

Patient Experience Feedback - Friends and Family Test (FFT)

In Q3, the Trust received 1685 Friends and Family Test (FFT) responses. This represented a **40% decrease in responses** compared to the previous quarter. The FFT outpatient text messaging pilot project referred to in the quarter one report continued in July, which increased the number of responses via the RUH webpage in Q2.

Of the responses in Q3, 1619 (96%) were received via FFT cards and the Patient Experience telephone project (telephoning patients after discharge). A further 66 (4%) were received via the RUH webpage.

Patient experience feedback using the FFT question

96.4% (1,625) of responses were positive (Very good/good), 1.7% (30) negative (Poor/very poor).

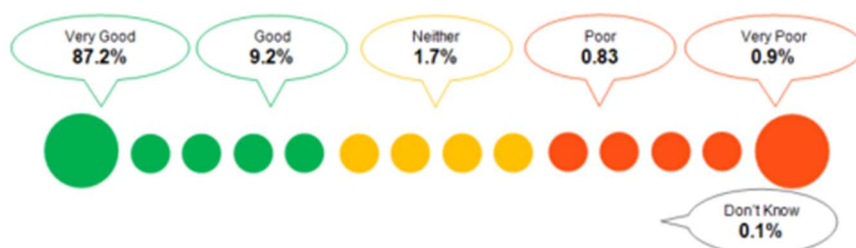


Figure 1: Friends and Family Test question responses

The data below details the sentiments and categories assigned to the comments received via FFT cards; a comment may be broken down into more than one category and/or sentiment.

	Positive	Negative	Neutral	
Attitudes and behaviour	35.2% (654)	34% (35)	33.3% (8)	Resources
Resources	21.5% (399)	18.4% (19)	25% (6)	Timeliness
Care and treatment	14.6% (271)	12.6% (13)	12.5% (3)	Care and treatment
Communication	11.5% (213)	11.7% (12)	8.3% (2)	Overall Experience
Overall Experience	7.9% (147)	9.7% (10)	8.3% (2)	Communication
Timeliness	5.3% (98)	5.8% (6)	8.3% (2)	Facilities
Facilities	1.6% (30)	3.9% (4)	4.2% (1)	Attitudes and behaviour
Food	1.3% (24)	2.9% (3)	0% (0)	Food
Cleanliness	1.1% (23)	1% (1)	0% (0)	Cleanliness

Table 1: The total number of FFT comments by category/sentiment

To note: It is not possible for FFT comments entered via the RUH webpage to be assigned sentiments or categories, this means they are not included in any sentiment/category data. The comments are shared in the monthly reports for teams to review. In addition, not all patients leave comments on the FFT cards.

Key points of learning

Top positive comment categories:

Of the total number of FFT **free-text comments** received, 94% (1859) were positive 1% (24) neutral and 5% (103) were negative. Of the positive comments, the majority of patients tell us that they appreciate the way staff make them feel when they are in the hospital.

'Always very professional and focused on the needs of the patients and their treatment, plus very relaxed and happy atmosphere'

'Caring staff who listened to my concerns and treated me with empathy and respect'

'All my needs were well catered for. The staff were excellent in regards to my welfare and were more than helpful.'

Top contributors for positive comments were General Surgery (n=254) Cardiology (n=220) and Geriatric Medicine (n=200).

Top negative comment categories:

There are no significant trends in negative comments. Top contributors for negative comments by specialty were Trauma & Orthopaedics (n=22) Geriatric Medicine (n=14) and General Surgery (n=14).

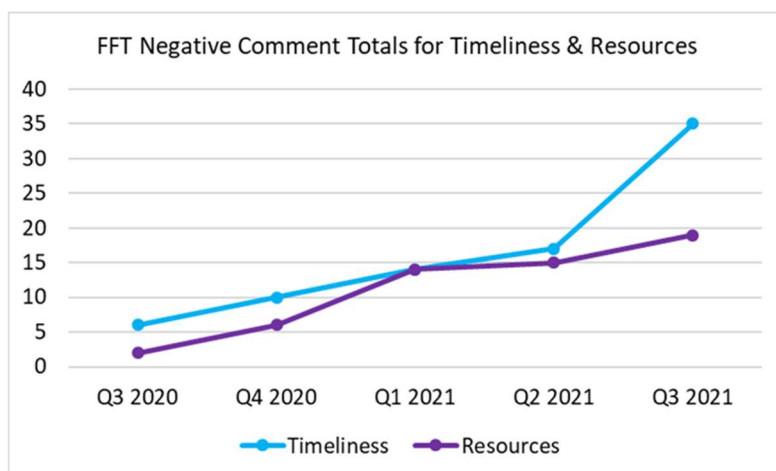
Timeliness (n=35) - Waiting to be seen, waiting to be admitted, waiting in ED, waiting for discharge, waiting for staff to respond.

'Waited for 6.5 hours to be seen by a doctor. The nursing staff were brilliant'

Resources (n=19) – not enough staff/short staffed/understaffed, lack of staff continuity.

'Staff are lovely and do their best. Very short staffed and this is not safe. I have worked in the NHS and this was not adequate in such a busy ward'

Whilst the number of negative FFT responses are low, there has been a notable increase in the percentage of negative responses relating to timeliness and resources. The ongoing pressures on the hospital and the impact of COVID on ward staffing levels has had a negative impact on patient experience. This is shown in table 2 below.



Graph 1: Number of FFT comments for timeliness and resources 2020/21

	Q2 2020 = 13	Q2 2020 = 5		
	Timeliness	Resources	Timeliness % increase on previous quarter	Resources % increase on previous quarter
Q3 2020	6	2	53.85% decrease	60% decrease
Q4 2020	10	6	66.67% increase	200% increase
Q1 2021	14	14	40% increase	133.33 increase
Q2 2021	17	15	21.43% increase	7.14% increase
Q3 2021	35	19	105.88% increase	26.67% increase

Table 2: FFT comments for timeliness and resources breakdown by quarter 2020/21

- From Q3 2020 to Q3 2021 Timeliness negative comments increase 483.33%
- From Q3 2020 to Q3 2021 Resources negative comments increase 850%

It is anticipated that with improved staff sickness levels and a Trust focus on nursing staff recruitment that this situation will improve.

