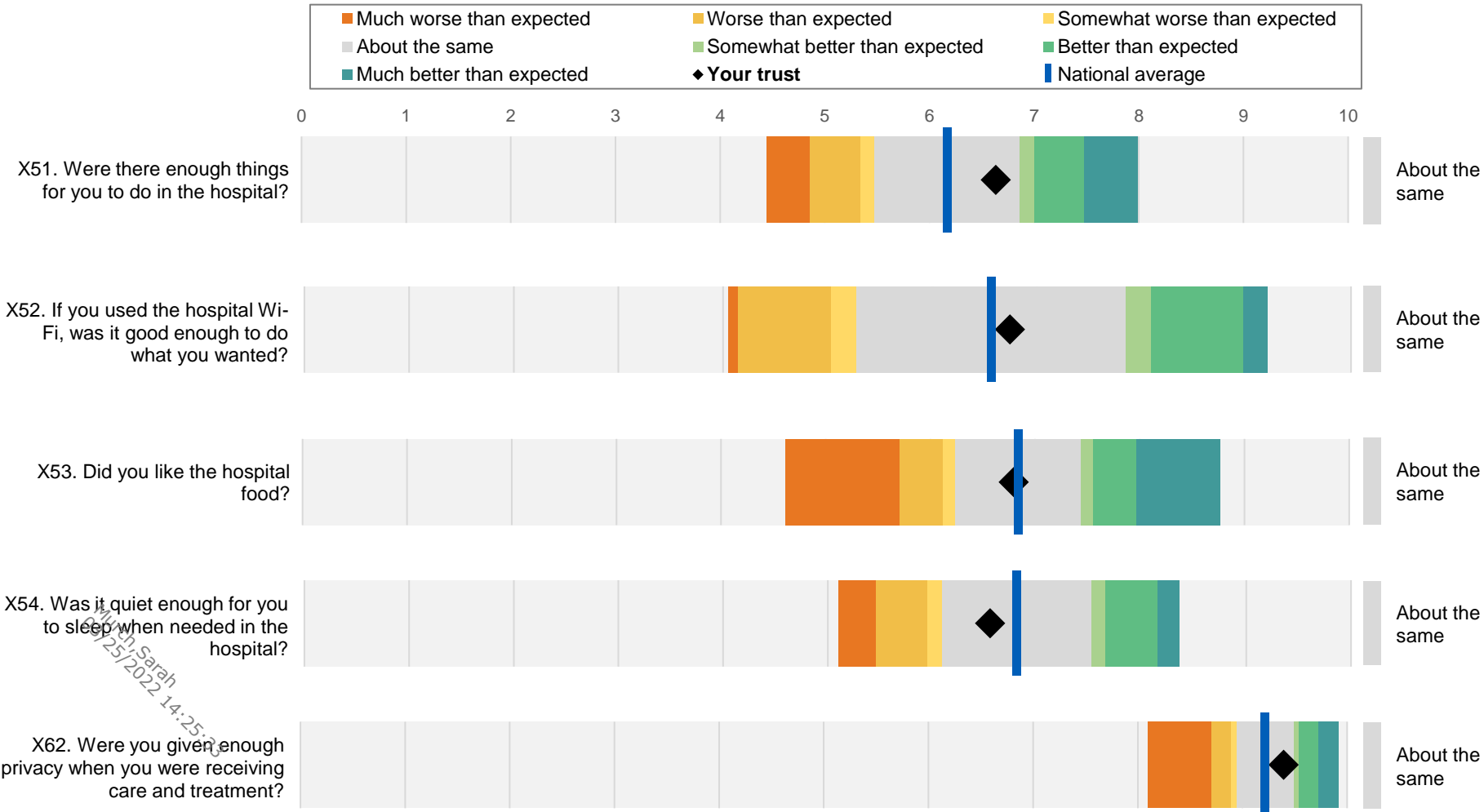
Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
54	2.8	3.1	1.2	5.2

54	8.8	8.8	7.1	9.8
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Murch, Sarah
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Section 2. The hospital ward

Question scores



8-15 children and young people

Number of respondents (your trust)	All trusts in England			
	Your trust	National average	Lowest score	Highest score
235	6.6	6.2	4.4	8.0

162	6.7	6.6	4.1	9.2
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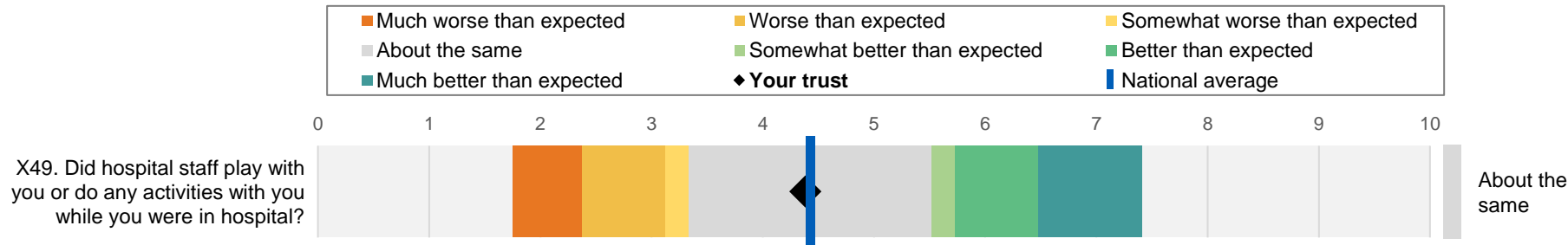
149	6.8	6.8	4.6	8.8
-----	-----	-----	-----	-----

159	6.5	6.8	5.1	8.4
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234	9.4	9.2	8.1	9.9
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Section 2. The hospital ward (continued)

Question scores



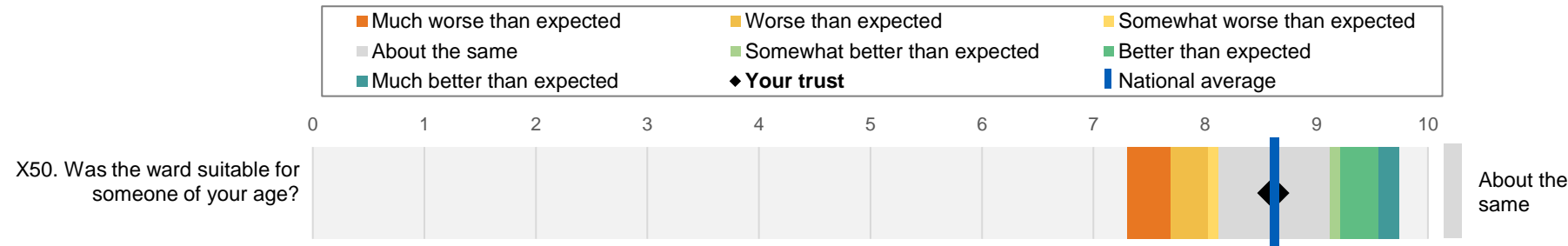
8-11 children and young people

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
100	4.4	4.4	1.8	7.4

Murch, Sarah
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Section 2. The hospital ward (continued)

Question scores



12-15 children and young people

All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
101	8.6	8.6	7.3	9.7

Murch, Sarah
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Section 2. The hospital ward (continued)

Question scores



0-15 parents

All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
339	9.9	9.8	8.8	10.0

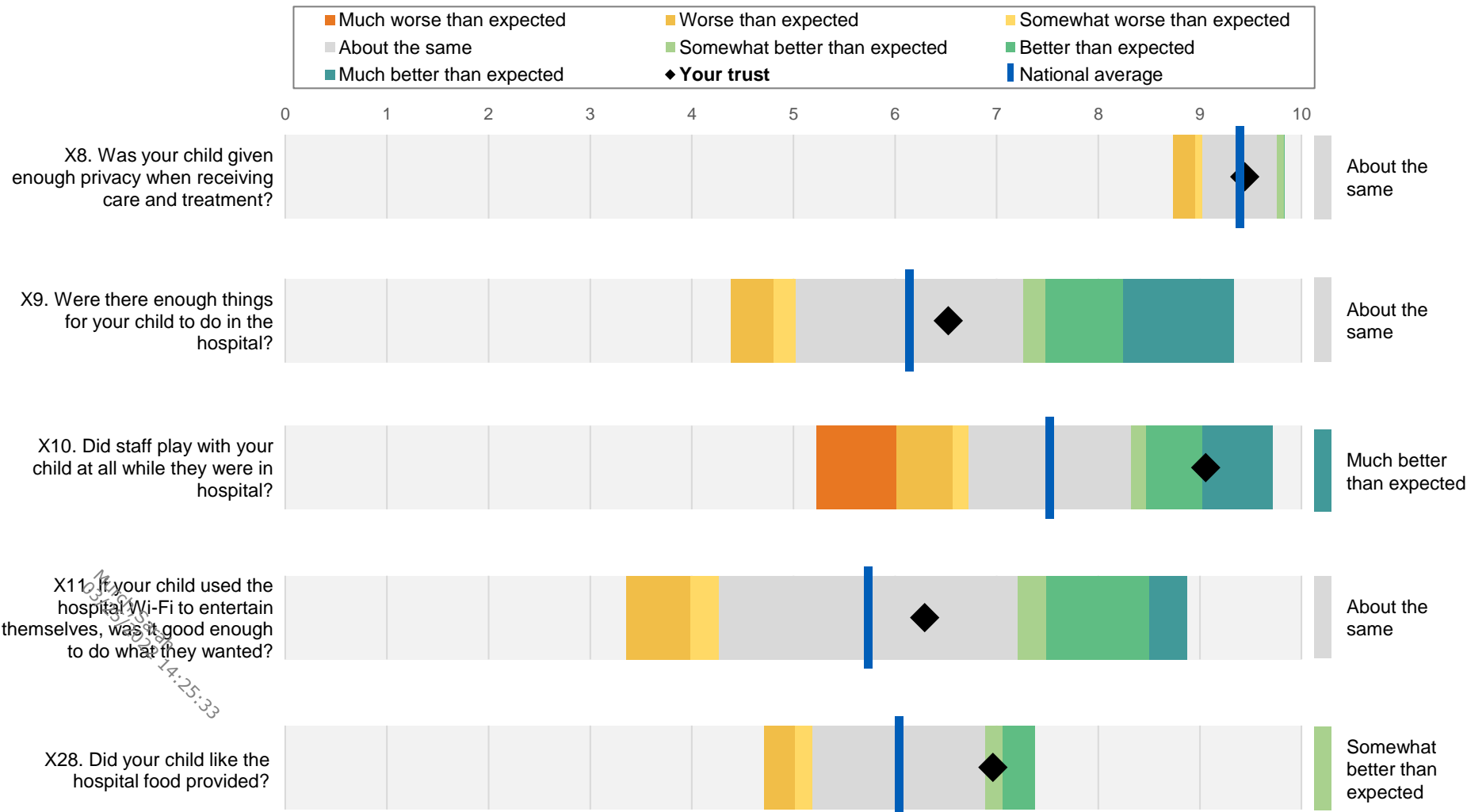
261	9.0	8.9	8.1	9.5
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349	9.6	9.2	8.1	9.7
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Murch, Sarah
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Section 2. The hospital ward (continued)

Question scores



0-7 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
116	9.4	9.4	8.7	9.8

101	6.5	6.1	4.4	9.3
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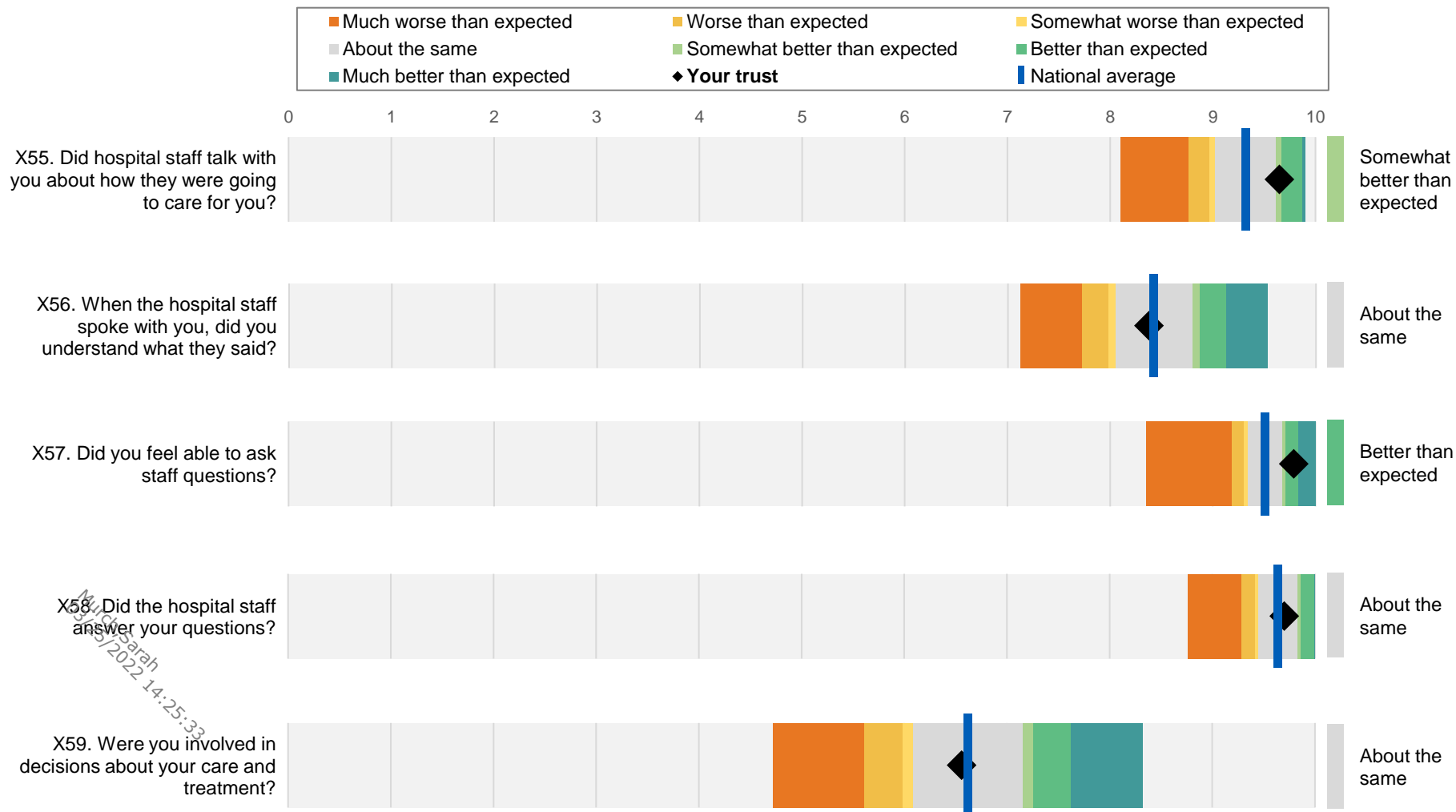
73	9.1	7.5	5.2	9.7
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57	6.3	5.7	3.4	8.9
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53	7.0	6.0	4.7	7.4
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Section 3. Hospital staff

Question scores



8-15 children and young people

All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
227	9.6	9.3	8.1	9.9

227	8.4	8.4	7.1	9.5
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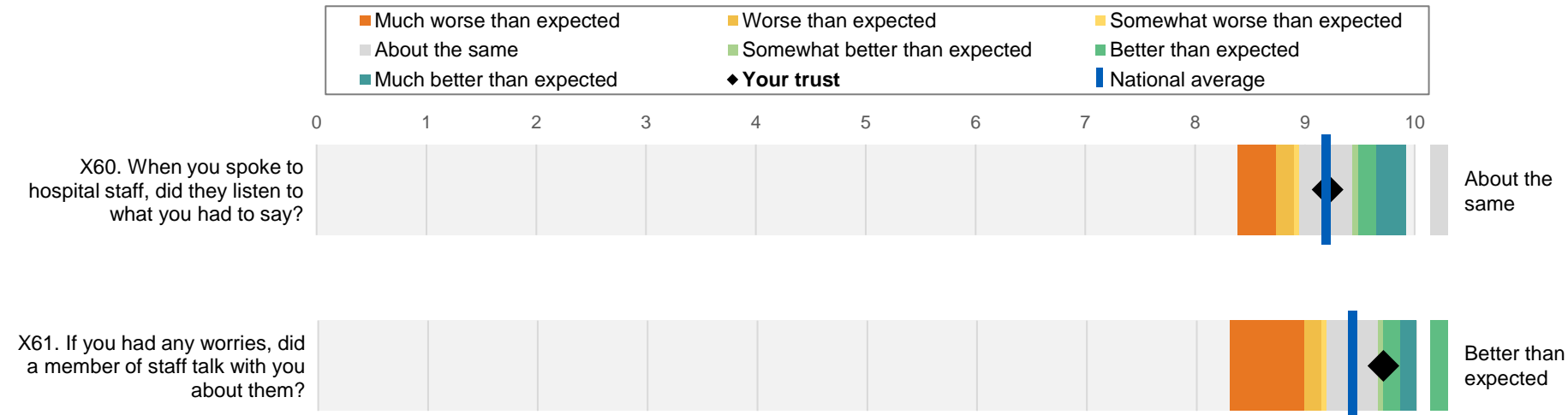
207	9.8	9.5	8.4	10.0
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203	9.7	9.6	8.8	10.0
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219	6.6	6.6	4.7	8.3
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Section 3. Hospital staff (continued)

Question scores



8-15 children and young people

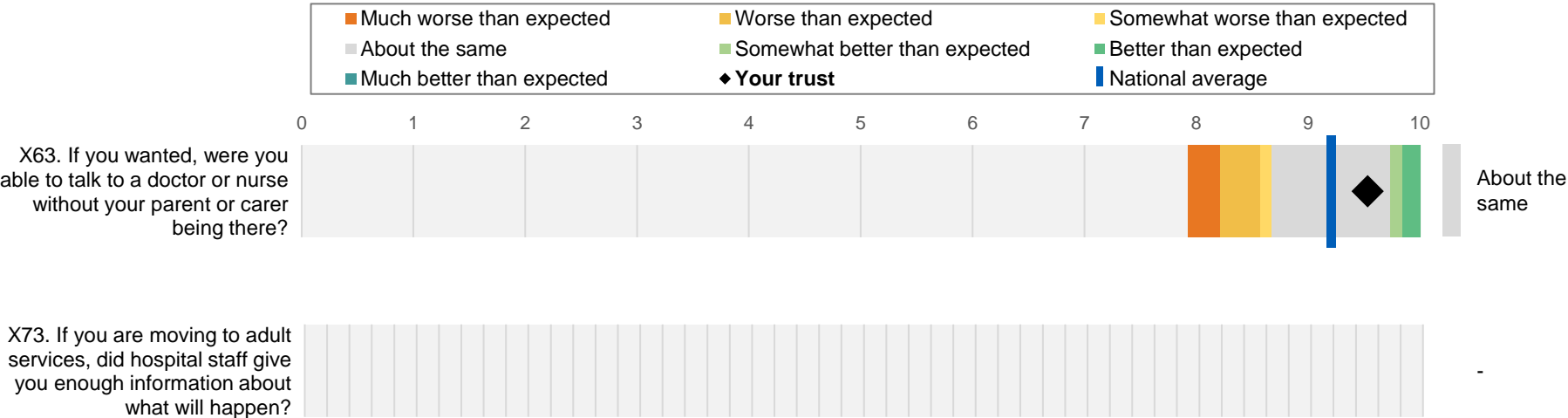
All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
220	9.2	9.2	8.4	9.9

166	9.7	9.4	8.3	10.0
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Murch, Sarah
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Section 3. Hospital staff (continued)

Question scores



12-15 young people

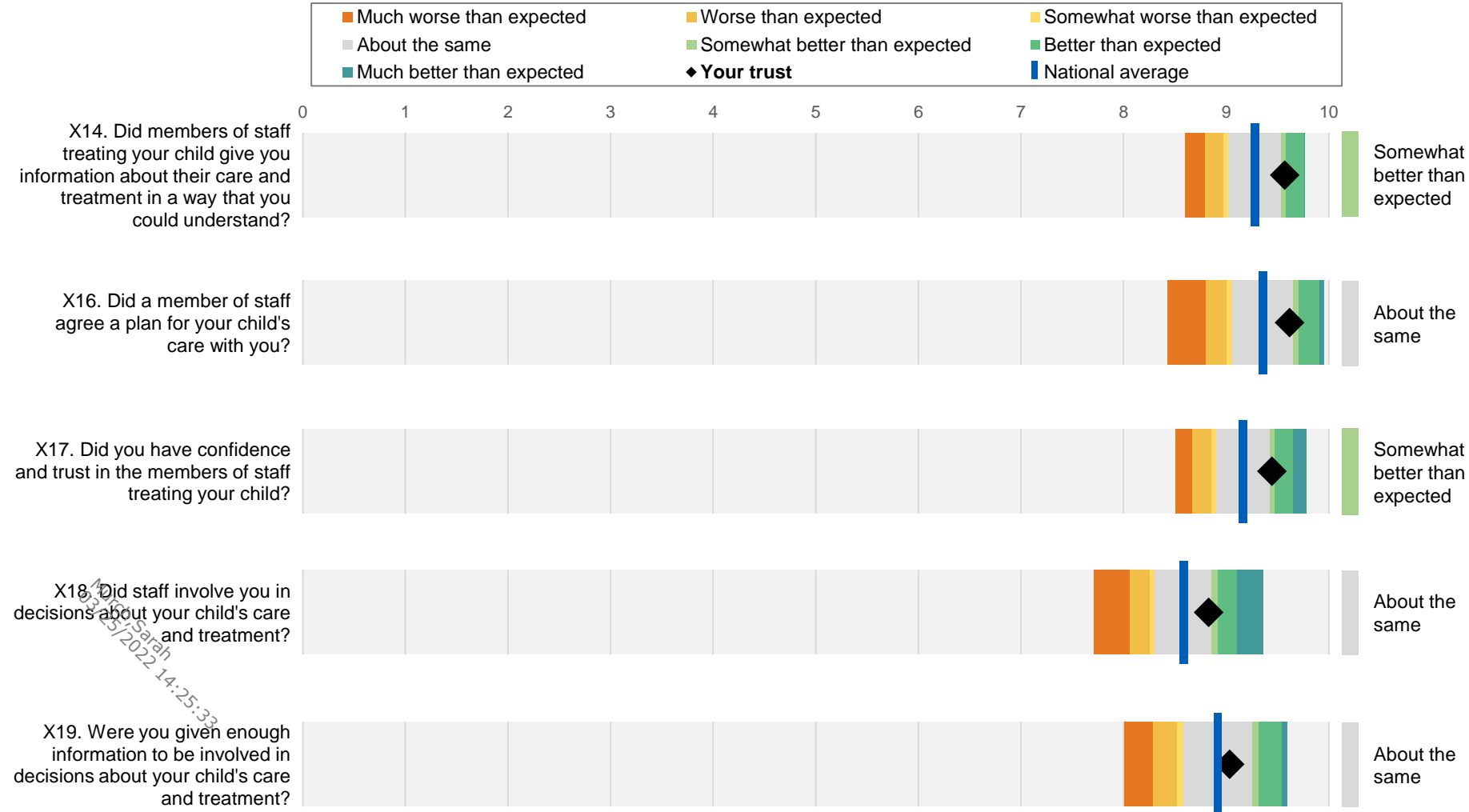
All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
44	9.5	9.2	7.9	10.0

-	-	-	-	-
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Murch, Sarah
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Section 3. Hospital staff (continued)

Question scores



0-15 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
354	9.6	9.3	8.6	9.8

335	9.6	9.4	8.4	10.0
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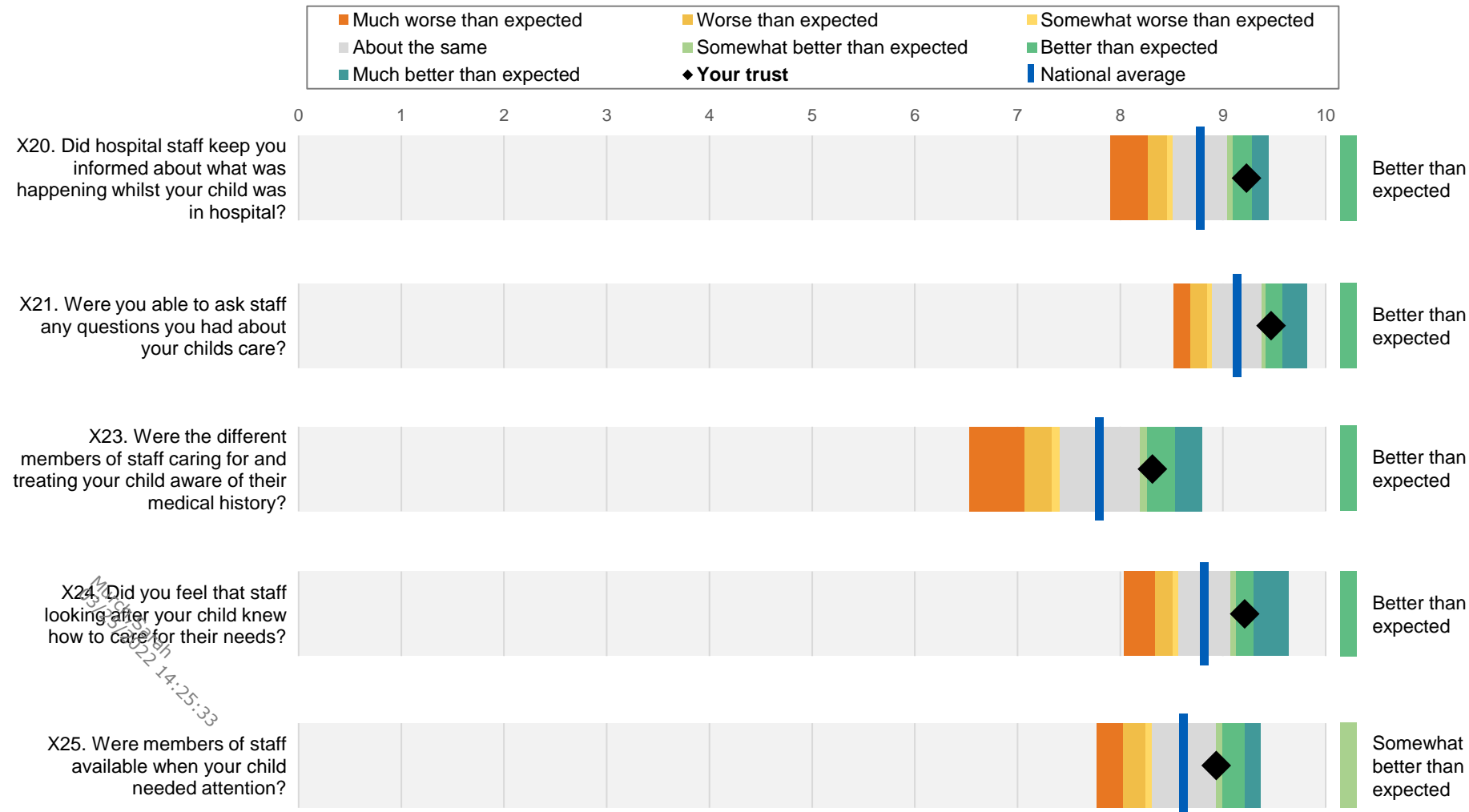
354	9.4	9.2	8.5	9.8
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349	8.8	8.6	7.7	9.4
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350	9.0	8.9	8.0	9.6
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Section 3. Hospital staff (continued)

Question scores



0-15 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
350	9.2	8.8	7.9	9.4

351	9.5	9.1	8.5	9.8
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313	8.3	7.8	6.5	8.8
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349	9.2	8.8	8.0	9.6
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340	8.9	8.6	7.8	9.4
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Section 3. Hospital staff (continued)

Question scores



0-15 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
346	9.3	9.0	8.3	9.7

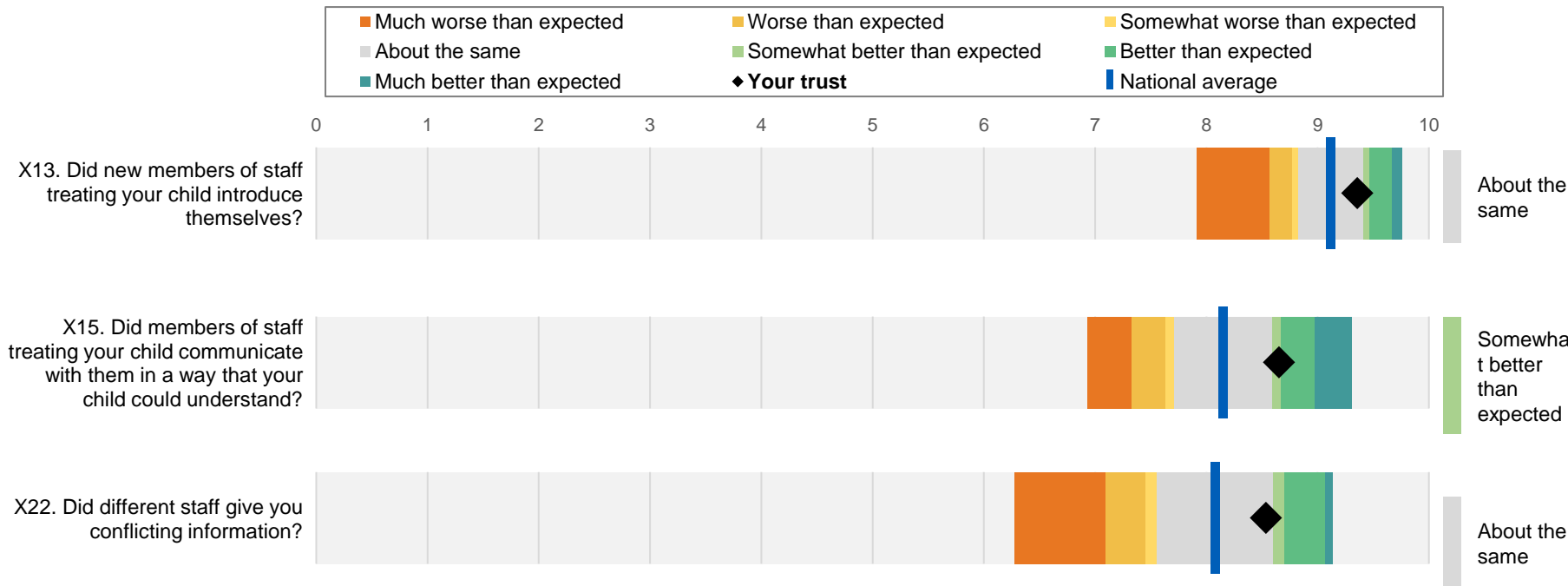
351	8.2	8.0	7.0	9.0
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Section 3. Hospital staff (continued)

Question scores

0-7 parents



Number of respondents (your trust)	All trusts in England			
	Your trust	National average	Lowest score	Highest score
118	9.4	9.1	7.9	9.8

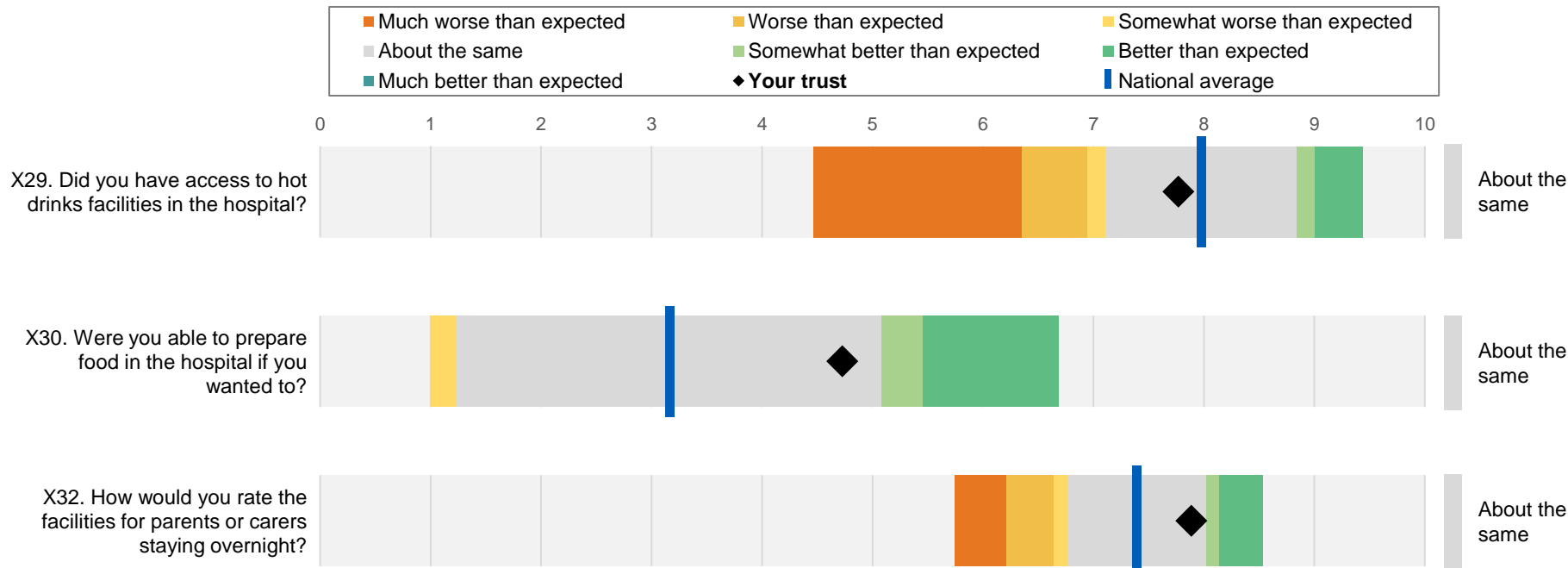
116	8.7	8.2	6.9	9.3
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116	8.5	8.1	6.3	9.1
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Section 4. Facilities

Question scores



0-15 parents

All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
347	7.8	8.0	4.5	9.4

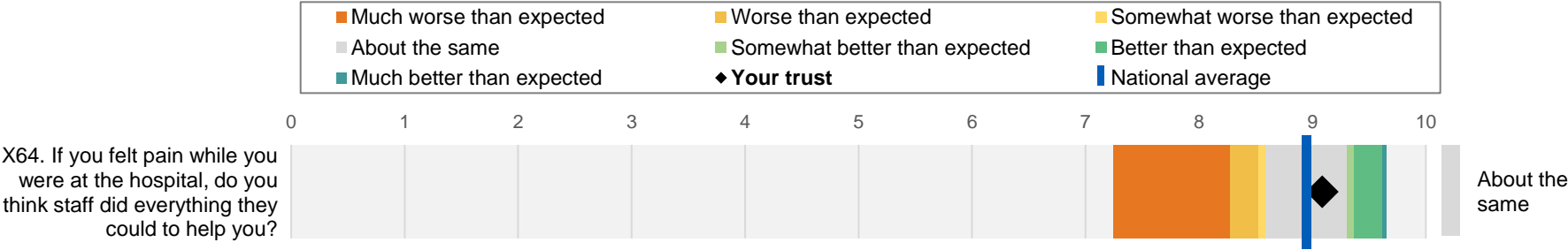
178	4.7	3.2	1.0	6.7
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159	7.9	7.4	5.7	8.5
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Section 5. Pain

Question scores



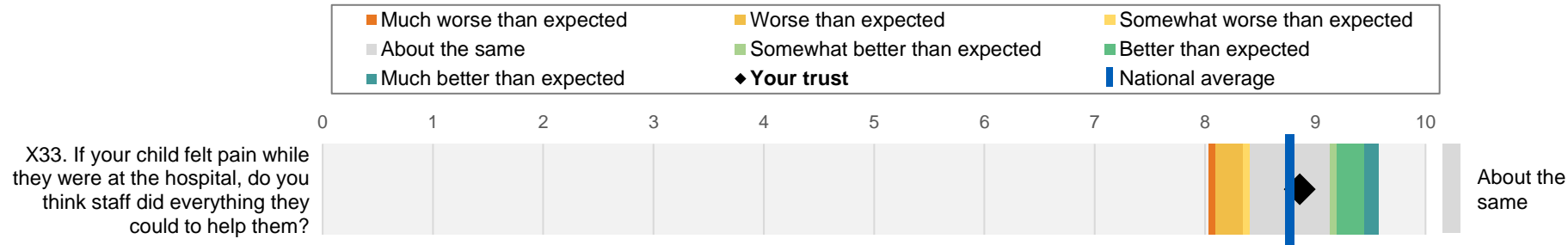
8-15 children and young people

All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
184	9.1	8.9	7.2	9.6

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Section 5. Pain (continued)

Question scores



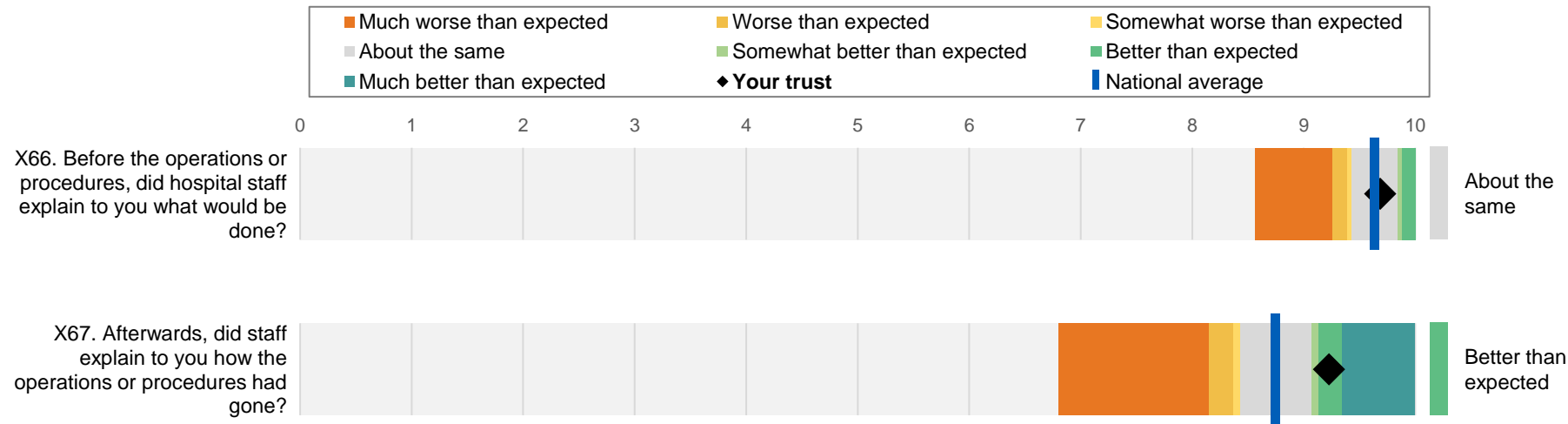
0-15 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
293	8.9	8.8	8.0	9.6

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Section 6. Operations and procedures

Question scores



8-15 children and young people

All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
153	9.7	9.6	8.6	10.0

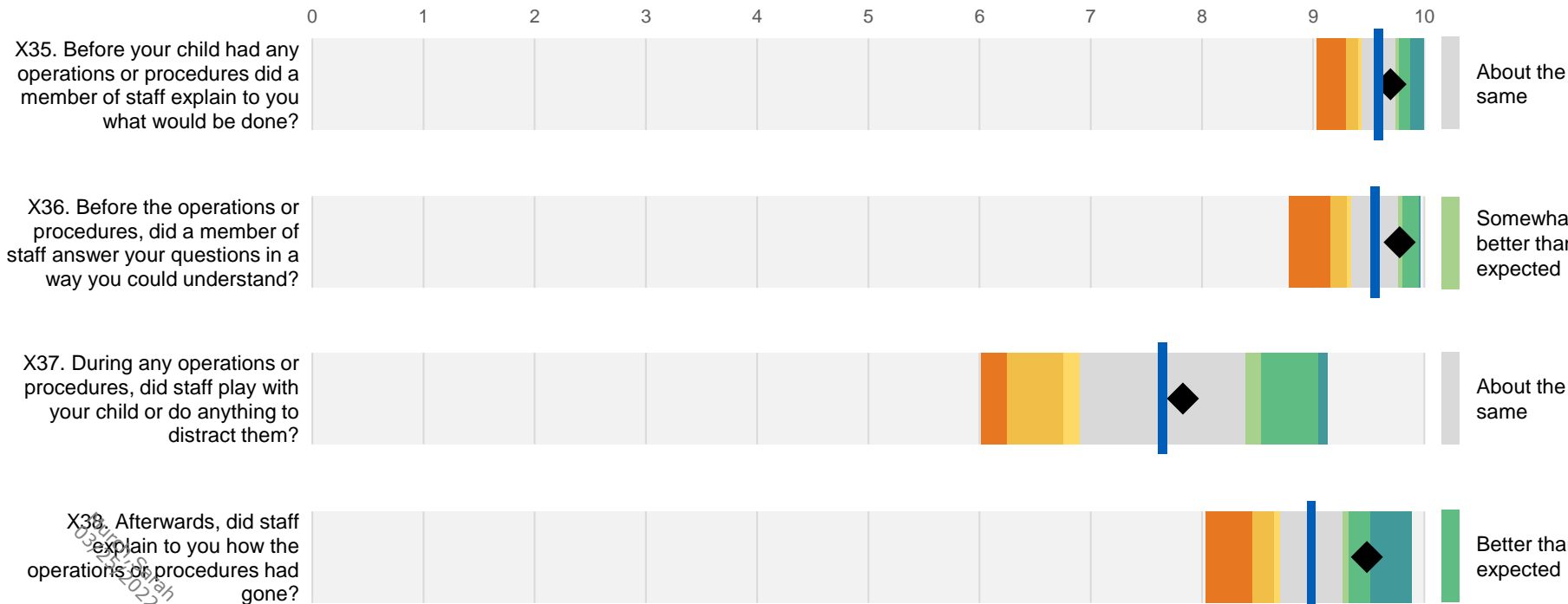
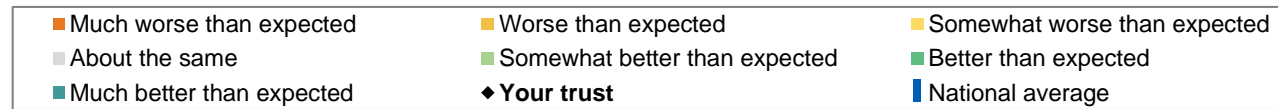
152	9.2	8.7	6.8	10.0
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Section 6. Operations and procedures (continued)

0-15 parents

Question scores



All trusts in England

Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
212	9.7	9.6	9.0	10.0

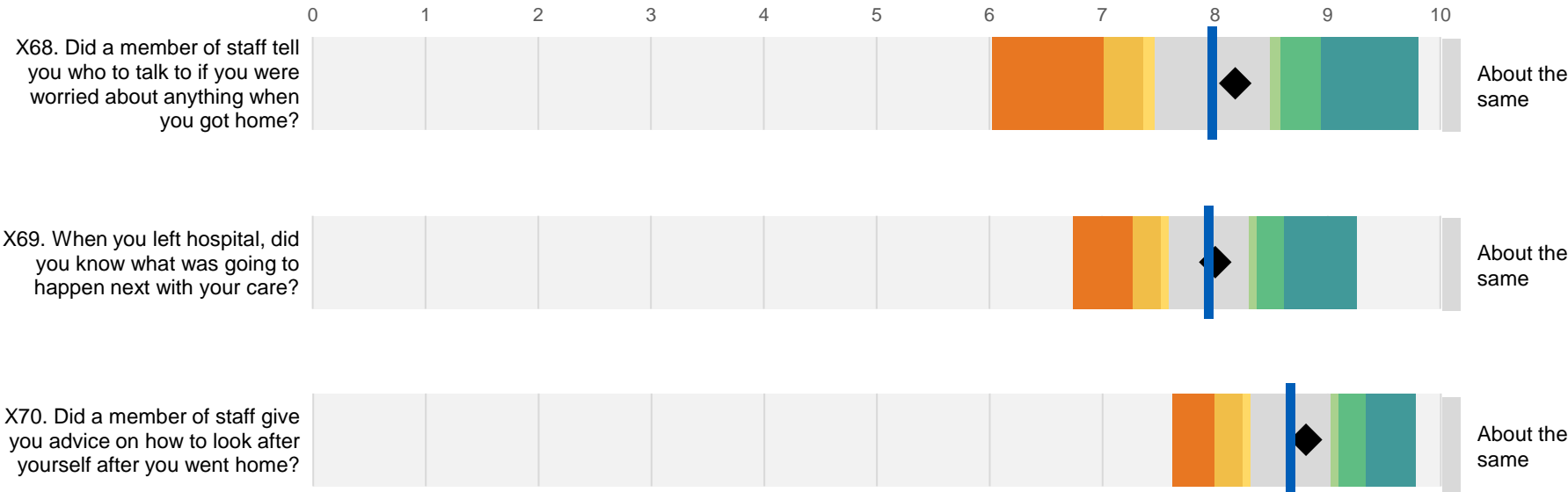
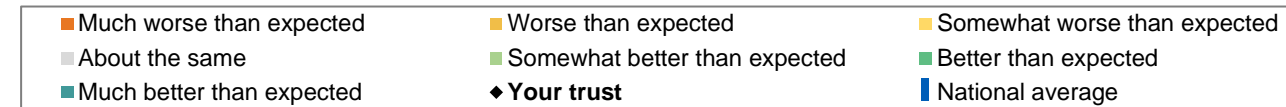
211	9.8	9.6	8.8	10.0
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144	7.8	7.6	6.0	9.1
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211	9.5	9.0	8.0	9.9
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Section 7. Leaving hospital

Question scores



8-15 children and young people

All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
190	8.2	8.0	6.0	9.8

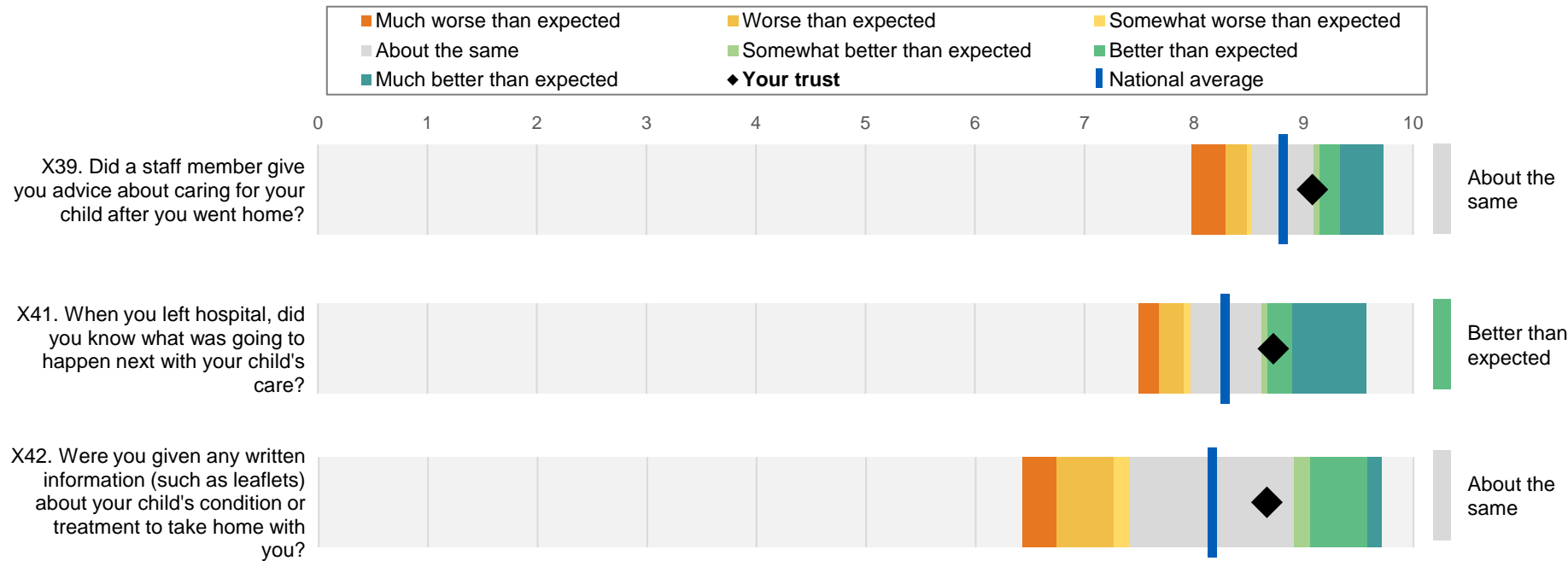
233	8.0	7.9	6.7	9.3
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210	8.8	8.7	7.6	9.8
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Section 7. Leaving hospital (continued)

Question scores



0-15 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
332	9.1	8.8	8.0	9.7

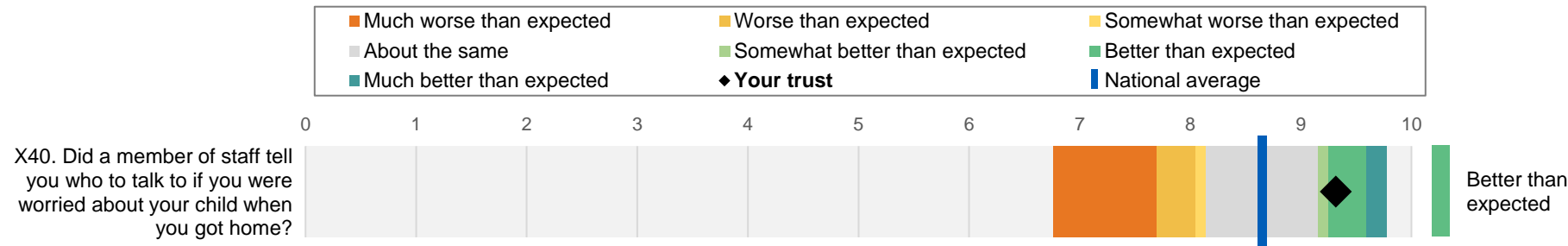
335	8.7	8.3	7.5	9.6
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250	8.7	8.2	6.4	9.7
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Section 7. Leaving hospital (continued)

Question scores



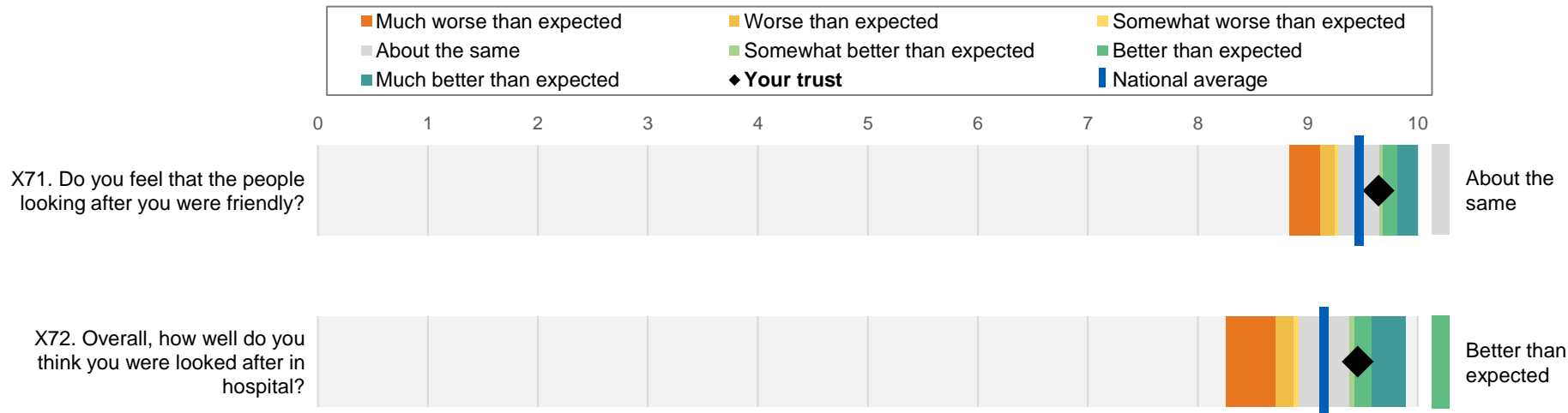
0-7 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
108	9.3	8.6	6.8	9.8

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Section 8. Overall

Question scores



8-15 children and young people

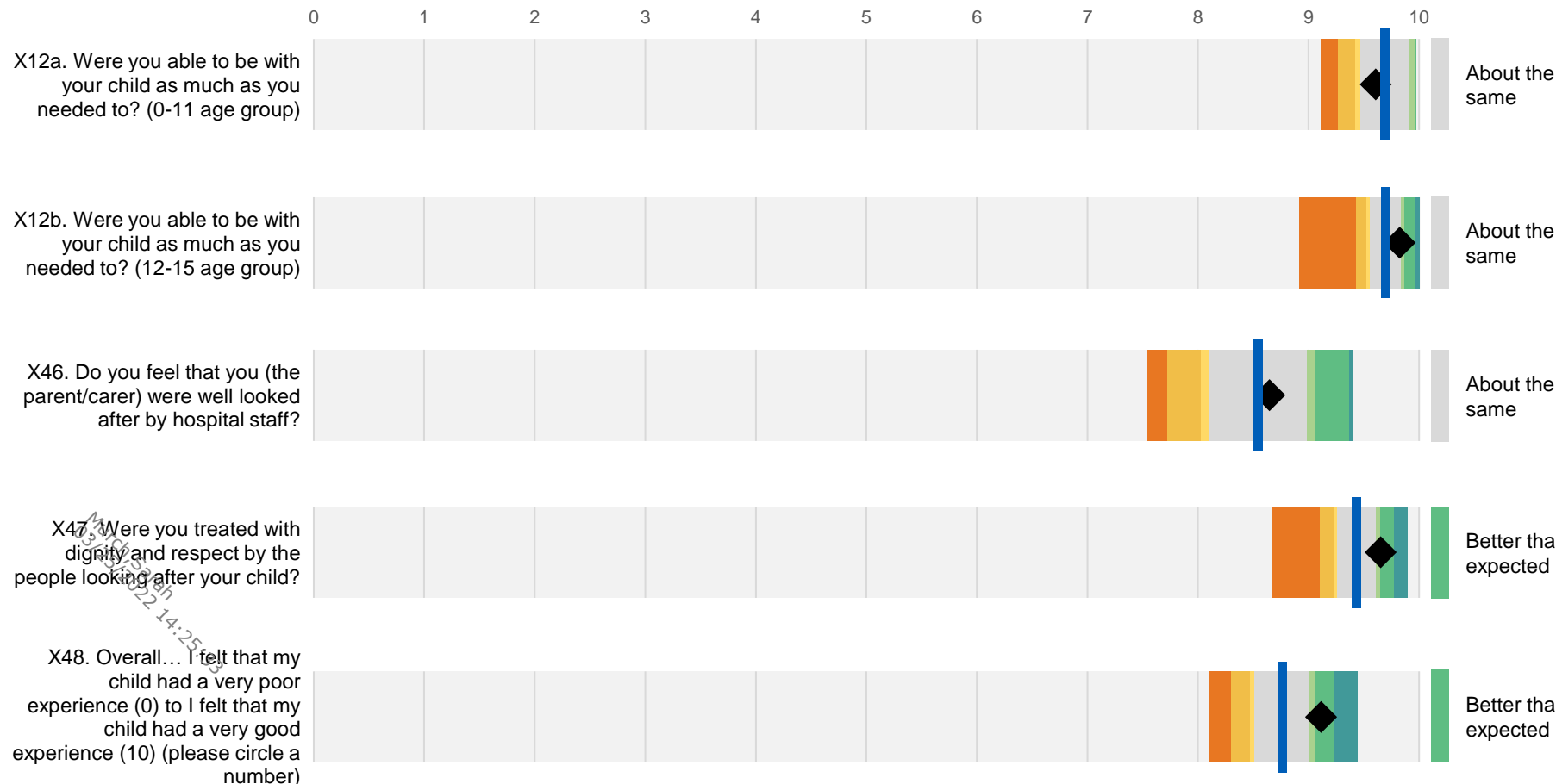
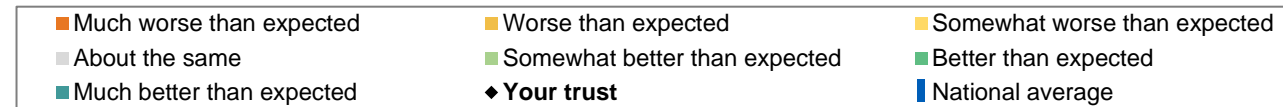
All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
236	9.6	9.5	8.8	10.0

234	9.5	9.1	8.3	9.9
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Section 8. Overall (continued)

Question scores



0-15 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
252	9.6	9.7	9.1	10.0

99	9.8	9.7	8.9	10.0
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355	8.6	8.5	7.5	9.4
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355	9.7	9.4	8.7	9.9
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350	9.1	8.8	8.1	9.4
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Section 8. Overall (continued)

Question scores



0-7 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
118	9.1	8.8	7.4	9.6

118	9.7	9.3	8.3	9.9
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117	9.4	9.3	8.3	9.9
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Change over time

This section includes:

- a comparison to previous survey years scores for your trust for each question, including:
 - Your trust's 2020 score compared with its scores from 2018 and 2016

Please note, if data are missing for a survey year, this is due to a low number of responses, or because the trust data was not included in the survey that year, due to sampling errors, ineligibility or a trust merger. Historical data will also be missing for 2018 and/or 2016 if the survey questions are new for 2020 or 2018 (as applicable).



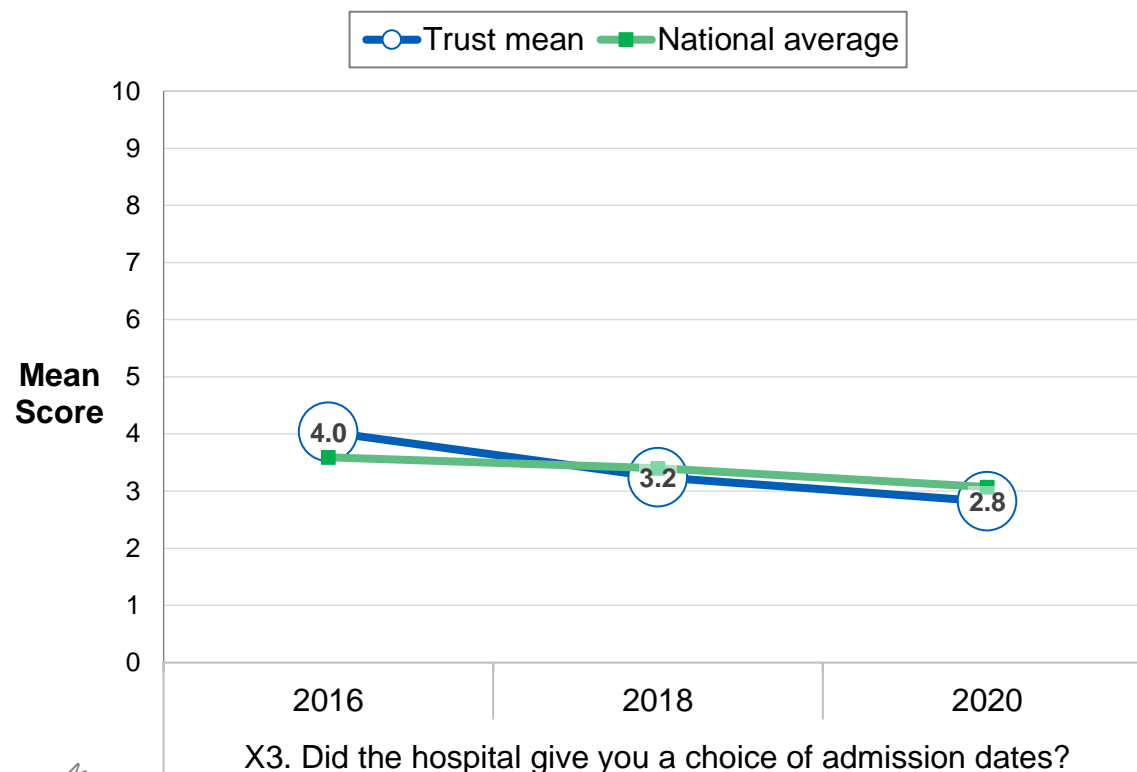
Change over time

Section 1: Going to hospital



Section 1. Going to hospital

Parent's questions



Answered by parents/carers of children aged 15 days to 7 years whose recent hospital visit was planned or were on a waiting list.

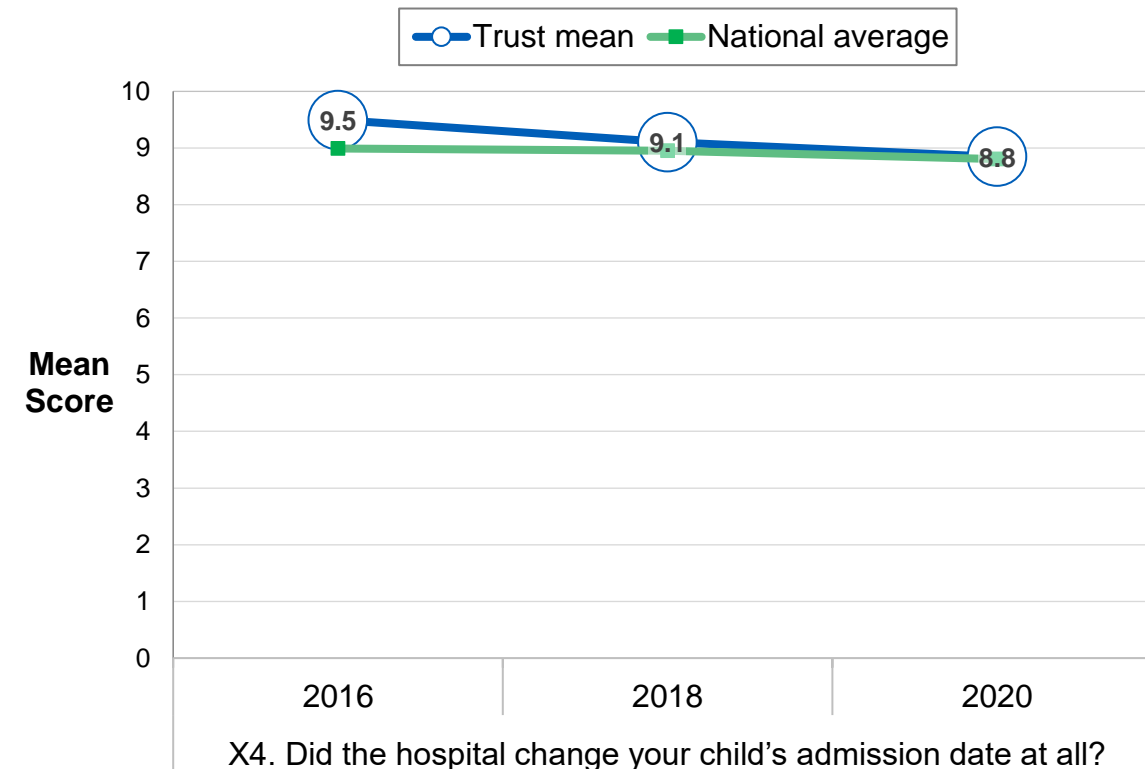
Note: Filtered question

Respondents who answered 'Don't know / can't remember' have been excluded.

Number of respondents: 2016: 57; 2018: 37; 2020: 54

Significant change 2020 vs 2018

No change



Answered by parents/carers of children aged 15 days to 7 years whose recent hospital visit was planned or were on a waiting list.

Note: Filtered question

Respondents who answered 'Don't know / can't remember' have been excluded.

Number of respondents: 2016: 58; 2018: 39; 2020: 54

Significant change 2020 vs 2018

No change

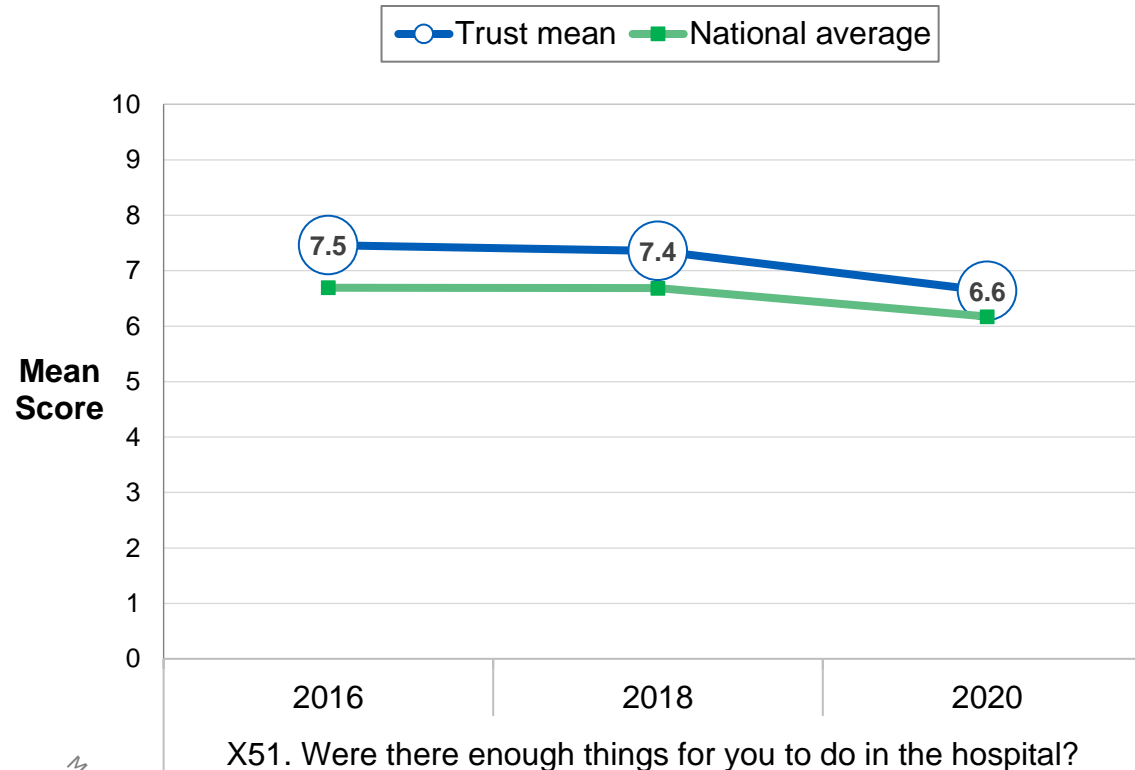
Change over time

Section 2: The hospital ward



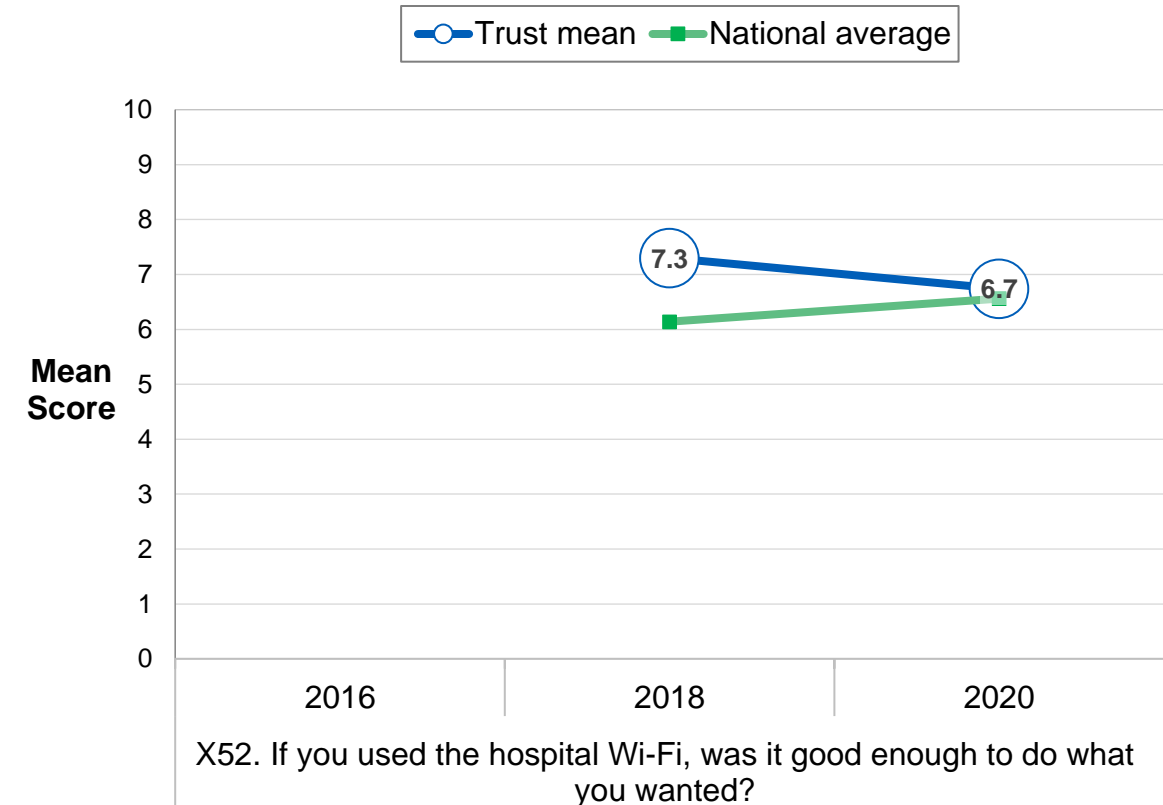
Section 2. The hospital ward

Children's questions



Answered by children and young people aged 8-15
Number of respondents: 2016: 234; 2018: 249; 2020: 235

Significant change 2020 vs 2018 Decrease

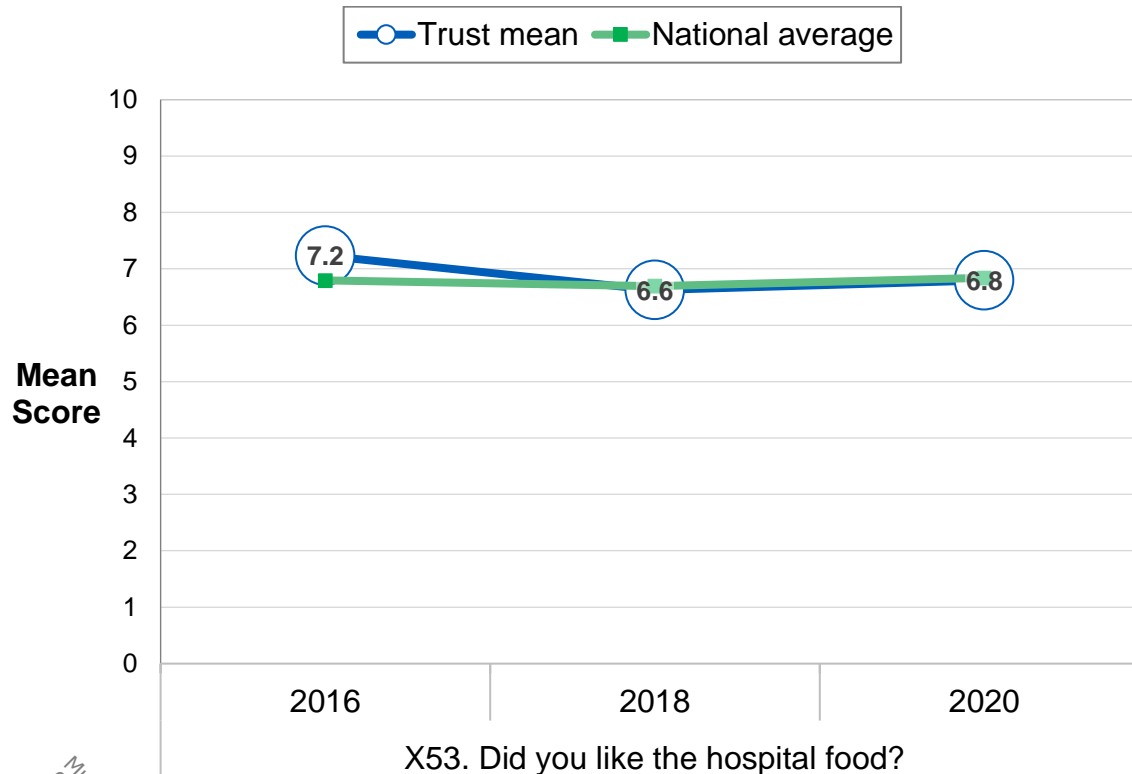


Answered by children and young people aged 8-15.
Respondents who answered 'I did not use Wi-Fi' have been excluded.
Number of respondents: 2016: - ; 2018: 171; 2020: 162

Significant change 2020 vs 2018 No change

Section 2. The hospital ward

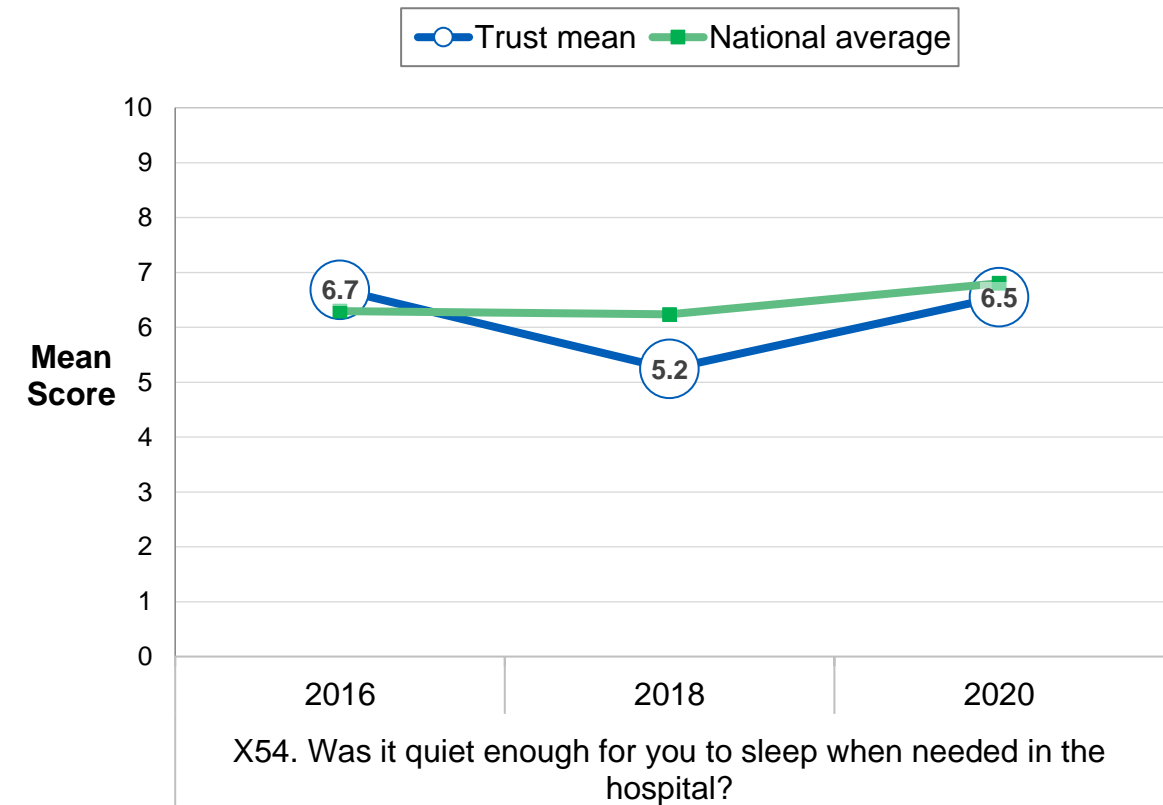
Children's questions



Answered by children and young people aged 8-15.
 Respondents who answered 'I did not have hospital food' have been excluded.
 Number of respondents: 2016: 148; 2018: 163; 2020: 149

Significant change 2020 vs 2018

No change



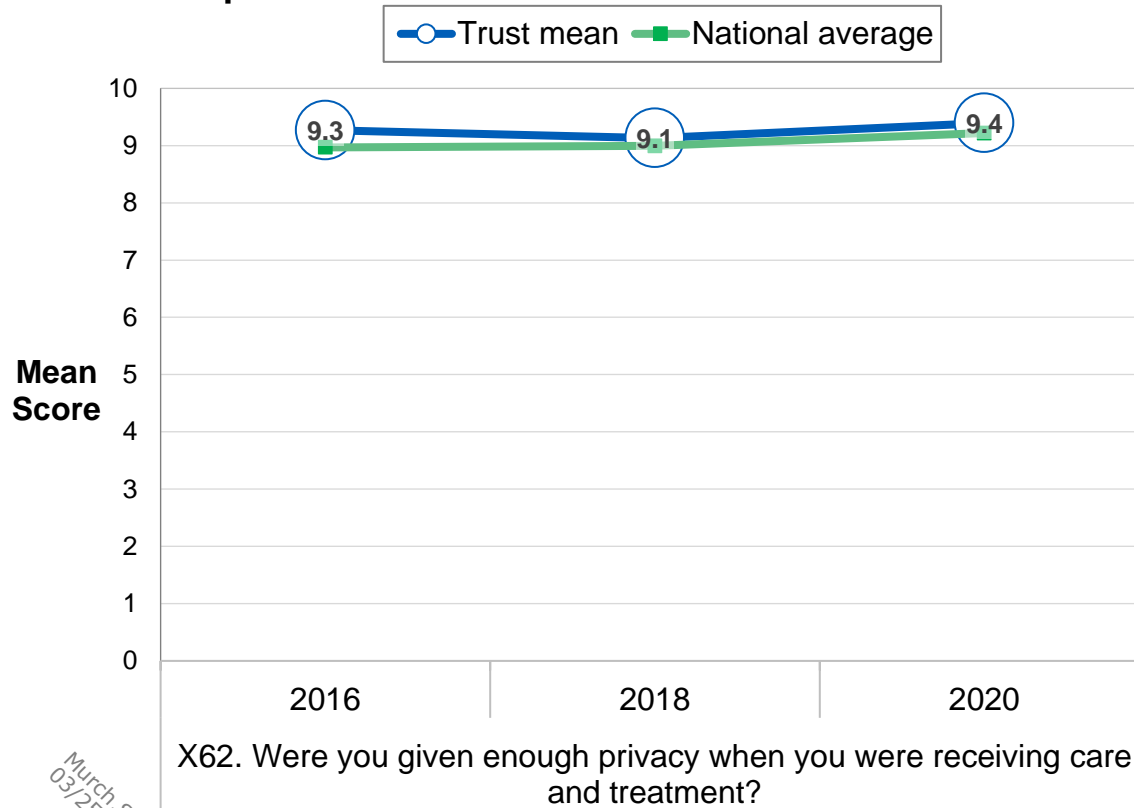
Answered by children and young people aged 8-15.
 Respondents who answered 'I did not need to sleep in the hospital' have been excluded.
 Number of respondents: 2016: 168; 2018: 174; 2020: 159

Significant change 2020 vs 2018

Increase

Section 2. The hospital ward

Children's questions



Answered by children and young people aged 8-15.

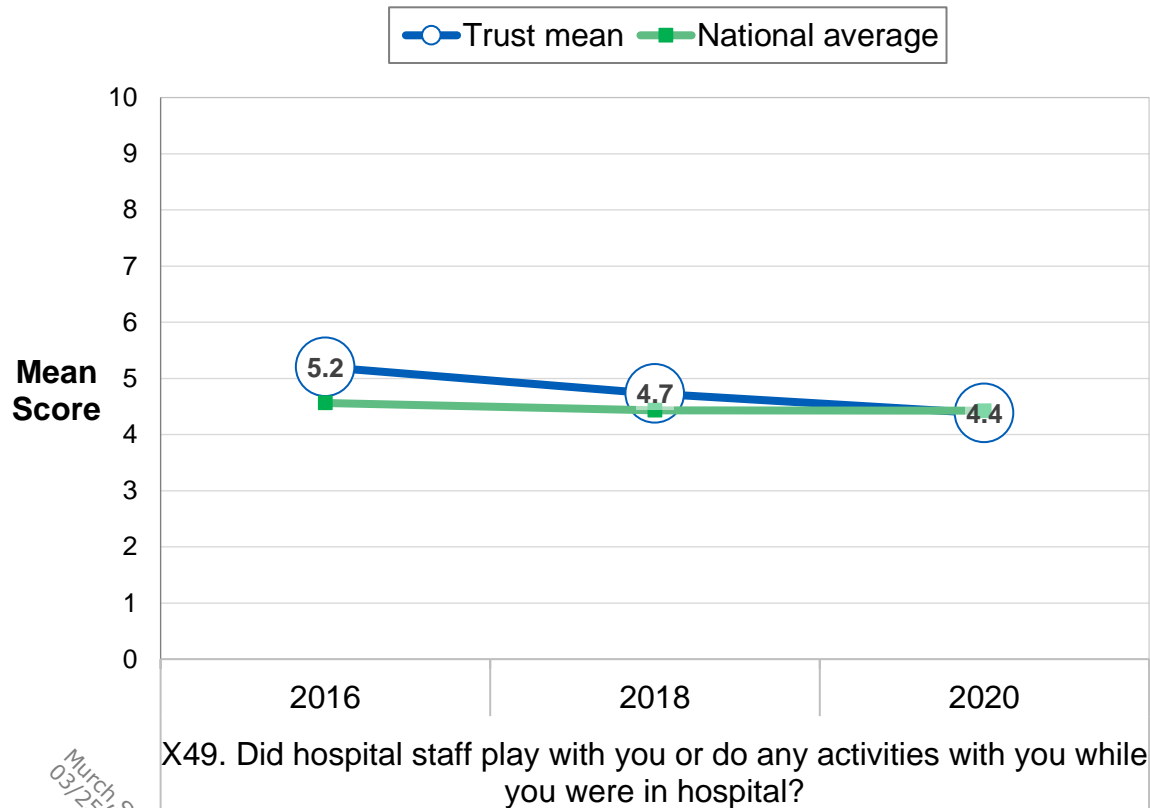
Number of respondents: 2016: 241; 2018: 248; 2020: 234

Significant change 2020 vs 2018

No change

Section 2. The hospital ward

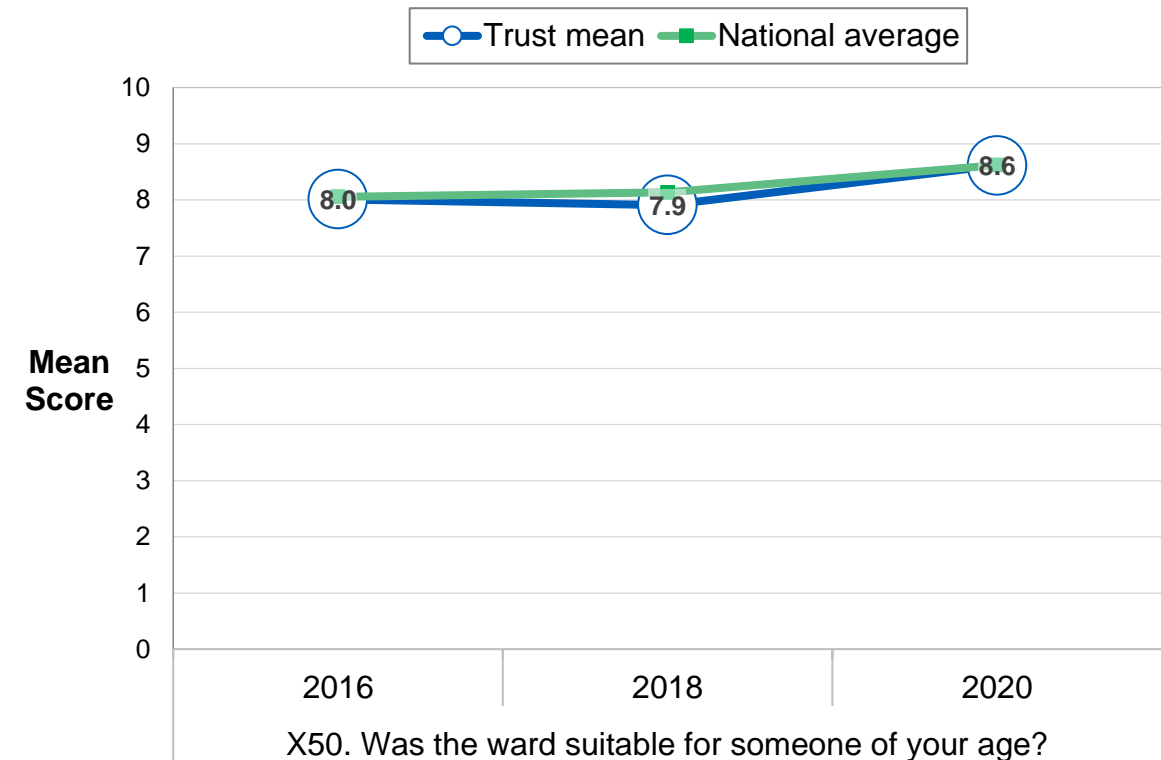
Children's questions



Answered by children aged between 8 and 11 years old.
 Respondents who answered 'I did not want or need them to' have been excluded.
 Number of respondents: 2016: 80; 2018: 78; 2020: 100

Significant change 2020 vs 2018

No change



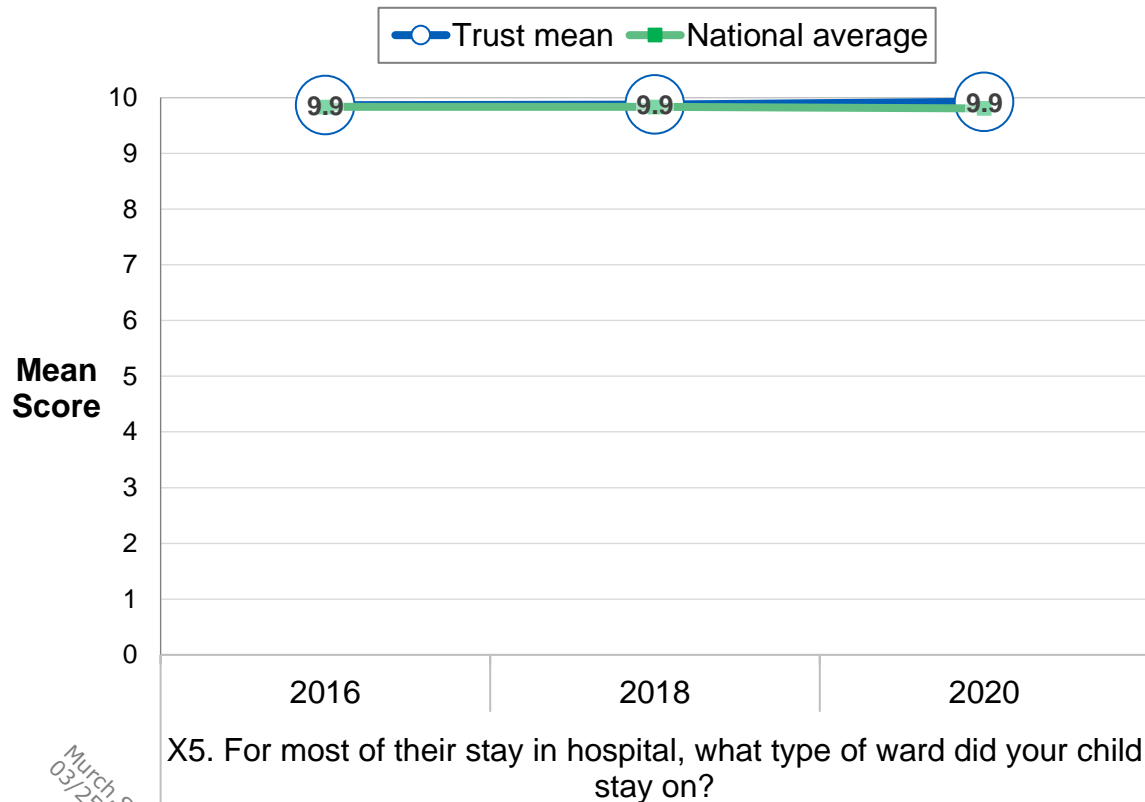
Answered by young people aged between 12 and 15 years.
 Number of respondents: 2016: 126; 2018: 130; 2020: 101

Significant change 2020 vs 2018

No change

Section 2. The hospital ward

Parent's questions

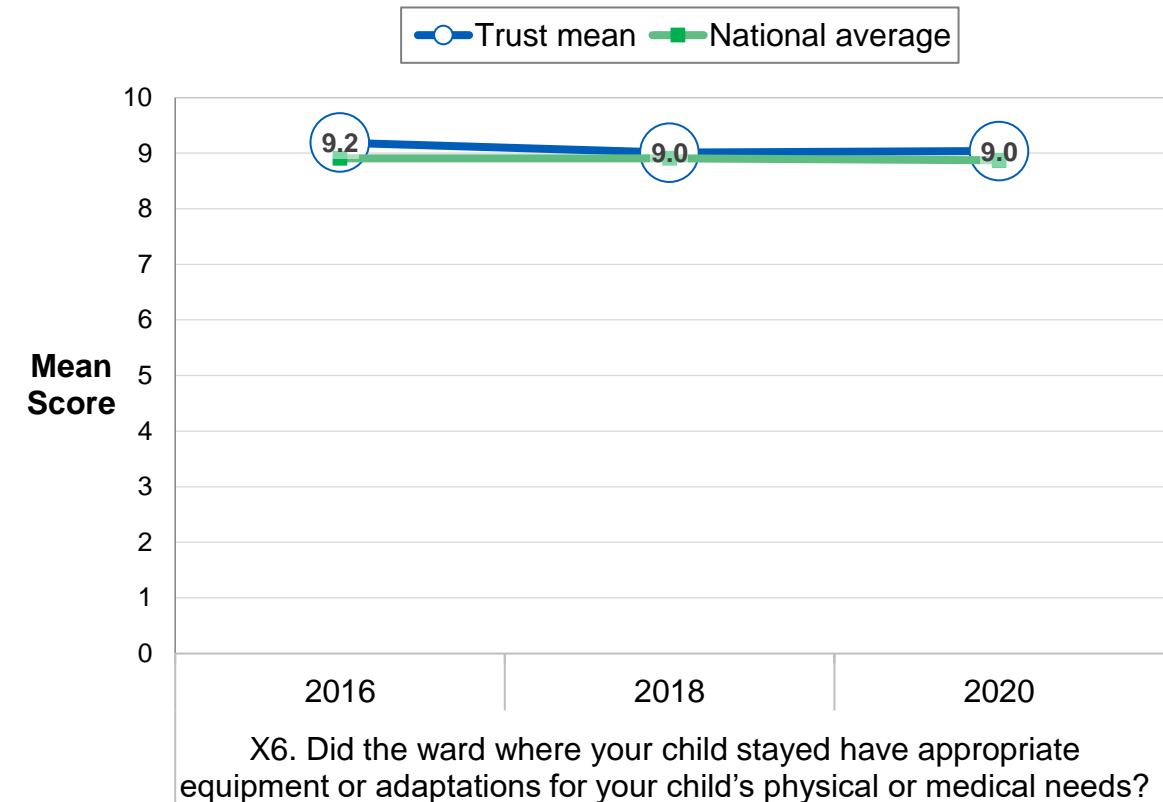


Answered by parents/carers of all age groups.

