healthwatch Bristol

Dignity in hospital care

May 2022

Contents

Executive Summary

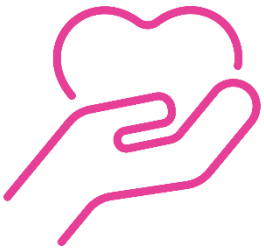
Dignity in Hospital Care emerged as a key theme from our patient feedback in 2020/2021 and using our decision making guide, we captured a snapshot of patient experience.

Older adults who had been inpatients in the Bristol Royal Infirmary (part of the University Hospitals Bristol and Weston Trust) or at Southmead Hospital (part of North Bristol Trust) between 2020-2022 provided qualitative feedback to help us understand their perceptions and expectations. We engaged with twenty-four ethnically diverse individuals via older adult's support groups and community organisations across the city. We did this through Healthwatch Bristol's existing networks, social media channels, and those of a wide number of local community and voluntary organisations.

To gather views on Dignity in Hospital Care we conducted telephone, Zoom and face-to-face interviews, and ran a focus group. We heard from hospital staff members via an online survey.

Analysis of all participant feedback revealed common perceptions of dignity:

- Respect
- Privacy
- Personalised care
- Communication between staff and patients
- Choice
- Independence
- Supportive care



Our focus group participants highlighted what aspects of communication between staff and patients were most important to them.

This included communication about:

- patients' diagnosis
- medical care procedures
- physical care personal care in hospital
- not being talked about by staff in earshot of a patient
- timeliness of communication between staff and patients about what ward they were in and what ward they were being moved to
- timeliness of communication about hospital discharge
- communication about aftercare with patients and their families and carers

Equalities Statement

Healthwatch BNSSG is committed to promoting equality and diversity and tackling social exclusion in all our activities. We aim to ensure equitable access to our initiatives and projects.

We include people's lived experiences in our work and identify and mitigate against barriers to enable people to become involved in our research. We address the participation needs of those who share one or more protected characteristic, or those that experience hidden discrimination, or are part of an 'invisible minority.' We provide access to communication support to adjust for people's needs and proactively assist people in attending events and meetings we hold.

Healthwatch BNSSG will connect with existing patient, service users and voluntary sector organisations to reach into, and develop relationships with, diverse communities, and especially with people whose voices can be harder to hear.

Background

This project took place between January and April 2022, during Covid-19. Our aim was to engage people aged 55 years and over, in exploring what Dignity in Care means to them, and eliciting qualitative feedback on their inpatient experience at hospital locally, during the last two years. This project also aimed to engage hospital staff in providing feedback on policy and practice relating to dignity in hospital care, via a short survey.

Purpose

The focus of this project was to highlight the patient voice on dignity in hospital care, and explore lived experience in this area in local hospital contexts during the last two years:

- To examine local policy on Dignity in Hospital Care
- To identify local policy on Dignity in Hospital Care
- To examine **perceptions of dignity by older adults**
- To examine the **experience of hospital care of older adults** who have been inpatients in a Bristol hospital during the last 2 years
- To **engage stakeholders** involved in providing health services
- To elicit feedback from hospital nursing staff working with older adults on issues involved in Dignity in Hospital Care
- To feedback our findings to health providers & commissioners locally
- To examine national policy on Dignity in Hospital Care
- To summarise the key literature on Dignity in Hospital Care and older adults

Wider context of dignity in hospital care

Definitions of dignity vary widely, but the promotion of dignity in care is a key principle of care standards. There has been an increased focus over the last fifteen years to improve and promote dignity across health and social care providers. This takes the form of staff training and 'tool kits' (DoH 2006).

Age UK said in 2012 "The National Quality Board of the NHS identifies experience, effectiveness and safety as the three pillars of quality, yet **a central part of patient experience – dignity in care – is not sufficiently addressed in the work of health commissioners. The extent to which individuals are treated with dignity by care providers is often invisible to them.** Commissioners must be held to account alongside their providers for ensuring that care is dignified and person-centred".

