

Healthwatch Report - Southmead Hospital: August 2014

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Introduction

Healthwatch took the decision to conduct an extended consultation with Southmead Hospital patients during August 2014. This work was supported by Healthwatch within B&NES, Bristol, South Gloucestershire and Somerset (in this report these organisations will be referred to as **Healthwatch**).

Southmead Hospital largely serves the populations of Bristol and South Gloucestershire; but also provides specialist treatment for people from the wider area. It is also the case that some residents of B&NES and Somerset could be reasonably expected to be caring for people, or to have family members, who use Southmead Hospital. As such, this work was conducted across all four Healthwatch areas as detailed above.

Why Did We Consult About Southmead?

Healthwatch conducts projects, consultations and investigations based on two main sources of information. Firstly, themes can be identified nationally by Healthwatch England, which can then direct Healthwatch to investigate further. Secondly, themes can emerge locally from information shared with Healthwatch by patients and the public.

On this occasion, a local theme was identified during patient consultations as part of the Special Inquiry into hospital discharge. Healthwatch then took the decision to investigate this local theme further, via a process of patient and public consultation.

Engagement Approach

In keeping with our local and equitable approach, Healthwatch provided patient and public groups and individuals with many and varied ways to share their feedback about Southmead Hospital.

Healthwatch agreed with North Bristol Trust (NBT) that we would engage directly with patients, carers, family members and staff via an information and feedback stand within an atrium of the Brunel Building, at Southmead Hospital.

We utilized our *Network of Networks* to appeal for feedback via our volunteer Champions and volunteer Representatives.

We contacted partner organisations within the Voluntary and Community Sector (VCS), for example, the Deaf Health Partnership, Headway and others who then referred members and clients to us. Healthwatch proactively supports groups who traditionally have been seldom-heard to participate in consultation work.

North Bristol Trust and other local trusts and provider organisations signposted patients and staff to have their say.

We also reviewed any recent feedback we had already heard, and included this in the report.

Articles were placed within local media sources to advertise this work to the public.

Consultation Approach

Healthwatch employed a range of qualitative methodologies using a variety of questioning techniques in order to optimise the accessibility and reach of this enquiry.

Public Appeal for Feedback

Healthwatch invited members of the public and patients to submit qualitative feedback about any recent experiences at Southmead Hospital:

We want to hear about good things, bad things, and anything in between.

And;

We will use what you tell us to highlight what is working well, and to help the hospital to improve what isn't.

Healthwatch thanked participants, advised them what we would do with their feedback and requested equalities monitoring details if they had not been provided. In line with our usual processes, we also signposted participants as necessary.

This included signposting to the Southmead Hospital advice and complaints team and into the voluntary and community sector for support where appropriate, using Well Aware.

Feedback Stand

Healthwatch staffed a feedback stand within the Brunel Building and interacted directly with patients, staff, carers and friends and families for the period of one week.

During this time, we explained our role and invited individuals to confidentially feedback to us about their experiences at the hospital, using our confidential postbox which was placed on the stand.

We also gave out a large number of feedback forms, including some on hospital wards.

A significant number of patients, families and carers spoke to us during this time. We also received feedback from members of staff, which we have included separately within this report.

Thematic Findings

Qualitative feedback received was collated, analysed and themes were drawn from the pool of information. The following themes were identified as occurring within comments with the highest degree of regularity. The number of times that the theme was referenced within comments has been stated where appropriate.

1. Car Parking, Public Transport and Related Accessibility Issues

(76 individual references)

The most common theme which emerged from patient, public and carer experience at Southmead Hospital during this work was related to the provision of car parking services and/or the provision of alternatives such as public transport.

A significant proportion of comments made reference to limited stamina, physical impairment or the needs of older people not being properly met by current parking provision. The strength of feeling about this issue was often significant, as evidenced in some of the sample quotes below.

Impact on patient and carer wellbeing

Many comments offered a highly personal insight into the effects of the current parking setup on the experiences and wellbeing of patients, families and carers. For example, some patients described the anxiety caused by worrying about whether they would be able to reach their car in time to extend the duration of their paid-for parking.

“(Commentator is) worried about the time it takes to get from main building to car park if you need to elongate your parking stay - especially if you miss the mini bus”.

Others described the additional stress of being unable to walk into hospital with a family member who was due to have treatment, or having to allocate a significantly longer period of time for a hospital appointment as they were unsure whether parking would be available.

“Car Parking is madness-wife has dialysis 3 times a week, have to drop off 200m from hospital. Access is terrible”.