Number of respondents: 2016: 354; 2018: 358; 2020: 339

Significant change 2020 vs 2018

No change



Answered by parents/carers of all age groups.

Respondents who answered 'Don't know / can't remember' or 'They did not need equipment or adaptations' have been excluded.

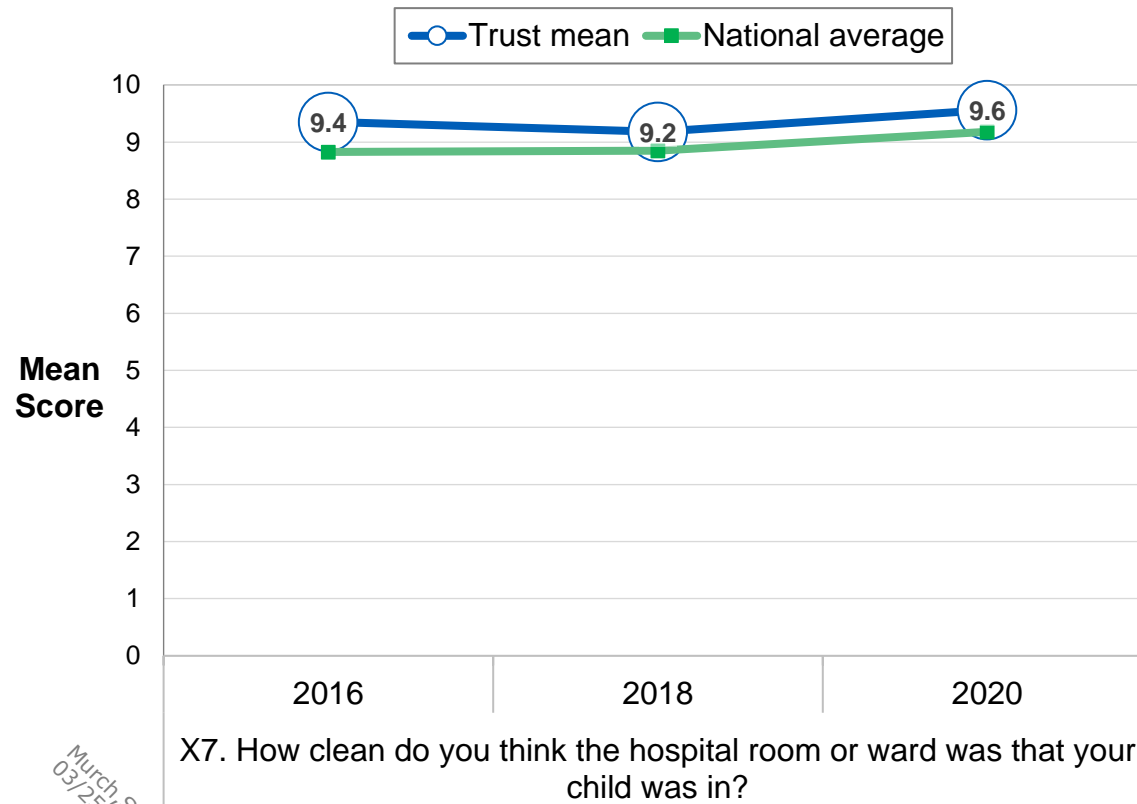
Number of respondents: 2016: 262; 2018: 285; 2020: 261

Significant change 2020 vs 2018

No change

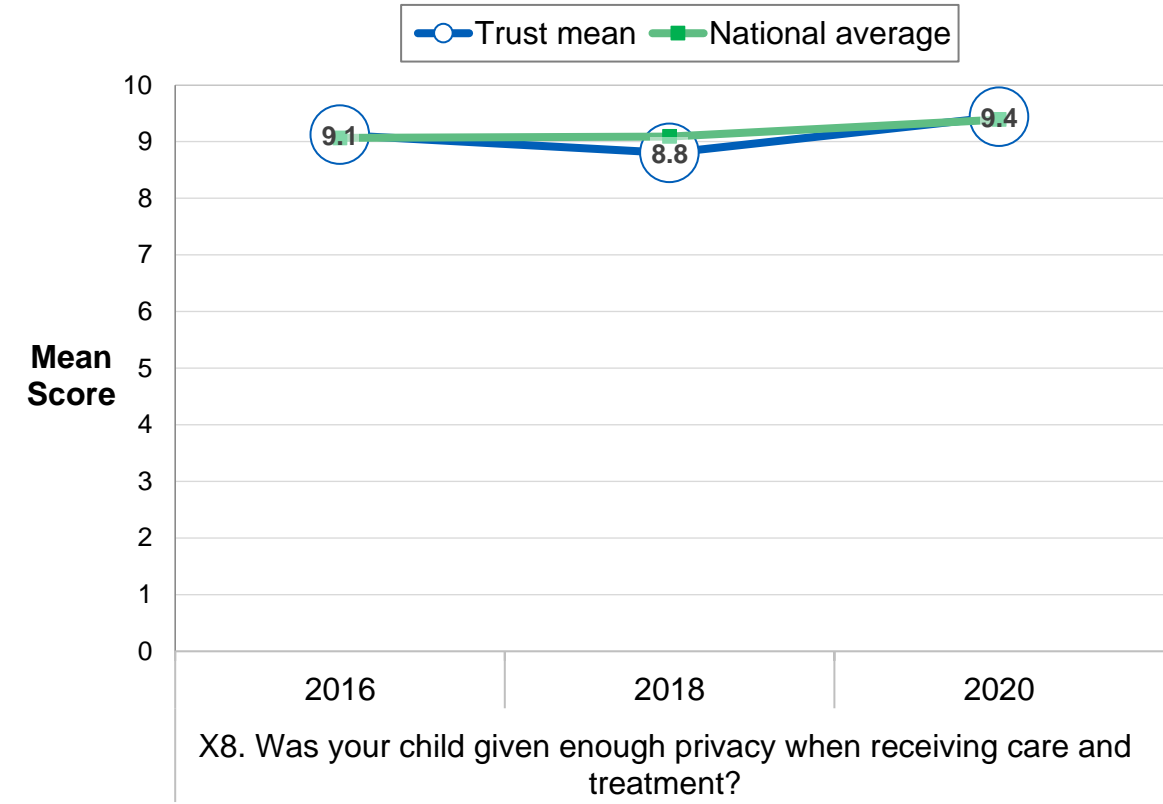
Section 2. The hospital ward

Parent's questions



Answered by parents/carers of all age groups.
Number of respondents: 2016: 363; 2018: 355; 2020: 349

Significant change 2020 vs 2018 Increase

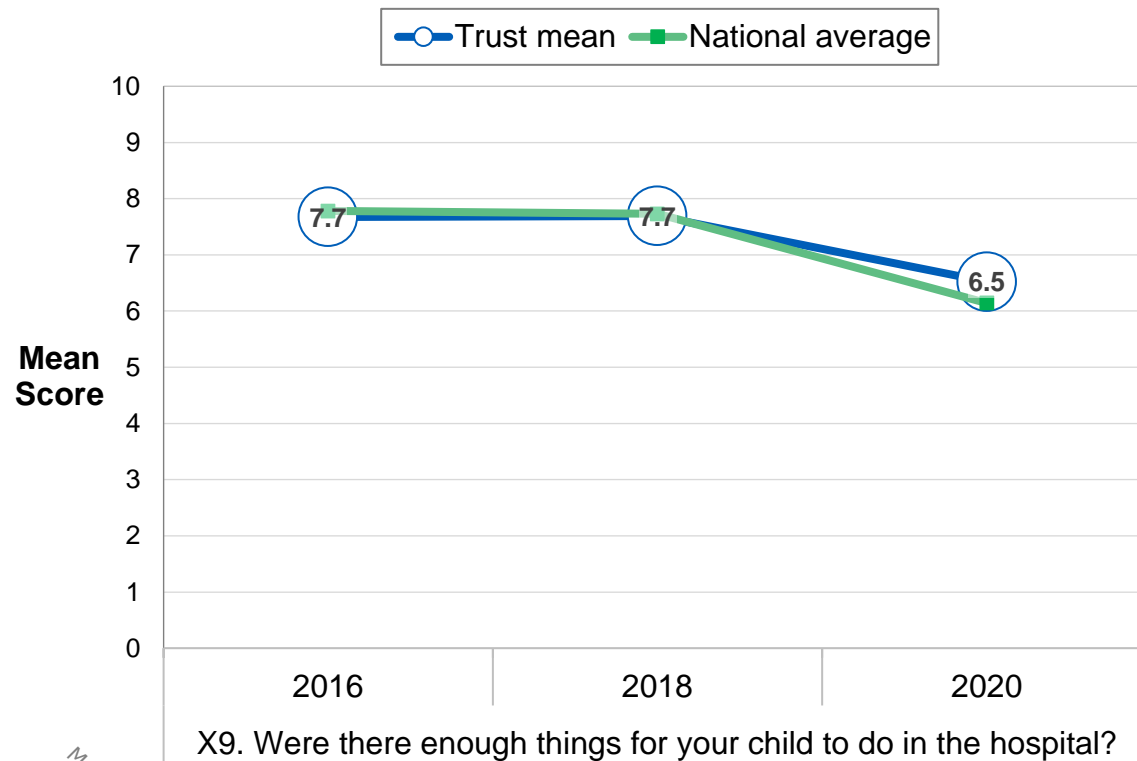


Answered by parents/carers of children aged 15 days to 7 years.
Number of respondents: 2016: 126; 2018: 115; 2020: 116

Significant change 2020 vs 2018 Increase

Section 2. The hospital ward

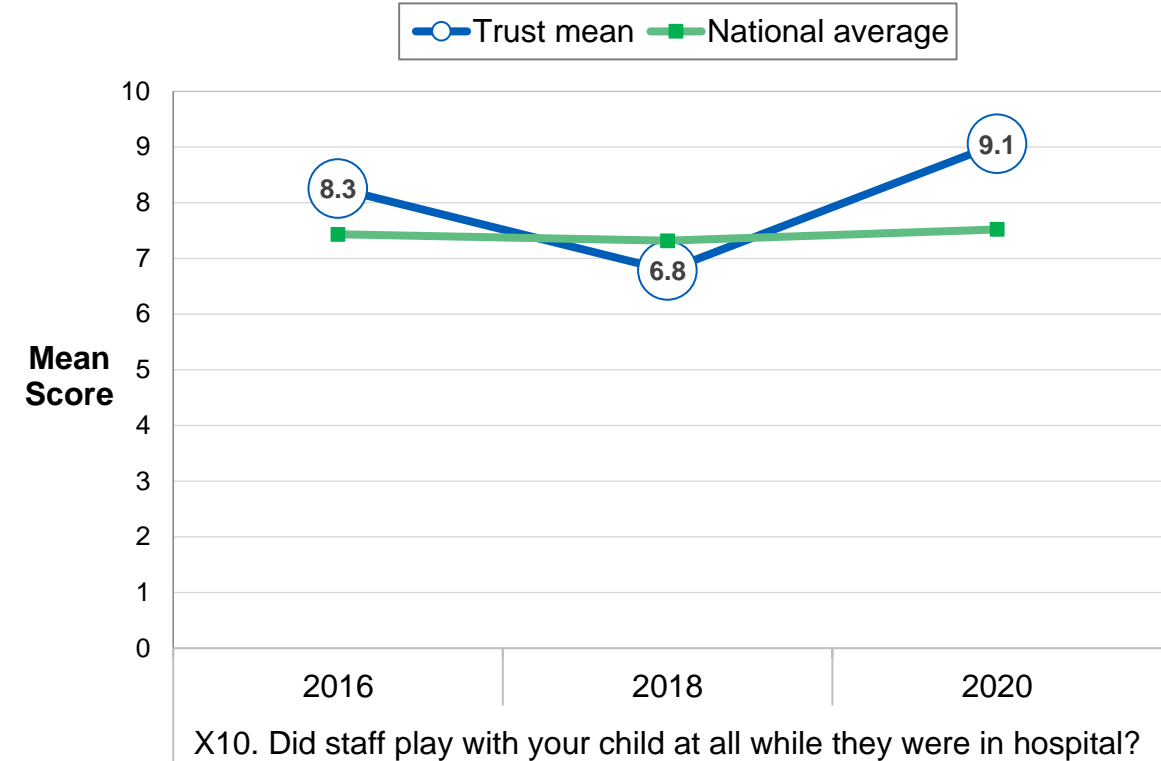
Parent's questions



Answered by parents/carers of children aged 15 days to 7 years.
 Respondents who answered 'Can't remember / I did not notice' have been excluded.
 Number of respondents: 2016: 116; 2018: 103; 2020: 101

Significant change 2020 vs 2018

Decrease



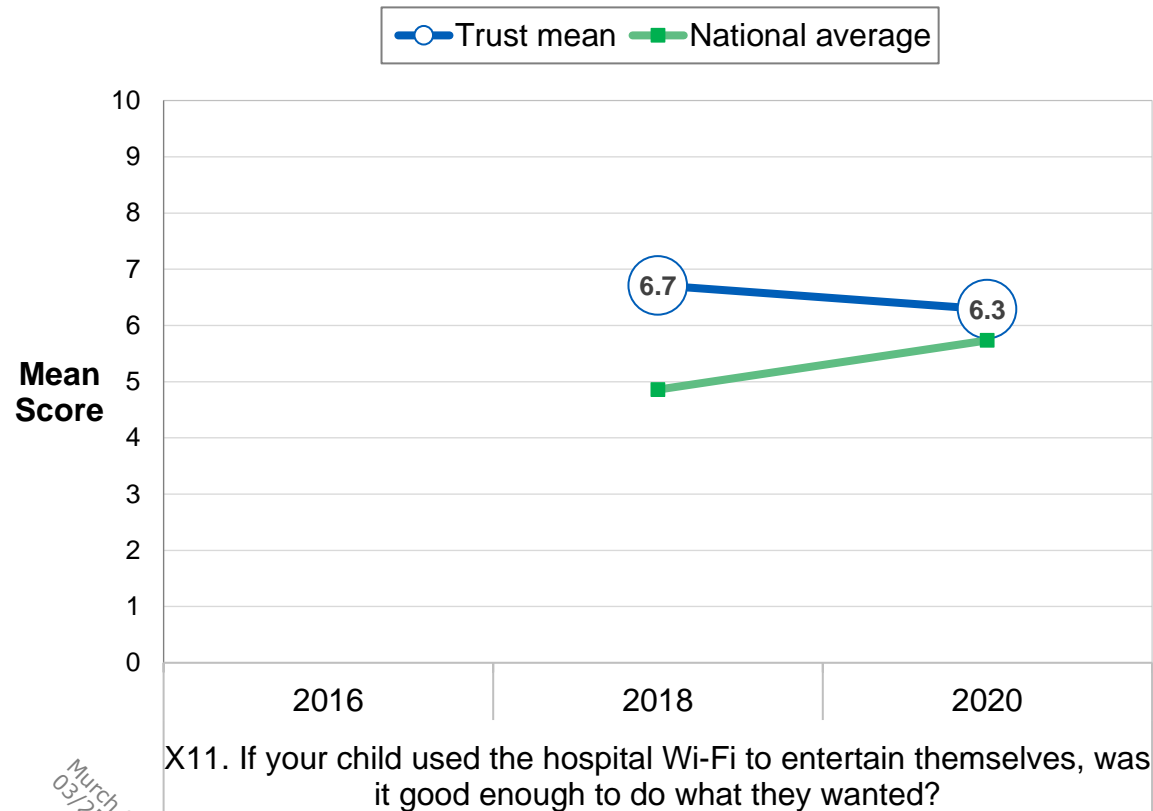
Answered by parents/carers of children aged 15 days to 7 years.
 Respondents who answered 'No, but I didn't want / need them to do this' or 'Don't know / can't remember' have been excluded.
 Number of respondents: 2016: 75; 2018: 62; 2020: 73

Significant change 2020 vs 2018

Increase

Section 2. The hospital ward

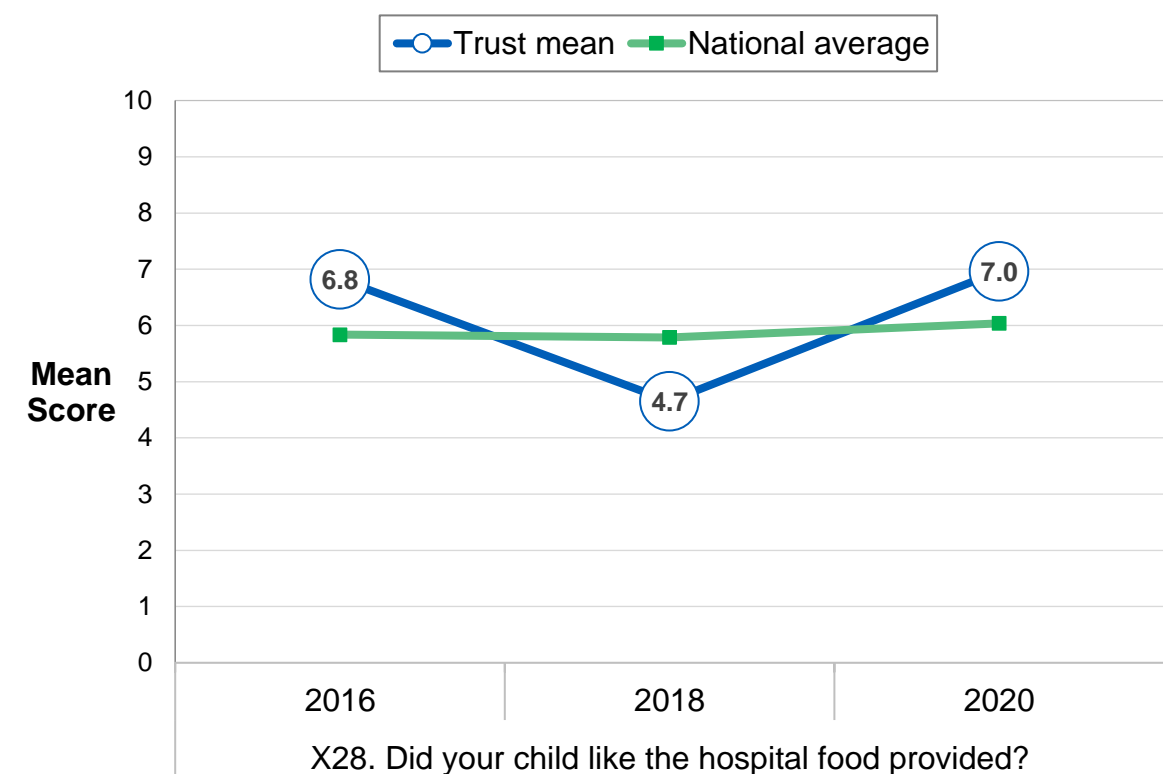
Parent's questions



Answered by parents/carers of children aged 15 days to 7 years.
 Respondents who answered 'Don't know / not applicable' have been excluded.
 Number of respondents: 2016: - ; 2018: 49; 2020: 57

Significant change 2020 vs 2018

No change



Answered by parents/carers of children aged 15 days to 7 years.
 Respondents who answered 'My child did not have hospital food' have been excluded.
 Number of respondents: 2016: 62; 2018: 48; 2020: 53

Significant change 2020 vs 2018

Increase

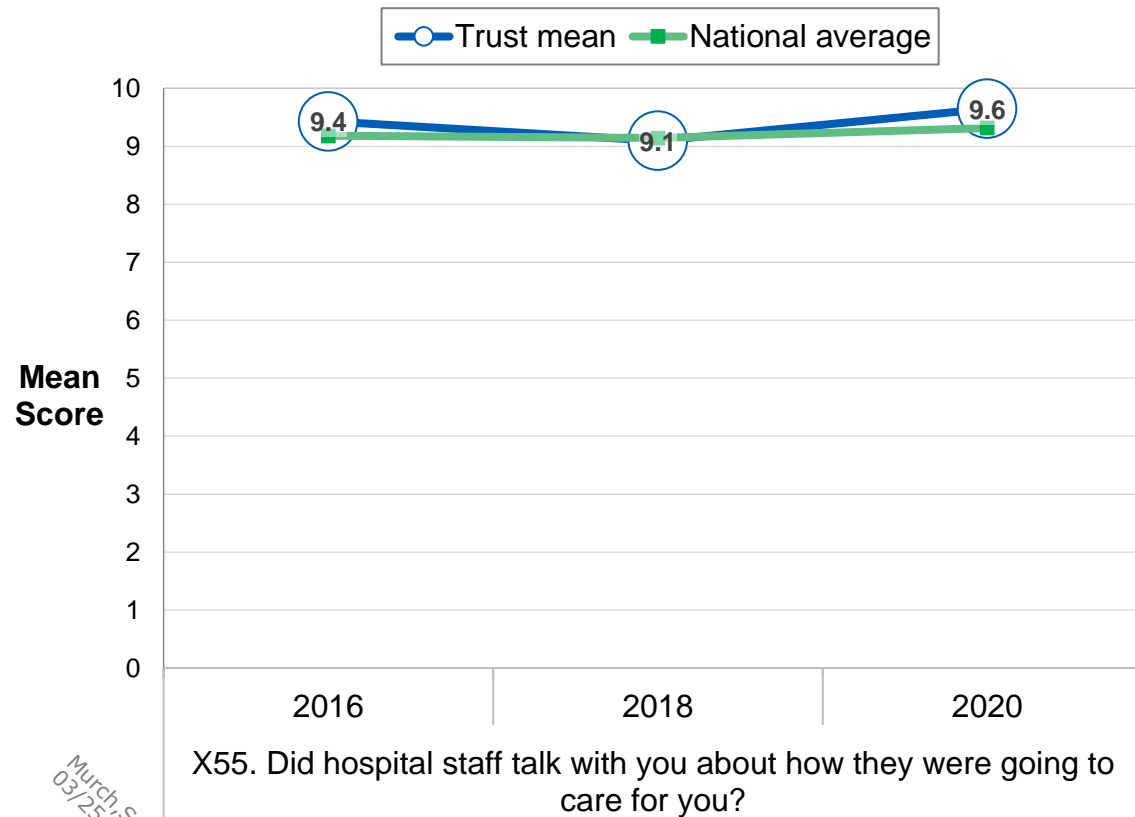
Change over time

Section 3: Hospital staff



Section 3. Hospital staff

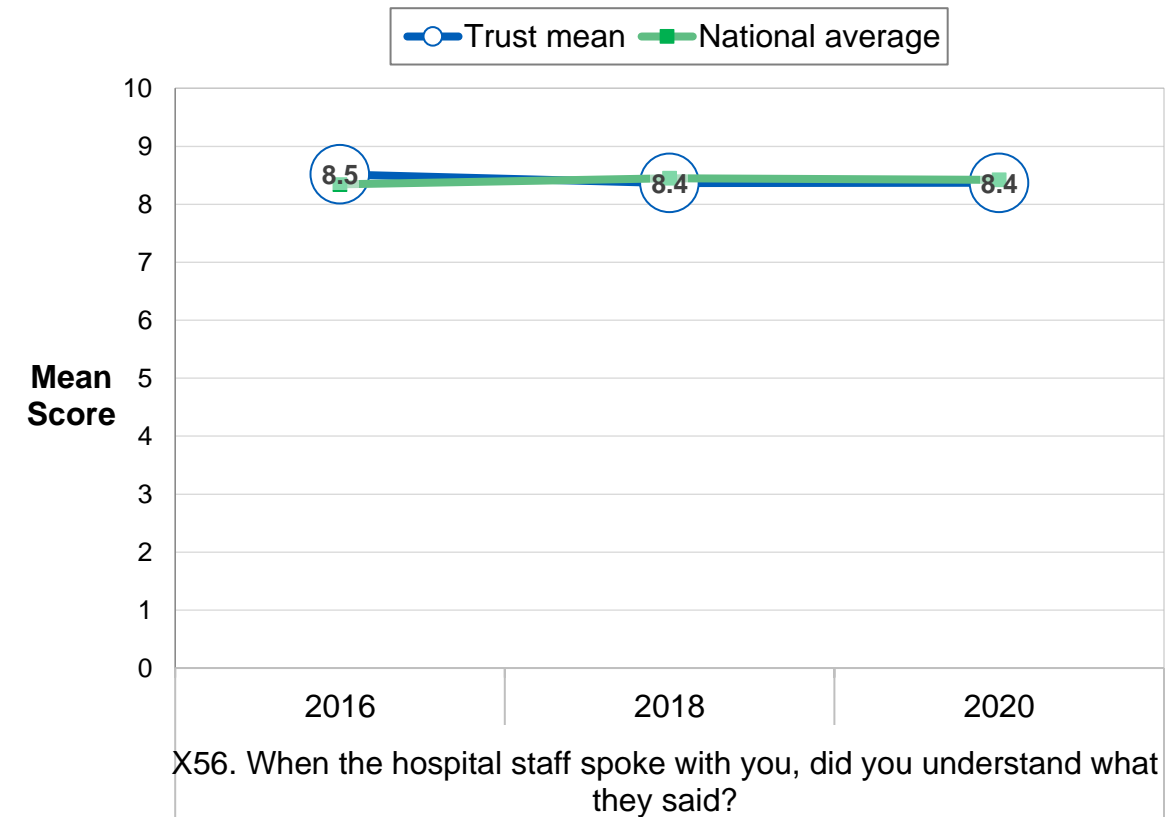
Children's questions



Answered by children and young people aged 8-15.
 Respondents who answered 'Don't know / can't remember' have been excluded.
 Number of respondents: 2016: 233; 2018: 246; 2020: 227

Significant change 2020 vs 2018

Increase



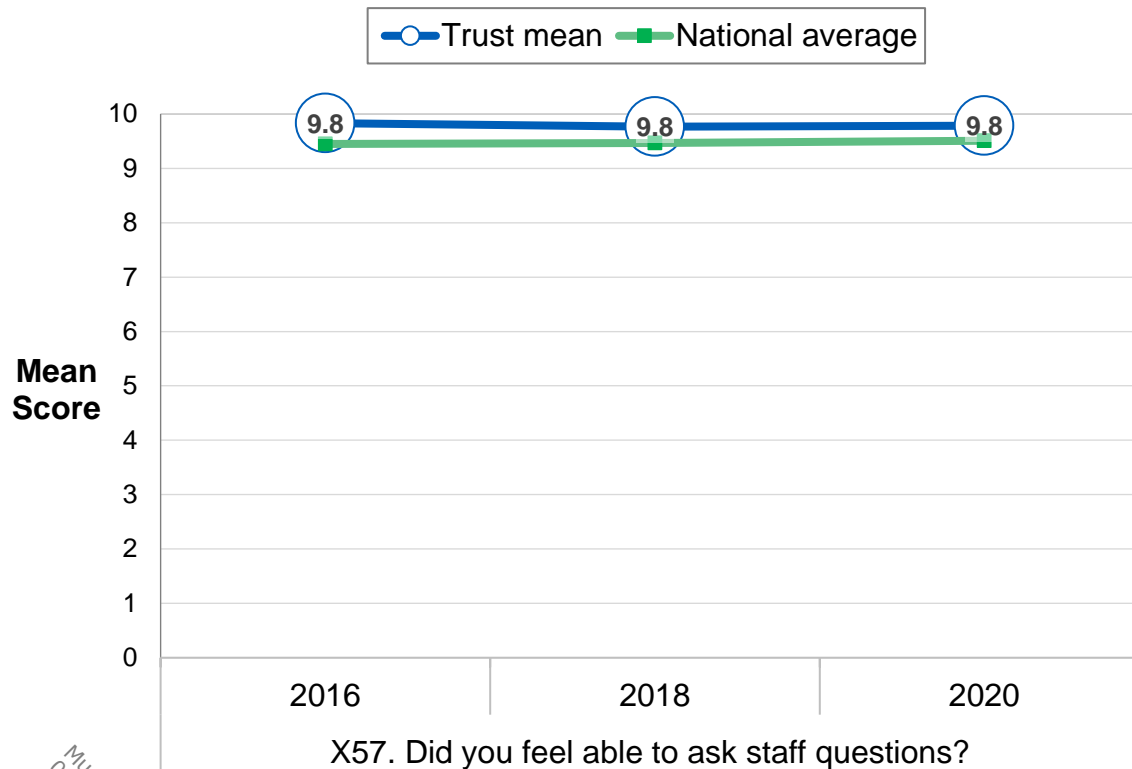
Answered by children and young people aged 8-15.
 Respondents who answered 'Don't know / can't remember' have been excluded.
 Number of respondents: 2016: 234; 2018: 242; 2020: 227

Significant change 2020 vs 2018

No change

Section 3. Hospital staff

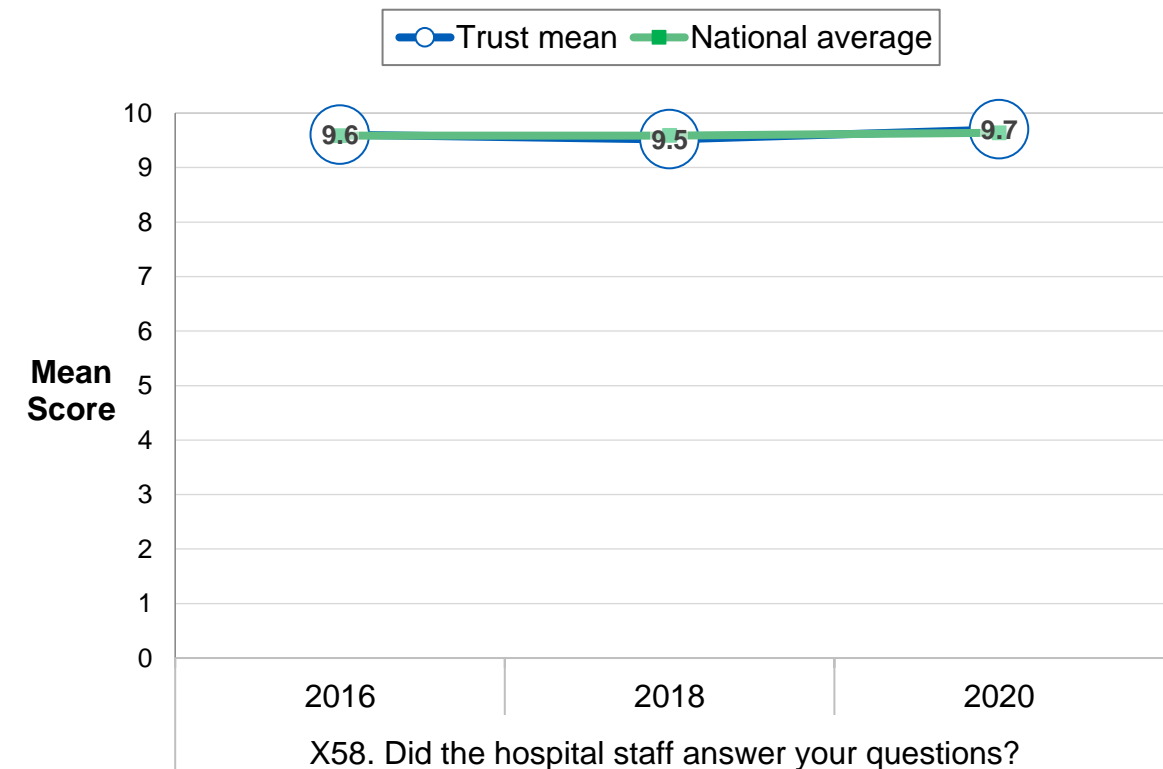
Children's questions



Answered by children and young people aged 8-15.
 Respondents who answered 'I did not have any questions' have been excluded.
 Note: Routing question
 Number of respondents: 2016: 201; 2018: 220; 2020: 207

Significant change 2020 vs 2018

No change



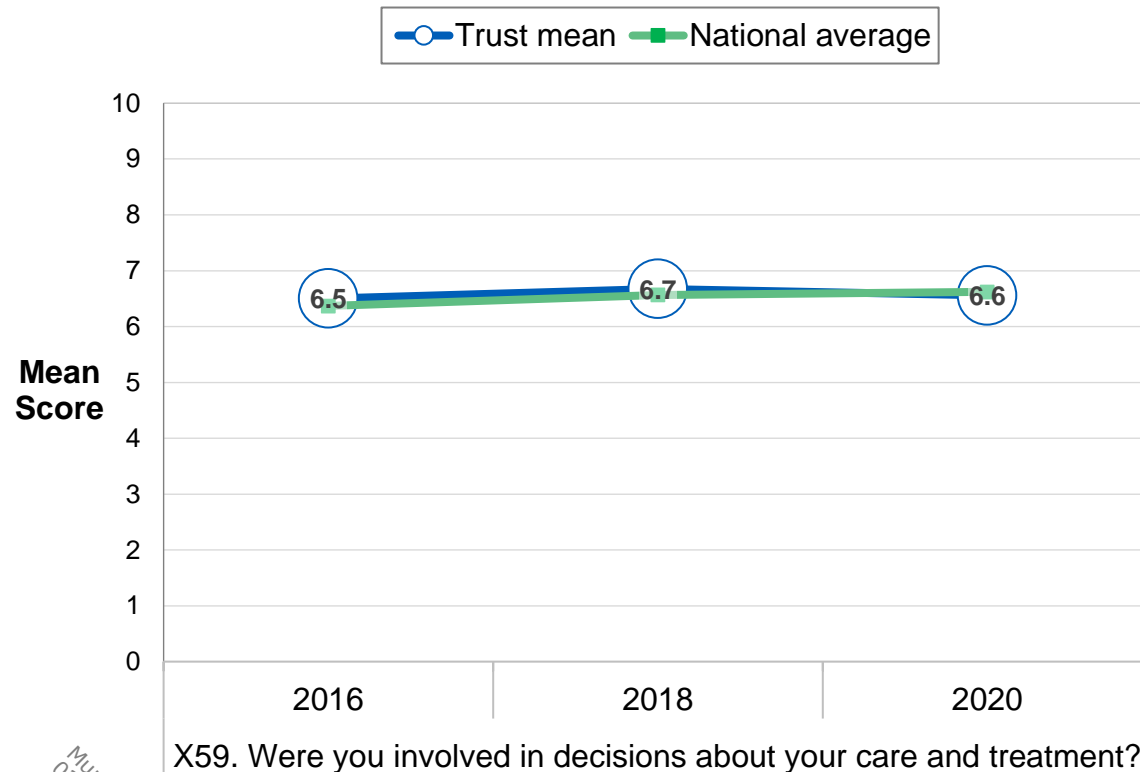
Answered by children and young people aged 8-15 who asked staff questions.
 Note: Filtered question
 Number of respondents: 2016: 194; 2018: 217; 2020: 203

Significant change 2020 vs 2018

No change

Section 3. Hospital staff

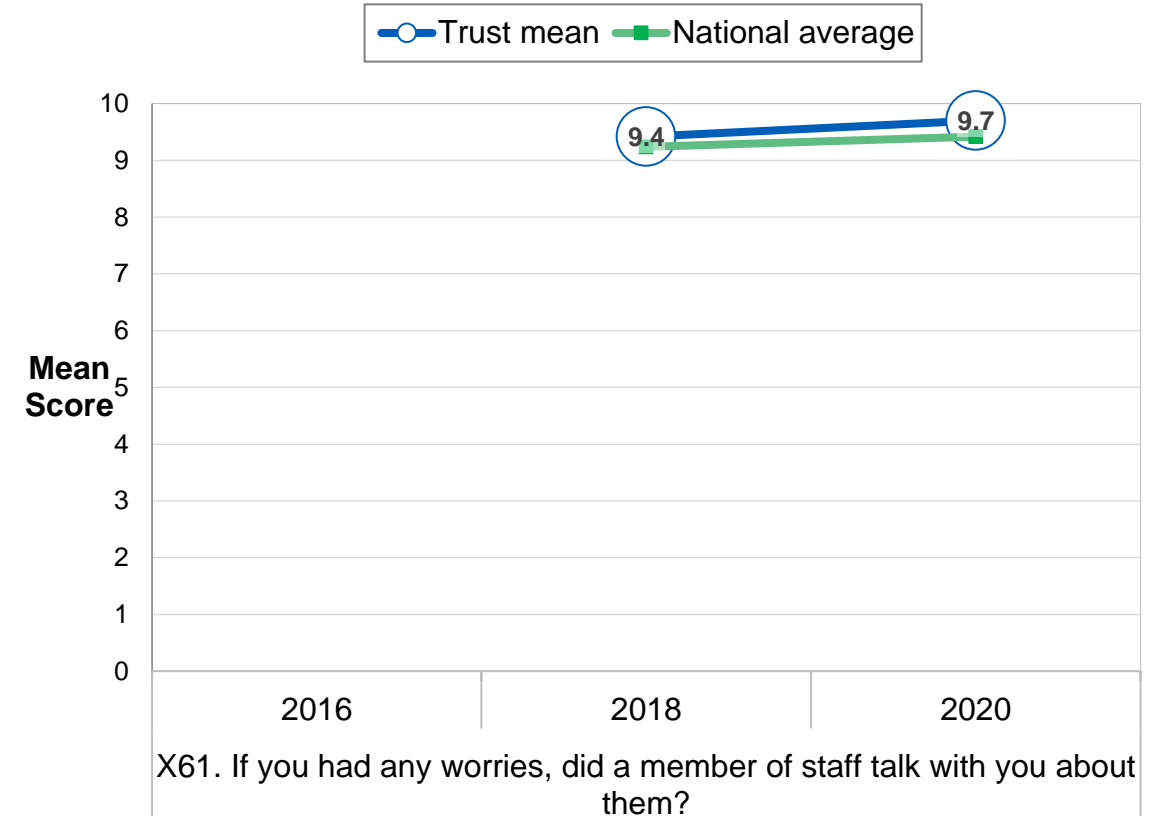
Children's questions



Answered by children and young people aged 8-15.
 Respondents who answered 'I did not want to be involved' have been excluded.
 Number of respondents: 2016: 222; 2018: 232; 2020: 219

Significant change 2020 vs 2018

No change



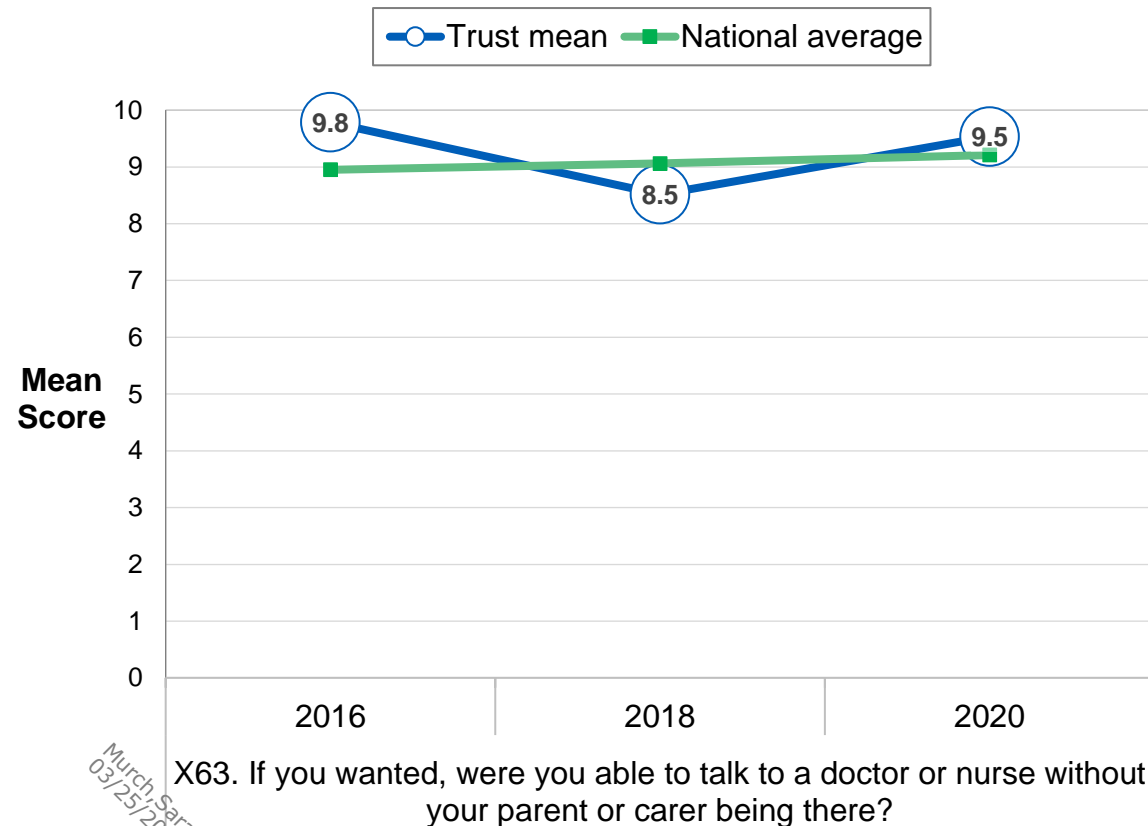
Answered by children and young people aged 8-15.
 Respondents who answered 'I did not have any worries' or 'I did not want to talk to staff' have been excluded.
 Number of respondents: 2016: - ; 2018: 162; 2020: 166

Significant change 2020 vs 2018

No change

Section 3. Hospital staff

Children's questions



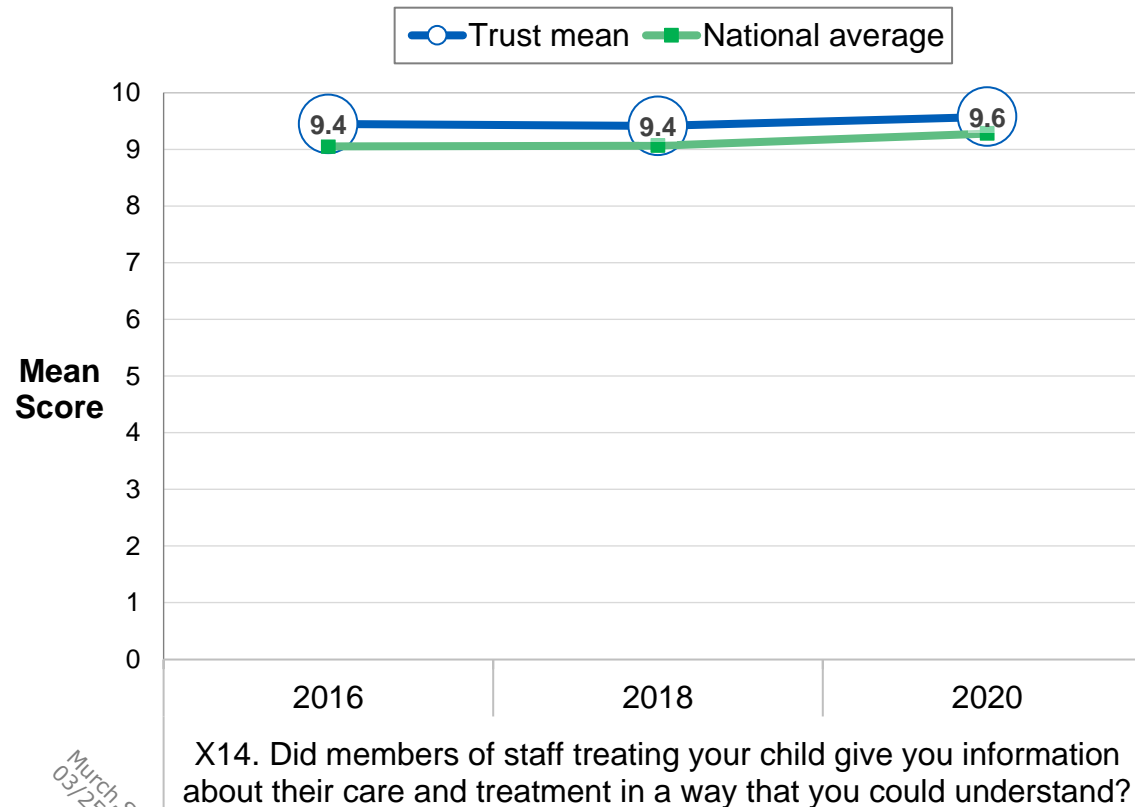
Answered by young people aged between 12 and 15 years.
 Respondents who answered 'I did not want to talk to them alone' have been excluded.
 Number of respondents: 2016: 64; 2018: 57; 2020: 44

Significant change 2020 vs 2018

No change

Section 3. Hospital staff

Parent's questions

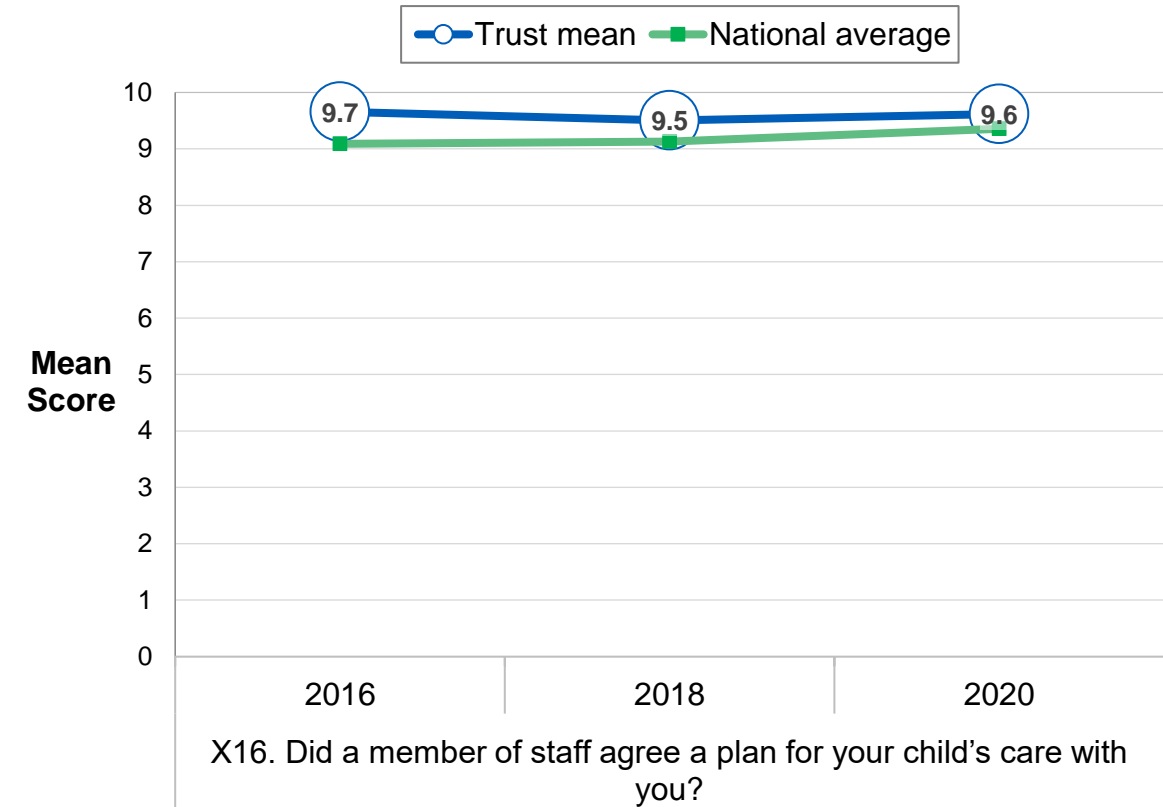


Answered by parents/carers of all age groups.

Number of respondents: 2016: 364; 2018: 367; 2020: 354

Significant change 2020 vs 2018

No change



Answered by parents/carers of all age groups.

Respondents who answered 'Don't know / can't remember' have been excluded.

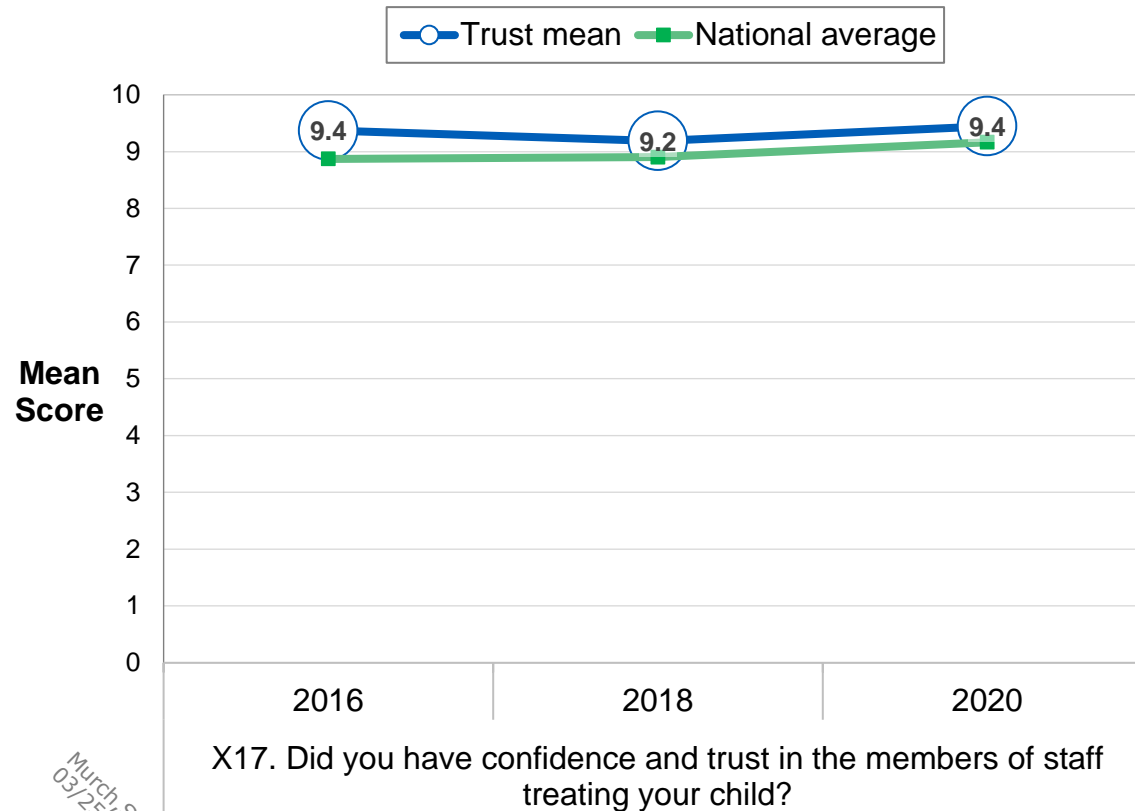
Number of respondents: 2016: 340; 2018: 347; 2020: 335

Significant change 2020 vs 2018

No change

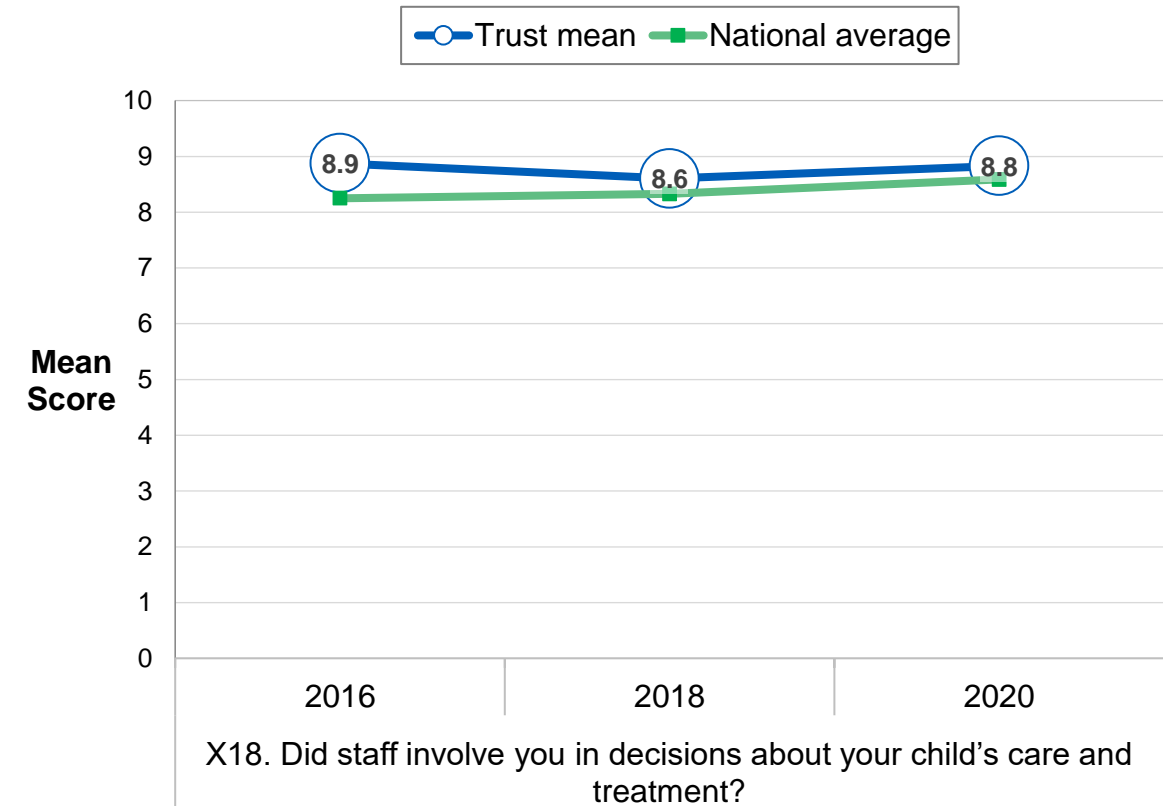
Section 3. Hospital staff

Parent's questions



Answered by parents/carers of all age groups.
Number of respondents: 2016: 362; 2018: 365; 2020: 354

Significant change 2020 vs 2018 No change

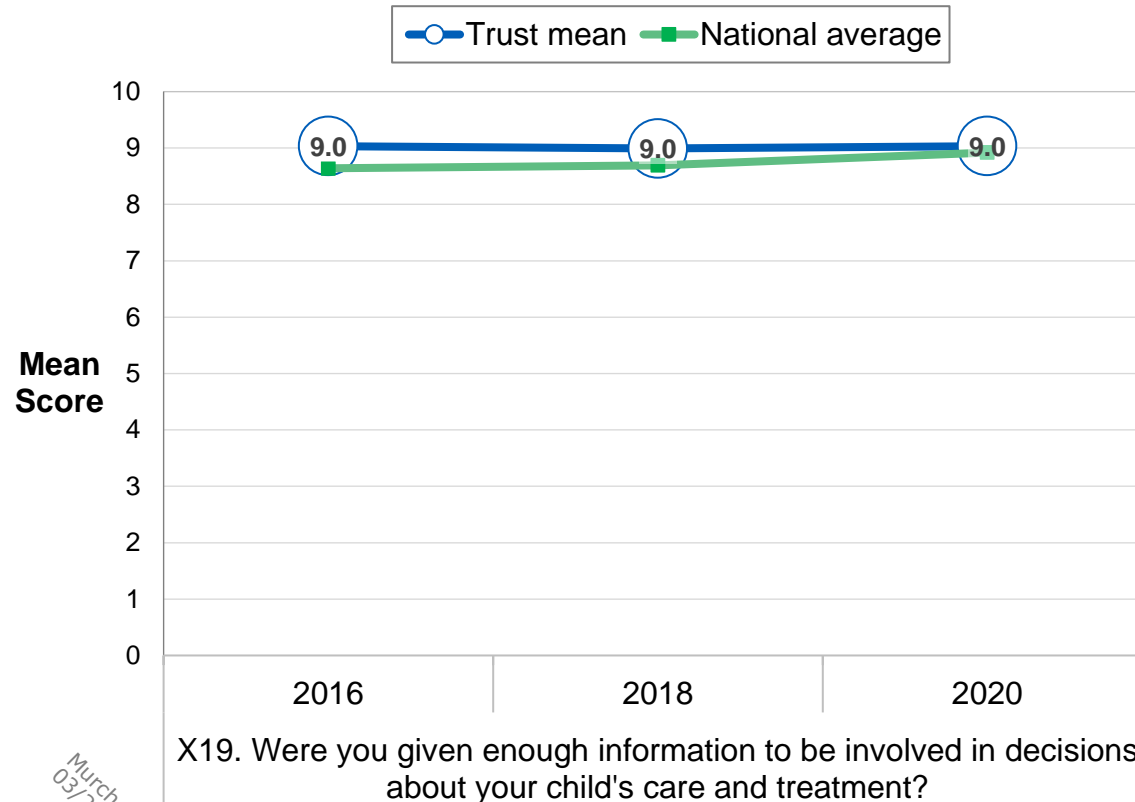


Answered by parents/carers of all age groups.
Note: Routing question
Respondents who answered 'I did not want to be involved' have been excluded.
Number of respondents: 2016: 359; 2018: 365; 2020: 349

Significant change 2020 vs 2018 No change

Section 3. Hospital staff

Parent's questions



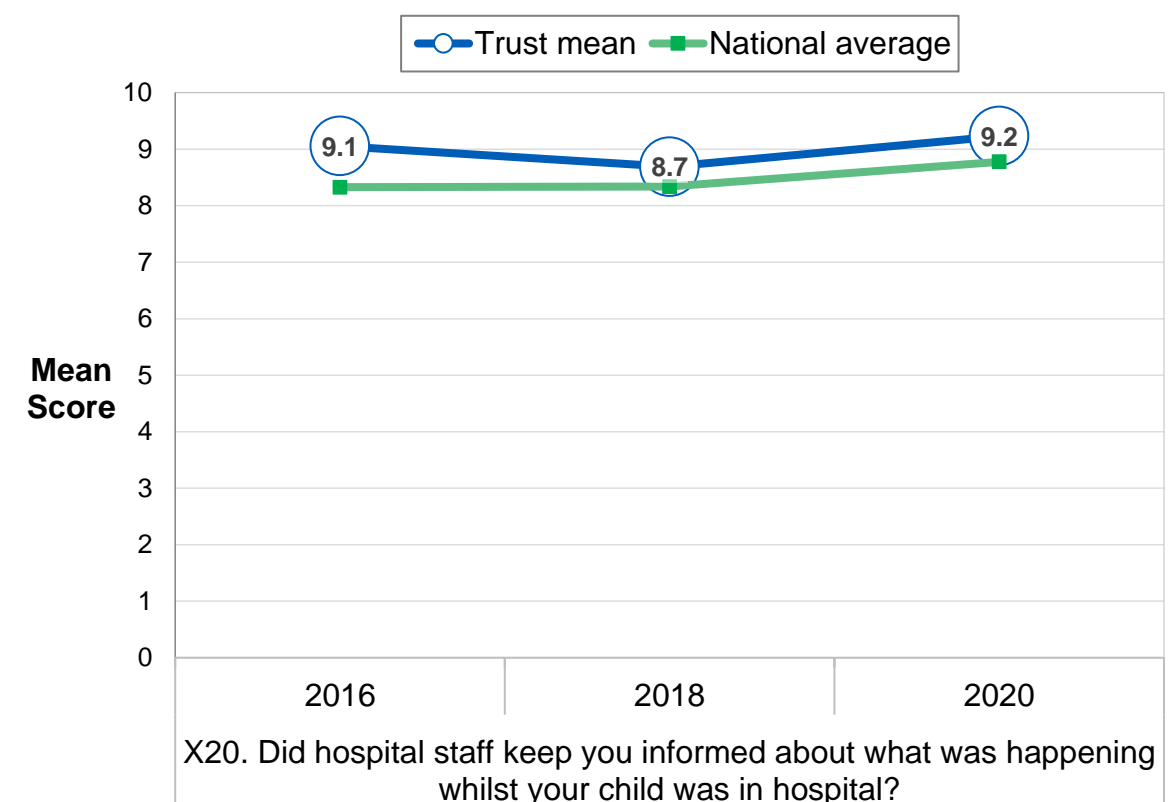
Answered by parents/carers of all age groups.

Note: Filtered question

Number of respondents: 2016: 362; 2018: 361; 2020: 350

Significant change 2020 vs 2018

No change



Answered by parents/carers of all age groups.

Respondents who answered 'Don't know / can't remember' have been excluded.

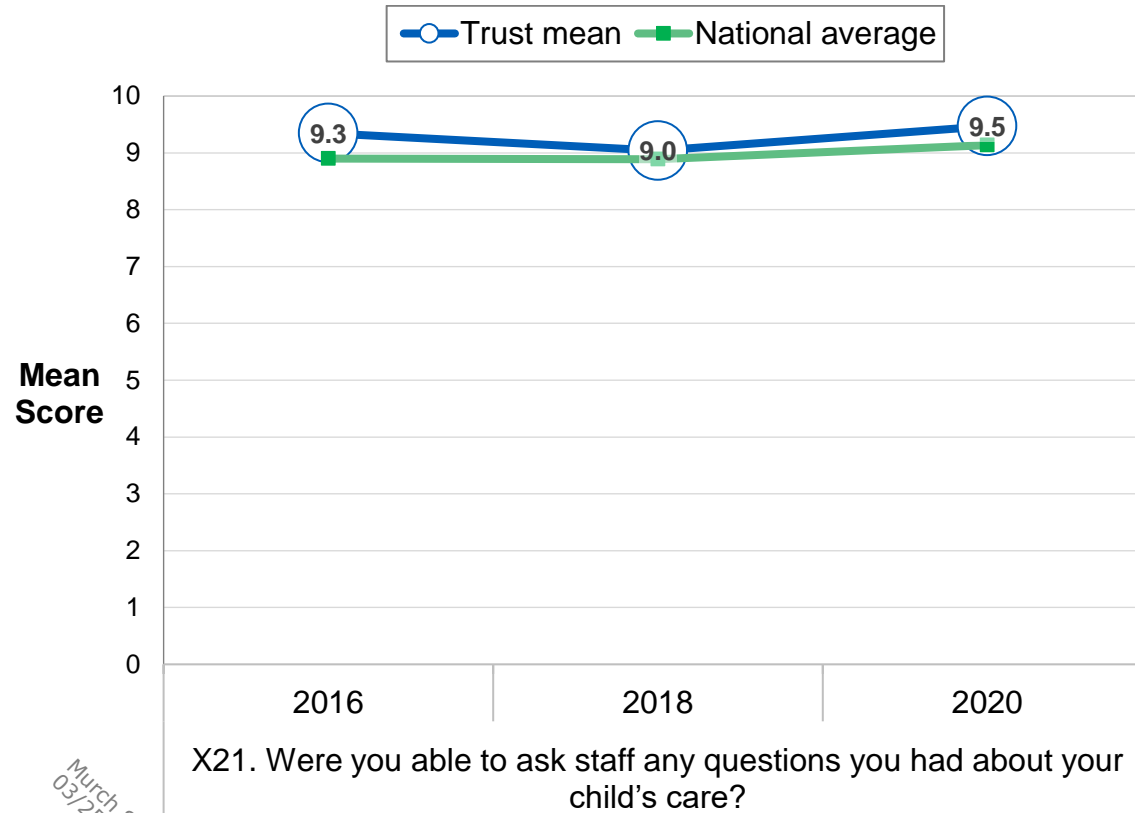
Number of respondents: 2016: 358; 2018: 364; 2020: 350

Significant change 2020 vs 2018

Increase

Section 3. Hospital staff

Parent's questions



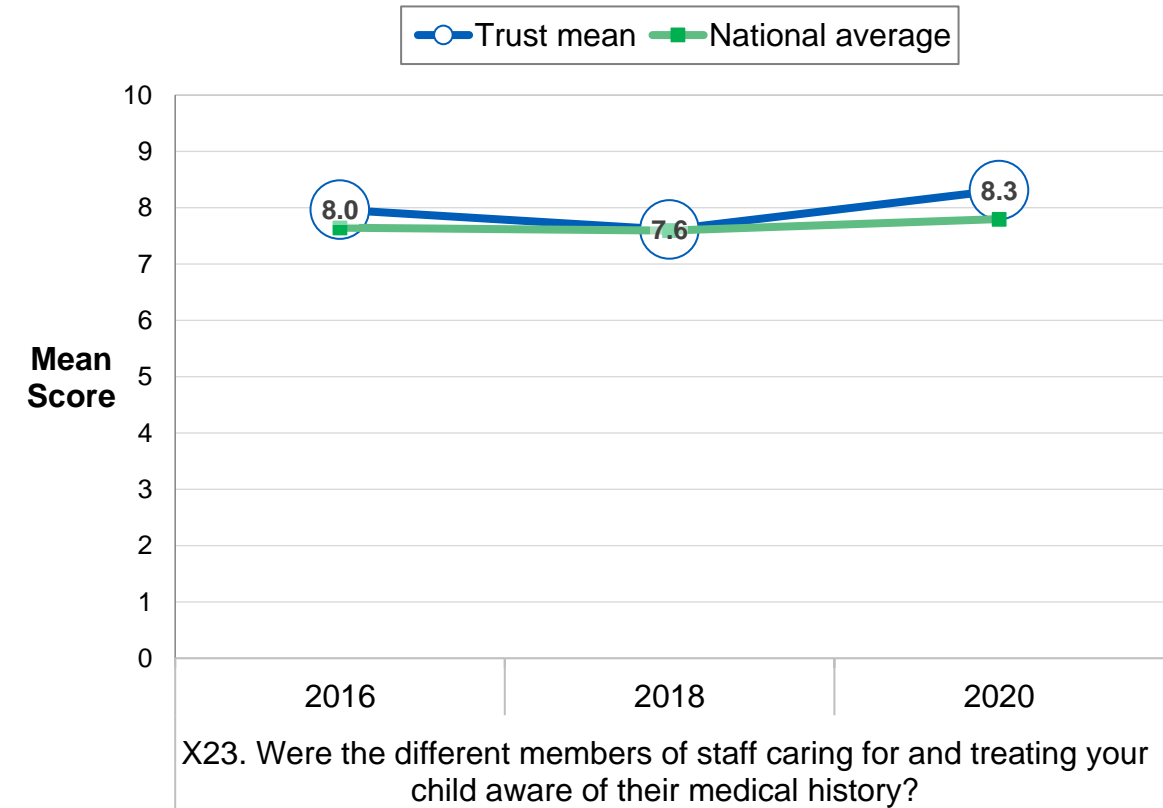
Answered by parents/carers of all age groups.

Respondents who answered 'I did not want / need to ask any questions' or 'Don't know / can't remember' have been excluded.

Number of respondents: 2016: 354; 2018: 363; 2020: 351

Significant change 2020 vs 2018

Increase



Answered by parents/carers of all age groups.

Respondents who answered 'Don't know / not applicable' have been excluded.

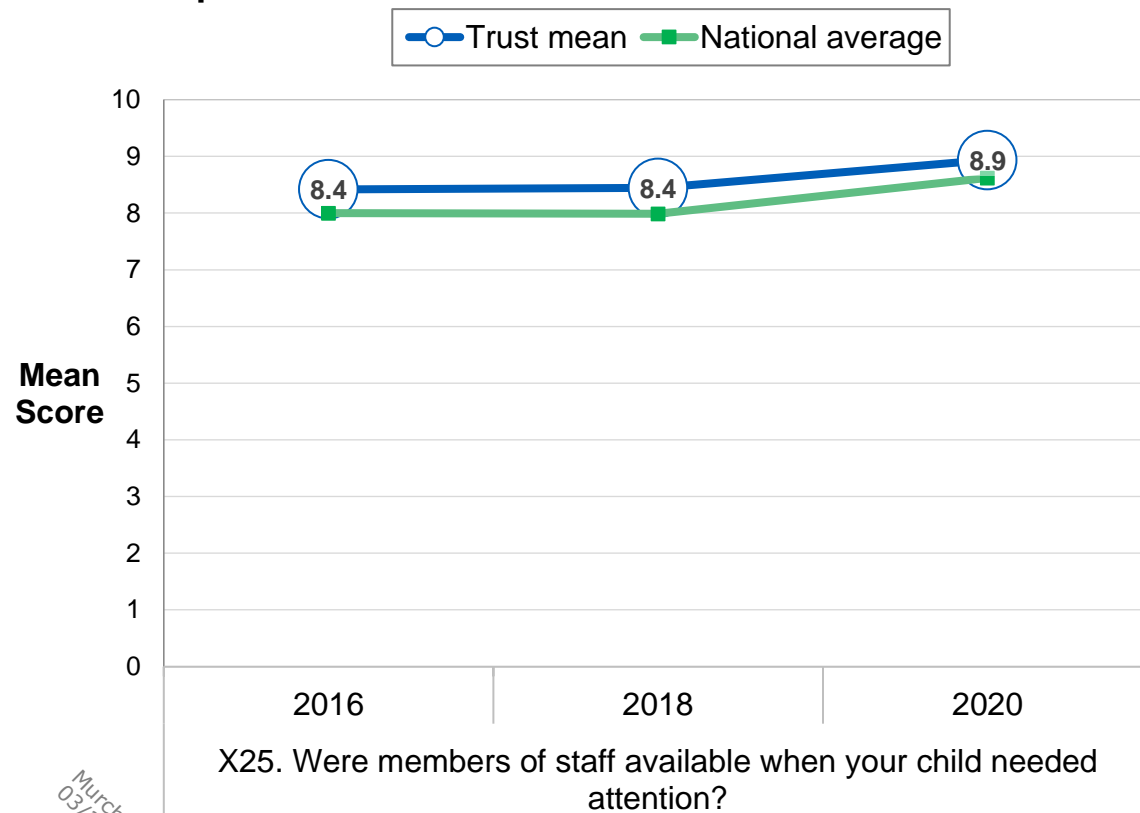
Number of respondents: 2016: 321; 2018: 336; 2020: 313

Significant change 2020 vs 2018

Increase

Section 3. Hospital staff

Parent's questions



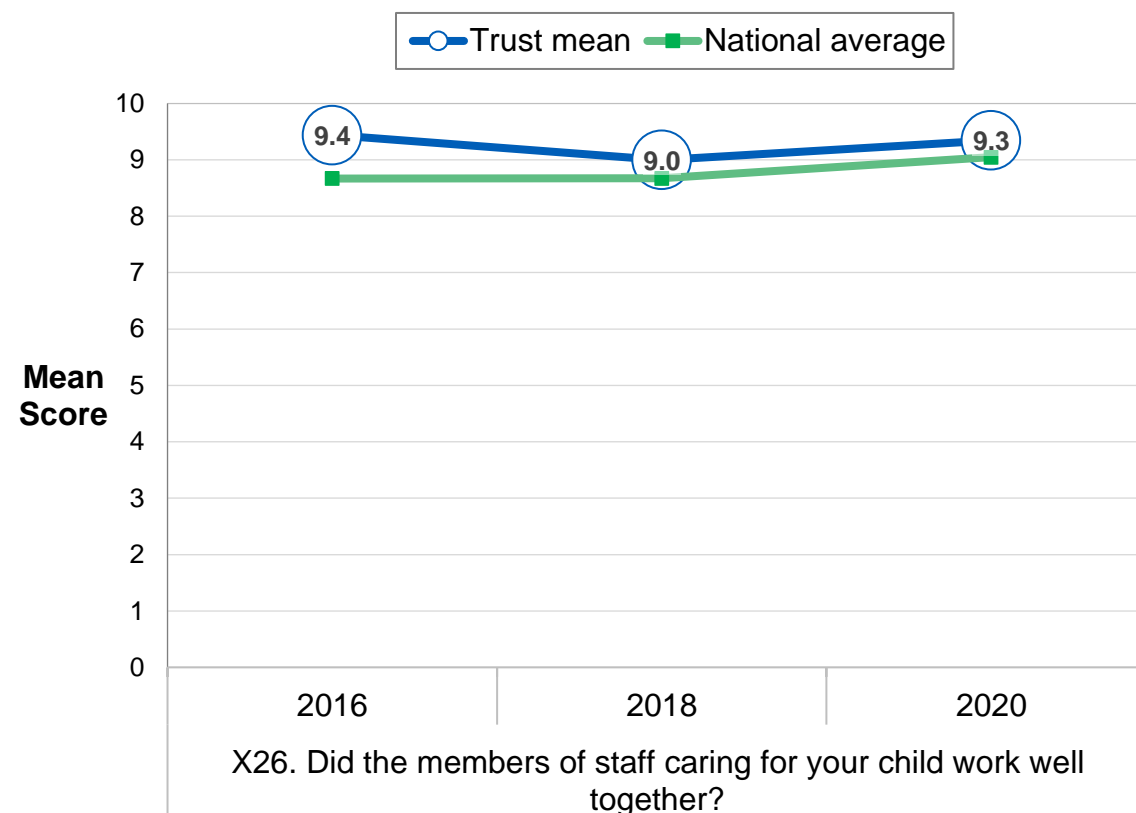
Answered by parents/carers of all age groups.

Respondents who answered 'Don't know / not applicable' have been excluded.

Number of respondents: 2016: 351; 2018: 352; 2020: 340

Significant change 2020 vs 2018

Increase



Answered by parents/carers of all age groups.

Respondents who answered 'Don't know / can't remember' have been excluded.

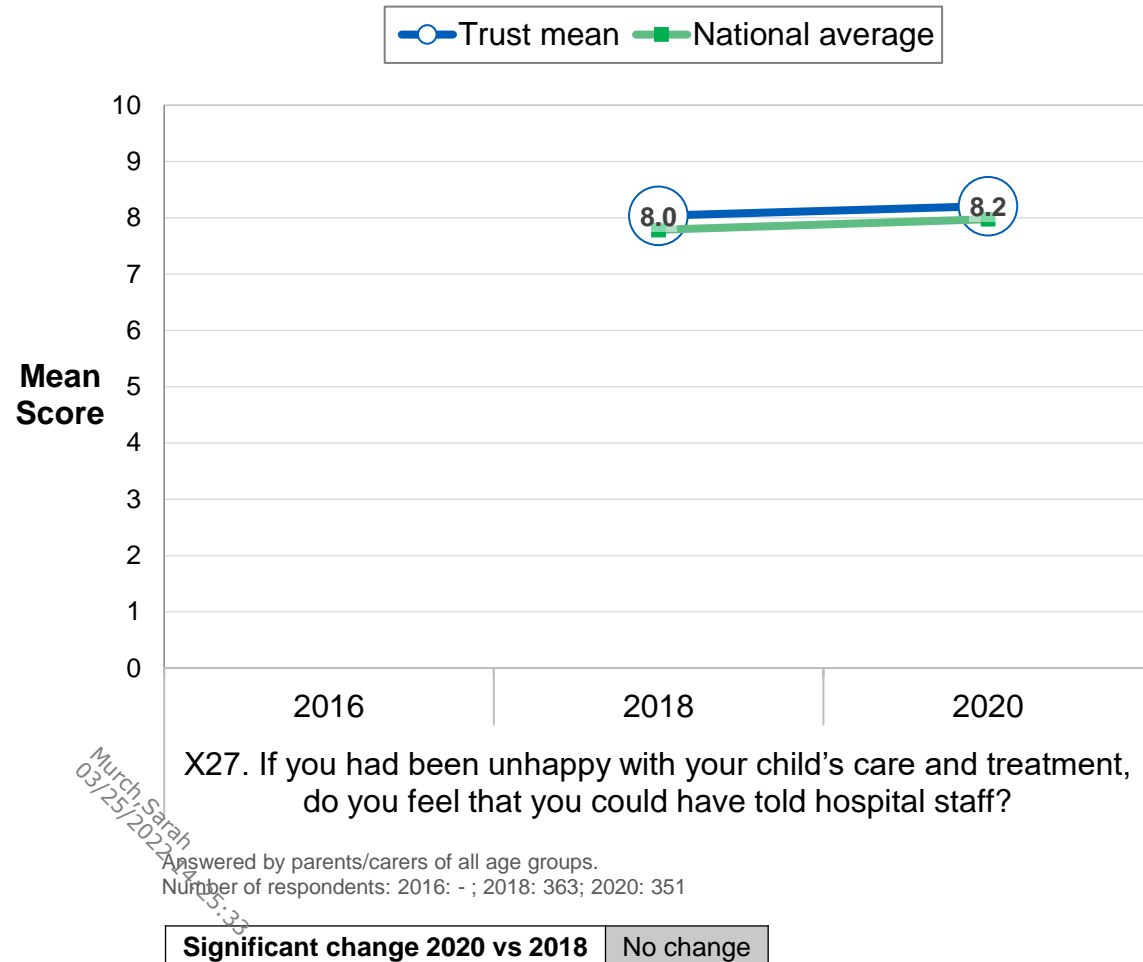
Number of respondents: 2016: 354; 2018: 355; 2020: 346

Significant change 2020 vs 2018

No change

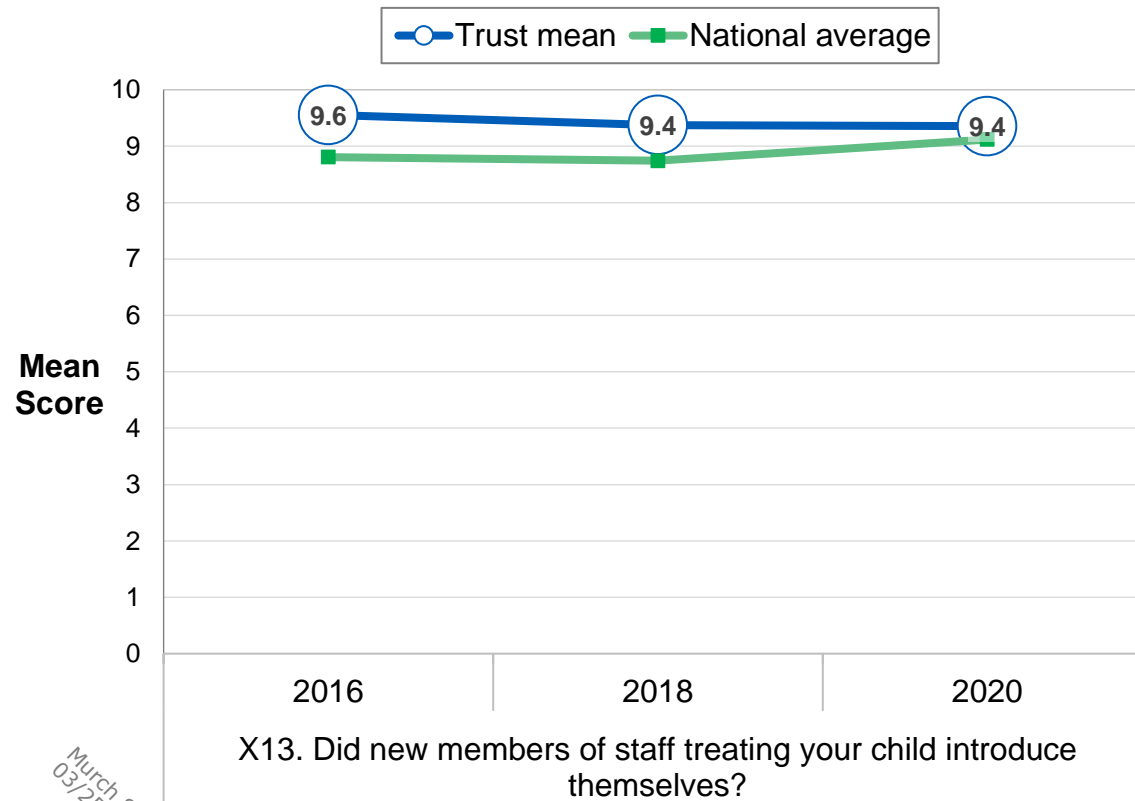
Section 3. Hospital staff

Parent's questions



Section 3. Hospital staff

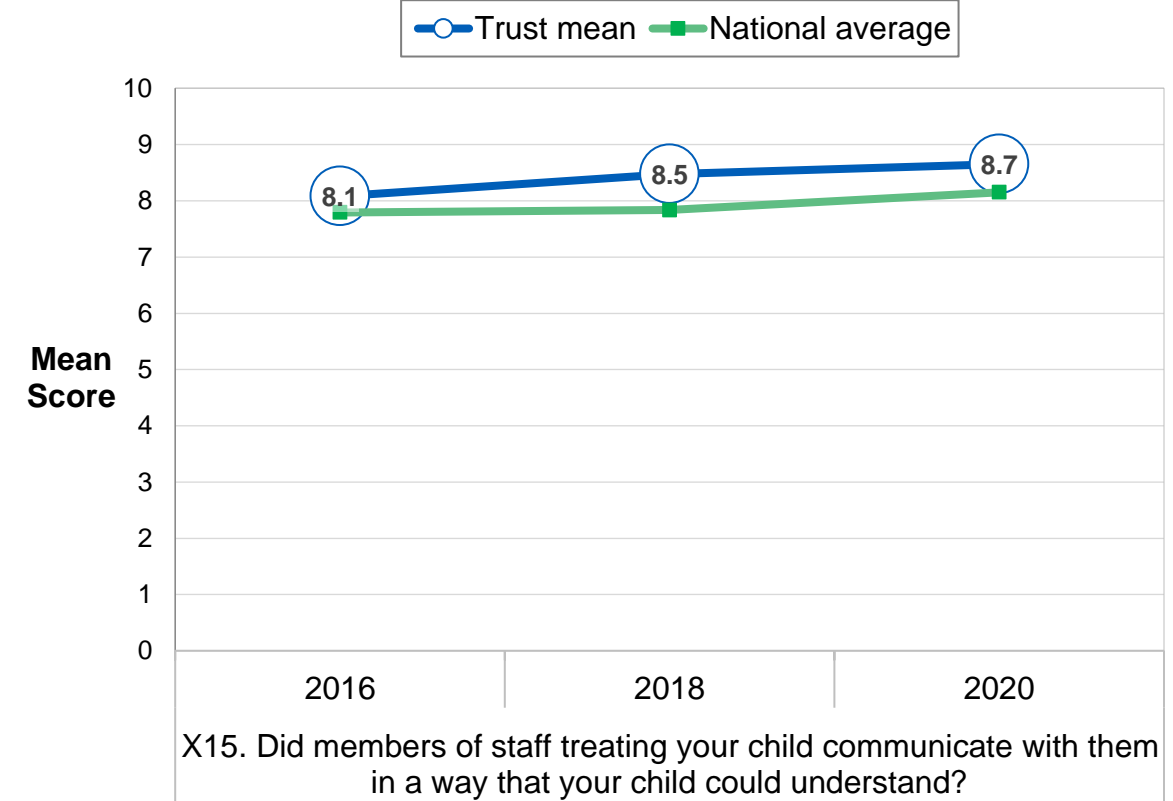
Parent's questions



Answered by parents/carers of children aged 15 days to 7 years.
Number of respondents: 2016: 126; 2018: 116; 2020: 118

Significant change 2020 vs 2018

No change



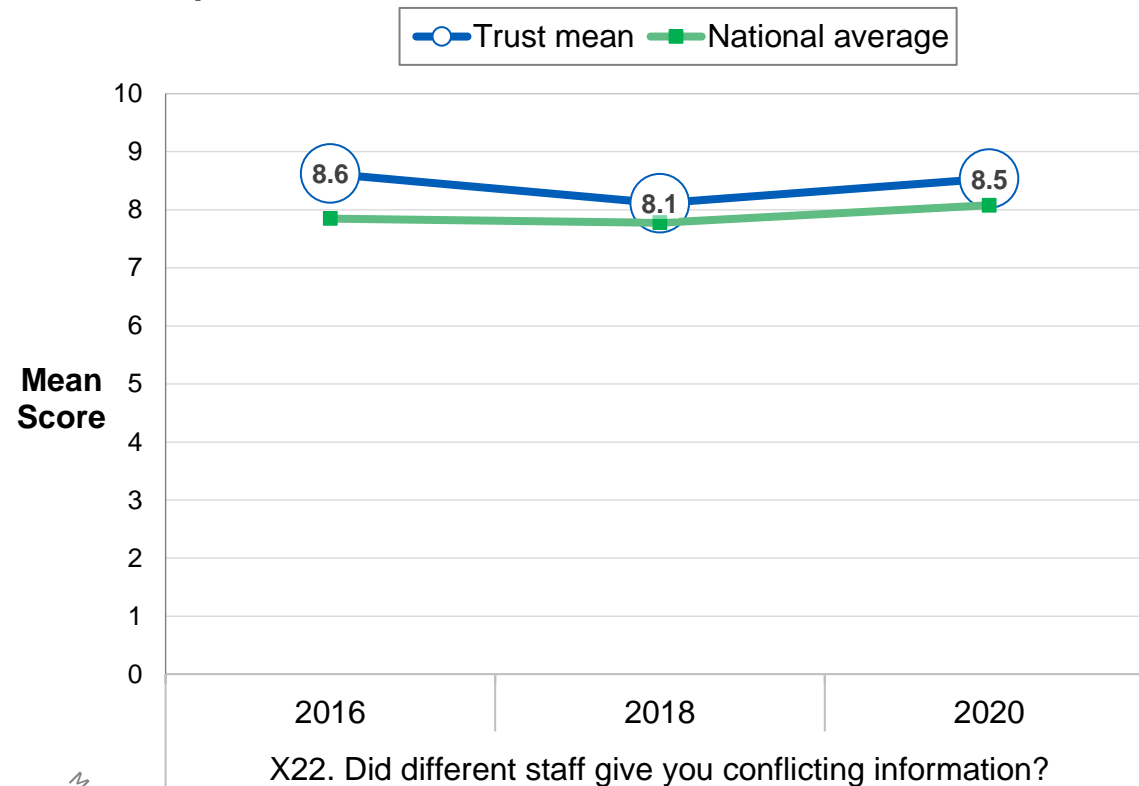
Answered by parents/carers of children aged 15 days to 7 years.
Number of respondents: 2016: 117; 2018: 110; 2020: 116

Significant change 2020 vs 2018

No change

Section 3. Hospital staff

Parent's questions



Murch, Sarah
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Answered by parents/carers of children aged 15 days to 7 years.
Number of respondents: 2016: 126; 2018: 116; 2020: 116

Significant change 2020 vs 2018 No change

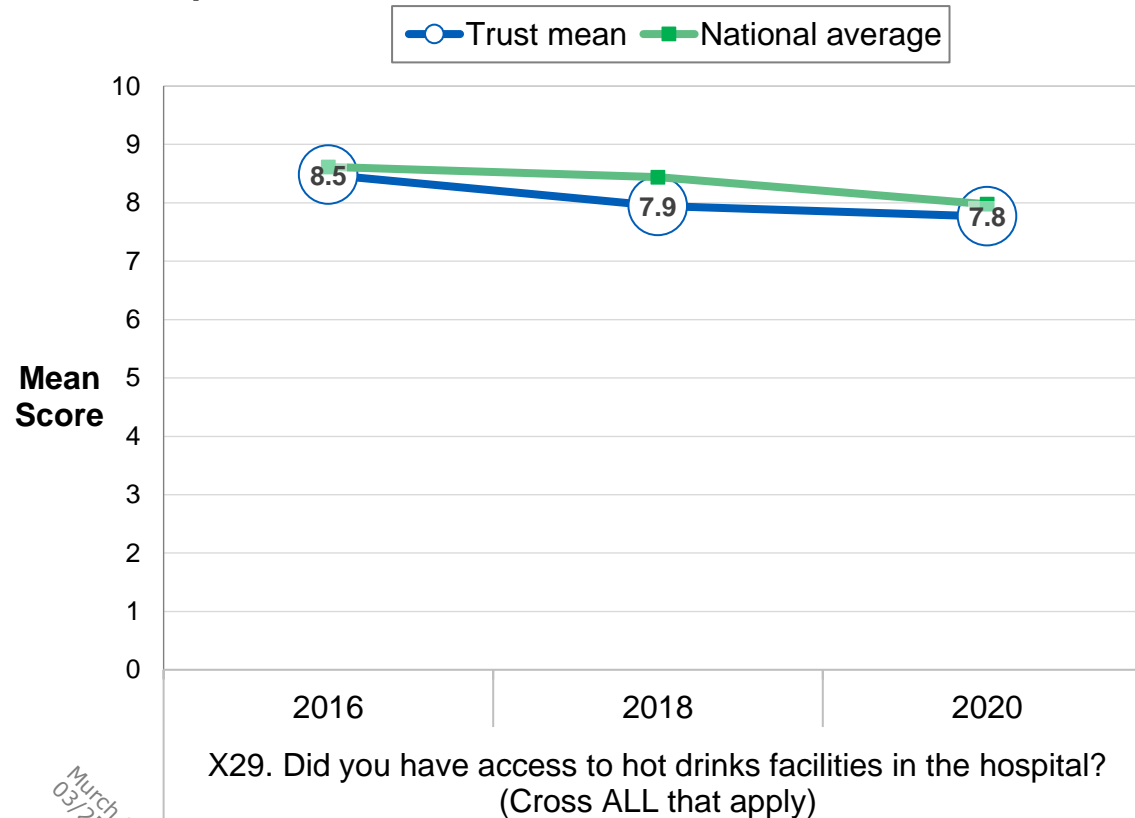
Change over time

Section 4: Facilities



Section 4. Facilities

Parent's questions



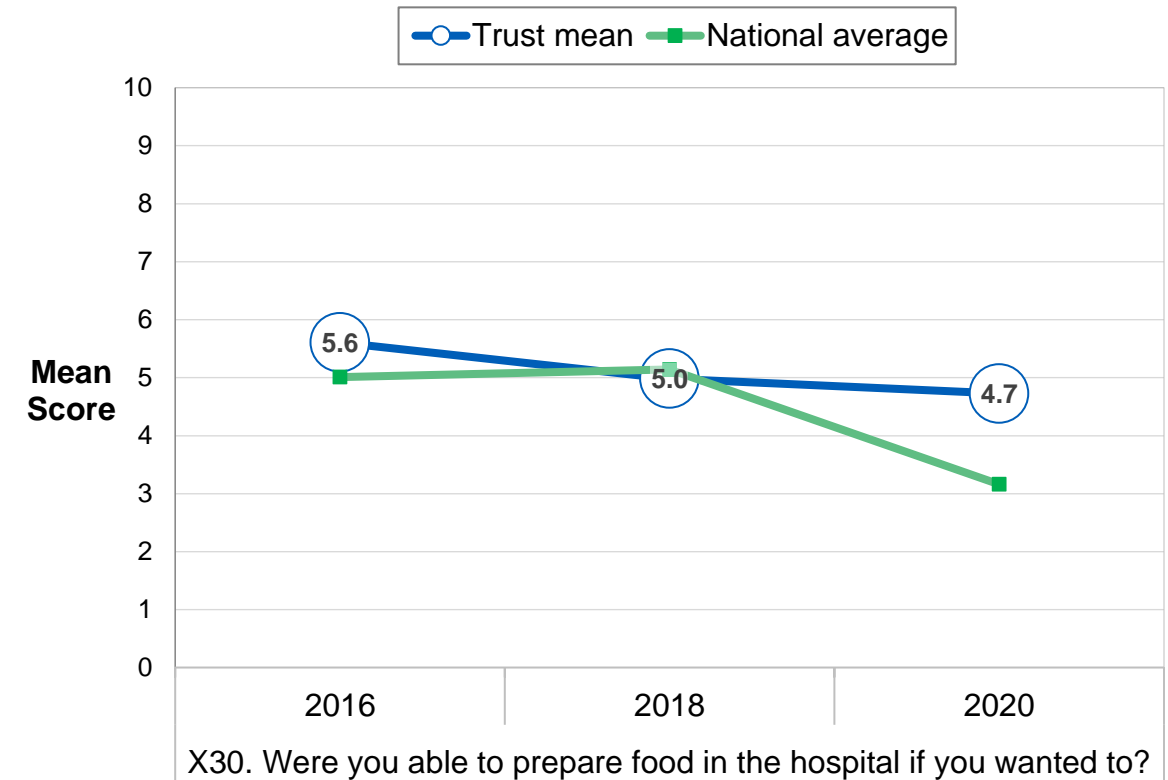
Answered by parents/carers of all age groups.