They ask health service providers to "create a vision of what dignified care looks like…communicate this vision to users, service providers and commissioners in order that everyone knows what's expected".

The Social Care Institute for Excellence (2006) highlights that services often "lack a clear definition of dignity and the guidance has largely been based on research with older people and those who can articulate their views verbally" (i.e. not those who may lack capacity, those with dementia and disabilities are vulnerable in care settings).

Engagement methodology

A wide range of grass roots voluntary and community organisations that work with older adults were contacted (see Appendix 1). They provided access to people with hospital experiences via their existing membership and user groups, and via organisations' social media networks, newsletters and regular events.

Organisations particularly working with people from ethnic minorities, those with visual impairment, hearing loss, disabilities, and dementia were contacted. The project leaflet to recruit participants was translated into Somali and sent out to community organisations. Organisations were contacted by email and telephone to encourage people to participate in the project. Information on the project and leaflets to recruit participants were shared on social media sites at Healthwatch Bristol, UHBW, NBT, the Clinical Commissioning Group Healthier Together Partnership (CCG). Interpreters were recruited and provided to enable detailed conversations.

Data management

Telephone interviews and focus group

Participants were sent and signed information sheets and consent forms (see Appendix 5) in line with GDPR requirements and our code of conduct before taking part in interviews or the focus group.

All focus group participants, apart from one, participated in a telephone interview in addition to a Zoom group discussion. These were selected as a method due to the Covid pandemic and to increase the likelihood of people taking part in a safe environment. The focus group was co-facilitated by other experienced Healthwatch staff. Focus group and telephone interview participants included older people with dementia (1), visual impairment (1), hearing impairment (2) long term conditions (8). 8 participants were interviewed face-to-face at community organisations (some with interpretation support) and 14 participants were interviewed by telephone or via Zoom. Telephone interviews were conducted consistently for up to 45 minutes. All interviews were digitally audio recorded.

Staff survey

Plans for an online stakeholder meeting to discuss findings from the focus group and interviews with older people and help develop project recommendations had to be stepped down due to Covid-19 and the immense pressure on hospitals during this project's timeframe. In view of this, an online staff survey went out to key hospital staff -ward managers, nursing managers and nursing staff in elderly and dementia care wards. Only three completed surveys were received. The hospitals were under 'critical incident status' twice due to Covid-19 over the project time frame, due to high numbers of inpatients with Covid-19.

Demographic data

TABLE 1. Focus group participants

Female	4
Male	3
Age	65 – 80 years
Ethnicity	White (7)
Former hospital inpatient	6
Carer of hospital inpatient	1
Total number	**7**

TABLE 2. Interview participants

Female	12
Male	10
Age	65-85 years
Ethnicity	White (9) Asian (8) (Pakistani and Indian) African Caribbean (3) Somali (2)
Former hospital inpatient	19
Carer of hospital inpatient	3
Written feedback	2
Face-to-face interview	8
Interview on Zoom	2
Telephone interview only	12
Total	**24**

12 of the above participated in a telephone interview and 8 in a face-to-face interview. 2 people participated in an interview on Zoom with an interpreter present. Of the 7 people who participated in the focus group, 6 of these also participated in a telephone interview a week prior.

All interviews and the focus group were conducted by the Project Officer who is a trained qualitative researcher. Qualitative data was coded by common and recurring themes.

Findings

What did participants tell Healthwatch?

In telephone interviews we asked what dignity meant to them; it was described in terms of:

- Respect
- Privacy
- Personalised care
- Communication between staff and patients
- Choice
- Independence
- Supportive care

Perceptions of dignity were very similar across the individual telephone interviews and the focus group discussion.