One participant described the emotional impact of having to fight for parking during a process of bereavement.

“Parking is terrible and not thought out properly... the drop-off point doesn't work properly. (Commentator)'s sister died recently, and (commentator) had to attend hospital quickly- however then had to drive round to 'fight' for a parking space which is not acceptable during bereavement”.

A significantly smaller number of participants reported good experiences, usually relating to easy parking followed by efficient and helpful minibus transportation.

“Plenty of car parking; shuttle bus driver was very helpful and obliging with loading mother's walker onto bus”.

It is clear from the feedback received that patients, carers and family members respond best to a parking system that minimises stress and that allows them to attend their appointment quickly and easily. It is also apparent that the current provision of parking is having a negative impact on the hospital experience and wellbeing of some patients, family members and carers.

Correlation with disability, age or sensory impairment

(36 individual references)

Of most concern is the high correlation between someone exhibiting unhappiness with parking provision and their likelihood of being an older person and/or a person with a physical disability, sensory impairment or limited stamina. Of those who discussed parking provision and who disclosed both their age and disability status, the majority disclosed at least one of these protected characteristics.

“(Commentator) reports that despite having a blue badge, she was told to park in the multi-storey car park and by the time she reached the hospital, she was suffering with extreme pain”.

Inflexible parking arrangements

Several participants voiced unhappiness with what is perceived as an old-fashioned car park serving a modern hospital. Comments included criticism of the need to have coins available to pay for parking, and confusion over how much to pay when patients regularly have no idea how long they may have to wait for an appointment.

“Car parking madness don’t take cards! Had to pay parking ticket”.

Distances between locations

A common concern shared by people with a physical or sensory impairment and their carers, friends and family relates to the long distances between different areas of the hospital site, including the gates in the Brunel building.

“(Commentator) went with friend to hospital for friend's hip operation. Friend is in a wheelchair. They had problems getting to the hospital, and outpatients for orthopedics is the furthest from the entrance, which is poor design as many will have limited stamina or mobility”.

2. Complimentary Feedback about Staff

(59 individual references)

The significant majority of observations and comments about members of staff were positive and complimentary about the high standards of staff conduct. It is notable that this was often still the case when participants were dissatisfied with other aspects of their experience; which could be reasonably assumed to suggest that the conduct of staff at Southmead Hospital remains excellent at times when other systems are causing significant patient dissatisfaction.

(Commentator was seen by doctor in A&E who was) "Absolutely marvelous, as all the clinical staff always are". He did, however, have problems with the facilities including being, "Unable to open the windows" (he commented that patients had been fainting more than usual).

And;

"Front line staff were very good under difficult circumstances".

Move makers / volunteers

The move maker volunteers were also clearly valued by participants, and were a noticeably valuable patient resource during the time that Healthwatch spent staffing a stand within Southmead Hospital.

"The move makers are wonderful, really looked after me".

And;

"The move makers were very helpful and definitely needed as the signing in system (kiosk and finding gate) is too confusing to use without them".

3. Information Provision

(38 individual references)

The provision of information and directions around the Southmead site was regularly referenced by participants during this work, with many stating that they would like more information to be made available to them within the hospital, or that they found the site and directions confusing.

“Commentator stated that he doesn't like the lack of any patient information at Southmead Hospital. He would like information leaflets to be available”.

And;

“(Commentator) Found the gates confusing, badly signposted, hard to find and far apart - not good for those with visual impairment or any mobility issues”.

A significantly smaller number stated that they had no trouble navigating their way around. However, as one observed:

“This may be due to familiarity with Southmead... people who weren't warned might find the set up of the hospital unusual”.

A number of participants stated that they did not know how to make a complaint, or that they had been unable to identify anyone to whom they could give some feedback. A very small number of participants stated that they had made a complaint which had been ignored; or that they had been told that, due to the large number of complaints being processed, their complaint could not be responded to.

4. Administration, Organisation and Coordination

(31 individual references)

Some of the experiences shared with Healthwatch during this work related to problems with the coordination and administration of appointments.

“Five minutes after his allotted appointment time a nurse came into the waiting area to tell him his appointment had been cancelled. She explained that unfortunately no member of staff had been available to tell him that his appointment was cancelled, or was available to see him for his appointment”.

Further to this, several statements voiced concern over a lack of effective communication between inter-trust teams and departments.

“Communication between departments is poor. (Commentator)'s wife was having an X-Ray, but another department were unaware of this and were trying to find her”.

