

Meeting of the Quality and Outcomes Committee on 26th September 2022

Report Title	Annual Complaints Report
Report Author	Tanya Tofts, Patient Support and Complaints Manager
Executive Lead	Deirdre Fowler, Chief Nurse & Midwife

1. Report Summary

In accordance with NHS Complaints Regulations (2009), this report sets out a detailed analysis of the number and nature of complaints received by University Hospitals Bristol & Weston NHS Foundation Trust (UHBW) in 2021/22. The report also records other support provided by the Trust's Patient Support and Complaints Team during the year.

2. Key points to note (Including decisions taken)

- 1,873 complaints were received by the Trust in 2021/22, averaging 156 per month. This represents an increase of 12.5% compared with 2020/21. Of the 1,873 complaints received, 395 were managed via the formal investigation process and 1,478 through the informal investigation process.
- In addition, the Patient Support and Complaints Team dealt with 1,100 other enquiries, including 194 compliments, and 906 requests for support / information / advice and feedback; this represents a 22.5% decrease compared with the 1,419 enquiries dealt with in 2020/21; which was however a 57.1% increase on the previous year. The team also received and recorded an additional 869 enquiries which did not proceed after being recorded (a significant 73% increase compared with the 502 cases reported in 2020/21).
- In 2021/22, the Trust had six complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), compared to nine cases referred the previous year, and 14 cases reported in 2019/20. During the same period, nine cases were closed by the PHSO and at the end of the year 2021/22, four cases remained under investigation by the PHSO. Of the nine cases closed during this period, one was upheld, three were partly upheld and five were closed without a full investigation with 'no further action' required.
- 913 complaints were responded to via the formal complaints process in 2021/22 and 62.8% of these (573) were responded to within the agreed timescale. This is further deterioration on the 71.5% achieved in 2020/21 and does not meet the Trust target of 95%. A total of 763 complaints were responded to in 2021/22 via the informal complaints process and 88.6% of these (676) were responded to within the agreed timescale, a deterioration on the 92.7% achieved the previous year.
- At the end of the reporting year, 8.4% of complainants had expressed dissatisfaction with the formal response they had received. This represents a

total of 69 of the 819 first formal responses sent out during the reporting period and compares with 6.1% reported in 2020/21 and 9.1% in 2019/20.

3. Risks

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

2680 - Risk that delays to complaints caseworkers contacting patients causes complainant dissatisfaction

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	18/8/22
Clinical Quality Group	8/9/22



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

ANNUAL COMPLAINTS REPORT 2021/22

DRAFT



Author: Tanya Tofts, Patient Support and Complaints Manager – July 2022

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Executive Summary

In accordance with NHS Complaints Regulations (2009), this report sets out a detailed analysis of the number and nature of complaints received by University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) in 2021/22. The report also records other support provided by the Trust's Patient Support and Complaints Team during the year.

In summary:

- 1,873 complaints were received by the Trust in the year 2021/22, averaging 156 per month. Of these, 395 were managed via the formal investigation process and 1,478 through the informal investigation process. This represents a 12.5% increase on the 1,665 complaints received in 2020/21.
- In addition, the Patient Support and Complaints Team dealt with 1,100 other enquiries, including 194 compliments, and 906 requests for support / information / advice and feedback; this represents a 22.5% decrease compared with the 1,419 enquiries dealt with in 2020/21; which was however a 57.1% increase on the previous year. The team also received and recorded an additional 869 enquiries which did not proceed after being recorded (a significant 73% increase compared with the 502 cases reported in 2020/21).
- In addition to the 1,100 enquiries noted above, the PALS / Complaints / Bereavement Team in the Division of Weston received a total of 1,104 concerns and bereavement/death certificate enquiries in 2021/22, compared with 825 the previous year; a 33.8% increase.
- In total, the Patient Support and Complaints Team and the Weston PALS / Complaints / Bereavement Team received a combined total of 4,946 separate new enquiries into the service in 2021/22; a significant increase of 37.9% on the 3,586 reported the previous year.
- In 2021/22, the Trust had six complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), representing a further 33.3% decrease on the nine cases referred the previous year; which was in itself a 37.5% decrease on the 14 cases reported in 2019/20. During the same period, nine cases were closed by the PHSO and at the end of the year 2021/22, four cases remained under investigation by the PHSO. Of the nine cases closed during this period, one was upheld, three were partly upheld and five were closed without a full investigation with 'no further action' required.
- 913 complaints were responded to via the formal complaints process in 2021/22 and 62.8% of these (573) were responded to within the agreed timescale. This is a further deterioration on the 71.5% achieved in 2020/21 and does not meet the Trust target of 95%. A total of 763 complaints were responded to in 2021/22 via the informal complaints process and 88.6% of these (676) were responded to within the agreed timescale, a deterioration on the 92.7% achieved the previous year.
- The Trust continues to deal with a higher proportion of complaints via the informal process, which means that these issues are resolved as quickly as possible and by the specialty managers responsible for the service involved.

- At the end of the reporting year, 8.4% of complainants had expressed dissatisfaction with the formal response they had received. This represents a total of 69 of the 819 first formal responses sent out during the reporting period and compares with 6.1% reported in 2020/21 and 9.1% in 2019/20.

1. Accountability for complaints management

The Board of Directors has corporate responsibility for the quality of care and the management and monitoring of complaints. The Chief Executive delegates responsibility for the management of complaints to the Chief Nurse.

The Trust's Patient Support and Complaints Manager is responsible for ensuring that:

- All complaints are fully investigated in a manner appropriate to the seriousness and complexity of the complaint, in line with the complainant's wishes;
- All formal complaints receive a comprehensive written response from the Chief Executive or his nominated deputy, or a local resolution meeting with a senior clinician and senior member of the divisional management team;
- Complaints are resolved within the timescale agreed with each complainant at a local level wherever possible;
- Where a timescale cannot be met, an explanation is provided and an extension agreed with the complainant; and
- When a complainant requests a review by the Parliamentary and Health Service Ombudsman, all enquiries received from the Ombudsman's office are responded to in a prompt, co-operative, and open manner.

The Patient Support and Complaints Manager line manages a team which consists of one full-time Deputy Manager ; six part-time complaints officers/ caseworkers and three part-time administrators. The total team resource, including the manager, is currently 8.6 WTE. This compares with 8.12 WTE reported in 2020/21.

2. Complaints reporting

Each month, the Patient Support and Complaints Manager reports the following information to the Trust Board:

- Total number of complaints received
- Percentage of complaints responded to within the agreed timescale (formal and informal)
- Percentage of cases where the complainant is dissatisfied with the original response

In addition, the following information is reported to the Patient Experience Group, which meets every three months:

- Validated complaints data for the Trust as a whole and also for each Division
- Quarterly Complaints Report, identifying themes and trends
- Annual Complaints Report (which is also received by the Board).

The Quarterly Complaints Report provides an overview of the numbers and types of complaints received, including any trends or themes that may have arisen, including analysis by Division and information about how the Trust is responding. The

Quarterly Complaints Report is also reported to the Trust Board and is published on the Trust's website.

3. Total complaints received in 2021/22

The total number of complaints received during the year was 1,873, a 12.5% increase on the 1,6665 complaints received the previous year. Of these, 395 (21.1%) were managed through the formal investigation process and 1,478 (78.9%) through the informal investigation process; this compares with 546 (32.8%) complaints managed formally in 2020/21 and 1,119 (67.2) managed informally.

A formal complaint is classed as one where an investigation by the Division is required in order to respond to the complaint. A senior manager is appointed to carry out the investigation and gather statements from the appropriate staff. These statements are then used as the basis for either a written response to, or a meeting with, the complainant. The method of feedback is agreed with the complainant and is their choice. The Trust's target is that this process should take no more than 30 working days in total.

An informal complaint is one where the issues raised can usually be addressed quickly by means of an investigation by the divisional management team and a telephone call to the complainant. The Trust's target is that this process should take no more than 10 working days in total.

Figure 1 provides the annual view of complaints received per month that were dealt with via the formal investigation process compared to those dealt with via the informal investigation process, over the same period. The figures below do not include informal concerns which are dealt with directly by staff in our divisions.

Figure 1 – Numbers of formal v informal complaints

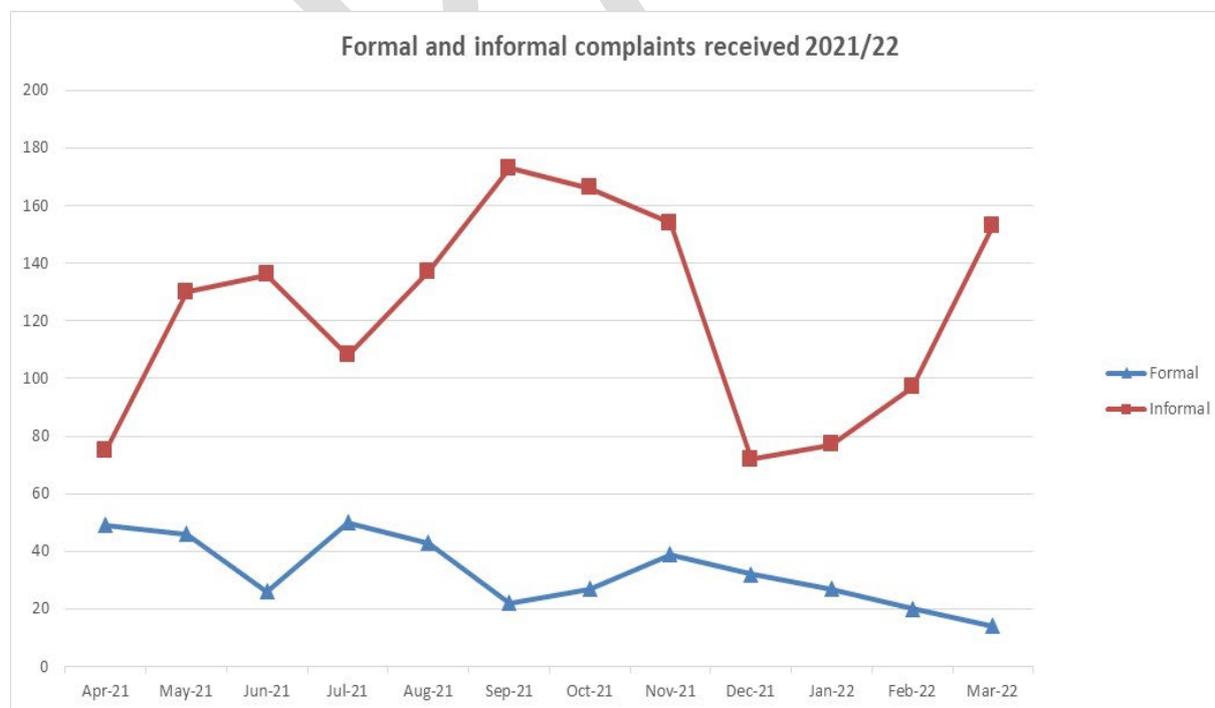


Table 1 below shows the number of complaints received by each of the Trust's divisions compared with the previous year. Directional arrows indicate change compared to the previous financial year.