The focus group used the same words to described dignity and added the following:

- Choice

They said communication between hospital staff and patients was important when talking about the following scenarios:

- a patient's diagnosis
- medical care procedures
- physical care
- personal care in hospital
- communication about what ward they were in and let them know what ward they were being moved to
- timely communication about hospital discharge
- aftercare for patients

Qualitative feedback on what dignity means

Participants felt that dignity meant being treated with respect, being communicated with consistently and understanding what their individual needs were as patients.

"Being treated with respect as an individual" (Man, aged 74 years)

"You know when you ask questions, to get them answered properly, not just to be (ignored), not just to walk over you…that's one of my beef ups…." (when patient asks questions of staff). (Man, 65)

"I'm a very proud person, a very religious person. It's about not being asked unwanted questions". (Woman, 79)

"Dignity means being looked after well". (Woman, 65)

"Dignity means that my respect, my honour, what I am, (people) need to recognise it. It's not just being treated as a routine and not a person". (Man, carer for his wife, aged 75)

Personal stories: What does dignity in care mean?

"You're ill, you're vulnerable and the staff need to not just see themselves as being in a role…to me it's all tied up with the notion of care and the fact that you're in a care setting and it's really about understanding what the patient's needs are and what they're there for, what their hopes, fears and expectations are".

Man, aged 80 years

"You have to talk to people nicely and they talk to you nicely". (Man, 70)

"If you talk about dignity, it's the same as respect in my eyes". (Woman, 73)

"Equal treatment, (being treated) like other citizens". (Man, 79)

"They would talk about a 'lumpy liver' when actually what they really meant was cirrhosis of the liver so it was using words that we would understand sometimes they're using terminology because they don't want to say the words but I'd like them to be really clear". (Carer of male patient, aged 72)

"It's about talking with somebody rather than talking about a piece of anatomy, or a skeleton…they're seeing you as an object, they look at you and talk about you as an object, as a particular disease or something and you are in a sense then not part of that process". (Man, 80)

Dignity and Personalised care

"Recognising that I'm an individual, and with my thoughts and ideas". (Man, 74, in the BRI, 2021)

"That people have a regard for who you are, what you are, what your circumstances are etc, and just don't treat you possibly as a slab of meat, which they may do at times…It's just having due regard for people they are dealing with and their circumstances". (Man, 80, in Southmead Hospital, 2021)

"To be polite, to be friendly, more information, speak to (patients) a bit more, put them at ease, to put my mind at ease…." (Man, 65, in Southmead Hospital, 2021)

"Being listened to". (Woman, carer for husband, in the BRI, 2020)

'Being able to basically live one's life as one wants to'. (Woman, 82, in Southmead Hospital, 2021)

"It's incredibly important, I'm a human being to be respected and it's vital to receive dignity in a hospital setting". (Man, 65+, in the BRI, 2021)

'To be (as) kind and gentle as they can without being rude'. (Man, 67, in Southmead Hospital, 2021)

"Having your wishes accepted…& looked after well". (Woman, 65, in the BRI, 2020)

Dignity and Privacy

"…that you don't have people talking about you and your case within your hearing… When they (nurses) do their handover, they should be very careful…as you're in the bed…" (Woman, 76, in the BRI, 2021)

"The curtains were often left open around my bed. When I needed the toilet, I was wearing a pad, it was difficult for the nurses to treat it in a dignified way. They (the nurses) would be talking loud and coming in my bed space. They were sometimes a bit rough when putting in the saline drip and taking it off…" (Woman, 65, in the BRI, 2021)

"Dignity is the same word (to me) as privacy. There wasn't a lot of privacy…there's no 'hello, can I come in', they just came it, I don't like that. It's the volume of their voice, I would say 'down, down, down, can you lower your voice' because the patients at the other side of the curtain can hear what you're saying. I'd be saying something to the doctor, and he'd repeat it". (Woman, in her 70's, in the BRI, 2021)

"You need to be private. You don't need everyone to come in when you're washing, you need a curtain around you". (Woman, 78, in Southmead Hospital, 2020)