Patient experience feedback using the Trust questions to measure the patient goal:

Three additional questions measure whether we are achieving the RUH True North goal; to be recognised as a listening organisation; patient centred and compassionate.

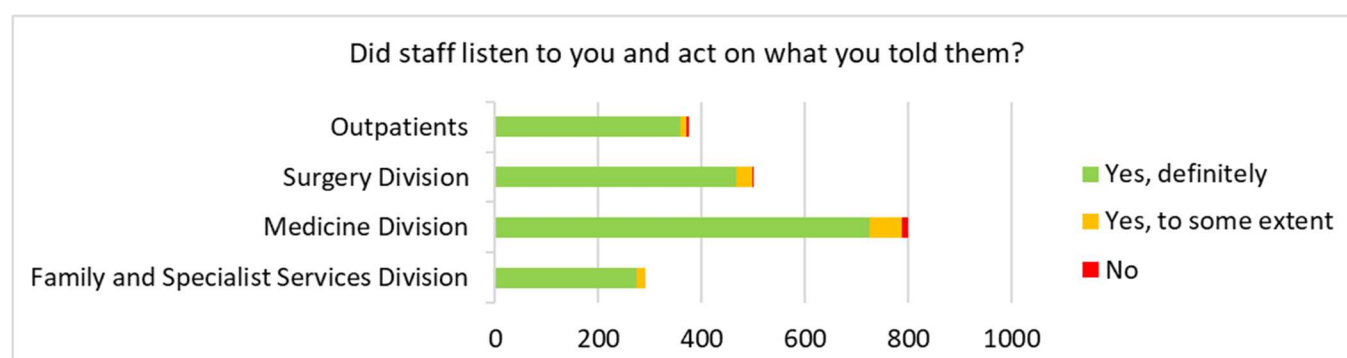


Table 3: Trust Goal Response Totals by Division and Outpatients

92% (n=1466) responded as 'yes, definitely', 7% (n=109) responded 'yes, to some extent' and 1% (n=15) responded 'no'.

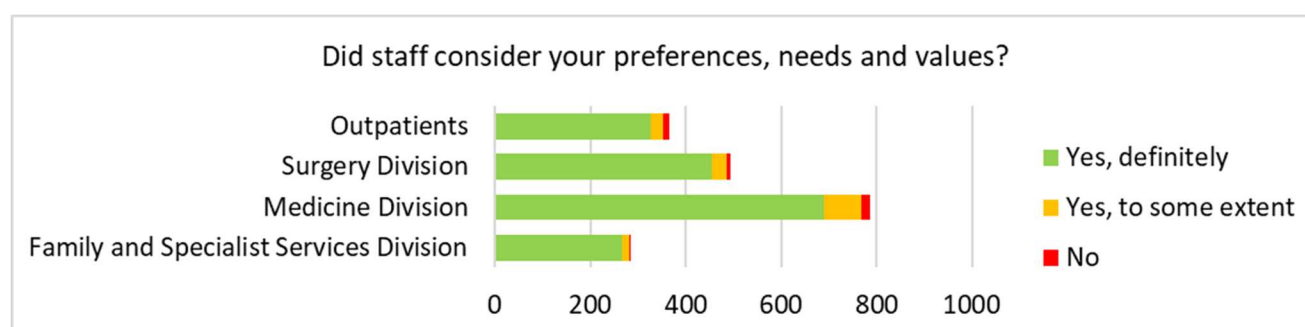


Table 4: Trust Goal Response Totals by Division and Outpatients

90% (n=1413) responded 'yes, definitely', 8% (n=124) responded 'yes, to some extent', and 2% (31) responded 'no'.



Table 5: Trust Goal Response Totals by Division and Outpatients

95% (n=1497) responded 'yes, definitely', 4% (n=67) responded 'yes, to some extent' and 1% (n=10) responded 'no'.

Key points of learning

Trust goal comments in response to 'Please tell us about anything we could have done better'

Of the comments assigned categories/sentiments 60.33% were positive, 34.24% negative, 5.43% neutral.

The top categories 'could have done better' comments are:

Facilities (n=49) – predominantly relate to, ward/ department temperature - too hot/ too cold/ poor ventilation, noise - noise at night/ other patients/ ward noise/ building noise, availability of beds/ rooms, maintenance of showers, shortage of resources e.g. linen/ pads, wards cramped, no day room/ tv, doors too heavy/ difficult to open, uncomfortable mattress/ chair, parking/ signage. The Estates and Facilities team review the FFT comments and are working with wards to ensure patients privacy is prioritised with the use of privacy curtains and that when works are taking place in corridors that adequate signage is in place for visitors.

Communication (n=44) – predominantly relate to poor communication regarding updates on care and treatment/ when things will happen/ patients feeling forgotten, lack of information on admission/ discharge, conflicting/ incorrect/ inaccurate information, unprofessional communication.