Table 1 - Breakdown of complaints by Division

Division	Informal complaints 2021/22	Informal complaints 2020/21	Formal complaints 2021/22	Formal complaints 2020/21	Divisional total 2021/22	Divisional total 2020/21
Surgery	401 ↑	310 ↓	73 ↓	96 ↓	474 ↑	406 ↓
Medicine	303 ↑	264 ↑	82 ↓	120 ↓	385 ↑	384 ↑
Specialised Services	215 ↑	150 ↓	36 ↓	40 ↓	251 ↑	190 ↓
Women & Children	278 ↑	145 ↑	97 ↓	128 ↓	375 ↑	273 ↓
Diagnostics & Therapies	91 ↑	44 ↓	11 ↓	13 ↓	102 ↑	57 ↓
Weston	127 ↑	117	86 ↓	133	213 ↓	250
Trust Services (inc. Estates & Facilities)	63 ↓	89 ↓	10 ↓	16 ↓	73 ↓	105 ↓
TOTAL	1,478 ↑	1,119 ↓	395 ↓	546 ↑	1,873 ↑	1,665 ↓

Table 1 shows a notable swing towards more complaints being resolved via the informal complaints process, which means that the complainants' concerns are resolved more quickly. However, the number of complaints received overall has increased by 12.5%, with only Trust Services (inc. Estates & Facilities) and Weston recording fewer complaints than in 2020/21.

The overall percentage of complaints managed informally increased from 67.2% in 2020/21 to 78.9% in 2021/22. Conversely, just 21.1% of complaints were managed through the formal complaints process, compared with 32.8% in 2020/21.

4. Complaint themes

The Trust records all complaints under one or more of eight high-level reporting themes, depending upon the nature of the complaint. This is then broken down into sub-categories, of which there are more than 200. This data helps us to identify whether any trends or themes are developing when matched against hospital sites, departments, clinics, and wards.

Table 2 shows complaints received in 2021/22 by theme, compared with 2020/21 and 2019/20.

Table 2 - Complaint themes – Trust totals

Complaint Theme	Total Complaints 2021/22	Total Complaints 2020/21	Total Complaints 2019/20
Clinical Care	612 ↑	501 ↑	492 ↓
Appointments and Admissions	482 ↑	347 ↓	581 ↑
Attitude and Communication	390 ↓	417 ↑	312 ↓
Facilities and Environment	127 ↑	120 ↓	122 ↓
Information and Support	109 ↓	137 ↑	82 ↓
Discharge/Transfer/Transport	74 ↑	67 ↑	40 ↑
Documentation	41 ↓	43 ↑	41 =
Access	38 ↑	33 ↑	4 ↓
TOTAL	1,873 ↑	1,665 ↓	1,674 ↓

During the first Covid-19 pandemic lockdown, between March and June 2020, the number of complaints reduced significantly. However, in 2021/22 and since last year's report, the volume of complaints and enquiries received by the Patient Support and Complaints Team has increased and has been consistently higher on a month-by-month basis than the previous year.

Whereas patients and their families were very understanding about cancelled and delayed outpatient appointments and elective surgeries last year, that has not been the case in this reporting year, with complainants often stating that the Trust could "not keep using Covid as an excuse".

In 2021/22 there were significant increases in complaints received in the categories of 'appointments and admissions' (up by 38.9%) and 'clinical care' (up by 22.2%). Other increases, as noted in Table 2 above, were much smaller, with just a handful more complaints in these categories compared with last year.

The biggest decrease when compared with 2020/21 was in the category of 'information and support' which decreased by 20.4% when compared with 2020/21. This category includes complaints about hospital and patient information requests, medical records, and expenses claims. Complaints about 'attitude and communication' also reduced (by 6.5%), having been one of the most significant increases in the previous year.

The category of 'access' includes complaints about visiting hours. In the 2020/21 Annual Complaints Report, the increase of complaints in this category compared with previous years was reported to be due to visiting restrictions implemented during the Covid-19 pandemic. This continued in 2021/22, with complaints about visiting hours accounting for 76.3% (29 of 38) of complaints in this category.

5. Performance in responding to complaints

In addition to monitoring the volume of complaints received, the Trust also measures its performance in responding to complainants within agreed timescales, and the number of complainants who are dissatisfied with responses.

5.1 Percentage of complaints acknowledged and responded to within timescale

The Trust's expectation is that all complaints will be acknowledged within two working days for telephone enquiries and within three working days for written enquiries. In 2021/22, 80.2% (1,503 of 1,873) of complaints were acknowledged within these timescales, compared with 87.8% in 2020/21 and 99.7% in 2019/20. This deterioration in the timeliness of acknowledging complaints was due to the overall increase in new enquiries into the Patient Support and Complaints Team (see Section 7 below), along with staff absences due to sickness.

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.

The Trust's target is to respond to at least 95% of complaints within the agreed timescale and this applies to both formal and informal complaints.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, together with guidance from the Parliamentary and Health Service Ombudsman, indicate that the Trust must investigate a complaint 'in a manner appropriate to resolve it speedily and efficiently and keep the complainant informed.' When a response is not possible within the agreed timescale, the Trust must inform the complainant of the reason for the delay and agree a new date by which the response will be sent.

The Trust captures data about the numbers of complaints responded to within the agreed timescale. The Trust's performance target continues to be 95% compliance, for both formal and informal complaints.

Over the course of the year 2021/22, 62.8% of formal responses were responded to within the agreed timescale (573 of 913), compared with 71.5% in 2020/21. Of the 763 complaints responded to via the informal complaint process in 2021/22, 88.6% (676) were responded to within the agreed timescale, a deterioration on the 92.7% reported the previous year.

The main factor in the deterioration in performance in respect of complaint responses is the continued pressure on operational services across the Trust, and the impact this has had on the capacity of staff to investigate and respond to complaints.

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

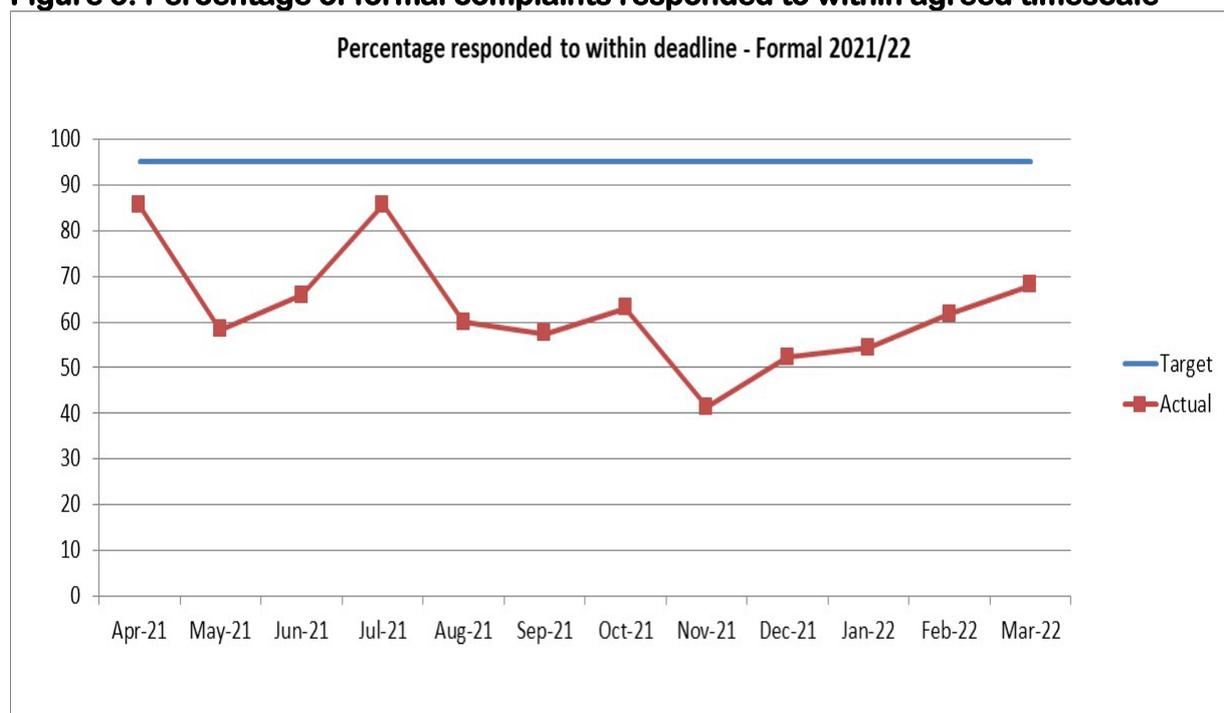
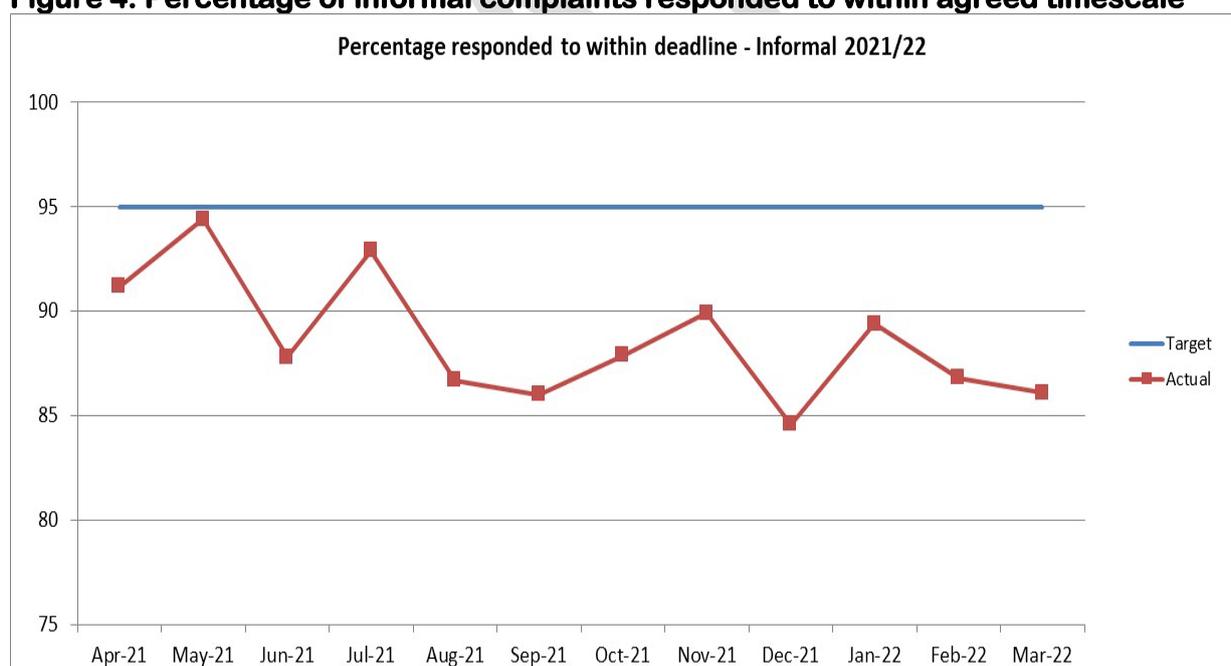


Figure 4. Percentage of informal complaints responded to within agreed timescale



5.2 Numbers of complainants who are dissatisfied with our response

The Trust also measures performance in respect of the number of complainants who are dissatisfied with the response provided to their complaint due to the original investigation being incomplete or inaccurate (which we differentiate from follow-up enquiries where a complainant raises additional questions).

At the end of the reporting year, 8.4% of complainants had expressed dissatisfaction with the formal response they had received. This represents a total of 69 of the 819

first formal responses sent out during the reporting period, compared with 6.1% reported in 2020/21 and 9.1% in 2019/20.

6. Parliamentary and Health Service Ombudsman (PHSO)

If a complainant is unhappy with the way in which their complaint has been dealt with by the Trust and feels that local resolution of their complaint has not been satisfactory, they have the option of asking the PHSO to carry out an independent review of their complaint.

In 2021/22, the Trust had six complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), representing a further 33.3% decrease on the nine cases referred the previous year; which was in itself a 37.5% decrease on the 14 cases reported in 2019/20.