"Dignity is…they'll look after me, tidy me, someone will talk to me, that they look after you carefully, and not talking about you behind your back…and ask you how it is – 'bed manners' – not talking about the patient, even if they're in a coma". (Woman, 88, in Southmead Hospital, 2021)

"I sort of found the day of my operation I had several people around the bed, they were all talking but they weren't talking to me, they were talking to each other." (Man, 65, in Southmead Hospital, 2021)

Dignity & physical care

"Making sure there's nothing you find very embarrassing I suppose…always making sure that you're always covered, that type of thing and turning their backs if it's appropriate, things that ease you into it all. Occasionally you have like a male nurse, if he makes a joke or changes the subject or doesn't look at you as he's doing things, it makes it easier…." (patient, about a health care assistant). (Woman, 72, in the BRI and South Bristol Hospital, 2020)

"Looking after you. It makes you feel comfortable, you feel good". (Woman, 71, in Emersons Green hospital, NHS patient)

"Friends who've been in hospital where they've had mixed wards and I've seen complete lack of dignity there…. as an individual it's nice to feel that you're treated with dignity, that the curtains are pulled around, and that sort of thing". (Woman, 80, in Southmead Hospital, 2020)

"I was also put on a male ward; I don't know why. I wasn't happy about that". (Woman in her 70's (no age given) in the BRI, 2021)

Choice

"That the patient is asked, what they need – this includes what type of food they want and need, for example, pureed food. It wasn't until I…told them that he (husband, patient) needed pureed food…that they provided this". (Female carer of patient aged 72, in Southmead Hospital, 2021)

Independence

"I wanted to for instance wash myself because I didn't want to be washed….and they were very understanding about that. At first an older nurse gave me a bowl of hot water….and drew the curtain round me and wouldn't let me go to the bathroom to do it there…but after that they got more trusting of me and I do realise…nurses are responsible for anything that happens to me, so if I go in to the bathroom and slip on the floor, they're responsible… so they gave me that freedom and I was very careful how I behaved in the bathroom so I never slipped and the door was never locked. At first, they would wait outside for me….and then I was an independent patient". (Woman, 76, in the BRI, November 2021)

Cultural issues

Some participants interviewed emphasised the need for staff to acknowledge and understand cultural practices around washing patients in terms of ablution practices before religious prayer. This was felt to be an important aspect of dignity in care.

"Dignity meant a lot for my husband; they didn't do it (washing his body) to my satisfaction. They only did a strip wash for him not a shower. He should have asked us how he should be washed". (Woman, carer for her husband in the BRI, 2020)

Patients asked for the following communication from staff:

- to always introduce themselves to the patient and their carers
- to always communicate why patients are being moved from one ward to another
- to always communicate to patients what medical procedures they are about to have
- to always communicate to patients when they'll be discharged
- to ask patients about their home situation, who they live with, how they can manage, and if they have any support needs
- to talk with patients about what they 'can and can't do' following treatment and/or surgery – and what to look out for following a medical procedure.

Communication between staff and patients

"There was a lack of communication from the consultants and doctors about his (patient's) care…. I just had calls from the ward nurses saying, 'he's a bit perkier today', that's not really what I was looking for, was looking for some reassurance about him and his medical procedures he was getting". (Female carer and wife of patient, aged 72 in Southmead Hospital, 2021)

"I felt that the communication could've been better. Perhaps I was asking awkward questions, I don't know – that's how I felt, as that time I had a lot to get my head round". (Man, 65, in Southmead Hospital, 2021)

"When my daughter was there it was fine, but when she wasn't there everything wasn't clearly explained to me (English is a second language). My daughter gave language support, no one else was allowed in during Covid". (Woman, 65, in BRI, 2021)

Communication between hospital staff and patient's family

A lack of clarity by staff was sometimes a concern, around diagnosis, and ongoing medical care.