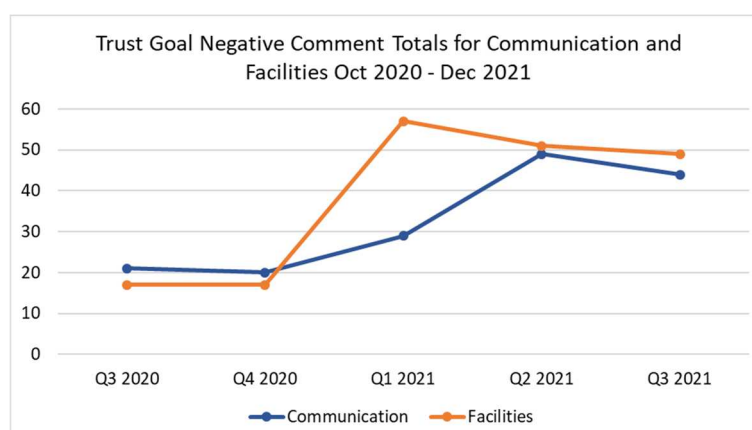
Timeliness (n=39) – predominantly relate to waiting to be seen in clinic/ ED, discharge – discharged rushed/ early/not enough warning/ wait for discharge, waiting for medication, waiting for response to requests/ call bell, moved ward in night.

Top contributors for 'could have done better' comments in these categories

Facilities comments distributed across 21 wards/areas, top contributors – Respiratory (n=5) and William Budd Ward (n=5)

Communication comments distributed across 22 wards/ areas, top contributor – Respiratory Ward (n=5)

Timeliness comments are distributed across 21 wards/ areas, top contributor – Trauma and Orthopaedics (n=6)



Graph 2: The total number of negative Communication/ Facilities comments – October 2020-December 2021

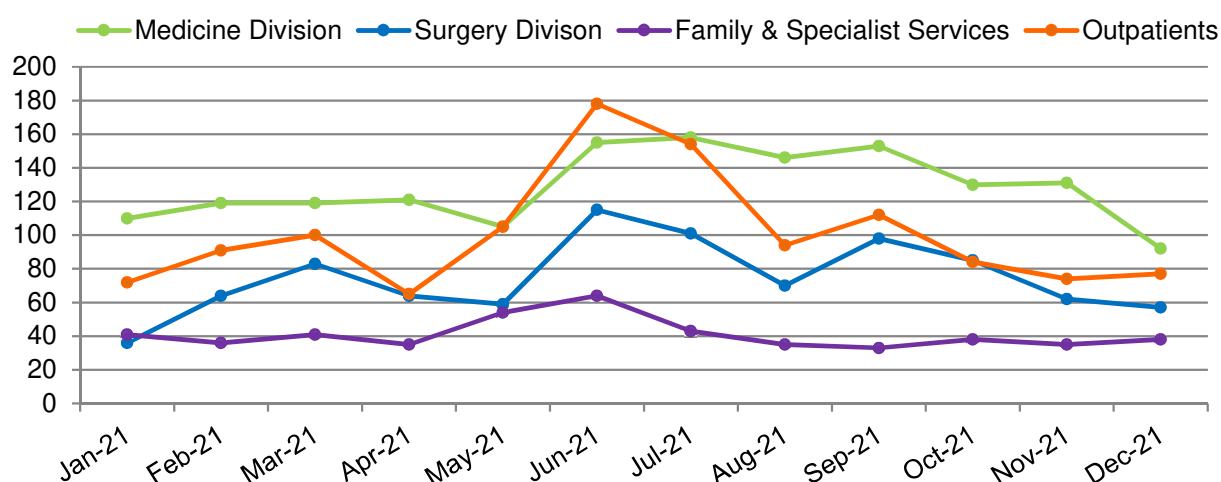
Telephoning discharged patients

To increase FFT responses the Patient Experience Team telephone discharged patients to ask them about their recent admission. When asked 'was the opportunity to feedback on the telephone helpful/valuable?' of the **65 telephone calls made** - 81% (n=50) responded 'yes, definitely', 16% (n=10) 'yes, to some extent', 3% (n=2) 'no'. The information gathered is included in the FFT data.

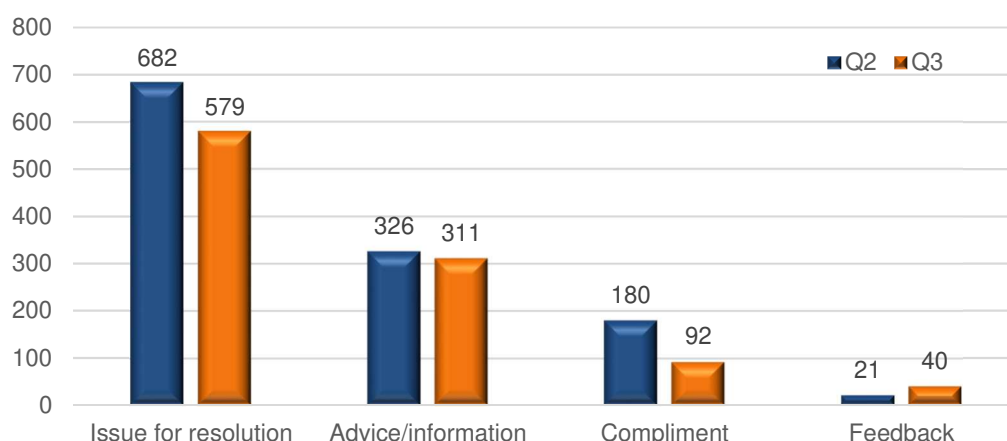
Patient/family experience feedback – Patient Advice and Liaison Service (PALS)

The Trust received **1022** enquiries to the PALS service in **Q3**. This is a decrease of 15% (n=187) compared to 1209 in the previous quarter. This is a 7% increase (n=70) in contacts from the same period last year, which totalled 952 contacts over the quarter.