During the same period, nine cases were closed by the PHSO and at the end of the year 2021/22, four cases remained under investigation by the PHSO. Of the nine cases closed during this period, one was upheld, three were partly upheld and four fell into the category designated by the PHSO whereby they carried out an initial review but then decided not to investigate and closed their file, citing 'no further action'.

The final case was closed without a full investigation, with the sum of £100 paid to the complainant in recognition of the impact on her of the events complained about.

7. Information, advice, and support

In addition to managing complaints, the Patient Support and Complaints Team also deal with compliments and with requests for advice, information, and support. The team also records a number of enquiries which did not proceed after being recorded, either due to insufficient information or withdrawal of the complaint/enquiry.

The total number of enquiries received during 2021/22 is shown below, together with figures from 2020/21 and 2019/20 for comparative purposes:

Table 3:

Type of enquiry	Total received 2021/22	Total received 2020/21	Total received 2019/20
Request for information/advice/support	906 ↓	1,149 ↑	732 ↓
Compliments	194 ↓	270 ↑	171 ↓
Did not proceed	869 ↑	502 ↓	618 =
Total	1,969 ↑	1,921 ↑	1,521 ↓

8. Learning from complaints

The Trust continues to be proactive in its management of complaints and enquiries, recognising that the way we respond to concerns and complaints is part of our commitment to excellence in customer service and acknowledging that all complaints are a valuable source of learning.

Learning from complaints can be measured by the actions taken as a result of the complaints received. Some examples of actions completed in 2021/22 are as follows:

- A patient was admitted to the Bristol Royal Infirmary with a Deep Vein Thrombosis (DVT) and during the medication round, was given the wrong medication for his renal impairment. Following a thorough investigation, it was ascertained that he had been given medication from another drug with a similar name and packaging, during a very busy time on the ward with the dispensing nurse experiencing many interruptions. The patient was reassured that the drug he was given had not affected his kidney function or caused him any harm. The Ward Manager has confirmed that nursing staff will be given protected time during medication rounds, in order to prevent interruptions during such an important task. Nurses will now also wear red tabards whilst doing medication rounds, to highlight to other staff that they are not to be interrupted. The Trust has also appointed Practice Development Nurses, who will be working closely with the Pharmacy team to review the safe management and distribution of medication to prevent similar errors in future. The Ward Manager also raised the complaint at the Acute Medicine Governance meeting, to highlight the importance of protected time for nursing staff during medication rounds. (Division of Medicine)
- A complaint was received from a patient of Bristol Eye Hospital (BEH) about the failure of the BEH appointments system to communicate with patients in an accessible way. The patient had requested accessible communications from the BEH several times but felt it necessary to make a formal complaint as he has missed some appointments as a result of his requests not being met and the apparent inability of the BEH to send accessible communications to its patients, for example in braille or by email.

As a direct result of this complaint, the Assistant General Manager for the BEH worked closely with the Trust's Patient Experience Manager to resolve this patient's issues and to look more widely at the Trust's responsibilities in terms of the NHS Accessible Information Standard (AIS) and the Equality Act 2010 and the following actions were taken:

- Training sessions have been developed and delivered to BEH staff regarding the NHS AIS so that staff are aware of how to document AIS requests and the correct methods for processing these;
- Large format posters and slides for BEH display screens have been developed with the Patient Experience Team, to inform BEH patients of how AIS requirements can be met. Braille copies of these posters and slides have also been produced and distributed to reception areas and to the BEH patient support nurses;
- E-learning has been developed in partnership with the Sight Loss Council, to include understanding of the AIS standard for BEH patients and to raise awareness of visual impairment.

The Patient Experience Team and BEH management team continue to explore further opportunities for the BEH and Trust-wide teams to learn from this patient's experience and to improve the Trust's adherence to the NHS AIS. (Division of Surgery).

- 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:

- 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. (Division of Women's & Children's Services)

9. Looking ahead

Our aim is to provide an exemplary integrated complaints service across all locations, which is easily accessible to all of our patients and their families.

Looking ahead to 2022/23, the Patient Support and Complaints Team will focus on clearing the backlog of complaints awaiting investigation and improving its performance in respect of acknowledging all new complaints within nationally set timeframes for NHS complaints.

As part of its work with the wider Trust, the team will prioritise working with all Divisions to improve performance in responding to complaints within the timescale agreed with complainants, maintaining the low numbers of complainants who are

dissatisfied with our response to their concerns and sharing learning from complaints with staff Trust-wide.

As part of its annual work plan for 2022/23, the team has committed to working with divisional colleagues to ensure that actions identified from complaints are not only completed, but that there is evidence recorded to demonstrate that learning has been embedded in practice.

The team will also commence reporting an additional monthly Key Performance Indicator (KPI) measuring the overall length of time taken to resolve complaints, from receipt to resolution and using this information to remove bottlenecks in the process which lead to delays for our patients and complainants.

DRAFT



Meeting of the Quality and Outcomes Committee on 26th September 2022

Report Title	2022/23 Quarter 1 Patient Experience and Involvement Report
Report Author	Matthew Areskog, Patient Experience Manager
Executive Lead	Chief Nurse, Deirdre Fowler

1. Report Summary

The quarterly Patient Experience and Involvement report presents a summary of trends in patient experience across the Trust and updates on the Trust Patient and Public Involvement (PPI) programme. It also includes actions taken to learn from patient feedback and improve the quality of care.

2. Key points to note
(Including decisions taken)

Q1 2022/23 data shows that inpatient experience (as measured through the IP tracker score) at a Trust level has remained above target, despite a challenging quarter of operational pressures, staffing levels and in increase of patients with Covid-19 admitted. Inpatient experience at a Divisional level:

- Divisions of Surgery, Specialised Services and Women's & Children's remain above target, a consistent feature throughout the pandemic;
- Division of Medicine has improved during Quarter 1 2022/23, tracking above the average for 2021/22 - the Q1 out-turn was just below the minimum target threshold;
- There has been an improvement in the inpatient experience tracker score for Maternity Services, which was above target during Q1. Q2 will see the continued implementation of the Patient Experience Improvement Plan in Maternity services which is coordinated and led by the new Women's Experience Group together with the Maternity Voices Partnership.

The inpatient experience tracker score for the Division of Weston was 83 in Q1 2022/23, a decline from 86 in Q4 2021/22. There has been a decline in the inpatient experience score in areas relating to communication with nurses and doctors, patient-reported ward cleanliness and whether patients felt they were treated with respect and dignity when compared to Q4 2021/22.

Outpatient experience (as measured through the OP tracker score) continues to track above its long-term average. The introduction of Virtual Clinics is the key driver for this positive trend

Continuing the trend seen during 2021/22, patients and families continue (in Q1) to report a poorer overall experience in our Emergency Departments (as measured through FFT) which correlates with the sustained increased in demand across urgent and emergency care services seen during this period. Longer wait times and concerns re: the environment (for example crowded waiting areas) are the main drivers for this deterioration.

A review of the monthly postal survey programme questionnaire's will start in Q2 will provides an opportunity to refresh the routine questions that patients are asked in IP, OP and Maternity Services to support our continuous improvement approach at UHBW.

Q1 saw the launch of new online AccessAble access guides relating to 40 sites across our hospitals for patients, carers, staff and the public.

3. Risks

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

N/A

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

18/08/2022

Quarterly Patient Experience and Involvement Report

Quarter 1 - 2022/23

Report date: 11th August 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>Q1 2022/23 data shows that inpatient experience (as measured through the IP tracker score) at a Trust level has remained above target, despite a challenging quarter of operational pressures, staffing levels and in increase of patients with Covid-19 admitted.</p> <p>Inpatient experience at a Divisional level:</p> <ul style="list-style-type: none"> - Divisions of Surgery, Specialised Services and Women’s & Children’s remain above target, a consistent feature throughout the pandemic; - Division of Medicine has improved during Quarter 1 2022/23, tracking above the average for 2021/22 and the Q1 out-turn was just below the minimum target threshold; - There has been an improvement in the inpatient experience tracker score for Maternity Services, which was above target during Q1. <p>Outpatient experience (as measured through the OP tracker score) continues to track above its long-term average. The introduction of Virtual Clinics is the key driver for this positive trend.</p> <p>The National Cancer Patient Experience Survey 2021 results show place UHBW in the top 30% of Trust’s nationally for the overall of experience of care question.</p> <p>The Weston Patient Focus Group (formerly the Weston General Hospital Patient Council) has successfully supported (and will continue to do so) the Clinical Accreditation process at Weston General Hospital bringing a lay perspective to that process;</p> <p>Launch of new online AccessAble access guides relating to 40 sites across our hospitals for patients, carers, staff and the public.</p>	<p>Continued 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>Continued implementation of the Patient Experience Improvement Plan in Maternity services which is coordinated and led by the new Women’s Experience Group together with the Maternity Voices Partnership.</p> <p>Working with the Transformation Team in Q2 to develop and maintain a new on-line PPI toolkit to support colleagues in delivering better patient and public involvement as part of quality improvement work</p> <p>Understanding the experience of Cancer Services during the pandemic through a series of patient focus groups commencing in Autumn 2022.</p>
Risks & Threats	Opportunities
<p>The inpatient experience tracker score for the Division of Weston was 83 in Q1 2022/23, a decline from 86 in Q4 2021/22. There has been a decline in the inpatient experience score in areas relating to communication with nurses and doctors, patient-reported ward cleanliness and whether patients felt they were treated with respect and dignity when compared to Q4 2021/22.</p> <p>Continuing the trend seen during 2021/22, patients and families continue (in Q1) to report a poorer overall experience in our Emergency Departments (as measured through FFT) which correlates with the sustained increased in demand across urgent and emergency care services seen during this period. Longer wait times and concerns re: the environment (for example crowded waiting areas) are the main drivers for this deterioration.</p>	<p>The Trust’s patient experience hub (IQVIA) has the capability to create real-time alerts where there is feedback of concern about 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 during Q3 2022/23.</p> <p>A review of the monthly postal survey programme questionnaire’s will start in Q2 will provides an opportunity to refresh the routine questions that patients are asked in IP, OP and Maternity Services to support our continuous improvement approach at UHBW.</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 activity being undertaken by the Trust

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

- The Weston Patient Focus Group (formerly the Weston General Hospital Patient Council) has successfully supported (and will continue to do so) the Clinical Accreditation process at Weston General Hospital bringing a lay perspective to that process;
- Supporting and advising Divisional colleagues in aspects of effective PPI including the effective involvement of patients and families in the development of the extracorporeal membrane oxygenation (ECMO) service, a new supportive care service for adult cancer patients
- The delivery of a workshop on effective PPI as part of the Trust QI Gold programme;
- Supporting our community partners by way of taking a lead role in the Bristol Deaf Health Partnership to ensure the needs of people who are D/deaf or hard of hearing are reflected in the care we provide. This includes planning a visit by members of the deaf community to the UHBW ED department later this year;
- Advising, with other BNSSG partners, on the development and delivery of the Integrated Care Board (ICB) "Big Conversation" (a system-wide citizen engagement exercise) in which partner organisations in the system are working together to further understand the health priorities of local people and communities;
- Working with the Transformation Team to develop and maintain a new on-line toolkit to support colleagues in delivering better patient and public involvement as part of quality improvement work;
- Continued support of the baseline assessment of Equality, Inclusion and Diversity (patients and communities) with a particular emphasis on supporting service-level EDI improvement projects such as working with clients to review of how the High Impact User Service is presented and supporting maternity services in its ambition to improve its relationship with Somali women;
- Supporting the development of an engagement exercise with young people to further develop sickle cell services. This builds on work undertaken in 2019/20 with adult patients exploring the psychological support available to them. This work led to the development of a new patient support group which increases the social and peer support with others living with sickle cell or thalassemia and improved relationships and links with the hospital.