Several participants discussed incidents which demonstrated a concerning breakdown in systems which disrupted their hospital visit.

“(Commentator) went to Southmead hospital for outpatients and all electronic systems were down. Move makers were doing all check-in. Thirty minutes after the appointment was scheduled, commentator went into the treatment room to discover that staff there were not aware that she had checked in”.

Delays and Long Waiting Times

“(Commentator’s wife) was seen quickly and booked for an X-Ray at which point commentator’s wife seemed to lose her place in the queue and was only seen three hours later after people with minor injuries”.

And;

“Waiting time totally unacceptable (over five hours). No proper cafe or place to eat”

Equipment and furniture

Several participants discussed their frustration with equipment failures and furniture that they felt was unsuitable for their needs.

“Lots of broken items in rooms need fixing - e.g. broken privacy blind and warped door”.

And;

“Difficulty for visually impaired patients due to scattered seating in waiting areas”.

5. Entertainment and Loneliness

(23 individual references)

A consistent theme emerged from the feedback of older participants and/or family members or carers who were speaking on behalf of older people. This theme related to concerns about the lack of entertainment available in single rooms, and loneliness experienced by some older people who had no one to talk to.

“Single rooms can be very positive, but patients... sometimes feel isolated with little communication with others, no TV, etc.”.

And;

“Have not experienced any problems, could have a radio in rooms”

A smaller number of participants felt that the isolation experienced because of a lack of interaction or entertainment has had a negative impact on the health and wellbeing of the patient.

“My husband been a patient for 8 weeks in a single room, no stimulation, TV, just blank walls, consequently he is disorientated and getting confused”.

This theme was - almost without exception - raised by older people, which suggests that single rooms are perhaps not as suitable for older people as they are for other patients. It is perhaps also the case that older people are less likely to bring personal electronic entertainment devices into hospital with them.

6. Staffing and Patient Dignity

(12 individual references)

A small number of participants voiced concerns over the privacy of single rooms.

“Large windows mean that patient privacy and dignity is compromised. Windows should be one-way glass so that you cannot see into people’s rooms”.

A small number of participants reported incidents of insufficient staffing or failed administration systems which led to a loss of dignity.

“(Commentator) was forced to wet herself. Staff suggested this was the best course of action due to staffing levels”.

A very small number of participants complimented the hospital on promoting patient dignity.

“(Commentator’s mother was) given wheelchair when needed and treated with dignity and respect”.

A small number of participants felt very strongly that the hospital was operating with insufficient staff to safely meet patient needs. This was not a strong theme that emerged from the wider pool of participant feedback on this occasion, but it could be an issue for NBT to monitor proactively to ensure that staffing levels are always sufficient and safe.

7. Food and Hydration

(<10 individual references)

A small number of participants reported that their specific dietary requirements were not met during their time as an inpatient, which is a concern.

“The patient only had one decent meal during her stay, because the hospital was unable to cater for her dietary requirements (she has celiac disease) and was told friends would have to bring in cold food for her to eat”.

And;

“(Commentator) is lactose intolerant, but was given food with lactose in”.

A small number of participants also complained that they could not access drinking water whilst waiting for appointments.

“(Commentator) waited 4 hours... before being seen and told to wait again. He was not given any drinks”.

And;

“The pre-op waiting room had no drinking water available which was bad as it was hot and people were waiting for hours to be seen”.

A small number of participants felt that there was an insufficient variety of food outlets within the hospital, and that the food available did not appear to be very healthy.

“There is a lack of healthy food in the hospital - hard to find more than coffee or cake”.

8. Summary of Other Comments

The Appearance of the Brunel Building

Comments about the appearance of the new building were mixed, but the majority (22) were complimentary, with a minority (10) which were dissatisfied or negative.

Data Protection

A small number of participants reported that signing in screens and other screens that called patients into appointments openly display personal information.

Staff Feedback

During the course of our consultation, members of staff from NBT and from primary care approached us to have their say. A summary of their comment themes are as follows.

- Some NBT staff would like to have access to Well Aware to use to support patients, and would also like to see it being used as part of occupational health within NBT.
- Some NBT staff were concerned that environmental factors were affecting their health. This included air conditioning being on too high a setting and long walking distances for some staff as part of their day-to-day work.
- Several members of primary care staff reported concerns around being unable to communicate effectively with Southmead Hospital. This included not being provided with telephone numbers for the secretaries of consultants, and very long waiting times when trying to phone the trust switchboard (in some instances, up to an hour spent waiting in a queue on the phone).