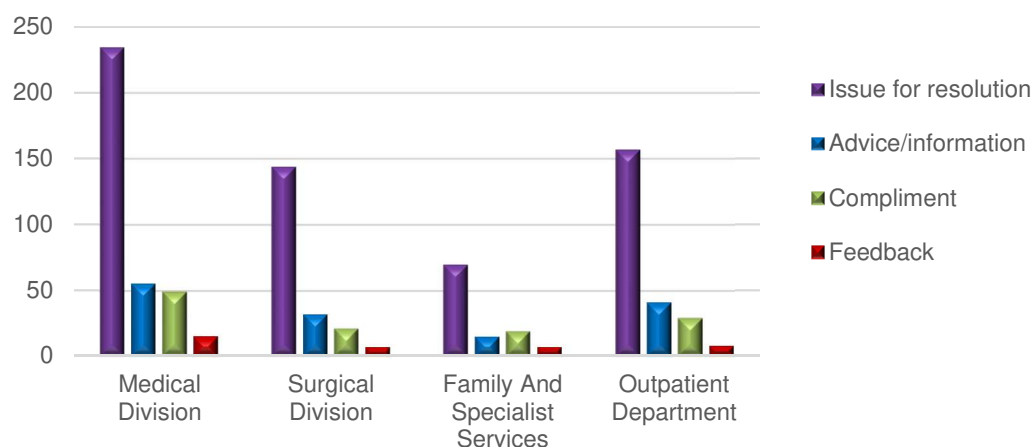
Please Note: for the purpose of this report, enquiries relating to the Emergency Department have been included under the Medicine Division. The Outpatients data in this report is not independent of the Divisional data – the clinical Divisional data includes Outpatient areas.



Graph 3: The total number of PALS contacts broken down by Division



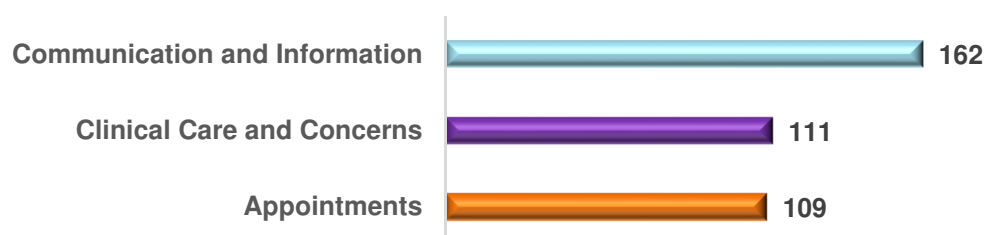
Graph 4: The total number of PALS contacts broken down by type



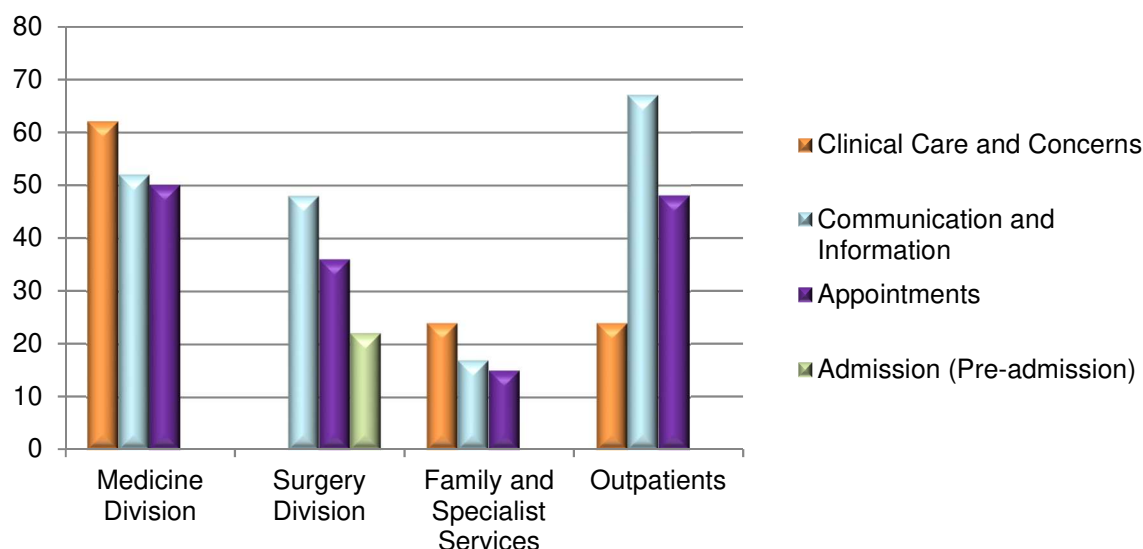
Graph 5: The total number of PALS contacts broken down by type and by Division and Outpatients

The issues for resolution have decreased by 15% (n=103) from Quarter 2 to Quarter 3 20/21. Requests for advice and information decreased slightly over the quarter, by 4% (n=15) from Q2. Patients/family members contacted PALS for advice on how to access their medical records, for information about appointments and general enquiries. There has been a decrease of 49% (n=88) in compliments over the quarter.

The top three subjects requiring resolution and the breakdown by Division is detailed in the graphs below.



Graph 6: Top three PALS subjects in Quarter 3 requiring resolution



Graph 7: Top three PALS subjects in Quarter 3 requiring resolution by Division and Outpatients

Learning and actions

Communication and Information

Of the 162 contacts, 36% (n=59) were related to telephones not being answered - of these 44 were for Outpatient areas and 11 for wards. Hotspot areas include, Cardiology Outpatients, Oral & Maxillofacial Surgery, Physiotherapy, OPAU and MAU.

The Family Liaison Facilitator (FLF) position rolled out across Medical wards in December 2021 to support communication between wards and patient's families. There is particular focus on hotspot areas such as the Older Persons wards and the Medical Assessment Unit. FLFs provide regular updates to families about the patient's wellbeing and facilitate video calls. More information on this service will be included in the Q4 report.

Cardiology Outpatients are working with telephone support to identify any specific telephone lines within the department that are experiencing a higher number of unanswered calls, with the view to look at how those areas can be better staffed. The Oral & Maxillofacial Surgery reception staff also provide an e-mail address to patients if they wish to contact the department regarding their outpatient appointment. Back office staff and secretaries oversee the inbox.

The PALS team are monitoring outpatient areas experiencing telephone issues and are highlighting areas of concern to department management.