4.1 Inpatient Experience (Trust-wide)

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. This is the first report where the inpatient experience tracker scores for Bristol and Weston hospital sites have been combined into a single UHBW inpatient experience tracker score.

The inpatient experience tracker score consistently tracked above the minimum target (87) during Quarter 1 2022/23, although remains below the ‘alert’ amber threshold. This correlates with a continued period of sustained urgent and emergency care pressure at our hospitals and an increase in patients admitted with Covid-19 (as a result of a further wave of community Covid-19 infections). This is represented in Chart 1 below.

The ‘kindness and understanding’ tracker score (Trust-wide) has remained above the minimum target and alert threshold, however a decline in the score is apparent over the course of Quarter 1 2022/23 which correlates to the increased pressure on inpatient wards as a result of the further wave of Covid-19 during the same period. Please see chart 2 overleaf.

Chart 1: Inpatient experience tracker score

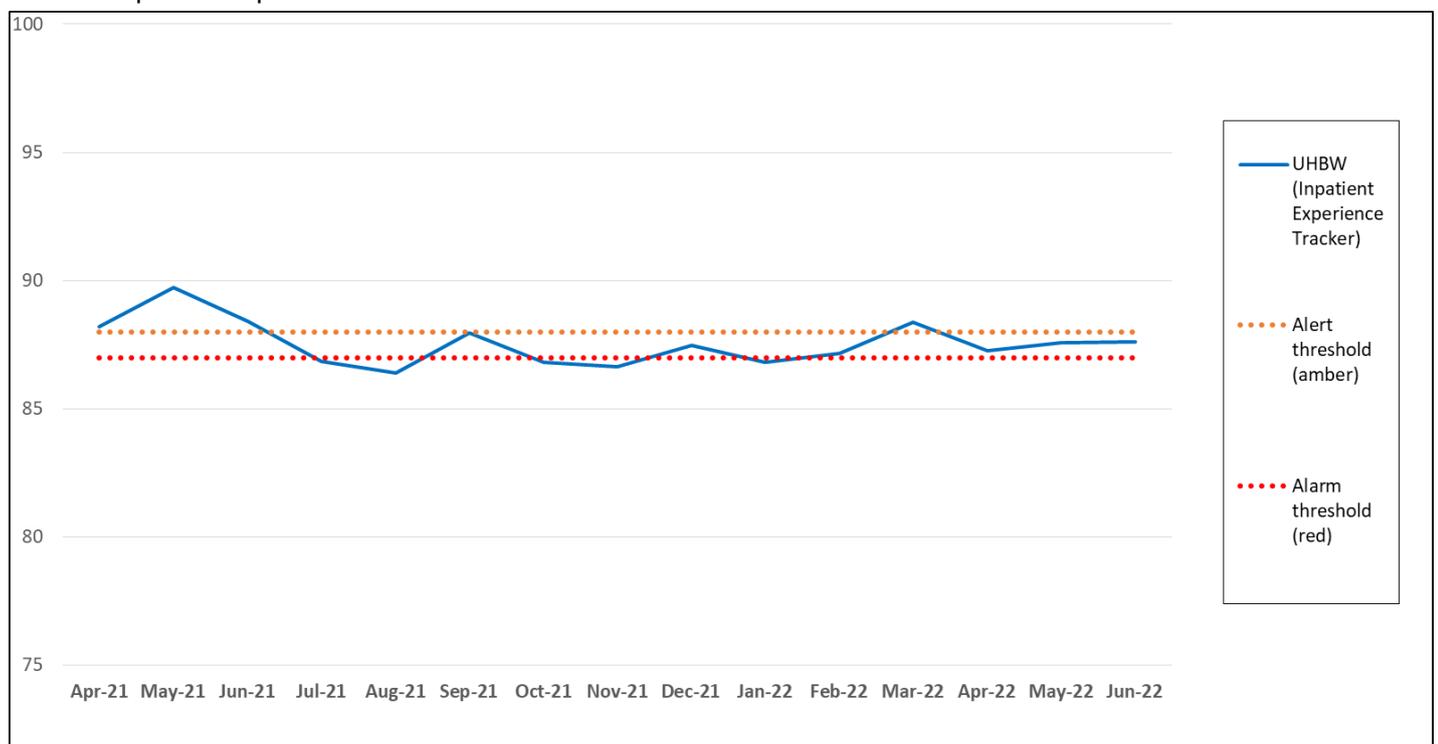
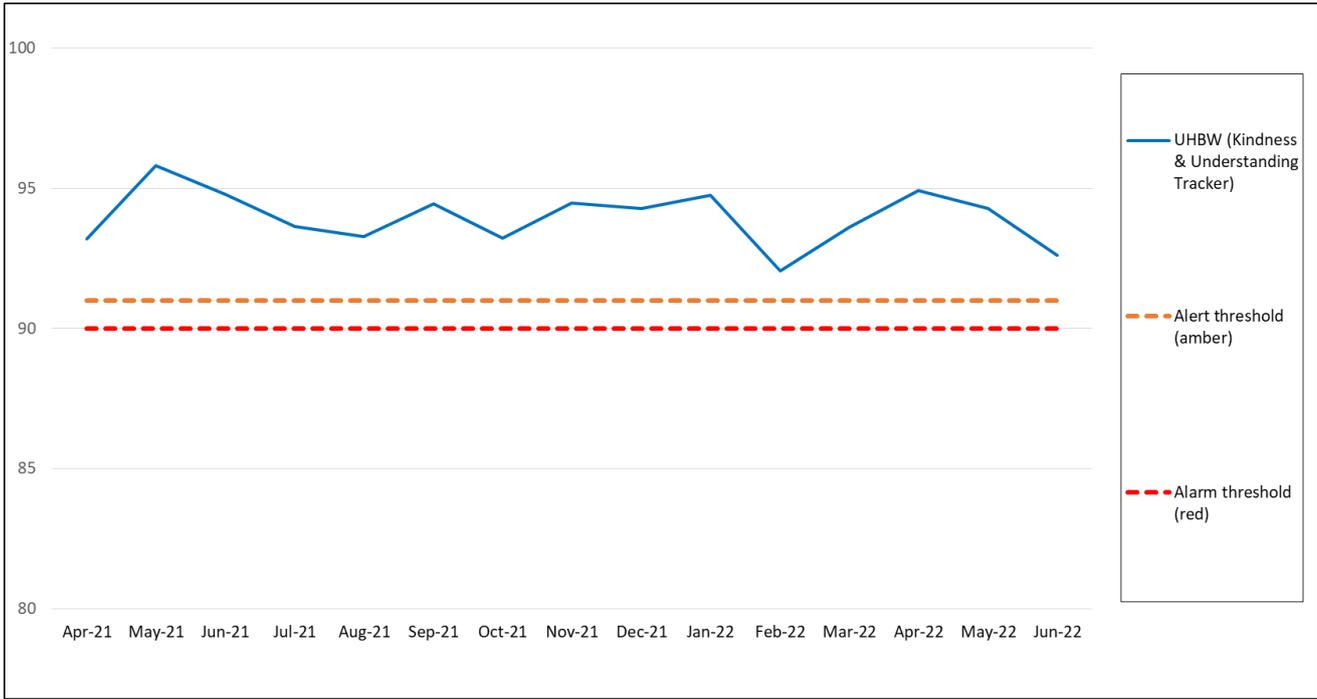


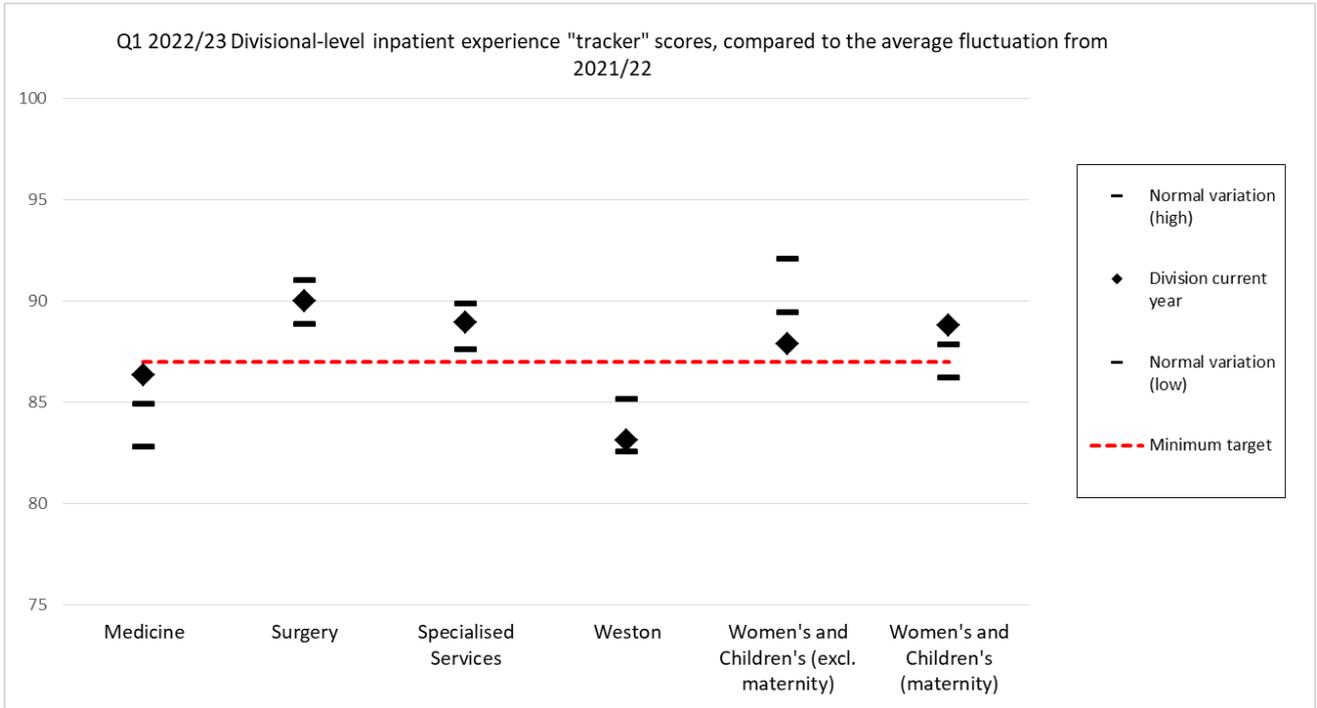
Chart 2: Inpatient 'kindness & understanding' score



4.2. Inpatient Experience (Divisional analysis)

We are able to examine inpatient-reported experience at a Divisional-level by aggregating the data for 2022/23 and comparing this to the long-term trend score (average for 2021/22 year) for each Division (Charts 3 and 4).

Chart 3: Divisional inpatient experience tracker scores for Q1 (April 2022 to March 2023) compared to their normal fluctuation based on the previous financial year (2021/22). 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 – previous page) during Q1 2022/23 in the Divisions of Surgery, Specialised Services and Women’s & Children’s remain above target, a consistent feature throughout the pandemic. There has been an improvement in the inpatient experience tracker score for Maternity Services, which was above target during Q1.

Below target

The inpatient experience tracker score for the Division of Medicine has improved during Quarter 1 2022/23, tracking above the average for 2021/22 and the Q1 out-turn was just below the minimum target threshold.