Note: Multiple response question.

Number of respondents: 2016: 354; 2018: 358; 2020: 347

Significant change 2020 vs 2018

No change



Answered by parents/carers of all age groups.

Respondents who answered 'I did not want to prepare food' have been excluded.

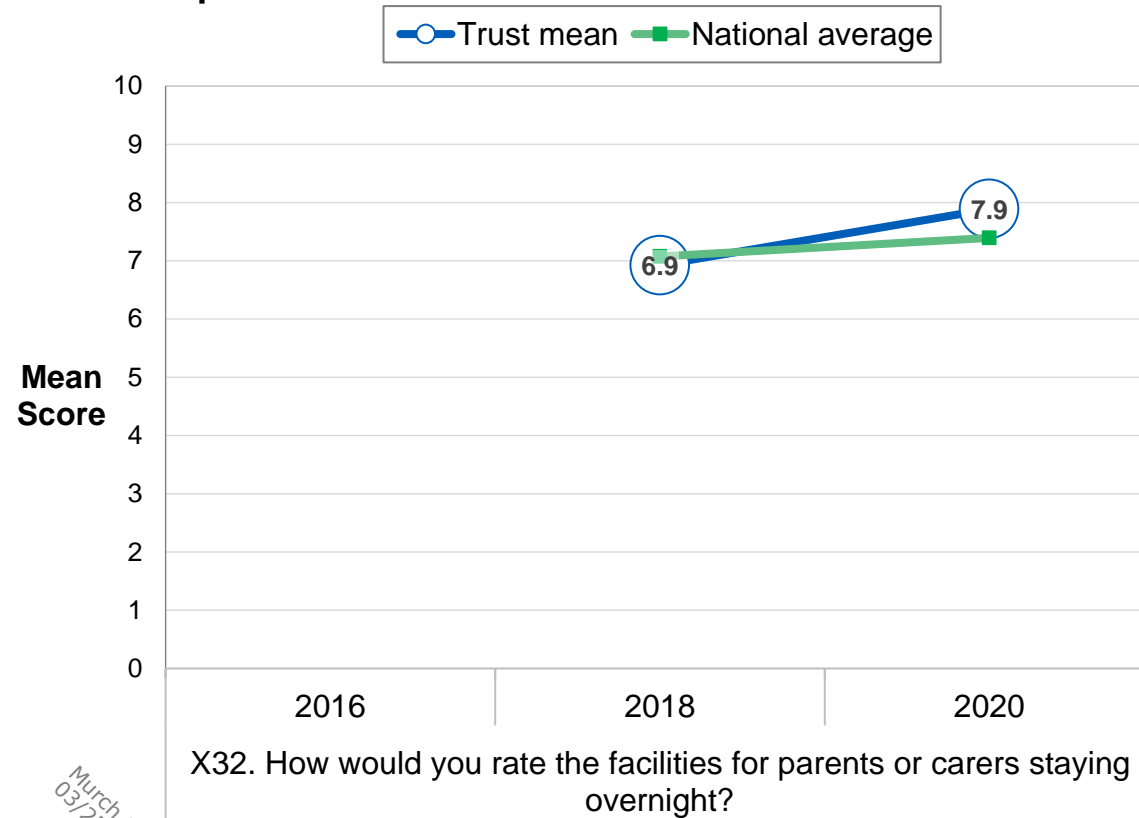
Number of respondents: 2016: 188; 2018: 177; 2020: 178

Significant change 2020 vs 2018

No change

Section 4. Facilities

Parent's questions



Answered by parents/carers of all age groups who stayed overnight.

Note: Filtered question.

Number of respondents: 2016: - ; 2018: 152; 2020: 159

Significant change 2020 vs 2018

Increase

Murch, Sarah
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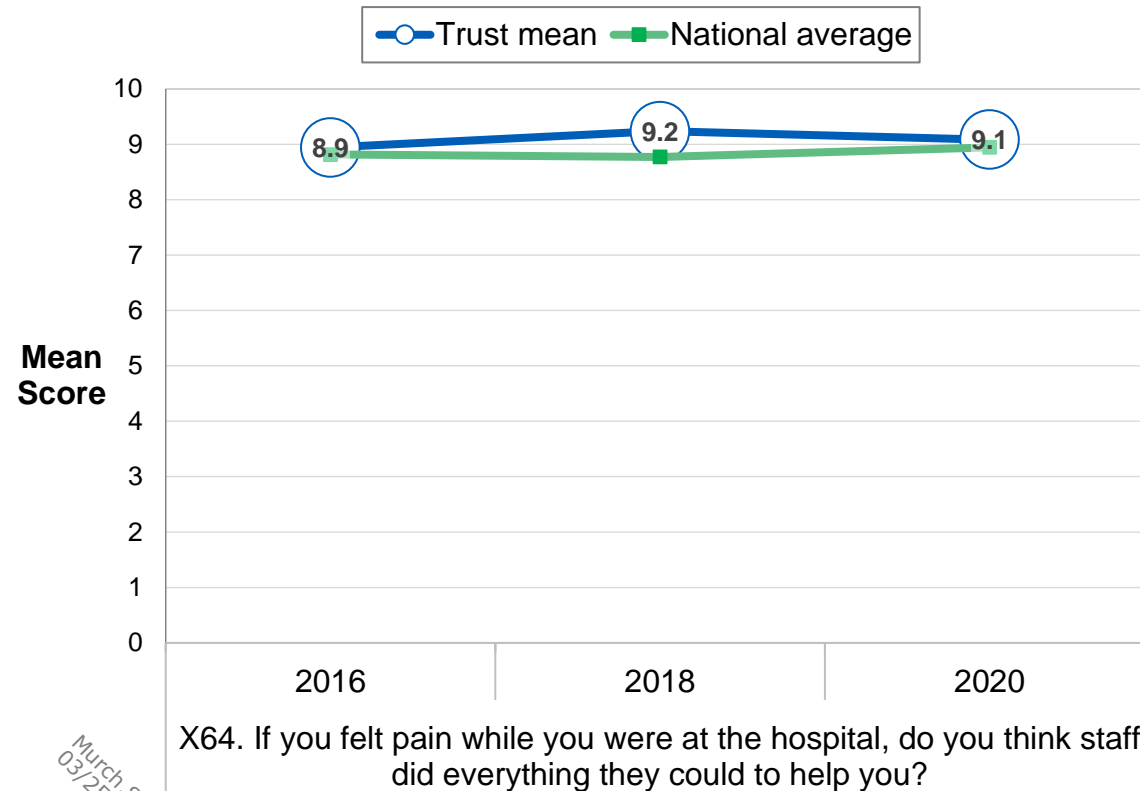
Change over time

Section 5: Pain



Section 5. Pain

Children's questions

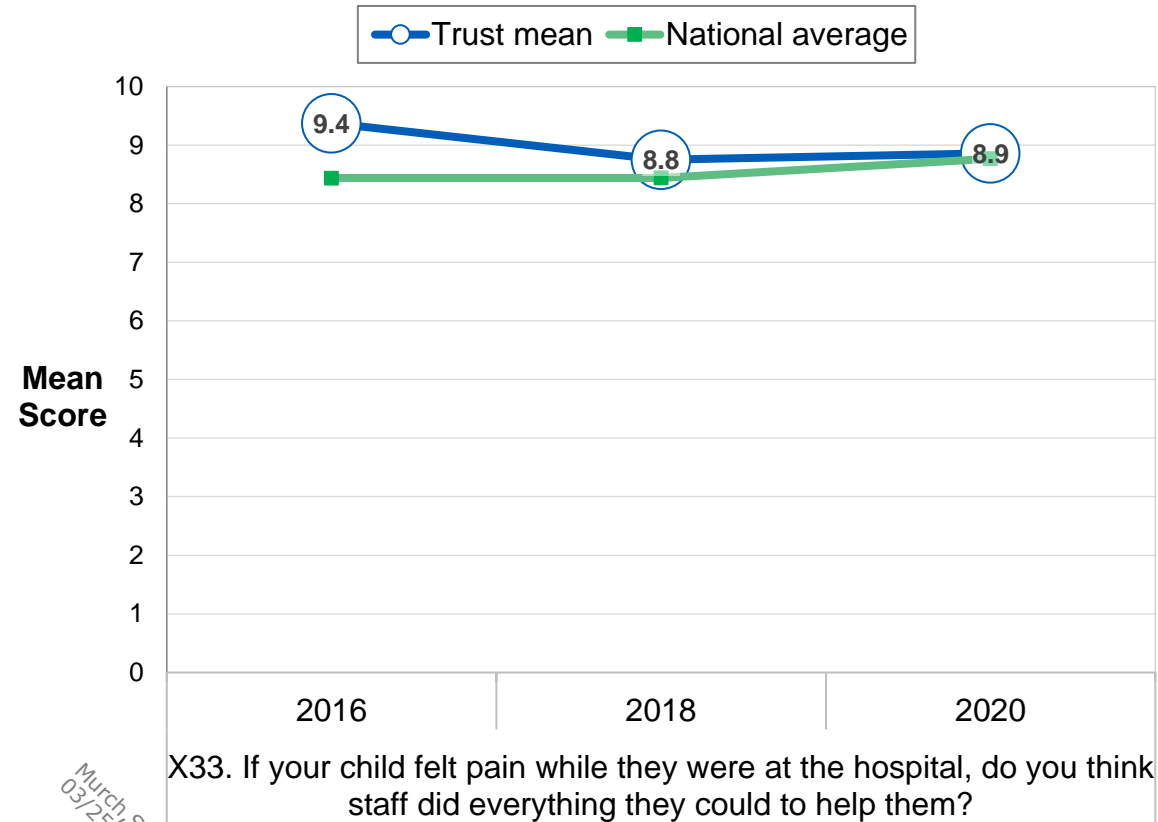


Answered by children and young people aged 8-15.
 Respondents who answered 'I did not feel any pain' have been excluded.
 Number of respondents: 2016: 187; 2018: 199; 2020: 184

Significant change 2020 vs 2018 No change

Section 5. Pain

Parent's questions



Answered by parents/carers of all age groups.

Respondents who answered 'Don't know / not applicable' have been excluded.

Number of respondents: 2016: 296; 2018: 295; 2020: 293

Significant change 2020 vs 2018

No change

Change over time

Section 6: Operations and Procedures

Please note, there are no change over time charts presented in this section as the question that leads into this section was amended this survey year, and so the data are not comparable with previous years'.



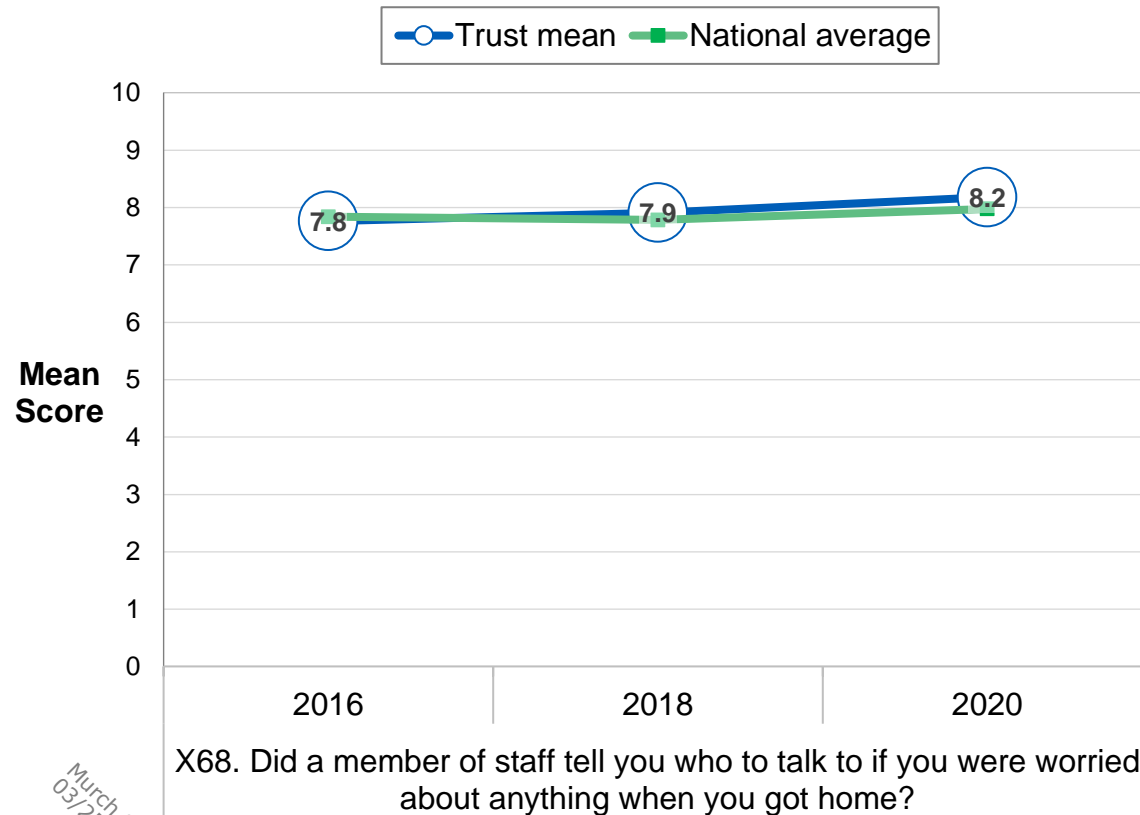
Change over time

Section 7: Leaving hospital



Section 7. Leaving hospital

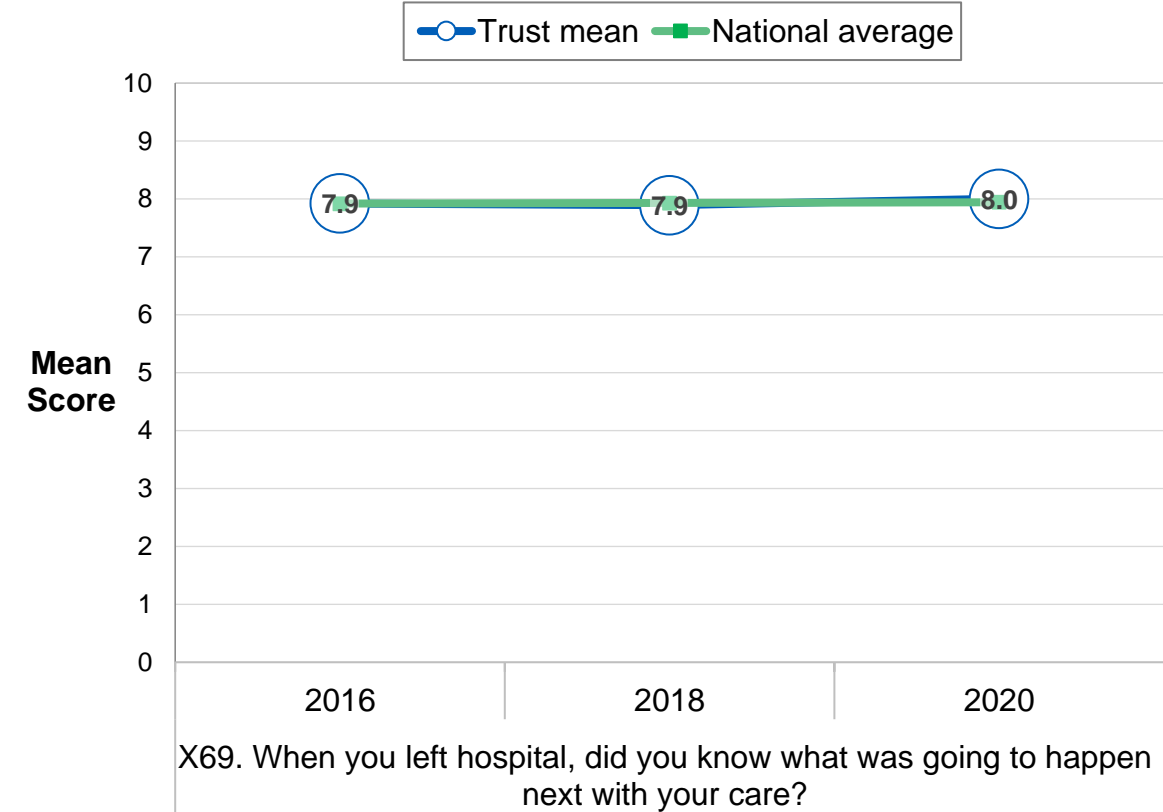
Children's questions



Answered by children and young people aged 8-15 years.
 Respondents who answered 'Don't know / can't remember' have been excluded.
 Number of respondents: 2016: 201; 2018: 198; 2020: 190

Significant change 2020 vs 2018

No change



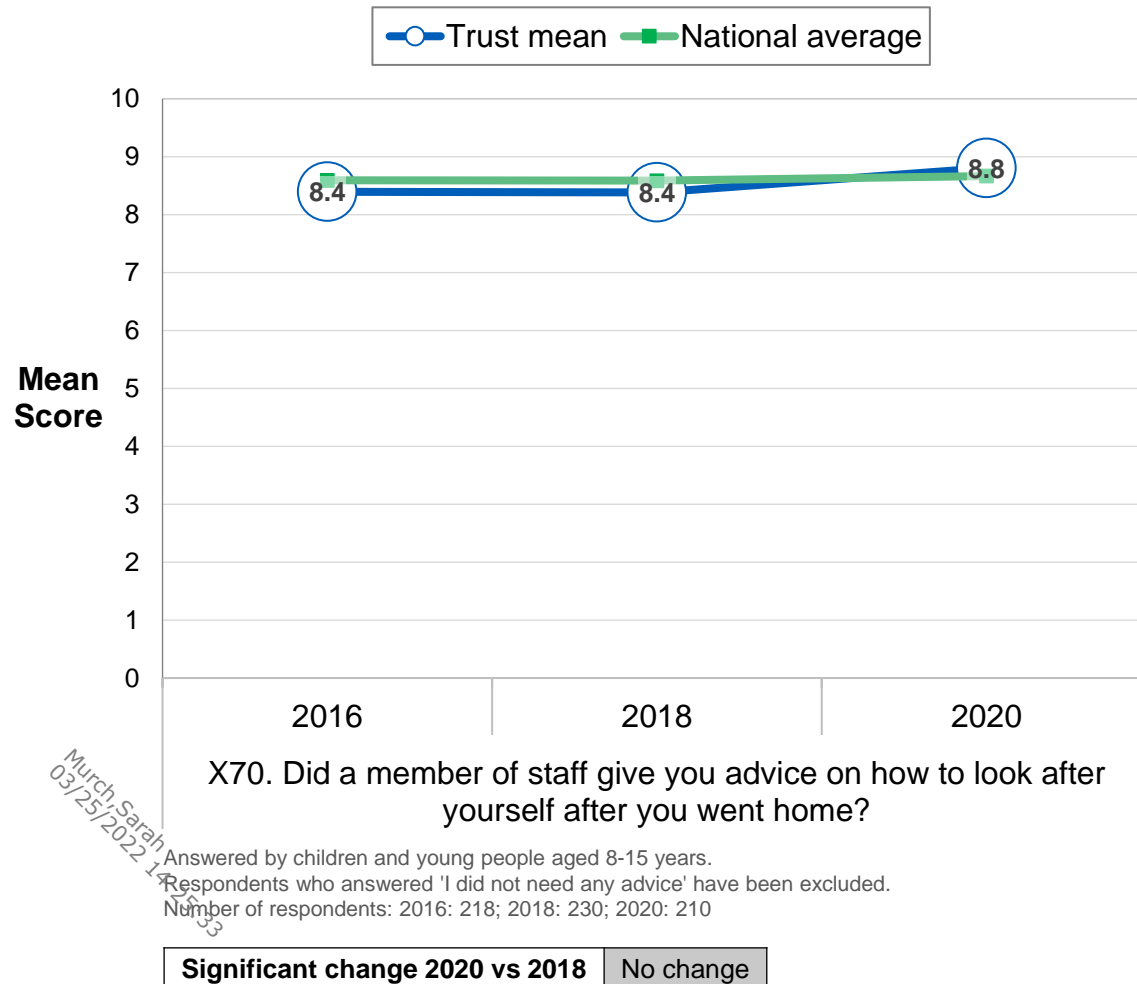
Answered by children and young people aged 8-15 years.
 Number of respondents: 2016: 240; 2018: 247; 2020: 233

Significant change 2020 vs 2018

No change

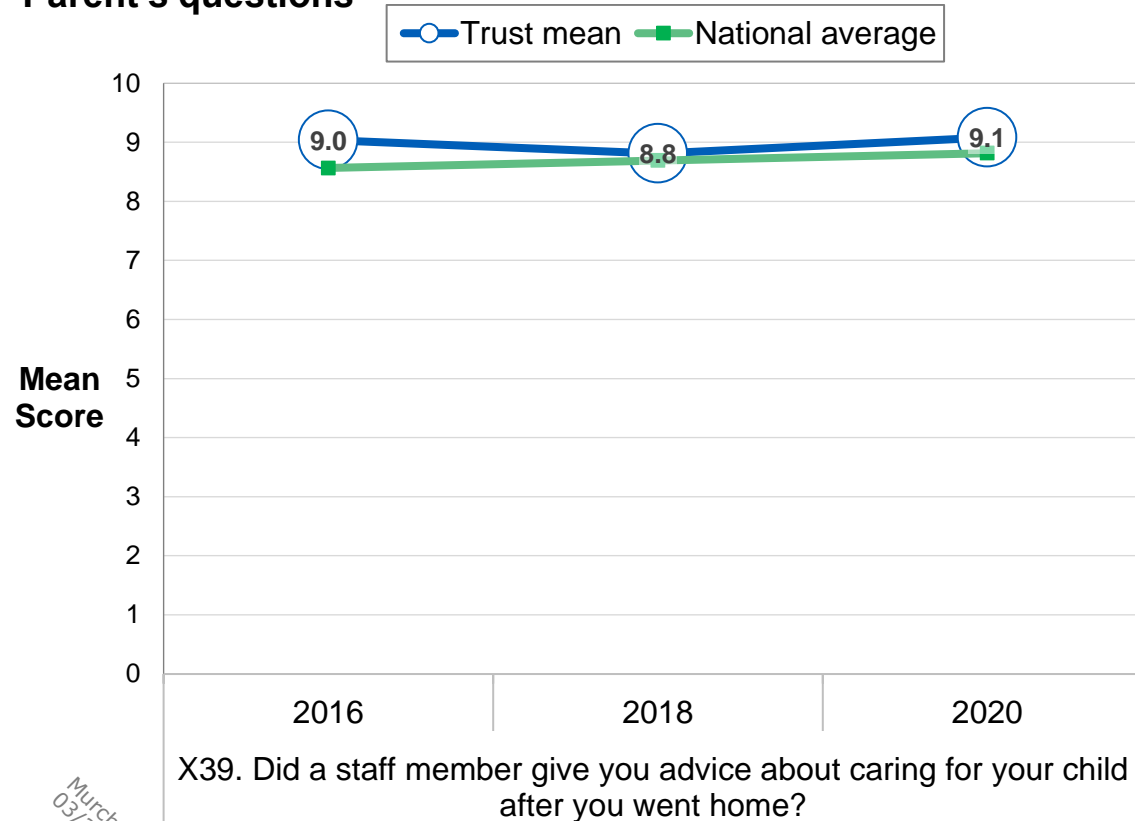
Section 7. Leaving hospital

Children's questions



Section 7. Leaving hospital

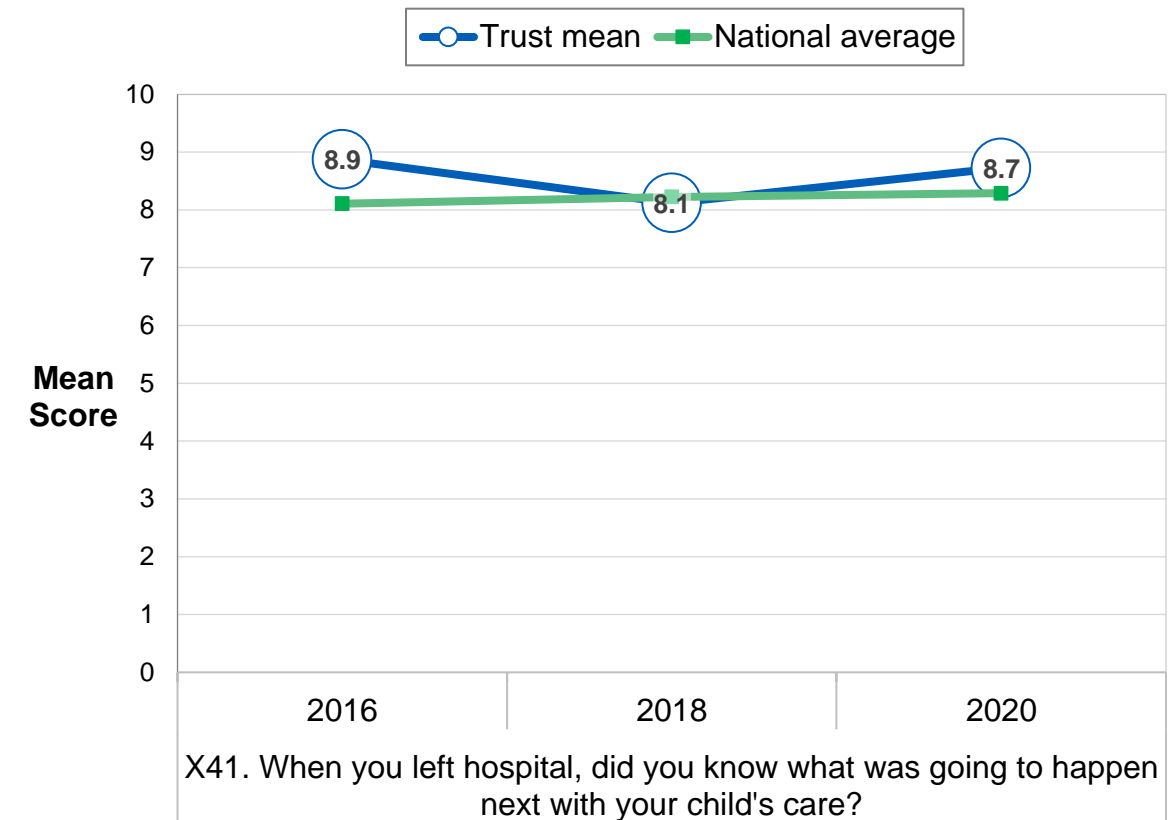
Parent's questions



Answered by parents/carers of all age groups.
Respondents who answered 'It was not necessary' and 'Don't know / can't remember' have been excluded.
Number of respondents: 2016: 334; 2018: 342; 2020: 332

Significant change 2020 vs 2018

No change



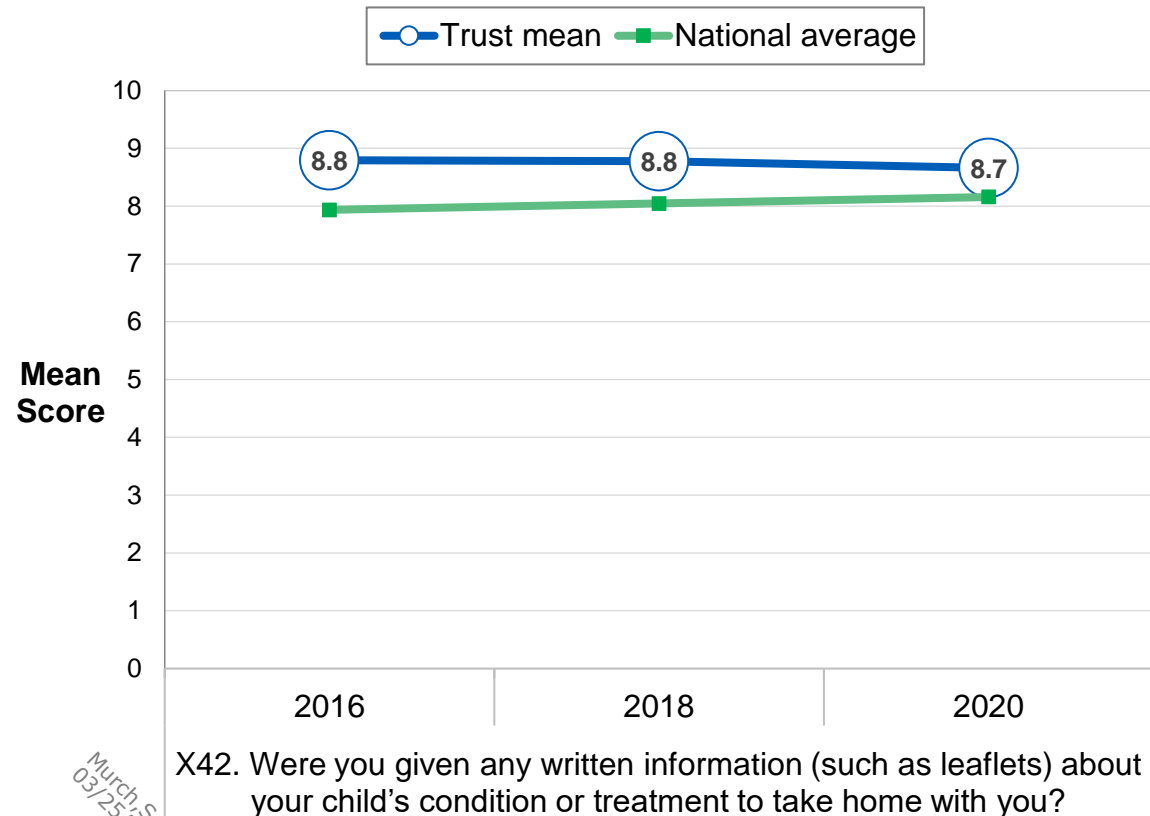
Answered by parents/carers of all age groups.
Respondents who answered 'It was not necessary' have been excluded.
Number of respondents: 2016: 340; 2018: 349; 2020: 335

Significant change 2020 vs 2018

Increase

Section 7. Leaving hospital

Parent's questions



Answered by parents/carers of all age groups.

Respondents who answered 'No, but I did not need it' have been excluded.

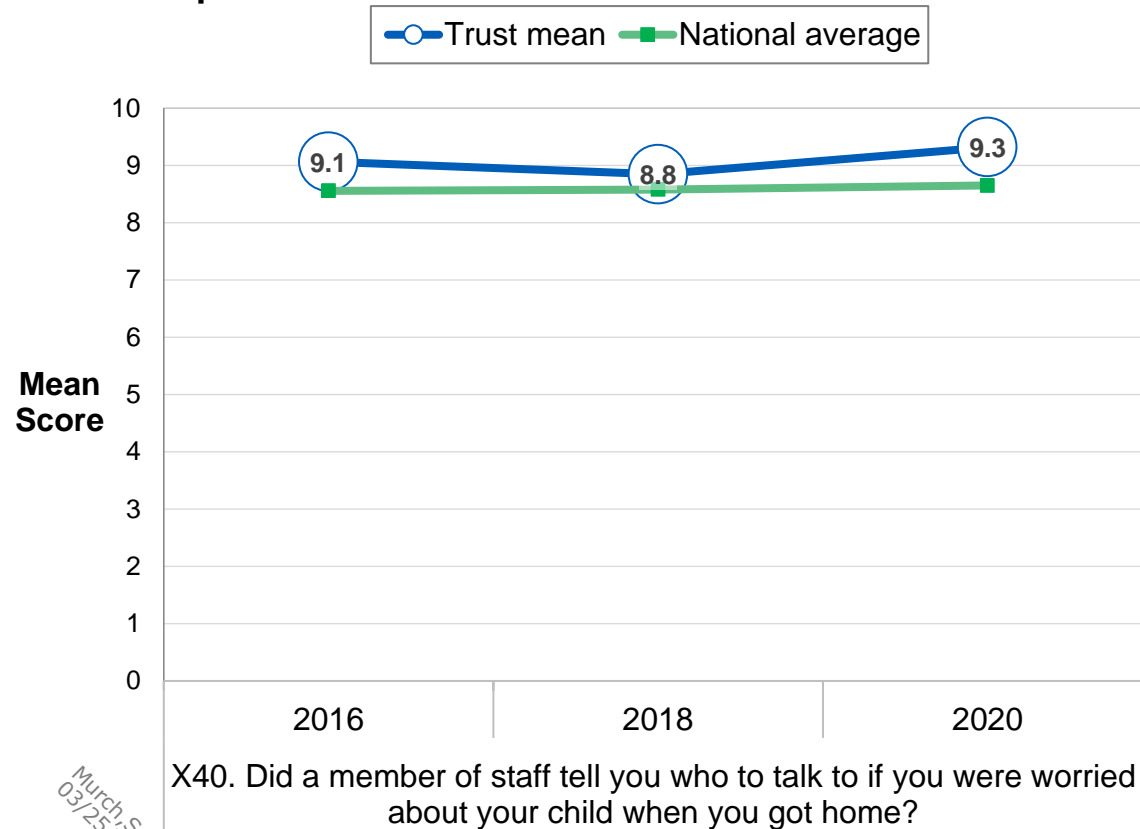
Number of respondents: 2016: 255; 2018: 267; 2020: 250

Significant change 2020 vs 2018

No change

Section 7. Leaving hospital

Parent's questions



Answered by parents/carers of children aged 15 days to 7 years.

Respondents who answered 'It was not necessary' and 'Don't know / can't remember' have been excluded.

Number of respondents: 2016: 117; 2018: 108; 2020: 108

Significant change 2020 vs 2018

No change

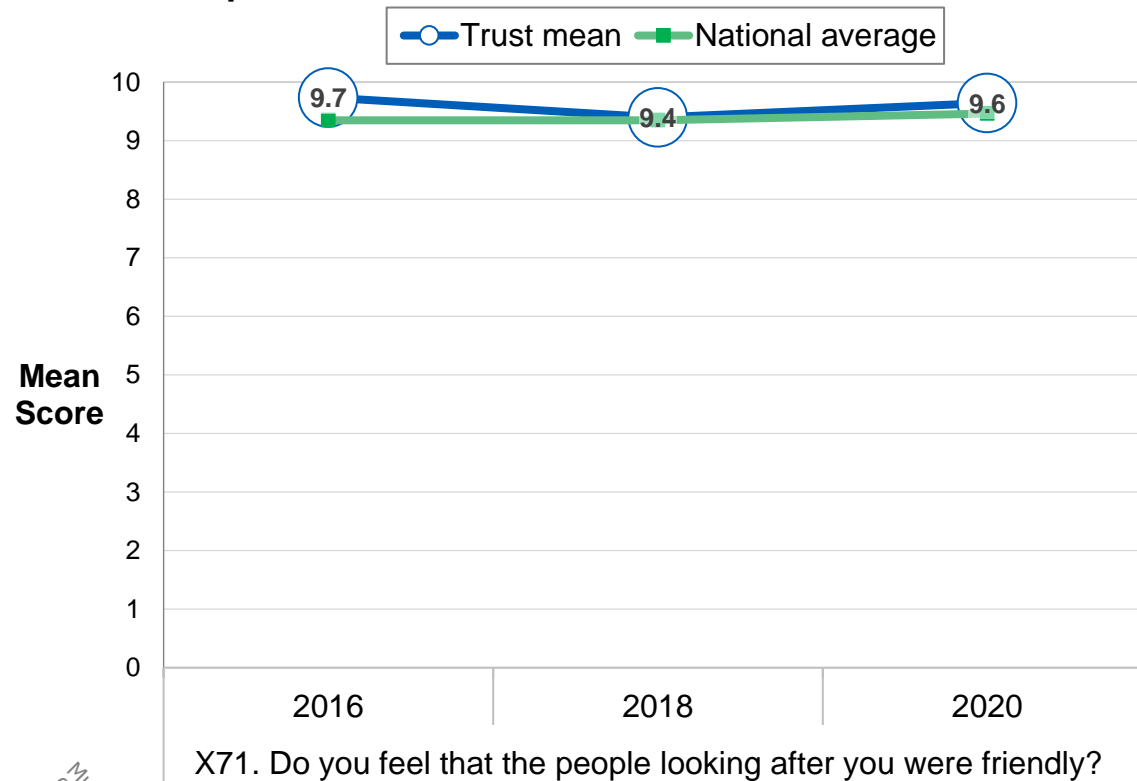
Change over time

Section 8: Overall



Section 8. Overall

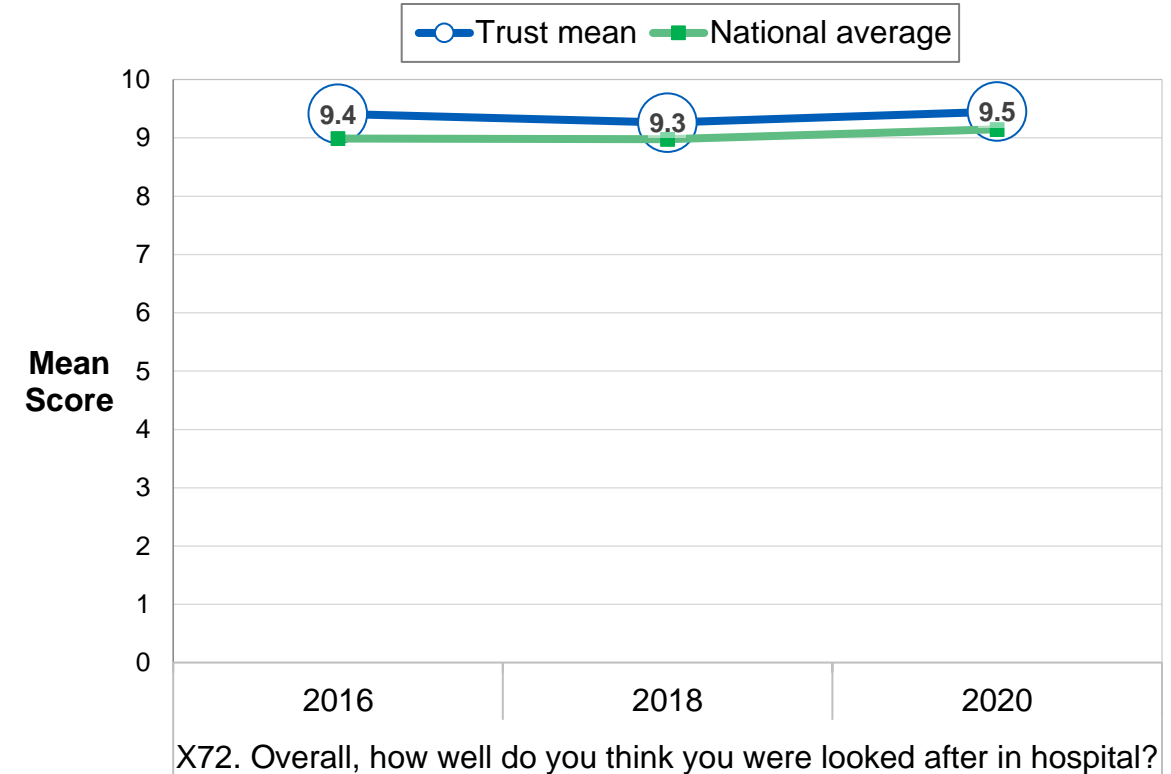
Children's questions



Murch, Sarah
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Answered by children and young people aged 8-15 years.
Number of respondents: 2016: 241; 2018: 250; 2020: 236

Significant change 2020 vs 2018 No change

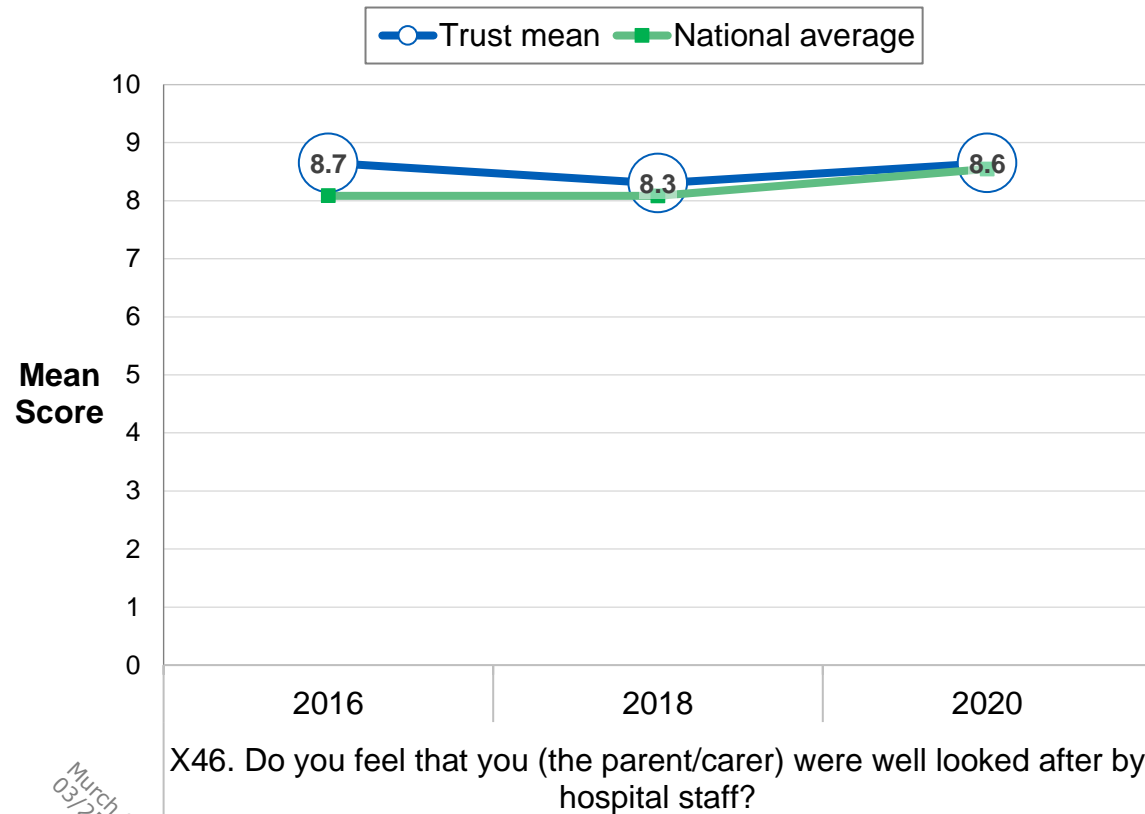


Answered by children and young people aged 8-15 years.
Number of respondents: 2016: 241; 2018: 248; 2020: 234

Significant change 2020 vs 2018 No change

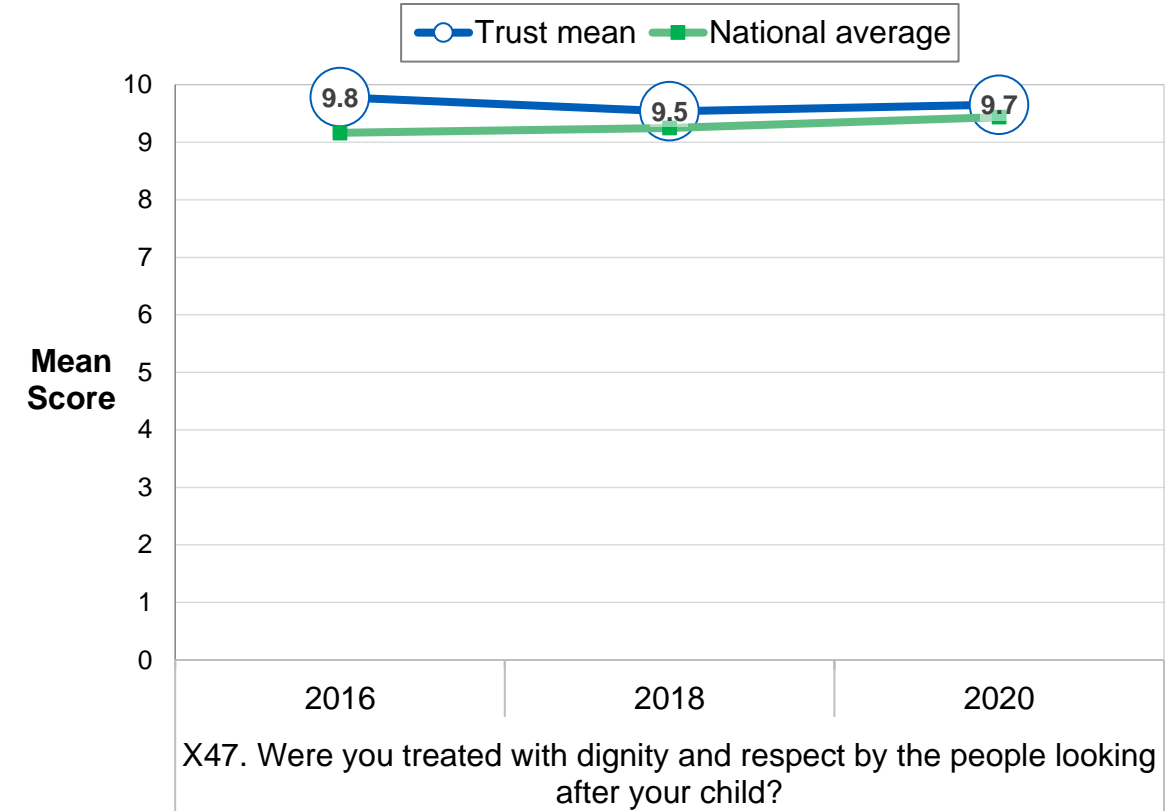
Section 8. Overall

Parent's questions



Answered by parents/carers of all age groups.
Number of respondents: 2016: 356; 2018: 358; 2020: 355

Significant change 2020 vs 2018 No change

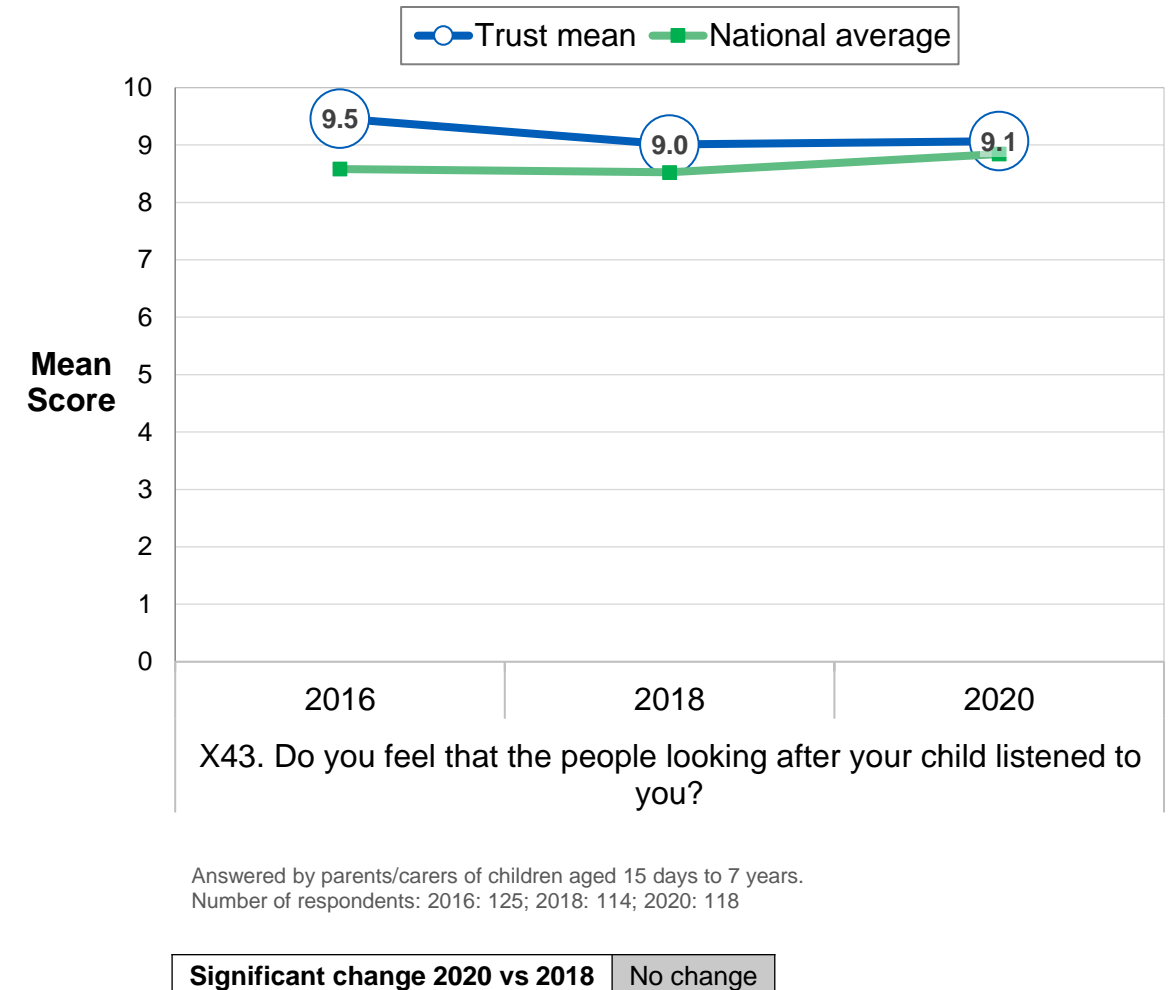
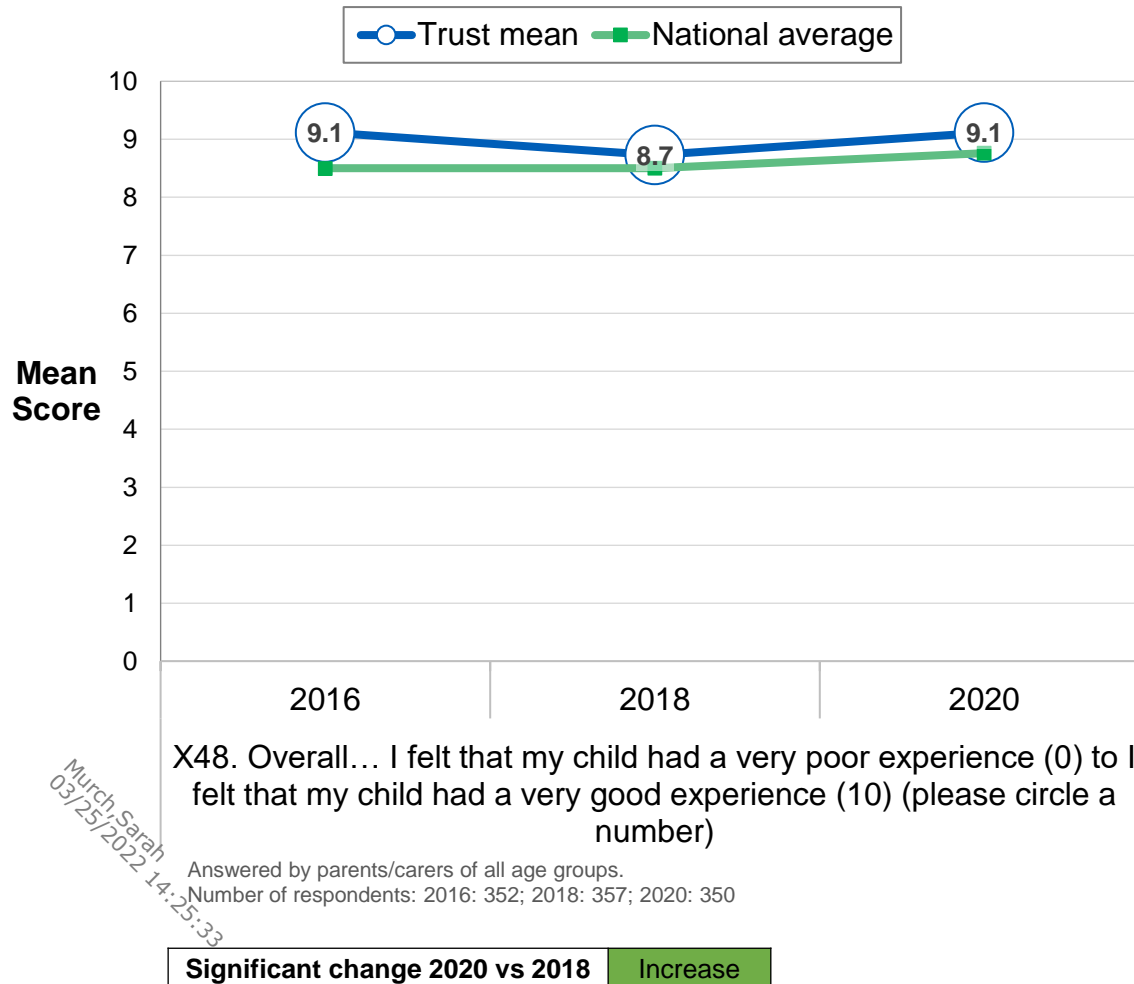


Answered by parents/carers of all age groups in 2018 and 2020. Answered by parents/carers of children aged 15 days to 7 years in 2016.
Number of respondents: 2016: 123; 2018: 362; 2020: 355

Significant change 2020 vs 2018 No change

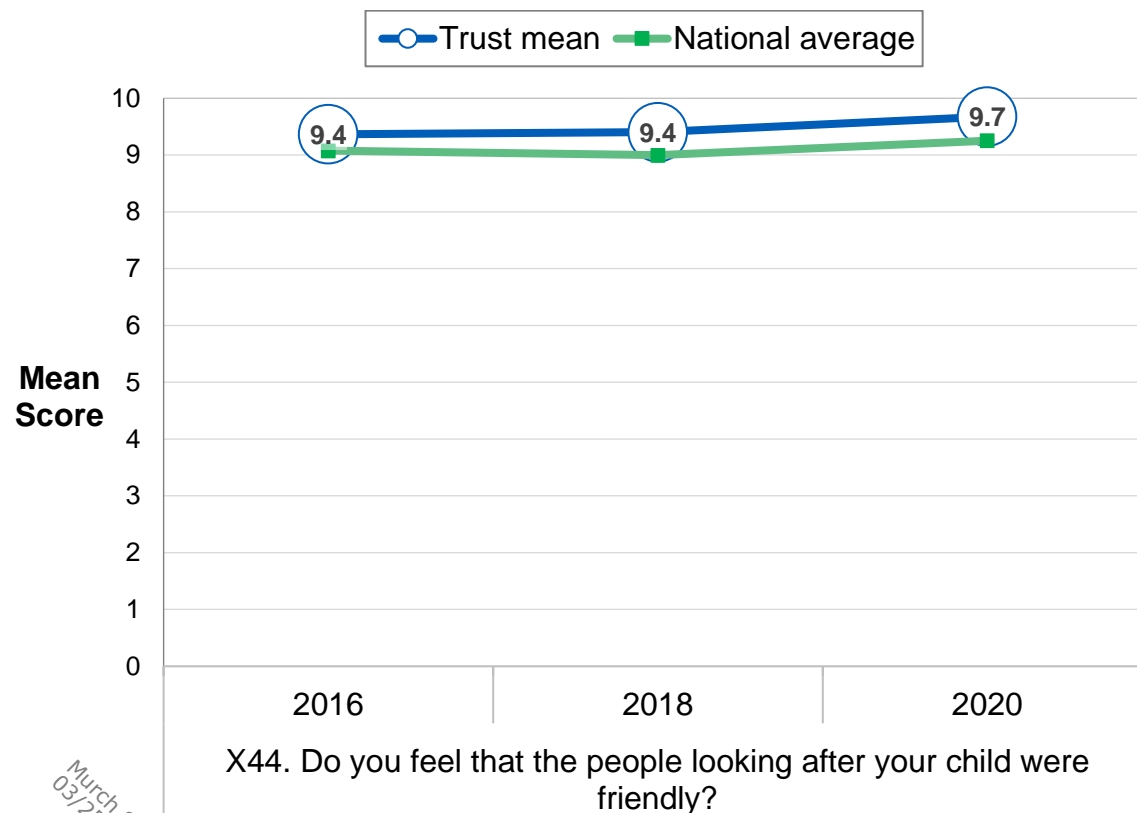
Section 8. Overall

Parent's questions



Section 8. Overall

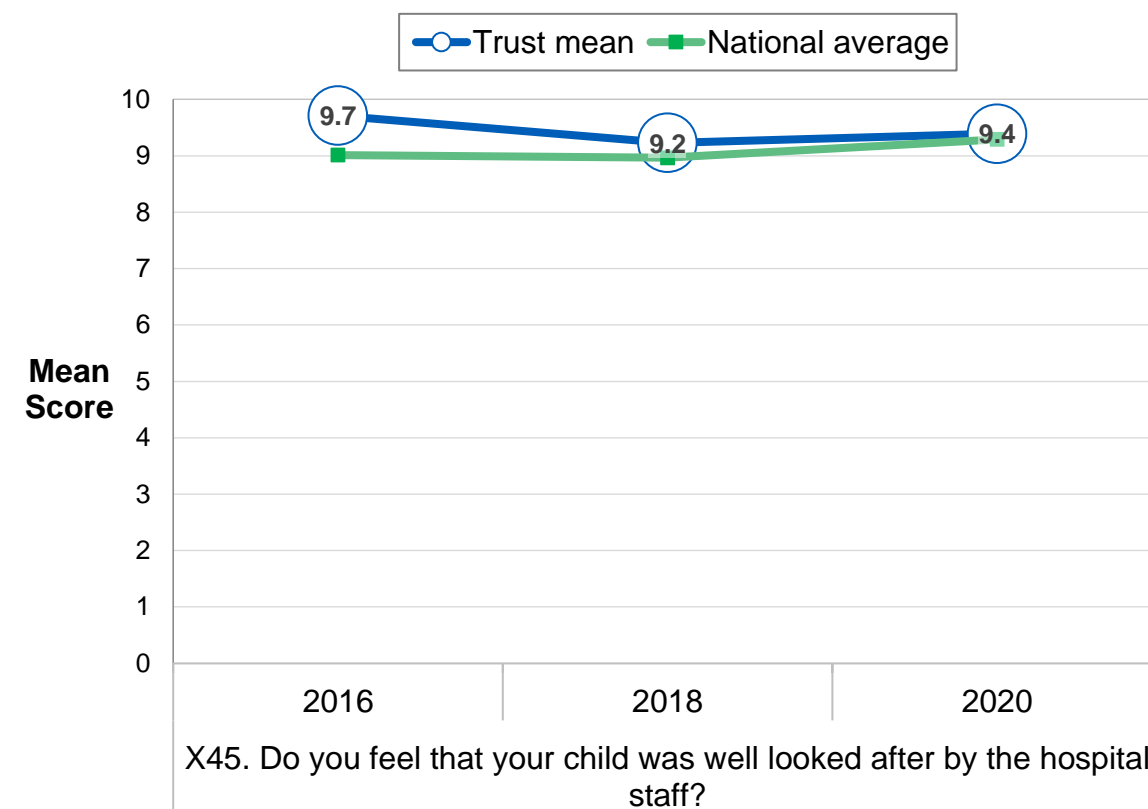
Parent's questions



Answered by parents/carers of children aged 15 days to 7 years.
Number of respondents: 2016: 124; 2018: 111; 2020: 118

Significant change 2020 vs 2018

No change



Answered by parents/carers of children aged 15 days to 7 years.
Number of respondents: 2016: 123; 2018: 112; 2020: 117

Significant change 2020 vs 2018

No change

Appendix



Comparison to other trusts: where your trust has performed much better

The questions at which your trust has performed much better compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Much better than expected

- X5. For most of their stay in hospital, what type of ward did your child stay on?
- X10. Did staff play with your child at all while they were in hospital?

Murch, Sarah
03/25/2022 14:25:33

Comparison to other trusts: where your trust has performed better

The questions at which your trust has performed better compared with all other trusts are listed below.

The questions where your trust has performed about the same compared with all other trusts have not been listed.

Better than expected

- X20. Did hospital staff keep you informed about what was happening whilst your child was in hospital?
- X21. Were you able to ask staff any questions you had about your child's care?
- X23. Were the different members of staff caring for and treating your child aware of their medical history?
- X24. Did you feel that staff looking after your child knew how to care for their needs?
- X38. Afterwards, did staff explain to you how the operations or procedures had gone?
- X40. Did a member of staff tell you who to talk to if you were worried about your child when you got home?
- X41. When you left hospital, did you know what was going to happen next with your child's care?
- X44. Do you feel that the people looking after your child were friendly?
- X47. Were you treated with dignity and respect by the people looking after your child?
- X48. Overall... I felt that my child had a very poor experience (0) to I felt that my child had a very good experience (10) (please circle a number)
- X57. Did you feel able to ask staff questions?
- X61. If you had any worries, did a member of staff talk with you about them?
- X67. Afterwards, did staff explain to you how the operations or procedures had gone?
- X72. Overall, how well do you think you were looked after in hospital?

Arch Sarah
03/25/2022 14:25:33

Comparison to other trusts: where your trust has performed somewhat better

The questions at which your trust has performed somewhat better compared with all other trusts are listed below.

The questions where your trust has performed about the same compared with all other trusts have not been listed.

Somewhat better than expected

- X7. How clean do you think the hospital room or ward was that your child was in?
- X14. Did members of staff treating your child give you information about their care and treatment in a way that you could understand?
- X15. Did members of staff treating your child communicate with them in a way that your child could understand?
- X17. Did you have confidence and trust in the members of staff treating your child?
- X25. Were members of staff available when your child needed attention?
- X28. Did your child like the hospital food provided?
- X36. Before the operations or procedures, did a member of staff answer your questions in a way you could understand?
- X55. Did hospital staff talk with you about how they were going to care for you?

Murch, Sarah
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Comparison to other trusts: where your trust has performed somewhat worse

The questions at which your trust has performed somewhat worse compared with all other trusts are listed below.

The questions where your trust has performed about the same compared with all other trusts have not been listed.

Somewhat worse than expected

- No questions for your trust fall within this banding.

Murch, Sarah
03/25/2022 14:25:33

Comparison to other trusts: where your trust has performed worse

The questions at which your trust has performed worse compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Worse than expected

- No questions for your trust fall within this banding.

Murch, Sarah
03/25/2022 14:25:33

Comparison to other trusts: where your trust has performed much worse

The questions at which your trust has performed much worse compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Much worse than expected

- No questions for your trust fall within this banding.

Murch, Sarah
03/25/2022 14:25:33

NHS Children and Young People's Patient Experience Survey

Results for University Hospitals Bristol and Weston NHS Foundation Trust

Where patient experience **is best**

- ✓ **Access to facilities:** parents or carers feeling they were able to prepare food in the hospital if they wanted to
- ✓ **Play and activities:** parents or carers feeling that staff played with their child while they were in hospital
- ✓ **Hospital food:** parents or carers feeling that their child liked the hospital food provided
- ✓ **Concerns about care:** parents/carers feeling staff told them who to talk to if worried about child when they got home
- ✓ **Hospital Wi-Fi:** parents/carers feeling that the hospital Wi-Fi was good enough for their child to entertain themselves

Where patient experience **could improve**

- **Quiet hospital wards:** patients feeling it was quiet enough to sleep on the ward
- **Admission dates:** patients were given a choice of admission dates
- **Access to facilities:** parents or carers feeling they had access to hot drinks facilities in the hospital
- **Being with their child:** parents or carers feeling that they were able to be with their child as much as they needed to
- **Decisions about care:** patients feeling involved in decisions about their care and treatment

These questions are calculated by comparing your trust's results to the national average. "Where patient experience is best": These are the five results for your trust that are highest compared with the national average.

"Where patient experience could improve": These are the five results for your trust that are lowest compared with the national average.

This survey looked at the experiences of people who were discharged from an NHS acute hospital between 1st November 2020 and 31st January 2021. Between March and July 2021 a questionnaire was sent to 1250 recent patients. Responses were received from 356 patients at this trust. If you have any questions about the survey and our results, please contact [INSERT TRUST CONTACT DETAILS].



How to interpret benchmarking in this report

The charts in the 'benchmarking' section show how the score for your trust compares to the range of scores achieved by all trusts taking part in the survey. The black line shows the score for your trust. The graphs are divided into seven sections, comparing the score for your trust to most other trusts in the survey:

- If your trust's score lies in the **dark green section** of the graph, its result is 'Much better than expected'.
- If your trust's score lies in the **mid-green section** of the graph, its result is 'Better than expected'.
- If your trust's score lies in the **light green section** of the graph, its result is 'Somewhat better than expected'.
- If your trust's score lies in the **grey section** of the graph, its result is 'About the same'.
- If your trust's score lies in the **yellow section** of the graph, its result is 'Somewhat worse than expected'.
- If your trust's score lies in the **light orange section** of the graph, its result is 'Worse than expected'.
- If your trust's score lies in the **dark orange section** of the graph, its result is 'Much worse than expected'.

These groupings are based on a rigorous statistical analysis of the data termed the 'expected range' technique.



How to interpret benchmarking in this report (continued)

The 'much better than expected', 'better than expected', 'somewhat better than expected', 'about the same', 'somewhat worse than expected', 'worse than expected' and 'much worse than expected' categories are based on an analysis technique called the 'expected range'. Expected range determines the range within which a trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust, to indicate whether the trust has performed significantly above or below what would be expected.

If it is within this expected range, we say that the trust's performance is 'about the same' as other trusts. Where a trust is identified as performing 'better' or 'worse' than the majority of other trusts, the result is unlikely to have occurred by chance.

In some cases, there will be no shades of orange and/or green area in the graph. This happens when the expected range for your trust is so broad that it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no orange section). This could be because there were few respondents and/or a lot of variation in their answers.

In some cases, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Additional information on the 'expected range' analysis technique can be found in the survey technical report on the [NHS Surveys website](#).

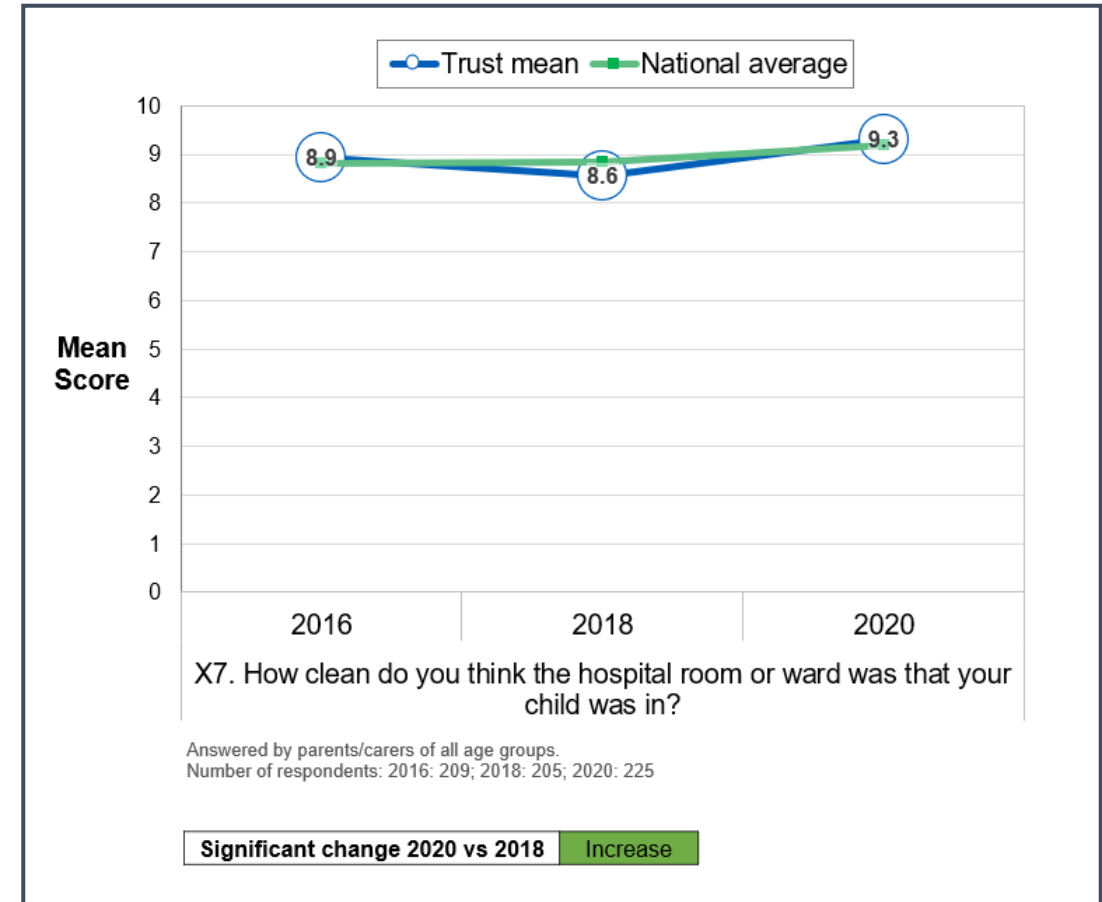
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How to interpret change over time in this report

The charts in the 'change over time' section show how your trust scored in each survey iteration. Where available, trend data from 2016 to 2020 is shown. Questions that are not historically comparable, are not shown.

Each question is displayed in a line chart. These charts show your trust's mean score for each survey year (blue line). The national average is also shown across survey years, this is the average score for that question across all children and young person's trusts in England (green line). This enables you to see how your trust compares to the national average. If there are data missing for a survey year, this may be due to either a low number of responses, because the trust was not included in the survey that year, sampling errors or ineligibility.

Statistically significant changes are also displayed underneath the charts, showing significant differences between this year (2020) and the previous year (2018). Z-tests set to 95% significance were used to compare data between the two years (2020 vs 2018). A statistically significant difference means it is unlikely we would have obtained this result if there was no real difference.



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An example of scoring

Each evaluative question is scored on a scale from 0 to 10. The scores represent the extent to which the patient's experience could be improved. A score of 0 is assigned to all responses that reflect considerable scope for improvement, whereas a score of 10 refers to the most positive patient experience possible. Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. Where options were provided that did not have any bearing on the trust's performance in terms of patient experience, the responses are classified as "not applicable" and a score is not given. Similarly, where respondents stated they could not remember or did not know the answer to a question, a score is not given.

Calculating an individual respondent's score

The following provides an example for the scoring system applied for each respondent. For question X49 "Did hospital staff play with you or do any activities with you while you were in hospital?":

- The answer code "Yes, a lot" would be given a score of 10, as this refers to the most positive patient experience possible.
- The answer code "Yes, a little" would be given a score of 5, as it is placed at an equal interval along the scale.
- The answer code "No" would be given a score of 0, as this response reflects considerable scope for improvement.
- The answer code "I did not want or need them to" would not be scored, as they do not have a clear bearing on the trust's performance in terms of patient experience.

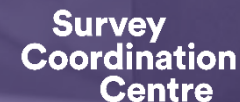
Calculating the trust score for each question

The weighted mean score for each trust, for each question, is calculated by dividing the sum of the weighting scores for a question by the weighted sum of all eligible respondents to the question for each trust. An example of this is provided in the [survey technical document](#).

Thank you.

For further information
please contact the Survey
Coordination Centre for
Existing Methods:

cyp@surveycoordination.com



Briefing report: 2020 Under 16 Cancer Patient Experience Survey Results

1. Purpose of this report

This report provides a summary of how well the Trust performed in the Under 16 Cancer Patient Experience Survey 2020. The full benchmarking report prepared by Picker is attached as Appendix A to this report.

2. Background

The Under 16 Cancer Patient Experience Survey 2020 is the first iteration of a national survey that is expected to run on an annual basis to measure the tumour and cancer care for children and young people. The survey captures the experiences of children who were aged 8 and above at the start of the fieldwork period, but under 16 at the time of their care, and the parents and carers of children who were aged under 16 at the time of their care. The survey is managed by NHS England and NHS Improvement, who commissioned Picker to oversee survey development, technical design, implementation and analysis of the survey.

Children's cancer care¹ is led from three Multi-Disciplinary Teams (MDT) - solid tumour, neuro-oncology and leukaemia from within UHBW, designated as the Children's Cancer Principal Treatment Centre (PTC). All children under 16 within the South West (a patch covering the hospital catchments of Gloucester Royal, Bath, Yeovil, Musgrove Park Taunton, Royal Devon and Exeter, North Devon, Plymouth and Truro) come to UHBW for diagnosis of their cancer. Treatment plans are agreed in the relevant MDT and treatment is led from the PTC, via a named consultant lead. In addition UHBW is a supra-regional referral centre for BMT, undertaking one third of the malignant transplants (for leukaemia) in the UK. These patients are drawn from our South West catchment as well as the catchments of Cambridge, Oxford, Cardiff and Belfast.

Delivery of cancer treatment may be devolved to be delivered (under the guidance of the PTC) in one of seven Paediatric Oncology Shared Care Units (POSCU). North Devon is not a POSCU, children are supported by Royal Devon and Exeter. This Hub and spoke model of children's cancer care is most highly devolved in the South West given the large geographical area UHBW covers and also one of the longest running networks, in comparison to the other PTCs within the UK.

The current format of the Picker Under 16 Cancer Patient Experience Survey identifies patients via their diagnostic or other inpatient episode in UHBW. However, for many patients with acute lymphoblastic leukaemia (approximately one third of cases), low grade brain tumours, and some other solid tumours (approximately one quarter of cases) subsequent treatment and follow up may be wholly delivered in the POSCU. In addition, specialised treatment i.e. access to early phase trials or to proton beam radiotherapy, may also have been delivered outside UHBW.

¹ Cancer care has a wide definition in Paediatrics and also covers benign conditions such as low grade glioma, where rehabilitation and long term needs may be significant and related conditions such as histiocytoses, where protracted chemotherapy schedules may be required.

The data from the survey ('your child has been treated for cancer in the last year') cannot be analysed to extract the data in accordance with place of care. Therefore for each of the questions the parental and child answer could relate to at least one of eight organisations.

The sample for the survey included all patients with a confirmed tumour or cancer diagnosis who received inpatient or day case care from NHS Principal Treatment Centres (PTCs) between January 1, 2020 and December 31, 2020, and were aged under 16 at the time of their discharge. The 2020 survey involved 13 Principal Treatment Centres (PTCs), composed of 16 NHS Trusts. 1,144 responded out of a total of 3,294 eligible cases, resulting in a response rate of 35%. For University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), there were 71 respondents to the survey out of a total of 190 eligible patients which equates to a 38% response rate.

The Under 16 Cancer Patient Experience Survey 2020 uses three different questionnaires, each one appropriate for a different age group of patients sampled:

- The 0-7 questionnaire; sent to parents/carers of patients aged between 0 and 7 years old
- The 8-11 questionnaire, sent to parents/carers of patients aged between 8 and 11 years old
- The 12-15 questionnaire; sent to parents/carers of patients aged between 12 and 15 years old

Questionnaires sent to those aged 8-11 and 12-15 contained a section for the child to complete, followed by a separate section for their parent or carer to complete. Where a child was aged 0-7, the questionnaire was completed entirely by their parent or carer.

3. Summary of results

UHBW scored above the national average on around 10 questions and below the national average on 21 questions. All remaining questions (21) were largely in line with the national average.

Given this is the first set of the results for this survey we are looking at, there are no historical comparisons that can be made against how we have performed previously. The Trust scored performed well in the following areas:

- Positive feedback for community services – Paediatric Oncology Outreach nurses (score 37% higher than the national score);
 - Facilities such as access to Wi-Fi (score 15% higher than the national score);
 - Access to support services, such as school and play (score 20% higher than the national score);
 - Privacy and dignity well respected and families felt they were able to talk to staff about the impact that the diagnosis had on their lives;
 - Parents felt they received information in an empathetic way that they could understand as well as being given time to ask questions;
- Children felt that staff were friendly and parents had trust in staff and knew who to contact when requiring support.

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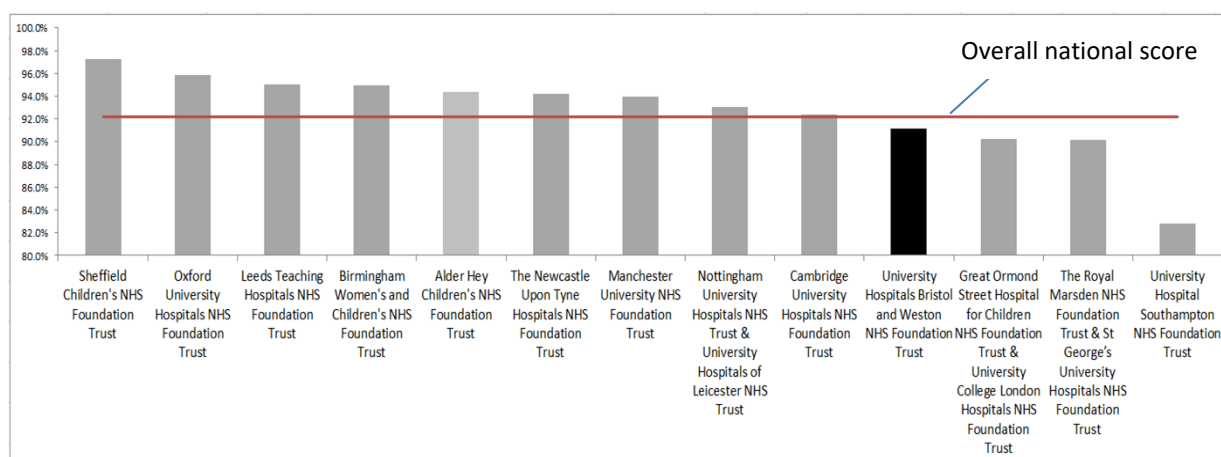
Some of the areas where the Trust score was amongst the lowest nationally and where some improvements have been identified in the report include:

- Communication across the PTC network;
- Facilities, including overnight facilities;
- Availability of food;
- Overall experience of care;
- More time for parents to make decisions (score 12% < national score);
- Ensuring questions are answered after diagnosis (score 16% < national score);
- More support after treatment ends (note this is prior to entry into long-term follow up programmes) (score 5% < national score).

4. Overall experience analysis

In the overall care section of the survey, parents/carers of all age groups were asked 'Overall, please rate your child's cancer or tumour care from 0 (very poor) to 10 (very good)'. Chart 1 (below) shows that UHBW had an overall score of 91% compared to the average of all PTC's which had a score of 92% and ranked 10th out of the 13 PTCs involved in the survey. Another question which forms part of the overall care section of the survey asks all children aged 8-15 'Overall, how well are you looked after for your cancer or tumour by the healthcare staff?' and 72.4% answered 'very well' which is below the national score of 80% (Chart 2 overleaf).

Chart 1: Overall parent/carer rating of child's cancer or tumour care from 0 (very poor) to 10 (very good) – all PTC's



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Chart 2: Percentage of patients who rated being looked after 'very well' for their cancer or tumour by the healthcare staff

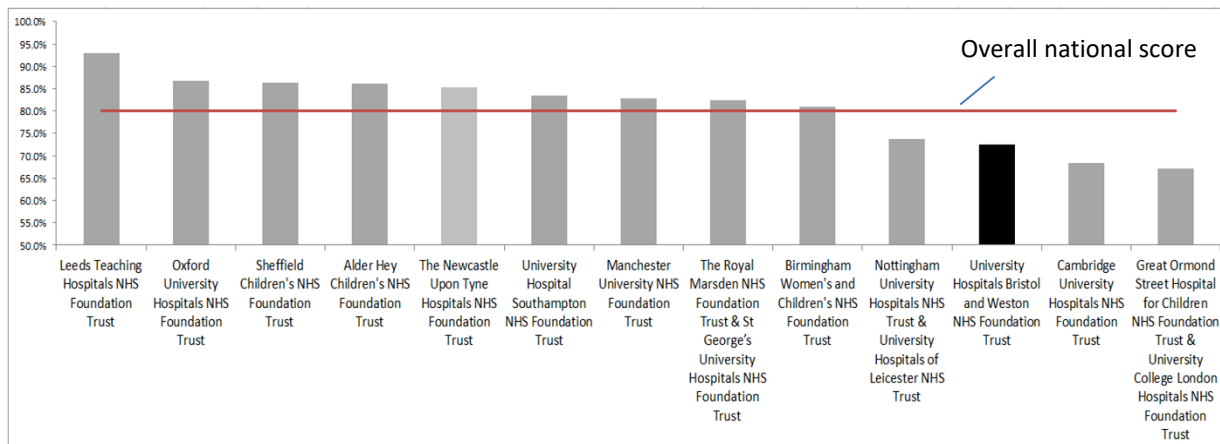


Chart 3: Key touchpoints in the patient journey

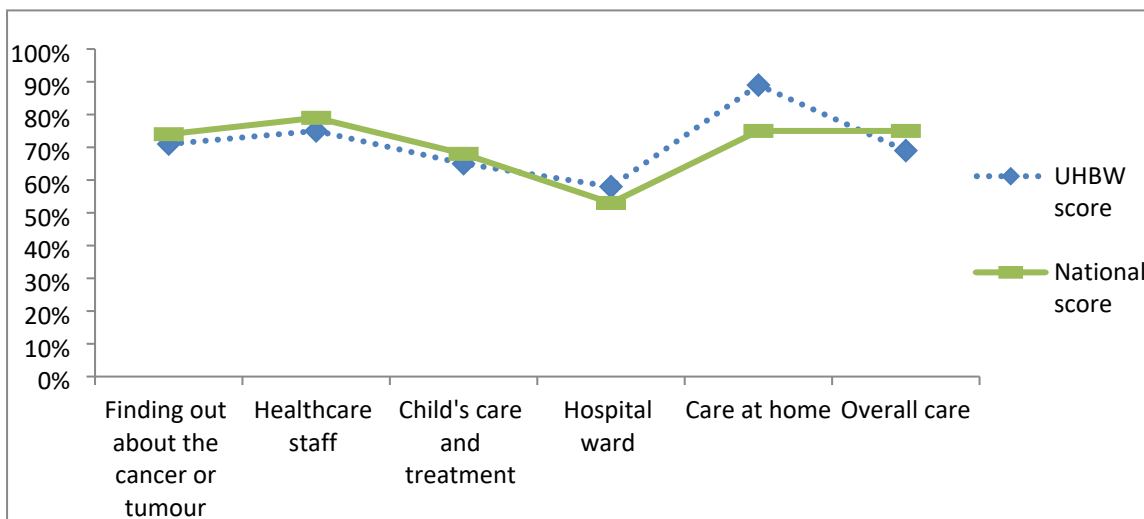


Chart 3 above shows the key touchpoints of an "average" patient experience journey whilst visiting our hospital. These touchpoints are calculated in sections based on the average of a cohort of related question scores in the survey. UHBW scored above the national score in the combined 'care at home' and 'hospital ward' sections and just under the national score in the remaining sections of the survey.