Clinical Care and Concerns

Of the 111 contacts, 13% (n=14) were related to inappropriate care and treatment; of these 4 were for the Emergency Department. 9% (n=10) concerned the co-ordination of patients medical treatment. A further 9% (n=10) were in relation to patients following up test results; of these 4 were for Radiology CT/MRI results.

Nationally reporting for CT and MRI scans has seen an increase in waiting times this is mostly due to substantial increase in demand and recovery plans following the response to Covid-19. To improve current wait times the RUH outsources to two companies to support reporting times and

requests additional capacity that may be available. The Radiology department continue to manage demand to ensure the appropriate use of existing capacity. An additional communication channel for GP's and referrers has been set up to support the expediting of reports if clinically appropriate in addition to an increase of in-house reporting.

PALS team are continuing to work with departments to provide test results and direct patients to the appropriate referrer for follow up.

Appointments

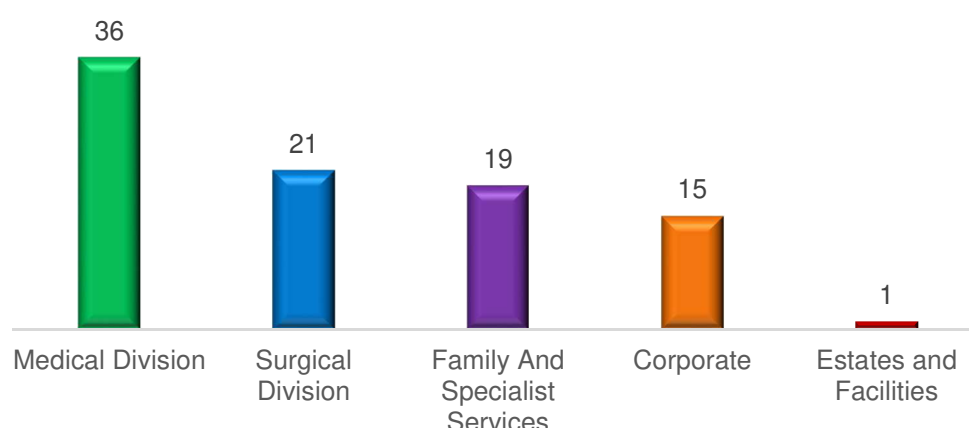
Of the 109 contacts, 57% (n=63) related to the length of time patients were waiting for new and follow up appointments. Hotspot areas include Gastroenterology, Cardiology, Oral & Maxillofacial Surgery, Neurology, Urology, Gynaecology and General surgery.

Oral & Maxillofacial Surgery are providing additional clinics over the weekends to support with the backlog of patients. The Trust has updated information on the external web pages regarding current outpatient waiting times and advice for patients as to what to do should their condition change or worsen. Outpatient areas are holding telephone and virtual clinics where possible to support the reduction of waiting lists.

Compliments

Compliments are e-mailed to the PALS inbox or made over the phone. They are then sent to the Directors Office to be shared with the relevant teams. A response is also sent to the patient/family member by the Chief Executive. An online compliment form is now on the external webpages.

PALS received 92 compliments in Q3, 32 related to Wards and 29 to Outpatient departments. A further 16 were for the Emergency Department. Patients and family members said that staff were professional and compassionate and that they were reassuring putting patients and their families at ease. Many compliments thanked staff for the excellent care they provided despite the pressures they faced.



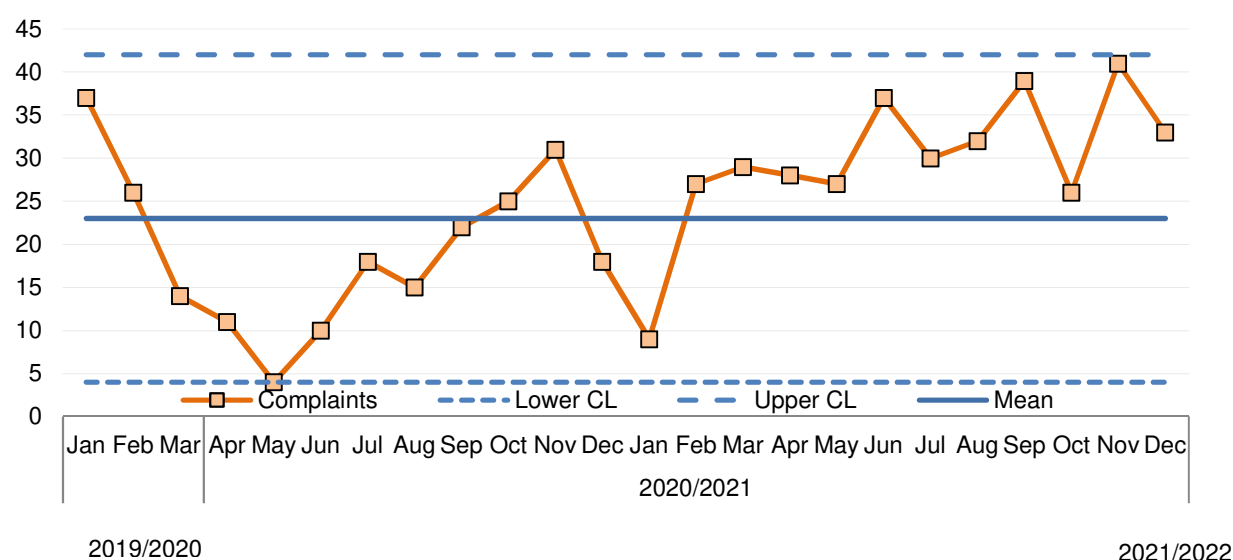
Graph 8: Total Compliments received in Q3 by Division/Directorate