These results have been reviewed by the Division of Medicine and the following response received:

“During Quarter 1, we have stabilised the wards and have not had to switch wards due to the latest Covid-19 surge. Patients with Covid-19 have been placed in their specialty wards which has resulted in ensuring patients are kept on the right pathway for them which will have improved the experience of patients.

In addition, we have re-introduced Friends and Family Test cards in all the wards and there is a standardised process by which they are prompted to patients. This process was paused during the earlier stages of the pandemic due to infection, prevention and control (IPC) guidance at the time. This has encouraged timely feedback from patients to support quality improvement.”

Head of Nursing, Division of Medicine.

The inpatient experience tracker score for the Division of Weston was 83 in Q1 2022/23, a decline from 86 in Q4 2021/22. When reviewing the feedback further (see Table 1 below), there has been a decline in the inpatient experience score in areas relating to communication with nurses and doctors, patient-reported ward cleanliness and whether patients felt they were treated with respect and dignity when compared to Q4 2021/22.

Table 1: Division of Weston inpatient experience score themes

Division of Weston <i>Inpatient experience score themes</i>	2021/22			2022/23
	Q2	Q3	Q4	Q1
Ward cleanliness	93	92	93	91
Respect and dignity	93	92	94	91
Communication with doctors	70	74	81	79
Communication with nurses	80	85	83	79
Involvement in care and treatment	74	78	77	78
AVERAGE	82	84	86	83

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

“FFT scores for Weston inpatients and outpatients are primarily positive with very few poor responses which is encouraging. A key pressure area for Weston General Hospital is in the Emergency Department (ED). We have a large volume of negative responses regarding the ED and these are most commonly in relation to long wait times either in the ED or waiting in an ambulance. We also see, disappointingly, a number of complaints relating to staff attitude in the ED. The ED Matron is working hard to understand this in more detail and take appropriate action. The long waits in ED and in ambulances (prior to some patients being admitted) are related to operational pressures and an overcrowded ED. There are also staffing vacancies in ED although the vacancy rate is starting to lessen, nevertheless, this still has an impact on the ED pressures with a number of new staff members learning processes and ways of working.

Recent staffing challenges from an MDT perspective mainly attributed to Covid-related absence will have impacted on the patient experience on wards. The operational demand will also have had an impact due to patients being moved around wards on a number of occasions in response to infection control risk or capacity. We have a high proportion of new international nurses in WGH which is great from a long-term perspective, however it is currently causing challenges with skill mix. Our Practice Education Facilitation team and Clinical Pastoral team are working hard to support the international nurses and the teams on the wards.”

Head / Deputy Head of Nursing, Division of Weston.

At a Divisional level, the kindness and understanding scores for Q1 2022/23 for Specialised Services and Women’s and Children’s (excluding Maternity) are broadly comparable to their long-term average (see Chart 4 below). Of note is the kindness and understanding score for Division of Medicine which tracked above its long-term average during Q1.

Chart 4: Divisional kindness and understanding scores for Q1 (April to June 2022) compared to their normal fluctuation based on the previous financial year (2021/22).



The kindness and understanding score for Maternity has seen a significant improvement during Q1 and now tracks above its long-term average and just below the Trust minimum target threshold. The analysis has been reviewed by the Division and the following response received:

“The Women’s Experience Group has been working with the Maternity Voices Partnership to progress the improvement plan which was created following the results for UHBW in the National Maternity Survey 2021. Some of the actions taken forward have included an extension of the visiting times on the wards, re-instating ante-natal classes (an area of poor feedback from the national survey results) and the ward welcome guide has also been refreshed.”

Head of Midwifery & Assistant Director of Nursing, Division of Women’s and Children’s Services.

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. Q1 2022/23 inpatient experience tracker score results for the BRI, BHOC and St Michael’s (Maternity) are particularly encouraging, with Q1 scores above the average from the 2021/22 financial year.

The Q1 2022/23 inpatient experience tracker score and kindness and understanding score results for gynaecology (ward 78 at St Michael’s) were below the minimum target thresholds and tracked below their average for 2021/22. The analysis has been reviewed by the Division and the following response received:

“Friends and Family test scores for ward 78 are always very high; however we are disappointed to note that the sample from the maternity postal survey (albeit very small) was not as good as we would want. We have developed a plan as follows: Weekly starting from w/c 15th August, we are going to ask the patients if they have felt their care was provided with kindness and understanding. This will be done by all the ward staff. They will ask the patients who they are caring for and feedback the results to the ward sister. Any concerns expressed will be addressed by reporting this to ward sister and Matron who will address at the time or with a follow-up call as appropriate. We will keep a simple record of our findings and file this on the ward 78 workspace. We want all the staff involved as they are providing the care directly and we want the staff to hear what the patient has to say.”

Modern Matron, St Michaels Hospital, Division of Women’s and Children’s Services.

Chart 5: Hospital-level inpatient experience tracker scores for Q1 (April to June 2022) compared to their normal fluctuation based on the previous financial year (2021/22).

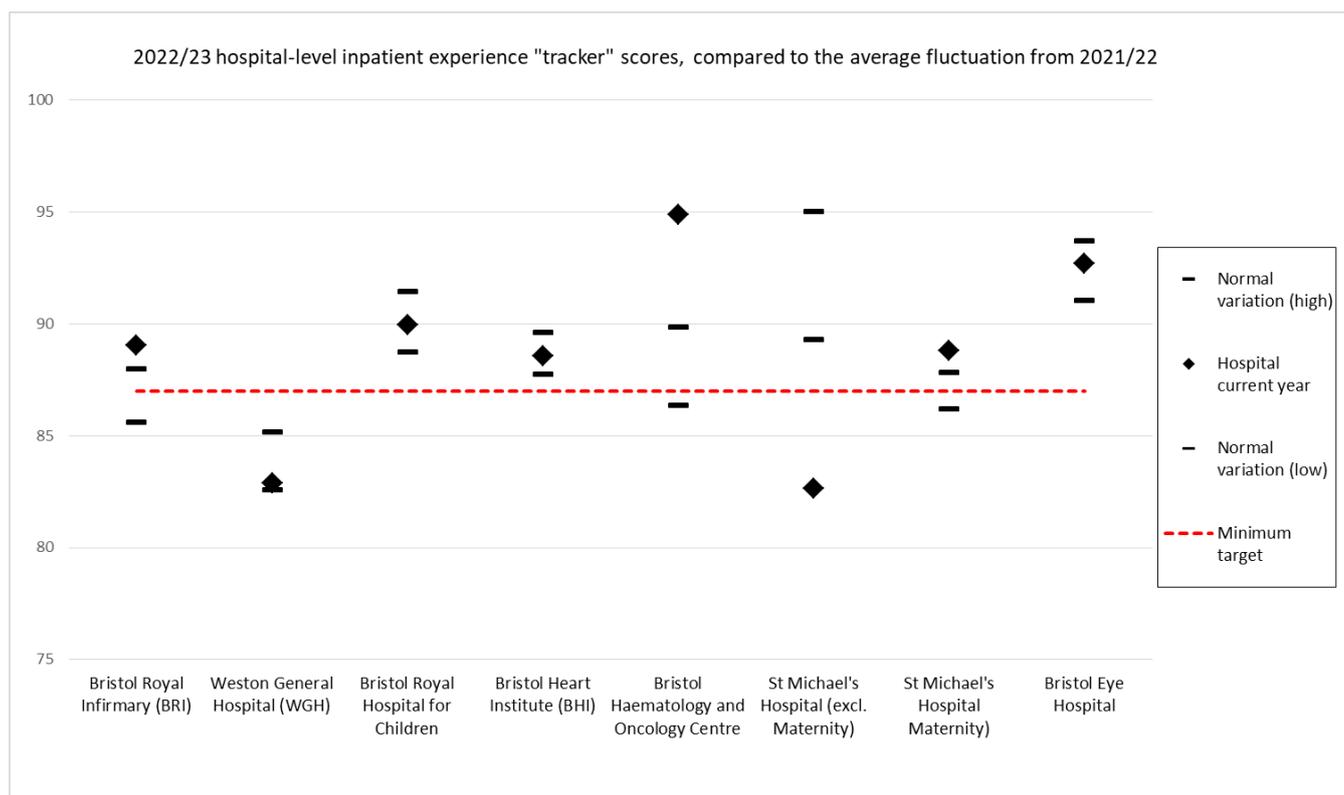


Chart 6: Hospital-level kindness and understanding scores for Q1 (April to June 2022) compared to their normal fluctuation based on the previous financial year (2021/22).

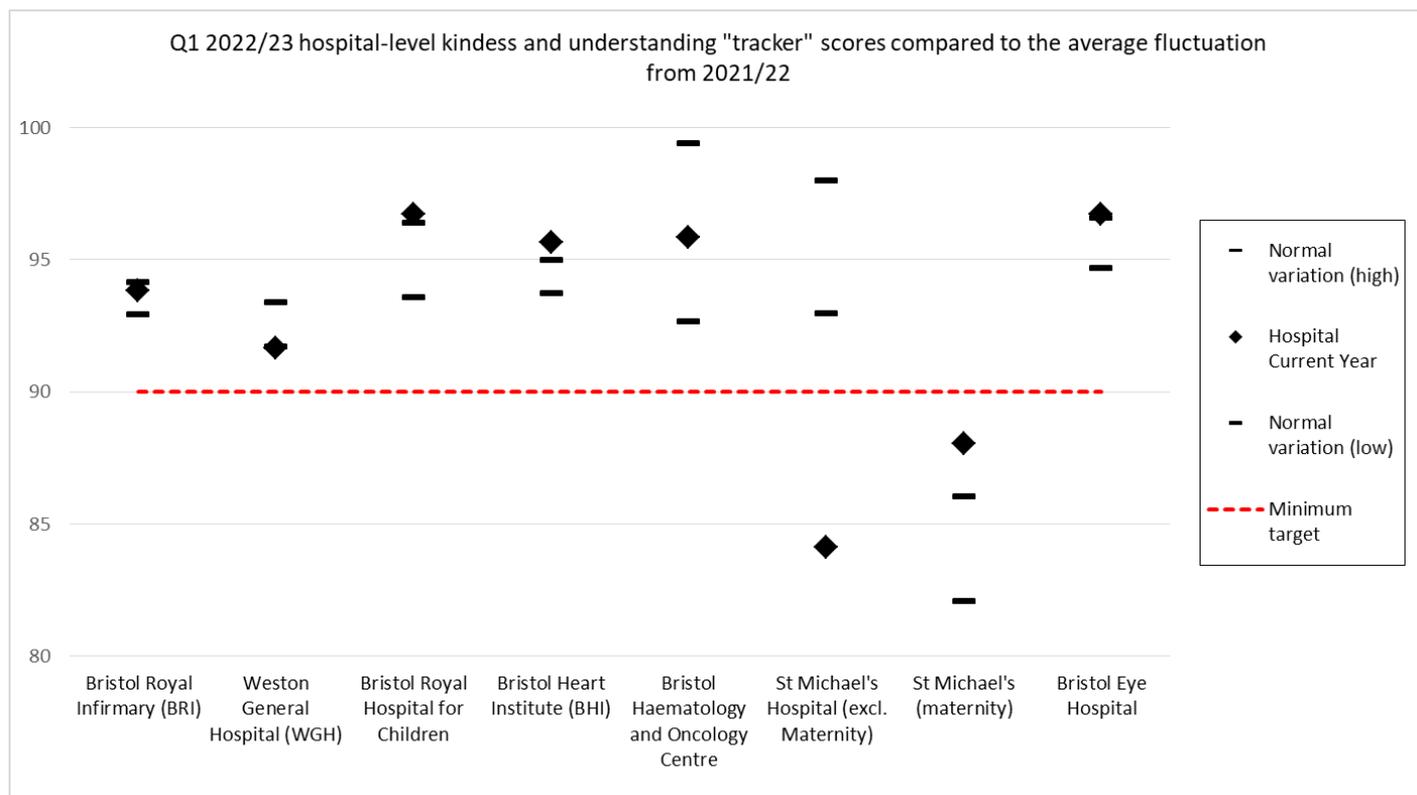


Table 2: Sample of positive inpatient feedback received via the postal survey in Q1 2022/23