"The physical care was basically fine, but the communication wasn't good between the consultant, hospital doctors and my husband, and with myself ". (Carer and wife of a male patient aged 72, in Southmead Hospital, 2021)

Communication on hospital discharge

"They hadn't told me what I could and couldn't do, for example, I had trouble getting in and out of the bath with the pacemaker in…I didn't know what to do" (Man, 65, in Southmead Hospital, 2021)

"May be if someone asked the patient if they had any concerns or had any questions, they needed to ask…but it's funding isn't it". (Woman, 73, in the BRI)

"Now that I've got the double pacemaker fitted what are my limitations – what can I do and not do? I do a lot of walking, can I do this, looking after my own health issues." (Man, 65, Southmead Hospital 2021)

"…there's a lack of understanding of what patients need (to know about what's happening to them) …patients aren't always able to ask a lot of questions as they might be feeling vulnerable. They need to understand what the patient needs". (Man, 65, in Southmead Hospital, 2020)

"My understanding is that staff have a ward meeting at the beginning of the week which talks about medication, but they should also talk about your/patients' personal needs – some will have a carer…if the person has got dementia or whatever, staff need to know what support people have at home, prior to discharge, as well as what needs to be done with their medicines. Those issues need to be discussed". (Man, 80, in Southmead, Hospital, 2021)

Feedback from people with a sensory impairment

Older adults with visual impairment, and those with hearing impairment stated that ancillary staff were not always aware of their impairment.

"I've got visual impairment…what happens very often is that the person comes round with the menu and puts it on the table and leaves it there, comes round later and says, 'Oh, you haven't filled it in 'patient food choices' and yet I didn't know it (the menu) was there. When I was in an isolation ward, they came in and

read it to me, which was helpful but that doesn't always happen". (Man, 74, in the BRI, 2021)

Feedback from people with a hearing impairment

Two patients who were profoundly deaf and required BSL interpreters did not have access to them and did not have interpreters present when they came into hospital for a medical procedure.

One patient said that there was no mention of their hearing impairment on the NHS Contacting Care system. One patient stated that they were labelled 'deaf and mute' on their notes instead of 'Deaf/BSL user' which would have been acceptable.

One patient highlighted 'the need for people with impairments and disabilities to be treated as independent adults. There needs to be provision of reasonable adjustments.' (Woman, 65+, in Southmead Hospital, 2021)

One person said "the hospital staff were unable to deal with…me as an independent adult. They did not, despite all our efforts, make reasonable adjustments, add a note to our files, and communicate with us via our preferred methods. It was only when I resorted to asking my daughter-in-law to help, that we got the information we needed…our communication needs should be highlighted on our medical records. Clearly, this is not prominent on all systems across the trust.' (Male patient, Southmead Hospital, 2021)

Privacy - Accommodation

"The dignity of all of the (patients) was compromised, there was a lack of space". (5 patients in a ward designed for 4 patients…one patient was squeezed in…no curtain round his bed). (Female carer of a male patient aged 72 years, in Southmead Hospital, 2021)

Privacy - End of life care

A carer said that usually at the end-of-life, hospital staff try and put patients in a separate room for family to visit. This patient was in a ward of four people, possibly due to lack of space.

"There was no end-of-life care plan – I could see he was going downhill…There should've been a purple butterfly on his notes" (indicates end of life care). (Carer and wife of a male patient, 72, in Southmead Hospital, 2021)

Identity

"They didn't get my name right, after correcting the staff several times they kept calling me Sue. After my husband died, a letter came through that was addressed to me with the wrong name". (Female carer of a male patient, aged 72, in Southmead Hospital, 2021)

Dignity as personalised care

"There needs to be more nursing staff so there can be more personalised care". (Woman, 78, in Southmead Hospital, 2020)

"I feel like the attitude of the staff should be changed sometimes, should be more patient, sensitive and caring". (Woman, 65, in the BRI, 2021)

"It's a person who's got feelings and is confused and may be not sure what's going on. Sometimes you should just take a step back and address this person and make sure they understand, not in a forceful way but if you explain something to them, may be ask them to feed it back to you to see if they did understand, it might take a bit longer, I think that sort of thing, taking part and involving the individual…" (Man, 74, in the BRI, 2021)

Patience experience of good practice

Feedback about dignified care was received. Participants were happy about their care where there had been regular communication between medical staff and patients, their families and carers about their medical care both as inpatients and after discharge being followed up at home.