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5. Sentiment analysis for patient comments

An analysis of each free-text comment received as part of the Under 16 Cancer Patient Experience Survey was prepared by Picker and split into negative and positive themes which can be found in Appendix B and are broken down below:

Table 1: Sentiment analysis of free text comments

Topic	N/A	Negative	Positive	Grand Total
Attention to physical and environmental needs		20	5	25
Clear information, communication, and support for self-care		9	6	15
Continuity of care and smooth transitions		11	1	12
Effective treatment delivered by trusted professionals		21	60	81
Emotional support, empathy and respect		12	9	21
Fast access to reliable healthcare advice		14	6	20
General		2	15	17
Involvement and support for family and carers		5	1	6
Involvement in decisions and respect for preferences		1		1
Other	5			5
Grand Total	5	95	103	203

The majority of comments which were tagged as 'negative' were around 'effective treatment delivered by trusted professionals' and 'attention to physical and environmental needs', such comments include:

- *"He had little to no play therapy to support him through being in hospital for scans and appointments, the result being he felt very unsafe in that environment and now has quite deep rooted trauma relating to his cancer journey and experiences."*
- *"Ocean unit is windowless and dark. Side rooms are tiny. Apollo had very little kitchen facilities/ supplies I was told to go out and buy food for myself, yet due to covid was asked not to leave the ward by a different member of staff."*
- *"He had ascites with (illness), which was very painful, especially when trying to get onto an adult commode with no step. I asked for a step. They had to ask the physios. No step was provided."*

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In contrast, the topic of 'effective treatment delivered by trusted professionals' also had the most positive sentiment analysis tagged to the comments. In particular, these comments were around 'general care' and 'general staff' and include the following:

- *"Every health care professional we interacted with at Bristol were very kind and amazing when it came to treating our daughter. Every member of the children's ward were amazing especially her primary care team and the play specialists".*
- *"Staff became family. I was on (name) ward for approximately 6 months with my son separated from my husband & daughter. We live 2hrs and 15mins from Bristol Hospital. From the minute we was blue lighted from Plymouth to Bristol I had faith in the care our son received. I cannot thank such an amazing team enough, from consultants, drs, nurses to the cleaners, an amazing team who are angels."*
- *"We have been very impressed and are eternally grateful to the team on (name) (and (name)) ward at the Bristol Childrens Hospital. Thankyou to the amazing team of hard working devoted carers, we will always be grateful to you all."*

6. Improvement opportunities

In response to the improvement opportunities identified in the results and difficulties in analysing the data as outlined in Section 2 (Background) above, the clinical team are planning on holding focus groups to look further into some of the topics to understand the differences per diagnostic multi-disciplinary team i.e. leukaemia versus oncology (solid and neuro-oncology). In order to better understand the changes and improvements required specifically within the Principal Treatment Centre i.e. UHBW, more data is needed using not only information held within the Picker survey but cross checked with data specific to care in UHBW to be gained by focus groups. The insight from the focus groups and survey data will then be used to develop an action plan in combination with data from complaints and friends and family test feedback. Developing an action plan without further engagement with children, young people and parents risks prioritising areas for improvement that do not reflect what will make a difference locally for our patients. The initial two actions developed are as follows:

Issue	Actions	Due date	Owner	Status
Results are wider than just UHBW and cover the South West cancer network	Share results with the Operational Delivery Network	Complete	Children's Cancer Network Team (Lead Dr Rachel Dommett, Lead Nurse Helen Morris and Network Manager Amanda Saunders).	Complete
Unclear which cohort of patients report less favourable experiences	Carry out focus groups to understand if there are differences per diagnostic multi-disciplinary team i.e. leukaemia versus oncology (solid and neuro-oncology) and variations in regional care	End of Q1 2022/23	Children's Cancer Network Team (Hannah Flight, Assistant Clinical Psychologist and Dr Miriam Ryan, Principal Clinical Psychologist conducting focus groups)	Ongoing

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These results have been shared with the Divisional Triumvirate and Executive Directors before onwards reporting to Patient Experience Group, Senior Leadership Team, Quality and Outcomes Committee and Trust Board. The department have internally shared the results at PTC level meetings, divisional management meetings and the UHBW Trust Cancer Board meeting. Externally, the results will be discussed at network level Operational Delivery Network (ODN) meetings and SWAG Cancer Alliance.

Actions arising from these discussions will be held within the local governance group and added to the local action plan for 2022 which encompasses priorities set by the division and the newly formed network that include a redesign for Starlight Ward capital project to manage infection control issues for BMT patients, new staffing model for the day unit with new policies and procedures to manage chemotherapy protocols as day case rather than in patient to meet a growing capacity problem and electronic medical records to address divisional priorities about notes storage.

Whilst The Under 16 Cancer Patient Experience Survey is useful as a way of comparing patient experience between PTCs, the small sample sizes and delay in publishing the results make it less useful as a service improvement tool. To address this, the Trust has an ongoing patient experience programme that supports ongoing monitoring of patient-reported experience down to ward-level. This programme is the main focus of the Trust's improvement work in response to patient feedback.

Report author: Anna Horton, Patient Experience & Regulatory Compliance Coordinator

Date: 14th February 2022

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Under 16 Cancer Patient Experience Survey 2020

University Hospitals Bristol and
Weston NHS Foundation Trust



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Executive Summary

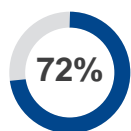
Overall PTC response rate

71 responded out of a total of 190 eligible parents and children who were sent a survey, resulting in a response rate of 38%. Please note that a response consists of one survey completion, which could consist of both parent and child responses.

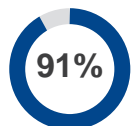
	Original sample size	Adjusted sample size ¹	Completed	Response rate
PTC	192	190	71	38%

Overall PTC care rating

Data for questions in which the base size per question was <11 have been suppressed and replaced with an asterisk (*).



Children are looked after very well for their cancer or tumour by healthcare staff
(Question X65)



Parents or carers rated the overall experience of their child's care as 8 or more out of 10
(Question X64)

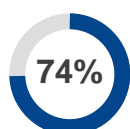
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¹The adjusted sample excludes patients who were discovered to be ineligible during fieldwork.

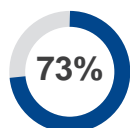
PTC key question scoring

The following questions were rated as the most important items for providing a good patient experience by professionals involved in children's tumour and cancer care. Scores for all questions can be found in the PTC Excel Data Tables, available on the survey website: <https://www.under16cancerexperiencesurvey.co.uk/technical-reports>

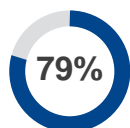
Data for questions in which the base size per question was <11 have been suppressed and replaced with an asterisk (*).



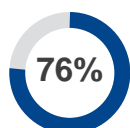
Parents or carers definitely given clear written information about treatment (Question X40)



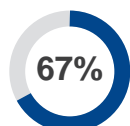
Parents or carers definitely told about cancer or tumour in a sensitive way (Question X08)



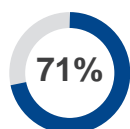
Parents or carers always have confidence and trust in staff caring for their child (Question X17)



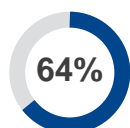
Child reported that staff always speak to them in a way that is suitable to them (Question X22)



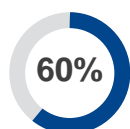
Information definitely given in a way parents/carers and children could understand (Question X09)



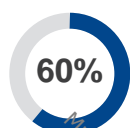
Children always understand what staff are saying (Question X15)



Staff definitely offered parents or carers enough time to make decisions about child's treatment (Question X41)



Parents or carers feel that different staff are definitely aware of their child's medical history (Question X30)



Parents or carers definitely have access to reliable help and support 7 days a week from the hospital (Question X35)

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Introduction

- The Under 16 Cancer Patient Experience Survey 2020 is the first iteration of a national survey that is expected to run on an annual basis to measure children's tumour and cancer care. The survey captures the experiences of children who were aged 8 and above at the start of the fieldwork period, but under 16 at the time of their care, and the parents and carers of children who were aged under 16 at the time of their care.
- The survey has been designed to establish a baseline measure of patient experiences of cancer care across England and to enable NHS organisations to assess their performance with other providers. In future years, the survey will also allow national trends to be tracked over time, along with allowing NHS organisations to compare their performance with earlier waves of data collection.
- The survey is overseen by an Under 16's National Cancer Patient Experience Survey Advisory Group made up of professionals involved in the provision of children's cancer care, charity representatives, cancer patients and parents of children with cancer. This group advises on questionnaire development, methodology and reporting outputs. The survey is managed by NHS England and NHS Improvement, who commission Picker to oversee survey development, technical design, implementation and analysis of the survey.

Methodology

Eligibility, fieldwork and survey methods

The sample for the survey included all patients with a confirmed tumour or cancer diagnosis who received inpatient or day case care from NHS Principal Treatment Centres (PTCs) between January 1, 2020 and December 31, 2020, and were aged under 16 at the time of their discharge. It is important to note that the sampling period took place during an unprecedented year for the health and social care sector, with the outbreak of the global Covid19 pandemic. This had an impact on the NHS and may have influenced people's care perceptions and experiences, and therefore how they answered the survey. In addition to considering the pandemic, Principal Treatment Centres should also apply any local knowledge to the interpretation of their findings.

The fieldwork for the survey was undertaken between April and June 2021. One of three versions of the survey were distributed:

- The 0-7 questionnaire; sent to parents/carers of patients aged between 0 and 7 years old immediately prior to survey fieldwork (30th March 2021)
- The 8-11 questionnaire, sent to parents/carers of patients aged between 8 and 11 years old immediately prior to survey fieldwork (30th March 2021)
- The 12-15 questionnaire; sent to parents/carers of patients aged between 12 and 15 years old immediately prior to survey fieldwork (30th March 2021)

Survey version was assigned based on the patient's age immediately prior to survey fieldwork as opposed to their age at the time they received care, to ensure the most age-appropriate version was sent. For instance, there were small differences in survey design, wording and the way that answer options were presented in the 8-11 and 12-15 questionnaire versions.

Questionnaires sent to those aged 8-11 and 12-15 contained a section for the child to complete, followed by a separate section for their parent or carer to complete. Where a child was aged 0-7, the questionnaire was completed entirely by their parent or carer.

The survey asked recipients to answer about their (or their child's) cancer care over the last year. Some patients may have been 16 or 17 years old at the time they received the questionnaire if they were 15 years old at the time of their discharge but then had a birthday or two prior to the survey being sent out.

The survey used a mixed mode methodology. Questionnaires were sent by post and addressed to the parent or carer of the child, with two reminders sent to non-responders, and also included an option to complete the questionnaire online. A Freephone helpline and email address were available for respondents to opt-out, ask questions about the survey, enable respondents to complete their questionnaire over the

phone and provide access to a translation and interpreting facility for those whose first language was not English.

Suppression

Suppression is used to protect the confidentiality of respondents in instances in which the base size (number of respondents answering a question) is low and there is a chance that the respondent could be identified.

Question-level suppression

Data for questions in which the base size per question was <11 have been suppressed and replaced with an asterisk (*).

Double suppression

Results for any sub-group breakdown adhere to the same suppression level as the question-level suppression but have an additional suppression rule. Where any of the groups within the sub-group breakdown had <11 respondents then the figure for this particular group was suppressed and replaced with an asterisk (*). If there was only one group within the sub-group that had <11 respondents and was therefore suppressed, the group with the next lowest number of respondents (regardless of whether it was greater than or less than 11) was suppressed and replaced with an asterisk (*). This rule applies to scores and proportions.

Scoring methodology

For the benchmarking charts and score tables sections, a score has been created for questions that address performance in relation to patient experience (this applies to most survey questions, excluding filter questions and demographic questions such as gender or ethnicity). The score shows the percentage of respondents who gave the most favourable response to a question. Any response options that are not applicable are removed before the score is calculated. This summary score can be used to monitor results over time, and to show how organisations compare to one another, and/or to the national average.

From the example table below, the question would be scored as follows:

Staff definitely offered parents enough time to make decisions about their child's treatment: 60%

Question text	Answer options	No. of responses	% responses
Did staff offer you enough time to make decisions about your child's treatment?	Yes, definitely	120	60%
	Yes, to some extent	74	37%
	No, but I would have liked this	6	3%
	No, but this was not needed or possible	n/a	n/a

Important Note: Scores have been calculated using unadjusted data. In larger samples, scores are ordinarily adjusted to account for the fact that different demographic groups tend to report their experience of care differently. For example, previous analysis indicates that Black and Asian patients report a less positive experience than White patients on patient experience survey questions. Thereby, PTCs with differing populations could potentially lead to results appearing better or worse than they would if they had a slightly different profile of patients. Scores have not been adjusted on the 2020 survey due to small sample size restrictions. Furthermore, PTCs should be mindful that survey responses may be influenced by the type of care provided by PTCs, for example some provide specialised care and treatment.

PTCs should therefore be mindful of differences in types of care provision, size and possible demographic makeup when comparing their results against the performance of other PTCs.

Full scores to each scored question can be found in the PTC Excel Data Tables, available here: <https://www.under16cancerexperiencesurvey.co.uk/technical-reports> Meanwhile, more details on scoring can be found in the Technical Document on the survey website (see the 'Further information' section below).

Understanding the results

The 'PTC results' section of this report presents data from some of the survey questions, and shows the percentage of respondents that selected each response option. There is at least one question from each section of the questionnaire presented in a bar chart. Frequency tables for all survey questions (including non-scored questions) can be found in the PTC Excel Data Tables, available here: <https://www.under16cancerexperiencesurvey.co.uk/technical-reports>

The sub-group comparisons section of this report shows how different groups of respondents answered the overall care questions in the survey (for example by age/survey type, gender, ethnicity and diagnostic group). The benchmarking charts and score tables sections allow you to compare your scored results against the average of all 13 PTCs.

The percentages in this report have been rounded to the nearest whole percent. Therefore, in some cases the figures may not add up to 100%.

Question numbers relate to the numbering on the data tables, not the questions used on the surveys themselves.

Further information

This research was carried out in accordance with the internal standard for organisations conducting social research (accreditation to ISO27001:2013; certificate number GB10/80275). The 2020 survey data has been produced and published in line with the Code of Practice for Official Statistics.

For more information on development and methodology, please see the Survey Development Report and Technical Document, available on the survey website. For all other outputs, please visit the results section of the website at <https://www.under16cancerexperiencesurvey.co.uk/technical-reports>

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About the respondents

Table 1. Response rate

Please note that a response means one survey completion, which could be completed by both a parent/ carer and a child.

	Original sample size	Adjusted sample size ²	Completed	Response rate
PTC	192	190	71	38%

Table 2. Responses by survey mode

Response mode	n	%
Paper	55	77%
Online	16	23%
Mixed (combination of paper and online) ³	0	0%
Phone – English	0	0%
Phone – Translation service	0	0%
Total	71	100%

Table 3. Responses by survey type

Survey	n	%
0-7	40	56%
8-11	9	13%
12-15	22	31%
Total	71	100%

Table 4. Responses by gender of child (Question X66)

Gender of child	n	%
Male	36	51%
Female	32	45%
Prefer not to say	1	1%
Not given	2	3%
Total	71	100%

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²The adjusted sample excludes patients who were discovered to be ineligible during fieldwork.

³Indicates cases in which the entire parent/carers section was completed in one mode and the entire child section was completed in another mode.

Table 5. Responses by ethnicity of child (Question X69)

Ethnicity of child	n	%
White	64	90%
Mixed, Asian, Black	7	10%
Other and Not Given	0	0%
Total	71	100%

Table 6. Responses by current care or treatment stage⁴ (Question X01)

Stage of care	n	%
Recently diagnosed	0	0%
Watch and wait	7	10%
Currently receiving treatment	28	39%
Finished treatment in last month	3	4%
In remission / long-term follow-up	32	45%
Receiving palliative or end of life care	2	3%
Recently passed away	0	0%
Other	0	0%
Number of respondents	71	100%

Table 7. Responses by diagnostic group⁵ (from ICD-10 code in patient sample)

Diagnostic group	n	%
Leukaemias, myeloproliferative diseases, and myelodysplastic diseases	29	41%
Lymphomas and reticuloendothelial neoplasms	15	21%
CNS and miscellaneous intracranial and intraspinal neoplasms	9	13%
Other	18	25%
Total	71	100%

Table 8. Responses by long-term, unrelated conditions (Question X70)

Other long-term conditions	n	%
Reported unrelated physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more	16	23%
No long-term, unrelated conditions	54	77%
Total	70	100%

⁴Based on a select all that apply question.

⁵Details of how diagnostic groups were formed can be found in the technical appendix, available on the survey website: <https://www.under16cancerexperiencesurvey.co.uk/technical-reports>

Table 9. Responses by main person who answered questions in the children’s section (Question X68)

Respondent	n	%
The child / young patient	18	62%
The parent or carer	7	24%
Both the child / young patient and the parent or carer together	4	14%
Total	29	100%

Table 10. Responses by deprivation⁶ (based on IMD from postcode in patient sample)

Deprivation	n	%
1 (most deprived)	6	8%
2	10	14%
3	18	25%
4	23	32%
5 (least deprived)	13	18%
Non-England	1	1%
Total	71	100%

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⁶Indices of Multiple Deprivation (IMD) classifies geographic areas into five quintiles based on relative disadvantage

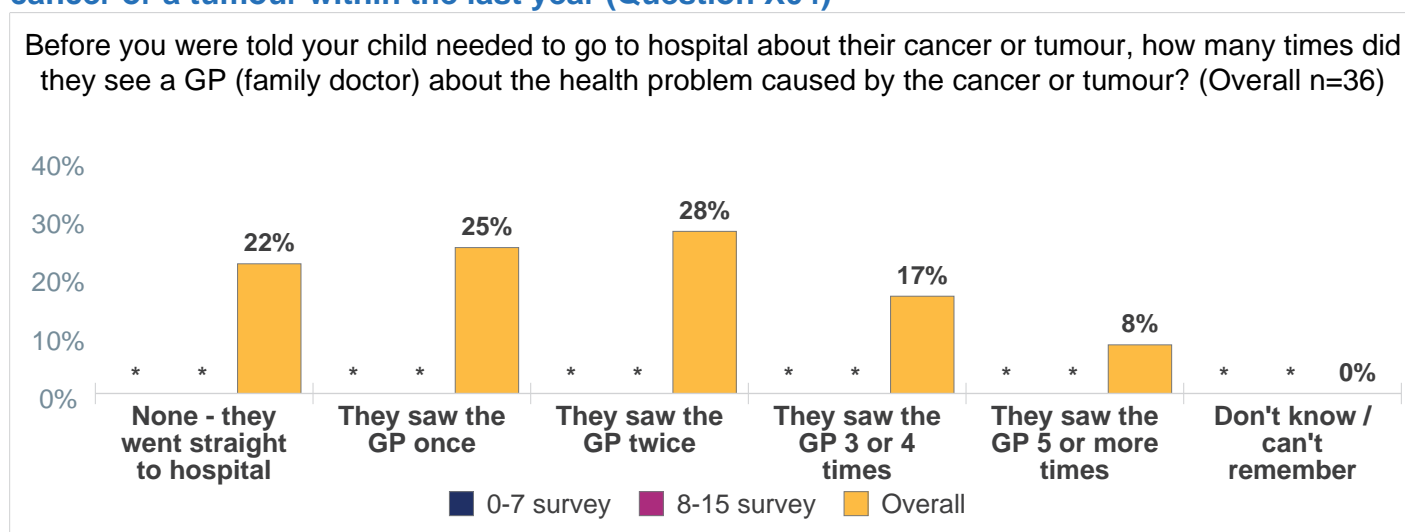
PTC results

Key findings from each section of the questionnaire can be found below. Please note that full results can be found within the PTC Excel Data Tables (see 'Further information' section for more details).

Finding out about the cancer or tumour

51% (n=36) of all parents/carers reported that their children were told they had cancer or tumour within the last year (Question X02). Of this group, 53% (n=19) saw their GP once or twice before being told they needed to go to hospital while 25% (n=9) saw their GP three or more times (Question X04). More details can be found below.

Figure 1. Answered by parents/carers of all age groups whose children were told they had cancer or a tumour within the last year (Question X04)



Further questions were asked to all parents/carers of children who had received diagnoses in the past year by the hospital named in the covering letter. Of these parents/carers, 76% (n=19) reported that they were seen as soon as they thought was necessary (Question X07). Meanwhile, 73% (n=19) were definitely told about their child's cancer or tumour in a sensitive way (Question X08) and 73% (n=19) have definitely been able to find the information they needed about their child's diagnosis (Question X12).

Parents/carers of children under the age of 8, along with children aged 8 and above at the time of fieldwork, who were diagnosed in the past year by the hospital named in the covering letter were asked questions concerning how information was given and whether they could have questions answered. Results can be found in the figures below.

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Figure 2. Answered by parents/carers of 0-7s whose children were told they had cancer or a tumour within the last year & at the hospital named in the letter, and children aged 8-15 who were told they had cancer or a tumour in the last year at the hospital named in the covering letter (Question X09)

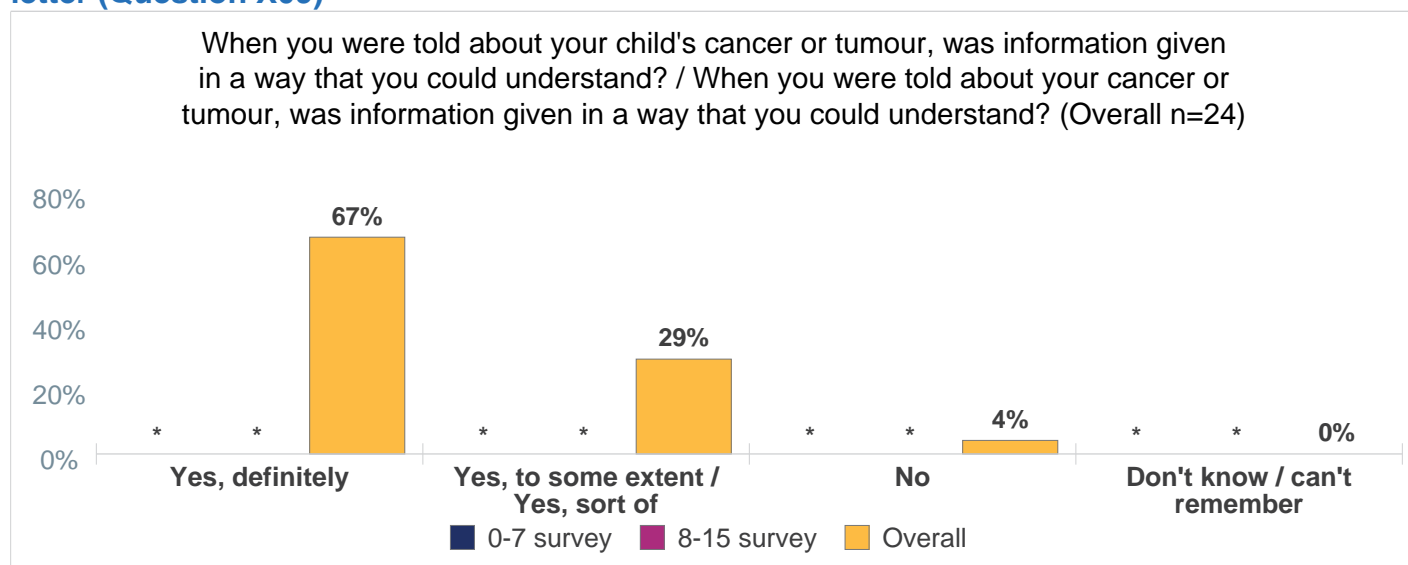
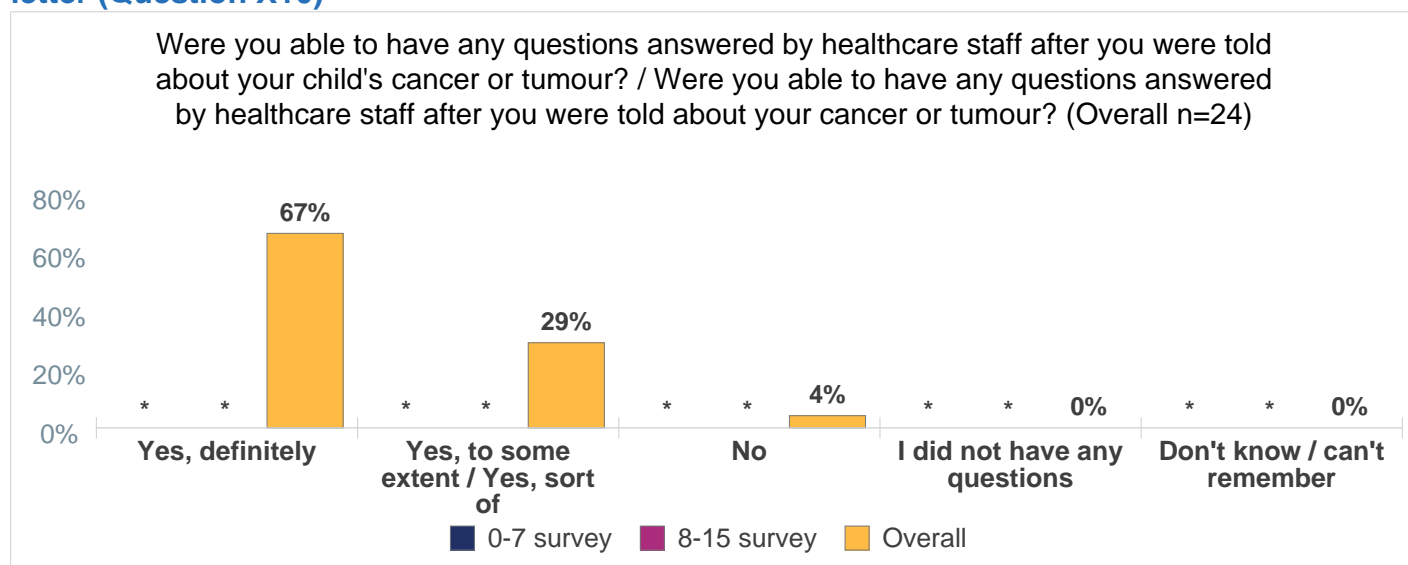


Figure 3. Answered by parents/carers of 0-7s whose children were told they had cancer or a tumour within the last year & at the hospital named in the letter, and children aged 8-15 who were told they had cancer or a tumour in the last year at the hospital named in the covering letter (Question X10)



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Healthcare staff

All parents/carers of children aged under 16 at the time of their care and children aged 8 and above at the time of their care were asked questions about their interactions with healthcare staff at the hospital named in the letter that came with the survey. The results for this section have been broken down into three main themes below: bedside manner and trust, clear communication and support.

Bedside manner and trust

Figure 4. Answered by parents/carers of all age groups (Question X16)

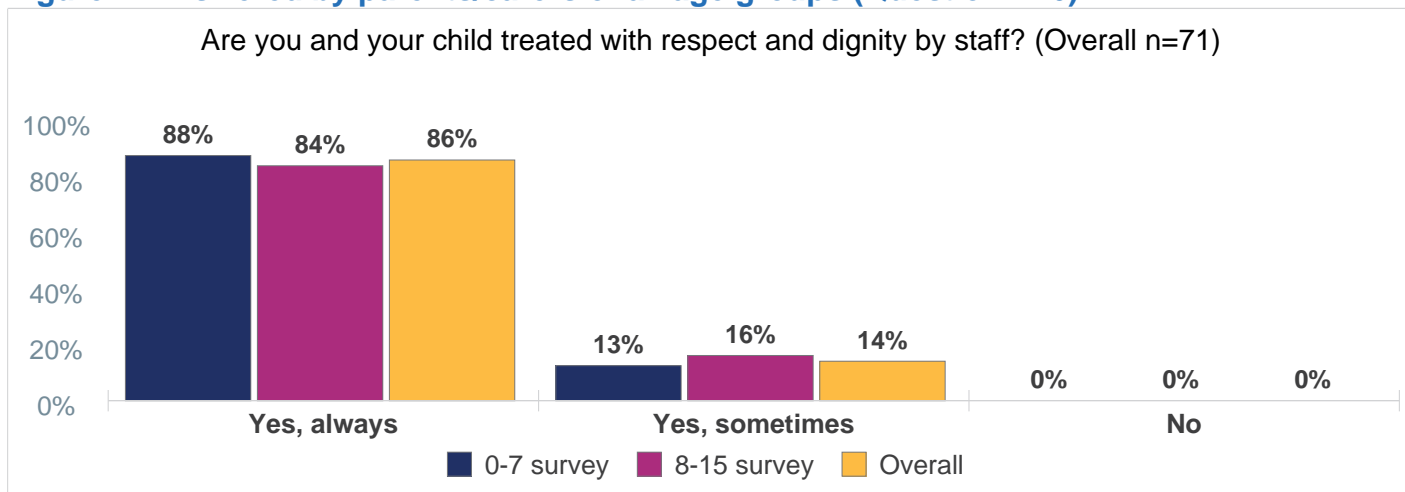


Figure 5. Answered by parents/carers of all age groups (Question X18)

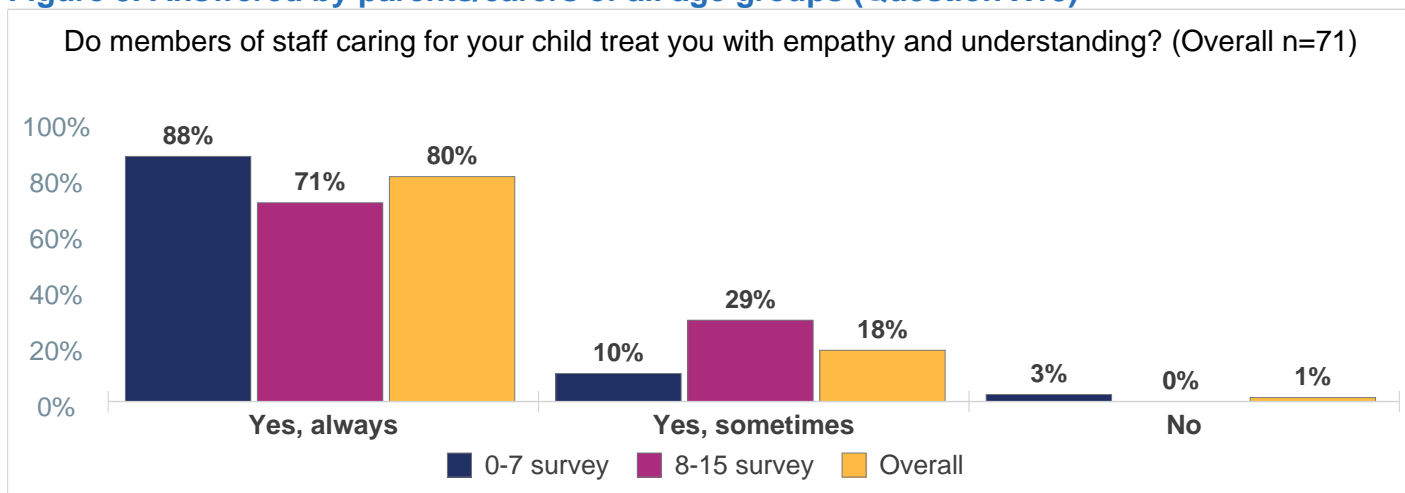


Figure 6. Answered by parents/carers of all age groups (Question X20)

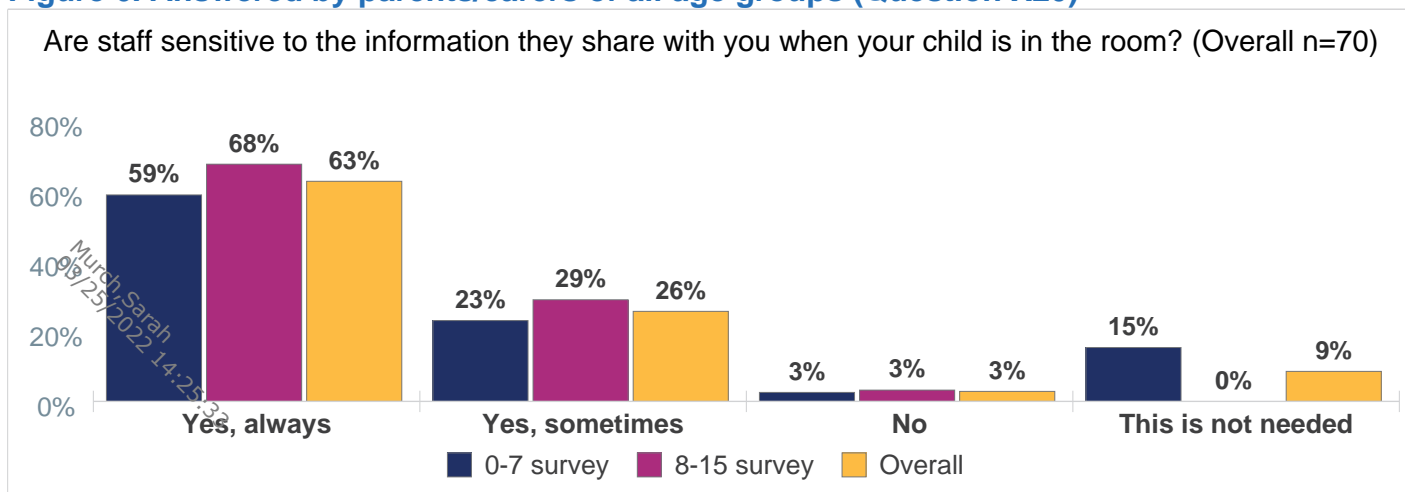


Figure 7. Answered by parents/carers of all age groups (Question X17)

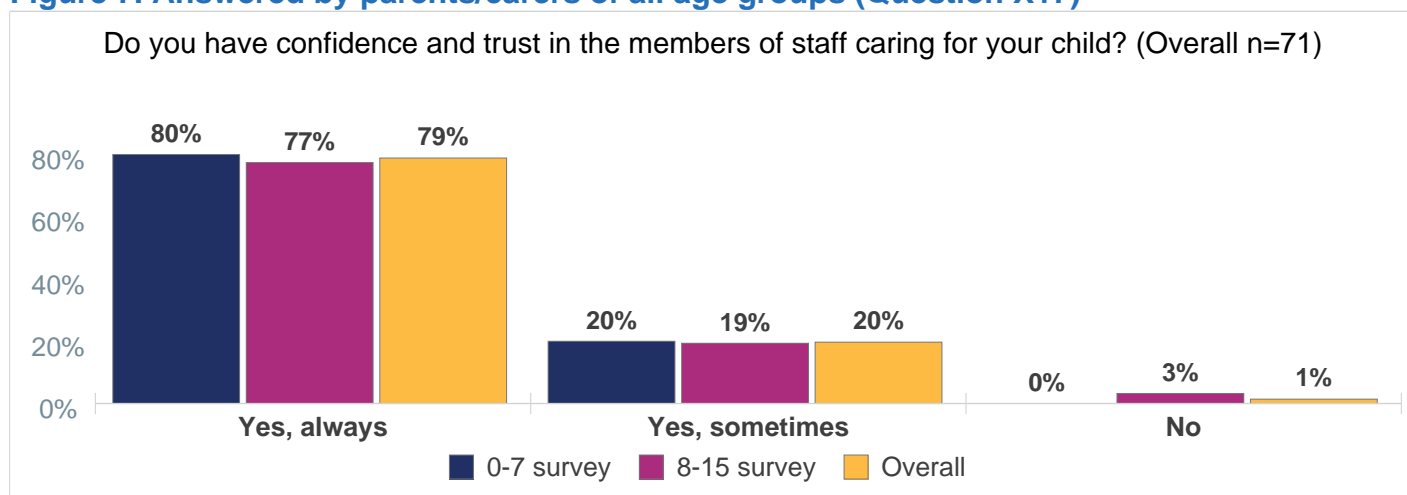
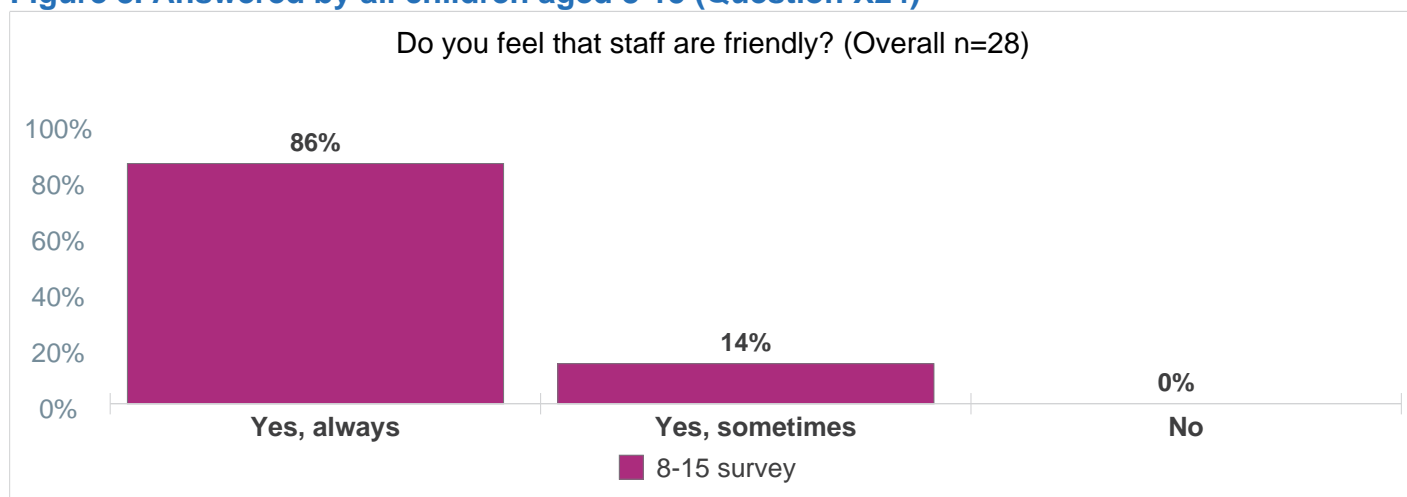


Figure 8. Answered by all children aged 8-15 (Question X24)



Clear communication

Figure 9. Answered by parents/carers of all age groups (Question X21)

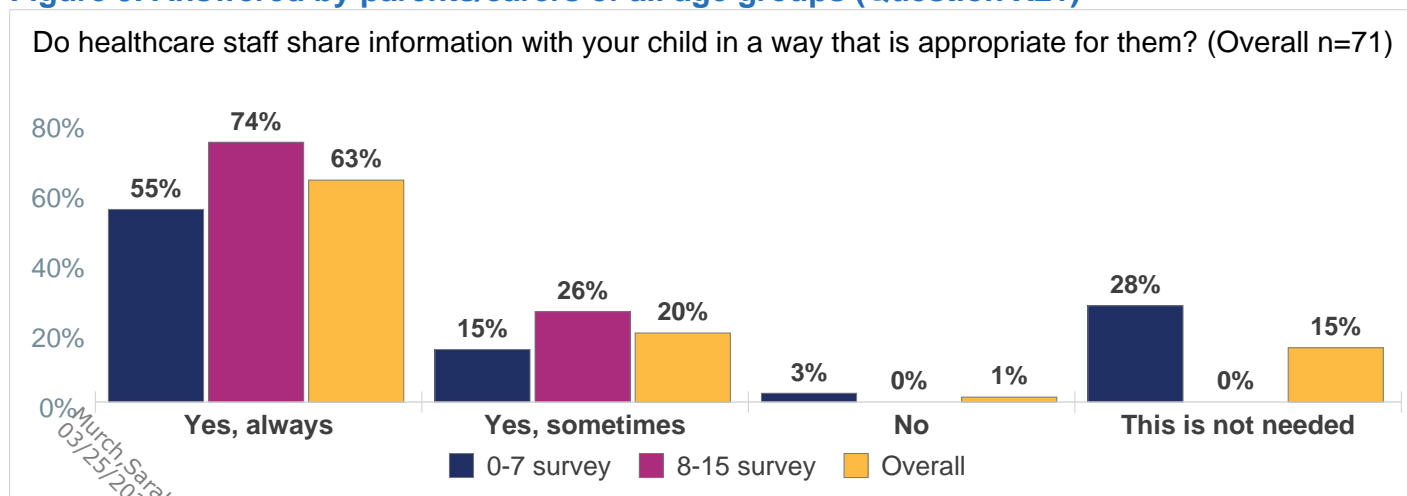


Figure 10. Answered by all children aged 8-15 (Question X15)

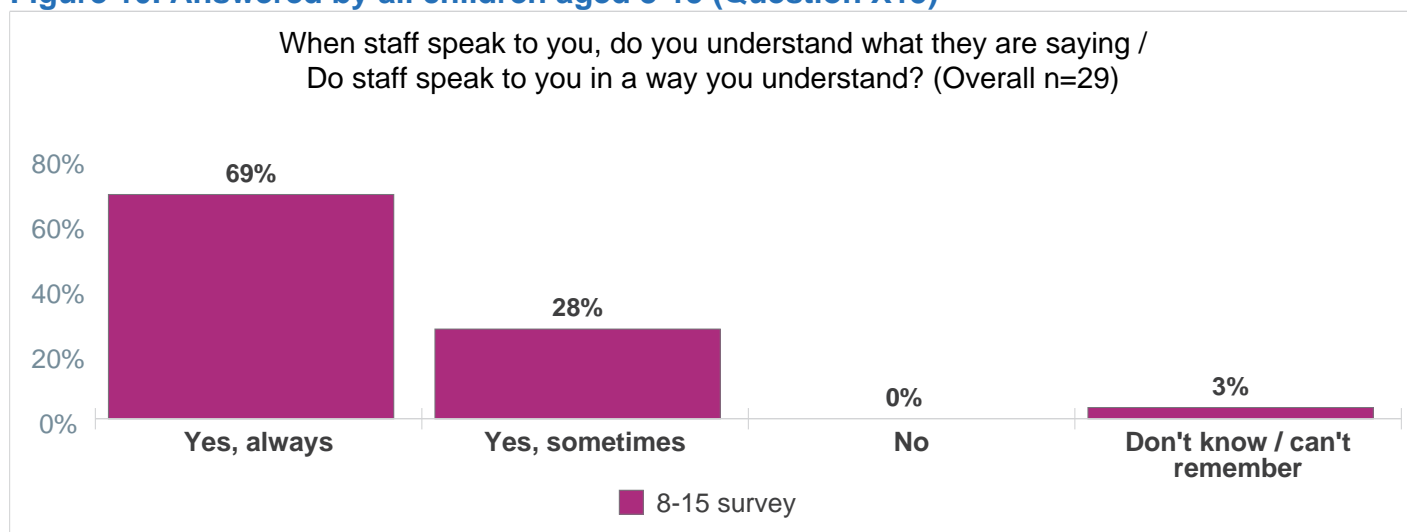


Figure 11. Answered by parents/carers of children aged 0-7, and all children aged 8-15 (Question X19)

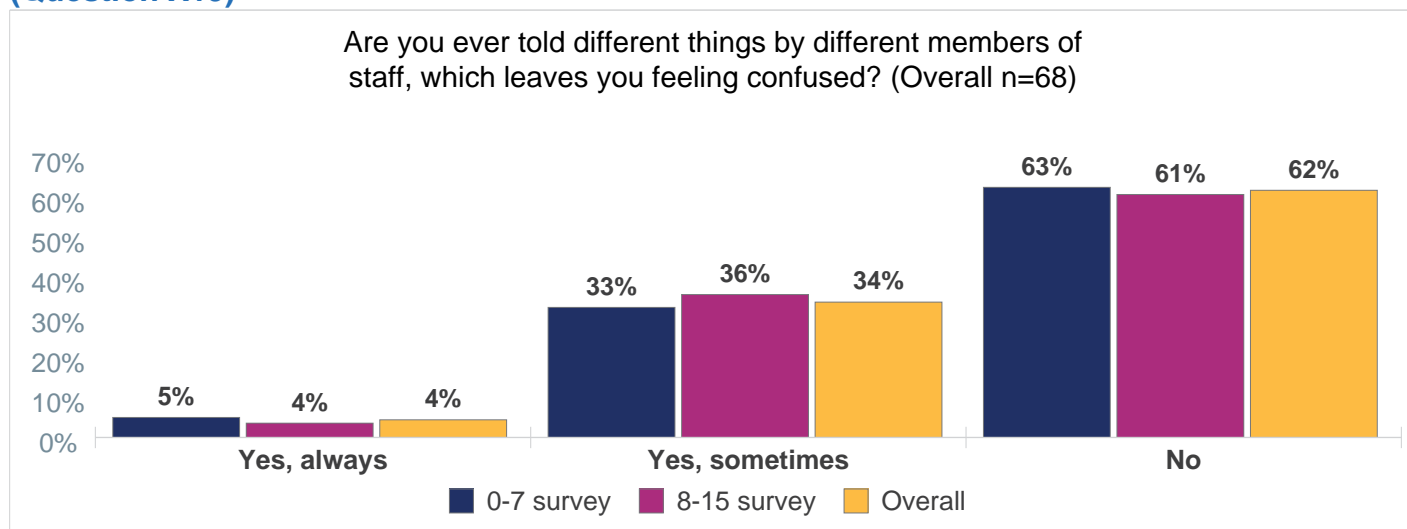


Figure 12. Answered by all children aged 8-15 (Question X22)

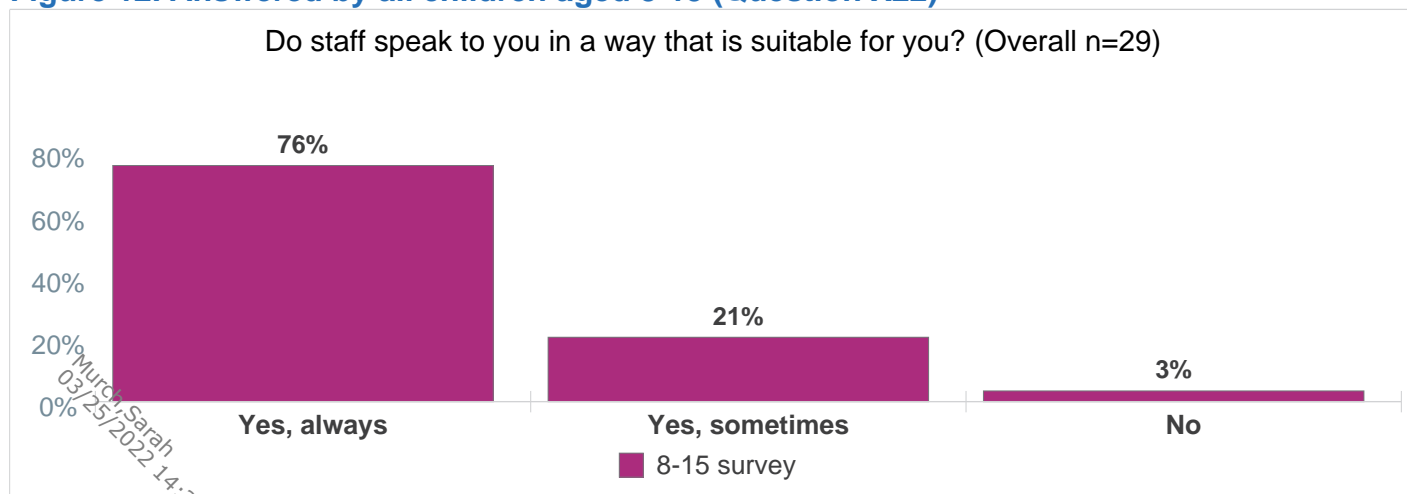
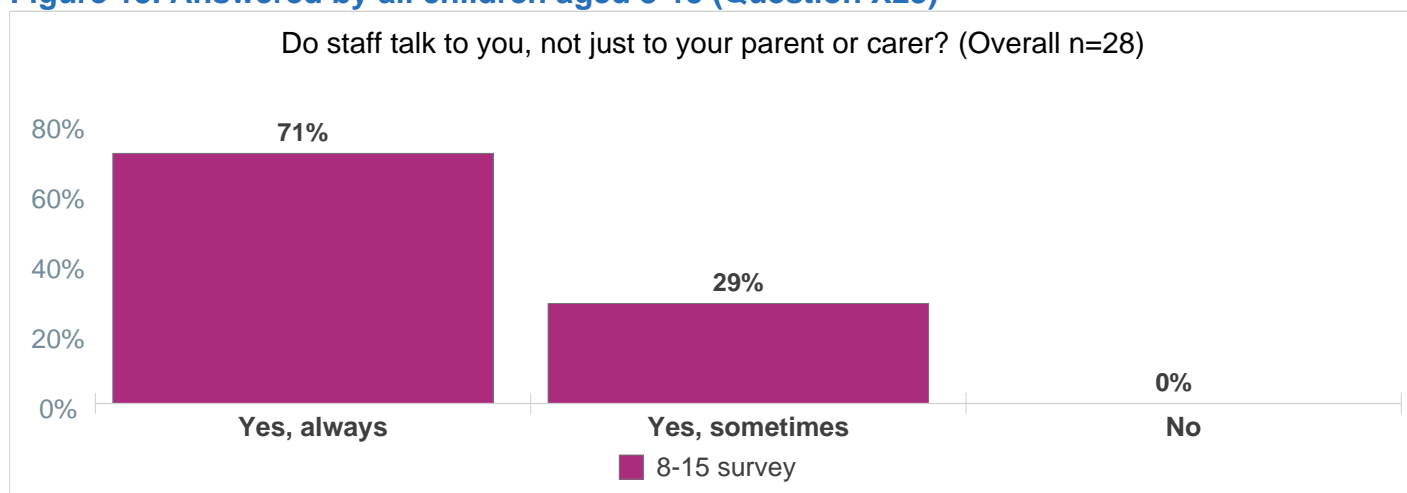


Figure 13. Answered by all children aged 8-15 (Question X23)



Support

Figure 14. Answered by parents/carers of all age groups (Question X26)

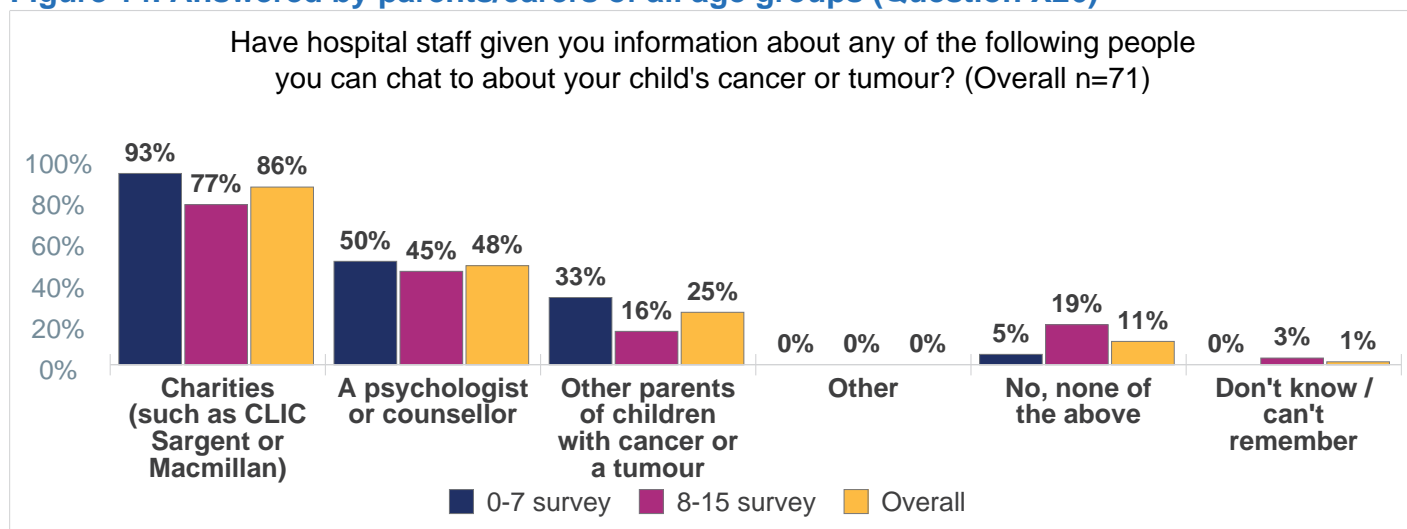
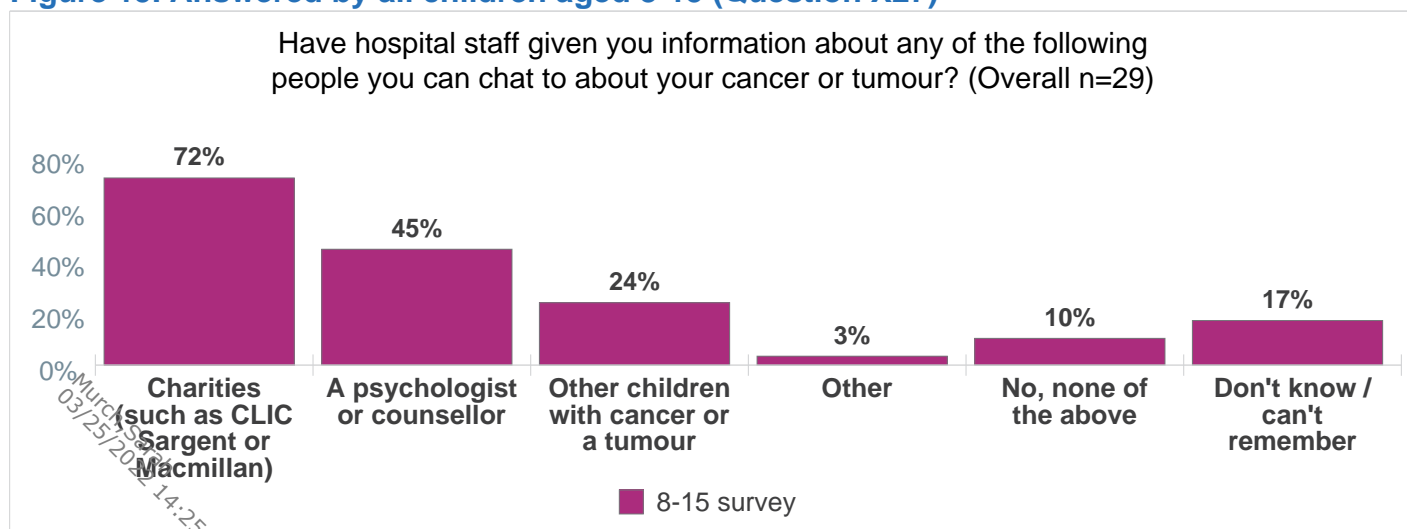


Figure 15. Answered by all children aged 8-15 (Question X27)



Child's care and treatment

All parents and carers were asked questions about staff involved in their child's care at the hospital named in the letter that came with their survey, including questions including awareness of the child's medical history and whether they had access to help and support.

Figure 16. Answered by parents/carers of all age groups (Question X30)

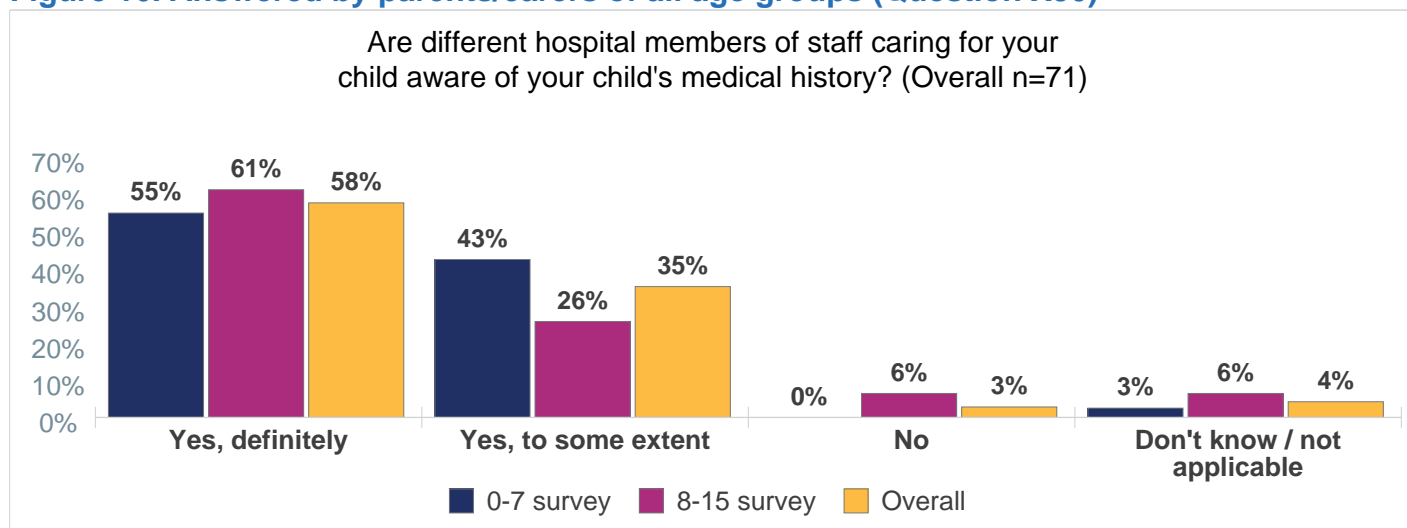


Figure 17. Answered by parents/carers of all age groups (Question X35)

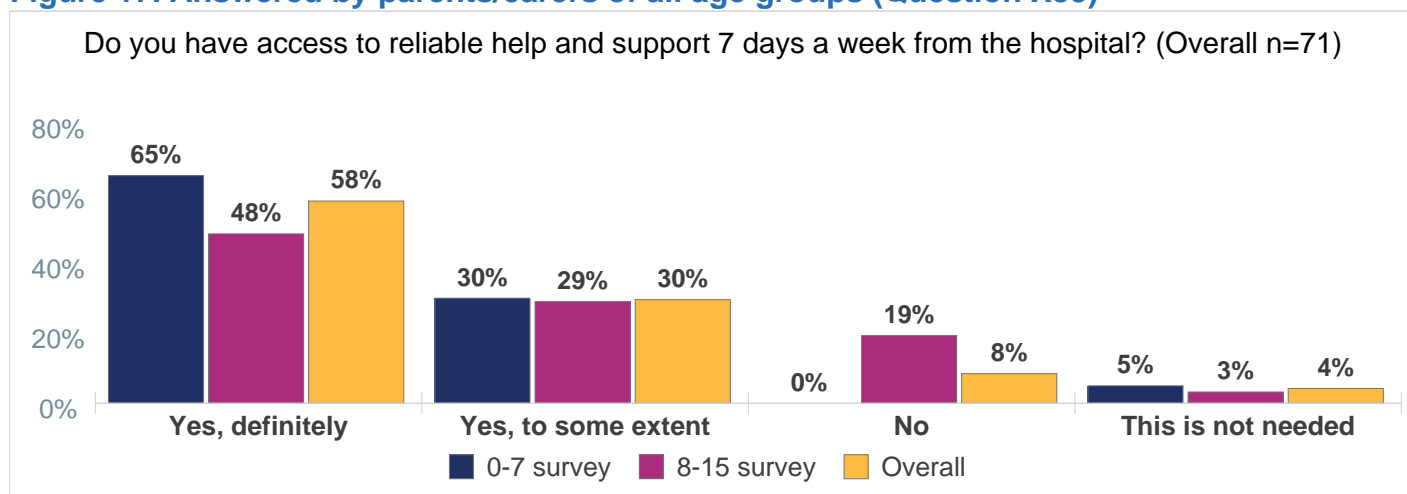


Figure 18. Answered by parents/carers of all age groups whose children received treatment for their cancer or tumour in the last year (Question X40)

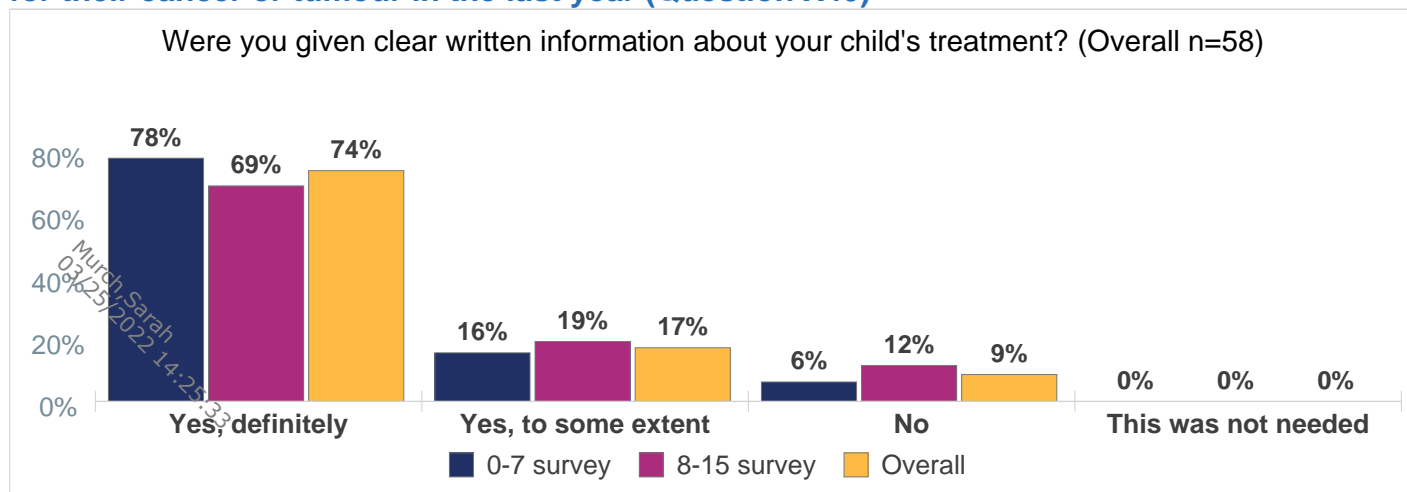


Figure 19. Answered by parents/carers of all age groups whose children received treatment for their cancer or tumour in the last year (Question X44)

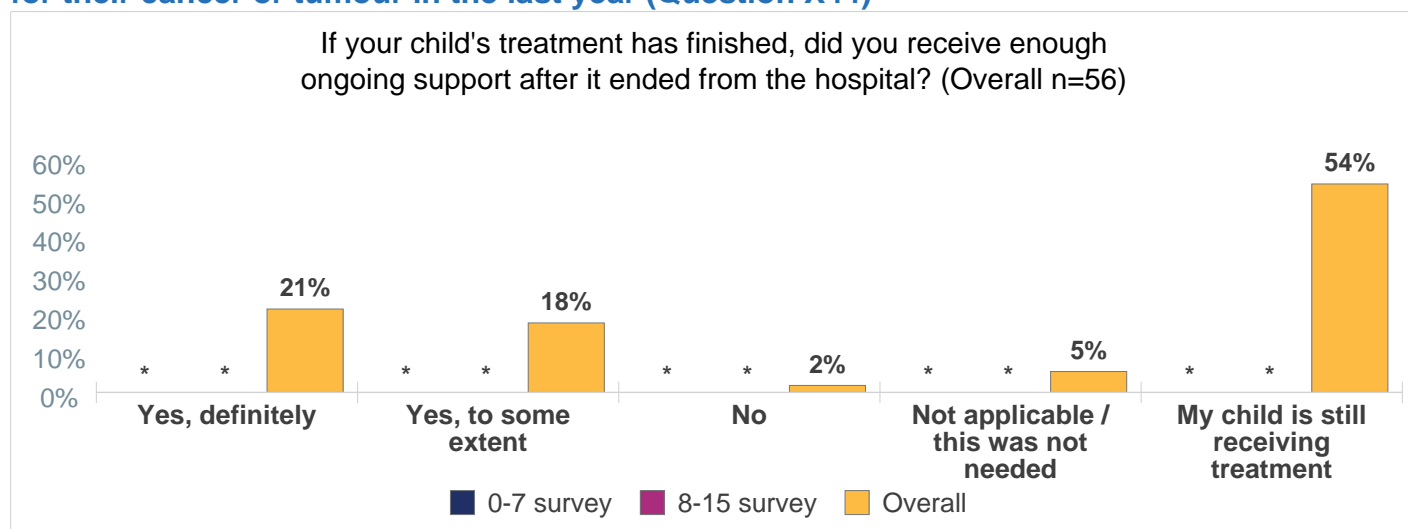
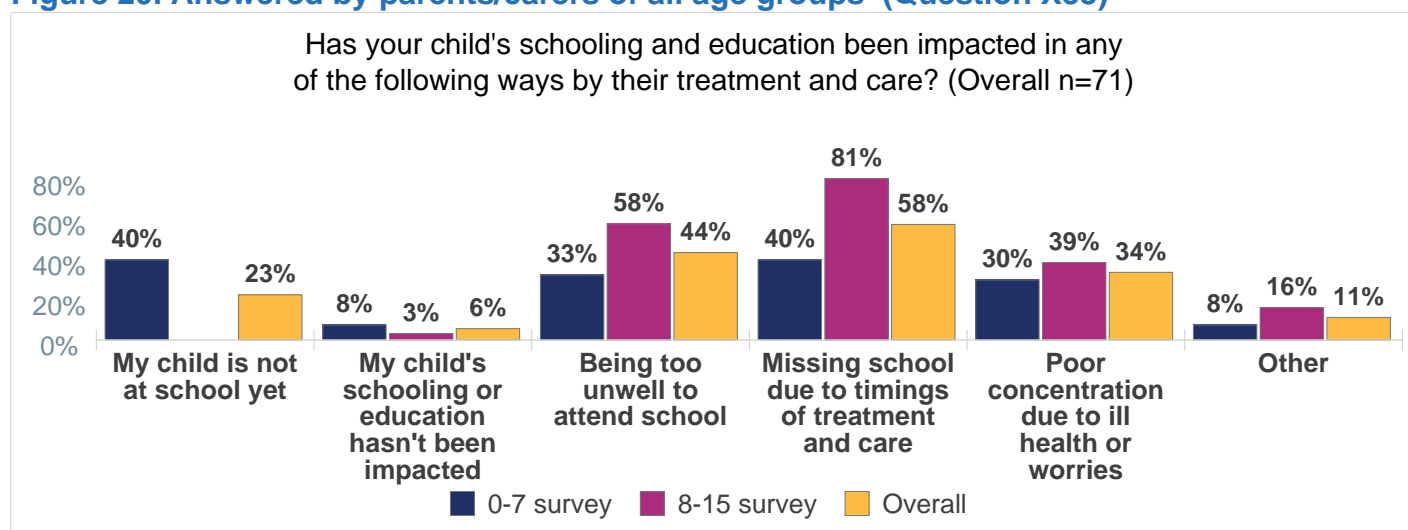


Figure 20. Answered by parents/carers of all age groups⁵ (Question X33)



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⁵ Please note that response option 1 (my child is not at school yet) was only asked to parents of 0-7 year olds.

Hospital ward

Respondents who had stayed on a hospital ward at the hospital named in the letter that came with their survey (as a day case or for an overnight stay) in the last year were asked questions about hospital staff along with questions regarding services and facilities.

Figure 21. Answered by parents/carers of children aged 0-7 whose children stayed on a hospital ward in the last year, and children aged 8-15 who stayed on a hospital ward in the last year (Question X47)

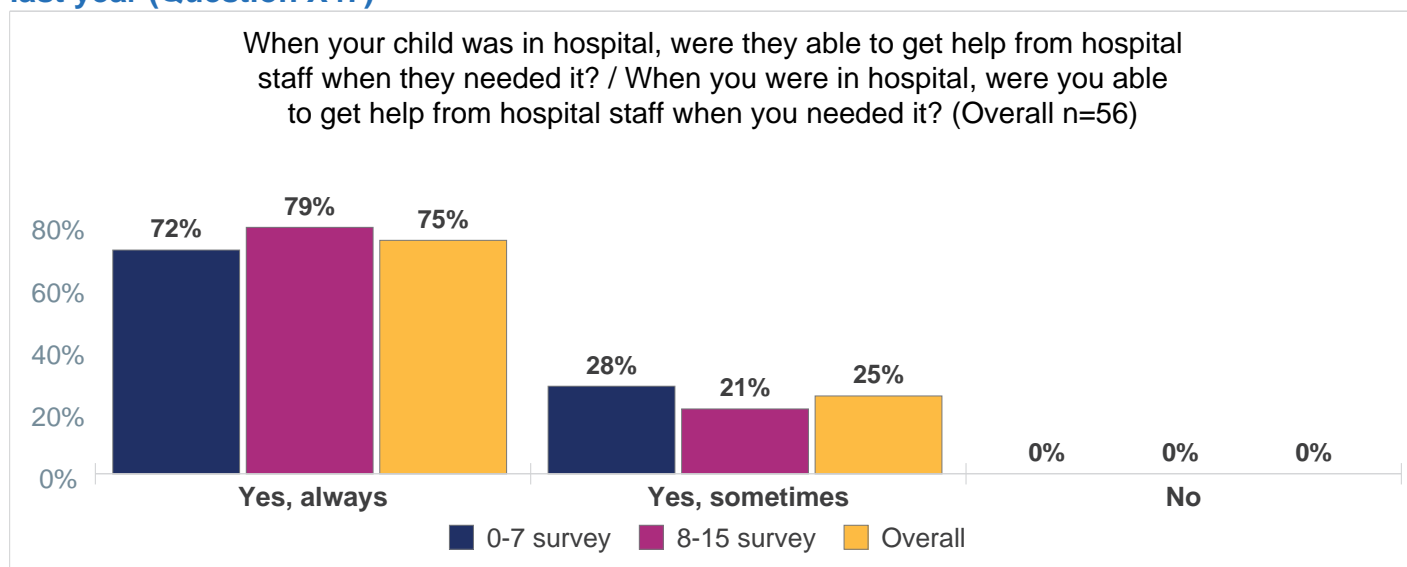
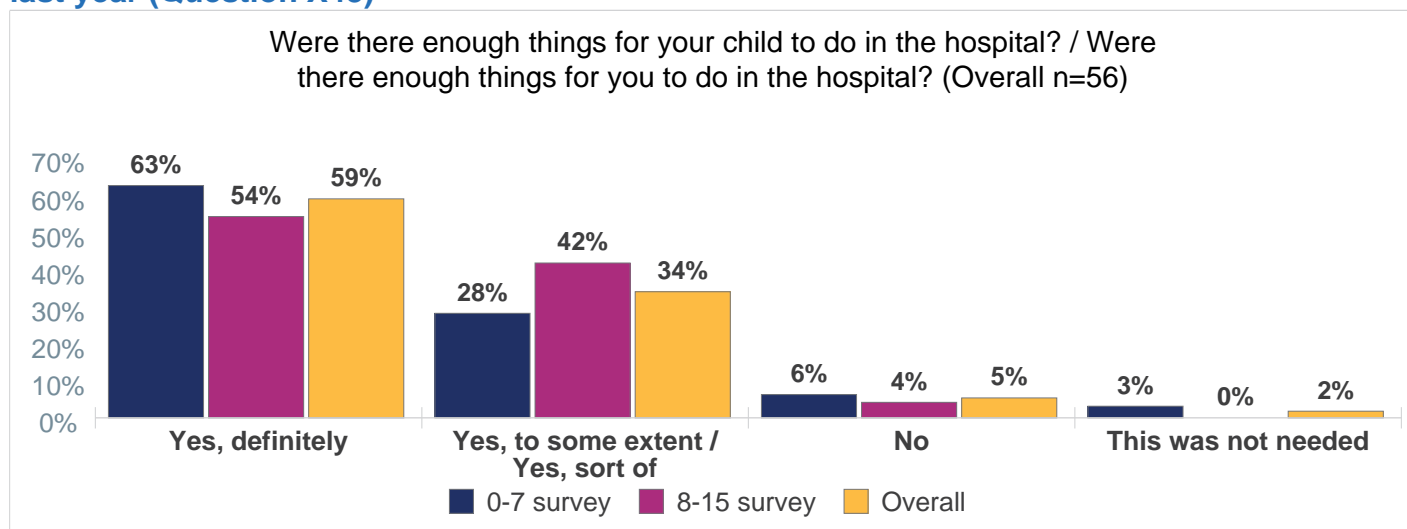


Figure 22. Answered by parents/carers of children aged 0-7 whose children stayed on a hospital ward in the last year, and children aged 8-15 who stayed on a hospital ward in the last year (Question X48)



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Care at home

Children aged 8 and above and parents/carers of children under the age of 8 who had been visited at home by a nurse in the last year, for care relating to the child's cancer or tumour, were asked a short series of questions about care at home. Some results from this section can be found below.

Figure 23. Answered by parents/carers of children aged 0-7 whose children have been visited at home by a nurse in the last year, and children aged 8-15 who were visited at home by a nurse in the last year (Question X59)

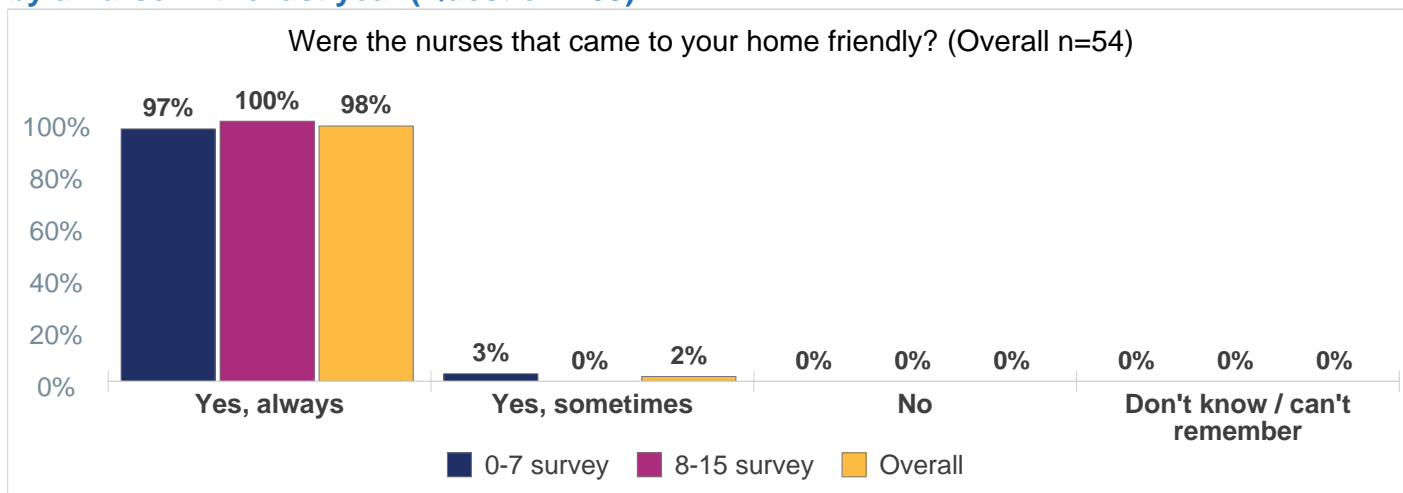
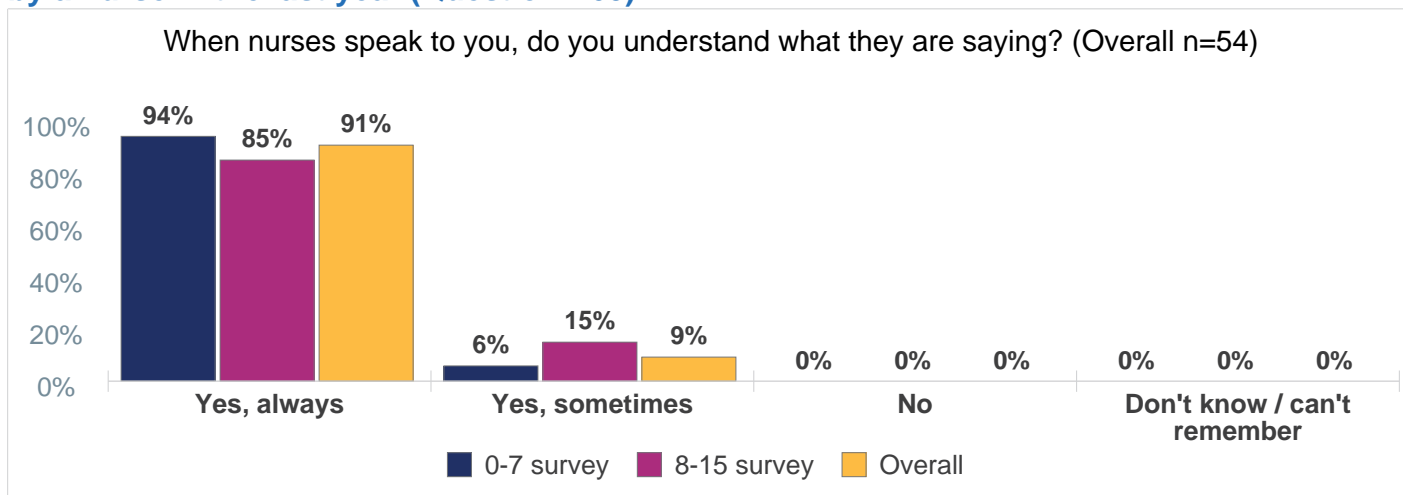


Figure 24. Answered by parents/carers of children aged 0-7 whose children have been visited at home by a nurse in the last year, and children aged 8-15 who were visited at home by a nurse in the last year (Question X60)



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Overall care

All respondents were asked how they felt about their overall care. Further results for these questions (showing breakdowns by different groups) can be found in the 'Sub-group comparisons' section of this report.

Two additional questions were asked about how well different hospitals providing cancer or tumour care worked together and whether the hospital where the child received most of their cancer or tumour care was under one hours travel time from their home. Results can be found in Figures 25 and 26 below.

Figure 25. Answered by parents/carers of children aged 0-7 (parent survey), and parents/carers of children aged 8-11 and children aged 12-15 (children's survey) (Question X62)

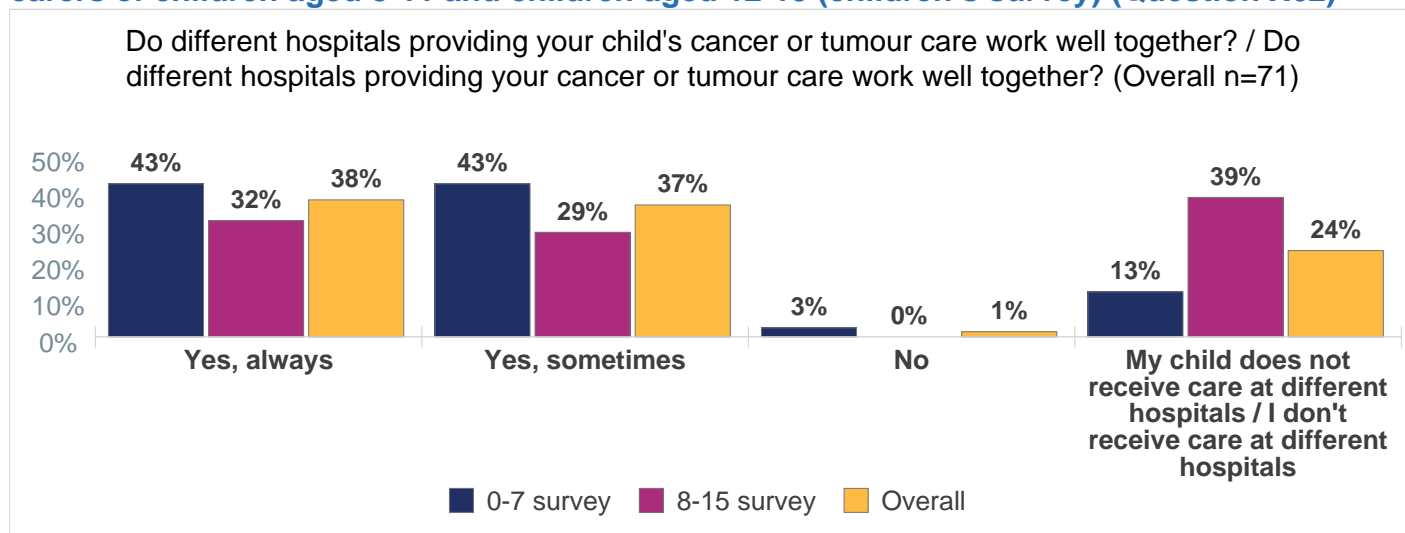
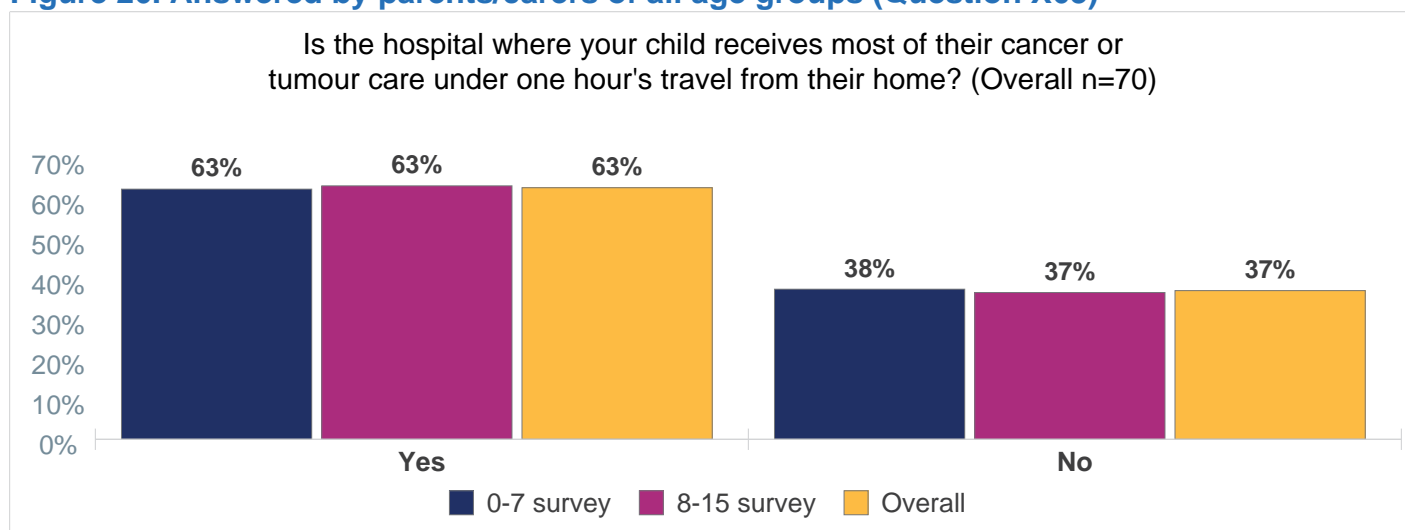


Figure 26. Answered by parents/carers of all age groups (Question X63)



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Sub-group comparisons

This section summarises the responses of various sub-groups to questions asking about overall care. Further information about how these subgroups were determined can be found in the accompanying technical document, available on the survey website: <https://www.under16cancerexperiencesurvey.co.uk/technical-reports>.

A breakdown of all survey questions by each sub-group can be found in the PTC Excel Data Tables.

Questions asking about overall care were structured differently for children and parents/carers, therefore they cannot be directly compared. Children aged 8 and over were asked how well they were looked after for their cancer or tumour by healthcare staff and were given the options "Very well," "Quite well," "OK," "Not very well" and "Not at all well." Meanwhile, parents and carers of all age groups were asked to rank their child's overall care on a scale of 0-10, with 0 indicating that the care was very poor and 10 indicating that the care was very good. These rankings have been grouped into 0-3 (poor), 4-7, and 8-10 (good) in the results below.

Gender⁷

Figure 27. Answered by all children aged 8-15 (Question X65)

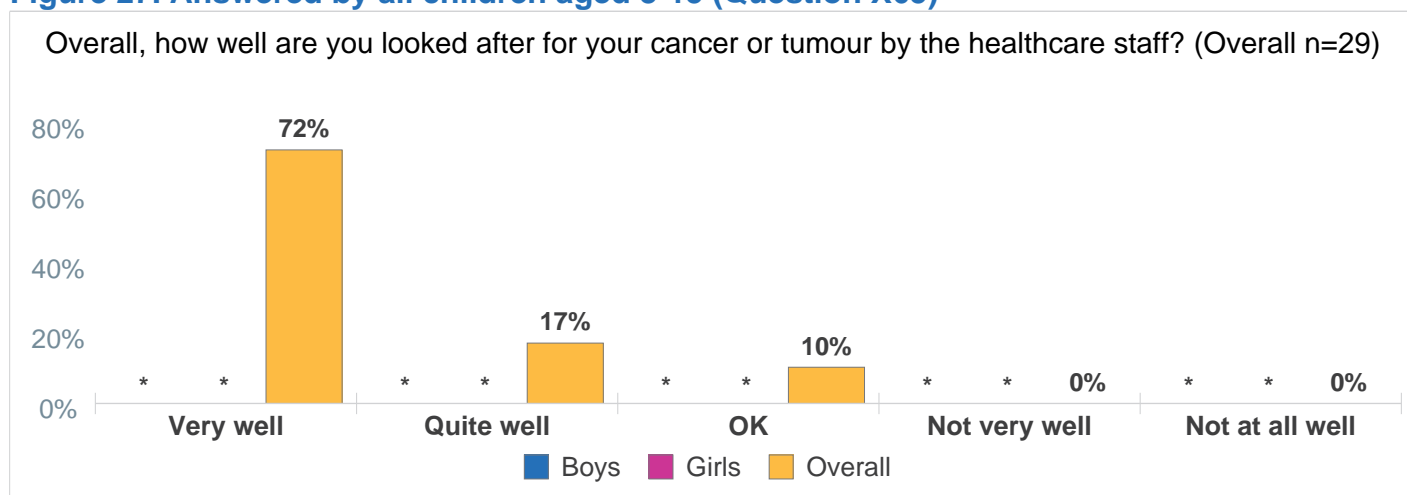
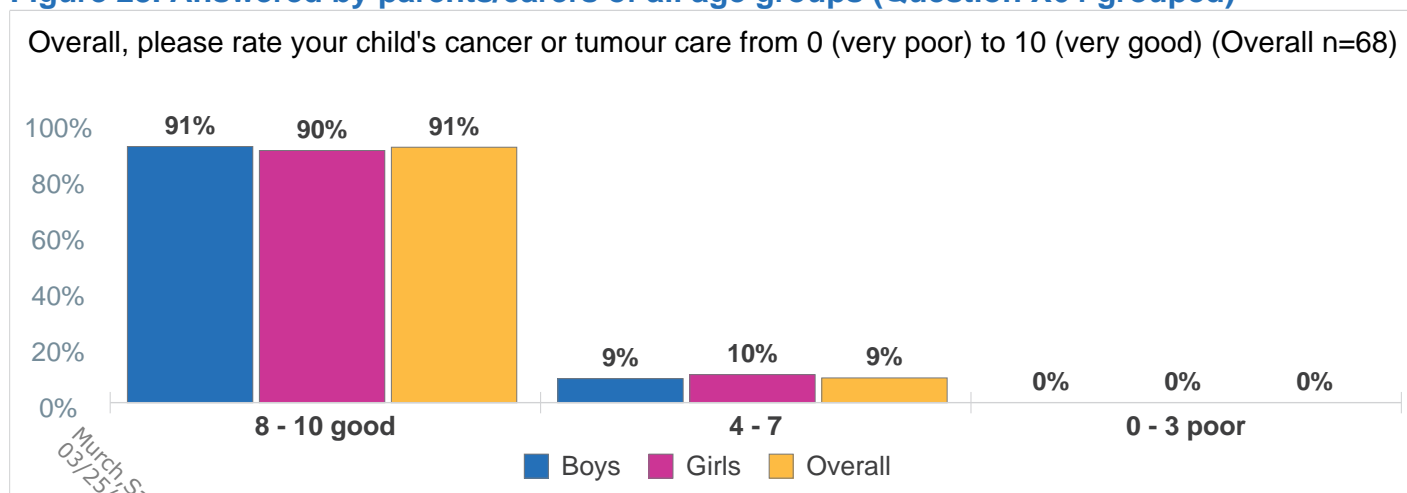


Figure 28. Answered by parents/carers of all age groups (Question X64 grouped)



⁷Only data for boys and girls is shown, as the number of respondents answering 'prefer not to say' to the gender question was less than 11.