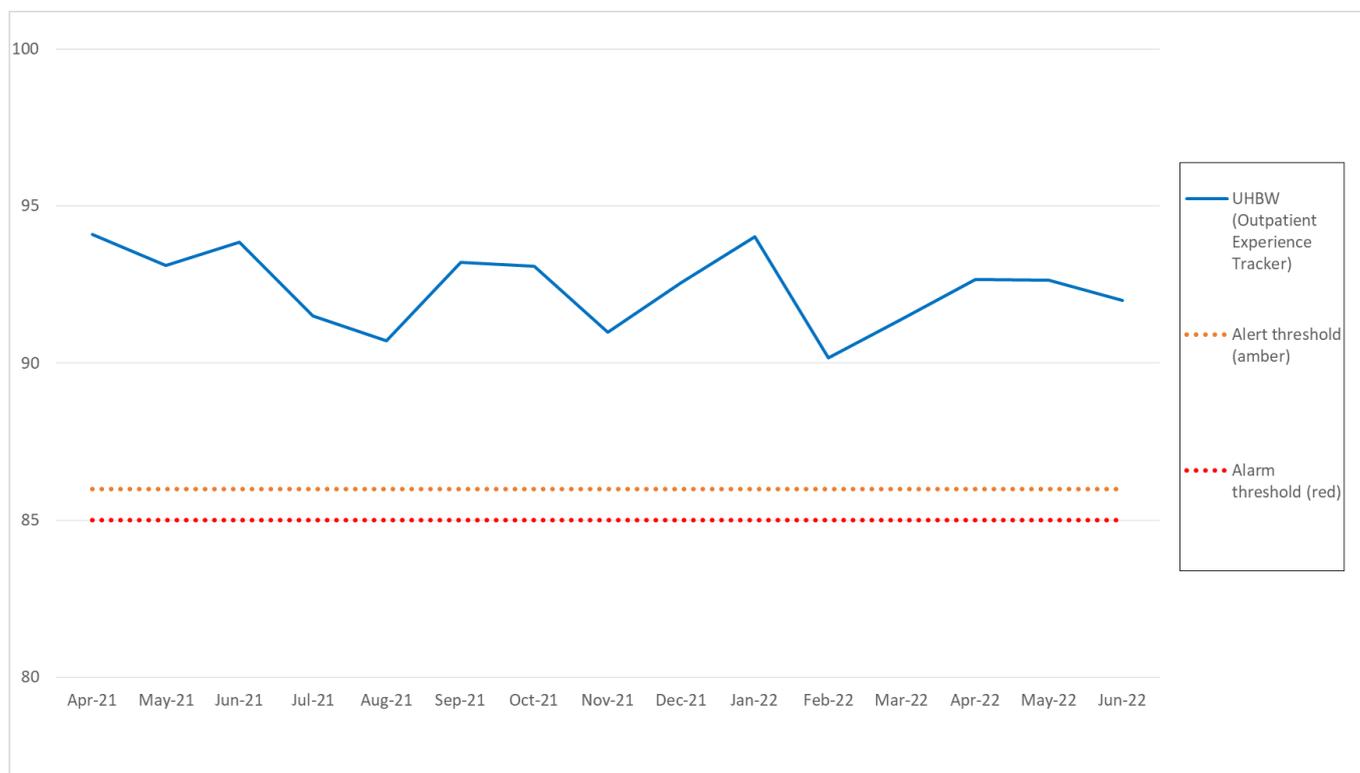
Division	Feedback
Medicine	<p>“I thoroughly enjoyed my stay at the BRI. I was well cared for and looked after. Everyone was exceedingly kind and kept me fully informed at all times. Not being in hospital for many years, I was very happily surprised at so much kindness and consideration by everyone I came into contact with. A very happy memorable experience.” (A515, BRI)</p> <p>“Nurses were over helpful. Asked if anything needed before you could ask them. Very calm and well run. Nothing too much. It makes you feel better as well, having people around you that do care. Thanks so much.” (A512, BRI)</p>
Surgery	<p>“I can only thank you for the excellent care I was given. Surgeons were remarkable as indeed were all the nursing staff. The personnel who ensured everything was clean and tidy were also considerate, polite and cheerful. Given what had to happen to me, I am eternally grateful to you all. Thank you. How can I possibly suggest improvements when at every stage everyone did an incredible job! How you achieve this with all that you have had to deal with is beyond my comprehension and certainly beyond my capacity for criticism. Amazing.” (A700)</p> <p>“Communication was excellent and I was kept informed at all times regarding treatment, test results, progress. Also felt reassured just from human contact and care. A hand on my arm. Thank you! My condition scared me but I was allowed to feel that without being judged. My sincere thanks to all at the Eye Hospital, Reception, A&E, the ward. Great people doing a difficult job.” (H304, BEH)</p>
Specialised Services	<p>“The staff in both ICU and HDU were fabulous, they looked after me so very well and I cannot thank them enough for all the high level of care they gave me.” (C708, BHI)</p>

	<p>"I cannot express how amazing I have always found my treatment at the BHI. The staff and the hospital are first rate. Having heart problems can be scary but BHI are always positive and reassuring. Then when I get home, I am free to ring for advice at any time. Incredible." (C708, BHI)</p>
Weston	<p>"Staff, although very busy, at all times looked after me and other patients on my ward very well. They were kind, caring and attentive and always did the best they could." (Uphill)</p> <p>"Was petrified of the procedure. From start to finish every single person that was part of my care went above and beyond for me. I am so grateful. Thank you." (Day Case Endoscopy)</p>
W&C (Children's)	<p>"Quality of care was phenomenal. From top to bottom the ward has been fantastic. We have been very well looked after and informed. Professionalism of everyone is excellent and all of the nurses are so experienced and caring. Wonderful! A big thanks to [name redacted]! Keep up the great work you do. Thank you for giving our daughter back to us." (Seahorse ICU, BRCH)</p> <p>"Our stay at the children's hospital was fantastic. We really, really cannot thank you enough. From the moment we entered to the point of discharge, we were shown the most amazing kindness and care by all staff that we met, without exception. Your hospital and your staff as a whole really are amazing. We are incredibly fortunate and so grateful for everything that was done for us and our little boy." (Caterpillar Ward, BRCH)</p>
W&C (Maternity)	<p>"From the moment I arrived I was treated with such care and kindness. My midwives [Names removed] were superb and made me feel empowered in my body throughout. I had such an amazing experience for my first born." (Central Delivery Suite, STMH)</p> <p>"The support and care we have been given throughout pregnancy and post birth has been amazing. Thank you so much for everything. We are so lucky to have had your support." (Clifton Midwives Antenatal Service)</p>

5 Outpatient Experience

Since the introduction of Virtual Clinics in April 2020, 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 outpatient experience tracker score for Q1 2022/23 for UHBW (Trust-wide) was 92. 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. See Chart 7 below.

Chart 7: Outpatient Experience Tracker Score



Patient Experience of 'Virtual Clinics'

Since the start of the Covid-19 pandemic, there has been a growing body of local survey work taking place in order that we understand the quality and suitability of remote outpatient services, known as 'Virtual Clinics' in more depth. Patients are selected for a Virtual Clinic appointment by clinicians at the Trust based upon clinical suitability for digital appointments. Individuals are deselected if they are deemed to be lacking support to engage well with a digital appointment, or if a detailed physical or otherwise intimate examination is required. Therefore this data is based on those who were able to access the service.

The most significant source of feedback has been a Trust-wide survey asking patients to share their experience of Virtual Clinics which has been running since April 2020. Please note that this survey has not been promoted to patients during Quarter 1 2022/23 and therefore quarterly analysis is not included in this report. However, the results from this survey received during 2021/22 can be found in the Quarter 4 2021/22 Patient Experience and Involvement report alongside key demographic trend analysis.

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 Q1 2022/23, we received 13,939 FFT responses which represents a 16.7% decrease on the volume of responses received in Q4 2021 / 2022 (16,266). FT data for Q1, compared to Q4, is shown below (Table 4). Overall, FFT scores are comparable to Q4 for the majority of attendance types. There has been a decrease in the overall FFT score for the BRCH Emergency Department (ED) from 89.6% in Q4 to 84.5% in Q1.

Table 3: Friends and Family Test Data – Q4 2021/22 and Q1 2022/23

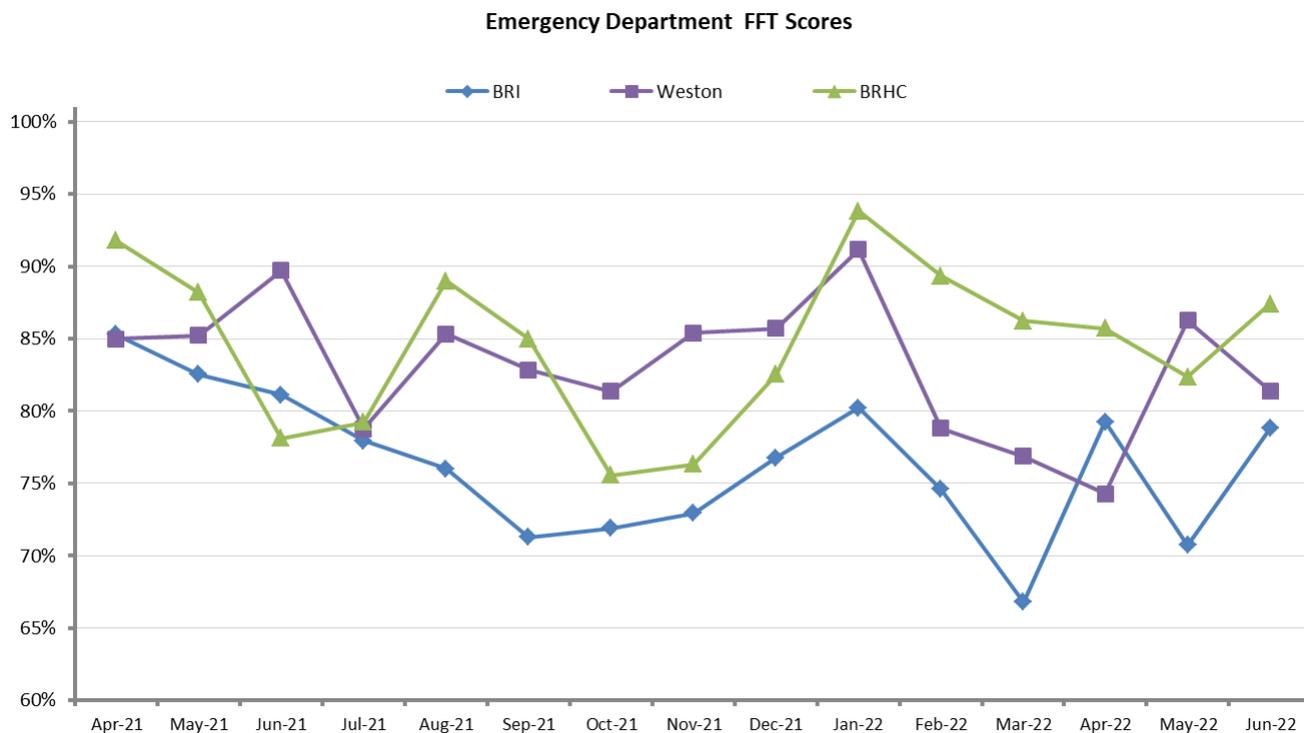
Attendance type by Division/Site	Response Rate		FFT Score ^[1]	
	Q4	Q1	Q4	Q1
Inpatients				
Medicine	18.9%	21.7%	91.4%	91.8%
Surgery	23.5%	29.5%	93.7%	94.6%
Specialised Services	34.0%	35.9%	94.3%	95.0%
Women's and Children's	22.9%	22.2%	96.7%	96.8%
Weston	30.7%	38.2%	94.2%	92.7%
Trust total	25.9%	29.2%	94.4%	94.2%
Emergency Department				
Bristol Royal Infirmary	7.1%	5.8%	74%	75.5%
Children's Hospital	9.7%	7.5%	89.6%	84.5%
Weston	12.6%	10.1%	82.6%	83.0%
Bristol Eye Hospital	13.5%	7.3%	96.7%	95.2%
Trust total	10.1%	7.5%	85.3%	83.3%
Outpatients				
Bristol	N/A	N/A	95%	94.5%
Weston	N/A	N/A	93.8%	96.4%
Trust total	N/A	N/A	95%	94.6%
Maternity				
St Michael's Hospital	7.6%	13.7%	98.9%	98.9%
Day case				
Bristol	20.4%	17.6%	99.6%	99.5%
Weston	60%	37.0%	99.4%	99.1%
Trust total	26.8%	20.3%	99.5%	99.4%