"When I was in ICU, they phoned my husband regularly (doctors and nurses) and when I came home, they gave me a care diary so I could read what they had done, when they had turned me over, every couple of hours, that type of thing, really good". (Woman, 72, in the BRI, 2020)

"People would always explain to me, I think that is also very important for your dignity as a human being. They don't just come along and do things …I found they answered questions (doctors) very well. They always took the trouble". (Woman, 76, in the BRI, 2021)

"I was at home for three weeks and I was still taking the pills they gave me. The doctor called me at home and asked…whether I was I able to manage money, was I able to look after myself and so on…he asked 'Do you mind if I call your son and ask him how he feels about it?' I thought that was amazingly caring and that he asked me for my permission before he called my son." (Woman, 76, in the BRI, 2021)

"I felt that I was lucky in that my disease was so unreal that I had lots of chats with doctors while they tried to work out what was wrong". (Woman, 73, in the BRI 2021)

"They did everything possible to keep you happy. Your dignity is the most important thing." (Man, 67, in Southmead Hospital 2021)"

"The staff were good; I can't fault them. They told me what was happening to me". (Woman, 78, in Southmead hospital 2 weeks, 2020)

"Explaining processes or changes is very important. I think that if a doctor stops, pulls round your curtain and talks to you about what he's going to do to you, he's doing a great job". (Woman, 72, in the BRI, 2020)

"On the whole the care was very dignified. On each occasion the care was of a very good standard – it was the aftercare I was unhappy with". (Man, aged 65+ years, in the BRI, 2021)

"I was spoken to privately so other patients couldn't hear what was going on". (Woman, aged 78 years, in Southmead hospital, 2020)

"Our food lady sat by every bed individually and read out what we could have. I was so confused in the first few weeks I thought she was my secretary. She sat by all the beds, not just mine". (Woman, aged 80 years, in Southmead Hospital, 2021)

Patients wished to:

- be offered a choice not to be on a mixed-sex ward if possible
- be made aware that hospital food menus cater for different religious and cultural beliefs
- be made aware that the BRI and Southmead Hospital provide the Sanctuary, a private space for reflection and prayer for patients and hospital users
- know that staff were more aware of cultural practices around for example, how a patient wishes to be washed and to communicate with patients about this

Staff feedback

Staff feedback was received from hospital nursing staff working with older adults via an online survey.

What do you think are the key issues around improving and integrating Dignity in care for older adults at this hospital? (3 responses to this question)

"Valuing and respecting the privacy and dignity of all patients within their care at all times. Provision of environments at equal standard as other areas, accessibility. Workforce that can assist and anticipate these needs for patients who are not able to due to cognitive or physical impairment. Leadership and aspirations throughout the organisation. Supporting those that know the patients well (carers)". (Nurse Manager 1, NBT)

"Allowing protected personal care, e.g., stopping doctors interrupting washing". (Nurse Manager 2, NBT)

Top 3 things that the Covid pandemic has affected on Dignity in care for older people in hospital (3 responses to this question)

"Carers' restrictions: provision of clothing, personal information sharing to enable us to respect wishes of those not able to speak for themselves, long stays due to reduced resources and ability to provide care". (Nurse Manager 1, NBT)

"Not adhering to bed spaces meaning that curtains not able to be closed, moved constantly and not move dementia patients at night". (Nurse Manager 2, NBT).

What does good practice in dignity in hospital care relating to older patients in your hospital? (3 responses to this question)

"Communication devices increased (being given to patients) to contact relatives, nursing staff going (the) extra mile to ensure personalised care given like bringing) in papers, helping use telephones, staying longer with patients if they could, celebrating birthdays and anniversaries when family could not attend". (Nurse manager 1, NBT)

Healthwatch recommends

We believe the following recommendations are achievable, affordable and evidence based.