Survey type

Figure 29. Answered by all children aged 8-15 (Question X65)

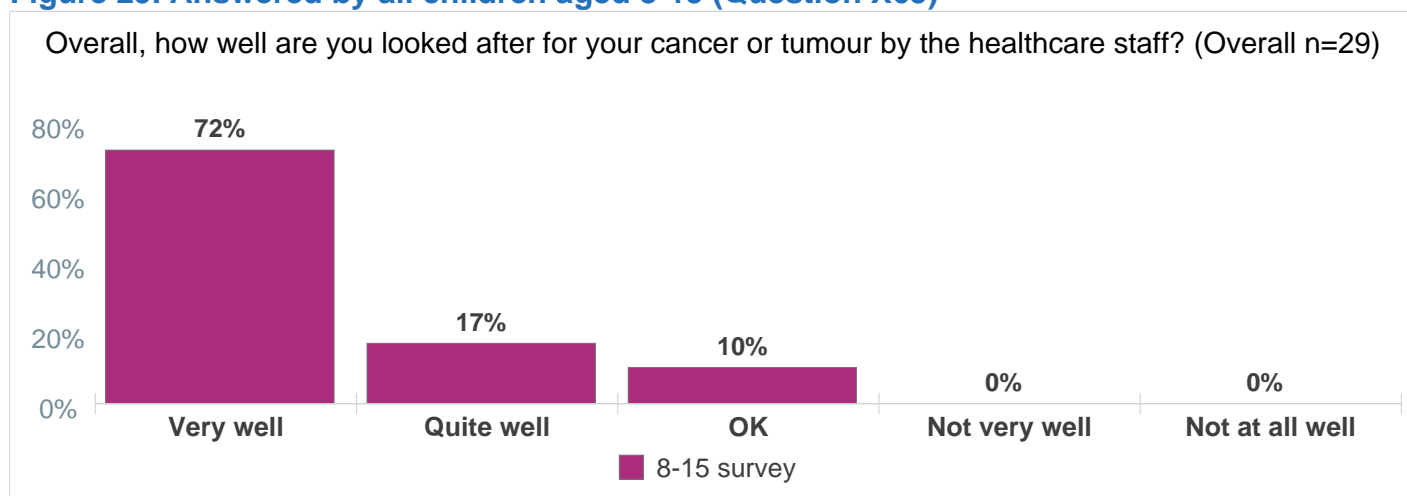
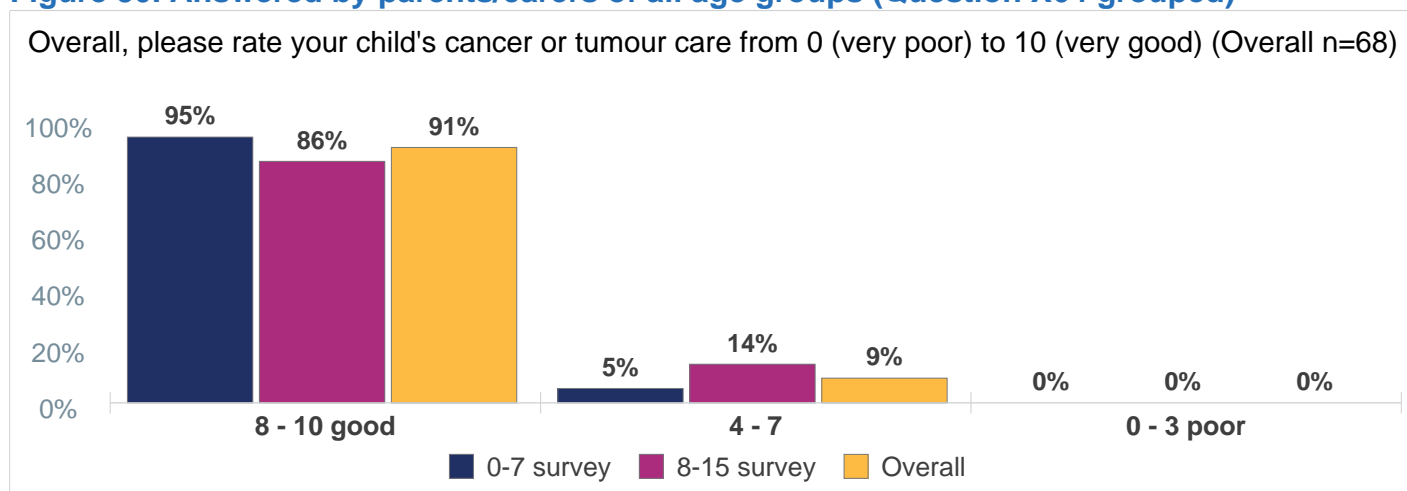


Figure 30. Answered by parents/carers of all age groups (Question X64 grouped)



Ethnicity

Figure 31. Answered by all children aged 8-15 (Question X65)

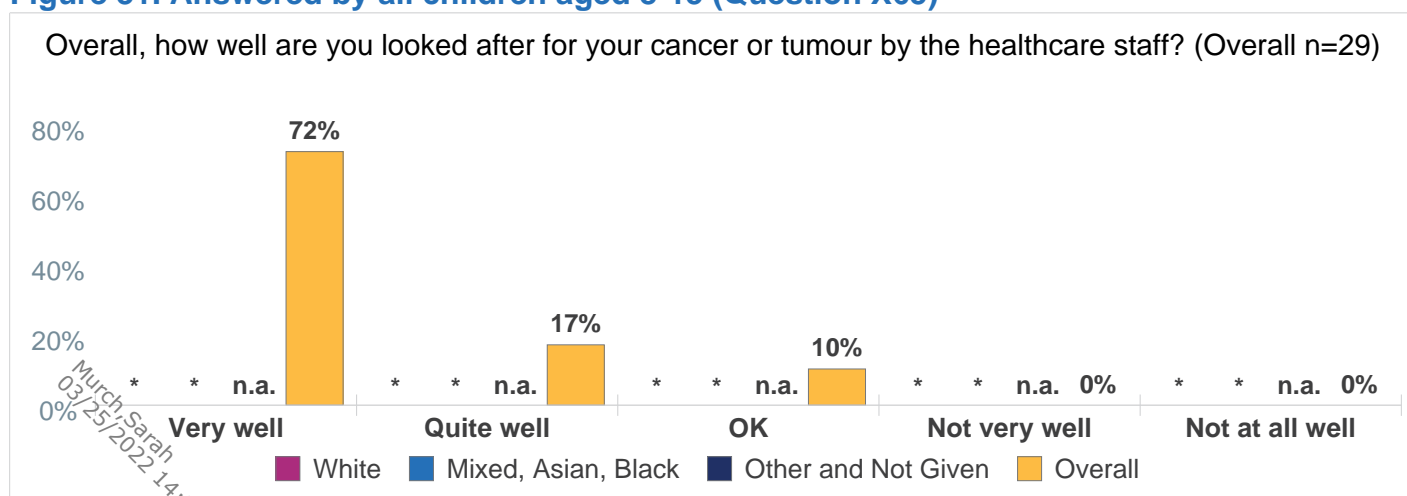
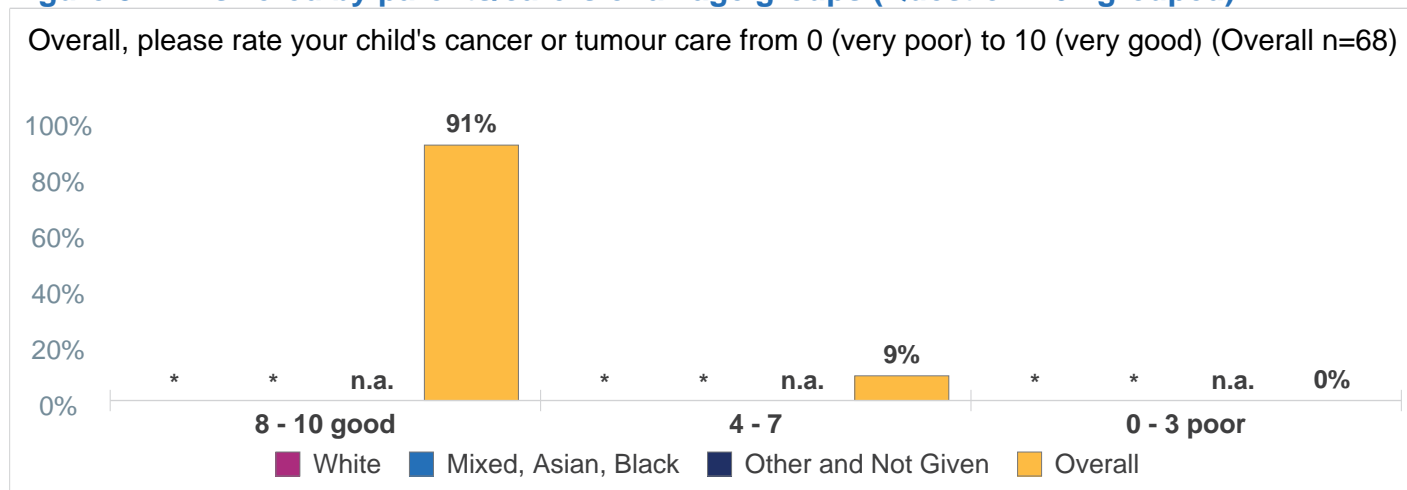


Figure 32. Answered by parents/carers of all age groups (Question X64 grouped)



Deprivation

Figure 33. Answered by all children aged 8-15 (Question X65)

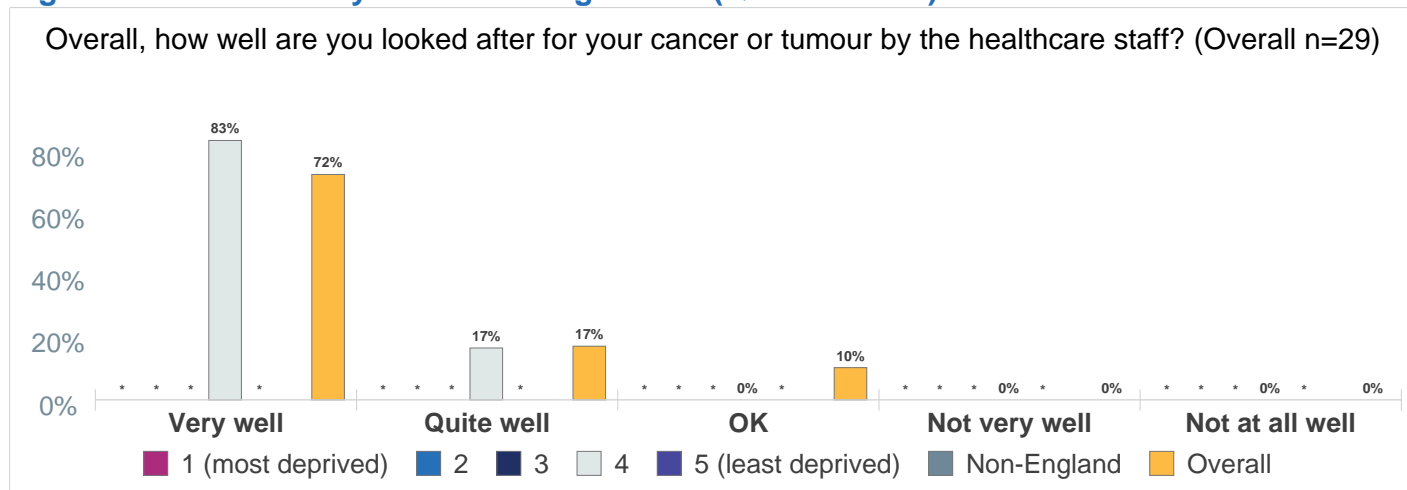
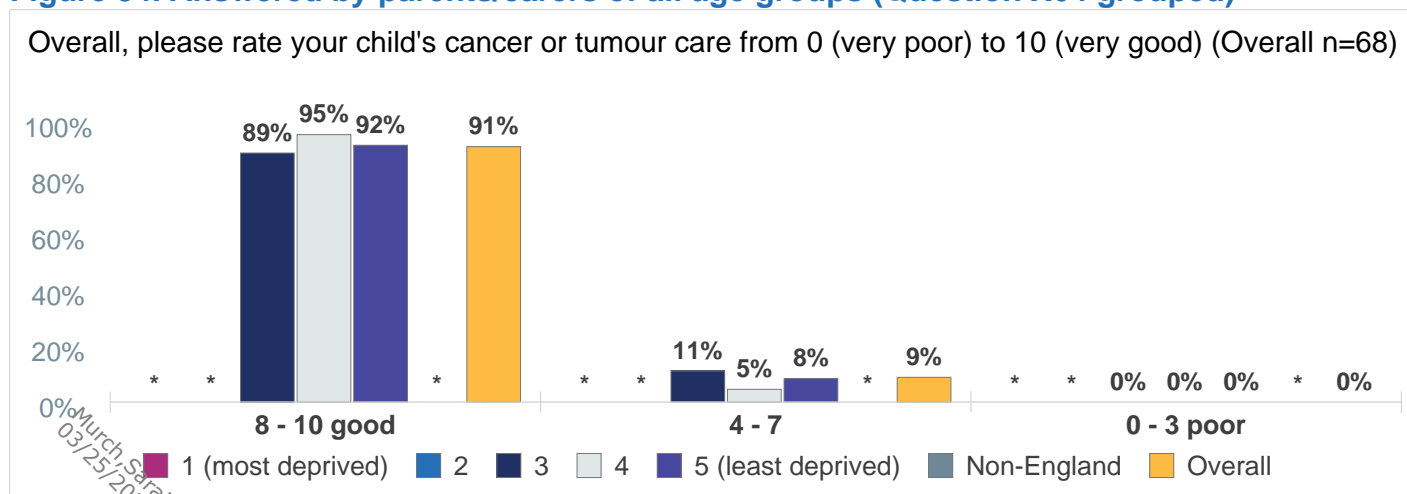


Figure 34. Answered by parents/carers of all age groups (Question X64 grouped)



Diagnostic group

Figure 35. Answered by all children aged 8-15 (Question X65)

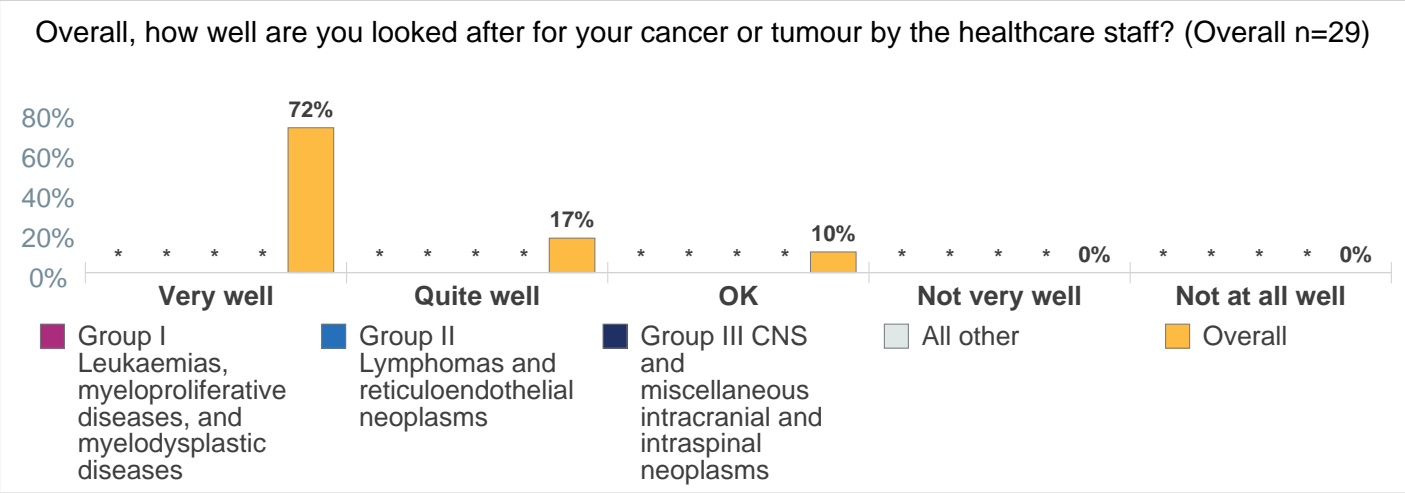
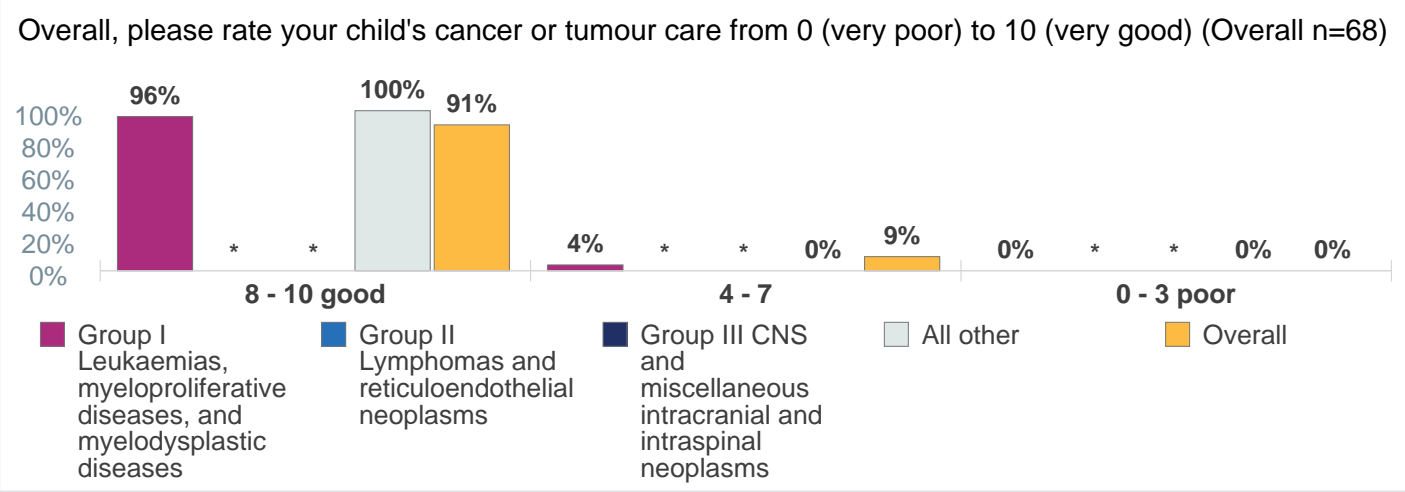


Figure 36. Answered by parents/carers of all age groups (Question X64 grouped)



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Benchmarking Charts

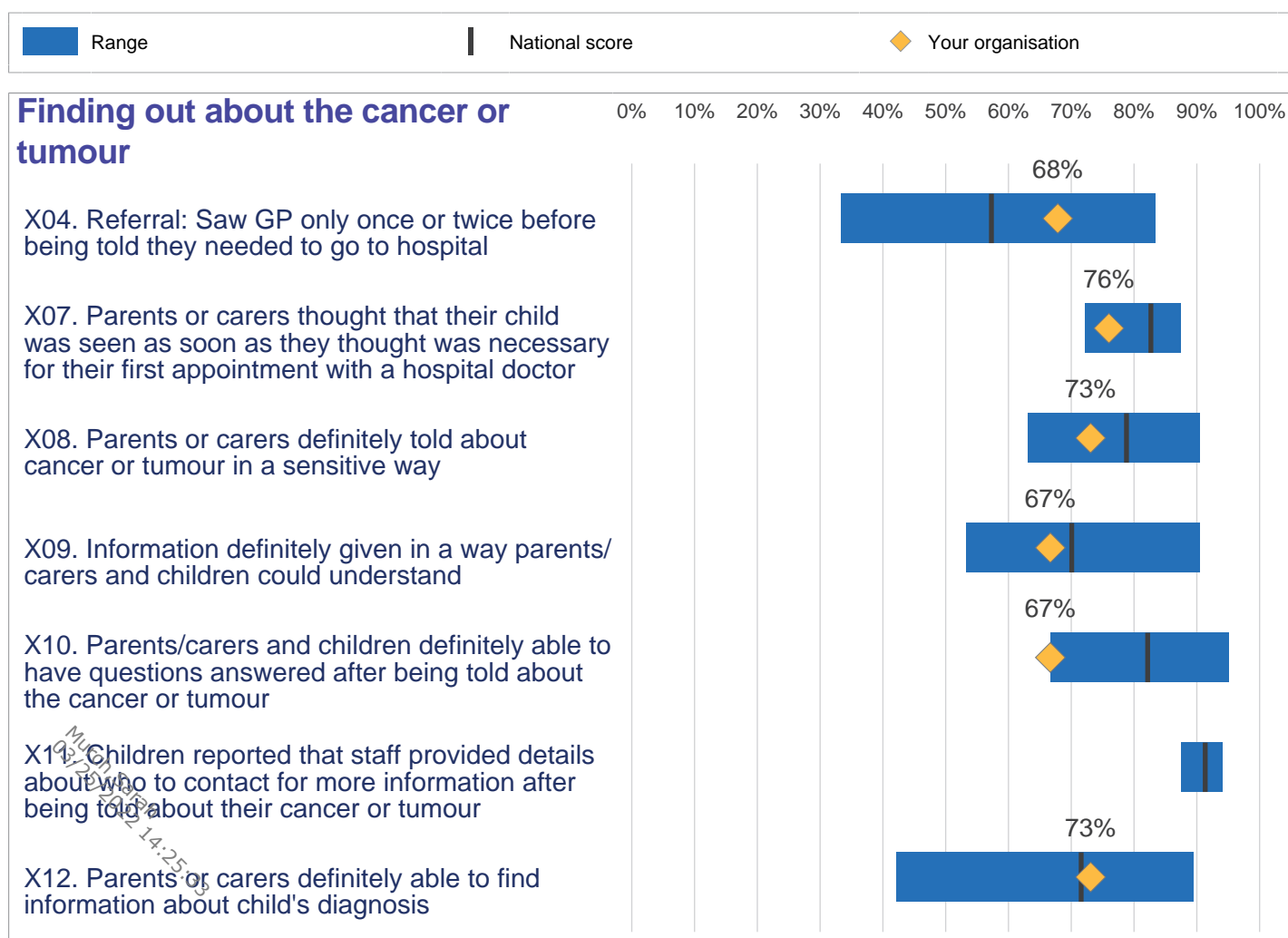
Benchmarking charts compare experiences in your PTC with those of other PTCs. This allows you to understand where your performance sits in relation to the National average, and compared to the range of scores across all PTCs. Each blue bar shows the range of scores across PTCs, from best performance (to the right) to the poorest performance (to the left). Your PTC score is displayed by the yellow diamond, and the black line shows the National average.

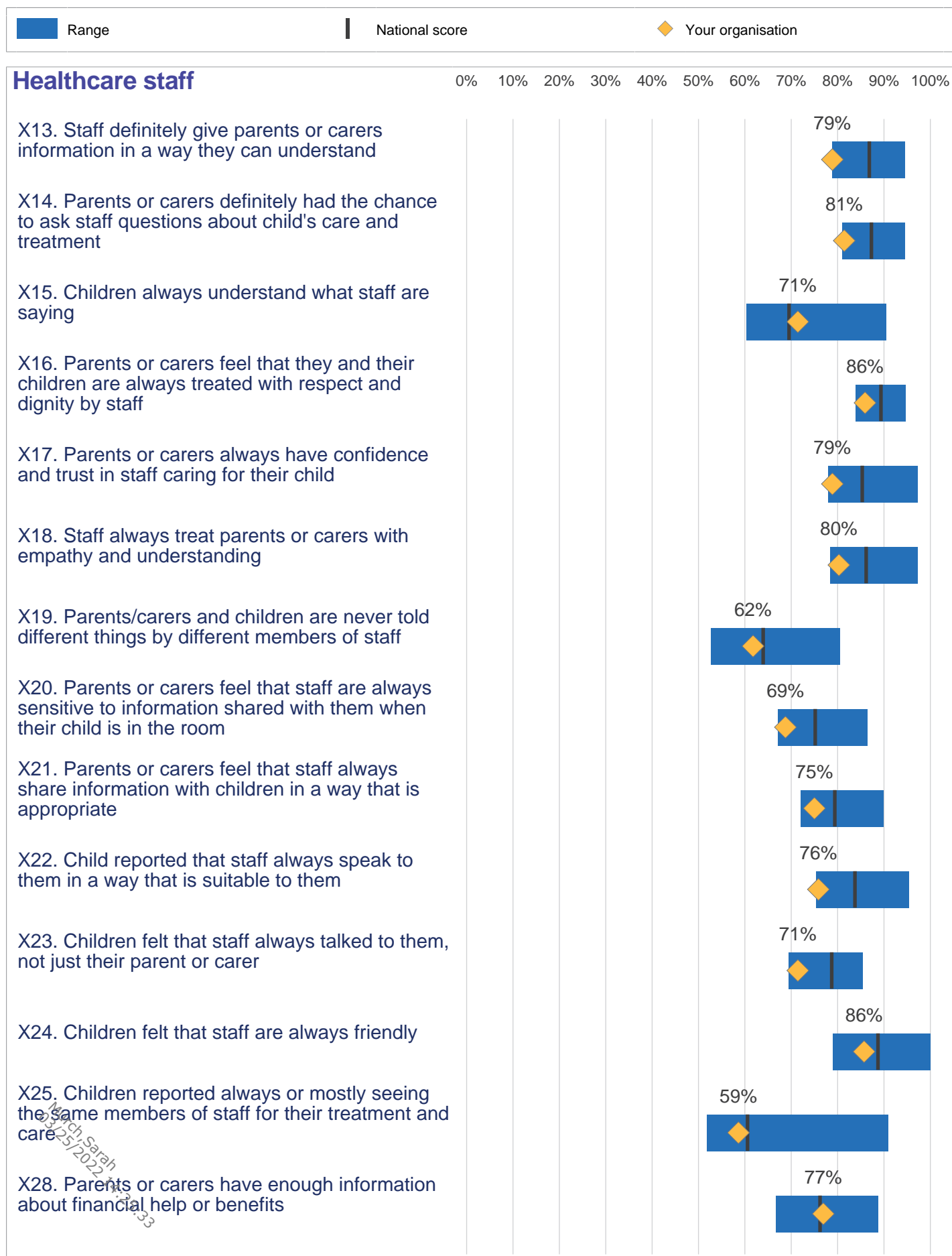
The exact scores for your PTC and for the national average score, for each scored question, can be found in the next section "scoring tables".

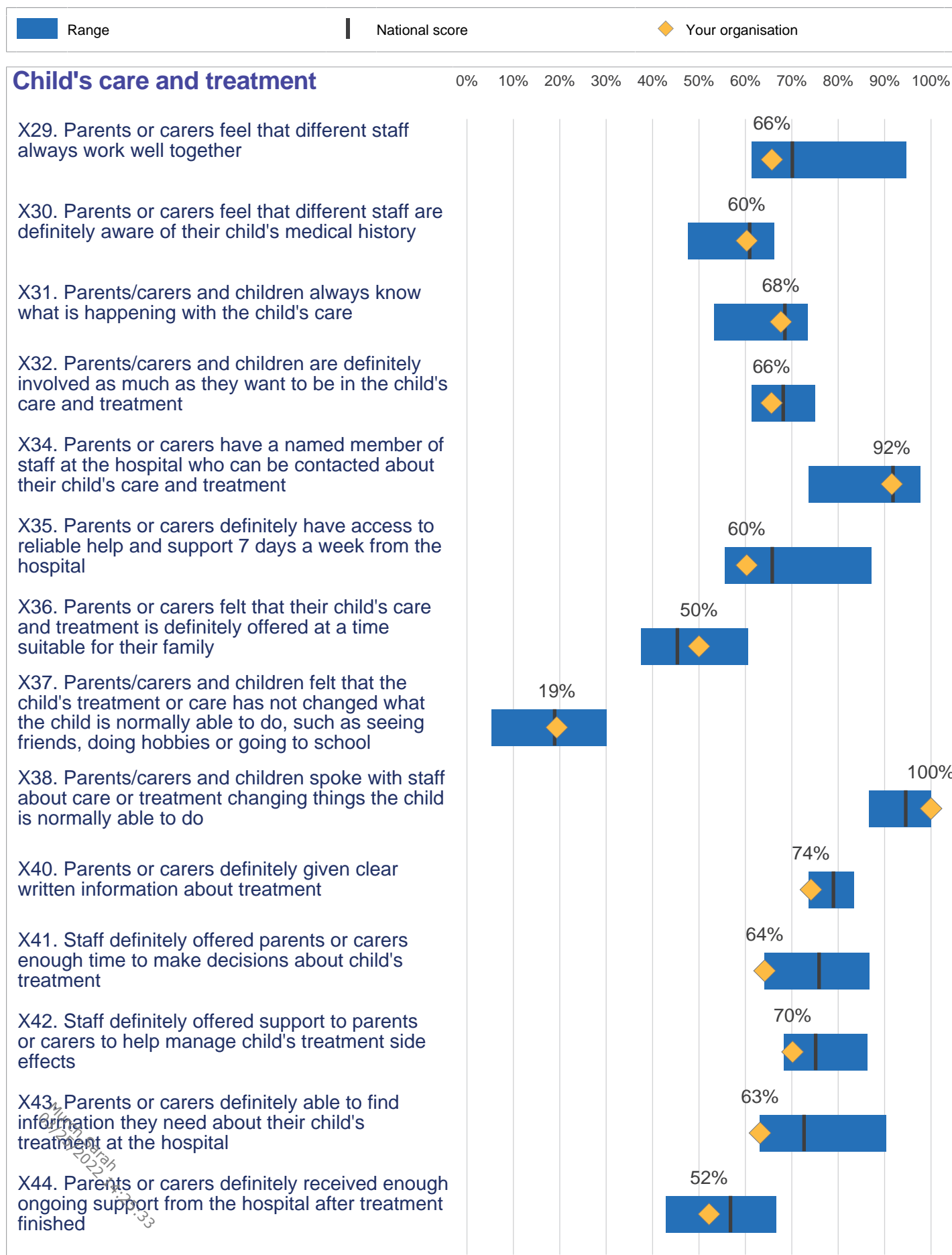
Important Note: Scores have been calculated using unadjusted data. In larger samples, scores are ordinarily adjusted to account for the fact that different demographic groups tend to report their experience of care differently. For example, previous analysis indicates that Black and Asian patients report a less positive experience than White patients on patient experience survey questions. Thereby, PTCs with differing populations could potentially lead to results appearing better or worse than they would if they had a slightly different profile of patients. Scores have not been adjusted on the 2020 survey due to small sample size restrictions. Furthermore, PTCs should be mindful that survey responses may be influenced by the type of care provided by PTCs, for example some provide specialised care and treatment.

PTCs should therefore be mindful of differences in types of care provision, size and possible demographic makeup when comparing their results against the performance of other PTCs.

Data for questions in which the base size per question was <11 have been suppressed, and therefore no diamond for your organisation score will be displayed.









Hospital ward

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

X47. Parents/carers and children felt that the child was always able to get help from hospital ward staff when they needed it

75%

X48. Parents/carers and children felt that there were definitely enough things for the child to do in the hospital

60%

X49. Parents/carers and children felt that there was definitely a choice of hospital food on the ward

53%

X50. Parents/carers and children always given somewhere private to talk to staff when the child was on a hospital ward

61%

X51. Hospital ward offered play specialist support

90%

X53. Facilities for parents or carers staying overnight were very good

33%

X54. Always quiet enough for parents/carers and children to sleep in the hospital

26%

X55. Parents or carers were definitely able to prepare food in the hospital

46%

X56. Parents or carers felt that the hospital Wi-Fi always met the needs of them and their children

52%

X57. Parents or carers reported that child had access to hospital school services during their stay in hospital

85%

Care at home

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

X59. Parents/carers and children felt that nurses who came to their home were always friendly

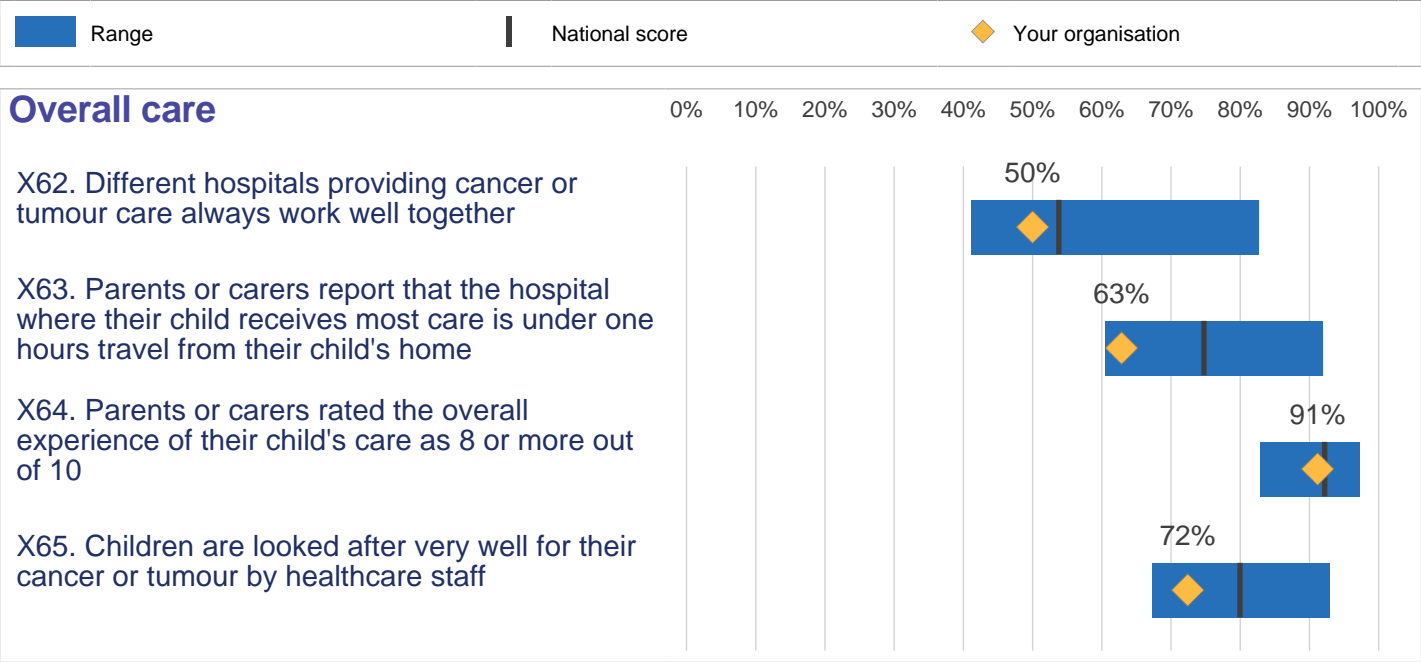
98%

X60. Parents/carers and children always understand what nurses visiting their home are saying

91%

X61. Parents/carers and children report that the same nurses always come to their child's home

77%



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Score Tables

The following tables compare experiences of care in your PTC with the average for all 13 participating PTCs. This allows you to understand where your performance sits in relation to the National average.

Important Note: Scores have been calculated using unadjusted data. In larger samples, scores are ordinarily adjusted to account for the fact that different demographic groups tend to report their experience of care differently. For example, previous analysis indicates that Black and Asian patients report a less positive experience than White patients on patient experience survey questions. Thereby, PTCs with differing populations could potentially lead to results appearing better or worse than they would if they had a slightly different profile of patients. Scores have not been adjusted on the 2020 survey due to small sample size restrictions. Furthermore, PTCs should be mindful that survey responses may be influenced by the type of care provided by PTCs, for example some provide specialised care and treatment.

PTCs should therefore be mindful of differences in types of care provision, size and possible demographic makeup when comparing their results against the performance of other PTCs.

Data for questions in which the base size per question was <11 have been suppressed and replaced with an asterisk (*).

Finding out about the cancer or tumour

Question	Scored Text	PTC Score	National Score
X04	Referral: Saw GP only once or twice before being told they needed to go to hospital	68%	57%
X07	Parents or carers thought that their child was seen as soon as they thought was necessary for their first appointment with a hospital doctor	76%	83%
X08	Parents or carers definitely told about cancer or tumour in a sensitive way	73%	79%
X09	Information definitely given in a way parents/carers and children could understand	67%	70%
X10	Parents/carers and children definitely able to have questions answered after being told about the cancer or tumour	67%	82%
X11	Children reported that staff provided details about who to contact for more information after being told about their cancer or tumour	*	91%
X12	Parents or carers definitely able to find information about child's diagnosis	73%	72%

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Healthcare staff

Question	Scored Text	PTC Score	National Score
X13	Staff definitely give parents or carers information in a way they can understand	79%	87%
X14	Parents or carers definitely had the chance to ask staff questions about child's care and treatment	81%	87%
X15	Children always understand what staff are saying	71%	70%
X16	Parents or carers feel that they and their children are always treated with respect and dignity by staff	86%	89%
X17	Parents or carers always have confidence and trust in staff caring for their child	79%	85%
X18	Staff always treat parents or carers with empathy and understanding	80%	86%
X19	Parents/carers and children are never told different things by different members of staff	62%	64%
X20	Parents or carers feel that staff are always sensitive to information shared with them when their child is in the room	69%	75%
X21	Parents or carers feel that staff always share information with children in a way that is appropriate	75%	79%
X22	Child reported that staff always speak to them in a way that is suitable to them	76%	84%
X23	Children felt that staff always talked to them, not just their parent or carer	71%	79%
X24	Children felt that staff are always friendly	86%	89%
X25	Children reported always or mostly seeing the same members of staff for their treatment and care	59%	61%
X28	Parents or carers have enough information about financial help or benefits	77%	76%

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Child's care and treatment

Question	Scored Text	PTC Score	National Score
X29	Parents or carers feel that different staff always work well together	66%	70%
X30	Parents or carers feel that different staff are definitely aware of their child's medical history	60%	61%
X31	Parents/carers and children always know what is happening with the child's care	68%	69%
X32	Parents/carers and children are definitely involved as much as they want to be in the child's care and treatment	66%	68%
X34	Parents or carers have a named member of staff at the hospital who can be contacted about their child's care and treatment	92%	92%
X35	Parents or carers definitely have access to reliable help and support 7 days a week from the hospital	60%	66%
X36	Parents or carers felt that their child's care and treatment is definitely offered at a time suitable for their family	50%	45%
X37	Parents/carers and children felt that the child's treatment or care has not changed what the child is normally able to do, such as seeing friends, doing hobbies or going to school	19%	19%
X38	Parents/carers and children spoke with staff about care or treatment changing things the child is normally able to do	100%	95%
X40	Parents or carers definitely given clear written information about treatment	74%	79%
X41	Staff definitely offered parents or carers enough time to make decisions about child's treatment	64%	76%
X42	Staff definitely offered support to parents or carers to help manage child's treatment side effects	70%	75%
X43	Parents or carers definitely able to find information they need about their child's treatment at the hospital	63%	73%
X44	Parents or carers definitely received enough ongoing support from the hospital after treatment finished	52%	57%

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Hospital ward

Question	Scored Text	PTC Score	National Score
X47	Parents/carers and children felt that the child was always able to get help from hospital ward staff when they needed it	75%	83%
X48	Parents/carers and children felt that there were definitely enough things for the child to do in the hospital	60%	44%
X49	Parents/carers and children felt that there was definitely a choice of hospital food on the ward	53%	57%
X50	Parents/carers and children always given somewhere private to talk to staff when the child was on a hospital ward	61%	55%
X51	Hospital ward offered play specialist support	90%	88%
X53	Facilities for parents or carers staying overnight were very good	33%	35%
X54	Always quiet enough for parents/carers and children to sleep in the hospital	26%	28%
X55	Parents or carers were definitely able to prepare food in the hospital	46%	39%
X56	Parents or carers felt that the hospital Wi-Fi always met the needs of them and their children	52%	37%
X57	Parents or carers reported that child had access to hospital school services during their stay in hospital	85%	65%

Care at home

Question	Scored Text	PTC Score	National Score
X59	Parents/carers and children felt that nurses who came to their home were always friendly	98%	96%
X60	Parents/carers and children always understand what nurses visiting their home are saying	91%	89%
X61	Parents/carers and children report that the same nurses always come to their child's home	77%	41%

Overall care

Question	Scored Text	PTC Score	National Score
X62	Different hospitals providing cancer or tumour care always work well together	50%	54%
X63	Parents or carers report that the hospital where their child receives most care is under one hours travel from their child's home	63%	75%
X64	Parents or carers rated the overall experience of their child's care as 8 or more out of 10	91%	92%
X65	Children are looked after very well for their cancer or tumour by healthcare staff	72%	80%

Briefing Note: 2021 National Maternity Survey

1. Purpose of this report

This report contains an analysis of the UHBW results from the Care Quality Commission's (CQC) 2021 National Maternity Survey.

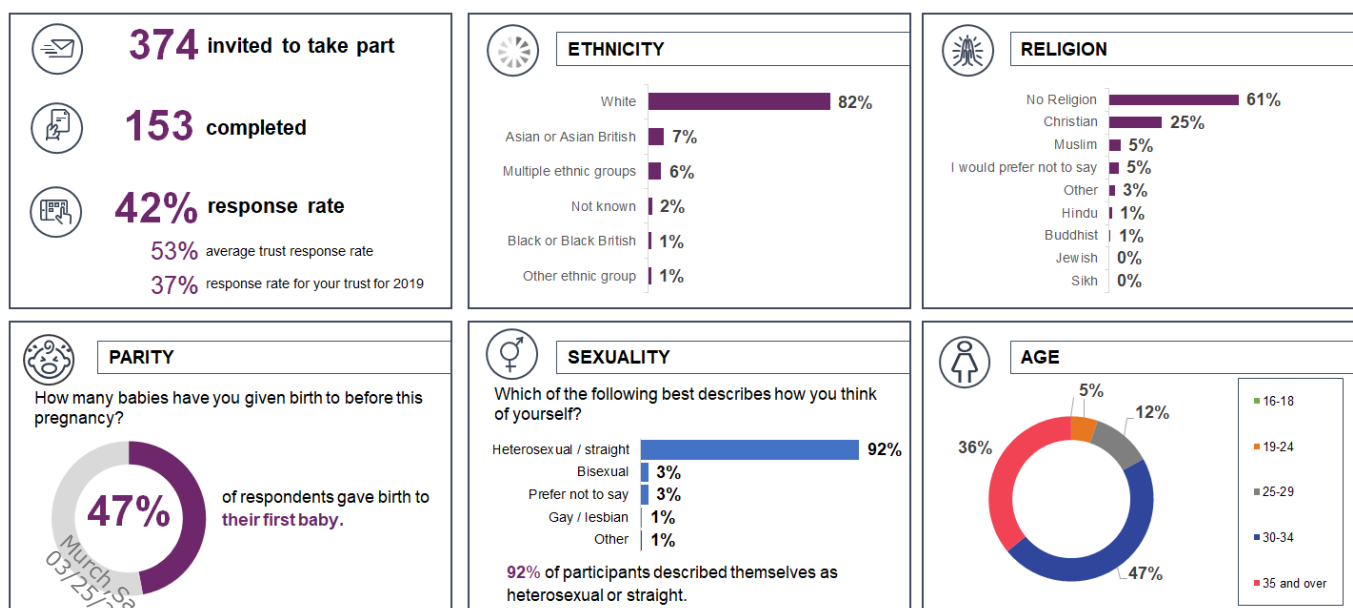
2. Background

The National Maternity Survey is part of the CQC's national patient survey programme. In total, 122 NHS trusts in England participated in this survey in 2021. Women were sent a questionnaire by post if they were aged 16 or over, had a live birth during February 2021, and gave birth in a hospital, maternity unit or at home.

UHBW provides community midwifery services from 11 bases located across south and central Bristol, and three bases in Weston-Super-Mare. All women are under the care of a community midwife during pregnancy and in the first few weeks following the birth of their baby. Women who have more complex needs will have care by a consultant obstetrician as well as a community midwife. UHBW also has a central delivery suite, alongside a midwifery-led unit, antenatal and postnatal wards located at St Michael's Hospital, where around 400 babies per month are born. In Weston there is a standalone birth centre, as well as outpatient ante-natal services. A home birth service is also provided.

The national survey takes place annually, with the exception of the 2020 survey which was cancelled due to the start of the Covid-19 pandemic. The results are published up to ten months after the respondents gave birth. UHBW has a monthly maternity postal survey that allows us to track experience of care on an ongoing basis. Headline results¹ of our local survey are reviewed in-depth by the relevant Trust committees on a quarterly basis.

Who took part in the survey?



¹ The experience tracker scores for maternity inpatients and kindness and understanding are reported via PEG.

3. Summary of results


In the 2021 National Maternity Survey:

- Our Trust's results were **about the same** as other Trusts the majority of questions (45 out of 50);
- Our Trust's results **were worse** than most trusts for 3 questions, both of which relate to care at home
 - Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth? (F14);
 - Were you given information about your own physical recovery after the birth? (F15);
 - If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this? (F17).
- Our Trust's results **were somewhat worse** than most trusts for 2 questions:
 - Thinking about your care during labour and birth, were you involved in decisions about your care? (C22);
 - Were you given information about any changes you might experience to your mental health after having your baby? (F13).
- The national maternity survey does not ask respondents to give a single overall service experience rating (as is the case with the other national surveys). However, we can look at the mean score across all of the survey questions as a proxy 'overall' measure. Doing so suggests that UHBW broadly performed amongst the bottom 20% performing trusts nationally in 2021 (101st out of 122 Trusts), this compares to a performance in the top 20% nationally in 2019.
- There were 16 question scores for UHBW from the 2021 survey where a statistically significant decrease is evident when compared to the results from the 2019 survey.

Section / question	2019	2021	Variation
Antenatal care			
B5. Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	8	6.8	-1.2
B14. Thinking about your antenatal care, were you spoken to in a way you could understand?	9.8	8.9	-0.9
Labour and birth			
C14. If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?	9.6	8.8	-0.8
C4. During your labour, did staff help to create a more comfortable atmosphere for you in a way you wanted?	8.3	6.9	-1.4
C19. If you raised a concern during labour and birth, did you feel that it was taken seriously	9.4	7.6	-1.8
C23. Thinking about your care during labour and birth, were you treated with respect and dignity	9.9	8.8	-1.1
C24. Did you have confidence and trust in the staff caring for you during your labour and birth?	9.7	8.8	-0.9
Section / question	2019	2021	Variation


C22. Thinking about your care during labour and birth, were you involved in decisions about your care?	9.2	7.9	-1.3
C25. After your baby was born, did you have the opportunity to ask questions about your labour and the birth?	7.7	6.2	-1.5
D6. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?	9	7.8	-1.2
D7. Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?	8.5	2.2	-6.3
Postnatal care			
E3. Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?	8.6	6.8	-1.8
F3. If you contacted a midwifery team or health visiting team, were you given then help you needed	9.5	8	-1.5
F9. Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?	9	7.9	-1.1
F13. Were you given information about any changes you might experience to your mental health after having your baby?	7.8	6.1	-1.7
F15. Were you given information about your own physical recovery after the birth	6.9	5.6	-1.3

The graphic below provides a simple summary of the top and bottom scoring questions on the survey when compared to the national profile.



NHS Maternity Survey 2021

Results for University Hospitals Bristol and Weston NHS Foundation Trust



Where mothers' experience is best

- ✓ During antenatal check-ups, mothers being given enough information from either a midwife or doctor to help decide where to have their baby.
- ✓ Mothers being offered a choice about where to have their baby during their antenatal care.
- ✓ Mothers having skin to skin contact with their baby shortly after giving birth.
- ✓ Partners or someone else close to the mother were involved in their care as much as they wanted to be during labour and birth.
- ✓ Mothers having enough time to ask questions or discuss their pregnancy during antenatal check-ups.


Where mothers' experience could improve

- Mothers being able to get support or advice about feeding their baby during evenings, nights, or weekends, if they needed this.
- Partners or someone else involved in the mother's care being able to stay with them as much as the mother wanted during their stay in the hospital.
- Mothers being given information about any changes they might experience to their mental health after having their baby.
- Mothers being given information about their own physical recovery after the birth.
- Mothers being given enough information on induction before being induced.

These questions are calculated by comparing your trust's results to the average of all trusts who took part in the survey. "Where mothers' experience is best": These are the five results for your trust that are highest compared with the average of all trusts who took part in the survey. "Where mothers' experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts who took part in the survey.

This survey looked at the experiences of individuals in maternity care who gave birth in February 2021 at University Hospitals Bristol and Weston NHS Foundation Trust. Between April 2021 and August 2021 a questionnaire was sent to 374 individuals. Responses were received from 153 individuals at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].

69 Maternity Services Survey | 2021 | RA7 | University Hospitals Bristol and Weston NHS Foundation Trust

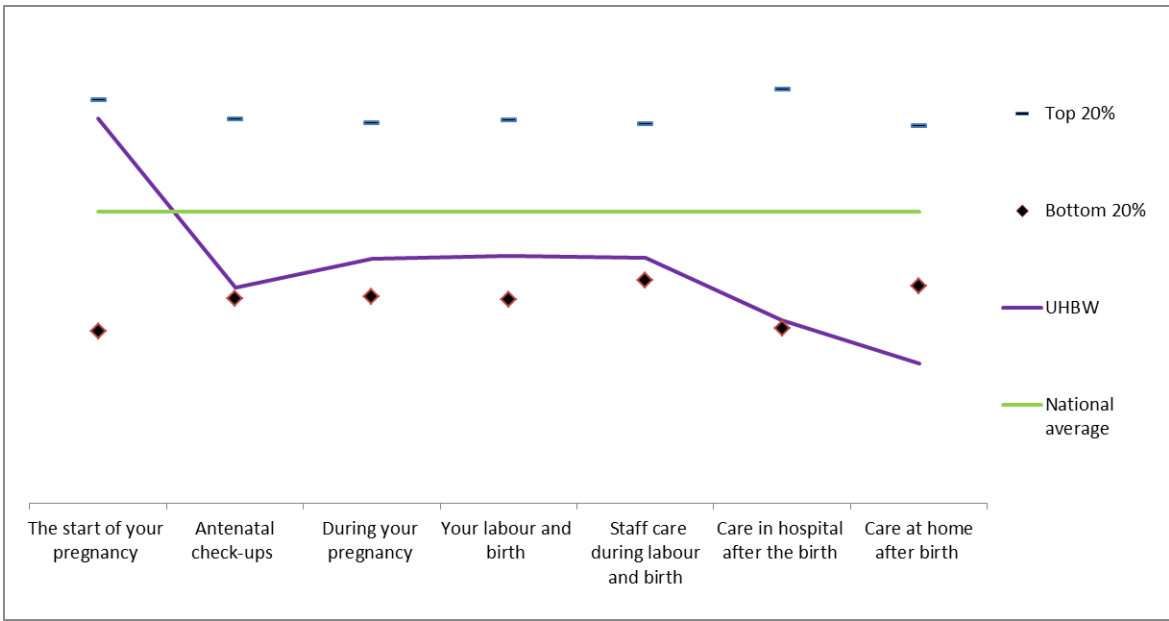


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4. National comparisons

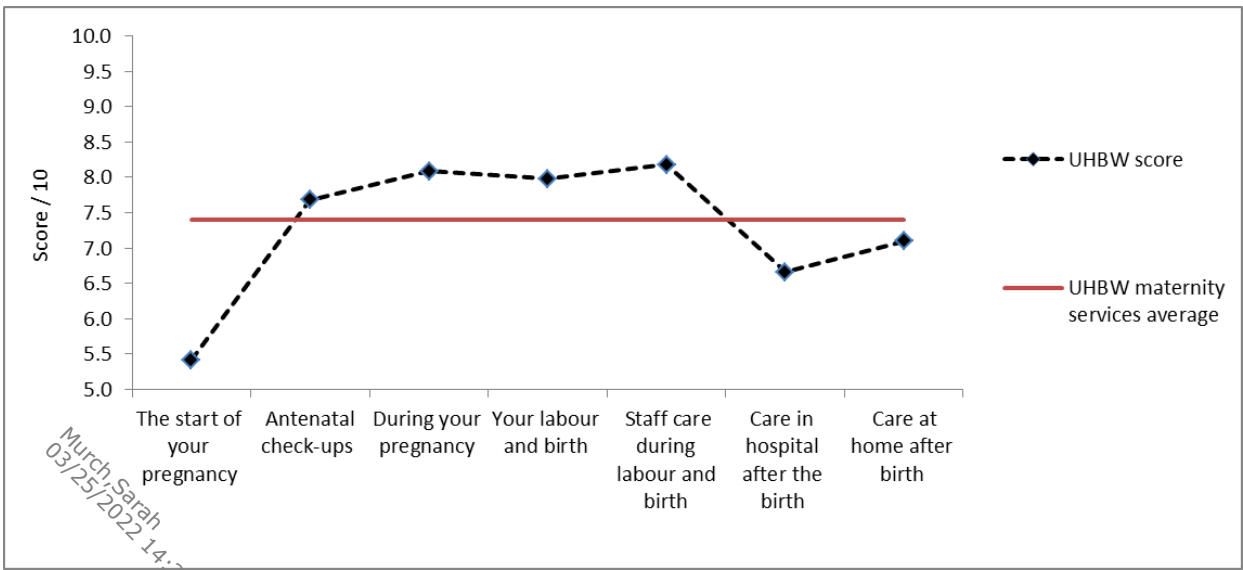
Chart 1 (below) provides an overview of how UHBW performed in each section of the 2021 national maternity survey, compared to key national benchmarks. Survey scores indicate that UHBW performed below the national average across the majority of the maternity pathway. Ante-natal check-ups, care in hospital after birth and care at home after birth scored at or below the bottom 20% of Trusts nationally. There was however results relating to support for women at the start of pregnancy.

Chart 1: UHBW section scores compared to national benchmarks (*note: in this chart the national average is set to 100 and all scores are indexed against this for comparison purposes*).



We can also use the section scores from the survey to compare women’s experience of the maternity pathway at key touchpoints. This is shown in Chart 2 below. The chart reinforces the findings that experience of maternity care drops (relative to the UHBW average) for care in hospital after birth and care at home after birth.

Chart 2: Touchpoint map of UHBW maternity services (*note: to compare different aspects of our service, the “average” shown in this chart is UHBW’s own mean score, not the national average*)



Charts 3 and 4 below compare the overall score between geographically neighbouring trusts and large city centre acute Trusts. The overall score is calculated as the mean score across all questions in the survey. UHBW was the lowest scoring Trust in the region for overall maternity experience when comparing to large city acute Trusts, UHBW's overall score was broadly in line with other Trusts. This could suggest that large city acute Trusts are amongst the poor performing Trusts nationally for the 2021 National Maternity Survey. One factor to explore further is what the impact was of pregnancy and labour in large urban areas during the Covid-19 pandemic which may be a factor on the experience for patients.

Chart 3: Overall patient experience rating amongst geographical neighbouring trusts from 2021 National Maternity Survey

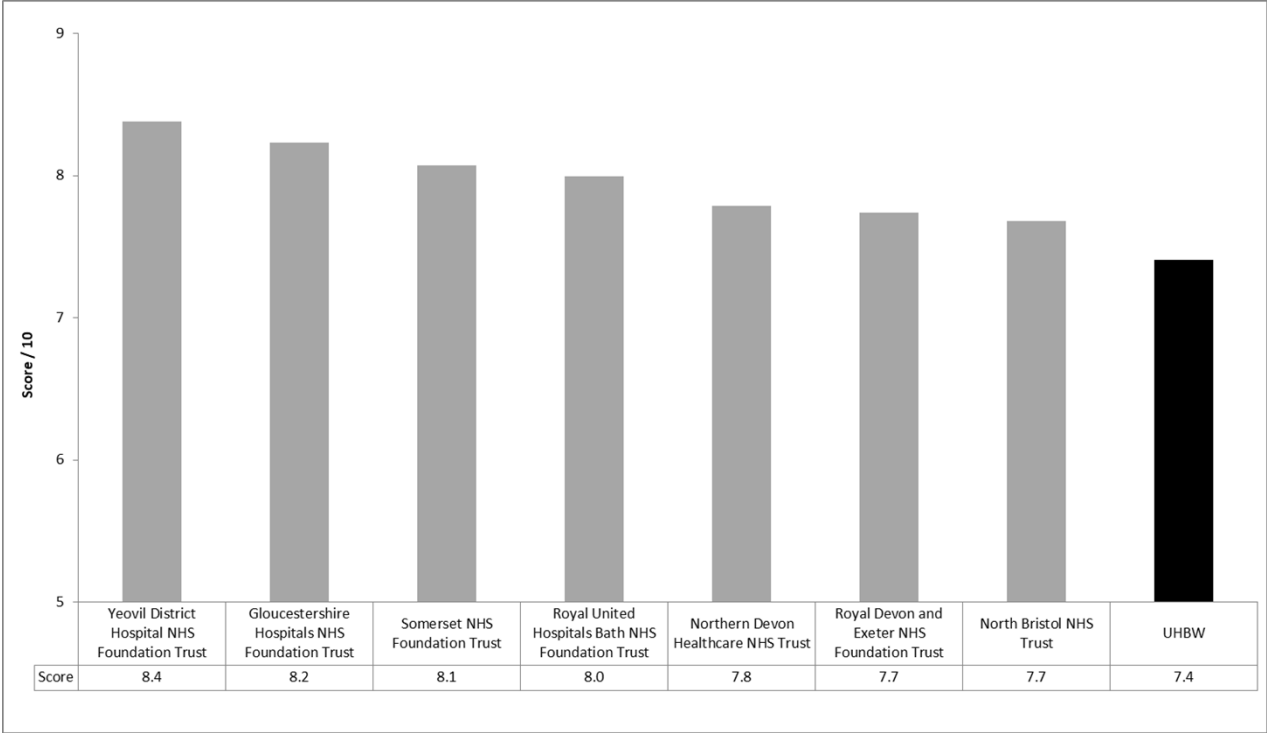
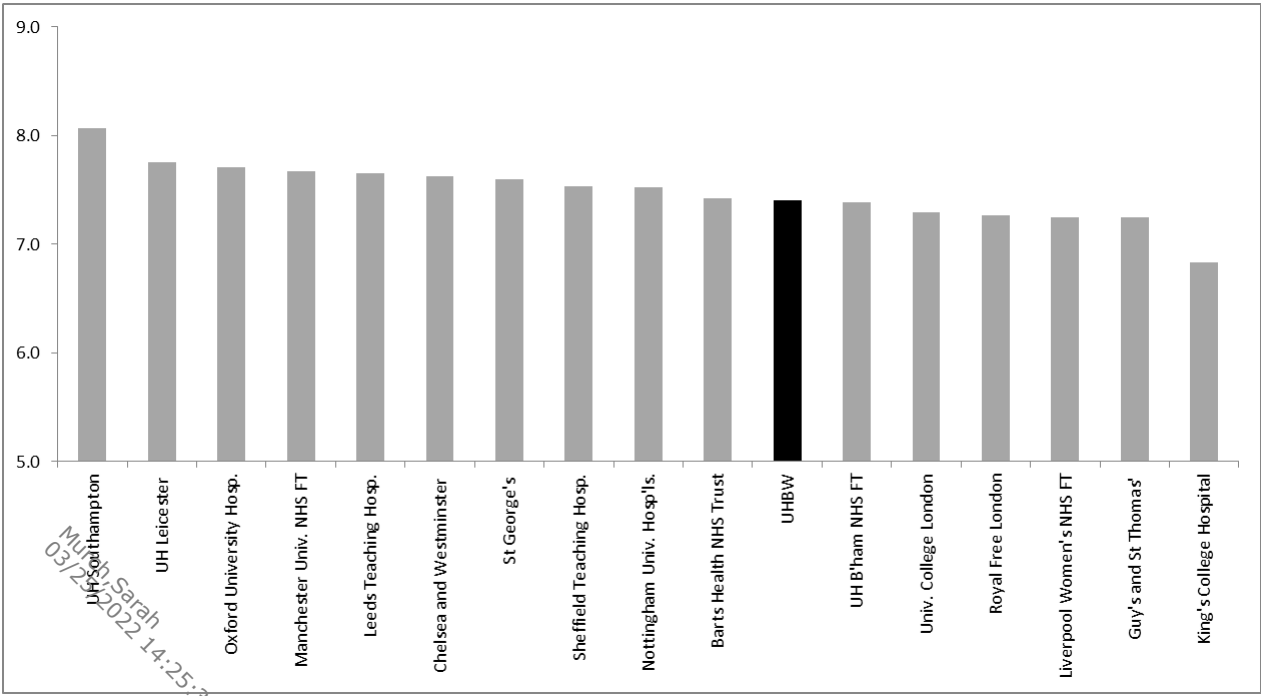


Chart 4: Overall patient experience rating amongst large city acute trusts from 2021 National Maternity Survey



5. Sentiment analysis for patient comments

An analysis of each free-text comment received as part of the 2021 National Maternity Survey has been undertaken. The full analysis is attached as Appendix E to this report. There were 97 comments about staff, 88 about care and treatment, 79 about the pathway of care and 39 about the hospital environment including 15 about Covid-19. A further breakdown of themes for the comments can be found in charts 5 to 11 below and overleaf. Note this analysis was undertaken on the results of the 2021 survey only and we are unable to compare to the results of the 2019 survey.

Sentiment analysis of these comments shows:

- 37% of the comments overall were positive;
- 94% of comments related to staff members were positive and 89% of comments about staff communication were negative;
- 39% of comments about care and treatment were positive;
- 66% of comments about aspects of the pathway of care were negative;
- All of the comments about the hospital environment were negative.

Chart 5: Total comments by sentiment and area

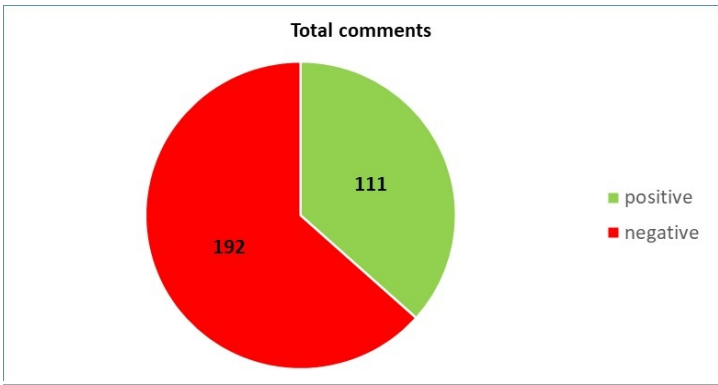
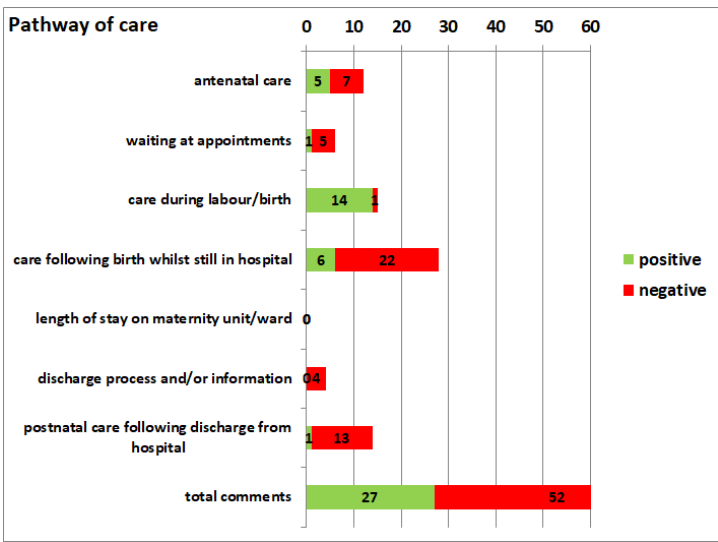


Chart 6: Pathway of care - sentiment analysis



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Chart 7: Hospital environment - sentiment analysis

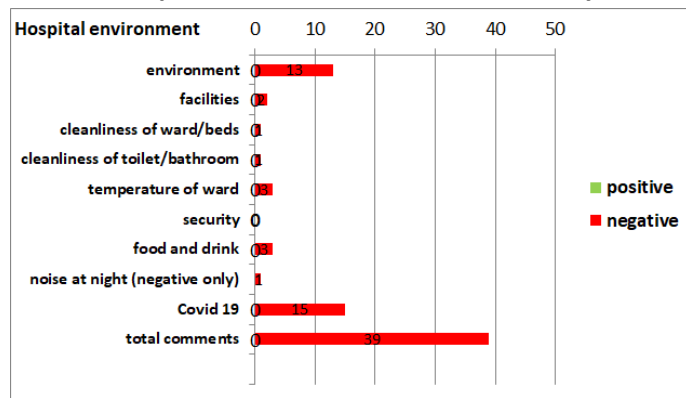


Chart 8: Care and treatment - sentiment analysis

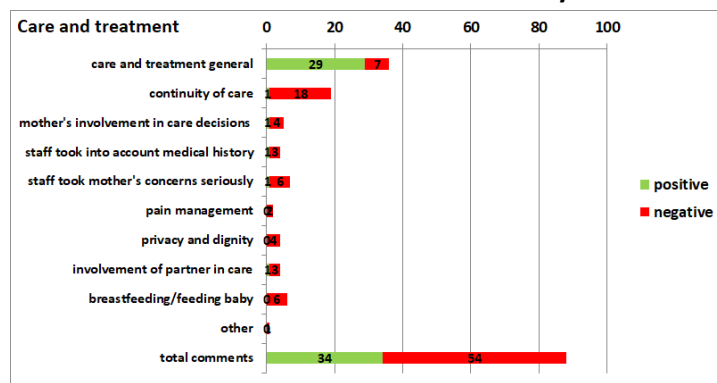


Chart 9: Comments relating to staff members - sentiment analysis

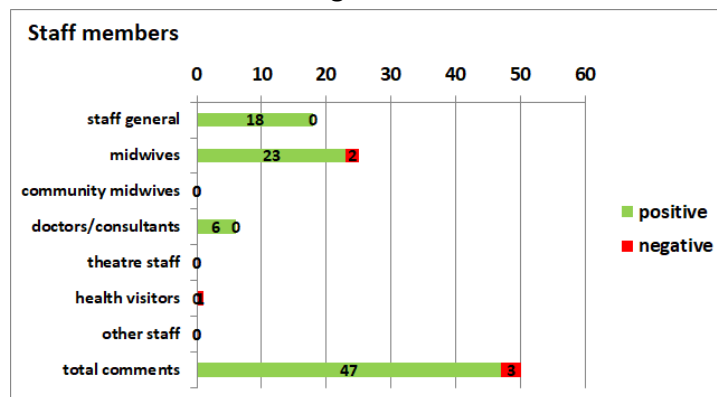


Chart 10: Comments relating to staff communication - sentiment analysis

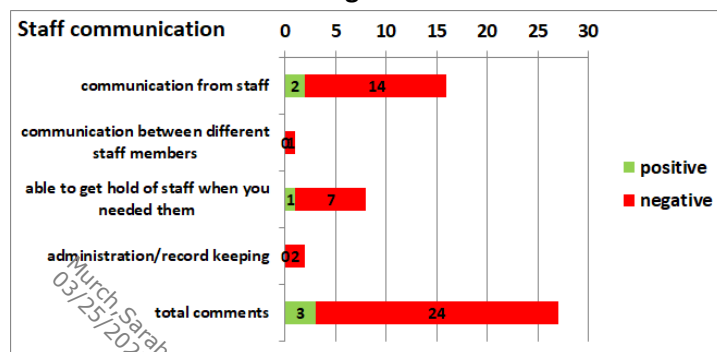
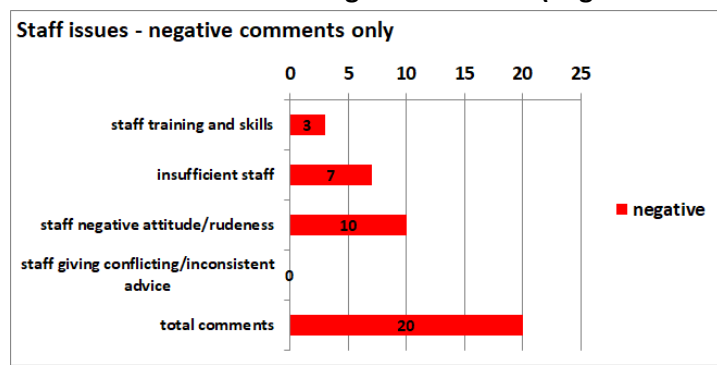


Chart 11: Comments relating to staff issues (negative comments only) - sentiment analysis



6. Improvement opportunities

UHBW's 2021 national maternity survey results saw a significant decline in many areas when compared to the results from 2019 (where the Trust was amongst the top performance nationally). UHBW runs a monthly maternity postal survey sent to a sample of women who have given birth in the previous month. Feedback from this survey, whilst not strictly comparable, does suggest a decline in patient experience – with an average score in 2019/20 of 85/100 compared to 80 in 2021/22 (April to December data). The local survey data suggests that staff care during labour and birth and postnatal care in hospital could areas of focus for improvement activity.

Selection of local maternity survey questions	2019/20	2021/22 to date	Variance
When you had important questions to ask a midwife, did you get answers that you could understand?	90	87	-4
If you wanted to talk to a midwife, did you have enough opportunity to do so?	87	83	-4
When you had important questions to ask a doctor, did you get answers that you could understand?	91	86	-5
If you wanted to talk to a doctor, did you have enough opportunity to do so?	79	72	-7
Were you treated with kindness and understanding?	89	84	-5
Were you treated with dignity and respect?	93	88	-6
How would you rate the care you received on the ward?	84	78	-6
Did you find someone on the hospital staff to talk to about your worries or fears?	83	77	-7
How would you rate the hospital food?	59	49	-10
Do you feel that there were enough staff on duty to care for you?	74	63	-11
During your hospital stay, were you ever asked to give your views on the quality of your care?	33	22	-11

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Summary

UHBW achieved a set of results in the 2021 National Maternity Survey which were below average across many elements of the maternity pathway and in some cases amongst the bottom 20%. This is in stark comparison to strong set of results in the 2019 National Maternity Survey. There are a number of factors at play to consider; not least exploring the national and local impact that Covid-19 has had on both women and on maternity services. By way of context, a summary of the results at a national level, prepared by CQC, has been included as Appendix A to this report.

Reviewing these results alongside timely feedback from women captured in the Trust's local maternity postal survey offered the chance to focus improvement activity on the areas that continue to be highlighted by women locally as requiring improvement. Exploring the reasons for this 'swing' together with the Maternity workforce was the starting point to identify actions that will make a difference. A workshop took place on 24/02/2022 facilitated by Sarah Windfeld, Head of Midwifery, with key staff across the Maternity service at UHBW. The purpose of the workshop, supported by the Patient Experience team, was to a) reflect on the findings of the 2021 National Maternity Survey and b) develop a set of improvement activity with staff in to a robust action plan. The action plan has been attached as Appendix D to this report.

Matthew Areskog, Patient Experience Manager. 25th February 2022.

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Appendix A - CQC Summary at a National Level

National summary - What CQC found²

In previous surveys, the picture of maternity care in England has been one of year-on-year improvement. This year, we have seen a change in direction and results have declined in many areas. This is likely reflecting the impact that the COVID-19 pandemic had on services and staff. Results show that areas particularly affected were involvement of partners, choice, information provision and staff availability. Despite the pressures of the pandemic, the majority of women continued to report positive experiences of maternity care, particularly during their labour and birth.

Positive results (at a national level)

Continuity of carer

We found statistically significant improvements since 2019 in questions asking about continuity of carer. Forty-one per cent of women said they saw or spoke to the same midwife every time during their antenatal check-ups, up from 37% in 2021. Postnatally, 30% said they saw or spoke to the same midwife every time, up from 28% in 2019.

Mental health support

Sixty nine percent of women said that during their antenatal check-ups, the midwife asked them about their mental health. Postnatally, 95% said that the midwife or health visitor asked them about their mental health. Most women (83%) said that if they needed this, they were given enough support for their mental health during their pregnancy.

The majority of women continued to report positive experiences about their interactions with staff. For example, 86% of women said they were 'always' spoken to in a way they could understand during their antenatal care; 85% said that they were 'always' treated with respect and dignity during labour and birth and 71% said that they were 'always' treated with kindness and understanding while in hospital after the birth.

Key areas for improvement (at a national level)

Postnatal Care

In line with findings we have reported in previous maternity surveys, results continued to show poorer experiences of care for many women postnatally compared with other aspects of the maternity pathway. This aspect of care in particular has worsened during the pandemic, with the results for several questions showing statistically significant declines. For example, 34% of women said they would have liked to have seen a midwife 'more often' during their postnatal care compared with 25% in 2019; and 55% of women who needed it said that in the six weeks after the birth of their baby, they 'definitely' received help and advice from a midwife or health visitor about feeding their baby, down from 62% in 2019.

How experience varies for different groups of people

Women who had continuity of carer, women who have had a previous pregnancy and women who had an unassisted vaginal birth consistently reported better experiences. Women who have a caesarean birth (emergency and elective) and women who have a mental health condition consistently reported poorer experiences.

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² Source: <https://www.cqc.org.uk/publications/surveys/maternity-survey-2021>

2021 Maternity Survey: Early release of CQC benchmark results

This report provides benchmark results for University Hospitals Bristol and Weston NHS Foundation Trust, in advance of publication of the 2021 Maternity Survey. It contains the scoring and 'banding' (how your trust performed compared to other trusts across England), but does not include the lowest & highest scores for England. These results can only be shared at official publication of the survey results.

By sharing results now, you will be able to see how your trust performed on individual questions in advance of the publication.

We have amended our analysis and reporting to provide trusts with more granular feedback from the survey. Previously all questions were banded as either 'better', 'about the same' or 'worse', we now also report where trust results are 'much worse', 'somewhat worse', 'somewhat better' or 'much better'.

If you require any assistance, have any queries, or would like to provide feedback on the format of this report, please contact the CQC Surveys Team at: patient.survey@cqc.org.uk.

2021 Maternity Survey

The 2021 maternity survey involved 122 NHS trusts in England¹. All NHS trusts providing maternity services that had at least 300 live births were eligible to take part in the survey. Women aged 16 years or over who had a live birth between 1 and 28 February 2021 (and January if a trust did not have a minimum of 300 eligible births in February) were invited to take part in the survey. Fieldwork took place between April and August 2021. Responses were received from more than 23,000 women, an adjusted response rate of 52%².

The maternity survey first ran in 2007 with other surveys being carried out in 2010, 2013, 2015, 2017, 2018 and 2019. The survey questionnaire underwent a major redevelopment ahead of the 2013 survey so results for 2021 are **only comparable** with 2013, 2015, 2017, 2018 and 2019.

CQC will use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England. Survey data will be used in CQC's monitoring tools, which provide inspectors

¹Two trusts were unable to take part as they did not have enough births.

²The 'adjusted' response rate is reported. The adjusted base is calculated by subtracting the number of questionnaires returned as undeliverable, or if someone had died, from the total number of questionnaires sent out. The adjusted response rate is then calculated by dividing the number of returned useable questionnaires by the adjusted base.

with an assessment of performance in areas of care within an NHS trust that need to be followed up. Survey data will also be used to support CQC inspections.

NHS England and NHS Improvement (NHSE&I) are a key user of data from the CQC survey programme. Listening to women's experiences of their maternity care plays a crucial part in delivering services that are safe and personalised. Data from the maternity survey are important for NHSE&I to understand women's experiences of the services they are receiving across the whole maternity pathway.

Patient experience is a cross-cutting theme throughout the NHS Long Term Plan (NHS LTP). CQC data supports NHSE&I to track how it is doing on user experience, understand where inequality is present and the impact that policy initiatives are having on patients. NHS services have suffered a heavy burden from COVID with the 2021-22 NHS Planning and Operational Guidance outlining a path to recovery, CQC data is supporting NHSE&I understand how they do this in an equitable way.

Antenatal and postnatal care

Some respondents may have experienced antenatal and postnatal care in different trusts. This may be for many reasons such as having to travel for more specialist care or due to variation in service provision across the country.

Trusts were therefore asked to carry out an 'attribution exercise' to identify individuals in their sample that were likely to have received their antenatal and postnatal care from the trust. This was done using either electronic records or residential postcode information.

The survey results contained in this report include only those respondents who were identified as receiving care at this trust. Trusts that did not provide attribution data do not receive results on the antenatal and postnatal sections of the survey.

Data is provided voluntarily, and not all trusts provided this data. The antenatal and postnatal care questions are therefore benchmarked against those other trusts that also provided this information.

Making fair comparisons between trusts

Trusts have differing profiles of people who use their services. For example, one trust may have more first-time mothers than another. This can potentially affect results because people tend to answer questions in different ways depending on certain characteristics. This could lead to a trust's results appearing better or worse than if they had a slightly different profile of maternity service users. To account for this, we 'standardise' respondent data to ensure that a trust does not appear better or worse than another due to its respondent profile. For maternity surveys, we standardise by age and parity (whether or not a mother has given birth previously).

The sample for the survey was drawn from women who gave birth in February (or in some cases January) 2021. This was during the third national lockdown for the Covid-19 (coronavirus) pandemic. This means that respondents will have gone through their antenatal, labour and birth, and postnatal stages under pandemic conditions. Covid-19 impacted on trusts differently with some trusts more severely affected than others. Readers are encouraged to consider the

changes to maternity services due to the pandemic when interpreting the results, and when making comparisons to previous surveys.

Scoring

For each question in the survey that can be scored, individual responses are converted into scores on a scale of 0 to 10. For each question, a score of 10 is assigned to the most positive response and a score of 0 to the least positive. The higher the score, the better the trust's results.

It is not appropriate to score all questions because some of them do not assess a trust's performance.

Interpreting your data

The better and worse categories, displayed in the column with the header '2021 Band' in the tables below, are based on an analysis technique called the 'expected range'. It determines the range within which your trust's score could fall without differing significantly from the average score of all trusts taking part in the survey. If the trust's performance is outside of this range, its performance is significantly above or below what would be expected. If it is within this range, we say that its performance is 'about the same'.

Where a trust's survey results have been identified as better or worse than the majority of trusts, it is very unlikely that these results have occurred by chance. If your trust's results are 'about the same', this column will be empty.

If fewer than 30 respondents have answered a question, a score will not be displayed for this question. This is because the uncertainty around the result is too great.

Trend data

Prior to 2021, the maternity survey was conducted using a solely paper based methodology. Following a successful pilot, the 2021 survey transitioned to be mixed mode and offered both paper and online completion. As part of the pilot survey analysis, it was concluded that this change in methodology did not have a detrimental impact on trend data. Therefore, data from the 2021 survey is comparable with previous years.

Scores from the last survey are displayed where available. In the column with the header 'Change from 2019' arrows indicate whether the score for the 2021 survey has increased significantly (up arrow), decreased significantly (down arrow) or has not significantly changed from 2019 (no arrow). A statistically significant difference means that the change in the result is unlikely to be due to chance.

Significance is tested using a two-sample t-test. Please note that historical comparisons are not provided for section scores as the questions contained in each section can change.

Where a result for 2019 is not shown, this is because the question was either new in 2021, or the question wording and/or response options have been changed. Comparisons are also not shown if a trust has merged with another trust(s) since the 2019 survey, or if a trust committed a

sampling error in 2019, or had a sampling issue in 2021. For more detail please see the Quality & Methodology document linked to in the 'Further Information' section below.

Further information

The full results will be available on the CQC website when the survey is published, together with the technical document which outlines the survey methodology and the scoring applied to each question. Also available will be a statistical release with the results for England and a Quality & Methodology document.

www.cqc.org.uk/maternitysurvey

The results for England and trust results from previous maternity surveys are available on the NHS survey website. Full details of the methodology for the survey, including questionnaires, letters sent to women, instructions on how to carry out the survey and the survey development report, are also available:

<https://nhssurveys.org/surveys/survey/04-maternity/year/2021/>

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Results for University Hospitals Bristol and Weston NHS Foundation Trust: Executive Summary

Respondents and response rate

- 153 University Hospitals Bristol and Weston NHS Foundation Trust patients responded to the survey
- The response rate for University Hospitals Bristol and Weston NHS Foundation Trust was 41.58%

Banding

Better

Your trust's results were much better than most trusts for **0** questions.

Your trust's results were better than most trusts for **0** questions.

Your trust's results were somewhat better than most trusts for **0** questions.

Worse

Your trust's results were much worse than most trusts for **0** questions.

Your trust's results were worse than most trusts for **2** questions.

Your trust's results were somewhat worse than most trusts for **2** questions.

Same

Your trust's results were about the same as other trusts for **46** questions.

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Tables of Results

Table 1: Section 1. The start of your care in pregnancy

Question	Respondents	2021 Score	2021 Band	2019 Score	Change from 2019
B3. Were you offered a choice about where to have your baby?	83	3.9			
B4. At the start of your care in pregnancy, did you feel that you were given enough information about coronavirus restrictions and any implications for your maternity care?	92	5.6			
B5. Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	93	6.8		8.0	↓

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Table 2: Section 2. Antenatal check-ups

Question	Respondents	2021 Score	2021 Band	2019 Score	Change from 2019
B7. During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history?	92	5.9			
B8. During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?	96	8.7		8.7	
B9. During your antenatal check-ups, did your midwives listen to you?	96	8.5		9.1	
B10. During your antenatal check-ups, did your midwives ask you about your mental health?	94	7.7		7.9	

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Table 3: Section 3. During your pregnancy

Question	Respondents	2021 Score	2021 Band	2019 Score	Change from 2019
B12. Were you given enough support for your mental health during your pregnancy?	53	7.8			
B13. During your pregnancy, if you contacted a midwifery team, were you given the help you needed?	89	8.4		8.0	
B14. Thinking about your antenatal care, were you spoken to in a way you could understand?	96	8.9		9.8	↓
B15. Thinking about your antenatal care, were you involved in decisions about your care?	94	8.8		9.3	
B16. During your pregnancy did midwives provide relevant information about feeding your baby?	91	6.5		7.3	

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Table 4: Section 4. Your labour and birth

Question	Respondents	2021 Score	2021 Band	2019 Score	Change from 2019
C3. At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?	107	8.4		8.3	
C4. During your labour, did staff help to create a more comfortable atmosphere for you in a way you wanted?	120	6.9		8.3	↓
C9. Were you given enough information on induction before you were induced?	42	6.3			
C10. Were you involved in the decision to be induced?	41	8.0			
C13. Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?	141	9.6		9.6	
C14. If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?	148	8.8		9.6	↓

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Table 5: Section 5. Staff caring for you

Question	Respondents	2021 Score	2021 Band	2019 Score	Change from 2019
C16. Did the staff treating and examining you introduce themselves?	151	9.1		9.6	
C18. Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?	152	7.6		8.3	
C19. If you raised a concern during labour and birth, did you feel that it was taken seriously?	96	7.6		9.4	↓
C20. During labour and birth, were you able to get a member of staff to help you when you needed it?	145	8.7		9.2	
C21. Thinking about your care during labour and birth, were you spoken to in a way you could understand?	153	9.0		9.4	
C22. Thinking about your care during labour and birth, were you involved in decisions about your care?	149	7.9	Somewhat worse	9.2	↓
C23. Thinking about your care during labour and birth, were you treated with respect and dignity?	151	8.8		9.9	↓
C24. Did you have confidence and trust in the staff caring for you during your labour and birth?	151	8.8		9.7	↓
C25. After your baby was born, did you have the opportunity to ask questions about your labour and the birth?	142	6.2		7.7	↓

Table 6: Section 6. Care in hospital after birth

Question	Respondents	2021 Score	2021 Band	2019 Score	Change from 2019
D2. On the day you left hospital, was your discharge delayed for any reason?	147	6.5		6.4	
D4. If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it?	138	7.3		8.0	
D5. Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?	145	7.5		8.1	
D6. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?	147	7.8		9.0	↓
D7. Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?	112	2.2		8.5	↓
D8. Thinking about your stay in hospital, how clean was the hospital room or ward you were in?	146	8.7		8.8	

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Table 7: Section 7. Feeding your baby

Question	Respondents	2021 Score	2021 Band	2019 Score	Change from 2019
E2. Were your decisions about how you wanted to feed your baby respected by midwives?	78	8.6		9.2	
E3. Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?	77	6.8		8.6	↓

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Table 8: Section 8. Care at home after the birth

Question	Respondents	2021 Score	2021 Band	2019 Score	Change from 2019
F1. Were you given a choice about where your postnatal care would take place?	69	3.4		3.7	
F2. When you were at home after the birth of your baby, did you have a phone number for a midwifery or health visiting team that you could contact?	79	9.4		9.8	
F3. If you contacted a midwifery or health visiting team, were you given the help you needed?	61	8.0		9.5	↓
F6. Would you have liked to have seen or spoken to a midwife... (more/less/saw midwife right amount)	79	6.1		7.3	
F7. Did the midwife or midwifery team that you saw or spoke to appear to be aware of the medical history of you and your baby?	70	7.5		8.1	
F8. Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?	79	8.1		8.7	
F9. Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?	73	7.9		9.0	↓
F10. Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?	78	8.4		8.5	

Table 8: Section 8. Care at home after the birth (*continued*)

Question	Respondents	2021 Score	2021 Band	2019 Score	Change from 2019
F12. Did a midwife or health visitor ask you about your mental health?	79	9.4		9.6	
F13. Were you given information about any changes you might experience to your mental health after having your baby?	79	6.1	Somewhat worse	7.8	↓
F14. Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?	70	7.3		7.9	
F15. Were you given information about your own physical recovery after the birth?	80	5.6	Worse	6.9	↓
F16. In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?	73	7.2		7.6	
F17. If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?	30	4.1	Worse		
F18. In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress?	76	7.4		8.2	

Table 9: Section Scores

Section	2021 Score	Band
1. The start of your care in your pregnancy	5.4	
2. Antenatal check-ups	7.7	
3. During your pregnancy	8.1	
4. Your labour and birth	8.0	
5. Staff caring for you	8.2	
6. Care in hospital after the birth	6.7	
7. Feeding your baby	7.7	
8. Care at home after birth	7.1	

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Table 10: Demographic Information

Characteristic	Percent
Total respondents	153
Response rate	41.6
Parity	
Primiparous	47.1
Multiparous	52.9
Age	
16-18	0.0
19-24	5.2
25-29	11.8
30-34	47.1
35+	35.9
Ethnicity	
White	82.4
Multiple ethnic groups	5.9
Asian or Asian British	7.2
Black or Black British	1.3
Arab or other ethnic group	1.3
Not known	2.0

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Table 11: Demographic Information (Continued)

Characteristic	Percent
Religion	
No religion	60.8
Buddhist	0.7
Christian	24.8
Hindu	1.3
Jewish	0.0
Muslim	5.2
Sikh	0.0
Other religion	2.6
Prefer not to say	4.6
Sexuality	
Heterosexual/straight	92.2
Gay/lesbian	0.7
Bisexual	3.3
Other	0.7
Prefer not to say	3.3
Gender	
Gender same as sex at birth	100.0
Gender not the same as sex at birth	0.0
Prefer not to say gender	0.0

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NHS Maternity Survey 2021 Benchmark Report

University Hospitals Bristol and Weston NHS
Foundation Trust

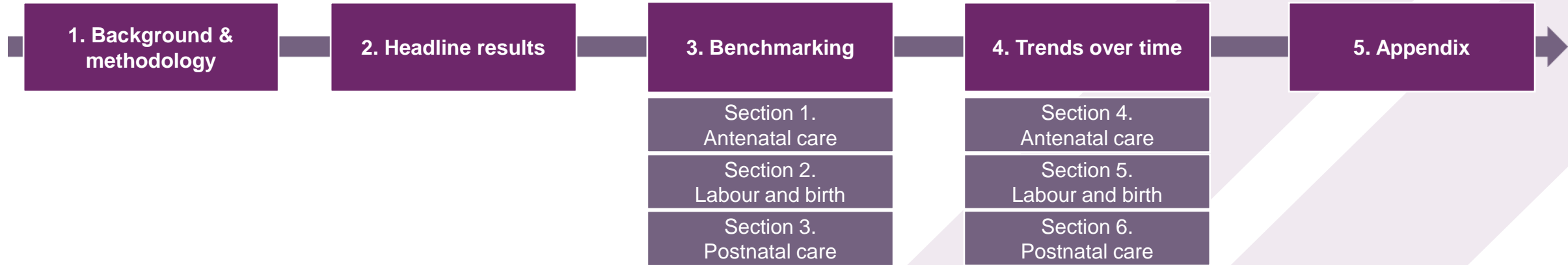
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Background and methodology

This section includes:

- explanation of the NHS Patient Survey Programme
- information on the Maternity 2021 survey
- a description of key terms used in this report
- navigating the report

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Background and methodology

The NHS Patient Survey Programme

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services.