Patients and families continue to report a poorer overall experience in our Emergency Departments (as measured through FFT) compared to their long-term average FFT scores. This correlates to the sustained increased in demand across urgent and emergency care services seen during this period. This trend is particularly apparent at the BRI ED, BRCH ED and Weston ED. Longer wait times and concerns re: the environment (for example crowded

^[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

waiting areas) are the main drivers for this deterioration. Weekly FFT reports produced by the Patient Experience Team are sent to each ED management team for routine review and to support continuous improvement.

Chart 10: Emergency Department FFT Scores April 2021 – June 2022



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	A515	“I had lack of appetite and found that the food did not look appetising. It did not have flavour and the choices were not encouraging me to eat. The ward hygiene was poor. Floors washed 2 out of four days. No beds/lockers pulled out. Chairs and table not cleaned after discharge or during the day. Sinks and toilets dirty. Shower curtain not always present. Grouting around shower trays black/dirty.”	<p>A team of supervisors carries out cleaning checks throughout our shifts AM and PM and raise any issues with the ward-based Facilities Assistants to get them rectified. Reassurance of cleanliness standard is also monitored by external cleaning auditors and the following data from May – July 2022 shows the scores that have been achieved in A515:</p> <p>May 100.00 June 98.18 July 100.00</p> <p>Awaiting a response regarding the food aspect of the comment and appropriate action will be taken.</p>

	Sleep Clinic	<p>“Receptionist was rude and abrasive. I also got stuck behind a locked door in a corridor because of insufficient signage alerting me to the fact it was staff only and can't be opened from the other side. All medical staff were lovely however.”</p>	<p>There are a number of swipe card access only areas in the department, including to the bedrooms which are occasionally used for consultations, but (even if the patient was left alone those areas) they are all push button to exit. I will check the signage there though as they are patient areas so we could highlight where the push buttons are to exit (if not already in place).</p> <p>I am sorry the reception staff were rude. Reception is covered by the cross-specialty team, and without details of time/date it is difficult to establish who it was, but this feedback will be shared with them all at their next team briefing.</p>
Specialised Services	D603	<p>“The noise, light and heat of the ward were problematic. I was in a 4 bed room. No headphones that patients had worked in the televisions/radios which meant every patient had to listen to whatever any other patient listened to. One patient watched tv until 12:30 at night and started again at 7 in the morning. I don't know the hospital think patients are expected to sleep with that level of intrusive noise in the room. There was a mini heatwave in my time on the ward. Windows only opened a few inches. There was no way to get fresh air into the room. Lights on at night from the ward corridor meant it was never dark in a way that is conducive to sleep. I was on nil by mouth for over 80 hours. When I was told at about 11am that I was now allowed to eat I was informed that there was no food available for me until the next day as all food orders had to be in by 10am. My wife was asked to bring in food for me. Is there no flexibility in the system for situations such as mine? Meals were delivered and sometimes I was asleep. No-one woke me to say food had arrived. I was then obliged to eat cold meals that had been served hot. Unappetising and potentially unhealthy. I must stress that nurses and all auxiliary staff were kind, patient and courteous through all this. It is the system and set up that doesn't address patient's needs not the staff.”</p>	<p>The main lights in the bay and corridors are always switched off at night and we minimise lights on at the desk. Unfortunately, at times when nursing staff are with patients in the 4 bedded bays, bedside lights may need to be on so they can attend to patients for medications, personal care etc. I empathise regarding the heat on D603. I appreciate that it can be challenging due to no air conditioning on the ward. Over the summer months we have temporary air conditioning units in every bay to reduce temperatures in bays. With regards to the noise this also can be challenging in hospital settings. Nursing staff try to keep noise to a minimum to allow patients to sleep. As an action from this feedback I will ensure wider use of our welcome packs on D603 that include eye masks and ear plugs to avoid poor patient experience. Ward D603 is awaiting a refurbishment as we are aware the environment is challenging and is not fit for purpose. This is on the risk register and is being highlighted at every opportunity by the senior nursing team. We would always advise that patients use headphones to minimise noise disturbances especially overnight. As a ward we will promote welcome packs that include our headphones and ear plugs for every patient. Unfortunately due to health and safety guidance we have to use window restrictors for all windows in bays. I appreciate this can be challenging in hot weather. Without seeing the patient's details it is difficult to comment on being</p>

			<p>NBM for 80 hours. This would be an unlikely event unless clinically indicated. On every meal service, additional hot meals are always ordered for new patients so there would always be an option of hot food. Our nursing team can also provide hot meals 24 hours a day such as; soup, beans on toast, mac & cheese. There is always a selection of sandwiches and snacks on hand between meals if patients require additional food. I am unsure whether this was a lack of communication amongst the team but I am saddened to hear that the patient was unable to access food until the next day. Temperatures for food are closely monitored by the kitchen staff on each meal time but I can feed back this incident to the Nutrition group. We have recently had a focus on D603 for nutrition and all menus provided in UHBW should now be at the bed space so patients feel they have a wider choice of meals from additional menus. I will feedback this patients experience at the next BHOC nutrition meeting.</p>
C805		<p>“All the staff and care in TAY, theatre, CCU were first class but when I was transferred to the ward things fell apart. The ward was not cleaned properly - a man swept the middle of the ward with a dry mop, never used bleach etc and never cleaned under the chairs or beds. Sometimes the sinks were cleaned. Twice I had to tell a nurse the toilet was dirty. Wheelchairs and commodes were kept in the shower and the bins were frequently overflowing onto the floor or into the sink. The monitors were constantly going off though no-one pressed them so no-one came when needed. The nurses did not know how to stop them. I had to ask for mine to be switched off to get some sleep.”</p>	<p>I am sorry this patient's experience did not meet the expectation we would hope for on C805. I have contacted our Facilities Manager who has sent me the schedule of cleaning for C805. The floors, sinks and toilets should be cleaned daily, with infected rooms done last. Bin service is 3 times daily. It is difficult to investigate further without patient details, dates and their location, however, from the patient's comments it appears that the cleaning schedule was not met on this occasion, and I can only apologise for this. Our cleaning audit results for May showed 97.19% Facilities, 100% Estates, 95.16% Clinical with an overall result of 97.35%. Commodes and wheelchairs are not kept in the shower area and I believe the patient is referring to the wheeled shower chair which is in each of the bathrooms for patients to use should they wish to be seated whilst showering. Unfortunately, the cardiac monitors will sound if the heart rhythm or rate exceeds set parameters which is essential for patient safety and monitoring a patient's condition. All substantive registered nurses are trained as to how to acknowledge alarms (and silence them), however, this does not necessarily</p>

			<p>stop the monitor re-alarmed. At night the volume of monitors and the central monitor is automatically set to change to a reduced volume to allow a less intrusive noise. Night shifts are frequently staffed with non-substantive staff from Agency/Bank who may not initially be familiar with the monitors, but substantive staff are always on shift to support.</p>
Surgery	A700	<p>“Ward A609 was fantastic, very clean, and amazing staff. Ward 700 made me feel like an afterthought. The bed couldn't be adjusted; it had no light, no bin, no nurse call button, no plug socket, and no privacy screen. Sometimes the nurses were asking me if I had been given my medication rather than looking at my medication chart. Each time medical staff visited the patient in the next bed they hit my table through his curtain, once it fell over and hit me. One night I was in pain but had no nurse call button to ask for meds, and didn't want to shout as there were elderly patients sleeping. Another time a nurse asked if I was in pain, when I told her my pain level she said a nurse would come with pain meds, the nurse never came. I was told that I could be discharged at about 10am on Sunday morning however due to waiting for medication I wasn't discharged until about 3pm on Monday instead. When I started to collect the medication that was in my locked bedside cabinet, I found an insulin pen belonging to another patient.”</p>	<p>I am sorry this patients experience whilst in our care was below the standards we expect. During this patients stay due to extreme pressures on our hospital, they were cared for in one of the Boarding bed spaces, which we only use if we are in extremis. Privacy screens and call bells are now available and staff are instructed to use for every patient even if independently mobile. We are also awaiting installation of plug sockets for patient use. Pain-relief medication should always be administered as prescribed and patients are encouraged to inform nursing staff if the pain relief is not adequate so this can be reviewed – we apologise that that this wasn't the experience for this patient.</p> <p>The Ward Sister has raised this with the nursing team through the patient safety briefing to staff, the importance of adequate pain relief monitoring and returning to the patient to ensure they receive adequate relief. Proactive hospital processes being rolled out which include encouraging earlier completion of discharge summaries and discharge medication prescription in order to reduce long waits and promotes prompt discharge. All bed spaces cleaned in between patient use and staff reminded to check patient own drug (POD) lockers.</p>
	H304	<p>“Remark made to me about "bed blocking", that I'd had an eye operation and my "eye might fall out" by certain nurses didn't help me to feel comfortable. Staff didn't understand that a corneal ulcer makes a person very sensitive to light and the lights of the bathroom made it impossible to shower. I was an emergency admission but staff expected me to have washing things, nightclothes, meds, etc. I live alone. Also, I am agoraphobic and have</p>	<p>I am sorry that this individual has received this experience in the Eye Hospital. This is far from the standards and behaviours we would want to provide at UHBW. The Charge Nurse will share the experience with the team, reaffirming and aligning our approach with the Trust Values, specifically being Supportive and Respectful.</p>

		depression. Being out of my house makes me extremely anxious and some nurses did not understand the effect of my mental problems. Some nurses were very intimidating and I heard more than one making negative comments or laughing about me. They used my name and the comments obviously referred to me. The doctors were wonderful, although they didn't involve me in decision-making. Some of the nurses were lovely but others made me feel like a nuisance, unwelcome and made no attempt to understand my mental health issues. I didn't like asking these ones for anything like painkillers.”	
Women’s and Children’s	ED	“Medical treatment good but mental health neglected. Dr talked about my child (who has an eating disorder but Healthy weight) whilst my child present, discussing 'weight gain' or 'not gaining weight 'I'm not sure my daughter heard she gained weight I didn't think she did and nurse had to convince her that was not said. I had previously told staff camhs agreed NOT tell her her weight as it's too distressing. She then became very distressed which stopped her eating and she became even more distressed at home. This is not the 1st time there's neglect of mental health it's every visit. The new post of mental health worker seemed a good idea but after her visit I feel it wasn't helpful.”	This will be discussed with the Medical clinical lead who is also our departmental Mental Health lead. We will devise a plan to roll out further education for the staff particularly in the presentation of eating disorders to the department as there has been an increase in presentations in this area - as has been seen nationally. Information passed onto CAHMS lead Nurse for BRHC also for her oversight of this feedback.
	Ward 73	“Ward 73 needs improvement in terms of midwife care. Many of my calls for assistance were ignored and at one point a midwife gave me a scolding for not feeding my baby quick enough when I was having latch issues and the midwives were often ignoring the call bell. I was transferred to ward 76 and the difference was night and day. The midwives in 76 were caring and patient, and I count my blessings I was moved to that ward as the care I received there was exemplary. The wards could do with some general information such as where food is ordered, where fresh linen can be found, where dirty linen should be left, when you should call the bell (I	The ward sister and Matron are sorry that the patient found the midwifery care on ward 73 poor. They will remind staff of the need to answer buzzers in a more timely manner. During Covid the ward visiting was restricted in line with national guidance but the visiting time has recently been expanded. Although the ward has not returned to having partners staying overnight this can occur when there are exceptional circumstances and it is agreed by the Matron. When patients are admitted to the ward, the midwives aim to orientate them to the ward and tell them where to get drinks etc. However, staff are aware that this can often be in the middle of the night when the ward lights are dimmed and new mums are tired. Therefore, the