Serious Incidents

A very small number of participants (<10) shared stories with us regarding serious incidents, serious breakdowns in processes or possible incidents of malpractice. In these cases, participants were strongly encouraged and supported to follow established NHS complaints procedure in order to resolve the matter. This included, where applicable, the provision of advocacy and information on how to escalate the matter should it not be resolved locally.

Most patients experience excellent NHS care, including at Southmead Hospital. But any patient, carer or family member who is concerned about serious incidents or poor treatment should always voice these concerns, either directly to the provider or confidentially to local Healthwatch.

If you are worried that speaking up will affect your care, then you can speak in confidence to Healthwatch using the details at the foot of this report. You do not need to give your name or other personal details.

9. Healthwatch . Continued Monitoring

Healthwatch will continue to monitor the issues raised within this piece of work as part of our ongoing role as patient and public champion.

We will continue to invite patients and the public to feed back to us their experiences of health and social care, and will monitor and publicise improvements that arise from this report.

Healthwatch has been invited to attend the Southmead Patient Experience Group in October 2014 to introduce this report, and will use this meeting as an opportunity to discuss how to implement improvements or changes where necessary.

10. Recommendations

Healthwatch is happy to recommend the following to North Bristol Trust. We will work to monitor whether these recommendations are implemented and if so whether any changes have a positive effect.

This report and recommendations will also be publically available and disseminated throughout B&NES, Bristol, Somerset and South Gloucestershire.

Parking and Travel

NBT should immediately review the provision of parking on the Southmead site. This review should examine whether there is any way of shortening the commute that patients and the public have to undertake in order to reach the Brunel Building from the multi-storey car park. If the commute cannot be shortened then NBT should examine whether the shuttle bus service can run more regularly, or whether there are other solutions available.

Further to this, NBT should do more to ensure that patients are being made aware of alternative public transport options, including park and ride.

NBT should consider implementing and/or increasing special parking and on-site travel arrangements for people who have a disability, older people and those with limited stamina. These special provisions must be clearly and effectively communicated to visitors.

NBT should consider whether it is possible to change the current system of payment for parking, so that patients do not have the added worry of renewing parking while being treated or supporting others on the Southmead site. A system of payment which requires people to pay as they leave would be preferable. Being able to pay by debit card should be an option.

Staff and Volunteers

Staff should be commended for the excellent standard of care and service that they are clearly providing to patients, carers and the public.

The role of the move makers is innovative and adds significant value to the care and service provided at Southmead Hospital. All volunteers should be commended and recognised for the high quality role that they play in the running of the hospital. The move maker role should be made permanent.

Information Provision

NBT should review whether information about the Southmead Hospital site is being adequately provided. This could include a review of signposting around the site and signposting around the Brunel building, although it is recognised that Southmead is a developing site.

NBT should immediately address the lack of clarity around how patients, the public or carers can feed back. Healthwatch Bristol can help to provide an ongoing route for patients to have their say about their experience, and will be happy to discuss how to achieve this.

Healthwatch can also provide an Enter and View service for the physical Southmead site, webpages and other client-facing services; to offer further constructive user-feedback on how accessible Southmead services are for the public, and to assess and recognise any improvements made.

Administration, Organisation and Coordination

This report accepts that many of the concerns raised in relation to working and administrative practices could relate to the bedding in of the new building. It is recommended that NBT continue to monitor patient feedback about these issues in order to ensure that teething problems are ironed out quickly and normal high-quality service is resumed.

Entertainment and Loneliness

NBT should examine whether older people in particular could be better supported to avoid loneliness during their stay. Measures to combat this could include a talking service provided by volunteers upon request, provision of radios for older people, or installation of TVs into single rooms.

This report acknowledges that for many patients, the privacy of a single room is an excellent example of the promotion of patient dignity and is likely to improve patient experience.

Food and Hydration

NBT should install drinking water stations in waiting areas. If this is not possible, then alternative ways of providing free drinking water should be identified.

As a matter of urgency, NBT should review whether specific dietary requirements of inpatients are being met. No inpatient should have to bring in food from outside or go without food at Southmead Hospital. Where established systems break down, NBT should have contingency plans in place to ensure that specific dietary requirements can be met.

This report was authored by Morgan Daly, Healthwatch Project Coordinator and was produced by Healthwatch B&NES, Bristol, Somerset and South Gloucestershire. For copies in another format, or to find out more, please contact us using the details published at the end of this report.

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