The NPSP is commissioned by the Care Quality Commission (CQC); the independent regulator of health and adult social care in England.

As part of the NPSP, the Maternity Survey started in 2007 and the 2021 Maternity Survey will be the eighth carried out to date. The CQC use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England.

To find out more about the survey programme and to see the results from previous surveys, please refer to the section on further information on this page.

The Maternity Survey 2021

The survey was administered by the Coordination Centre for Mixed Methods (CCMM) at Ipsos MORI. A total of 45,445 mothers were invited to participate in the survey across 122 NHS trusts. Completed responses

were received from 23,479 respondents, this gives a national adjusted response rate of 52%. Response rates at a trust level will naturally vary, the average response rate at a trust level is 53%.

Individuals were invited to participate in the survey if they were aged 16 years or over at the time of delivery and had a live birth at an NHS Trust between 1 February and 28 February 2021. A full list of eligibility criteria can be found in the survey [sampling instructions](#). If there were fewer than 300 people within an NHS trust who gave birth in February 2021, then births from January were included.

Fieldwork took place between April and August 2021.

Trend data

Prior to 2021, the Maternity survey was conducted using a solely paper based methodology. Following a successful pilot of a mixed method approach, the 2021 survey transitioned to offer both paper and online completion methods. As part of the pilot survey analysis, it was concluded that this change in methodology did not have a detrimental impact on trend data. You can view this work on the [cross survey programme website](#).

Therefore, data from the 2021 survey is comparable with previous years, unless a question has changed or there are other reasons for lack of comparability such as changes in organisation structure of a trust.

Where results are comparable with previous years, a section on historical trends has been included. Where there are insufficient data points for historical trends, significance testing has been carried out against 2019 data.

Further information about the survey

- For published results for other surveys in the NPSP, and for information to help trusts implement the surveys across the NPSP, please visit the [NHS Surveys website](#).
- To learn more about CQC's survey programme, please visit the [CQC website](#).

Background and methodology continued

Antenatal and Postnatal data

The maternity survey is split into three sections that ask questions about:

- antenatal care
- labour and birth
- postnatal care

It is possible that some respondents may have experienced these stages of care in different trusts. This may be for many reasons such as moving home, or having to travel for more specialist care, or due to variation in service provision across the country. For the purpose of benchmarking, it is important that we understand which trust the respondent is referring to when they are completing each section of the survey.

When answering survey questions about labour and birth we can be confident that in all cases respondents are referring to the trust from which they were sampled. It is therefore possible to compare results for labour and birth across all 122 NHS trusts that took part in the survey.

Trusts were asked to carry out an “attribution exercise”, where each trust identifies the individuals in their sample that are likely to have also received their antenatal and postnatal care from the trust. This is done using either electronic records or residential postcode information. This attribution exercise was first carried out in the 2013 survey. In 2021, 112 of the 122 trusts that took part in the survey completed this exercise.

The survey results contained in this report include only those respondents who were identified as receiving all three stages of care at this trust.

Those trusts that did not provide the results of the attribution exercise to the CCMM at Ipsos MORI do not receive results on the postnatal and antenatal sections of the survey.

Limitations of this approach

Data is provided voluntarily, and not all trusts provided this data. The antenatal and postnatal care sections of this report are therefore benchmarked against those other trusts that also provided the required information.

Some trusts do not keep electronic records of antenatal and postnatal care. Where this is the case, location of antenatal and postnatal care is based on residential location of respondents. This is not a perfect measure of whether antenatal and postnatal care was received at the trust. For example, respondents requiring specialist antenatal or postnatal care may have received this from another trust. This may mean that some respondents are included in the data despite having received care from another trust.

Key terms used in this report

The 'expected range' technique

This report shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the 'expected range' to determine if your trust is performing 'about the same', 'better' or 'worse' compared with most other trusts. This is designed to help understand the performance of individual trusts and identify areas for improvement. More information can be found in the [Appendix](#).

Standardisation

Demographic characteristics, such as age can influence care experiences and how they are reported. Since trusts have differing profiles of maternity service users, this could make fair trust comparisons difficult. To account for this, we 'standardise' the results, which means we apply a weight to individual patient responses to account for differences in demographic profile between trusts.

For each trust, results have been weighted by parity (whether or not a mother has given birth previously) and age of respondents to reflect the 'national' age

distribution (based on all respondents to the survey). This helps ensure that no trust will appear better or worse than another because of its profile of maternity service users, and enables a fairer and more useful comparison of results across trusts. In most cases this weighting will not have a large impact on trust results.

Scoring

For selected questions in the survey, the individual (weighted) responses are converted into scores, typically 0, 5, or 10 (except for questions B3 and D8). A score of 10 represents the best possible result and a score of 0 the worst. The higher the score for each question, the better the trust is performing. Only evaluative questions in the questionnaire are scored. Some questions are descriptive (for example A1) and others are 'routing questions', which are designed to filter out respondents to whom subsequent questions do not apply (for example C1). These questions are not scored. Section scoring is computed as the arithmetic mean of question scores for the section after weighting is applied.

Trust average

The 'trust average' mentioned in this report is the arithmetic mean of all trusts' scores after weighting is applied.

Suppressed data

If fewer than 30 respondents have answered a question, no score will be displayed for that question (or the corresponding section the question contributes to). This is to prevent individual responses being identifiable.

Further information about the methods

For further information about the statistical methods used in this report, please refer to the [survey technical document](#).

Using the survey results

Navigating this report

This report is split into **five** sections:

- 1. Background and methodology** – provides information about the survey programme, how the survey is run and how to interpret the data.
- 2. Headline results** – includes key trust-level findings relating to the mothers who took part in the survey, benchmarking, and top and bottom scores. This section provides an overview of results for your trust, identifying areas where your organisation performs better than the average and where you may wish to focus improvement activities.
- 3. Benchmarking** – shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part; using the ‘expected range’ analysis technique. This allows you to see the range of scores achieved and compare yourself with the other organisations that took part in the survey. Benchmarking can provide you with an indication of where you perform better than the average, and what you should aim for in areas where you may wish to

improve. Trusts that provide data on antenatal and postnatal care and have sufficient respondent numbers are also provided with antenatal and postnatal benchmark results.

- 4. Trends over time** – includes your trust’s mean score for each evaluative question in the survey. This is either shown as a historical trend chart or a significance test table, depending on the availability of longitudinal data.

Where possible, significance testing compares the mean score for your trust in 2019 to your 2021 mean score. This allows you to see if your trust has made statistically significant improvements between survey years.

Historical trends are presented where data is available, and questions remain comparable for your trust since 2013. Trends are presented only where there are at least five data points available to plot on the chart. Historical trend charts show the mean score for your trust by year, so that you can see if your trust has made improvements over time. They also include the national mean score by year, to allow

you to see whether your performance is in line with the national average or not.

Significance test tables are presented where there are less than 5 data points available and questions remain comparable between 2019 and 2021.

- 5. Appendix** – includes additional data for your trust; further information on the survey methodology and interpretation of graphs in this report.

Using the survey results continued

How to interpret the graphs in this report

There are several types of graphs in this report which show how the score for your trust compares to the scores achieved by all trusts that took part in the survey.

The two chart types used in the section 'benchmarking' use the 'expected range' technique to show results. For information on how to interpret these graphs, please refer to the [Appendix](#).

Other data sources

More information is available about the following topics at their respective websites, listed below:

- Full national results and technical document: www.cqc.org.uk/maternitysurvey
- National and trust-level data for all trusts who took part in the Maternity 2021 survey: <https://nhs.uk/surveys/survey/04-maternity/year/2021/>. Full details of the methodology for the survey, instructions for trusts and contractors to carry out the survey, and the

survey development report can also be found on the [NHS Surveys website](#).

- Information on the NHS Patient Survey Programme, including results from other surveys: www.cqc.org.uk/content/surveys
- Information about how the CQC monitors services: <https://www.cqc.org.uk/what-we-do/how-we-use-information/using-data-monitor-services>

Headline results

This section includes:

- information about your trust population
- an overview of benchmarking for your trust
- the top and bottom scores for your trust

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Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of mothers who took part in the survey.



374 invited to take part



153 completed



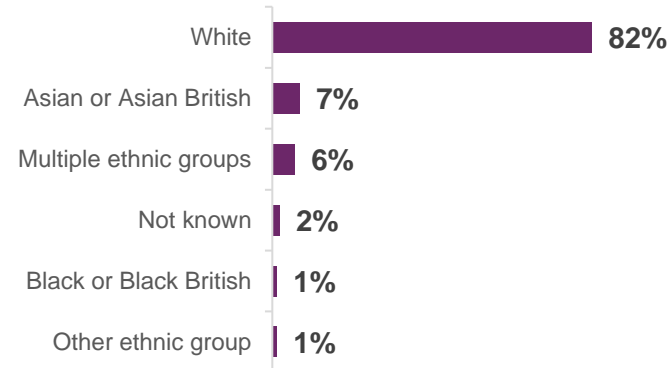
42% response rate

53% average trust response rate

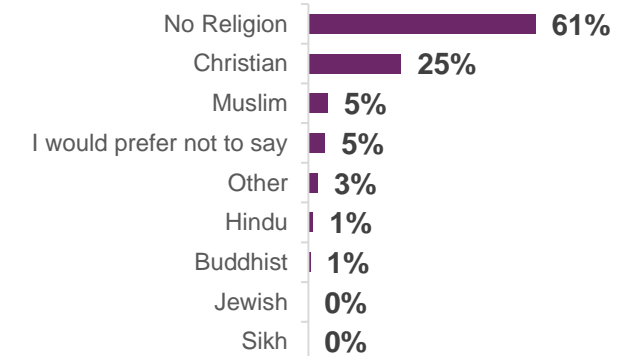
37% response rate for your trust for 2019



ETHNICITY

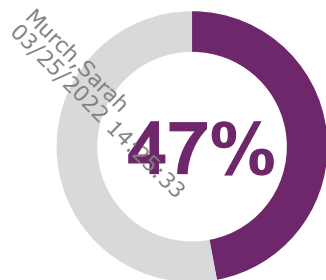


RELIGION



PARITY

How many babies have you given birth to before this pregnancy?

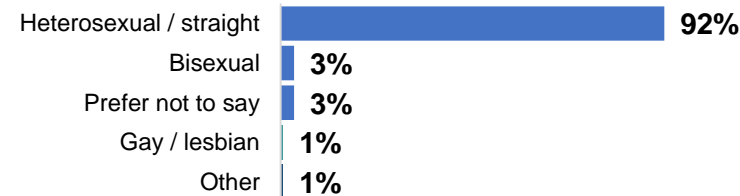


47% of respondents gave birth to their first baby.



SEXUALITY

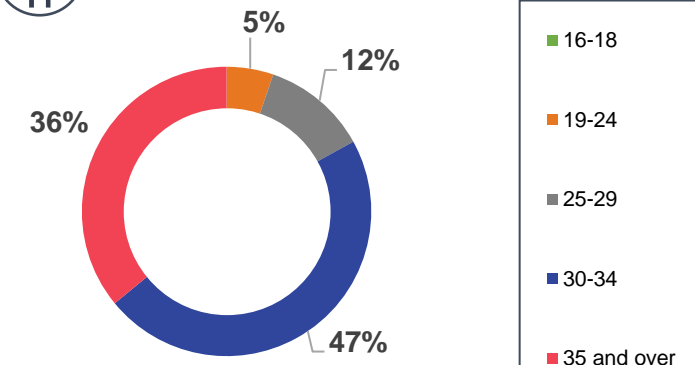
Which of the following best describes how you think of yourself?



92% of participants described themselves as heterosexual or straight.



AGE



Summary of findings for your trust

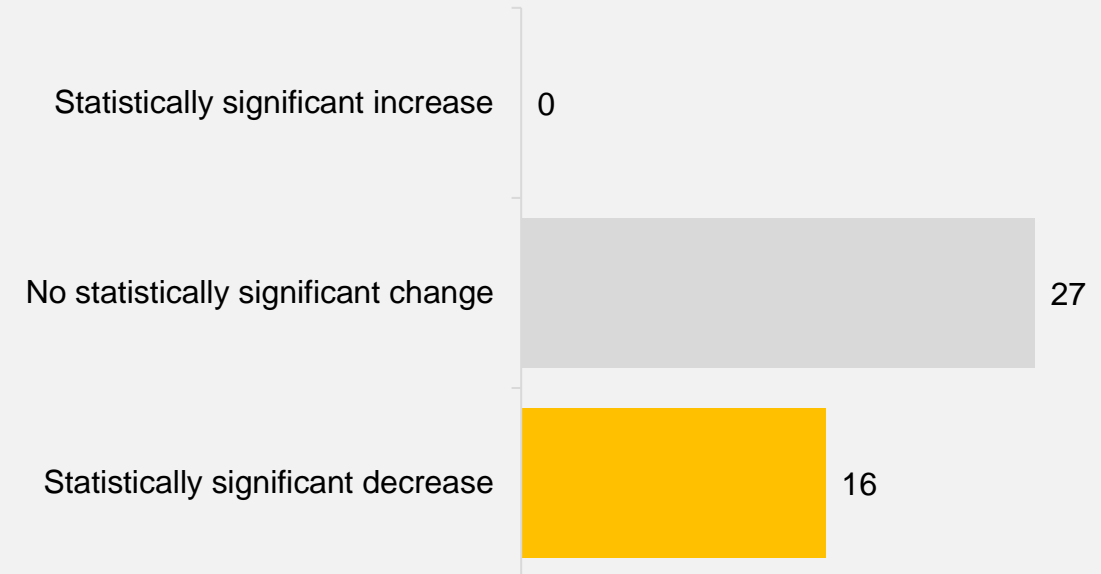
Comparison with other trusts

The **number of questions** in this report at which your trust has performed better, worse, or about the same compared with most other trusts.



Comparison with results from 2019

The **number of questions** in this report where your trust showed a statistically significant increase, decrease, or no change in scores compared to 2019 results.



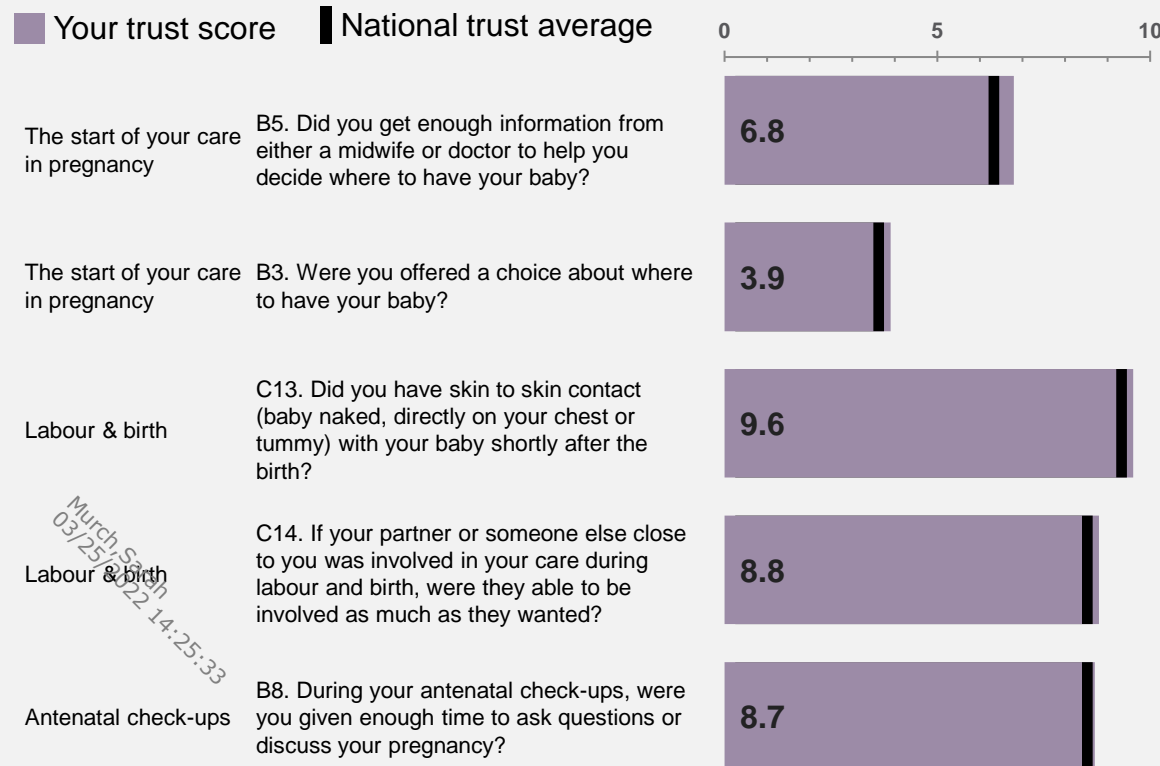
For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix section [“comparison to other trusts”](#).

Best and worst performance relative to the trust average

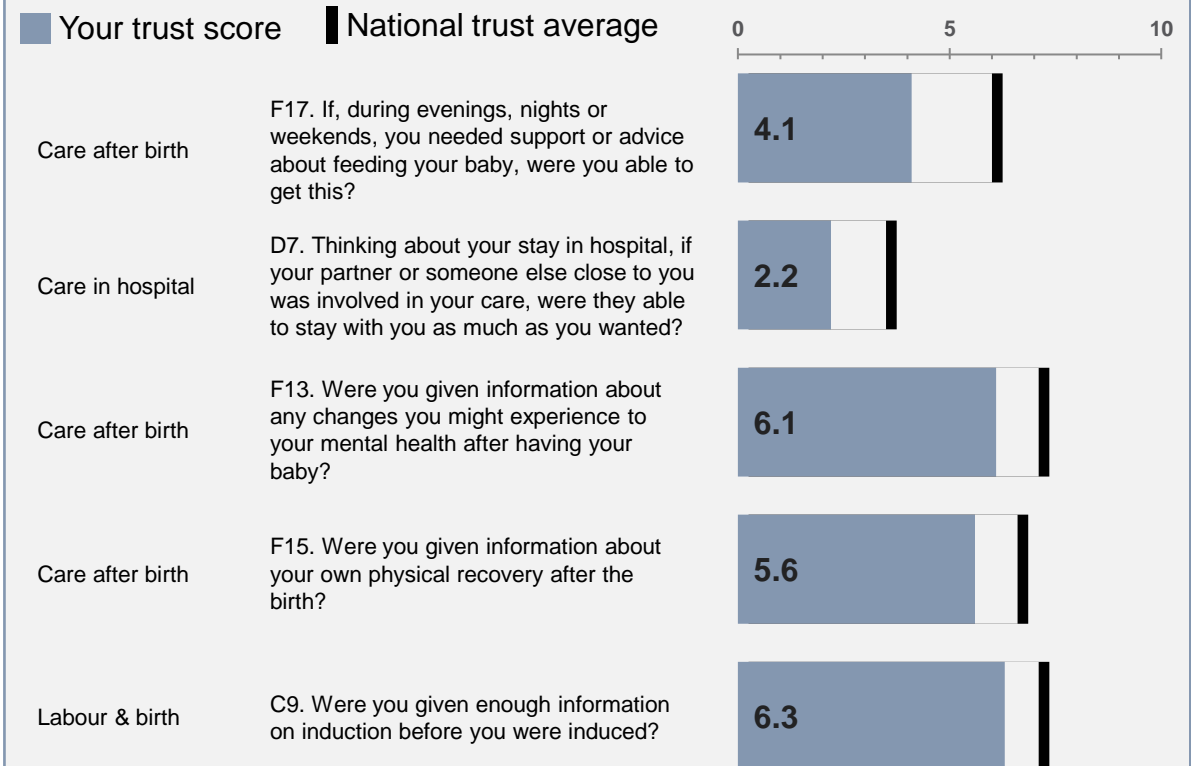
These five questions are calculated by comparing your trust's results to the trust average (the average trust score across England).

- **Top five scores:** These are the five results for your trust that are highest compared with the trust average. If none of the results for your trust are above the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's best performance may be worse than the trust average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the trust average. If none of the results for your trust are below the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's worst performance may be better than the trust average.

Top five scores (compared with average trust score across England)



Bottom five scores (compared with average trust score across England)



Benchmarking

This section includes:

- how your trust scored for each evaluative question in the survey, compared with other trusts that took part
- an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts.
- for more guidance on interpreting these graphs, please refer to the [appendix](#)

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Please note: following report redevelopment consultations conducted in February 2021 the benchmark bandings were updated to provide a greater level of granularity in the expected range score.



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Benchmarking

Antenatal care

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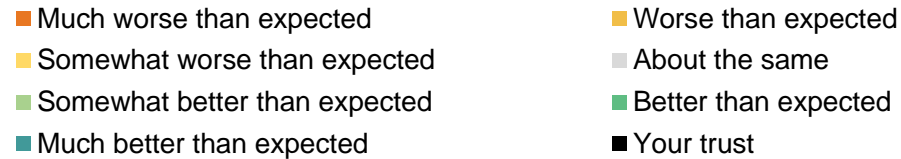
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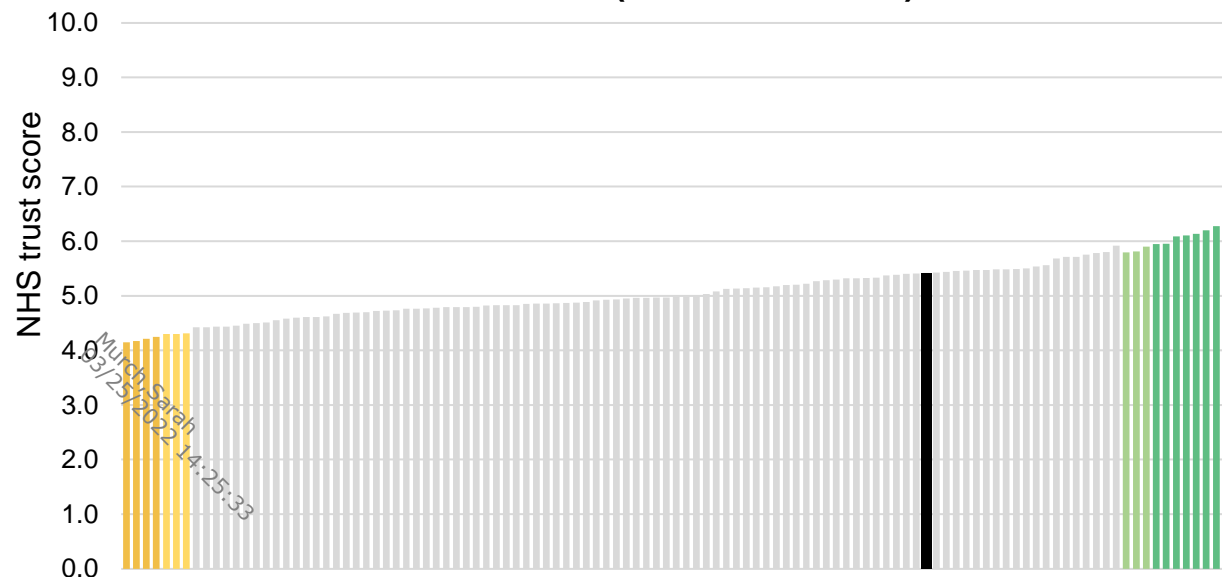
The start of your care during pregnancy

Section score

This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'the start of your care during pregnancy' is calculated from questions B3 to B5. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



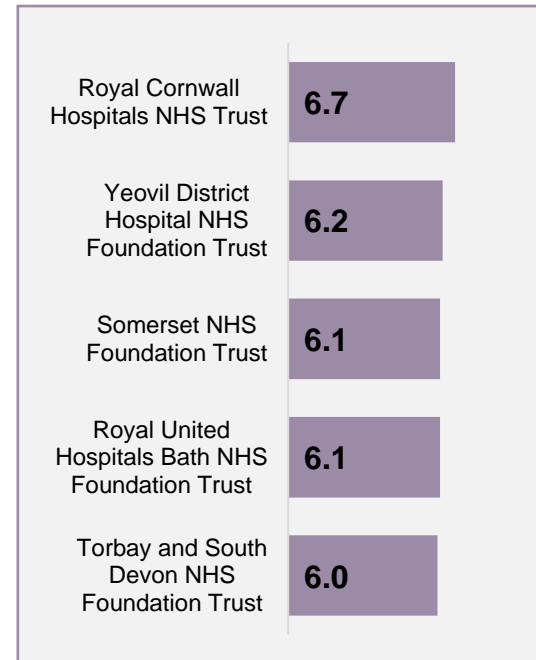
Your trust section score = 5.4 (About the same)



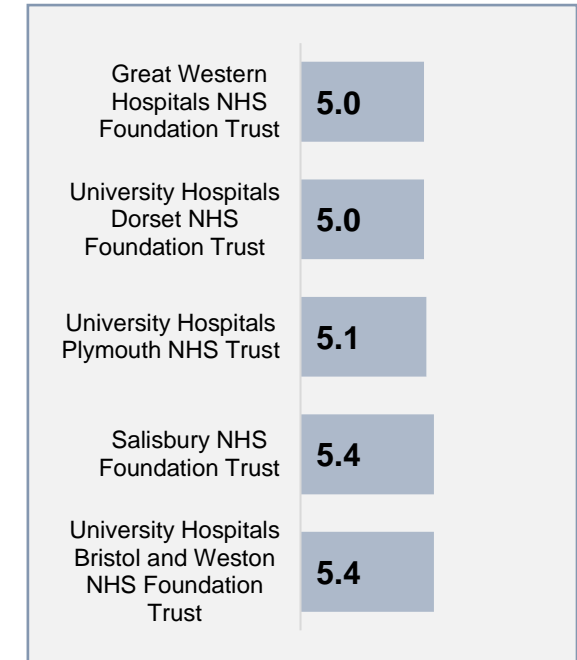
Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores



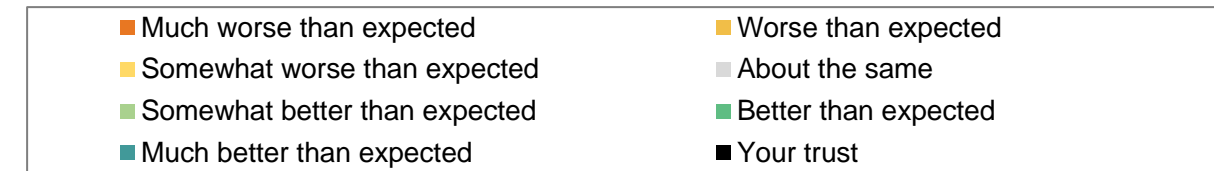
Trusts with the lowest scores



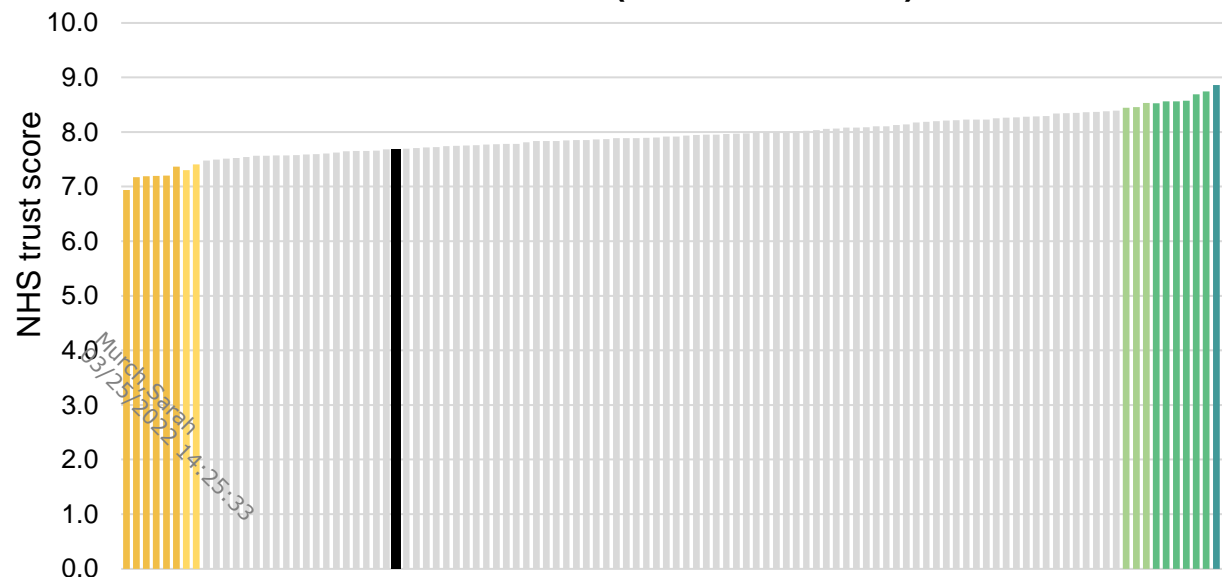
Antenatal check ups

Section score

This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'antenatal check-ups' is calculated from questions B7 to B10. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



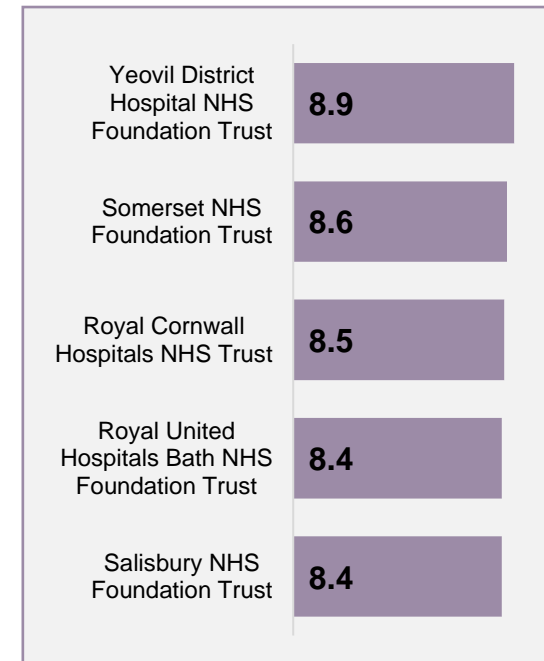
Your trust section score = 7.7 (About the same)



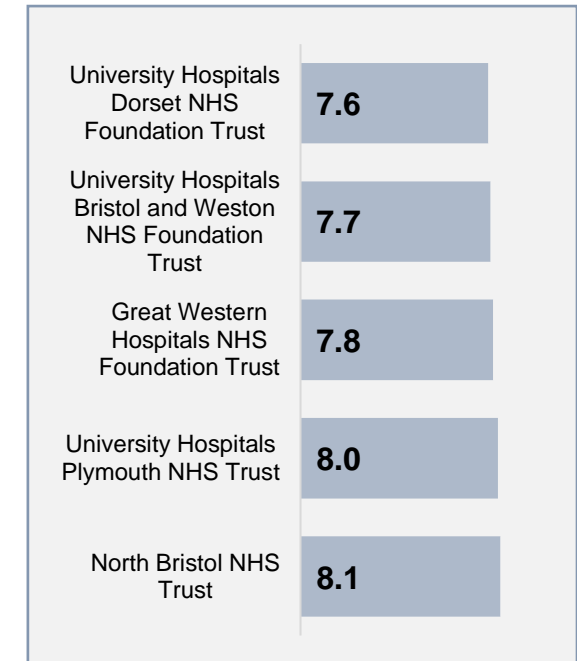
Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores



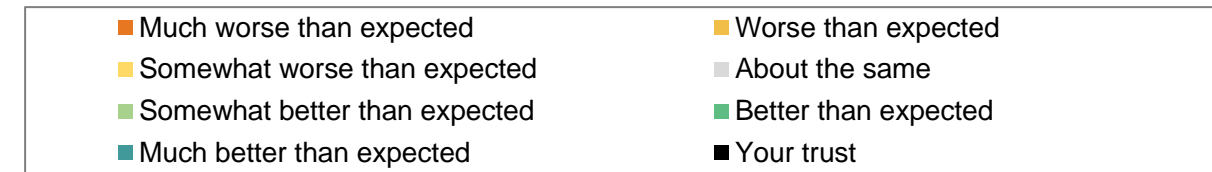
Trusts with the lowest scores



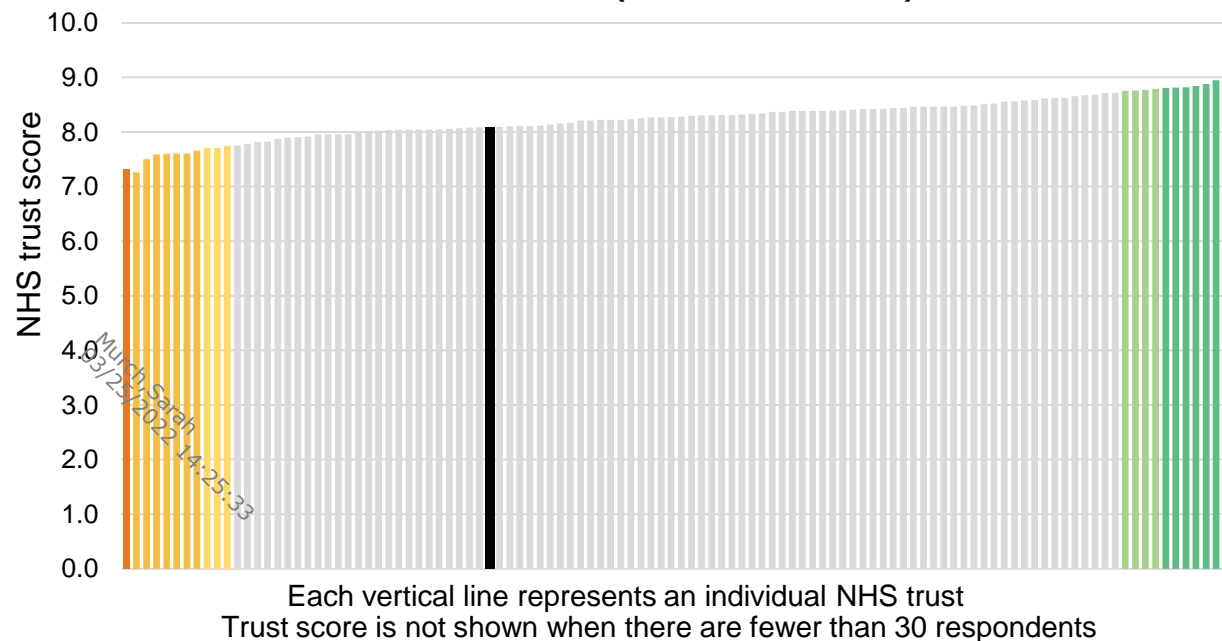
During your pregnancy

Section score

This shows the range of section scores for all NHS trusts included in the survey that submitted attribution data. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'during your pregnancy' is calculated from questions B12 to B16. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Your trust section score = 8.1 (About the same)



Comparison with other trusts within your region

Trusts with the highest scores

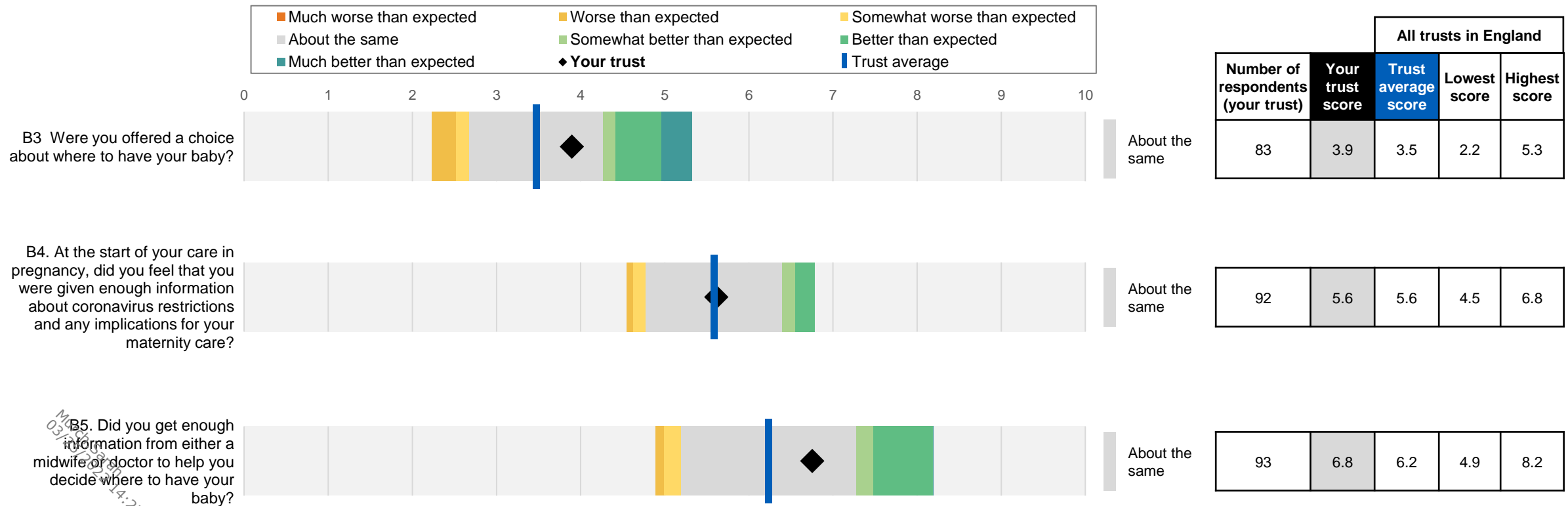
Yeovil District Hospital NHS Foundation Trust	9.1
Torbay and South Devon NHS Foundation Trust	8.8
Royal United Hospitals Bath NHS Foundation Trust	8.8
Royal Cornwall Hospitals NHS Trust	8.8
Northern Devon Healthcare NHS Trust	8.6

Trusts with the lowest scores

University Hospitals Dorset NHS Foundation Trust	7.9
Great Western Hospitals NHS Foundation Trust	8.1
University Hospitals Bristol and Weston NHS Foundation Trust	8.1
North Bristol NHS Trust	8.2
Royal Devon and Exeter NHS Foundation Trust	8.3

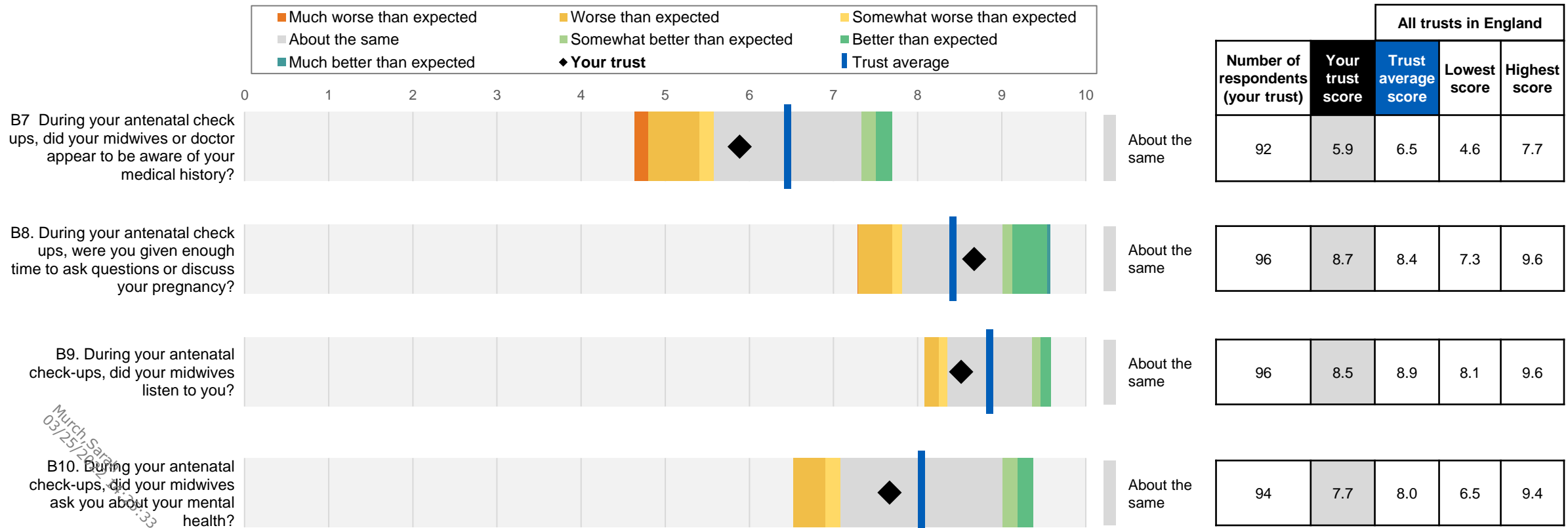
Benchmarking - Antenatal care

Question scores: Start of your pregnancy



Benchmarking - Antenatal care (continued)

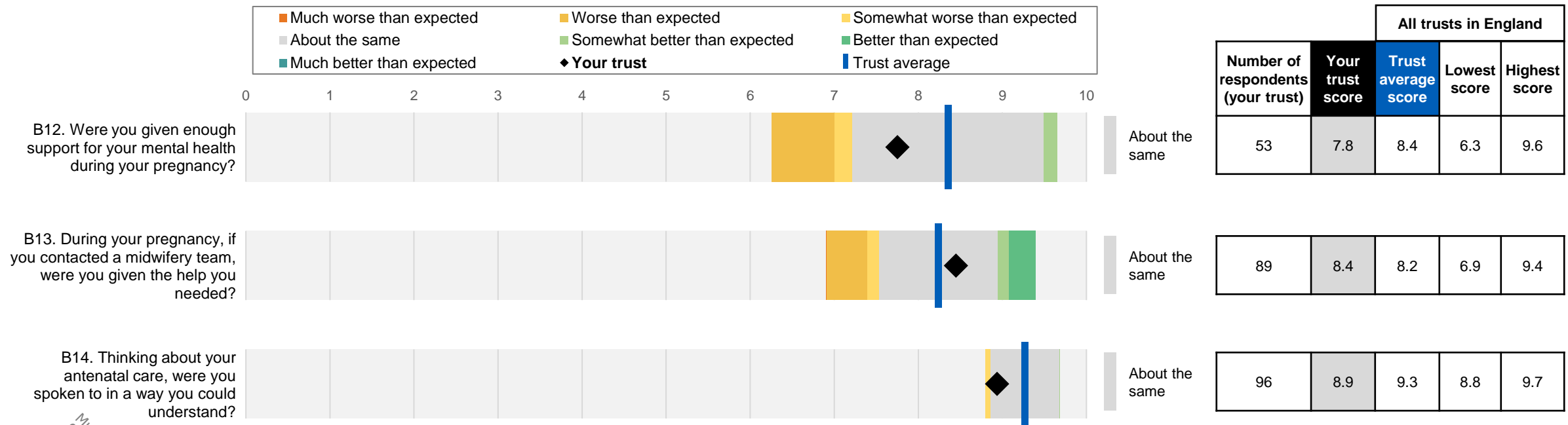
Question scores: Antenatal check ups



Trust score is not shown when there are fewer than 30 respondents.

Benchmarking - Antenatal care (continued)

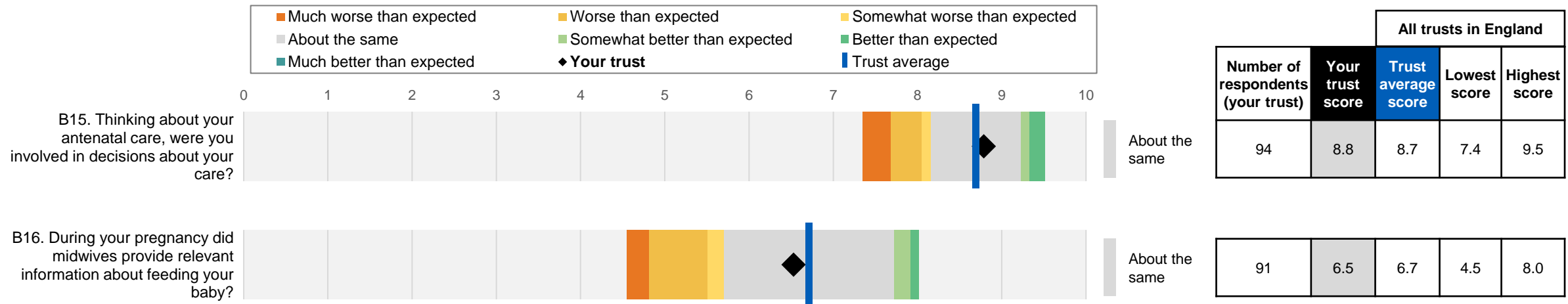
Question scores: During your pregnancy



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Benchmarking - Antenatal care (continued)

Question scores: During your pregnancy



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Benchmarking

Labour and birth

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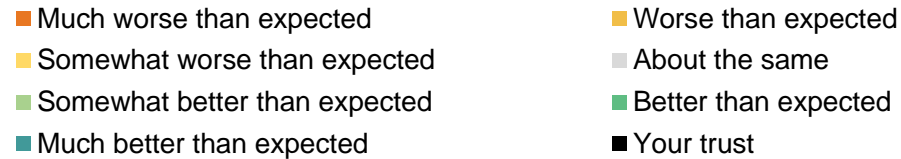
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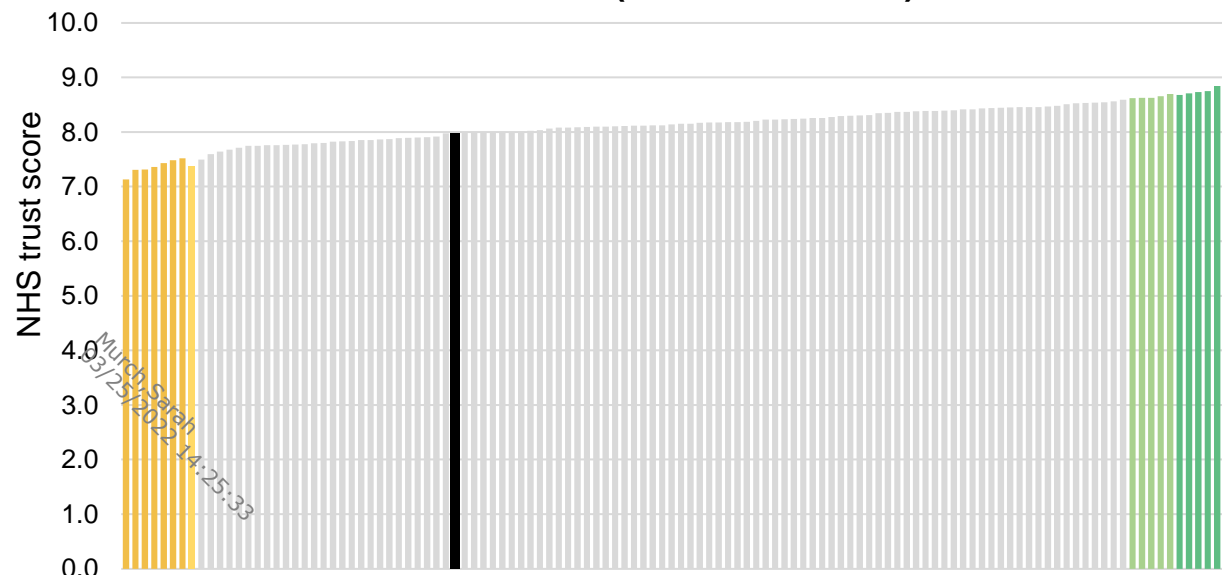
Your labour and birth

Section score

This shows the range of section scores for all NHS trusts included in the survey. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'your labour and birth' is calculated from questions C3, C4, C9, C10, C13, and C14. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Your trust section score = 8.0 (About the same)



Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores

Royal Cornwall Hospitals NHS Trust	8.9
Yeovil District Hospital NHS Foundation Trust	8.8
Salisbury NHS Foundation Trust	8.6
Dorset County Hospital NHS Foundation Trust	8.5
University Hospitals Plymouth NHS Trust	8.5

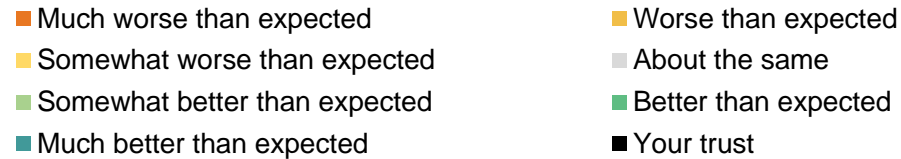
Trusts with the lowest scores

Northern Devon Healthcare NHS Trust	7.8
Somerset NHS Foundation Trust	7.9
University Hospitals Bristol and Weston NHS Foundation Trust	8.0
University Hospitals Dorset NHS Foundation Trust	8.1
Great Western Hospitals NHS Foundation Trust	8.1

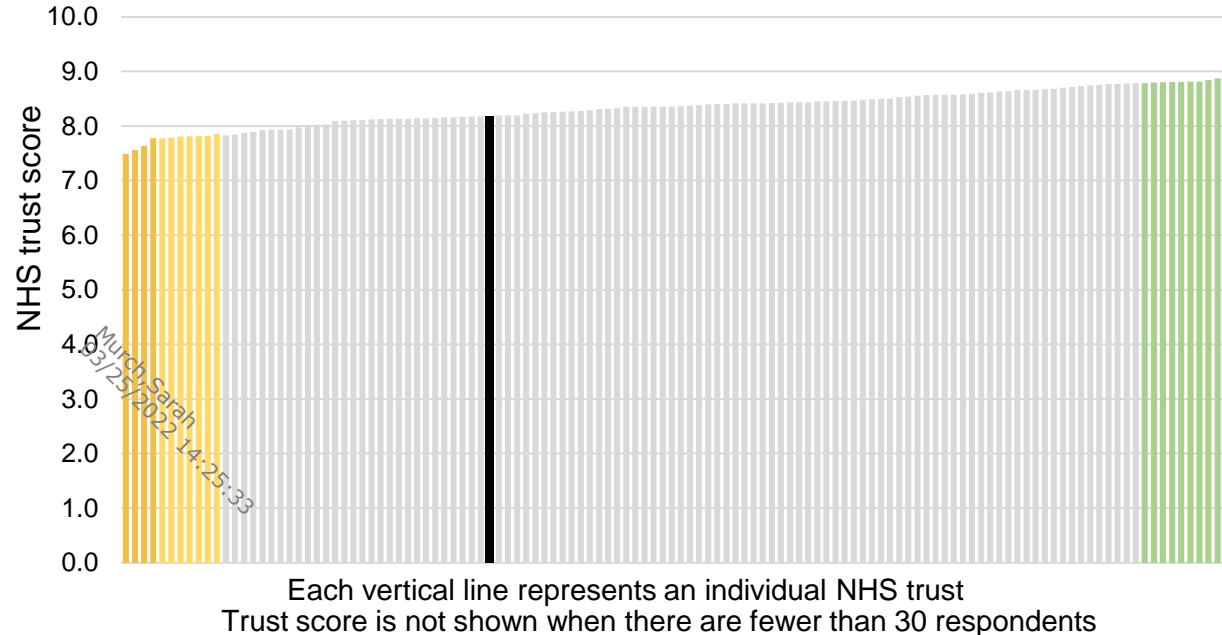
Staff caring for you

Section score

This shows the range of section scores for all NHS trusts included in the survey. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'staff caring for you' is calculated from questions C16, and C18 to C25. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

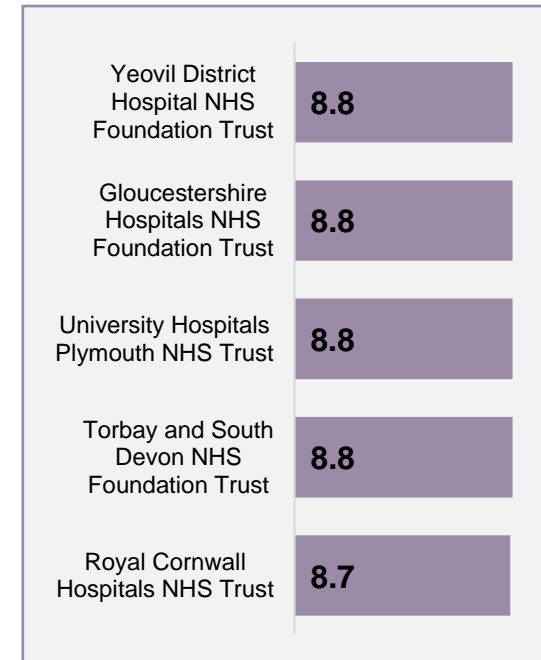


Your trust section score = 8.2 (About the same)

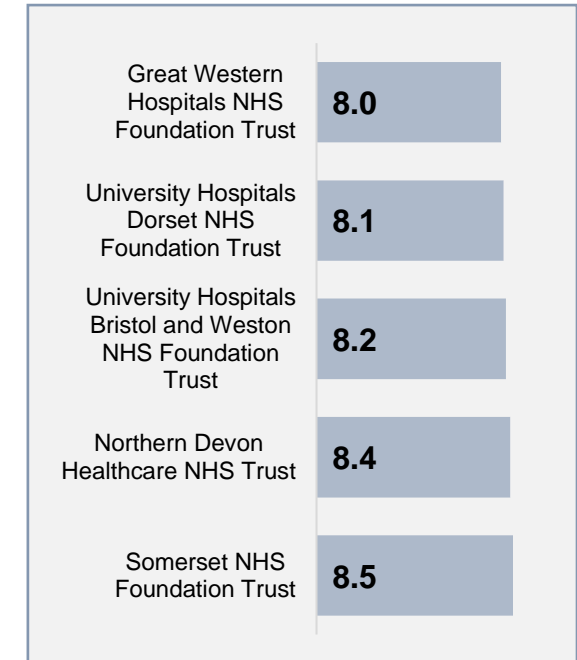


Comparison with other trusts within your region

Trusts with the highest scores



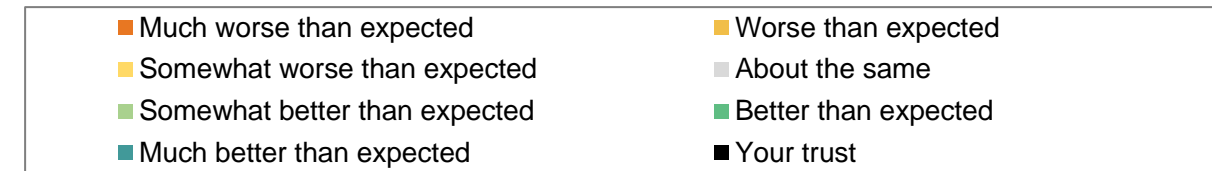
Trusts with the lowest scores



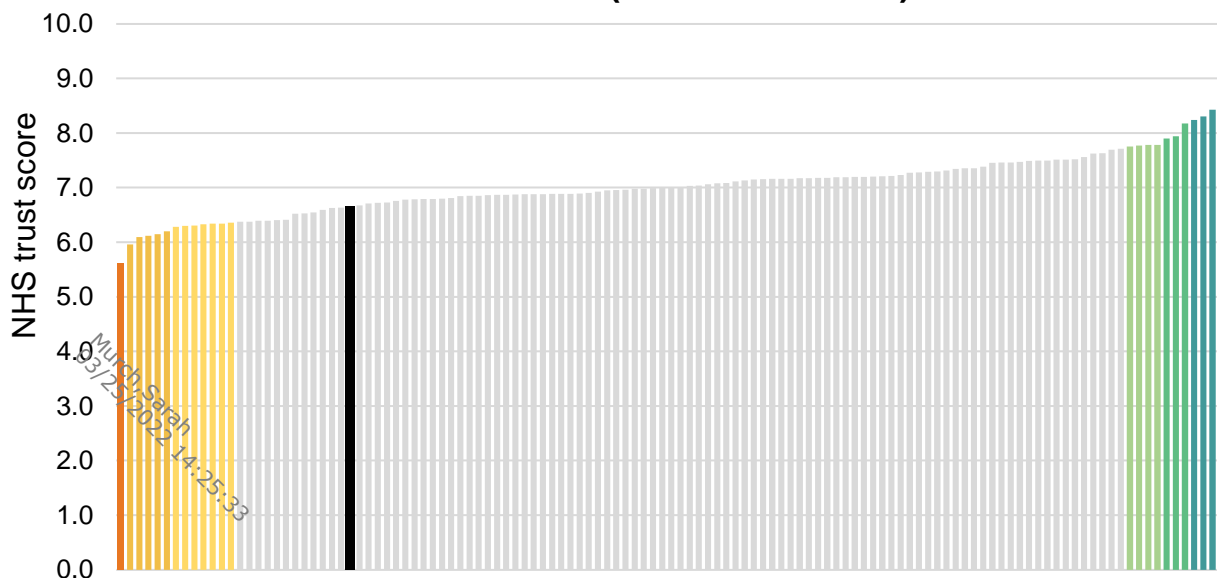
Care in hospital after birth

Section score

This shows the range of section scores for all NHS trusts included in the survey. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'care in hospital after birth' is calculated from questions D2 and D4 to D8. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



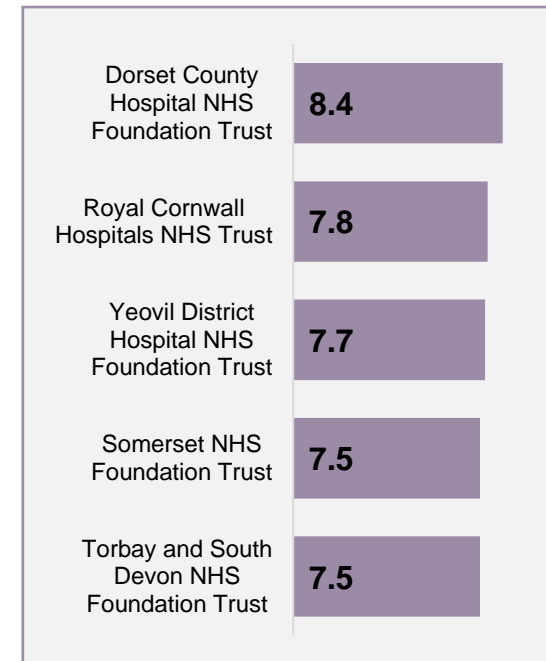
Your trust section score = 6.7 (About the same)



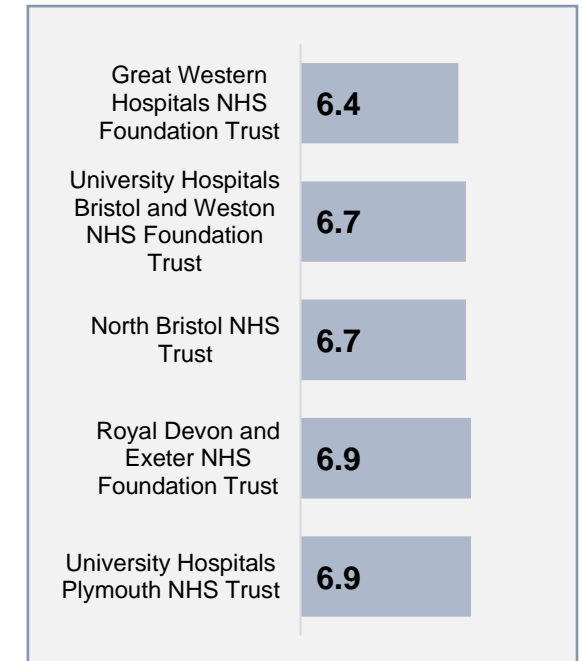
Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores



Trusts with the lowest scores



Benchmarking - Labour and birth

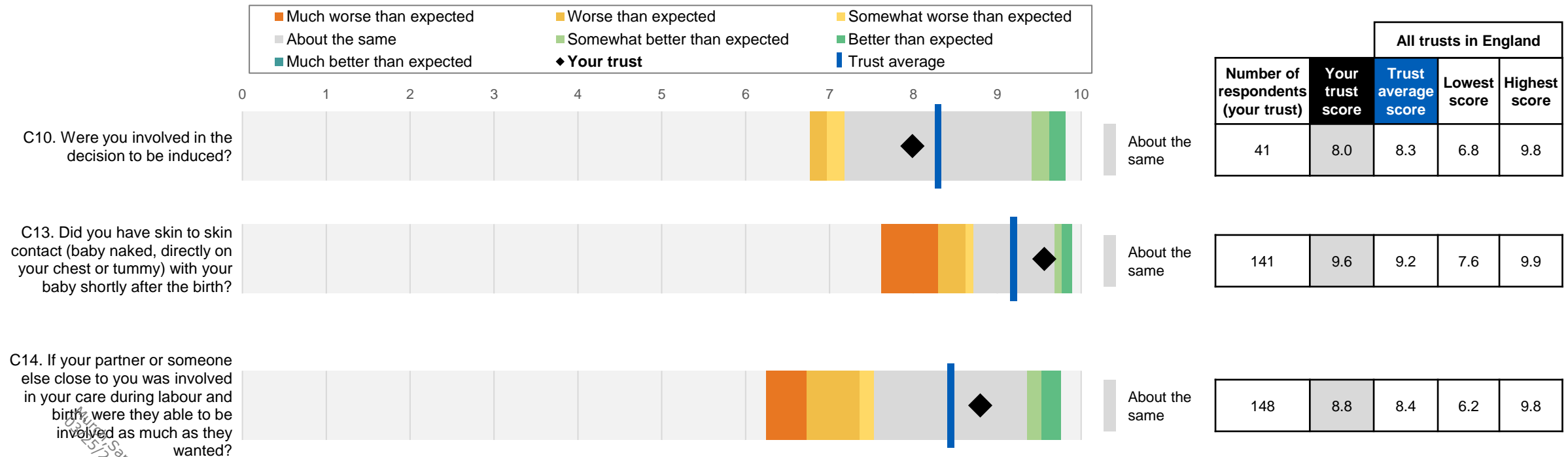
Question scores: Your labour and birth



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Benchmarking - Labour and birth (continued)

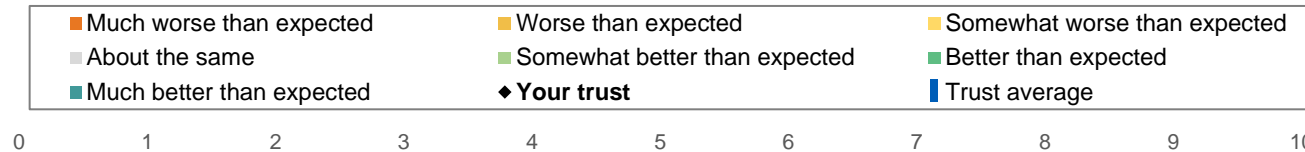
Question scores: Your labour and birth



Trust score is not shown when there are fewer than 30 respondents.

Benchmarking - Labour and birth (continued)

Question scores: Staff caring for you



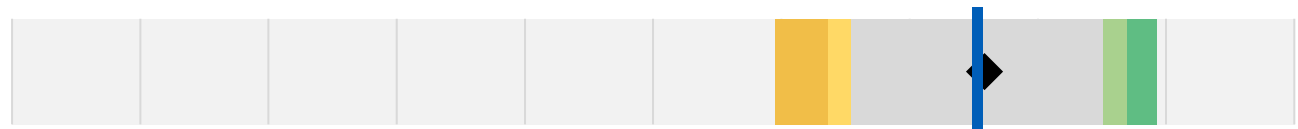
C16. Did the staff treating and examining you introduce themselves?



About the same

All trusts in England				
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
151	9.1	8.9	8.0	9.5

C18. Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?



About the same

Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
152	7.6	7.5	6.0	8.9

C19. If you raised a concern during labour and birth, did you feel that it was taken seriously?



About the same

Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
96	7.6	7.9	5.4	9.1

C20. During labour and birth, were you able to get a member of staff to help you when you needed it?



About the same

Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
145	8.7	8.6	7.7	9.5

C21. Thinking about your care during labour and birth, were you spoken to in a way you could understand?



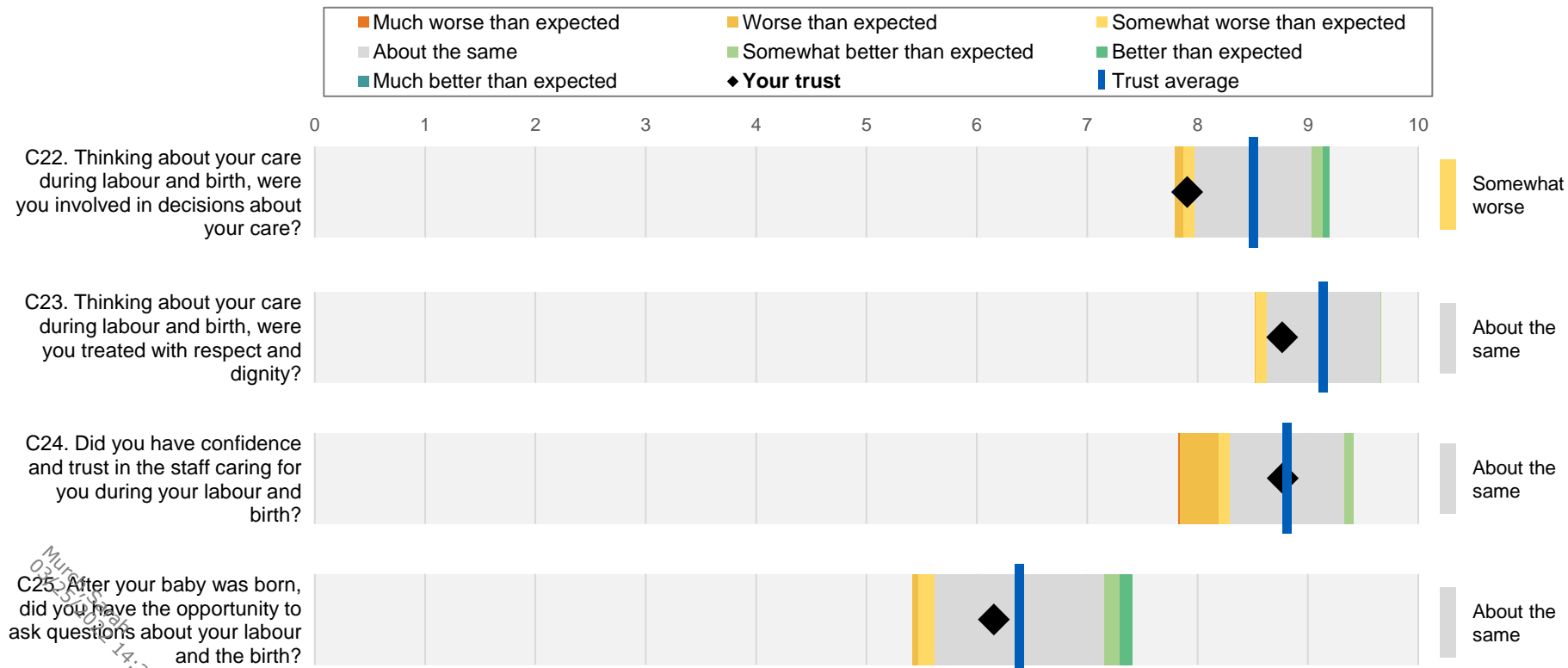
About the same

Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
153	9.0	9.2	8.6	9.7

Trust score is not shown when there are fewer than 30 respondents.

Benchmarking - Labour and birth (continued)

Question scores: Staff caring for you



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
149	7.9	8.5	7.8	9.2

151	8.8	9.1	8.5	9.7
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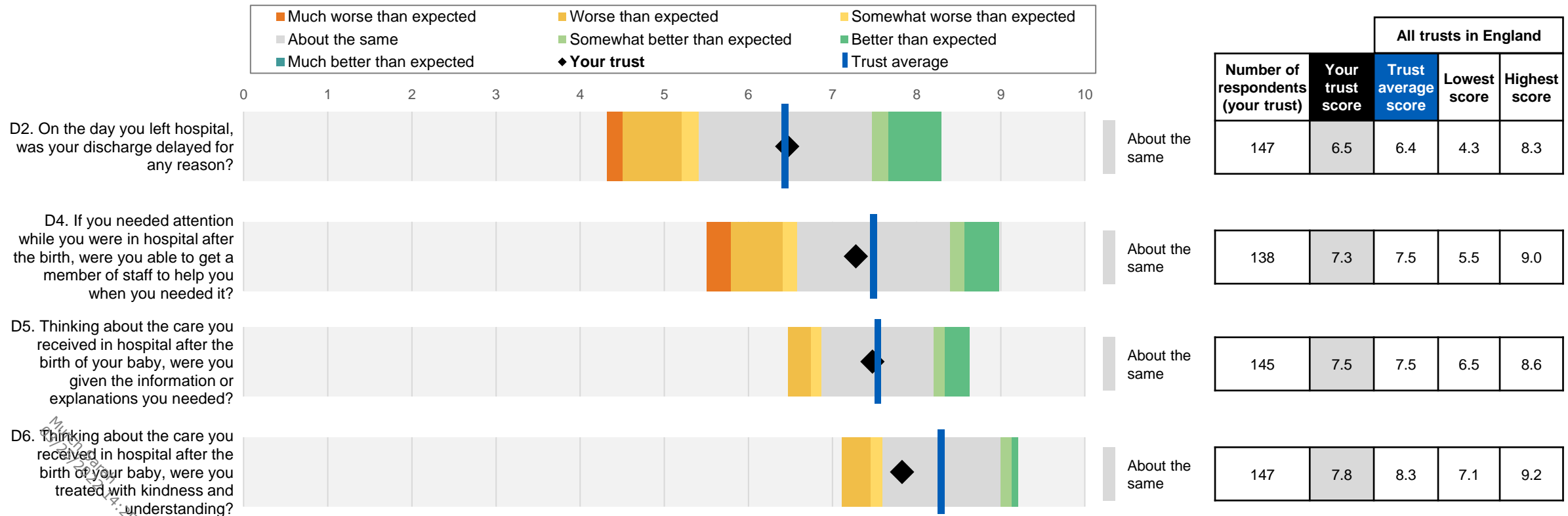
151	8.8	8.8	7.8	9.4
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142	6.2	6.4	5.4	7.4
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Trust score is not shown when there are fewer than 30 respondents.

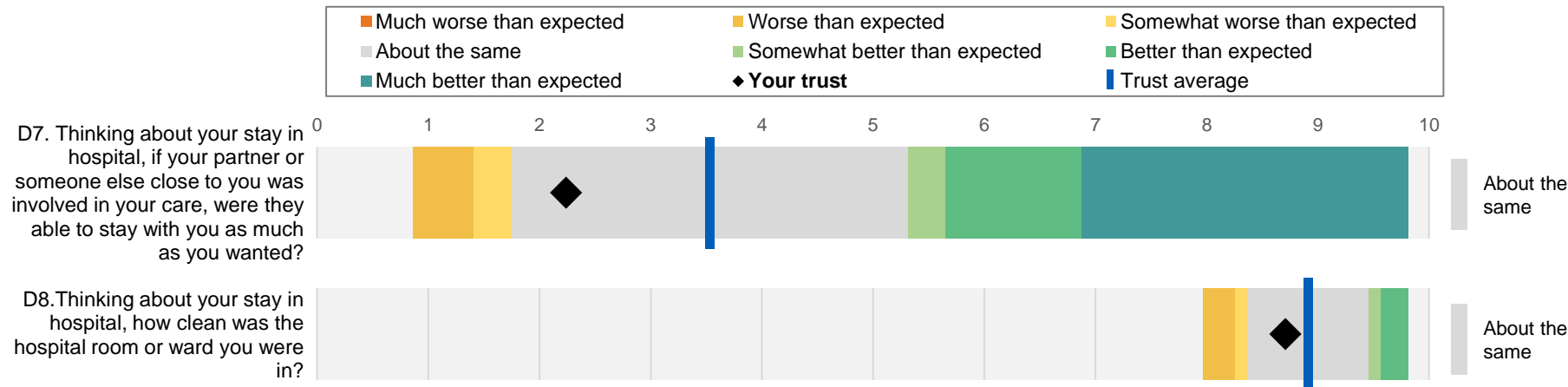
Benchmarking - Labour and birth (continued)

Question scores: Care in hospital after birth



Benchmarking - Labour and birth (continued)

Question scores: Care in hospital after birth



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
112	2.2	3.5	0.9	9.8

146	8.7	8.9	8.0	9.8
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Benchmarking

Postnatal care

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Feeding your baby

Section score

This shows the range of section scores for all NHS trusts that submitted attribution data. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'feeding your baby' is calculated from questions E2 and E3. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



Comparison with other trusts within your region

Trusts with the highest scores

Yeovil District Hospital NHS Foundation Trust	8.8
Torbay and South Devon NHS Foundation Trust	8.7
Somerset NHS Foundation Trust	8.7
University Hospitals Plymouth NHS Trust	8.7
Dorset County Hospital NHS Foundation Trust	8.6

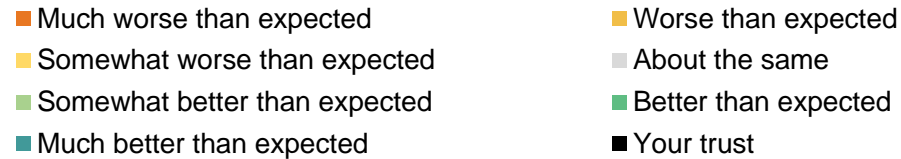
Trusts with the lowest scores

University Hospitals Bristol and Weston NHS Foundation Trust	7.7
Great Western Hospitals NHS Foundation Trust	7.9
Royal Devon and Exeter NHS Foundation Trust	8.2
Salisbury NHS Foundation Trust	8.3
North Bristol NHS Trust	8.3

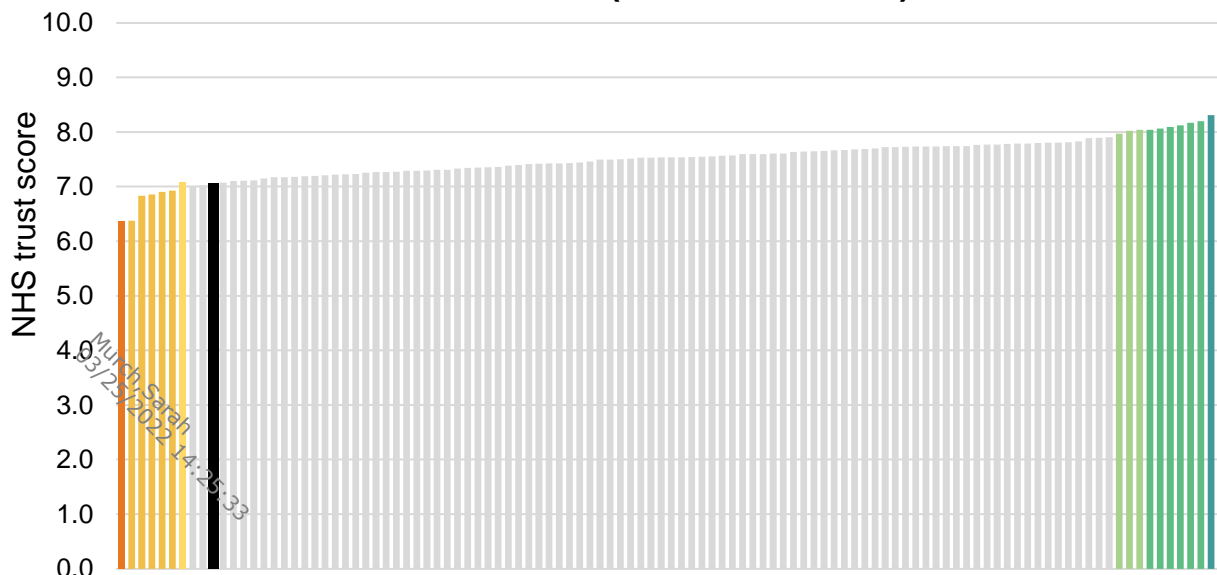
Care at home after birth

Section score

This shows the range of section scores for all NHS trusts that submitted attribution data. Sections scores are calculated as the mean of a selection of questions that fall under a particular theme. In this case, 'care at home after birth' is calculated from questions F1 to F3, F6 to F10, and F12 to F18. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. The 'expected range' analysis technique takes into account the number of respondents for each trust, and the scores for all trusts. As a result, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.



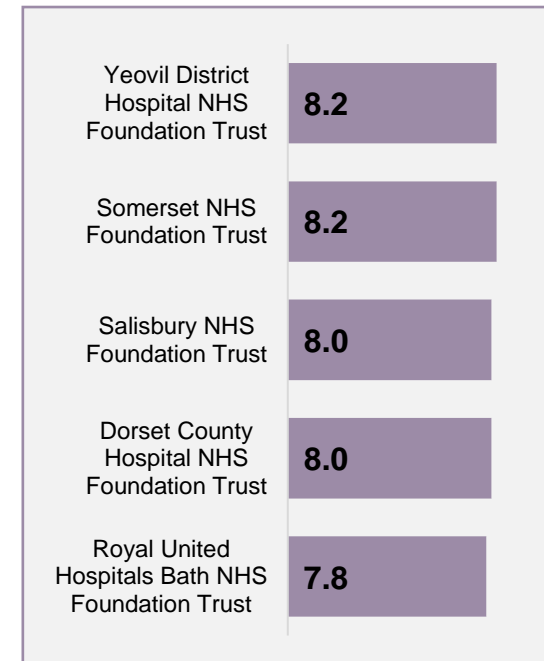
Your trust section score = 7.1 (About the same)



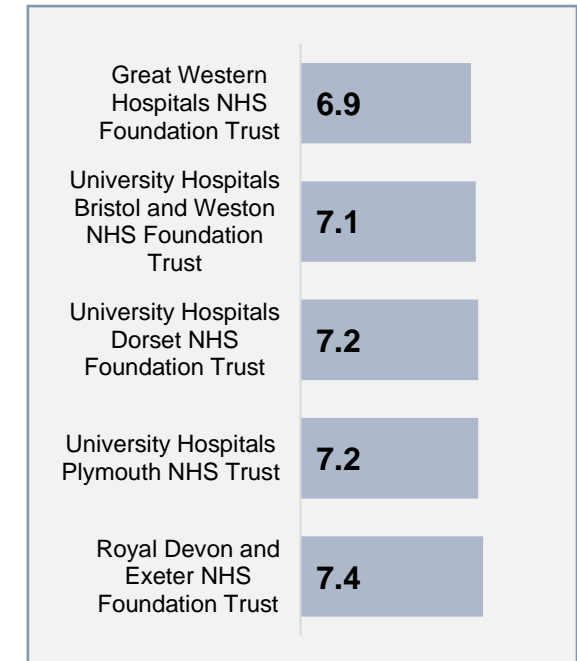
Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores

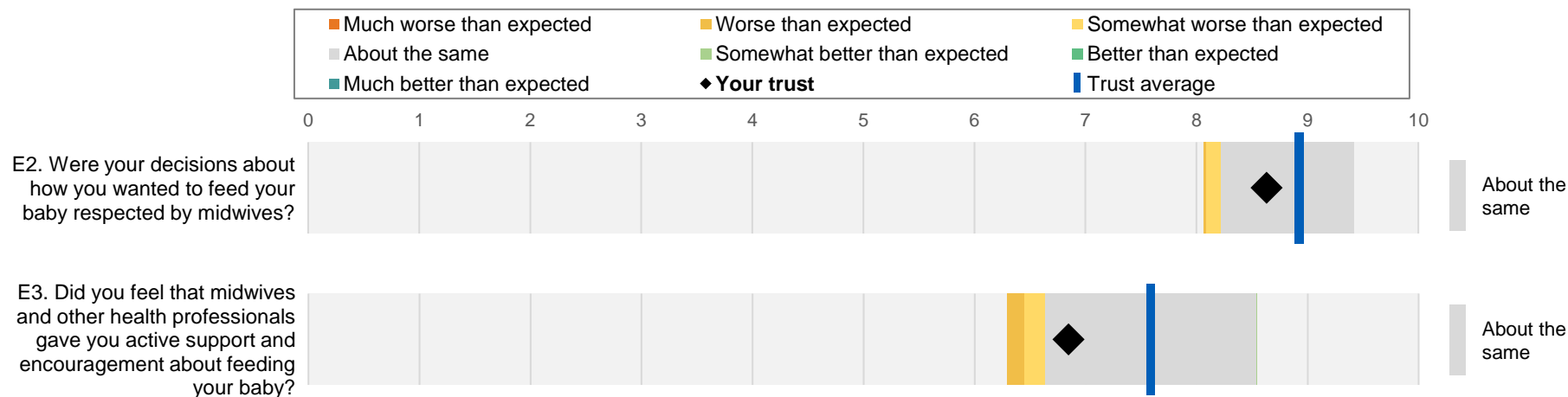


Trusts with the lowest scores



Benchmarking - Postnatal care

Question scores: Feeding your baby



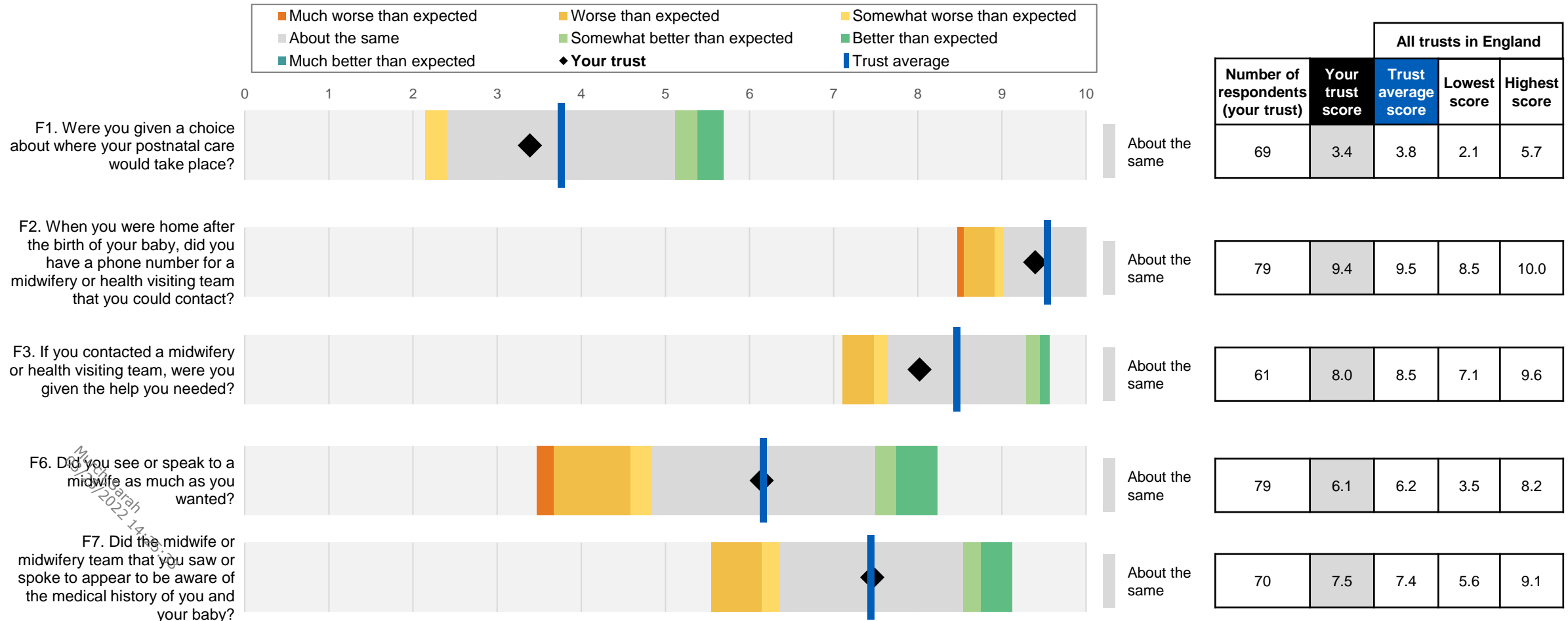
Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
78	8.6	8.9	8.1	9.4

77	6.8	7.6	6.3	8.5
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Benchmarking - Postnatal care (continued)

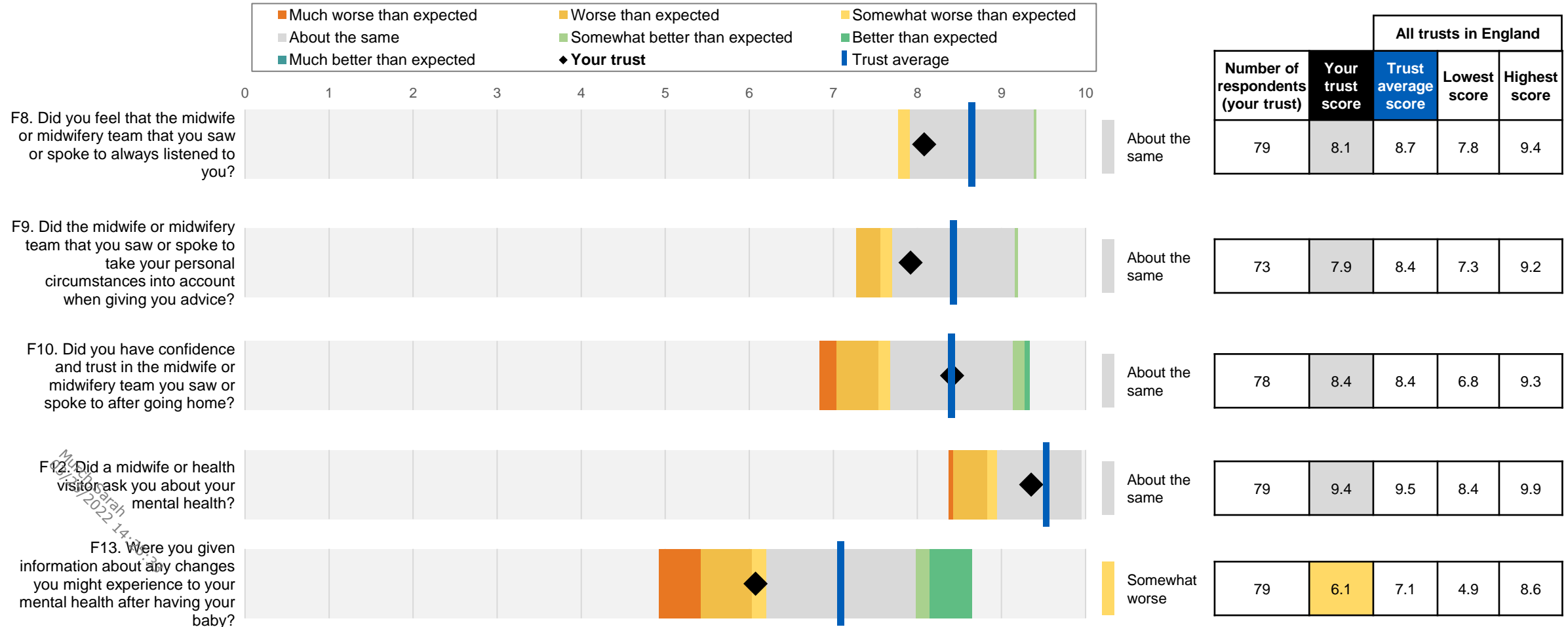
Question scores: Care at home after birth



Trust score is not shown when there are fewer than 30 respondents.