Patient/ family experience feedback – complaints

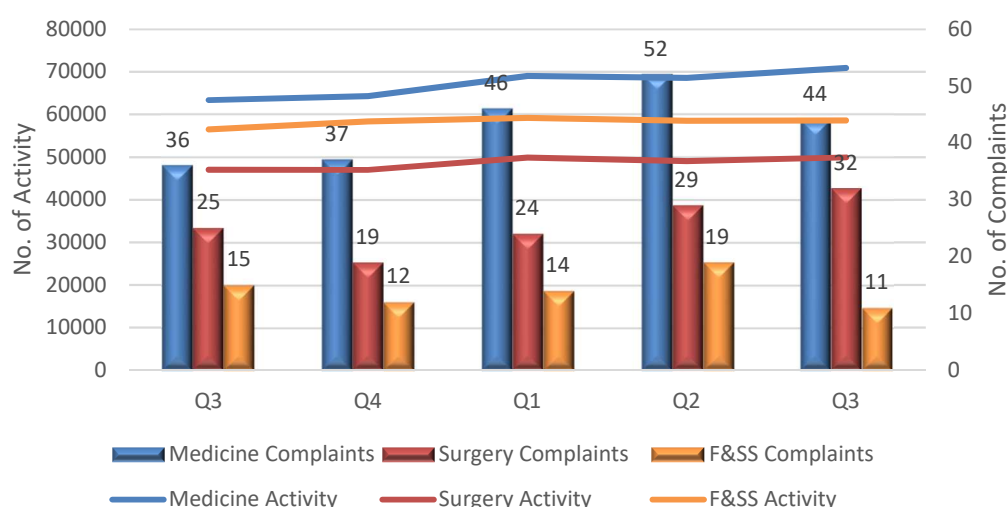
The Trust received **94** complaints in Q3 2021. Medicine Division (n=44), Surgery Division (n=32), Family and Specialist Services (F&SS) (n=11), Corporate (n=6) and Estates & Facilities (n=1). There was a 7% decrease in the number of complaints received, compared to the previous quarter. There have been 11 consecutive months where the number of complaints received by the Trust exceeded the mean average. There have only been four other months in the last 24 months that have exceeded this number.

Five complaints were re-opened in Q3; this is one more than the previous quarter Q2. Seven complaints were open for investigation by the Parliamentary and Health Service Ombudsman (PHSO) in Q3.

Please Note: For the purpose of this report Complaints relating to the Emergency Department (n=17) have been included under the Medicine Division.

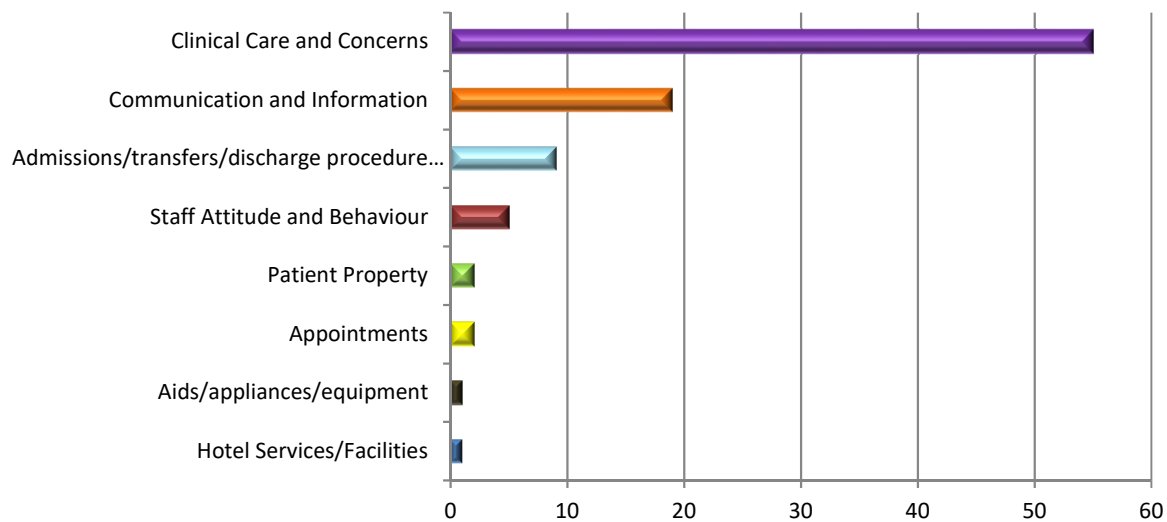


Graph 9: Total number of complaints received each month



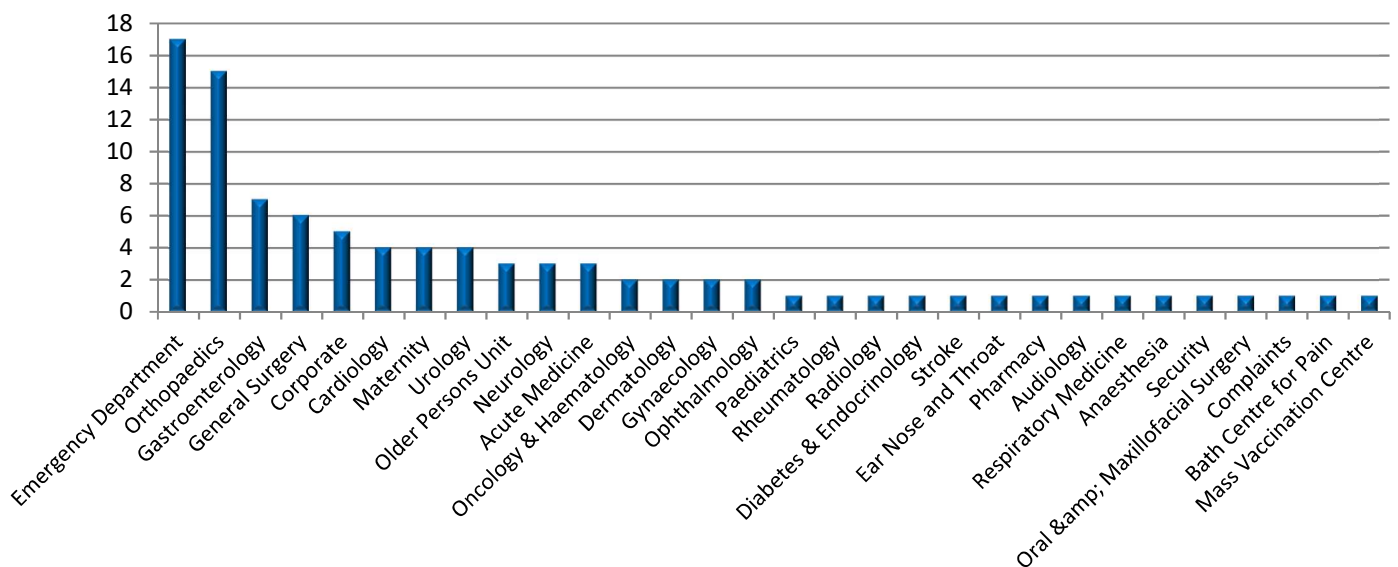
Graph 10: Activity by Division in comparison to complaints by Division Q3 2020/21 – Q3 2021/22