		<p>rang the bell for help with a nappy change and a health worker appeared extremely u happy to help), where you can bring your baby for a nappy change (I only discovered the mother and baby room at the end of my stay), the rules on taking your baby out of the ward (I had not realised you need to keep your baby in the bassinet). The rules on kicking partners out after hours is absolutely medieval and once again puts all of the pressure on the woman. This causes huge anxiety. I was told this was “for my own good” by a midwife. I would disagree. Women go through enough during pregnancy and birth to then be left alone with a new baby without their partners from 6pm until 9am the following day. It’s shocking that midwives are treating their fellow women like this.”</p>	<p>Matron and ward sister are in the process of re-writing the "Welcome to the Ward" Leaflet. The Matron will add information regarding, the ward layout, how to order food and other general ward information and hopes that this new leaflet will make an improvement for patients during their stay.</p>
Weston	ED	<p>“When checking in at reception, all three members of staff ignored me and after 5 mins, my sister had to ask if anyone was going to help us. Two members of staff said that they were busy booking an ambulance and the third was on her mobile phone. Even if they were busy, they still should of acknowledged that we were waiting. Once I had blood tests and a ECG, I was told I would have the results in an hour. I was waiting for 5 hours. Communication is very poor. I asked the triage nurse what was happening and she was very rude. As I didn't know the name of the Doctor treating me, she said there were a lot of Doctors and she couldn't help. I was told to go into the treatment area and look for her myself. The whole experience felt uncaring and unprofessional.”</p>	<p>Weston ED have had a number of issues fed back relating to the reception team. A meeting was held with the team and their line manager where we discussed barriers to the team providing a service to the expected standards; individual behaviours were also discussed for their line manager to address. We have seen a fall in negative feedback since this meeting, these recent comments have been passed to their line manager for sharing and action.</p> <p>The ED continues to experience an increase in normal activity relating in overcrowding and long delays. An increase in nursing staff above current funded establishment has been temporarily agreed and implemented to ensure patient safety and improve the front door service.</p> <p>A project is underway to develop a SDEC service to ensure patients are seen, treated and discharged more timely.</p>
	Draycott Ward	<p>“On the day I was told I could go home, the patient in the next bed to me phoned his wife to ask why she hadn't come in to visit (she'd visited every day I was there and had already arranged to come in that afternoon). She told him she'd received a call from the hospital the previous night telling her NOT to go in because there had</p>	<p>All staff will be reminded of the process of duty of candour at the next ward meeting to ensure that staff are open and honest and are able to provide patients with relevant and accurate information and plans. Any IPC concerns or outbreaks will be discussed on the ward safety briefs to ensure that all the correct process have been followed.</p>

		<p>been a patient with COVID in our Bay (of 4 beds) that day. We, the patients, knew nothing of this until 3.30pm the following day (24 hours after the patient had been brought into our Bay) when my friend made the call to his wife! I was due to leave for home and didn't know anything about this until my friend phoned his wife. The Covid patient in question had only been in our Bay for a matter of 4 or 5 hours. In the middle of that following night, we were woken at about 2 30am to have a COVID test taken; we weren't told why and nobody said anything; quite honestly, we were too tired to ask and thought it might be the 'norm'. I thought I might not be allowed to leave for home because of the close contact with the patient who had COVID (I had been in close proximity to him as I helped him write out his meal selection) but I was allowed to leave. Consequently, of my own volition, I tested and stayed in for the next 6 days, just to be sure I was OK, a situation that shouldn't have been necessary in my opinion.”</p>	
<p>Diagnostics and Therapies</p>		<p>There was no specific negative feedback received during the quarter for review.</p>	

7.2 Examples from Divisions relating to improvements 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. Please note, not all divisions are represented each quarter in this section, rather a sample of good practice is provided.

Division of Specialised Services – The following initiatives have been developed during Q1 to improve patient experience:

- In the Bristol Heart Institute (BHI), a new idea has been launched called the ‘Golden Sunshine Patient’. The idea is to support patients who are identified on the board round each day to leave the ward with a member of staff (nursing, medical, therapies etc) to go to the hospital garden on level 5 in the BHI garden to have some fresh air during their stay in hospital. So far feedback from patients that have been given this opportunity has been positive and also the staff that have had the opportunity to leave the ward area for 15 minutes to support a patient to do this;
- Capacity at Concord satellite centre has been expanded since June 14th on Tuesdays and Thursdays 8-6 with three registered nurses to allow six extra patients on these days. Looking at patients booked from June-Aug 2022, an extra 103 patients have been booked which would therefore have been on the waiting lists.

Division of Weston - The following initiatives have been developed during Q1 to improve patient experience:

- Steepholm Ward have moved the ward clerk desk in order that visitors can see the ward clerk when entering the ward, encouraging good communication and a more welcoming approach to ward for visitors and patients;
- There are three whole time equivalent (WTE) haematology cancer nurses in post which has enabled a greater coverage of clinic patients and capacity to follow up more thoroughly and support patients to a greater extent.

Maternity services – The following initiatives have been developed during Q1 to improve patient experience:

- There is open access for parents on NICU including during ward rounds which is now in place;
- There is a piece of work being developed to improve the layout of Ashcombe Unit so that women suffering miscarriage are separated from women with viable pregnancies in the waiting area.

Bristol Royal Hospital for Children - The following initiatives have been developed during Q1 to improve patient experience:

- In Caterpillar Ward, projectors are being installed into the cubicles as entertainment for patients and families. The outside area of Caterpillar Ward is in the process of being developed for patients and families - funding has been secure but the project work yet to commence;
- In the Emergency Department (ED), water and snacks are given out for families when it is busy and/or crowded and there are long waits. There is also an Envoy system for parents in ED to wait in cars or elsewhere with a buzzer to return if the department is busy;
- Child and Adolescent Mental Health (CaMHS) Lead Nurse in BRHC has developed the Mental Health Practitioner role in ED to see acute mental health patients when they present specifically out of hours (4pm-midnight) and they also provide expert advice to the on the shop floor clinicians and prevent unnecessary admissions.

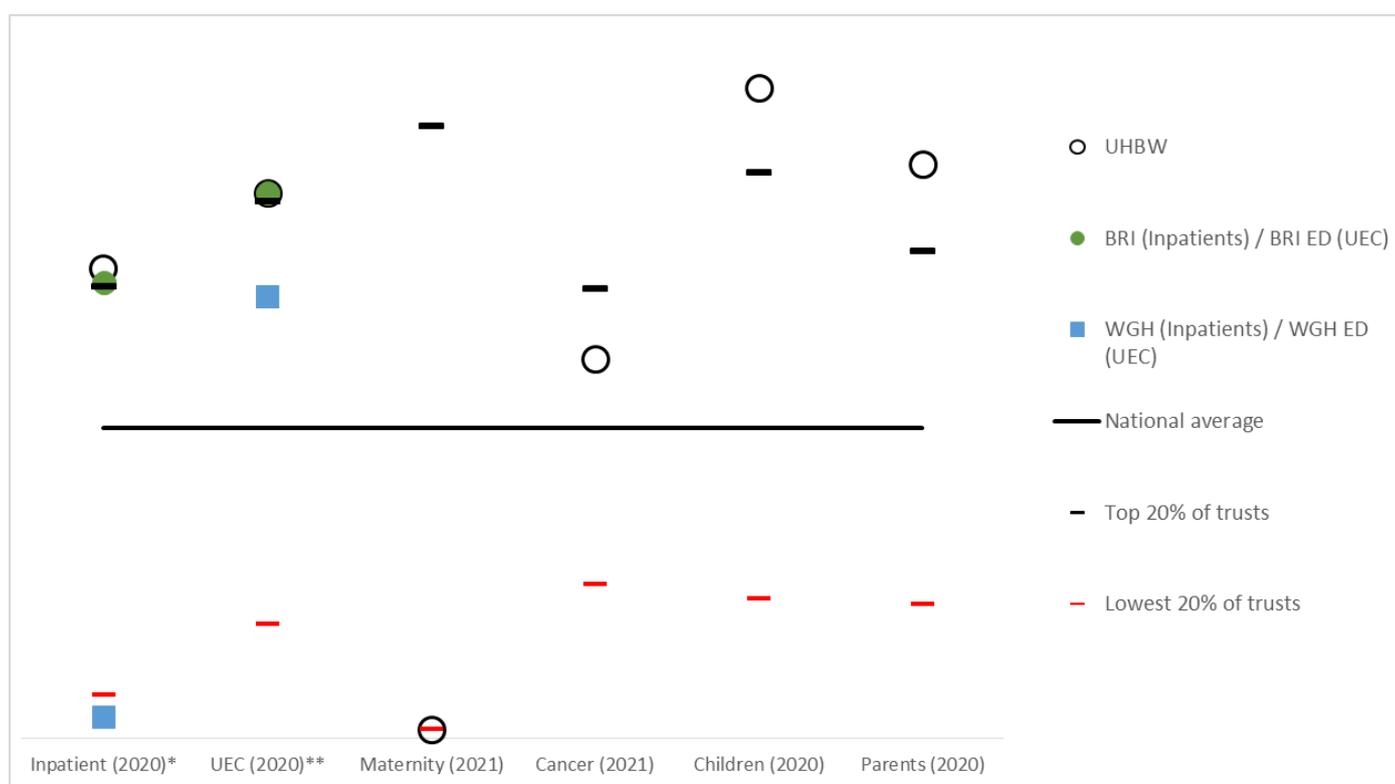
8 Patient Surveys: national benchmarks

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. This chart has been updated in Q1 2022/23 following the publication of the results of the National Cancer Patient Experience Survey 2021. Patients scored the Trust 9 out of 10 for the 'overall experience of care' question. This means UHBW ranks as the 32nd out of 132 Trusts (where 1st is the top rating). This result places UHBW in the top 30% of Trust’s nationally. Nationally, patients gave an average rating for overall experience of care of 8.92

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 benchmarks¹



¹ This is based on the national survey question that asks patients to rate their overall experience. Each score has been indexed (=100) 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.