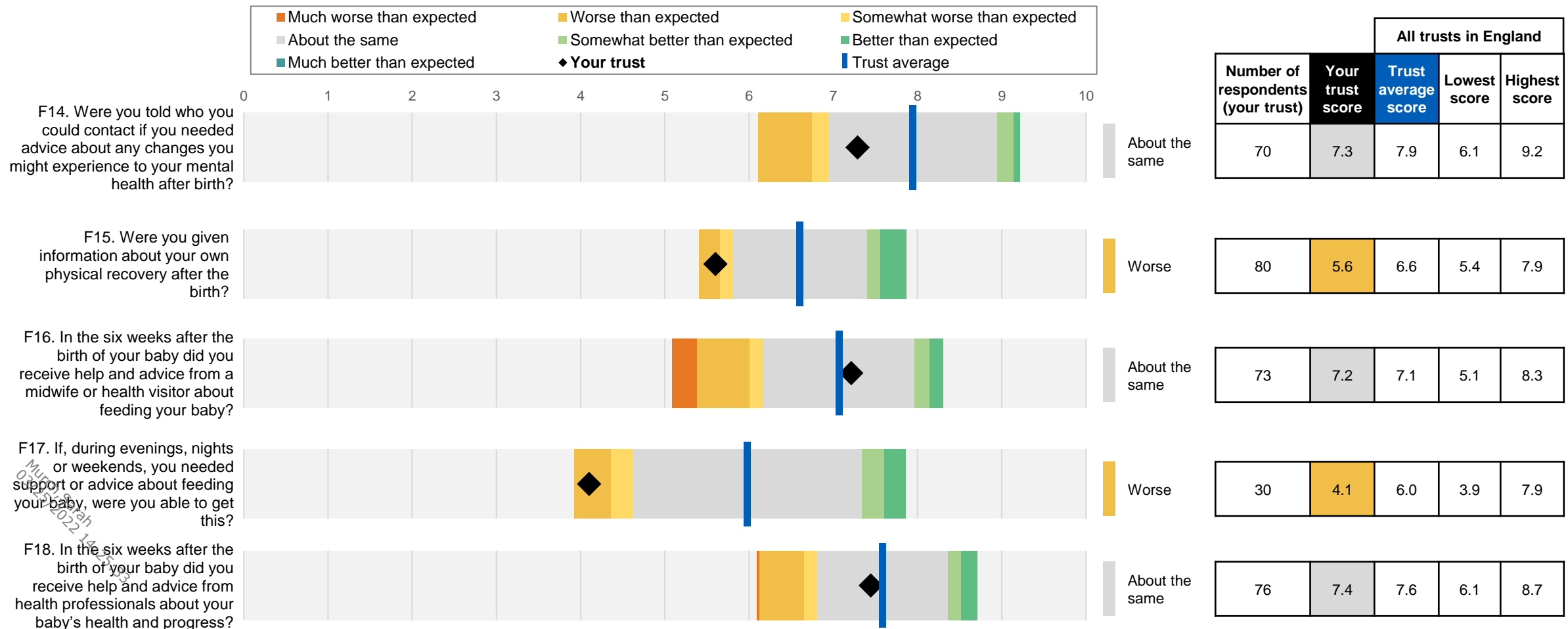
Benchmarking - Postnatal care (continued)

Question scores: Care at home after birth



Benchmarking - Postnatal care (continued)

Question scores: Care at home after birth



Trust score is not shown when there are fewer than 30 respondents.

Trends over time

This section includes:

- your mean trust score for each evaluative question in the survey. This is the average of all scores that mothers from your trust provided in their survey response
- where comparable data is available over at least the past five surveys, the trend charts show the mean score for your trust by year. This allows you to see if your trust has made improvements over time
- they also include the national mean score by year, to allow you to see whether your performance is in line with the national average or not
- where consistent data are not available for at least the past five surveys statistical significance testing has been carried out against the 2019 survey results for each relevant question
- for more guidance on interpreting these graphs, please see the next slide



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Trends over time

The following section presents comparisons with previous survey results. Statistically significant differences in the trust mean score between 2019 and 2021 are highlighted to show where there is meaningful change between years.

Historical trend charts are presented when there are at least five data points available to plot on the chart. Five data points may not be available due to:

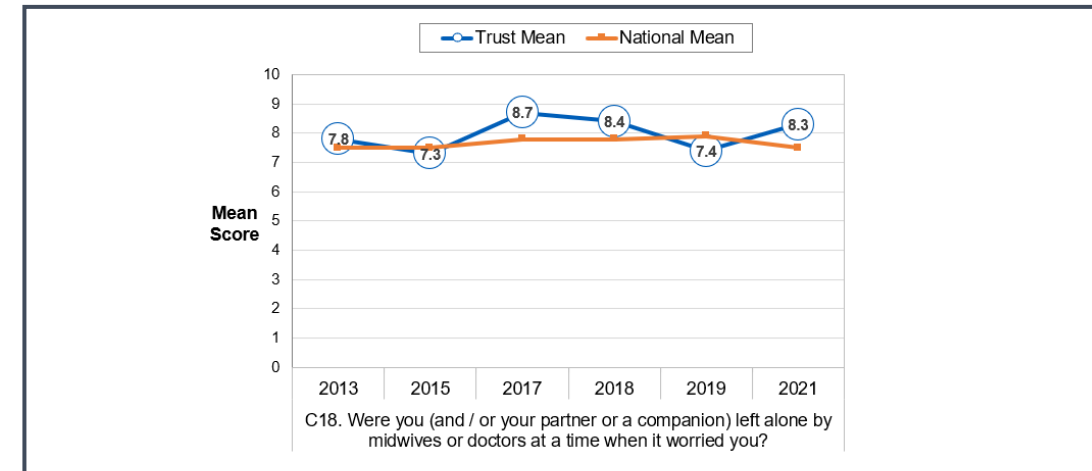
- changes to the questionnaire since 2013 mean that a question is no longer comparable over time;
- organisational changes which impact comparability of results over time; or,
- historical errors with sampling or issues with fieldwork which impact comparability.

Statistically significant differences in the trust mean score between 2019 and 2021 are highlighted. These are carried out using a two sample t-test. Where a change in results is shown as 'significant', this indicates that this change is not due to random chance, but is likely due to some particular factor at your trust. Significant increases are indicated with a filled green circle, and significant decreases are in red.

Where comparable data is not available, statistical significance test tables are provided. Statistically significant changes in your trust score between 2019 and 2021 are shown in the far right column 'Change from 2019 survey', significant increases are indicated with a green arrow and significant decreases are indicated with a red arrow.

The following questions were new or changed for 2021 and therefore are not included in this section: B3, B4, B7, B12, C9 and C10.

Historical trend chart example



Significance test table example

		2021 Trust Score	2019 Trust Score	No. of respondents	Change from 2019 survey
The start of your care in pregnancy					
B5	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?	4.6	3.1	86	▲

Trends over time

Antenatal care

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Trends over time - Antenatal care

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

	Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected	2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
The start of your care in pregnancy											
B5.	Did you get enough information from either a midwife or doctor to help you decide where to have your baby?							6.8	8.0	93	▼

▼▲ Significant difference between 2021 and 2019

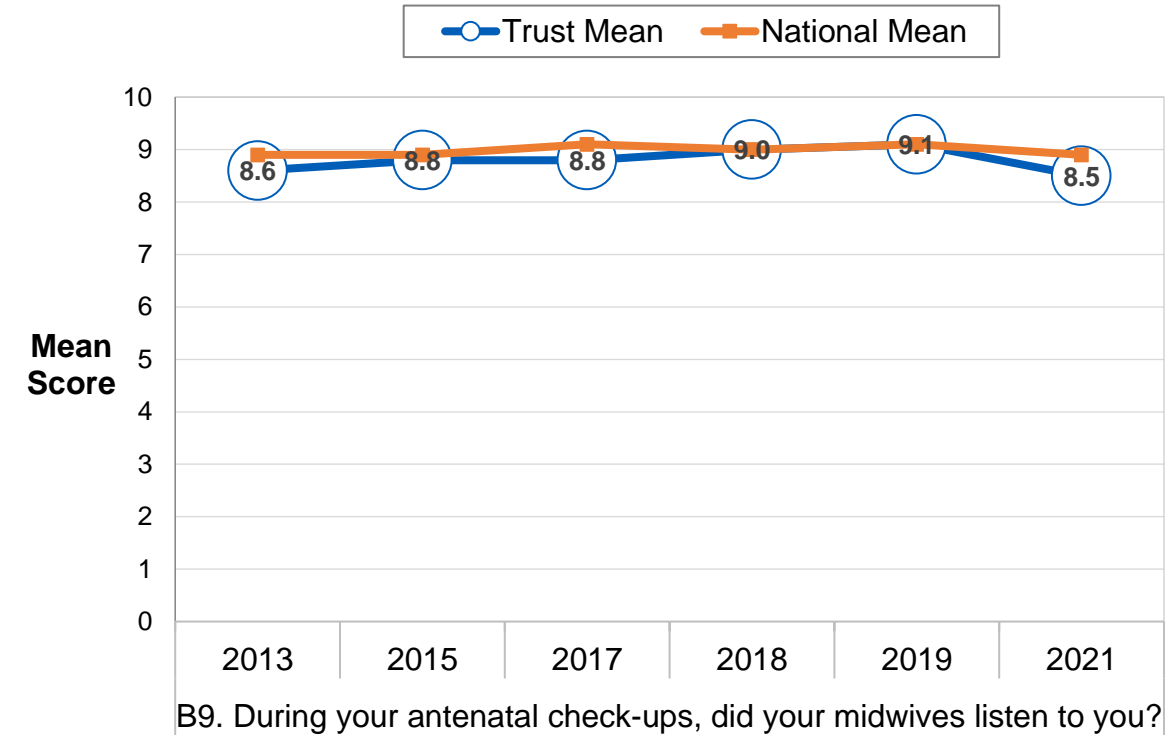
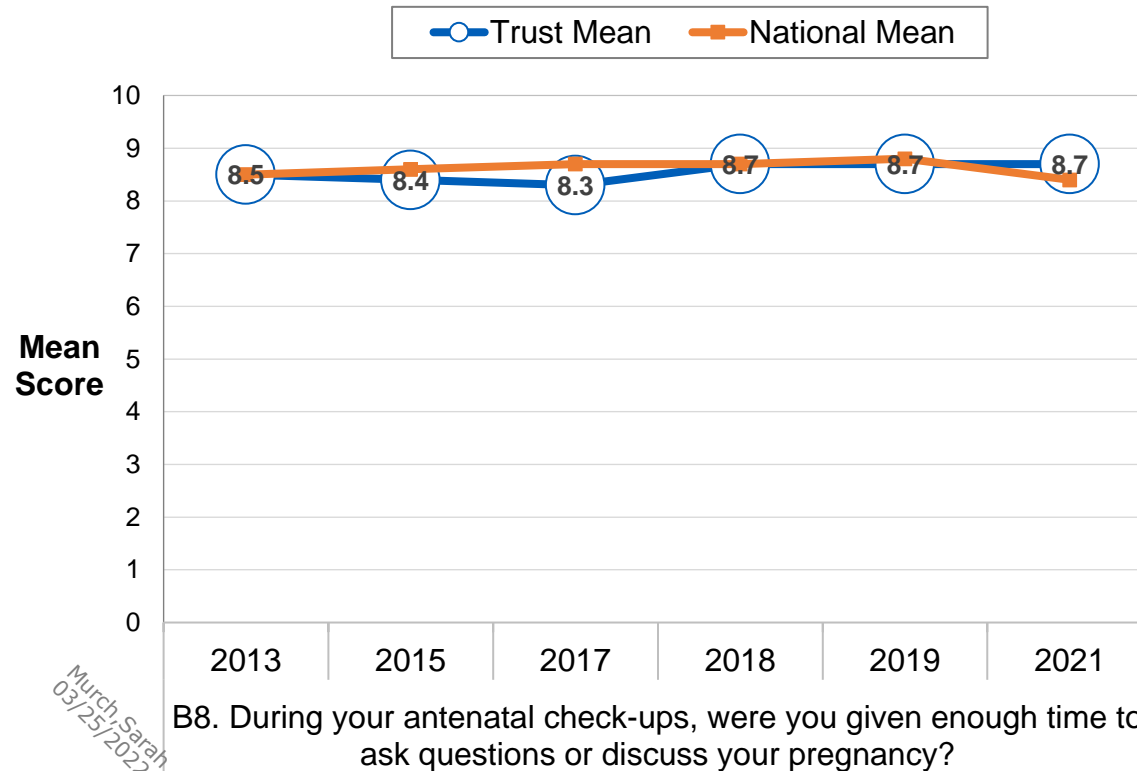
Blank No significant difference between 2021 and 2019

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Trends over time - Antenatal care (continued)

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

Antenatal check-ups



- This shows a significant increase in the trust mean for this question for 2021 compared to 2019
- This shows a significant decrease in the trust mean for this question for 2021 compared to 2019

Trends over time - Antenatal care (continued)

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

	Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected	2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
Antenatal check-ups											
B10.	During your antenatal check-ups, did your midwives ask you about your mental health?							7.7	7.9	94	

▼▲ Significant difference between 2021 and 2019

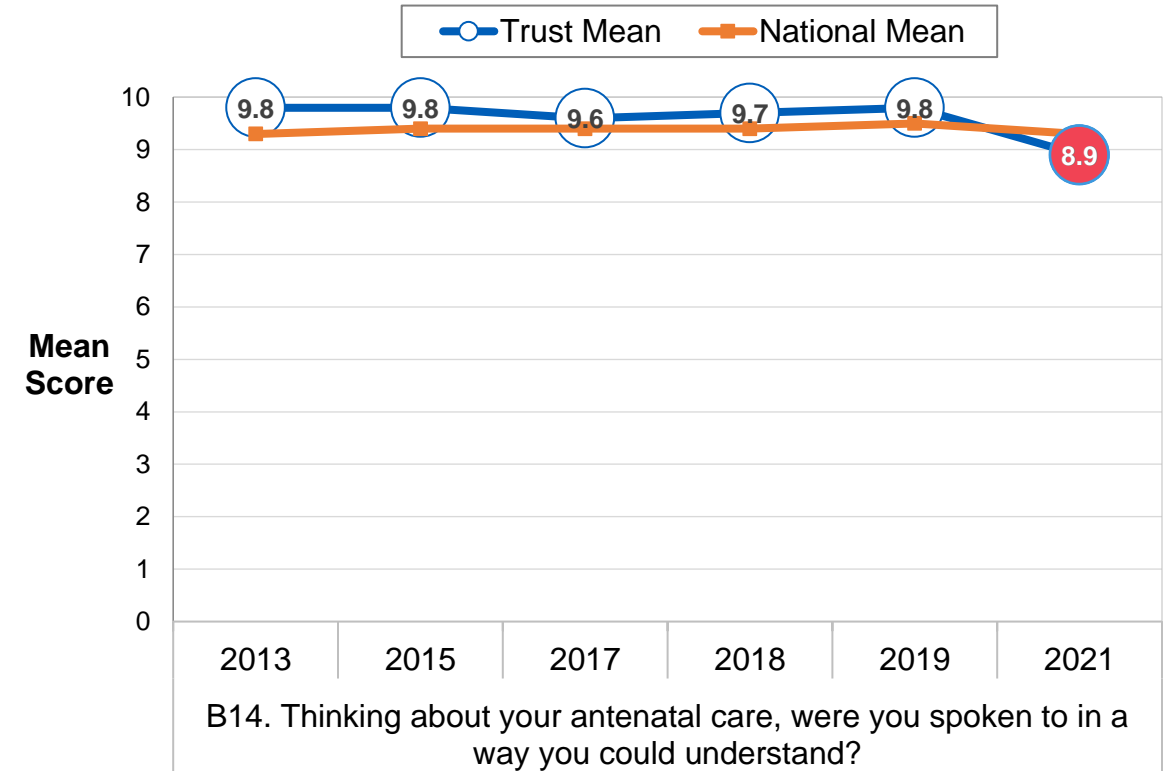
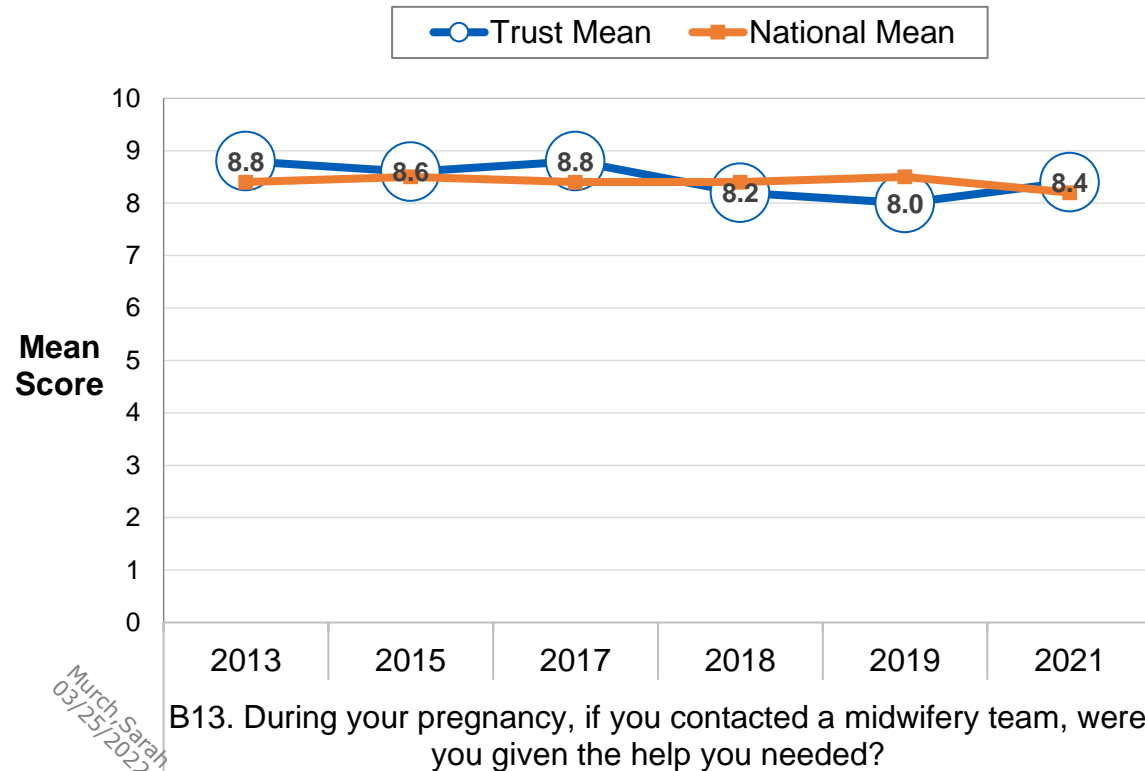
Blank No significant difference between 2021 and 2019

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Trends over time - Antenatal care (continued)

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

During your pregnancy



- This shows a significant increase in the trust mean for this question for 2021 compared to 2019
- This shows a significant decrease in the trust mean for this question for 2021 compared to 2019

Trends over time - Antenatal care (continued)

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

<div><div>Much worse than expected</div><div>Worse than expected</div><div>Somewhat worse than expected</div><div>About the same</div><div>Somewhat better than expected</div><div>Better than expected</div><div>Much better than expected</div></div>		2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
During your pregnancy					
B15.	Thinking about your antenatal care, were you involved in decisions about your care?	8.8	9.3	94	
B16.	During your pregnancy did midwives provide relevant information about feeding your baby?	6.5	7.3	91	

▼▲ Significant difference between 2021 and 2019

Blank No significant difference between 2021 and 2019

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Trends over time

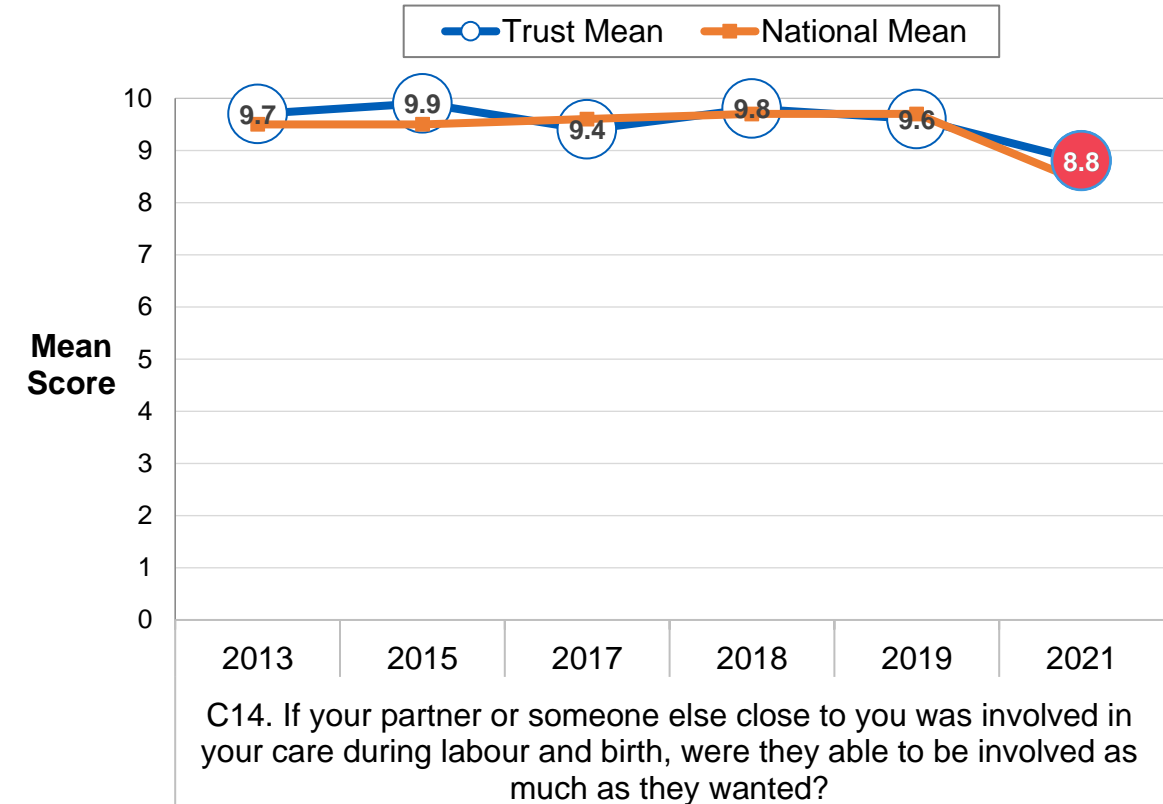
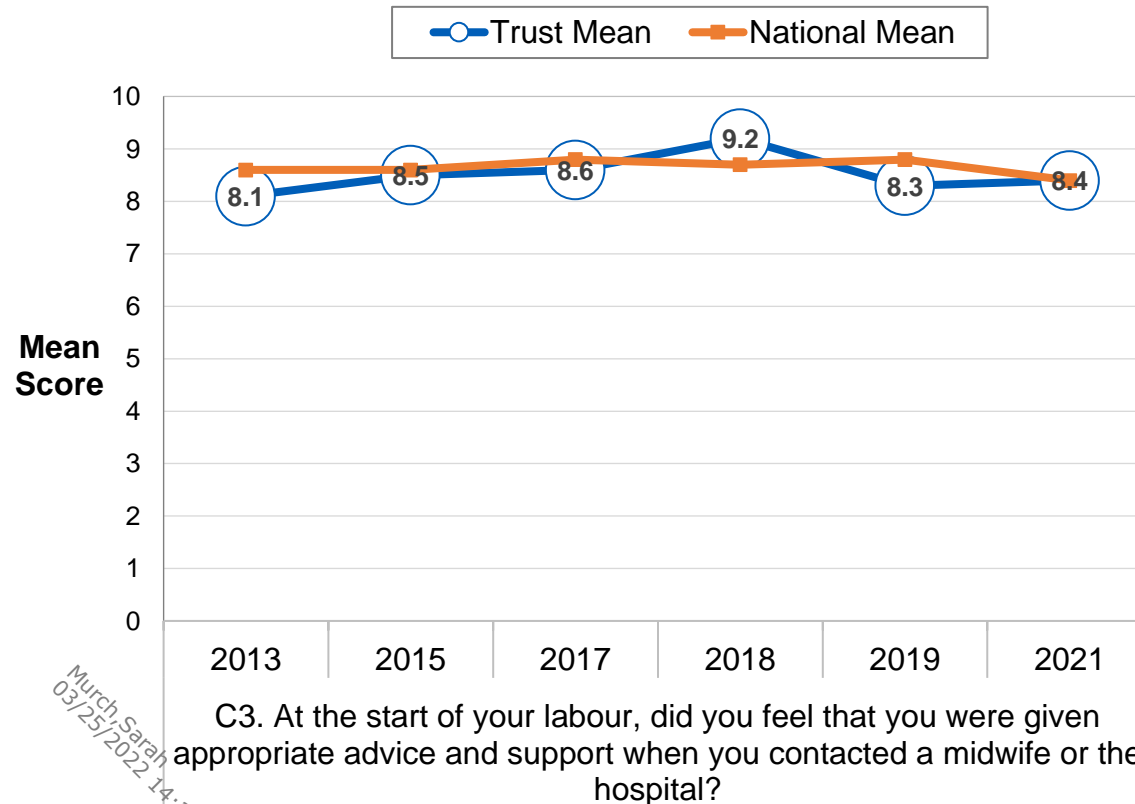
Labour and birth

Murch, Sarah
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Trends over time - Labour and birth

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

Your labour and birth



Please note: COVID infection, prevention and control measures may have prevented partners from being involved in care as much as mothers wanted during the labour and birth, making comparisons with previous years difficult.

- This shows a significant increase in the trust mean for this question for 2021 compared to 2019
- This shows a significant decrease in the trust mean for this question for 2021 compared to 2019

Trends over time - Labour and birth (continued)

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

<div><div>Much worse than expected</div><div>Worse than expected</div><div>Somewhat worse than expected</div><div>About the same</div><div>Somewhat better than expected</div><div>Better than expected</div><div>Much better than expected</div></div>						2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
Your labour and birth									
C4.	During your labour, did staff help to create a more comfortable atmosphere for you in a way you wanted?					6.9	8.3	120	▼
C13.	Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?					9.6	9.6	141	

▼▲ Significant difference between 2021 and 2019

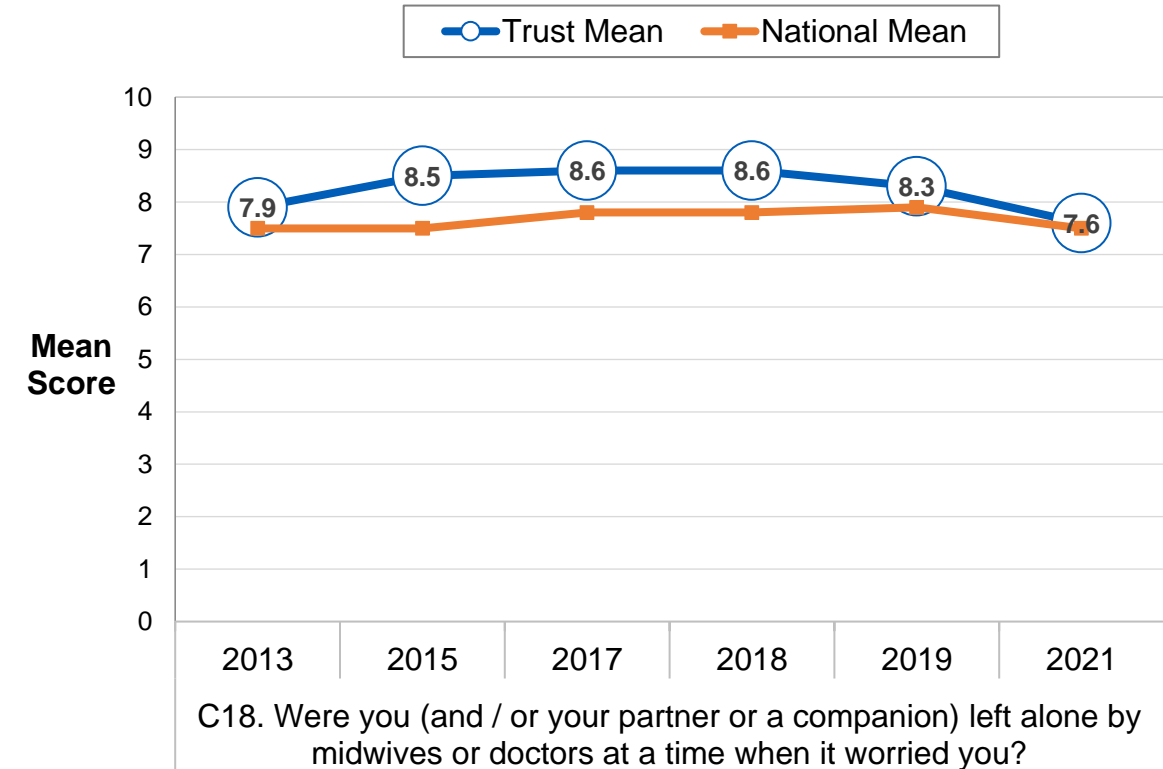
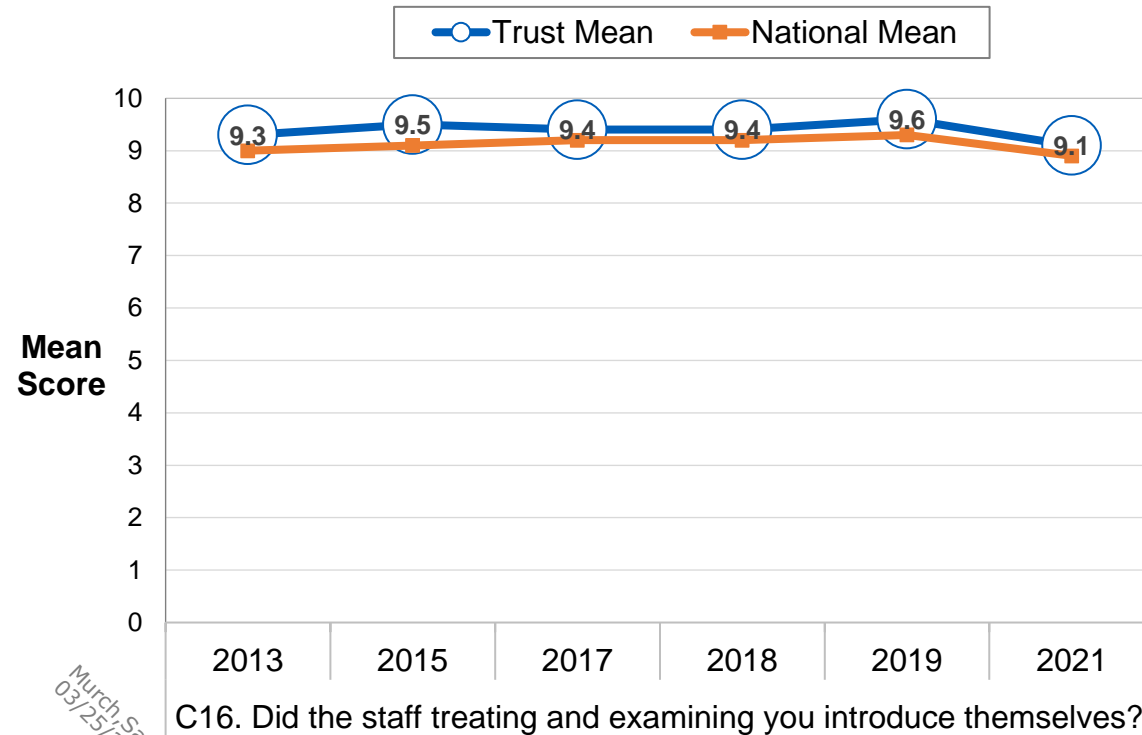
Blank No significant difference between 2021 and 2019

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Trends over time - Labour and birth (continued)

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

Staff caring for you

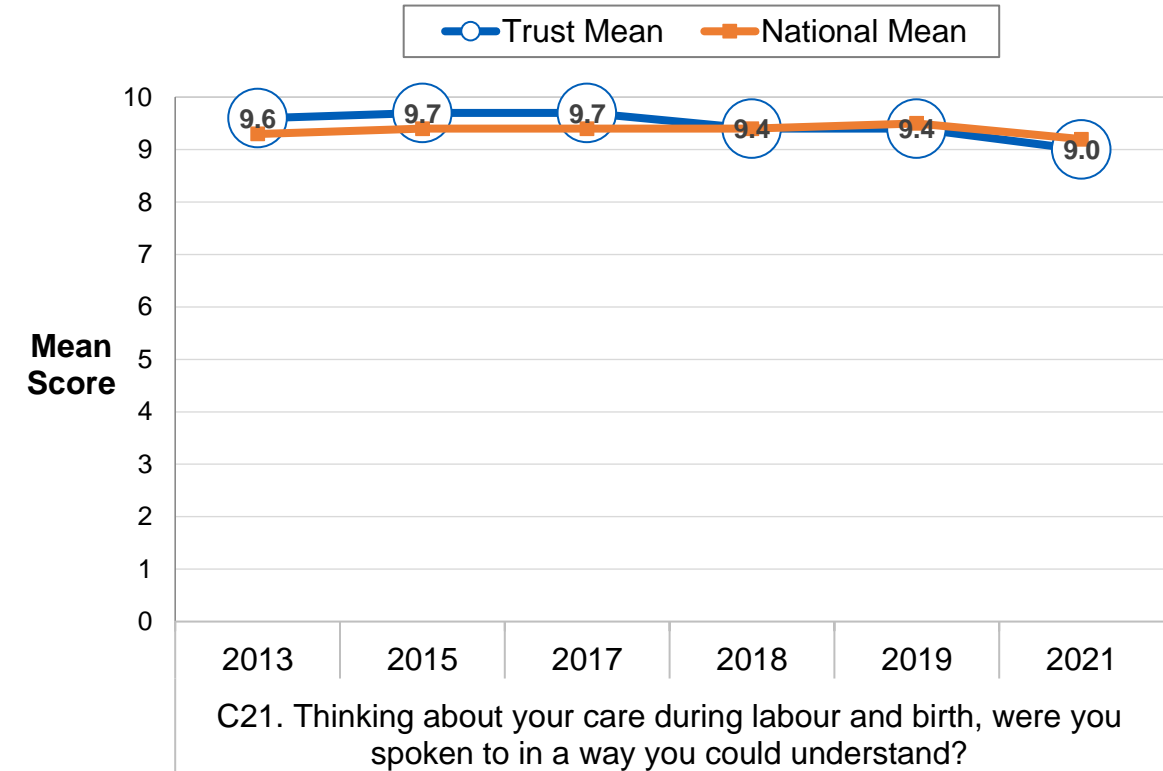
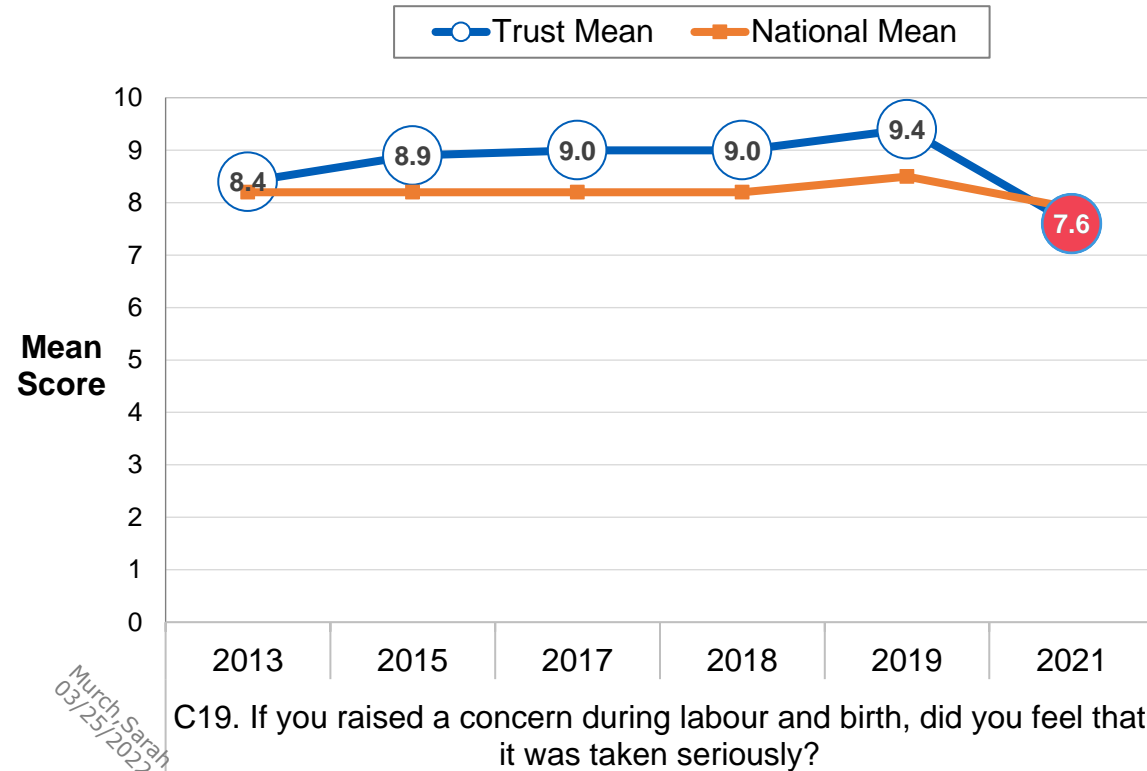


- This shows a significant increase in the trust mean for this question for 2021 compared to 2019
- This shows a significant decrease in the trust mean for this question for 2021 compared to 2019

Trends over time - Labour and birth (continued)

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

Staff caring for you

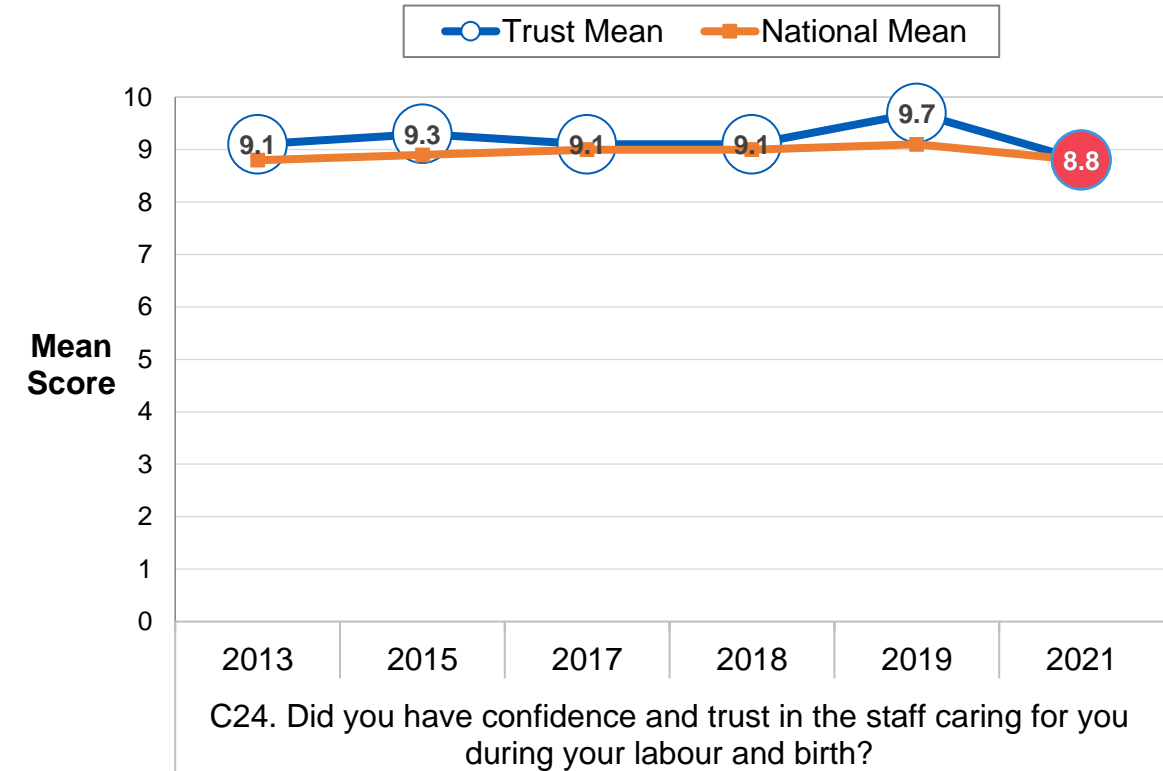
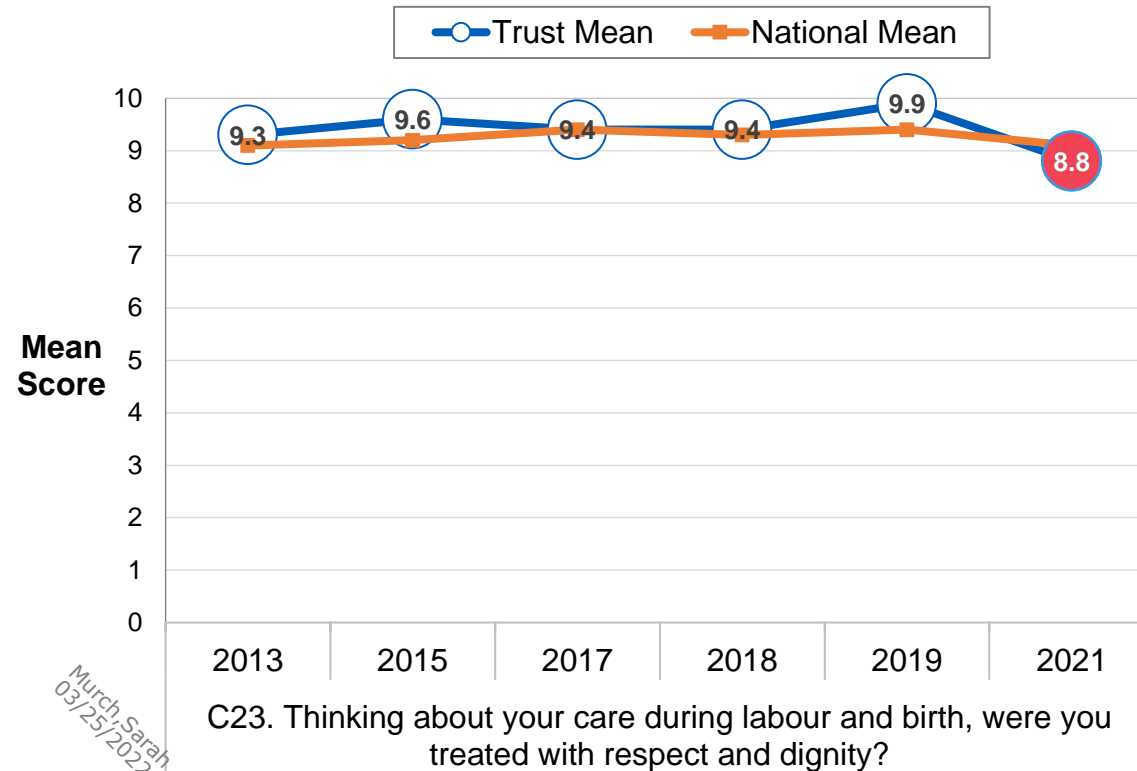


- This shows a significant increase in the trust mean for this question for 2021 compared to 2019
- This shows a significant decrease in the trust mean for this question for 2021 compared to 2019

Trends over time - Labour and birth (continued)

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

Staff caring for you



- This shows a significant increase in the trust mean for this question for 2021 compared to 2019
- This shows a significant decrease in the trust mean for this question for 2021 compared to 2019

Trends over time - Labour and birth (continued)

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

<div><div>Much worse than expected</div><div>Worse than expected</div><div>Somewhat worse than expected</div><div>About the same</div><div>Somewhat better than expected</div><div>Better than expected</div><div>Much better than expected</div></div>							2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
Staff caring for you										
C20.	During labour and birth, were you able to get a member of staff to help you when you needed it?						8.7	9.2	145	
C22.	Thinking about your care during labour and birth, were you involved in decisions about your care?						7.9	9.2	149	▼
C25.	After your baby was born, did you have the opportunity to ask questions about your labour and the birth?						6.2	7.7	142	▼

▼▲ Significant difference between 2021 and 2019

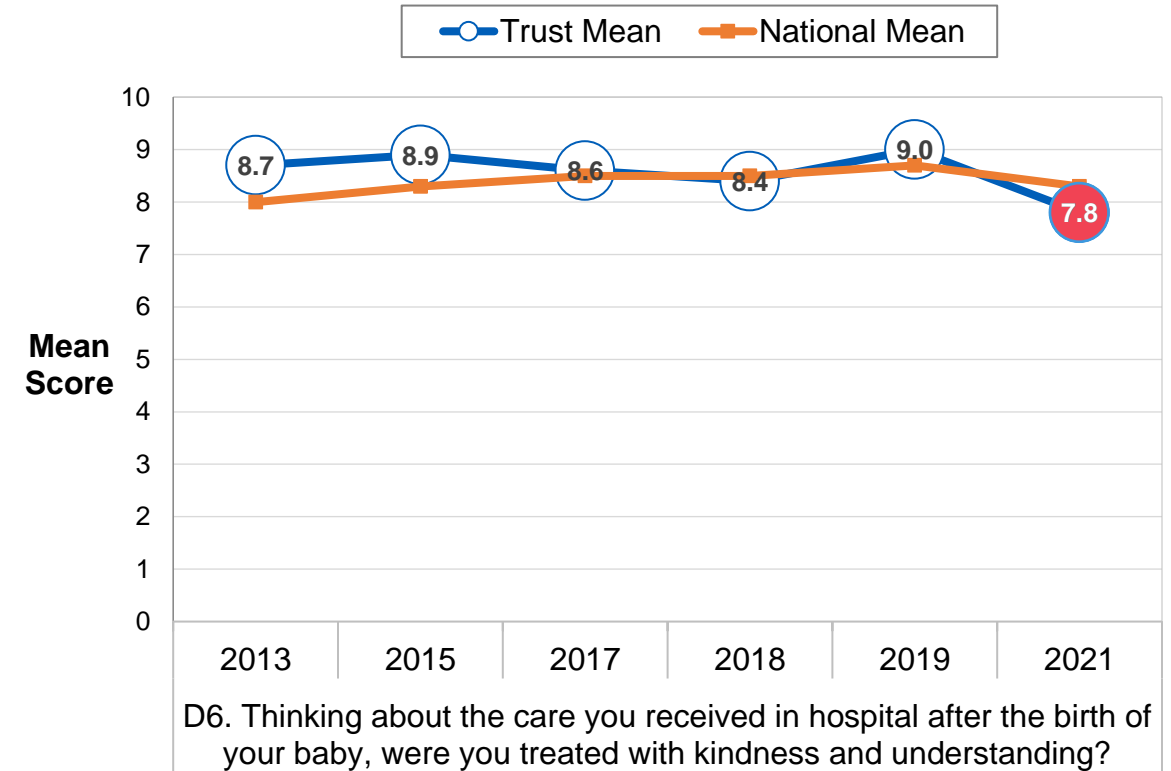
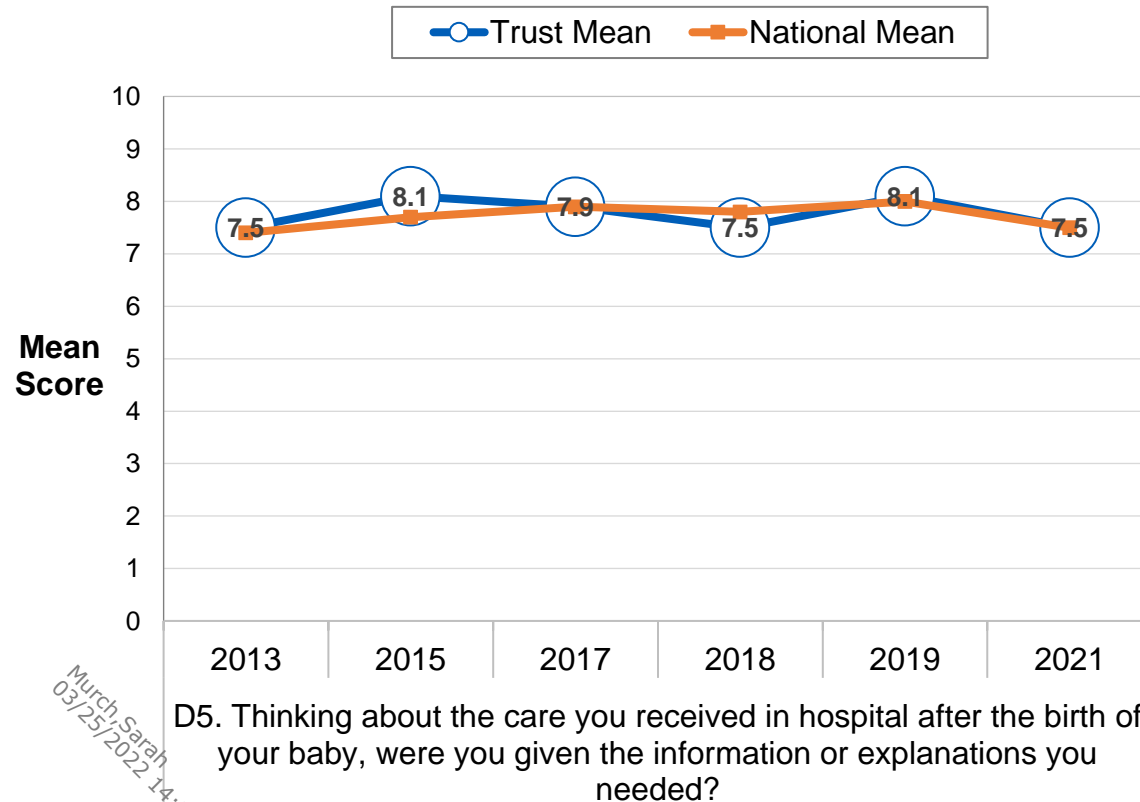
Blank No significant difference between 2021 and 2019

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Trends over time - Labour and birth (continued)

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

Care in hospital after birth

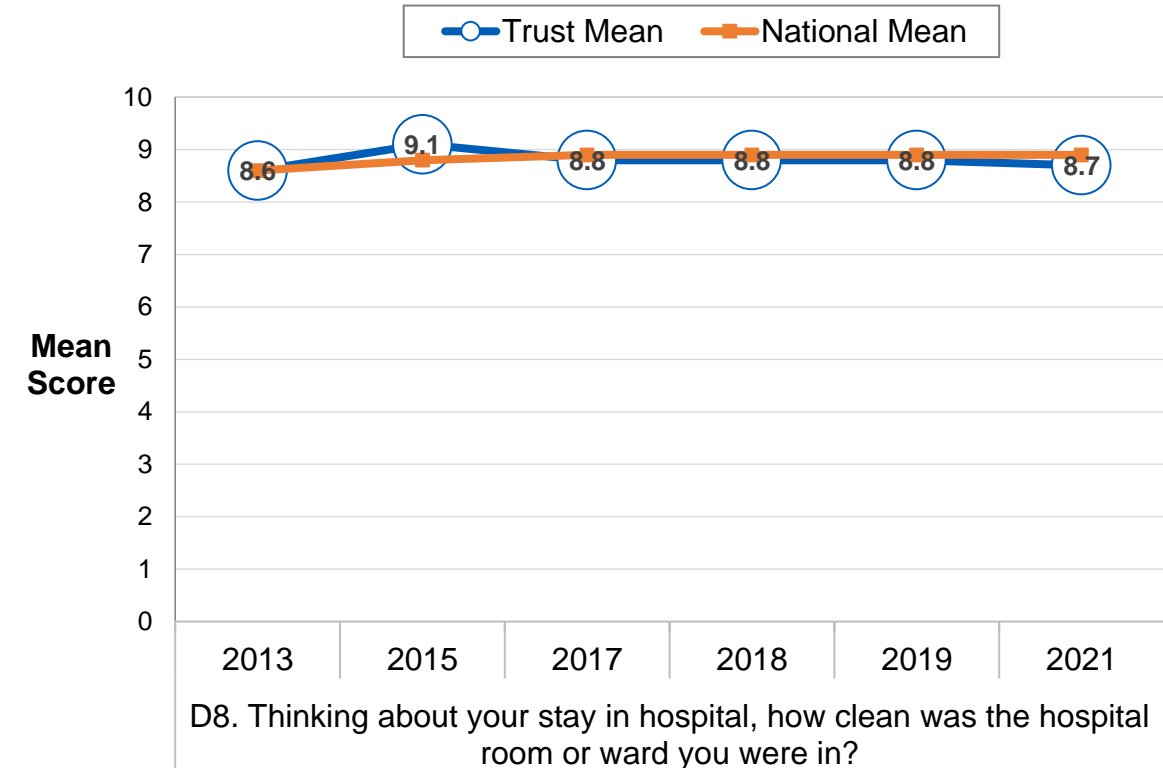
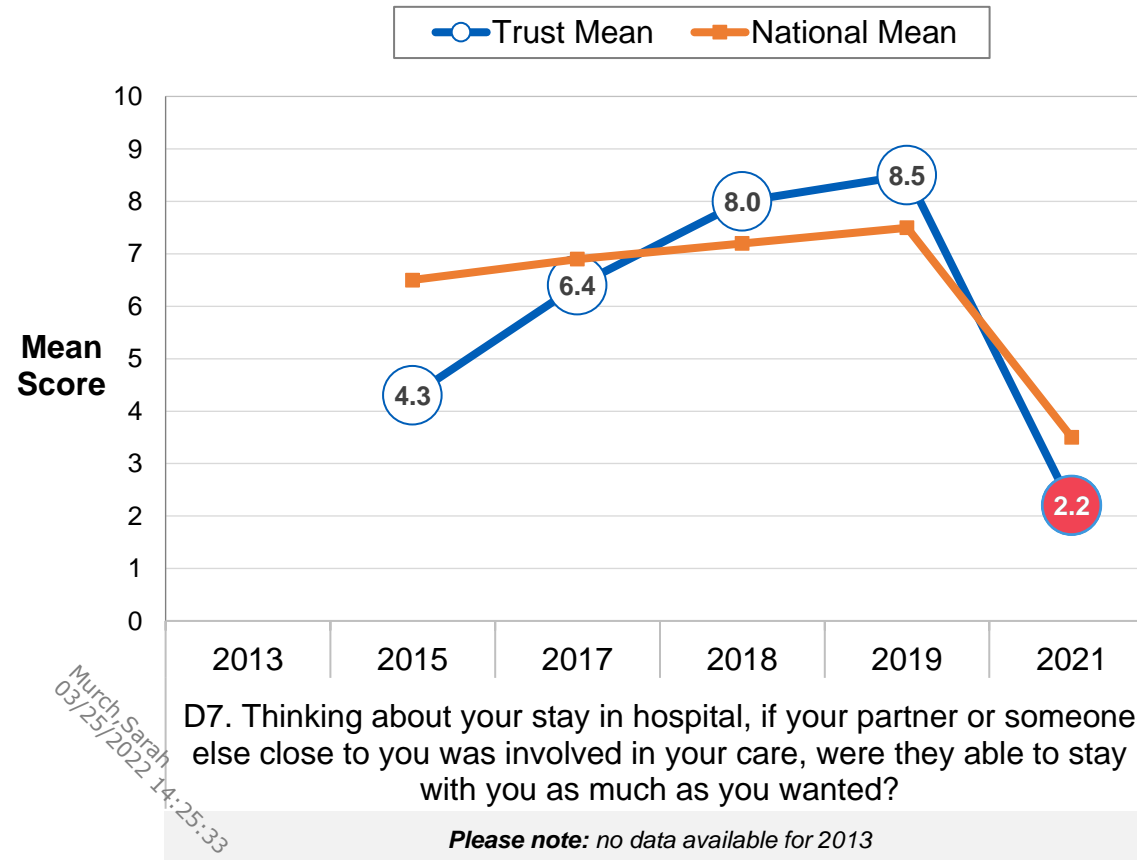


- This shows a significant increase in the trust mean for this question for 2021 compared to 2019
- This shows a significant decrease in the trust mean for this question for 2021 compared to 2019

Trends over time - Labour and birth (continued)

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

Care in hospital after birth



- This shows a significant increase in the trust mean for this question for 2021 compared to 2019
- This shows a significant decrease in the trust mean for this question for 2021 compared to 2019

Trends over time - Labour and birth (continued)

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

							2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
	Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected			
Care in hospital after birth										
D2.	On the day you left hospital, was your discharge delayed for any reason?						6.5	6.4	147	
D4.	If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it?						7.3	8.0	138	

▼▲ Significant difference between 2021 and 2019

Blank No significant difference between 2021 and 2019

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Trends over time

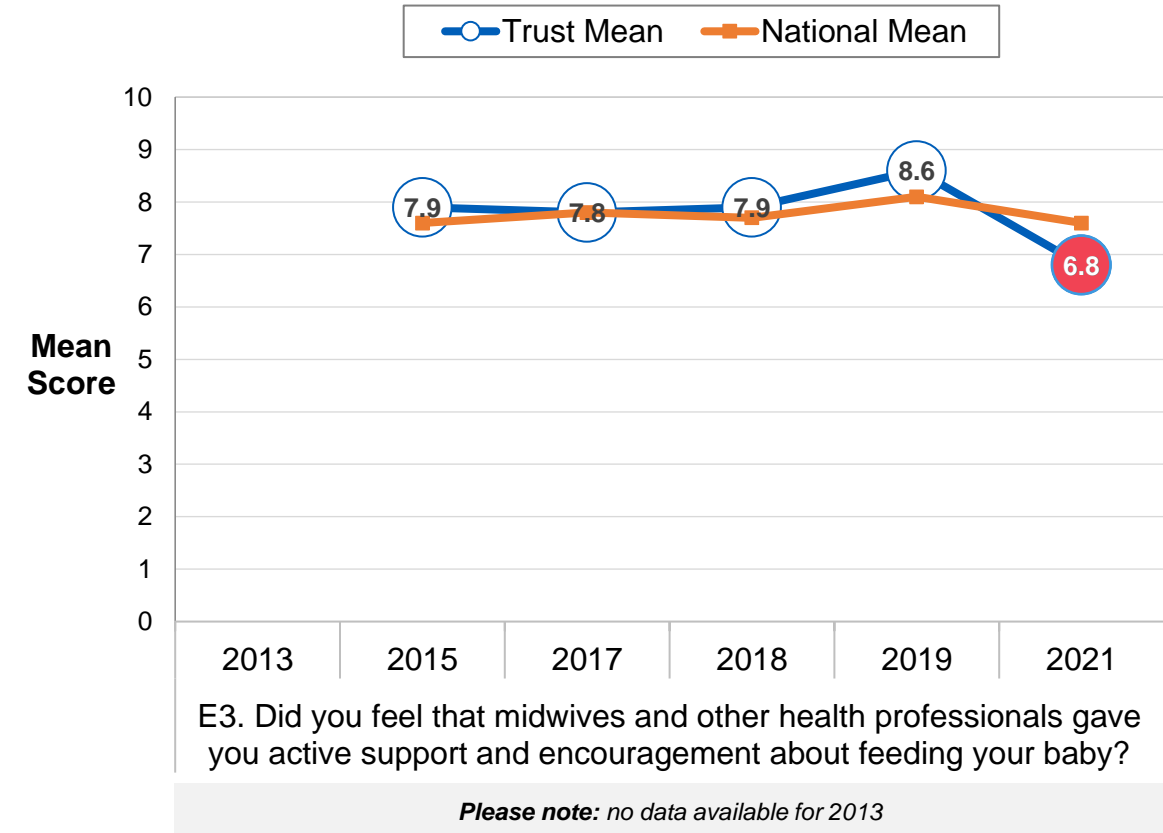
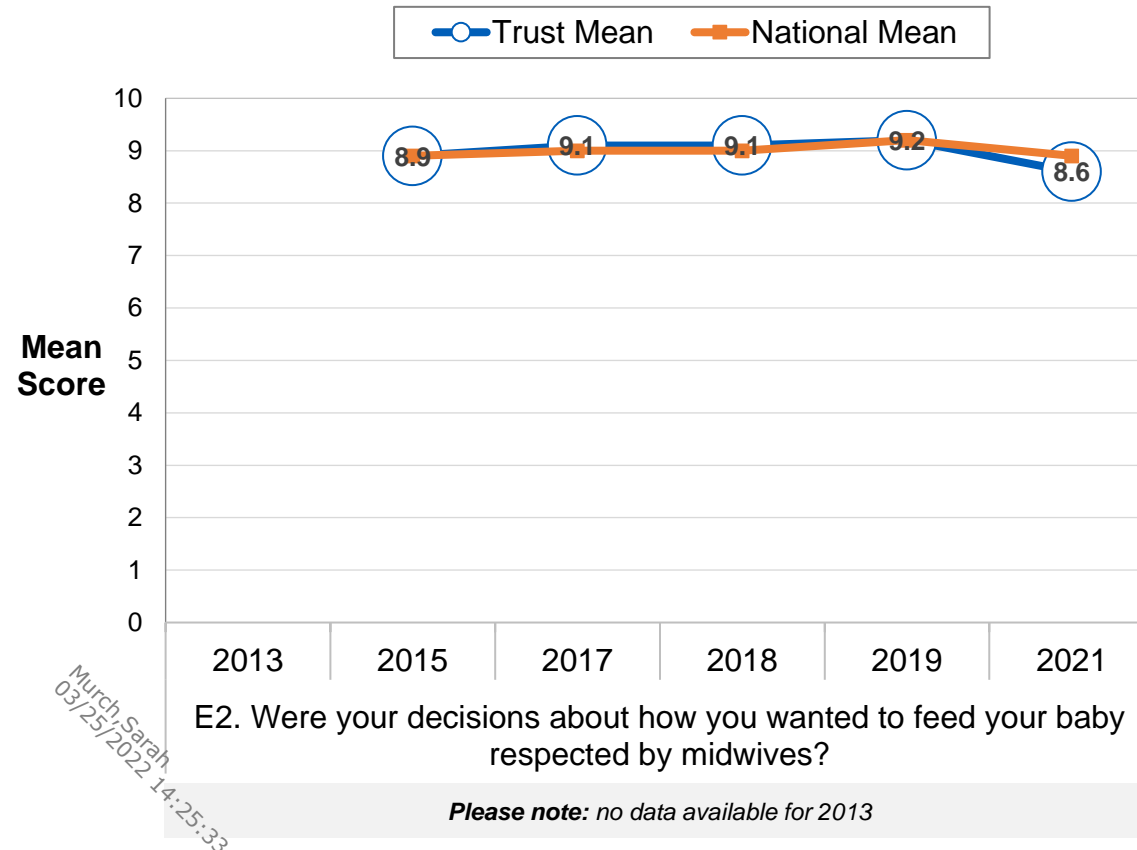
Postnatal care



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Trends over time - Postnatal care

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

Feeding your baby

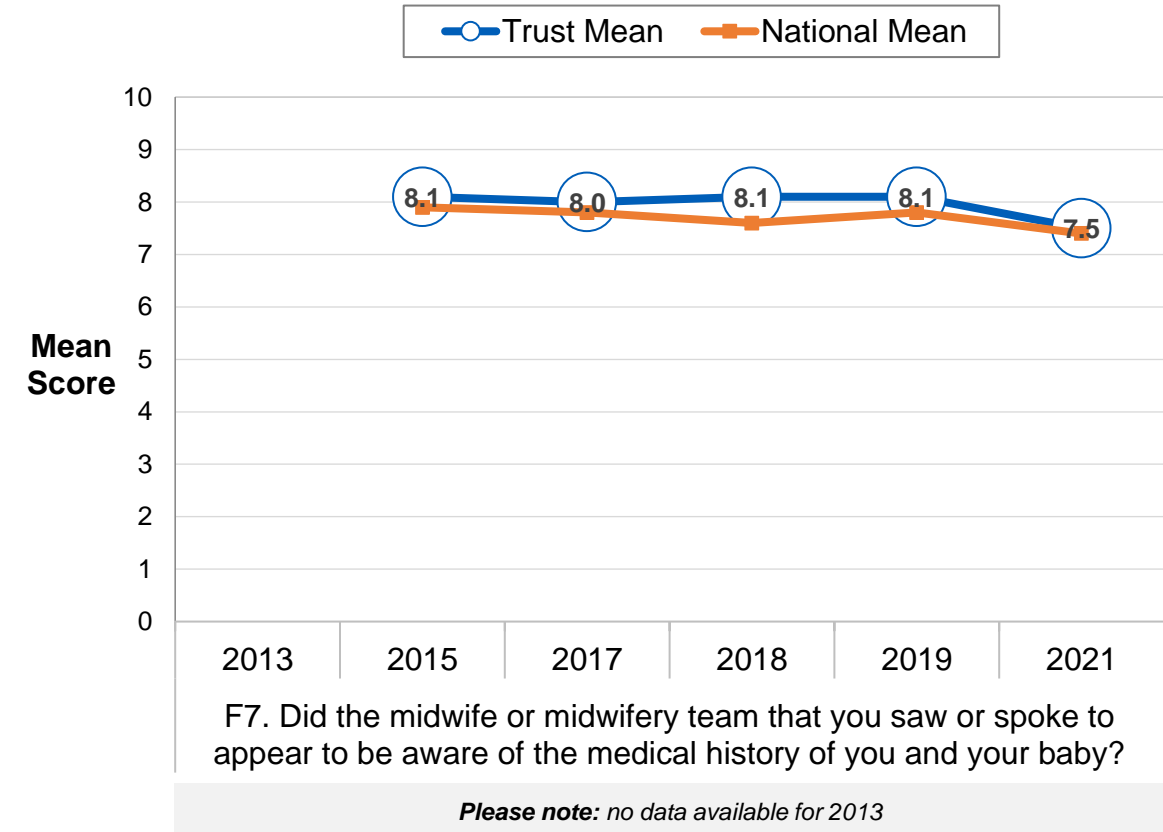
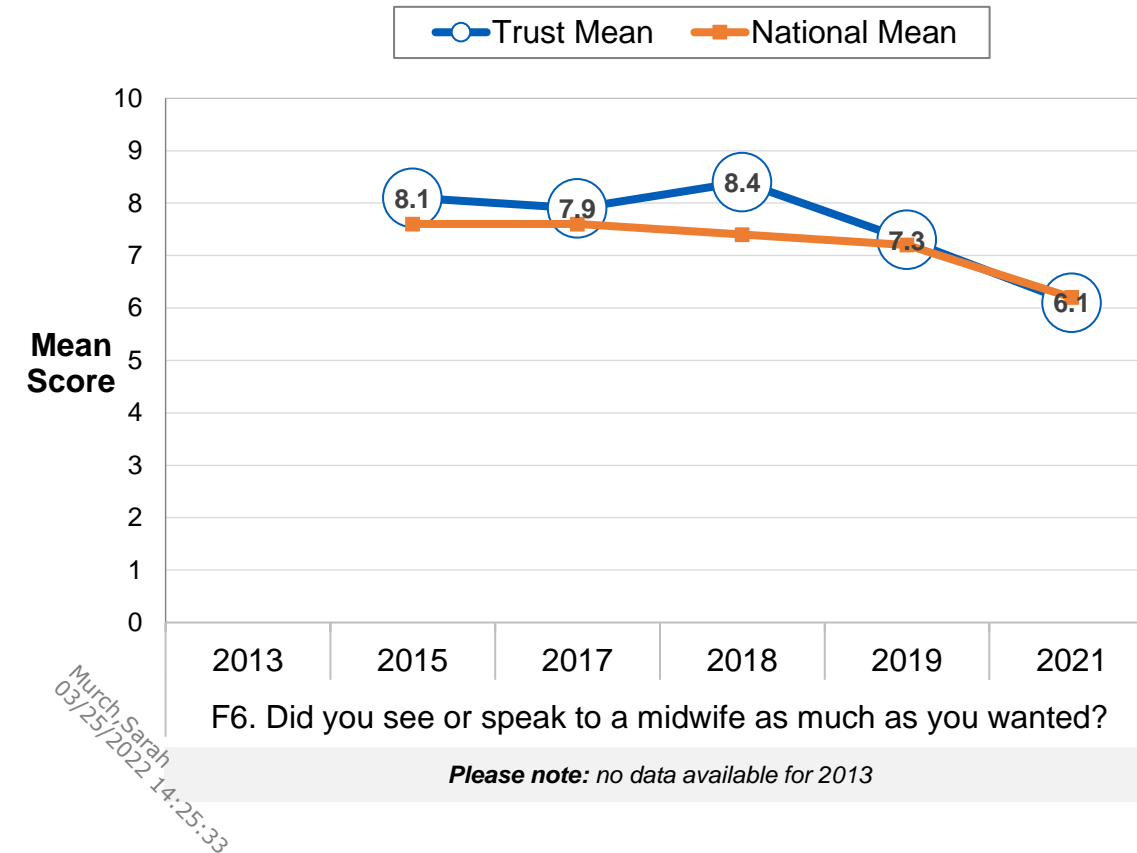


-  This shows a significant increase in the trust mean for this question for 2021 compared to 2019
-  This shows a significant decrease in the trust mean for this question for 2021 compared to 2019

Trends over time - Postnatal care (continued)

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

Care at home after the birth

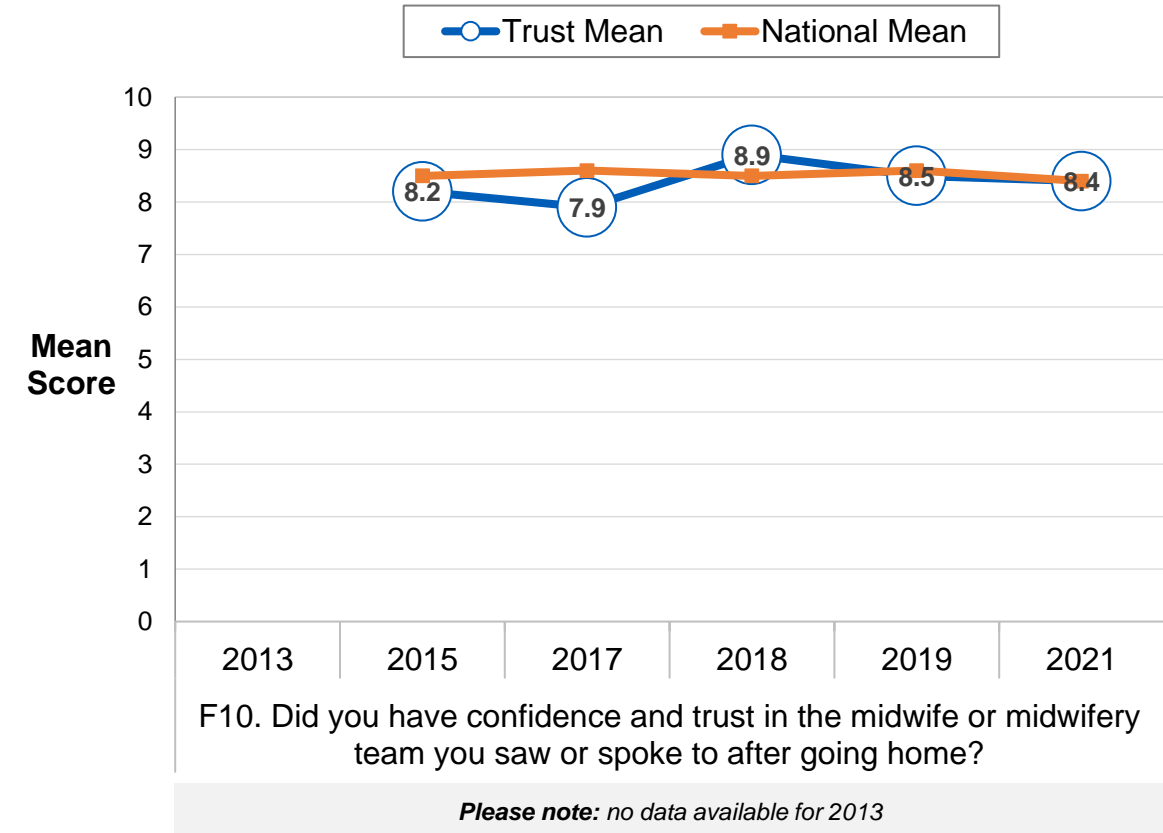
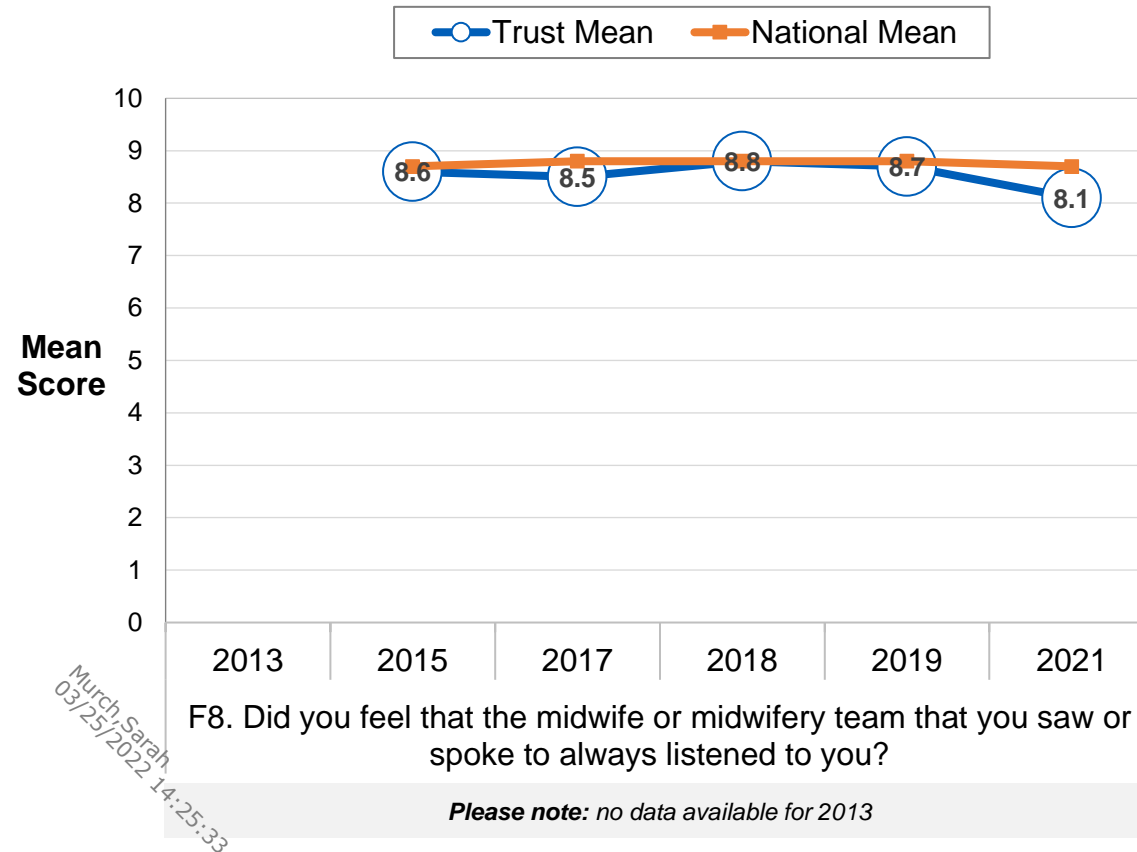


- This shows a significant increase in the trust mean for this question for 2021 compared to 2019
- This shows a significant decrease in the trust mean for this question for 2021 compared to 2019

Trends over time - Postnatal care (continued)

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

Care at home after the birth

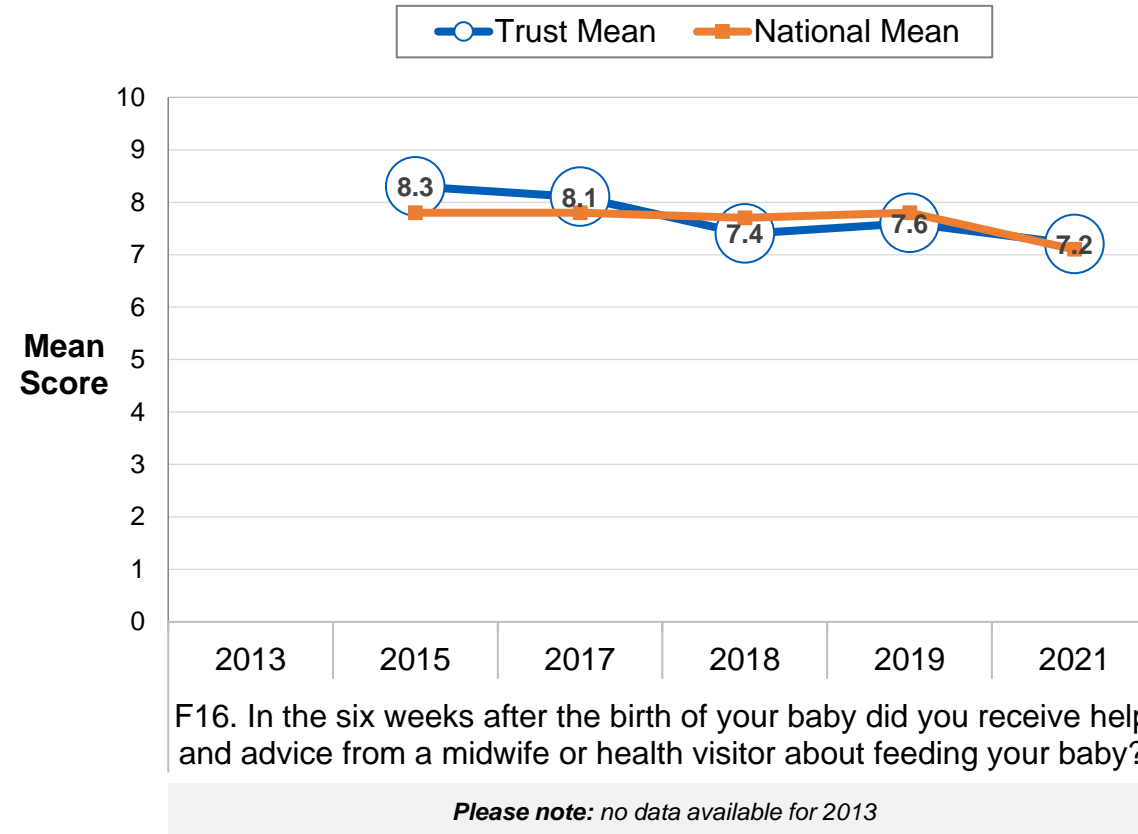


- This shows a significant increase in the trust mean for this question for 2021 compared to 2019
- This shows a significant decrease in the trust mean for this question for 2021 compared to 2019

Trends over time - Postnatal care (continued)

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

Care at home after the birth

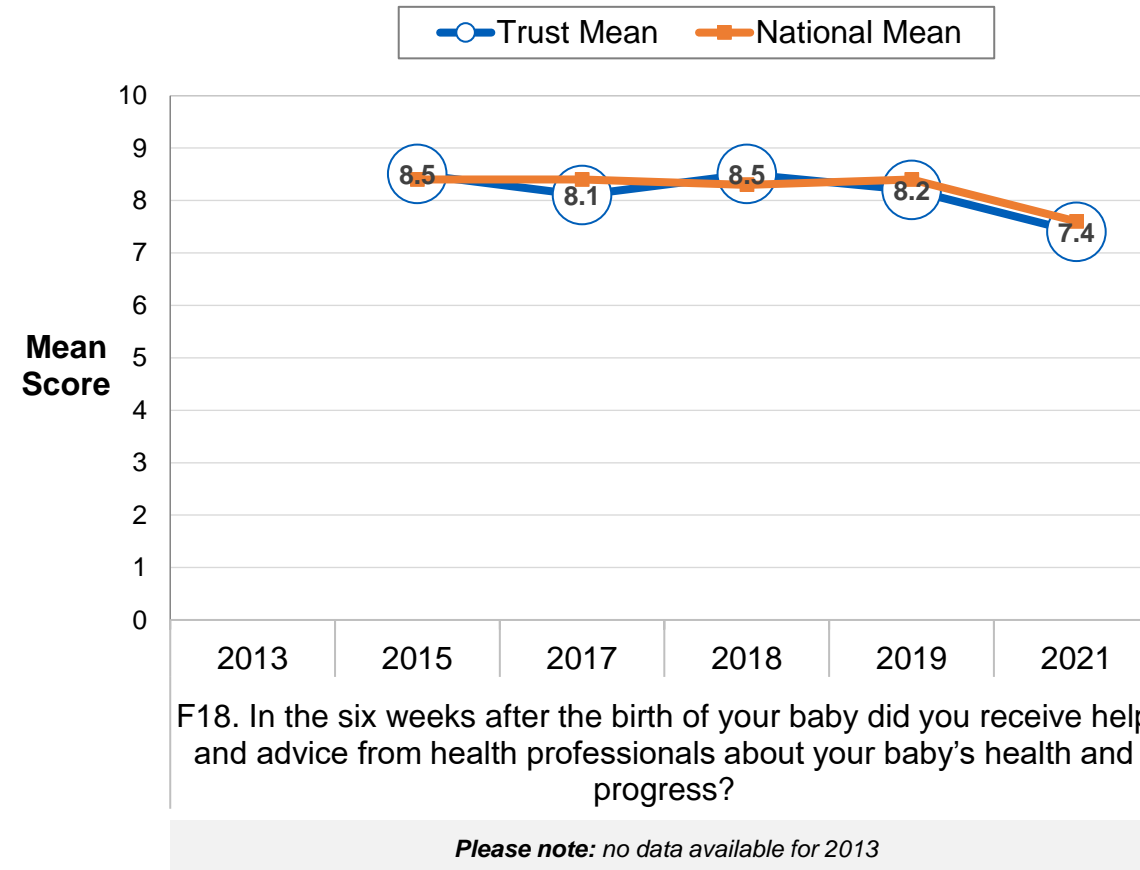




- This shows a significant increase in the trust mean for this question for 2021 compared to 2019
- This shows a significant decrease in the trust mean for this question for 2021 compared to 2019

Trends over time - Postnatal care (continued)

The following charts show how results have changed over time for questions where there are more than 5 years of comparable data.

Care at home after the birth



-  This shows a significant increase in the trust mean for this question for 2021 compared to 2019
-  This shows a significant decrease in the trust mean for this question for 2021 compared to 2019

Trends over time - Postnatal care (continued)

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

<div><div></div><div>Much worse than expected</div></div>		<div><div></div><div>Worse than expected</div></div>	<div><div></div><div>Somewhat worse than expected</div></div>	<div><div></div><div>About the same</div></div>	<div><div></div><div>Somewhat better than expected</div></div>	<div><div></div><div>Better than expected</div></div>	<div><div></div><div>Much better than expected</div></div>	2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
Care at home after the birth											
F1.	Were you given a choice about where your postnatal care would take place?										
	<i>Please note: COVID infection, prevention and control measures may have prevented partners from being involved in care as much as mothers wanted during the labour and birth, making comparisons with previous years difficult.</i>							3.4	3.7	69	
F2.	When you were at home after the birth of your baby, did you have a phone number for a midwifery or health visiting team that you could contact?							9.4	9.8	79	
F3.	If you contacted a midwifery team or health visiting team, were you given then help you needed?							8.0	9.5	61	▼
F9.	Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice?							7.9	9.0	73	▼

▼▲ Significant difference between 2021 and 2019

Blank No significant difference between 2021 and 2019

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Trends over time - Postnatal care (continued)

There are some questions in this section where data is not comparable prior to 2019. The following table displays changes since 2019, and whether those changes are statistically significant.

							2021 Trust Score	2019 Trust Score	No. of respondents in 2021	Change from 2019 survey
	Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected			
Care at home after the birth										
F12.	Did a midwife or health visitor ask you about your mental health?						9.4	9.6	79	
F13.	Were you given information about any changes you might experience to your mental health after having your baby?						6.1	7.8	79	▼
F14.	Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?						7.3	7.9	70	
F15.	Were you given information about your own physical recovery after the birth?						5.6	6.9	80	▼
F17.	If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?						4.1	Data not available	30	

▼▲ Significant difference between 2021 and 2019

Blank No significant difference between 2021 and 2019

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Appendix

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Comparison to other trusts

The questions at which your trust has performed worse compared with most other trusts are listed below. The questions where your trust has performed about the same compared with most other trusts have not been listed.

Much worse than expected

- Your trust has not performed "much worse than expected" for any questions.

Worse than expected

- F14. Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?
- F15. Were you given information about your own physical recovery after the birth?
- F17. If, during evenings, nights or weekends, you needed support or advice about feeding your baby, were you able to get this?

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Comparison to other trusts

The questions at which your trust has performed somewhat better or worse compared with most other trusts are listed below. The questions where your trust has performed about the same compared with most other trusts have not been listed.

Somewhat worse than expected

- C22. Thinking about your care during labour and birth, were you involved in decisions about your care?
- F13. Were you given information about any changes you might experience to your mental health after having your baby?

Somewhat better than expected

- Your trust has not performed "somewhat better than expected" for any questions.

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Comparison to other trusts

The questions at which your trust has performed better compared with most other trusts are listed below. The questions where your trust has performed about the same compared with most other trusts have not been listed.

Better than expected



- Your trust has not performed “better than expected” for any questions.

Much better than expected



- Your trust has not performed “much better than expected” for any questions.

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NHS Maternity Survey 2021

Results for University Hospitals Bristol and Weston NHS Foundation Trust

Where mothers' experience **is best**

- ✓ During antenatal check-ups, mothers being given enough information from either a midwife or doctor to help decide where to have their baby.
- ✓ Mothers being offered a choice about where to have their baby during their antenatal care.
- ✓ Mothers having skin to skin contact with their baby shortly after giving birth.
- ✓ Partners or someone else close to the mother were involved in their care as much as they wanted to be during labour and birth.
- ✓ Mothers having enough time to ask questions or discuss their pregnancy during antenatal check-ups.

Where mothers' experience **could improve**

- Mothers being able to get support or advice about feeding their baby during evenings, nights, or weekends, if they needed this.
- Partners or someone else involved in the mother's care being able to stay with them as much as the mother wanted during their stay in the hospital.
- Mothers being given information about any changes they might experience to their mental health after having their baby.
- Mothers being given information about their own physical recovery after the birth.
- Mothers being given enough information on induction before being induced.

These questions are calculated by comparing your trust's results to the average of all trusts who took part in the survey. "Where mothers' experience is best": These are the five results for your trust that are highest compared with the average of all trusts who took part in the survey. "Where mothers' experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts who took part in the survey.

This survey looked at the experiences of individuals in maternity care who gave birth in February 2021 at University Hospitals Bristol and Weston NHS Foundation Trust. Between April 2021 and August 2021 a questionnaire was sent to 374 individuals. Responses were received from 153 individuals at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].