The complaint rate was 0.045% for Q3 2020/21 and 0.048% for 2021/22. The overall complaint rate for the year 2020/21 was 0.035%.



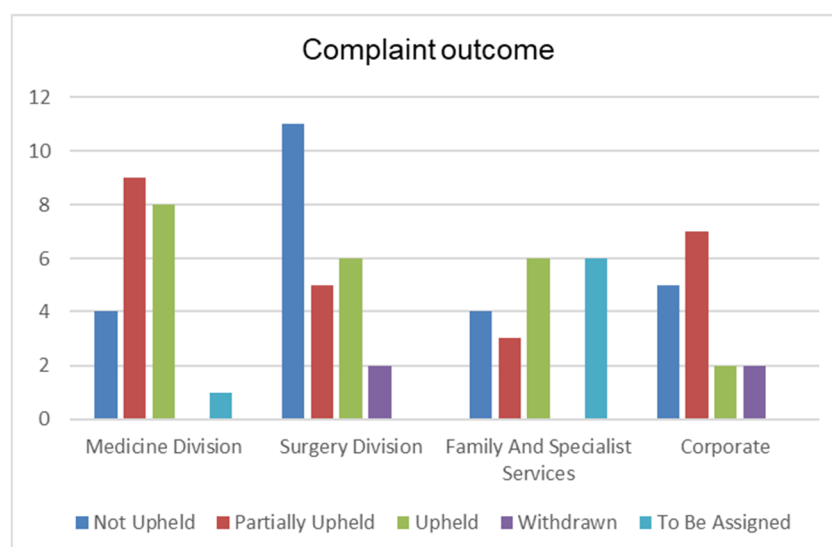
Graph 11: Complaints received in Quarter 3 by subject category

Clinical Care and Concerns accounts for the highest number of complaints across the Trust (n=55). Within this category, the highest number of complaints relate to inappropriate care/treatment (n=12), general enquiries/clinical care (n=11) and co-ordination of patients medical treatment (n=9).



Graph 12: Complaints received in Quarter 3 by Specialty

Of the 94 complaints received in Q3 the Emergency Department, Orthopaedics and Gastroenterology account for 41% (n=39) of all complaints. The Corporate Complaints Team took over the handling of ED complaints in October 2021, however for the purpose of this report and for comparisons over the previous 13 months; ED figures are included within Medicine Division.



Graph 13: Outcome of complaints due for response in Quarter 3 by Division

22 complaints were upheld this quarter, 24 were partially upheld and 24 were not upheld. Upheld complaints account for the highest number in F&SS, Medicine and Surgery Divisions. In the Surgery Division not upheld is the most used outcome with 11/24 (46%).

Complaints responded to within 35 working days	Medicine	Surgery	F&SS
	33% (12/36)	25% (6/24)	32% (6/19)

Table 7: Compliance with 35 working day breach date by division. (1 Corporate met timescale)

Of the 81 complaints closed in Q3, 31% (n=25) were completed within timescale.

The difficulties in meeting timescales are due to a consistently high volume of complaints (see figure 3). The challenging staffing levels amongst clinical teams has resulted in reduced capacity for responding to complaints and this together with pressure on the Executive team to review and approve complaint responses has resulted in a deterioration in the percentage of complaints responded to within 25 working days. In order to address the backlog of responses, the corporate complaints team have supported the drafting of complaint responses in the Divisions and agreed flexible timescales proportionate to complaint complexity with patients/families who have complained.

Actions taken as a result of complainants' feedback

You Said	We Did
A complaint was made about a baby's care on the Paediatric Admissions Unit (PAU) including poor cannula insertion, poor communication and delays, and lengthy wait in a corridor.	Learning for trainee doctors to take time to be kind and reassure parents during procedures such as cannula insertion. Improved organisation around prescribing antibiotics in advance for children returning to PAU has been implemented.
Patient found that the instructions received prior to attending a scan at the mobile MRI	The information included in patients' appointment letters has been reviewed and

unit were confusing. This resulted in a delay in the patient receiving their scan.	amended to include clear instructions on how to get to the mobile scanner.
Patient was in extreme pain following orthopaedic surgery. A systems failure resulted in clinical staff not being able to access the patient's electronic medicines record (ePMA).	On-call Pharmacists have been made aware of the need unblock records unavailable to prescribers if contacted by the clinical team. The procedure has been documented to prevent unnecessary delay. The Programme of Acute Pain Course has been reviewed and a request that the Acute Pain Team (APT) undertake targeted updates on wards where staff training uptake is low. APT will also review delivery plan to increase total uptake.