- Providers incorporate the views of patients, families and carers, from culturally diverse communities, to inform dignity practices in hospital care.
- Providers define what the elements are within hospital care procedures that impact on patients' experience of dignity.
- Establish good practice around dignity needs and embed this in induction training and ongoing professional development for staff.
- For patients with a sensory impairment, or a language barrier, flag up their communication needs in admission notes and medical notes, and on the NHS Connecting Care Records system.
- Patients to routinely be made aware of the Trusts' interpreting service, which is available by telephone, to ensure communication needs are addressed at admission and discharge for those with English as a second language.
- Ensure that professionals use the Connecting Care system with its ability to flag patients' needs, such as for a British Sign Language interpreter if they are hearing impaired or have other communication needs addressed.

Next steps

A final draft of the report is circulated to a list of stakeholders shown in the appendix. The request for a response to recommendations is given 20 working days. Responses are included in an appendix with the final report. Reports are then shared with local providers and commissioners and included in Healthwatch England's online national reports library, shared with the Care Quality Commission, Healthier Together Partnership Board, and the Clinical Commissioning Group.

Acknowledgements

Healthwatch Bristol would like to thank all the participants in this project, the incredible organisations that we engaged with, all the people with lived experience of hospital care who gave their time in the focus group and interviews. We also acknowledge the courage and dedication of hospital staff across UHBW and NBT over the past two years.

Stakeholder responses

Sarah Dodds, Deputy Chief Nurse, University Hospitals Bristol and Weston NHS Foundation Trust

"Dignity in respecting the diverse needs of our patients, their families and carers is an important aspect of how we provide excellent care and support in our hospitals. We welcome this report and the recommendations contained within particularly as it offers valuable fresh perspectives from patients and service users.

We will utilise the feedback of the report in education for our staff which will also be informed specifically with regards to the findings of our patients' experience of dignity.

We recognise the importance of ensuring that communication in all formats with the Trust is vital for patients to ensure that we have respected their diverse needs and will continue the improvement work we have underway in this area.

The Trust's Privacy and Dignity Group will take a lead on reviewing and implementing the recommendations."

Trish Vallance, representative for Bristol Deaf Health Partnership

"I have been working closely with the Connecting Care team to improve NHS booking systems. I have been informed that in the Autumn, a new 'flagging' element to Connecting Care will be rolled out. This 'flags' a person's communication needs and has to be physically closed in order to proceed with the booking. Therefore, it should be very unlikely that people using this system will fail to book a BSL Interpreter and if they do so then we can track which member of staff closed the 'flag' and subsequently failed to book communication support. They can then be offered additional training.

My main concern is that GPs, Health and Social Care and the NHS tend to check patients' information on their own system rather than on the Connecting Care system. This means they may miss out on important information listed in Connecting Care such as a person's first language is 'British Sign Language (BSL)', 'Please book a qualified BSL interpreter for all meetings and appointments', 'Do not phone' etc.

I am just hoping that advice will be given so that all professionals check Connecting Care so vital information is not missed when booking appointments for patients."

Maria Kane, Chief Executive, North Bristol Trust

The report made six recommendations which the Trust is currently working on in various programmes and work plans across a number of divisions within the hospital. Our commitment is driven by our organisation's vision and values.

North Bristol NHS Trust has already commenced implementing the recommendations made by this report in many ways. Since November 2021 we have started work on improving the way we respond to people with additional needs through the Accessible information Standards which covers 3 out of the 6 recommendations in the report. The Patient Experience Team are working closely with the Communication Team to improve the alerts system. This works in line with the new Electronic Patient Record (EPR) system to ensure patients' needs are appropriately identified, flagged, recorded, shared, and audits how we meet patients' sensory impairments and communication requirements. This is an ongoing project collaborating with external stakeholders across Bristol, North Somerset, and South Gloucester (BNSSG).