How to interpret benchmarking in this report

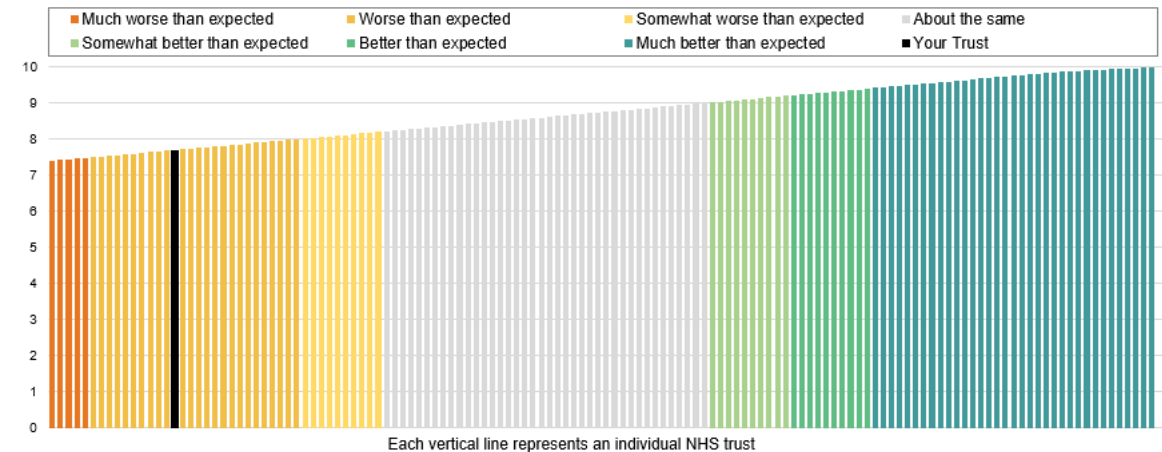
The charts in the 'benchmarking' section show how the score for your trust compares to the range of scores achieved by all trusts taking part in the survey. The black line shows the score for your trust. The graphs are divided into seven sections, comparing the score for your trust to most other trusts in the survey:

- If your trust's score lies in the **dark green section** of the graph, its result is 'Much better than expected'.
- If your trust's score lies in the **mid-green section** of the graph, its result is 'Better than expected'.
- If your trust's score lies in the **light green section** of the graph, its result is 'Somewhat better than expected'.
- If your trust's score lies in the **grey section** of the graph, its result is 'About the same'.
- If your trust's score lies in the **yellow section** of the graph, its result is 'Somewhat worse than expected'.
- If your trust's score lies in the **light orange section** of the graph, its result is 'Worse than expected'.
- If your trust's score lies in the **dark orange section** of the graph, its result is 'Much worse than expected'.

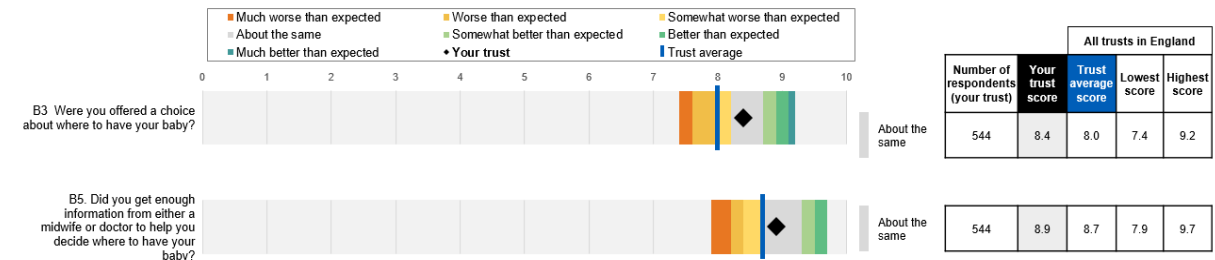
These groupings are based on a rigorous statistical analysis of the data termed the 'expected range' technique.

Section score

This shows the range of section scores for all NHS trusts. The key indicates whether that trust has performed better, worse, or about the same compared to all other trusts. The result for your Trust is shown in black.



Question scores: Start of your pregnancy



How to interpret benchmarking in this report (continued)

The 'much better than expected', 'better than expected', 'somewhat better than expected', 'about the same', 'somewhat worse than expected', 'worse than expected' and 'much worse than expected' categories are based on an analysis technique called the 'expected range'. Expected range determines the range within which a trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust, to indicate whether the trust has performed significantly above or below what would be expected.

If it is within this expected range, we say that the trust's performance is 'about the same' as other trusts. Where a trust is identified as performing 'better' or 'worse' than the majority of other trusts, the result is unlikely to have occurred by chance.

The question score charts show the trust scores compared to the minimum and maximum scores achieved by any trust. In some cases this minimum or maximum limit will mean that one or more of the bands are not visible – because the range of other bands is broad enough to include the highest or lowest score achieved by a trust this year. This could be because there were few respondents, meaning the confidence intervals around your data are slightly larger, or because there was limited variation between trusts for this question this year.

In some cases, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust. This occurs as the bandings are calculated through standard error rather than standard deviation. Standard error takes into account the number of responses achieved by a trust, and therefore the banding may differ for a trust with a low numbers of responses.

Please note, the benchmark bandings have been updated for the 2021 survey to provide a greater level of granularity in the expected range score.

Additional information on the 'expected range' analysis technique can be found in the survey technical report on the [NHS Surveys website](#).

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An example of scoring

Each evaluative question is scored on a scale from 0 to 10. The scores represent the extent to which the mother's experience could be improved. A score of 0 is assigned to all responses that reflect considerable scope for improvement, whereas a score of 10 refers to the most positive experience possible. Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. Where options were provided that did not have any bearing on the trust's performance in terms of mothers' experiences, the responses are classified as "not applicable" and a score is not given. Similarly, where respondents stated they could not remember or did not know the answer to a question, a score is not given.

Calculating an individual respondent's score

The following provides an example for the scoring system applied for each respondent. For question B7 "During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history?":

- The answer code "Yes, always" would be given a score of 10, as this refers to the most positive experience possible.
- The answer code "Yes, Sometimes" would be given a score of 5, as it is placed at an equal interval along the scale.
- The answer code "No" would be given a score of 0, as this response reflects considerable scope for improvement.
- The answer codes "Don't know / can't remember" would not be scored, as they do not have a clear bearing on the trust's performance in terms of the mother's experience.

Calculating the trust score for each question

The weighted mean score for each trust, for each question, is calculated by dividing the sum of the weighted scores for a question by the weighted sum of all eligible respondents to the question for each trust. Weighting is explained further in the [quality and methodology report](#).

Calculating the section score

An arithmetic mean of each trust's question scores is taken to provide a score for each section.

For further information

Please contact the Coordination Centre for
Mixed Methods at Ipsos MORI.

MaternityCoordination@ipsos-mori.com

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Patient Experience Action Plan - March 2022

Pathway area for improvement	Action	Which standard ¹ does this address?	Implementation date	Any additional notes	Staff member responsible	Change stage	Measure of success
Antenatal Care	Improve communication to women and families by reviewing the Trust maternity services website content with the Communications Team	F14, F15, F17	August 2022	To co-produce with women using the Maternity Voices Partnership	HOM/ Matrons Sarah Windfeld, Emma Grzyb-Yung, Sam Haines, Rebecca Morgan, John Kirk		Improved website/ feedback from women through Maternity Voices partnership
Antenatal Care	Improve communication by engaging with Women's groups in the community	F14, F15, F17	August 2022	In particular, work with Somali population and other known women's groups in engagement exercises .	HOM/ Matrons Sarah Windfeld, Emma Grzyb-Yung, Sam Haines, Rebecca Morgan, Tony Watkin		Community maternity events organised and held
Antenatal Care	Increase provision of face-to-face antenatal classes and review	F14, F15, F17	March 2022	Face-to-face classes have already started to increase and will continue to be rolled out in all	Matron Rebecca Morgan		All community bases holding face-to-face classes

¹ The codes represent question references from the 2021 National Maternity Survey

	content			areas of the community, only Knowle area to restart classes .			
Labour Care	Improve interactions between staff and patients by recommending a monthly women's patient experience group to feedback patient stories/ learning	C4, C23, C22, D6	March 2022	Themes about relational aspects of care	Matrons / HOM / Lead Obstetrician / Complaints Coordinator/ Patient Experience Team Sarah Windfeld, Emma Grzyb-Yung, Sam Haines, Rebecca Morgan, Lucy Jones, Matthew Areskog		Improved feedback on monthly survey. Reduction in complaints
Labour Care	Ensure women are aware of choices and can make informed decisions about their care by continuing the training and roll out of the personalisation and choice	C22	March 2022 Training on going	Training has commenced on personalisation and choice booklets and compliance is measured through the Perinatal Quality Matrix	Practice Development Midwife Anne Tomlinson		Improved feedback on monthly survey. An increase in % compliance with training

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	booklets						
Postnatal Care and breast-feeding support	Perform an Audit of pages 38, 43 ,44 and 57 of the maternity handhelds notes to ensure staff are completing discussions with women about health issues in the postnatal period including breast-feeding support. Feedback results to staff	F14, F15, F13	April 2022	Depending on audit results, audit will be performed on a regular cycle until improvement seen	Matron, Chair of Postnatal Working Party Sam Haines		Retain Baby Friendly accreditation in June. Audit results showing compliance
Postnatal Care	Review staffing on the postnatal wards following Birth Rate Plus workforce assessment results, including the number of Maternity Assistants within the establishments and the use of	E3 F13	May 2022	Birth Rate Plus workforce assessments results due in April and are part of the Divisional operating plan.	HOM/ Matron Sarah Windfeld Sam Haines		Improved feedback on monthly survey

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	Ward Clerks to assist administration						
Postnatal Care	Re-assess visiting in Maternity services with a risk assessment and the anticipated new guidelines on visiting	E3 F13	April 2022	New national Guidance awaited. To link with infection Control team	HOM /Deputy Divisional Manager / Infection control Sarah Windfeld, Jessica Whitton, Michelle Lindsay		Improved feedback on monthly survey
All Care	Ensure staff wellbeing and support so that patient care is delivered to high standard. Professional Midwifery Advocate hours to be increased by 15 hours for 3 months to provide more reflective support for midwives. Roll out the wellbeing	F14, F15, F17 D7, E3, F13, C22	April 2022		HOM/ Matrons /Lead Midwife Local Maternity System Sarah Windfeld, Terri Gnani, Emma Grzyb-Yung, Ann Tomlinson		Improved staff survey results. Improved retention. Reduction in sick leave

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	initiatives that NHS England have funded for Midwifery services. Funding to be spent by end of March 2022						
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Sarah Windfeld, Head of Midwifery.

Creation date: 02/03/2022.

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Meeting of the Board of Directors in Public on Wednesday 30th March 2022

Report Title	Integration Programme Report
Report Author	Rob Gittins, Programme Director
Executive Sponsor	Paula Clarke, Executive Director Strategy and Transformation

1. Report Summary

This report sets out the progress being made with the clinical and corporate integration programme. Clinical and corporate teams across the Trust continue to work together to realise the benefits of integrated services for patients, staff and local people, driving improvement across a range of services, systems and clinical specialities.

The Integration Programme Report (IPR) is provided for public assurance. It is a monthly report used within the organisation to enable the senior leadership team and Board committees to scrutinise the performance of the programme.

Corporate teams are now fully integrated across the Trust. The ongoing work is now focused upon all 21 teams fully embedding changes and realising the expected benefits of integration.

Enhanced management and leadership arrangements have been agreed for the Weston site, and a revised milestone plan for clinical services integration sees the remaining service integrations completed as the new Weston Business Unit is established in October 2022.

2. Key Points to Note

Clinical

The number of clinical services formally integrated remains at 12 out of 32, with no further completions in month, however the Urology service transfer to NBT management did fully complete on 1st Feb 22. Critical Care services transfer did not complete in month as expected due to outstanding workforce issues which are being resolved. Anaesthesia, Pre-Op and Radiology service integration decisions are the next to go to Divisional Boards, with other services that are ready also moving to single integrated services between now and October.

Weston Management Model

This month, enhanced management arrangements at Weston were approved, and which will fully come into operation in October 22. The creation of a hybrid management model, with a dedicated on site Business Unit, enables the Trust to better manage the known operational risks at WGH, in partnership with clinical divisions, while also providing leadership to achieve the strategic opportunities from the vision for Weston being developed with the Healthy Weston process. Work is commencing to simplify communication of this agreed way forward including ensuring terminology is meaningful for staff and the public.

The Business case was the product of considerable work undertaken by corporate and clinical colleagues and teams over a period of acute operational pressures which is acknowledged as a significant achievement.

Audiology

Since integration last year, the Audiology service at Weston has been able to modernise the hearing test equipment at Weston and in addition, it has improved the standard hearing aid of choice to the more modern rechargeable Bluetooth hearing aid, previously only available to Bristol patients. The integrated Audiology service at Weston is now also benefitting from being on a single patient management system for all new appointments and hearing aid fittings. This allows more flexibility for staff and patients and includes the option for patients to use the e-referral system to book their own appointments at their own convenience.

Respiratory services

Closer collaborative across Bristol and Weston now means that Weston patients with more complex conditions have earlier access to more specialist care in Bristol, as part of their treatment plan.

Corporate

The Communications team integrated fully on 1st Feb 22, to complete the service integration of all Trust corporate services. A deep dive exercise has been commissioned from Internal Audit to assess the degree of embedding of team and service integration activities. A Corporate services Scorecard will be published in this report once complete and be included in the 2nd Post Merger Review.

Weston General Hospital's Patient Administration system Medway links-up to Bristol's CareFlow Electronic Patient Record (EPR)

On the weekend of the 9 April 2022 Weston General Hospital's patient administration system (known as Medway) will link-up to the CareFlow Electronic Patient Record (EPR) system across the rest of UHBW. This enables the Trust to have one Trust-wide Electronic Patient Record (EPR) and a range of associated clinical systems in place across all our hospitals and sites. Linking these systems up is part of a five-year digital convergence programme and will benefit patient safety, patient care and patient experience. It will also free-up time and resources of busy Bristol- and Weston-based colleagues. Once this change has been made, we will see rapid improvements in the clinical and information management of our patients at Weston General, as well as streamlining processes across UHBW. For example, we will no longer have to discharge and readmit patients who transfer between our Bristol and Weston sites.

Workforce and Organisational development

Despite a small increase in turnover, registered nursing numbers in post remains on plan, supported in part by recruitment of registered nurses through our International programme. A total of 89 nurses have been offered posts at Weston, with 68 already in post. In the medical workforce, nineteen clinical fellow doctors started with the Weston Division in the past quarter, bringing numbers close to full establishment. Substantive Consultant post vacancies remains high, despite extensive recruitment and retention initiatives. The development of the future clinical vision at Weston through the Healthy Weston process is expected to be a key drive for consultant recruitment in the future.

Kallidus Learn

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An example of how staff at Weston General Hospital are benefitting from being part of a wider Trust, is the recent introduction of a new UHBW wide staff learning management system - Kallidus Learn, which replaces their outdated system. This now enables staff easier access to a wider range of learning and development opportunities to enable high standards of clinical practice and patient safety.

Future clinical vision (Healthy Weston)

We have an ambitious vision for Weston General Hospital to lead the country as a successful small hospital delivering truly integrated, safe and high-quality services that meet the specific needs of local people, now and in the future, working in new and innovative ways with our health and care partners.

We are already on the way to achieving this ambition through the changes implemented at Weston General Hospital a couple of years ago. These have made services safer and more sustainable, particularly for urgent and emergency care, critical care, emergency surgery and acute children's services; closer working was established with local GPs and put more focus on providing the services needed by the majority of local people, most of the time.

These improvements were all delivered as part of the initial phase of the Healthy Weston programme. It was made clear at the time that more work would be required, building on these improvements and exploring more opportunities to bring further resilience and stability to Weston General to fully achieve the ambition and create a centre of excellence in Weston, playing to the unique strengths and further developing the new ways of working already underway.

As a local health and care system we are now looking in detail at how to move forward; building on the learning and changes made in response to COVID-19. This second, and final phase of the Healthy Weston programme will focus on securing Weston as a thriving hospital at the heart of the community.

There are three areas of focus:

- Weston General Hospital, and the place of Weston, to be a centre of excellence for the **care of older people**, supporting individuals to remain as independent as possible for as long as possible, with different health and social care professionals with specialist expertise working together to deliver joined-up high-quality care. Further developing our award-winning Geriatric Emergency Medicine Service (GEMS) will ensure Weston General leads the way in providing dynamic, proactive, and responsive services helping older people avoid hospital stays where possible and making any necessary hospital admissions as short as possible. An expanded GEMS, working closely with the primary care-led Care Home Hub, would make Weston-super-Mare a national leader in the care of older people.
- Increasing the amount and type of **planned operations and procedures** at Weston General Hospital, avoiding travel for local people, offering greater choice and faster treatment. Creating a protected, planned care surgical centre where specialist teams treat patients from

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across Weston-super-Mare and North Somerset, Somerset, Bristol, and South Gloucestershire will help to address waiting list backlogs. It will also create a centre of excellence for surgical training, attracting new, ambitious health and care staff to the area and providing development opportunities for our existing dedicated and committed workforce at Weston.

- Local doctors agree that providing **urgent and emergency care services** 14 hours a day, seven days a week – as is the current provision – is the right approach for Weston General Hospital. We want people who come to this emergency department to be seen by the right person first time, be treated quickly and have a clear follow-up plan put in place. Most people would be able to go home the same day, while those who require specialist inpatient care will be treated at the most appropriate place – possibly transferring to a larger neighbouring hospital if needed. To enable this, it will be important to look at whether some aspects of emergency care can be better organised across Weston and North Somerset, Somerset, and Bristol as part of a wider network of acute hospitals, each working to their strengths providing efficient, high-quality care for people in the BNSSG catchment area.

In addition, the plan is to continue to strengthen how local assessment and treatment of children is provided to support the large number of families living in Weston and the surrounding areas.

There is a positive and exciting future for Weston General Hospital delivering exceptional care and services for resident communities as well as visitors to the area.

This future will be developed by staff alongside patients and local people. Suggested options for the future will be carefully evaluated using robust evidence and data to help identify those most likely to bring long-term, sustainable improvements to deliver our ambition for Weston.

Once approved by the Clinical Senate, proposals will be subject to public consultation and then planned approval of the decision-making business case by December 22.

3. Risks

The risks associated with this report include:

Corporate risk, 4539 states that 'Trust core activities and performance are adversely affected by the allocation of resources required to manage service level integration'

4. Advice and Recommendations

- This report is for **Assurance**.

The Board is asked to note the Integration Report and the progress being made on integration.

5. History of the paper

Integration Programme Board	March 22
Senior Leadership Meeting	March 22

Murphy Sarah
03/25/2022 14:25:33

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Integration Programme Report

Murch, Sarah
03/25/2022 14:25:33

February 2022

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Reporting Month: February 2022

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Reporting Month: February 22

Progress in month

Clinical

- The number of clinical services formally integrated remains at 12 out of 32.
- Critical Care services transfer did not complete in month as expected due to outstanding agreements on management resource. This is impacting the timeline for Anaesthesia, and Pre-Operative Assessment.
- Integration decisions are expected at Divisional Boards in March and April on Radiology and Rheumatology.
- Close collaboration continues on future management resource allocations with divisions.
- Decision on the future management arrangements and the integration schedule will be considered at the March Senior Leadership Team (SLT) meeting
- Corporate
- A deep dive exercise has been commissioned from Internal Audit to assess the degree of embedding of team and service integration activities. A Corporate services Scorecard will be published in this report once complete.

Benefits realisation

- At the end of January £333k was identified against the financial mitigations in relation to nurse agency savings. Medical savings continue to be impacted by additional investment in staffing on the Weston site.
- Medical and nursing agency savings are forecast to achieve £500k or 18.5% of the £2,700k annual target.
- There are 17 benefits associated with integration, along side 30 individual performance measures selected to provide detailed measurement of each benefit.

Workforce and Organisational development

- Registered nursing numbers in post remains on plan
- International programme for registered nurses: 89 now offered for the Weston Division and 68 in post. 14 more planned to join the Division in March 2022
- In the medical workforce, nineteen clinical fellow doctors started with the Weston Division in the past quarter, significantly closing the gap between actual in post and funded establishment. Recruitment to consultant posts remains challenging, despite extensive recruitment and retention initiatives.

Key Actions over the next 4 weeks

- Seek approval for the future site management model business case and Business Unit specification.
- Agree the future management model for Weston Theatres.
- Approve the transfer of Critical Care and Anaesthesia to the Division of Surgery; Radiology to Diagnostics and Therapies and Rheumatology to the Division of Medicine.
- Alignment of integration work with Healthy Weston programme continues and consideration of establishing a Clinical Practice Group (CPG).
- Commence integration planning with General Surgery and Trauma and Orthopaedics (T&O)
- Complete Admin banding project.
- Finalise the 2nd post-merger review exercise.
- Complete the post integration Transaction services staff consultation.

Issues being managed

















- Delay to timeline for the full transfer of accountability for critical care and anaesthesia, pre-op, ophthalmology and radiology.
- Full delivery of April 22 clinical service integrations not achievable with recommendations for revised schedule now going to SLT in March
- Capacity of the Division of Weston over the next 3/6 months to engage with the integration change process with other competing priorities.




Successes, Priorities, Opportunities, Risks & Threats (SPORT)

Reporting Month: February 2022

Successes	Priorities
<ul style="list-style-type: none"> • Future management model at Weston developed and being evaluated. • Continued engagement by divisions on clinical collaboration and where appropriate integration planning. • Interim Radiology management arrangements has encouraged collaborative working and service stabilisation. • Lung Cancer Nurse Specialist (CNS) management has transferred to Medicine ahead of full respiratory service integration. • Transaction services staff consultation launched. • Premium payments 2019/20 baseline established. 	<ul style="list-style-type: none"> • Weston management model business case approval at March SLT. • Further development of the Business Unit specification. • Complete the transfer of Critical Care and Anaesthesia to the Division of Surgery; Radiology to D&T and Rheumatology to Division of Medicine. • Complete transfer of Booking and Access teams to Chief Operating Officer's (COO's) office. • Alignment of integration work with Healthy Weston programme. • Implement recommendations of the Admin banding project. • Complete 18 month post-merger review exercise.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Increasing clarity with regard to future clinical models of care under the Healthy Weston programme is a key enabler to future integrated service design. • Deployment of Medway merge in April allows for interoperability, enabling improved cross site working, benefits to patient experience, safety and care and cost centre merge. 	<ul style="list-style-type: none"> • Developing the Business unit has a number of key dependencies that may effect the approval timetable. • Continuing operational pressures and workforce availability is adversely affecting ability to move the integration plan forward in some specialities. • Surgical and medical service transfers of accountability relies on triumvirate agreeing the proposed solutions. • Risk that the expected financial mitigations in the Transaction Business Case will not be fully realised, with the plan currently under review. • HR resourcing for change management in PMO reduced.

Reporting Month: February 2022

Critical Success Factor	Objective	Status	Movement since last report	Critical Success Factor	Objective	Status	Movement since last report
Delivery Streams	Clinical Services Y2 Integration schedule completed	A		Benefits Realisation Monitoring	Business Case financial synergies achieved (Y2)	R	
	WGH management arrangements post October 22 agreed	A			Monitoring of Y2 Programme Benefits realisation in place	G	
	Healthy Weston programme delivered against revised schedule	A			Integration delivery programme (year 3) approved	A	
				Business Function	Corporate Services teams Integration completed	G	
Workforce & OD	Clinical admin job matching exercise completed	A		Policies & Processes	Key clinical, HR, finance and corporate policies are aligned across the combined UHBW Trust	A	
	Job planning policy and Premium Payment controls harmonised and applied to Clinical Services	R		Estates & Facilities	Backlog maintenance programme (Y2) delivered	G	
	Recruitment and Retention plan delivered for Medical and Nursing	A		IT & Technologies	Year 2 clinical digital systems convergence programme complete	A	
	HR Systems Integration completed	A		Risk Management	Mitigate and manage the risks of integration	G	
Cultural Integration	Cultural Integration Programme Completed	A					

	Upwards movement	R	Not Achieved
	No movement	A	Delayed/partially achieved
	Downwards movement	G	Achieved/On Track

Delivery Streams – Clinical Services

February 2022

Progress Against Clinical Services Integration Plan

Service	Receiving Division	Status	Date transferred
Sexual Health	Medicine	Completed	01 November 2020
Laboratory Services	D&T	Completed	01 November 2020
Therapies	D&T	Completed	01 November 2020
Gynaecology	W&C	Completed	04 October 2021
Pharmacy	D&T	Completed	04 October 2021
Paediatrics	W&C	Completed	06 April 2021
Resus	D&T	Completed	01 July 2021
Audiology	D&T	Completed	06 April 2021
Palliative Care	SS	Completed	04 October 2021
Integrated Discharge Service (IDS)	COO office	Completed	01 July 2021
Patient Flow	COO office	Completed	01 July 2021
Cancer Personalised Care & Support teams	SS	Completed	01 July 2021

Key Points:

- No services have transferred in month.
- 32 clinical services have commenced the integration process.
- 12 Clinical services have integrated into their receiving divisions.
- Frailty, Stroke and Fracture Liaison are being managed as part of the Care of the Elderly integration.
- Future management resource allocation check and challenge continuing with divisions.
- Business Case due to go to SLT in March to confirm management resource allocation to the divisions.

Service	Receiving Division	Status	Planned transfer	Proposed revised date
Critical Care	Surgery	In progress - off track	01 November 2021	01 April 2022
Anaesthesia & Pre-op	Surgery	In progress - off track	01 November 2021	01 April 2022
Ophthalmology	Surgery	In progress - off track	01 November 2021	Align with the Business Unit go live date
Endoscopy	Surgery	In progress - off track	01 December 2021	Align with the Business Unit go live date
Theatres	Surgery	In progress - off track	01 December 2021	Align with the Business Unit go live date
General Surgery including GI	Surgery	In progress - on track	01 April 2022	Align with the Business Unit go live date
Trauma and Orthopaedics	Surgery	In progress - on track	01 April 2022	Align with the Business Unit go live date
ENT	Surgery	In progress - on track	01 April 2022	Align with the Business Unit go live date
Gastroenterology & Hep	Medicine	In progress - off track	01 December 2021	01 May 2022
Rheumatology	Medicine	In progress - off track	01 January 2022	01 May 2022
Respiratory medicine	Medicine	In progress - on track	01 October 2022	01 May 2022
Diabetes & Endocrinology	Medicine	In progress - off track	01 February 2022	01 May 2022
Care of the Elderly (inc. Stroke, Frailty & Fractural Liaison)	Medicine	In progress - on track	01 October 2022	Align with the Business Unit go live date
Emergency Department (inc. GEMS)	Medicine	In progress - on track	01 October 2022	Align with the Business Unit go live date
Acute Medicine (inc. AEC)	Medicine	In progress - on track	01 October 2022	Align with the Business Unit go live date
Radiology	D&T	In progress - off track	01 January 2022	01 May 2022
Haematology and Oncology	SS	In progress - off track	01 December 2021	01 May 2022
Cardiology (inc. physiology)	SS	In progress - off track	01 December 2021	Align with the Business Unit go live date
Booking and access	COO	In progress - on track	01 April 2022	
Med Secs	COO	In progress - on track	01 April 2022	

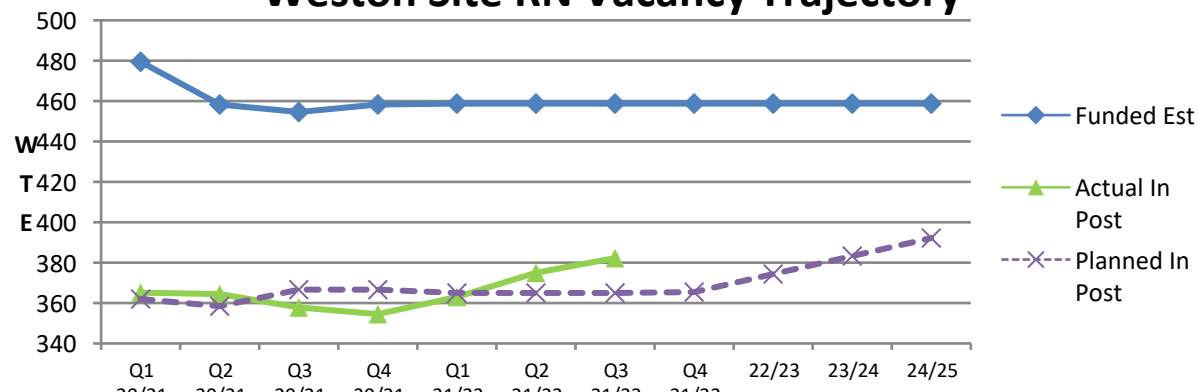
Recovery Actions:

- Continue to work closely with the Weston Managing Director to support the Clinical Services Integration through senior divisional management (tri to tri) meetings.
- Working closely with the Deputy Divisional Directors to agree what will be required to run a safe, integrated service on a case by case basis.

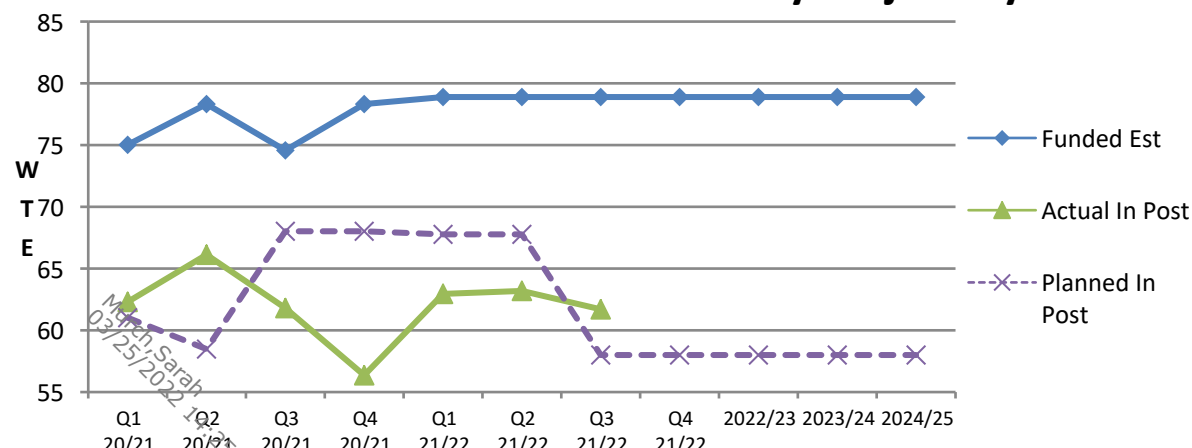
Workforce – Recruitment (1)

February 2022

Weston Site RN Vacancy Trajectory



Weston Site Consultant Vacancy Trajectory



Recovery Actions:

- The business case for international nurse recruitment for 2022/23 was endorsed by SLT. Whilst details are being worked through there is agreement to recruit 70 nurses in May and June 2022.

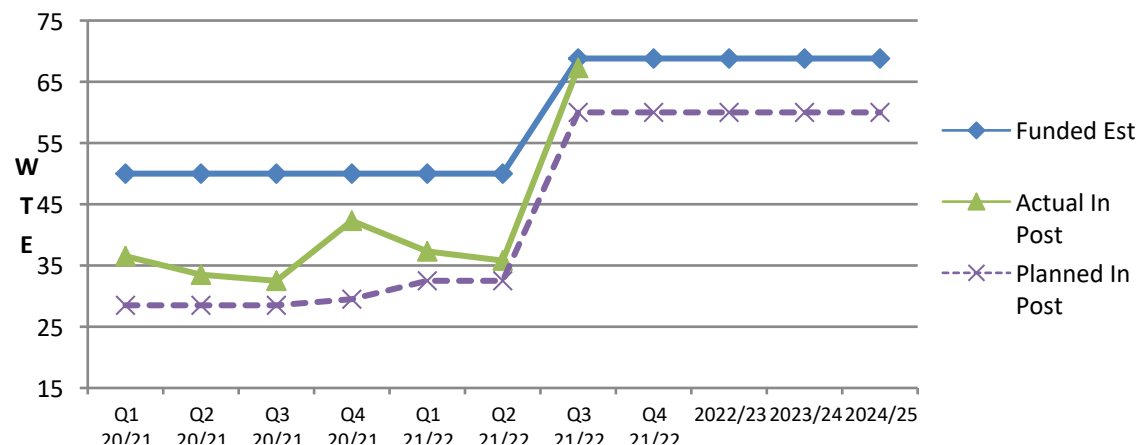
Key Points:

- Trajectory graphs updated to include Q3 data
- Consultant vacant posts remains challenging, despite extensive recruitment and retention initiatives
- 1 ED Locum Consultant currently undergoing pre-employment checks and is due to join the Trust in May 2022
- 17 non-consultant grade doctors are going through pre-employment checks
- 5 non-consultant grade doctors joined the Trust in February
- Registered nursing numbers in post remains on plan
- International programme for registered nurses: 89 now offered for the Weston Division and 68 in post. 14 more planned to join the Division in March 2022
- The Newly Qualified Nurse Open Day on 19th February 2022 resulted in 3 offers
- The Trainee Nurse Associates assessment day on 8th February resulted in 2 offers, starting in March 2022
- The Bank social media and poster campaign has been refreshed to attract new clinical and non-clinical staff to the Bank
- A therapies virtual open day at the end of March will target Occupational Therapists and Physiotherapists
- International recruitment currently being explored for radiographer vacancies

Workforce – Recruitment (2)

February 2022

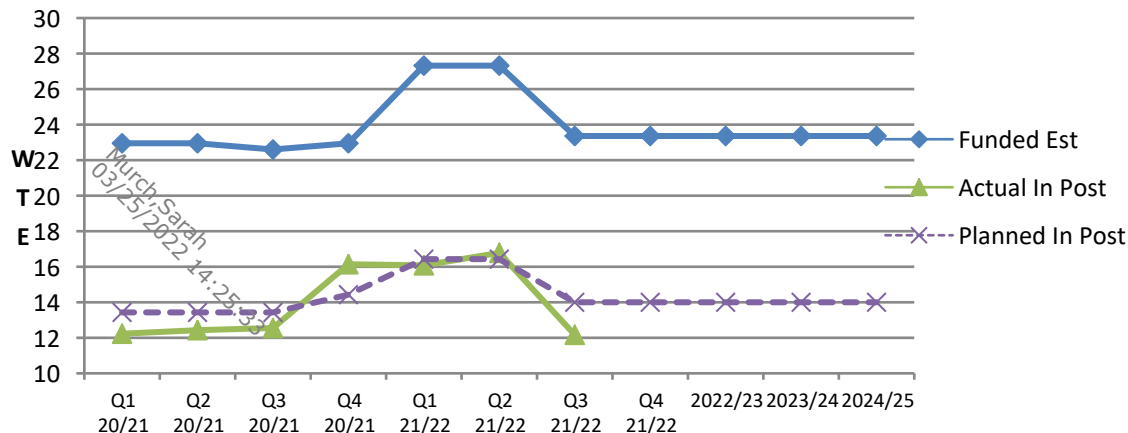
Weston Division Clinical Fellow Vacancy Trajectory



Key Points:

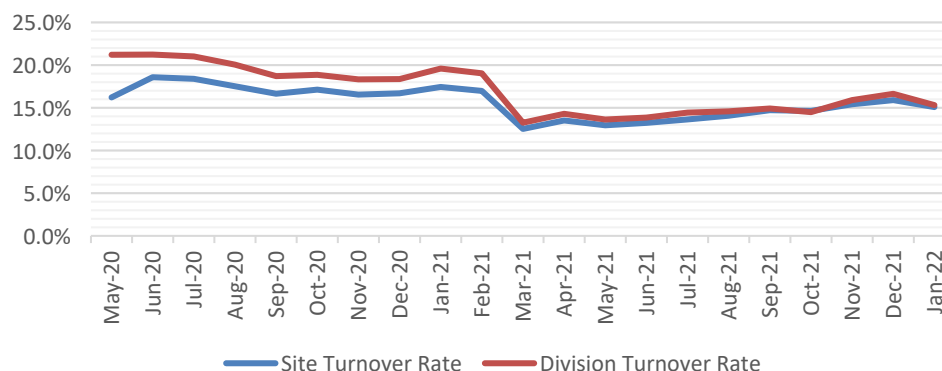
- Clinical fellow recruitment has been successful. Nineteen clinical fellow doctors started with the Weston Division in the past quarter, closing the gap between actual in post and funded establishment. As the funded establishment is due to increase there is an on-going requirement to continue recruitment efforts to address the increased need.
- One career grade doctors started with the Weston Division in the past quarter.

Weston Division Career Grade Doctor Vacancy Trajectory



February 2022

Turnover rates – Weston Clinical Division and overall Weston Hospital Site trends since May 20



Key Points:

- For the most recent data available, Weston Divisional turnover was 16.6% compared to a target of 15.3% and against the Trust average which is 14.9%.
- The data shows a significant reduction in staff turnover in the first year post Trust Merger. This has shown a slight deterioration over the last 10 months.
- The approach to driving retention is under review by the Director of People, to ensure that the current arrangements are optimal and to ensure the Trust has practical actions in place that improve retention.

Weston division turnover compared to the rest of the Trust (based on Dec 21 data – Jan22 not yet available)

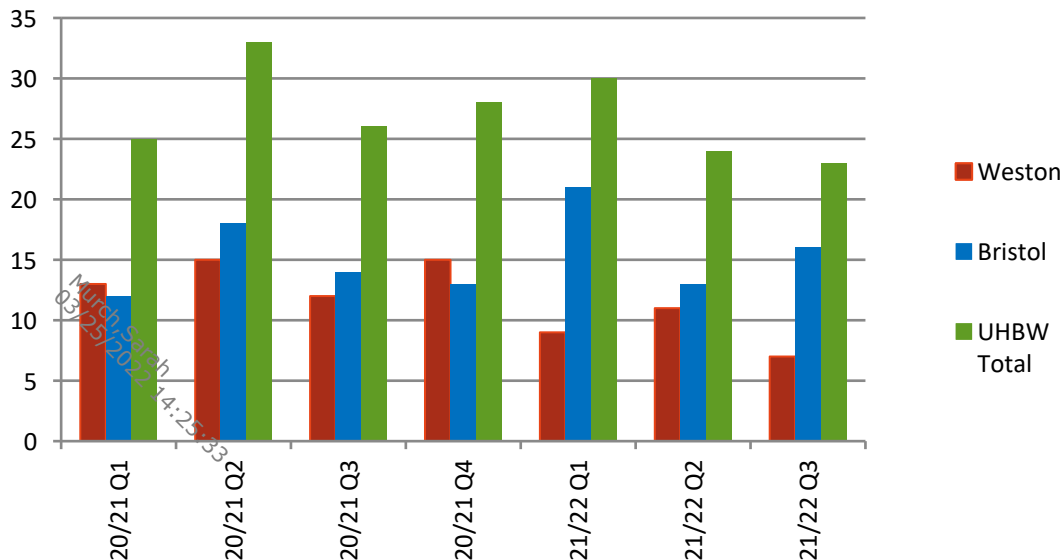
Turnover	Dec-21	KPI
UHBW NHS Foundation Trust	14.9%	12.8%
Diagnostics & Therapies	16.2%	11.6%
Medicine	20.0%	16.7%
Specialised Services	14.0%	13.5%
Surgery	14.1%	13.1%
Women's & Children's	12.0%	9.9%
Trust Services	13.6%	12.0%
Facilities & Estates	16.1%	13.2%
Weston	16.6%	15.3%

February 2022

Outstanding actions from Cultural integration programme

Theme	Action	Update	RAG
Appraisal	Launch 'one model' for Appraisal	The implementation of the new LMS system (Kallidus-Learn) is planned for late March 22	
Diversity and Inclusion and bullying and harassment	Delivery against the D&I plan.	Delivery against corporate Diversity and Inclusion plan is on target.	

Comparison between Weston and Bristol in total number of Freedom to Speak Up concerns since April 20



Key points

Diversity and Inclusion:

- Diversity, bullying, harassment and inclusion(D&I) are being monitored, with data to baseline and monitor the gap in ED&I and bullying and harassment concerns being sought from the Staff Survey, HR Services and Freedom to Speak Up.
- Data has been requested from HR Services on numbers of D&I and Bullying and Harassment cases across both sites.
- Actions on the local Weston D&I plan will be included for information and monitoring
- There is a meeting to review and re-set the ED&I action plan at Weston
- A fuller set of metrics and analysis is being prepared to provide a broader assessment of progress with cultural integration.
- As one example this includes Freedom to Speak Up (FTSU) data where the number of concerns being raised in Weston and Bristol since merger is variable.

February 2022

Year 2 Benefits – Progress Against Financial Mitigations

Financial Mitigations £000's	Plan 2021/22	FY Forecast	FY Variance	YTD Plan	YTD Actual	YTD Variance
Medical Agency Savings	1,000	0	(1,000)	833	0	(833)
Nursing Agency Savings	1,000	500	(500)	833	333	(500)
Medical Workforce Productivity	500	0	(500)	417	0	(417)
Total	2,700	500	(2,000)	2,083	333	(1,750)

Benefits Progress Summary

Provisional	1
Not Started	3
Behind Plan	7
On Track	5
Recommended to Close	1
Realised	0
Total	17

Figure 3: A summary of benefit status

Recovery Actions:

- Review of provisional benefit in benefits meeting.
- Focus on confirming baseline data for each benefit is the main priority for February and March.
- Ensuring a universal definition of benefit realisation.

Key Points:

- At the end of January £333k was identified against the financial mitigations in relation to nurse agency savings. Medical savings continue not to be realised, largely due to continued additional investment in staffing on the Weston site.
- Medical and nursing agency savings are forecast to achieve £500k or 18.5% of the £2,700k annual target.
- There are 17 financial and non-financial benefits associated with integration.
- The status of each benefit will be reported quarterly (summary shown in Figure 3).
- 1 benefit has been realised and is recommended to be closed, with rationale for closure to be discussed at the Benefits Monitoring Workstream meeting in March.
- The remaining provisional benefit will be reviewed at the next workstream meeting.
- See Appendix 1 for further details.

February 2022

Progress Against Corporate Services Integration Plan

Service Integration Status	% of Services	Number of Services
Completed	100%	21
In progress - off track	0%	0
In progress - on track	0%	0
Staff Consultation Not started	0%	0
Total	100%	21

Key Points:

- All Corporate services have now integrated.
- The Communications team integrated fully on 1st Feb 22.
- Urology service transfer to NBT management fully completed 1st Feb 22.
- A deep dive exercise has been commissioned from Internal Audit to assess the degree of embedding of team and service integration activities. A Corporate services Scorecard will be published in this report once complete.

Recovery Actions:

- The Programme Management Office (PMO) to complete the second post merger review with internal audit.
- Corporate Services bi-yearly benefits review due in April.

Phase	Corporate Service	Status
Phase 0	Risk management	Completed
	Information Governance	Completed
	HR E rostering AFC	Completed
	HR OD	Completed
Phase 1	Legal Services	Completed
	Payroll	Completed
	Training and Education	Completed
Phase 2	Employee services	Completed
	Medical e-Rostering - No consultation required	
	Medical HR	Completed
	Resourcing	Completed
Phase 3	Clinical Audit and Effectiveness	Completed
	Financial Services	Completed
	Patient Experience and Involvement	Completed
	Patient Safety and Clinical Governance	Completed
	Patient Support and Complaints - not required	
	Safeguarding Adults and LD	Completed
	Transformation	Completed
	Voluntary Services	Completed
	Facilities	Completed
Phase 4	Communications and Engagement	Completed
	Digital Services	Completed
	Research	Completed
	Estates	Completed

February 2022

Policies and Procedures – Trustwide, Financial, Human Resources (HR) and Clinical

Policy Type	Metric	Update
Trustwide	The total number of Weston policies at 1st April	282
Trustwide	The number that have been either deleted, incorporated into a common UHBW policy or have been converted into a Divisional guideline	168
Trustwide	Number remaining for review	114

Policy Type	Metric	Update
Finance	Capital Investment Policy review complete	Completed- June 2021
Finance	Standing Financial Instructions review complete	Completed - Sept 2020
Finance	Scheme of Delegation review complete (Appendix 2 of SFI)	Completed - Sept 2020

Policy Type	Metric	Update
HR	Total number of policies that can be aligned	69
HR	Total number of policies that can be aligned (under TUPE)	11
HR	Total number of policies that have been aligned (including review under BAU framework)	18- completed
HR	Total number of policies the have been introduced (adopted)	15- completed
HR	Total Number of new policies ito review under BAU framework	36- continues under BAU

Policy Type	Metric	Update
Clinical	Clinical procedures and guidelines, documents relating to ED emergency admissions	Completed - pre-merger
Clinical	Total number of services integrated since April 2020 in a position to review clinical procedures and guidelines commenced	9
Clinical	Total number of services integrated since April 2020 policies review completed	0

Key Points:

- Review of financial policies has been completed.
- HR Policy alignment completed in line with TUPE legislation. A number of policies have been 'adopted' by Weston where no previous policy was in place.
- HR Policy review and alignment now continues under the normal departmental planning cycle.
- The Corporate Team with Trust Secretariat are taking the steps to address known risks and issues with Trustwide management of policies and guidelines in the Trust.

February 2022

Weston Estates Backlog Tracker- See Appendix 2 for Backlog Maintenance Plan

Cost Centre Code	Cost Centre Name	Comments	RAG Rating (In lease)
820022	Weston Backlog Fire Compartment	First Phase of works completed.	Green
820023	Weston Backlog Roof/Gutter Rep	Front of hospital rainwater system and soffitt materials Completed	Green
820024	Weston Backlog Pathology Roof	Project Completed September 21 overspend of 30K due to unforeseen works on roof slab.	Green
820025	Weston Backlog Switches	Project Completed.	Green
820043	Weston Toilet refurbishment	Project Completed August 21.	Green
820054	Weston Backlog Roof Repair & Drain survey and jetting	Work progressing on rear of Estates and on plan to complete March 22, Courtyards commenced January 22 , delayed due to change of main contractor expected completion June 22.	Amber
821000	Weston Backlog Fire Alarm upgrade and compartmentation	install commenced November 2 with device changes through December to march total 1400 devices.	Green
820227	Histo Conversion	Project Completed.	Green
820228	Ambleside Boiler Replacement	Project Completed.	Green
820229	Reconfig Ed At Wgh	Project Cancelled by Weston Division.	Red
Orders value YTD		£2,678,722.00	
Pending Future Orders:		£45,000.00	
Capital spend taken 20/21 UHBW not PDC		£237,786.00	
Capital Balance Remaining 21/22		£59,064.00	
Total capital Applications To date:		£2,725,003.00	
Full Year Allocation 21/22		£2,500,000.00	

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February 2022

Clinical and Corporate Information Management & Technology (IM&T) Systems Integration Plan

Integrated Systems 'Go live' date 9 th April 2022	Other Clinical Systems	Start date	Estimated 'Go live' date
Medway	Endoscopy (Medilogik)	Go Live in Bristol 7 th Feb	Go live in Weston June 22
BlueSpier Theatre	ICE	Started Jan 22	Weston to Join Bristol ICE system July 22
Maternity	PACS/RIS	Start Summer 22	Converged March 23
ICCA	Oncology (Prescribing system)	Summer 22	TBC
Careflow Vitals	CUR	End of June 22	TBC
Careflow Connect			

Key Points: Medway

Phase 2 –In Design and Build stage. Updates to note;

- Final testing completion 4th March. Dress rehearsal planned for mid March – on track for 9th April Go live
- Significant progress with the Data Quality initiative at Weston

Key Points: Other

- Weston EDM project – due to be initiated March 2022 – start date estimated May 2022 post system merger
- Endoscopy Go Live in Bristol on 7th February was successful – kick off meeting for Weston early March – proposed Go Live June 2022
- Work to set up other clinical systems merger projects – some dependent on business cases/requirements before projects can be established. Will deliver as part of a single programme under Digital Hospital Programme Board

February 2022

Integration Programme Significant Risks – (scores of 15 or above)






ID	Opened	Domain	Title	Description	Controls in place	Rating (current)	Risk level (current)	Action detail	Review date	Approval status
4806	10/11/2020	Financial	Risk that the financial benefits identified in the Transaction Business Case (TBC) will not be achieved.	Due to operational delays including Covid there is a risk that the financial mitigations identified in the TBC will not be achieved. If sufficient savings are not realised there is a risk that the Trust may not achieve its financial plan.	Financial mitigations are reported on a monthly basis to IPB via the Integration Programme Report. Weston Division has established a nursing controls group. A Benefits realisation workstream reviews progress and takes corrective action on a monthly basis. Workforce Productivity group established through HR & OD workstream to scope and evaluate productivity opportunities.	15	Very High Risk	Financial review of the Transaction Business case once the 22/23 NHS financial regime is published, to take stock of the financial mitigation framework.	28/01/2022	Action Required Risks

Key Points:

- There is 1 risk which has a current rating that is 15 or over ('very high'). This is one less 'very high' risk compared to the end of last month.
- No new risks were added in February. 1 risk was agreed to move to BAU in month;
- **3765**- Risk that the Weston General Hospital (WGH) Pharmacy Service is unable to fully meet some national requirements
- The following risks reduced risk rating in month:
- **3430**- Risk that governance processes in the Division of Weston are unable to provide assurance went from 'very high' (16) to 'high' (12).
- **5630**- Risk that integration progress may stall as a result of reconsidering the management model at Weston risk score reduced from 12 to 9 due to progress with the business case.
- There are 20 live risks at the end of February 22. With the exception of the 1 'very high' rated risk above:
 - 15 have a risk rating considered 'high' (a risk score of between 8 and 12)
 - 4 have a risk rating considered 'moderate' (a risk score of between 4 and 6)





Appendix 1.1- Benefits Summary

Report Month: February 2022

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Workforce & OD	 Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of medical staff (Medical agency expenditure savings) - Reduction in medical staff vacancies, improved rostering and financial controls	Reduction in medical agency expenditure	Behind Plan
				Reduction in medical vacancies - Consultants, Career Grades & Clinical Fellows in Weston	Behind Plan
				Reduction in medical turnover rates at Weston	Behind Plan
Workforce & OD	 Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of nursing staff (Nursing agency expenditure savings) - Reduction in vacancies, improved rostering, lost time management and financial controls	Reduction in RN agency expenditure	Behind Plan
				Reduction in RN vacancies in Weston	On Track
				Reduction in RN turnover rates in Weston	On Track
Workforce & OD	 Clinical Alignment & Reduction in Variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Improved Medical Workforce Productivity - Improved job planning and reduction in premium payments	Reduction in premium payments to consultants	Behind Plan
				% Weston consultants with an up to date job plan	Not Started
Workforce & OD	 Organisational Development	To develop a new set of leadership behaviours and values across the new organisation, shaping a new culture	Establish shared vision and values for the single UHBW organisation.	New UHBW Values established and Staff Survey (21/22) values question answer responses compared to answers given in staff survey 22/23	On Track
Workforce & OD	 Critical Mass	Increasing the resilience of the WAHT as an organisation through being part of a larger organisation and offering the potential to achieve better value for money	Stabilised staff engagement in Weston- as a result of improved advocacy, motivation and involvement	Engagement score calculated as a result of responses given to the Staff Survey - Motivation, Advocacy & Involvement	Not Started

Appendix 1.2- Benefits Summary





Report Month: February 2022

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Corporate Integration	 Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Reduction in vacancies and sickness rate across Corporate functions	% of vacancies across Corporate functions	Behind Plan
				% sickness rates within Corporate functions	Behind Plan
Corporate Integration	 Corporate synergies	Realising efficiencies in shared corporate services	Improved value for money on Estates and Facilities (E&F) contracts through rationalisation across the Trust	Reduction in no. standalone Weston E&F contracts Reduction in overall E&F contracts spend	Not Started
Clinical Integration	 Quality- Patient Experience	Sharing learning across both organisations to improve access to and quality of clinical services and develop exemplar models for frailty, ambulatory and out of hospital care	Improved patient experience in Weston	Improvement in inpatient postal survey scores at Weston	On Track
				Maintenance of outpatient tracker score in Weston	On Track
				Improved response to informal and formal patient complaints rate at Weston	Behind Plan
Clinical Integration	 Clinical Alignment and Reduction in Variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	TBC	GIRFT reporting?- following one or two services.	Provisional

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Appendix 1.3- Benefits Summary

Report Month: February 2022

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Clinical Integration	 Pace and impact	The merger allows alignment of ways of working and benefit to changes to clinical models at pace, as part of a single organisation	Increased care closer to home for non specialist care, and increased specialist care undertaken at a specialist centre	Increase in % of patients with North Somerset postcodes treated at Weston General Hospital for non-specialist care across all services	Not Started
				Increased in % of patients with North Somerset postcodes treated on Bristol Royal Infirmary campus for specialist care across all services	Not Started
Clinical Integration	 Resilience of Acute Services	Addressing in a controlled manner the current known risks to the resilience of acute clinical services across Bristol and North Somerset.	Enhanced work with system partners - identify sustainable solutions to ensure high quality outcomes for patients - e.g. Urology transfer to North Bristol Trust (NBT).	Completion of Urology transfer to NBT	Recommended to Close
Clinical Integration	 Clinical Alignment and Reduction in variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Create standardised clinical pathways - ensure that patients receive, consistent and high quality care across all sites reducing unwarranted variation, improving delivery and outcomes.	Total Number of clinical policies reviewed and single policy agreed	Behind Plan
Strategic Change	 Improved Utilisation of the Estate	Greater scope to make best use of the combined available capacity and buildings in order to deliver our service goals	Improved Utilisation of the combined UHBW Estate	Reduction in 'very high' infrastructure risks at WGH	On track

Appendix 1.4- Benefits Summary

Report Month: February 2022

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Strategic Change	 Resilience of Acute Services	Addressing in a controlled manner the current known risks to the resilience of acute clinical services across Bristol and North Somerset	Increase in resilience of Urgent and Emergency services and a reduction in risk at Weston	Reduction in number of 'must do' and 'should do' CQC actions in urgent and emergency services	On track
				Reduction in 'very high' risks on the Weston Division Risk Register	Behind Plan
Strategic Change	 Capabilities	Improve digital capabilities – provision of services across remote sites will provide a positive stimulus for the development of digital solutions to enhance and improve the quality of service delivery	Having a single UHBW Information Management & Technology (IM&T) platform will support clinical and corporate systems Trust wide, which will maintain consistency of customer service and maintenance across all sites.	Introduction of single Medway Patient Access System	On Track
				% of planned clinical systems integrated	On Track
Strategic Change	 Staff Training & Development	Supporting staff to access a greater range of training and development, education, training and research opportunities across a wider organisation. Establishing the WGH as an 'anchor institution' in North Somerset with a reputation for providing high quality training and education	Sustained increase in recruitment to clinical trials at Weston due to an integrated Research & Innovation team in 21/22	Number of participants recruited to clinical trials in Weston	On Track
Strategic Change	 Staff Training & Development	Supporting staff to access a greater range of training and development, education, training and research opportunities across a wider organisation. Establishing the WGH as an 'anchor institution' in North Somerset with a reputation for providing high quality training and education	Increased range of staff development opportunities and increased access to training	Apprenticeship new starts as % of workforce	Behind Plan
				Essential Training compliance	Behind Plan
				Library- number of evidence searches	Behind Plan

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Meeting of the Board of Directors in Public on Thursday 31 March 2022

Report Title	Influenza Vaccination Programme 2021/2022: Evaluation
Report Author	Ginny Nash, Vaccination Programme Lead
Executive Lead	Deirdre Fowler, Chief Nurse Emma Wood, Director of People

<p>1. Report Summary</p> <p>This paper confirms the Trust final flu vaccination uptake of frontline healthcare workers to be 84%. Vaccination uptake of frontline and non-frontline staff combined is 66%.</p> <p>At the time of writing this paper, we are unsure where UHBW's uptake levels rank us locally and nationally. We do expect though, that 84% is a comparatively good level of uptake.</p> <p>This paper also provides the Board with an evaluation for the 2021/22 Flu Programme, including data, success, challenges and lessons learnt which is a requirement set out by The Department of Health and Social Care, NHS England and Public Health England.</p>
<p>2. Key points to note <i>(Including decisions taken)</i></p> <p>This paper assures that the Trust has met all regulatory requirements in relation to the undertaking of a Seasonal Influenza Programme best practice self-assessment for public assurance in December 2021 and end of programme evaluation in March 2022 to include data, success, challenges and lessons learnt.</p>
<p>3. Risks If this risk is on a formal risk register, please provide the risk ID/number.</p> <p>The risks associated with this report include:</p> <p>In light of vaccination developments this winter season the Flu and COVID-19 Vaccination Programme risks are currently under review, supported by the Risk Team.</p>
<p>4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i></p> <ul style="list-style-type: none"> This report is for Assurance.
<p>5. History of the paper Please include details of where paper has <u>previously</u> been received.</p> <p>N/A</p>

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Influenza Vaccination Programme 2021/2022: Evaluation

1.0 Introduction

Since September the Trust's Vaccination Programme Team have stood up a flu and COVID-19 vaccination service for both eligible staff, patients and members of the public, in line with National and Local requirements.

The first flu vaccination was administered on the 2nd October and the Trust will continue administering flu vaccinations until the end of March 2022.

To meet regulatory compliance, the Board received the Trust's Seasonal Influenza Programme self-assessment and action plan in December 2021, with a further requirement to provide a programme evaluation in March 2022 to include data, success, challenges and lessons learnt. This paper provides this evaluation and confirms University Hospitals Bristol and Weston's compliance with the requirements as set out by The Department of Health and Social Care, NHS England and Public Health England.

2.0 Evaluation

The Vaccination Programme is co-ordinated by the Vaccination Programme Team with leadership from the Vaccination Programme Lead.

In preparation for the flu season, the robust self-assessment and action plan in Appendix 1 was developed with key stakeholders to take a multicomponent approach to delivery.

Around 250 trained Vaccinators have supported in the administration of around 8,500 flu and 10,500 COVID-19 vaccinations to eligible staff, patients and members of the public to date. These vaccines have been delivered via a combination of peer-to-peer administration, in-ward and in-clinic delivery, and through the two Hospital Vaccination Hubs on the Weston and Bristol sites. The Programme has also ensured a suitable, ongoing vaccination offer for those who have greater support needs during vaccination.

2.1 Data

February's PHE (ImmForm) submission of Frontline Healthcare Workers (FHCW) flu vaccination uptake: 84%

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Occupational Group	Total Frontline Healthcare Workers	Frontline Healthcare Workers Vaccinated	Percentage uptake
Doctors	1950	1674	86%
Qualified Nurses, Midwives and Health Visitors	3468	2493	72%
All other Professionally Qualified Clinical Staff	1282	1282	100%
Support to Clinical Staff	2821	2564	91%
Total	9521	8013	84%

The flu vaccination uptake of FHCWs reported to commissioners at the end of February was 84%. At the time of writing this paper, we are unsure where UHBW's uptake levels rank us locally and nationally. We do expect though, that 84% is a comparatively good level of uptake.

The Division of Diagnostics and Therapies achieved the highest uptake percentage of staff flu vaccinations. The Estates and Facilities Division experienced the lowest flu vaccination up-take despite steps taken throughout the season to increase vaccination promotion and uptake access within this particular group.

Final flu vaccination uptake inclusive of Frontline and Non-Frontline Staff: 66%

Row Labels	Total Staff	Total Vaccinated	% Staff Vaccinated
Diagnostics And Therapies	1369	1041	76%
Facilities And Estates	1079	497	46%
Medicine	1408	883	63%
Specialised Services	1205	795	66%
Surgery	2119	1259	59%
Trust Services	2670	1936	73%
Weston	1279	809	63%
Women's And Children's	2457	1713	70%
Grand Total	13586	8933	66%

The Trust has seen a 2% decrease in the FHCW percentage uptake from last year (down from 86% in 2020/2021 to 84% this year). The reason behind this percentage decrease is an approximate 800 increase in the total number of FHCW at the Trust. This year an additional approximate 300 UHBW FHCW staff have had their influenza vaccination compared to last year.

This year UHBW has also recorded flu vaccination uptake by staff ethnicity groups. Findings from this data have fed into the Programme's promotional activity and mobile vaccination offer.

To assist Public Health England and the CCG plan next season's flu vaccination programme, an anonymous survey is currently being conducted across different languages to capture the reasons why colleagues have chosen not to receive this year's flu vaccination. We will also feed these results into the Trust's internal preparation for next year's campaign.

2.2 Success

Overall, despite the incredibly challenging times in the Trust and wider NHS, UHBW has maintained a high-level of FHCW flu vaccination uptake, which ultimately protects our staff and those we care for.

A survey conducted of those who have had their vaccination at UHBW has rated the service 4.9/5*s. In particular the professionalism and caring nature of the staff delivering the vaccines was praised. As was the ease and accessibility of accessing a vaccine across the Trust.

Since the autumn the Vaccination Programme has remained agile, ensuring an accessible flu and COVID-19 staff vaccination offer against a backdrop of evolving NHS policy and requirements, including but not limited to:

- Changing COVID-19 vaccinations (including changes in associated training requirements)
- Evolving COVID-19 eligibility criteria (against maintaining a consistent flu eligibility criteria)
- The co-administration and co-promotion of Flu and COVID-19 vaccinations (including changes in associated training requirements)
- The COVID-19 vaccination as a condition of deployment for all healthcare workers
- An increased ask to vaccinate eligible vulnerable Trust patients with both Flu and COVID-19 vaccinations

This year both vaccines' pre-screening and consent have been electronic. This has led to reduced admin time spent processing paper forms as well as a more accurate, live data capture. A richer uptake dataset has enabled and will continue to enable the Vaccination Programme to focus maximising uptake efforts among those identified groups of low uptake. For example following the identification of low vaccination uptake among BAME staff groups the Programme worked to ensure more accessible communication tools (across a variety of mediums and languages) and set-up BNSSG's commissioned Caafi Health to provide services within UHBW (a grassroots organisation that works to improve the health and wellbeing of the diverse populations in BNSSG via health information, advice, support and education).

This year UHBW has also developed its patient vaccination offer through introducing a new patient vaccination referral process for clinical teams and utilising clinic and discharge lists to identify and administer vaccinations to eligible patients. The Weston Academy Hospital Vaccination Hub has also played an important role in offering flu and COVID-19 vaccines to the local community.

2.3 Challenges

The electronic systems which have accompanied this year's Vaccination Programme highlight issues around the equality of access and uptake of both flu and COVID-19 vaccines among some staff groups. Although shorter-term vaccination coaching clinics and satellite vaccination clinics were introduced as part of this year's Programme there is more we need to do. Key actions around information accessibility and educating staff on the benefits of vaccination will be taken forward in partnership with Management Teams in preparation for next year.

In contrast to previous years, this year has seen a reduction in the number of people who had a peer-to-peer flu vaccine. This is due to increased demand upon staff working within clinical areas, challenges around in-clinic/in-ward space and the ability for staff to receive both their flu and COVID-19 vaccinations in one appointment at the Hospital Vaccination Hub.

There have also been some challenges and confusion experienced around data reporting. This was due to a revision in the definition of FHCW set out by NHS England and NHS Improvement in the summer¹ being revoked in February. The Trust has revised its FHCW count and submitted its figures accordingly.

2.4 Lessons learnt

As above we will continue to learn and tailor our approach in line with what the uptake data shows us, with a particular view to maximise vaccine uptake within any identified areas of low uptake. A key part of this will include responding to the uptake data by ethnicity group.

With the co-administration of flu and COVID-19 vaccinations now established the Vaccination Programme Team is going to work to consolidate Adult flu and COVID-19 (including multiple COVID-19 vaccines) vaccinator training. This will not only bring efficiencies but also has the potential to improve the quality of the siloed vaccinator training currently on offer and ultimately the care we provide.

With the Vaccination Programme maintaining a COVID-19 Evergreen Offer for staff and patients, the Programme Team will continue to evolve and improve the services' processes. The Trust's Vaccination Programme will also continue to share success and address challenges in partnership with the BNSSG Vaccination Programme.

3.0 Next Steps

The Board of Directors are asked to note current compliance against the regulatory requirements by receiving an evaluation of the Influenza Vaccination Programme 2021/22.

COVID-19 and seasonal flu vaccination in trusts, 19 August 2021, [Coronavirus » COVID-19 and seasonal flu vaccination in trusts \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/article/2021/08/19/covid-19-and-seasonal-flu-vaccination-in-trusts/)

APPENDIX 1 Seasonal Influenza Programme: Implementation Plan 2021-2022

The Trust takes a multicomponent approach to increasing uptake of flu vaccination among front-line and non-patient facing colleagues. The series of objectives (A to D) and self-assessment reflects a best practice [checklist](#) based on 5 key components of developing an effective flu vaccination programme. It is reviewed throughout the project lifecycle by the UHBW Vaccination Programme Lead and Implementation Group.

A	Committed leadership	Trust Self-Assessment	Actions		Lead	Timeline	RAG (and update where required)
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers.	UHBW will deliver a 100% offer with an 85% uptake ambition of Frontline Healthcare Workers (FHCW). Ambition to be recorded at Trust Board in November 2021.	1	Identify 'higher risk environments' and tailor approach accordingly	Flu Implementation Group	Aug 21	
			2	Monitor uptake within higher risk environments and tailor approach accordingly eg. uptake by ethnicity and staff groups	Vax Lead	Aug 21- Feb 22	
			3	Submit Board assurance paper on 30 th November 2021 public board meeting.	Vax Lead	Nov 21	
			4	Create an E-consent form and online point of care record to replace/accompany paper consent forms and roll-out Trust wide to vaccinators as part of eLearning or SOP.	Vax Lead Pharmacy Digital Services	Aug 21- Feb 22	
			5	Declination process to be created and supported by Divisional Flu Leads.	Vax Lead	Feb 22 – Mar 22	Currently translated into a variety

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					Div' Leads		of widely-spoken languages across BNSSG and disseminated via comms channels
			6	Uptake data to be submitted to internal/external stakeholders as required Inc. CCG, NIMs.	Vax Lead	Season	
			7	Attend fortnightly CCG System Flu Group.	Chief Nurse / Vax Lead	Season	
			8	Submit monthly PHE data via Immform.	OcH Nurse	Season	
			9	Report uptake data and progress to People Committee.	Vax Lead	Quarterly	
			10	Partake in SW PHE telecoms (and visit campaign resource centre for national updates).	Vax Led Comms Lead	Monthly	
			11	Submit Board evaluation for assurance at 30 th March 2022 public board meeting.	Vax Lead	Mar 22	
A2	Trust has ordered and provided the quadrivalent (QIV)	Order of 10,000 doses of Seqirus: Flucelvax® Tetra (Bristol) & 2,150	12	Liaise with vaccine supplier to confirm delivery date/s and any additional stock requirements during the season.	Pharmacy	Season	

	flu vaccine for healthcare workers.	(Weston Inc. maternity patients). Additional 1,000 Bristol patient stock ordered. Single drop: 27/09/21.	13	Create online vaccine order form and maintain inventory.	Pharmacy	Sept 21	
			14	Dispatch vaccines and any accompanying paper packs to fridge.	Pharmacy	Season	
A3	Board receive an evaluation of the flu programme 2021 to 2022, including data, success, challenges and lessons learnt.		15	Evaluation for the 2021-22 season to be provided to the Board as stated in A1.	Vax Lead	Mar 22	
A4	Agree on a board champion for flu campaign.	Emma Wood, Director of People Deirdre Fowler, Chief Nurse	16	To be the joint SROs for Vaccination Programme.	Vax Lead Joint Vax Programme SROs	Season	
A5	All board members receive flu vaccination and publicise this.	Comm's to publicise images of Board vaccinations in internal and external media.	17	Dedicated flu communications plan 2021-22 to be approved to reflect an inclusive mix of board and non-board level engagement and promotional activity.	Comms Lead	Sept 21	
A6	Flu team formed with representatives	Flu Implementation team in place to comprise core	18	Implementation Plan to be agreed and executed by members at inaugural meeting: 13/08/21.	Flu Implementation Group	July 21- Mar 22	

	from all directorates, staff groups and trade union representative.	stakeholders from multi-disciplinary backgrounds.	19	Access to dedicated workspace (or latterly Teams Team) available to Flu Implementation Group, flu vaccinators and other internal stakeholders.	Programme Officer Vax Lead	Season	
A7	Flu team to meet regularly from Sept. 2021.	See A6 – formed July 2021.	20	Fortnightly meetings planned from August 2021.	Programme Officer Vax Lead	Season	

B	Communication Plan	Trust Self-Assessment	Actions		Lead	Timeline	RAG
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions.	Dedicated UHBW Flu comm's plan linked to 'BNSSG Flu Communications and Engagement Plan' and PHE 'Shield' assets with specific focus on BAME colleagues.	21	Explore use of flu wallpaper (both sites).	Comms Lead	Season	
			22	Utilise BNSSG/PHE resources from flu campaign centre.	Comms Lead	Season	
			23	Agree design and distribution of promotional materials.	Comms Lead	Season	
			24	Produce videos of colleagues promoting flu vaccine; (regional videos produced by BNSSSG system flu group)	Comms Lead	Season	
			25	Inaugural "Flu week" to really promote the importance in vaccinations through promotional material and	Comms Lead	Nov/Dec 21	

				sessions. Extra clinics also put on to support promotion and boost uptake.			
B2	Drop-in clinics and mobile vaccination schedule to be published electronically, on social media and on paper.	Vaccination clinic calendar published on intranet.	26	Liaise with Divisional Leads and Vaccinators to agree drop-in clinics across estate (for all staff working on site) and advertise.	Vax Admin Support Vax Lead Div' Leads Comms Lead	Season	
			27	Regular vaccination offer for all staff through Hospital Hubs on both sites to also be advertised.	Vax Lead Comms Lead	Season	
			28	Explore options for distribution of hard copy clinic calendar.	Vax Admin Support Comms Lead	Sept 21	
			29	Add QR to view online calendar on any internet device.	Comms Lead	Season	
B3	Board and senior managers having their vaccinations to be publicised.	See A5. Photo of board member having flu vaccination shared.	30		Comms Lead	Season	
B4	Flu vaccination programme and access to vaccination on	Vaccinations to be available onsite following induction (subject to format &	31	Identify dates and times of face-to-face corporate and clinical inductions, book suitable room in Education centre and arrange vaccinators to deliver.	Vax Admin Support Vax Lead	Sept 21	Due to Trust induction being reduced since COVID-19 and

	induction programmes.	vaccinator availability).			Induction Lead		staffing pressures we were not able to provide a vaccination offer alongside inductions this year. We have ensured all staff have had access to a regular flu offer on-site throughout and will endeavour to ensure access to vaccination on induction programmes next year.
			32	Calculate induction vaccines required to ensure adequate stock and packs in level 5 drugs fridge.	Vax Admin Support Vax Lead Induction Lead Pharmacy	Sept 21	
B5	Programme to be publicised on screensavers, posters and social media.	See B1.	33	To be included in dedicated flu communications plan 2021-22.	Comms Lead	Aug 21	
B6	Weekly feedback on percentage uptake for directorates,		34	Provide uptake figures to board champion and weekly to Comm's team to include via 'jab-o-metre'	Vax Lead	Season	

	teams and prof' groups.		illustration/infographic on intranet and dedicated flu pages (Bristol and Weston).	Comms Lead		
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C	Flexible Accessibility	Trust Self-Assessment	Actions	Lead	Timeline	RAG
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered.	243 trained Flu vaccinators for 2021/2022 Flu season. Div' leads to drive vaccine uptake in their areas/Division.	35 Create a PGD and update UHBW eLearning in line with Flu immunisation training recommendations 2021/22 and eLearning for Healthcare – Flu Immunisation (HEE) to house on Kallidus & ESR training platforms.	Pharmacy Chief Nurse OcH Nurse Vax Lead Ed' team	Aug 21	
			36 Undertake recruitment exercise to increase peer vaccinator network. Chief Nurse to write letter inviting last year's vaccinators to refresh training to support again this year.	Chief Nurse Comms Lead Vax Lead Div' Leads	Season	
			37 Seek support of the Wellbeing Team and other Advocates to promote importance of vaccinations and the Trust vaccination offer. This should also help the vaccination offer to develop in line with need.	Vax Lead	Season	

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			38	Maintain engagement with staff working administering vaccinations and having their vaccinations with us to constantly evolve and improve in line with feedback and ultimately boost vaccination uptake.	Flu Implementation Group	Season	
			39	Acknowledge vaccinator contributions and manger support in Newsbeat, other Comms channels and an SRO thank you email.	Comms Lead Div' Leads Vax Lead	Season	
C2	Schedule for easy access drop-in clinics agreed.	See B2.	40	Develop and publicise support available to colleagues with needle phobia within Occupational Health as per comm's plan.	Vax Lead Comms Lead OcH Lead	Season	
C3	Schedule for 24-hour mobile vaccinations to be agreed.	See B2.	41	Availability and register of "roaming" vaccinators to be formed – to visit clinical areas as required/opportunisticly.	Vax Lead Vax Admin Support	Season	

D	Incentives	Trust Self-Assessment	Actions		Lead	Timeline	RAG
D1	Board to agree on incentives and how to publicise this.	COSTA sponsorship provides free hot drink via voucher to Bristol based colleagues.	42	Liaise with Medirest (via Facilities General manager) re quantity, design and redemption of Bristol COSTA and Weston COSTA/Rafters voucher.	Vax Lead	July 21	

		Rafters/COSTA to supply drinks to Weston based colleagues – at cost.					
D2	Success to be celebrated weekly.	Compliance data publicised per Division, Trust-wide in week 2 and weekly thereafter via Jab-o-Metre on intranet.	43	Create jab-o-metre template and secure position on intranet home page.	Comms Lead	Season	

RAG Key:

On Plan	Blue
Complete	Green
Risks slippage	Amber
Barriers: not achieved	Red

References

- [JCVI advice on influenza vaccines for 2021/22 \(NHSI letter: 01/07/21\)](#)
- [National flu immunisation programme 2021/22 letter: 17/07/21](#)
- [PHE Vaccine uptake guidance and the latest coverage data \(ImmForm\)](#)
- [NICE guidelines on increasing influenza vaccine uptake \[NG103\]](#)
- [Flu vaccination: increasing uptake: Quality standard \[QS190\]](#)
- [Immunisation against infectious disease \(The Green Book\)](#)
- [Flu immunisation training recommendations 2021/22](#)
- [eLearning for Healthcare – Flu Immunisation \(HEE\)](#)

*Last updated 09/03/22 by Ginny Nash,
Vaccination Programme Lead*

Murch, Sarah
03/25/2022 14:25:33

Meeting of the Board of Directors in Public on Wednesday 30th March 2022

Report Title	Governors' Log of Communications Report
Report Author	Sarah Murch, Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary	
The purpose of this report is to provide the Board of Directors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications is a means of channelling communications between the governors and the officers of the Trust.	
2. Key points to note	
Since the previous public Board of Directors meeting on 28 January 2022, two questions have been added (ID numbers 266 and 267) and six responses received (ID numbers 260, 262, 264, 265, 266 and 267. There are no responses outstanding.	
3. Risks	
The risks associated with this report include: n/a	
4. Advice and Recommendations	
<ul style="list-style-type: none"> This report is for Information. 	
5. History of the paper	
Please include details of where paper has <u>previously</u> been received.	
Governors' Quality Focus Group	11/3/22

Murch, Sarah
03/25/2022 14:25:33

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

ID

Governor Name

267

Mohammad Rashid

Theme:

Access to the Main Hospital site

Source:

Governor Direct

Query

20/12/2021

I have noted that crossing the road over Upper Maudlin Street can be pretty hazardous and scary for pedestrians and cyclists (as well as wheelchairs and pushchairs) using the pelican crossings next to the main BRI/Children Hospital site. Has the Trust discussed with the local authority options in relation to providing safer ways to cross (such as an overhead foot bridge, or other options)? Can the Trust assure the Council of Governors that access to the main BRI site is being considered along with this type of option?

Division:

Trust-wide

Executive Lead:

Chief Operating Officer

Response requested:

21/02/2022

Response

22/02/2022

The Trust has been in recent dialogue with Bristol City Council regarding all crossings that facilitate access to the Main BRI site. In principle BCC have proposed improvements to the main pedestrian crossing to the main entrance, including access to the Children's Hospital and alterations to the crossing at the top of Lower Maudlin Street. We would be happy to provide more detail and a programme for the works once these are confirmed by BCC.

Status:

Awaiting Governor Response

Murch, Sarah
03/25/2022 14:25:33

ID **Governor Name**

266 **Mo Phillips** **Theme:** Delayed discharge from our hospitals

Source: From Constituency/ Members

Query **11/02/2022**

One of our public Foundation Trust members has asked what the Trust is doing to actively reduce the numbers of medically fit -for-discharge patients in our hospitals. He would like to know what UHBW (as a Foundation Trust with powers to act decisively) is putting in place to deal with these issues now and in the future, including any ways that the Trust is supporting community and rehabilitation provision.

He has also raised the issue that delayed discharge has the effect of preventing other patients in the community accessing treatment and asks what plans the Board has in that respect.

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 11/02/2022

Response **02/03/2022**

We are :-

- Working closely with all of our system partners, Sirona, LAs (local authorities), CCG (Clinical Commissioning Group) and Voluntary Sector reviewing all of our medically optimised patients
- Maximising the use of the Bristol Care Hotel which is staffed with carers 24/7, a nurse 24/7 and with physio input during the week
- Working with families to support patients at home whilst waiting for Home First or Packages of Care to start
- Implementation of a Discharge Grant to support earlier discharge of patients home with family support
- Reviewing how assisted technology can support patients at home
- Working with Voluntary sector to support patient discharge
- Reviewing internal process to minimise delays in discharge, such as support and reallocation of high volume of CHC (Continuing Healthcare) fasttrack referrals
- Discharge to Assess Board established – £15m system wide funding to support increasing system workforce
- Working with Sirona to develop a pathway to support earlier discharges with community ACP (Advanced Clinical Practitioners) input at home
- Development of a Discharge MDT (multi-disciplinary team - therapies, nursing and medical, system partners from Red Cross, LA and Sirona and CCG) to review all medically fit patients in a holistic way to ensure that patients have a clear pathway, with actions to support safe discharges, this includes developing learning from Themes and action plans for staff groups to embed within practice.

Status: Closed

ID **Governor Name**
265 Sue Milestone

Theme: Carer support in our hospitals

Source: Governor Direct

Query 24/01/2022

What is the current situation with regard to the provision of support for carers in our hospitals? In particular, what access are carers of adult patients and children given at the present time? Are Carers' Support Workers still working from home?

Division: Trust-wide

Executive Lead: Chief Nurse

Response requested: 10/02/2022

Response 17/02/2022

Understanding and responding to the needs of all our carers, to build and strengthen relationships between patients, carers and health professionals, is fundamental in providing great care.

The Carers' Strategy Steering Group is a corporate group and acts as the Trust's key group in relation to all carers' issues around visibility and inclusion. The group leads a carer/patient focused agenda concentrating on how we meet the needs of all our carers. The Group is responsible for overseeing the delivery of a work-plan linked to the delivery of the Trust's Carers Strategy, "Carers as partners in care (2017-2020)". This strategy aims to ensure that carers are universally recognised and valued as being fundamental to the delivery of care and services at University Hospitals Bristol and Weston.

The Carers Strategy Steering Group also monitors the performance of the Carer Liaison Team (see below) and receives reports on complaints and incidents in relation to carers. The Group is led by Jo Witherstone (Trust Senior Nurse for Quality) and includes divisional representation, and four Governors who have caring responsibilities. The Group is currently in abeyance, having been stood down in November 2021 for six months due to operational pressures as a result of the pandemic. This has also resulted in a delay to the planned review of the Trust's Carers Strategy; when this work recommences later in 2022 it will embrace the new BNSSG Carers Strategy that is currently being co-produced with carers and other stakeholders across the local healthcare system.

During this period when the Carers Strategy Steering Group is not meeting, the Trust's Carers lead (Jo Witherstone) has been meeting monthly with the Carers Liaison Workers Team to support and guide their work. This is extending to include the Carers Worker at Weston as part of Alliance Care, who provide carer support at Weston General Hospital. The Carer Liaison Worker team in Bristol are employed by the Carers Support Centre (a voluntary sector organisation) and hosted by UHBW. Funding for the Carers Liaison Workers is provided by BNSSG CCG. The Carers Support Centre supports and offers a voice to carers across BNSSG. The Carers Liaison Workers have a specific role to support carers whilst the people they care for are in our care; this includes support in discharge planning.

The Carers Strategy Steering Group (CSSG) is a formal sub-group of the Patient Experience Group (PEG) and is represented at PEG by the CSSG Chair, Jo Witherstone. PEG receives quarterly updates from the Carers Strategy Steering Group. Currently, there are three Governor representatives at PEG (including a Governor member of CSSG) and a representative from BNSSG Healthwatch, also contributing to the voice of carers. The planned review of the Trust's Carers Strategy in 2022 will include enhancing the carer voice at PEG so that it is influential across the whole spectrum of PEG's work.

The current access arrangements for the Carer Liaison Workers in Bristol and Weston are by way of email and telephone referrals from wards or carers themselves. The role of the Carer Liaison Workers includes:

- Providing assessment, support, signposting and referrals to carers at all stages of the care pathway
- Developing carer cards so that carers are able to share with others their carer responsibilities
- Working across teams such as the Learning Disability team to provide appropriate support
- Developing a checklist for carers to prepare for when their care-for person is coming into hospital
- Providing newsletters circulated to wards with updates around current work and information to support agencies
- Developing carer champions in areas with high referrals, particularly among Allied Health Professionals
- The Carers Support Centre also provides on-line training and in-person support for carers in Bristol.

As aside from the work of the Carers Strategy Steering Group, the voice of carers is also heard in our Trust in a number of other ways, for example:

- Through the work of the Lay Carers Reference Group, managed by the Carers Support Centre. This is a strategic group which offers insight into the experiences of carers across UHBW and NBT. The group has been paused during the pandemic; its future role and membership will be reviewed as part of the review of the Trust's Carers Strategy.
- The Trust Learning Disability and Autism Steering Group works with four lay representatives who themselves have caring responsibilities.
- The Children's Hospital consults with carers groups such as the regional parent carer networks and also with specific interest groups such as Bristol Autism Support.
- We support Trust hosted networks such as the Regional NICU network to develop and follow good practice in engaging carers in their network boards.
- The Trust benefits from feedback provided by surveys and reports carried out with carers by the Carers Support Centre. Such feedback, including carers experience of hospital discharge, is shared with the Carers Strategy Steering Group and Divisions. The Trust's Patient Experience Group receives quarterly reports distilling this information for assurance purposes.
- The Trust also supports carers in local activity, for example:
 - Playing an active role in Carers' Week;
 - Working with young carers to improve the relationship between young carers and the Trust;
 - Working with carers of autistic children to review the ED services at the Bristol Royal Hospital for Children;
 - Running Health Care Matters events (regular information events for Trust members) with a focus on carers;
 - Working with groups such as the Bristol Deaf Health Partnership to understand the role of carers in the deaf community;
 - Supporting an on-line Carers café;
 - Developing a partnership with Alliance Care who provide carer support services at Weston General Hospital;
- The Trust has previously agreed a corporate objective (2020) to improve the provision of information and support to meet the needs of young carers across the Trust;
- The Trust is a partner to a local Carers Charter which promotes a culture that recognises the vital role carers play within our hospitals. The Charter includes a commitment to ensuring carers are listened to and involved in the planning and delivery of services.

Looking ahead, the emergence of a new BNSSG Carers Strategy will facilitate a fresh approach to hearing and responding to the voice of carers across the local

ID Governor Name

health system and within the Trust.

And, lastly, the patient story due to be received at the next Public Board meeting in March 2022 will have a carer focus.

Status: Awaiting Governor Response

264 Sue Milestone Theme: Seven day working Source: Governor Direct

Query 24/01/2022

What progress is being made towards implementing seven day working in the Trust's hospitals, a process that started in 2013 to improve access for patients?
What are the barriers to implementing this programme?

Division: Trust-wide Executive Lead: Medical Director Response requested: 10/02/2022

Response 17/02/2022

We continue to make progress with 7 day working. In the Adult Emergency Department, for example, at the BRI, there is now a consultant in the ED 0800-0000 7 days a week, we have improved access to MRI and the CT scanner operated for emergencies 24 hours a day. Our medical consultants are present until 2100 everyday.

A recent audit of our BRI site shows most patients are seen by a consultant within 14 hours of emergency admission (as per NCEPOD recommendations).

Our patients also have access to increased GP appointments via Brisdoc.

We offer 24/7 primary angioplasty, and 24/7 access to stroke thrombolysis (between 2300-0800 this is provided at North Bristol NHS Trust for new patients in the community).

Status: Awaiting Governor Response

Murch, Sarah
03/25/2022 14:25:33

ID **Governor Name**
262 **John Sibley**

Theme: Cleft Palate surgery delays

Source: From Constituency/ Members

Query **24/12/2021**

Can the Trust comment on recent reports of delays in cleft palate surgery at Bristol Royal Hospital for Children? As it is vital that cleft palate surgery is performed as soon as possible on a young child, delays are reported to be causing immense suffering to both children and parents. What steps are being taken to rectify this situation, as this surgery should be considered a priority? It is also reported that if the family pays for a private operation, the surgery can be done straight way, with the operation perhaps even carried out by the same surgeon who would have carried out the NHS operation. Can the Trust comment whether this is the case?

Division: Women's & Children's Services

Executive Lead: Medical Director

Response requested: 24/12/2021

Response **21/02/2022**

I acknowledge your concerns about the backlog of cleft patients requiring surgery at South West Cleft Service (SWCS), based at UHBW. I can assure you that UHBW takes this situation very seriously.

In the first instance, the focus has been on sourcing additional non-recurrent capacity from other providers as quickly as possible to start addressing the backlog of patients. Two additional all day lists per fortnight have been secured at Derriford Hospital (University Hospitals Plymouth NHS Trust - UHP) from November 2021 until the end of March 2022 for paediatric patients. Alveolar Bone Grafts (ABG) have been prioritised for these lists, with two ABG patients able to be operated on per list (4 per fortnight). It has been agreed to extend the arrangement from April 2022 for up to 12 months. Other options are being explored to support recovery for the Paediatric Cleft service, specifically via mutual aid offered from other Cleft services, with some patients already sent to other networks to treat. Furthermore, Waiting List Initiative (WLI) lists are also offered at weekends at the Bristol Royal Hospital for Children (BRHC) where there is surgeon availability. Meanwhile BRHC is working to establish additional recurrent capacity where possible: one additional list per month on a Wednesday morning was provided from January 2022 at BRHC and they are actively exploring whether any simple day case lists can be moved to the independent sector to free up more theatre lists at BRHC for Paediatric Cleft and other high priority cases. We are also examining the feasibility of an additional Cleft surgeon and the associated additional capacity to support that.

A full capacity and demand analysis of the service is being undertaken to quantify the recurrent and non-recurrent capacity required to sustain the run rate and clear the backlog, which will then help us determine a trajectory for recovery back to within target dates. Currently the primary palate repairs are back on target to being operated on at 13 months old. A harm assessment and mitigation plan for children who experienced delays in their treatment within the Cleft Service has been instigated with the aim to clearly quantify the currently projected delays within the Trust and assess the levels of harm which a child, adult or family may come to due to delays in surgery or treatment within the cleft service. Harm assessments will be undertaken using agreed criteria with patients reviewed holistically by the MDT. Once harm is assessed the findings will be used to support several processes including, as part of a wider framework of information, to support prioritisation of delayed patients; to inform an individual and service level mitigation plan to counteract the harm and to combine and cost the mitigation plans to be fed into the Trust's Operational Plan.

22 March 2022

With respect to your specific question about whether patients can access private operations with the same consultant, this is not possible for paediatric patients.

Please let us know if you need anything further.

Status: Closed

Murch, Sarah
03/25/2022 14:25:33

ID

Governor Name

260Paul Hopkins

Theme: Staff Retention following Consultation

Source: Governor Direct

Query

10/11/2021

What strategy or plan does UHBW have in place to evaluate and review the impact upon staff wellbeing and staff retention following a consultation process? And how is this information captured?

Division: Trust-wide

Executive Lead: Director of People

Response requested: 19/11/2021

Response

04/03/2022

The HR Team are currently working with staff side partners to develop a survey for all staff involved in consultation processes in order to understand their experiences and learn from their feedback for future change projects. The survey will be anonymous, although there will be an option to volunteer for future projects or have a more in-depth reflection conversation if the staff member desire this.

In addition to this, the Trust Exit Questionnaire has been amended to include questions about staff experiences relating to organisational change processes in order to pick up any leavers which may directly or even indirectly relate to experiences here.

This data will feed into the Employee Relations Report which will be provided for the People Committee in April and the next Staff Partnership Forum Meeting.

Status: Closed

Murch, Sarah
03/25/2022 14:25:33