The Patient Experience Team have also embarked on engaging the voices of people from diverse backgrounds. As part of this drive, we are actively engaging and seeking the views of patients, families, and carers from culturally diverse communities to help inform dignity practices within our hospitals. This is part of our Patient Involvement Plan which sits under the Patient Experience Team, and reports its work to the Patient and Carer Experience Committee.

We value this report, and as such, have shared it across all of our Divisions. In addition, it has also been discussed at our June Divisional Patient Experience Leads meeting. The report was used to explore how we share the feedback and learning to help improve dignity on our various wards and in our departments. This will continue to be monitored through our local survey feedback and the Friends and Family Test (FFT) reports, triangulating it with the National Patient Survey which has aspects of dignity asked.

We will continue to work and share the learning from Healthwatch reports and strive to improve any areas identified through training. We would also very much welcome the Healthwatch Team to continue to monitor and share feedback on other projects with the Trust to support the fulfilment of our vision of exceptional healthcare personally delivered.

Asha Mohamed, Co-founder, Caafi Health CIC

"Dignity in care is a basic human need and it is fundamental healthcare settings are upholding good practices where no one's sense of self-respect, identity or privacy is put at risk during a period of care. Sometimes, language or different customs or cultural practices can become a barrier to good patient experience. We need to keep challenging poor practices, behaviours and attitudes in healthcare settings in order to give patients their rights."

Quality Assurance

This project was designed and completed by Anna King, who wrote up the report, with support from Julie Bird, Bristol Area Lead; Maisy Griffiths, South Gloucestershire Area Lead; Helen West, Communications Officer; Jill Reakes, Freelance Engagement Officer & Vicky Marriott, Area Manager for Healthwatch BNSSG. Graphics and pictures: Healthwatch England.

Hospital dignity policies

North Bristol Trust's dignity policy (website accessed April 2022)

'Men and women are usually cared for separately. Sometimes there may be wards for both sexes, but men and women will be cared for in separate areas. However, men and women may be nursed together in areas like intensive care where special facilities are needed. If you have any concerns or questions about this please talk to a member of the ward team.

If you wish to be cared for by a member of staff of the same sex as you, please talk to a member of the ward team. We will try to take full account of your religious and spiritual needs.'

UHBW dignity policy (2021)

UHBW Trust policy on dignity involves the following:

Privacy

Safety

Respect

Recognising Diversity and Cultural differences

Personal space

Person-centred care - "ensures an individualised care plan is developed which recognises the importance of patients' own experience" and "...being listened to when developing a package of care".

Intimate care – patients should be offered choice of female or male staff

Accommodation – single sex wards

Dignity benchmarking

A Benchmark survey[1] for 'Dignity and Respect' in the two Bristol hospital trusts found rates in local hospitals were high compared to other Southwest hospitals. Overall scored ranged from 9.0 – 9.5, with UHBW scoring 9.5 and NBT 9.4.

Benchmark findings were collated from 481 respondents who had been inpatients at UHBW and 549 in NBT respectively (including patients aged 16 years and over; but not maternity patients or psychiatric patients).

In relation to the UHBW benchmark report data, 82% of respondents were aged 51 years and over. 94 % of respondents were White, 2% were Asian/Asian British, and 0.5% were Black/Black British. This data includes patients from Weston Hospital. North Bristol Trust benchmark data shows 83% of respondents were aged 51 years or over. 92% were White, 3% were Asian/Asian British and 2 % were Black/Black British.

[1] 2020 National Adult Inpatient Benchmarking Report UHBW. NHS, CQC, IPSOS/MORI. United Hospitals Bristol and Weston NHS Foundation Trust

Appendices

To view or download the appendices for this report, please visit https://www.healthwatchbristol.co.uk/dignity-hospital-care-may-2022

If you require this information in an alternative format, please email helen@healthwatchbnssg.co.uk.

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