Complaints Audit 2021

Previous audits have focused on compliance with The Trust's Complaints Policy, The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and CQC Regulation 16 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. This year the focus was on quality, values and patient experience, paying particular attention to the areas previously highlighted as critical to improving the Trusts complaints process. With thanks to Dr Ian Orpen and Nigel Stevens, non-executive directors for auditing 10 complaints, received between February 2021 and September 2021. (4 Medicine, 4 Surgery, 2 F&SS)

Audit Criteria

Handling & Administration <ul style="list-style-type: none"> • Timescales? • Quality of initial triage? • Gaining consent. • If breached – why? • Good note keeping? 	Communication <ul style="list-style-type: none"> • Call to complainant to acknowledge and explain process? • Matron or other senior member of staff contact, SPOC established? • Prompt and honest communication where response delayed? • Complainant kept up to date?
Investigation and Response <ul style="list-style-type: none"> • Does the response address the complainants questions? • Have we shown we understand the impact of the issue on the patient? • Tone? • Human and personal or corporate and overly formal? • Compassion and empathy? • Good plain English? • Genuine apologies? 	Actions and Learning <ul style="list-style-type: none"> • Has there been any? • Is this clear to the complainant? • Sense that actions/learning are meaningful and will drive tangible change? • Accountability and time bound? • Do actions and learning link to desired outcomes for complainant?

Findings from audit:

Handling and Administration

- Acknowledgement timescales met (100%)
- Thorough capturing of complaint at triage
- Emails to 'extend' when timescales not met are not consistent
- Not always clear why complaints have breached the response time
- Prompt liaison between divisional complaints handlers and departmental respondents
- Datix progress notes not used consistently, but where used provides clear narrative of process

Communication

- Not consistently evidencing calls made by Matron or other senior member of staff. Requests to call however are consistently recorded.
- We do not consistently call complainants ahead of time to apologise to them when we are going to fail to meet timescale.
- Written communication is professional, polite and clear.

Investigation and Response

- Complaints reports can be too technical and do not address key points.
- Response feels 'tame' and does not do enough to recognise human dimension. Response sometimes 'copy and paste' clinical language and does not get at the real issue in a succinct way. Cut and paste from division does not flow.
- Cover letter does not always reflect situation (e.g. terminal illness).
- More compassion and empathy needed and more needs to be done to demonstrate we appreciate the impact. Too explanatory.
- Apologies don't always feel genuine.
- Plain English is being used.

Actions and Learning

- Some good practice with Specific, Measurable, Achievable, Realistic and Timely (SMART) actions set; however need to be assured that the actions are completed within the timescales given.
- What mechanisms are in place to highlight themes in a particular area or with a particular team or member of staff?
- Learning seems superficial and does not get at root cause.
- Much of the learning seems to centre on better communication.

Complainants' questionnaires

Complainants completed 24 Questionnaires between 1st April and 31st December 2021. The questions cover the process of complaining and the process taken by the Trust to respond.

Questions	Yes, definitely	Yes, to some extent	No
1. Considering a complaint: I knew I had a right to complain.	21		3
2. I was given information on how to complain.	2	8	11
3. I was advised of the support available to help me make a complaint e.g. advocacy services.	1	2	19
4. I felt confident that any on-going care would not be compromised by making a complaint.	5	4	8
6. Making a complaint: I felt I could have raised my concerns with any of the staff I dealt with.	4	5	13
7. I was able to communicate my concerns in the way I wanted.	7	8	6
8. I knew that my concerns were taken seriously the very first time I raised them.	7	5	11
9. I was able to make a complaint at a time that suited me.	12	7	4
11. Staying informed: I was given the name and contact details of the person handling my complaint.	15	4	3
12. I always knew what was happening in my complaint.	6	8	9
13. I understood that my complaint would not be part of the medical records and would be confidential.	5	1	17
14. I felt that the staff investigating my complaint were empowered to resolve it.	7	8	8
16. Receiving outcomes: Do you feel that we responded to your concerns openly and honestly?	7	8	8
18. Reflecting on the experience: I would complain again, if I needed to.	17	3	3
19. I feel that my complaint was handled fairly.	5	10	8
20. I would happily advise and encourage others to make a complaint if they felt they needed to.	15	3	4
21. I understand how complaints help to improve services.	12	6	5

Table 8: results from the complainant questionnaires

Positive responses:

Complainants knew they had a right to complain and they would complain again if they needed to, in addition they would advise others to do the same.

Complainants knew who was handling their complaint and felt they were able to make a complaint at a time that suited them.

"Was very well informed and very nice compassionate woman encouraged to make my complaint formal. Thank you."

Negative responses:

Complainants did not know how to complain or that there were advocacy services available to support them.

"I think people need an easier way to find out they complain! I complained because I was not expecting how I was treated but some people would know how or would not find it easy accessible to complain even though I have complained I am still waiting for the outcome."

Patients did not feel they could raise their complaint with anyone in the hospital and that their concerns would be taken seriously. They also did not know their complaint would not be part of the medical records and would be confidential.

"The complaints process was clear once I'd made the formal complaint but by that time it was too late. The major issue (bad before COVID but now even worse) is communication with staff at the time which would mean it should not get to complaint stage."

The results from the audit and the feedback from patients/families who have complained will inform an improvement plan led by Hayley Hughes, Head of Complaints when she starts on 7th March 2022.

Patient Experience Activities

In Q3, the Patient Experience Team supported 7 services to collect patient/carer experience feedback, for example:

- **Children's Therapies** – A review of the service by the Children's Therapies Service and BANES Swindon and Wiltshire CCG – To gather experience of the children/young people and parents using the service and other professionals referring to the service.
- **Gastroenterology Cytosponge Procedure** – Patient experience of procedure
- **Bath BabyView Private Scanning Services** – Parent Experience of the service
- **Transitional Care Pathway (Neonatal Unit)** – Questionnaires to gather new parent/s and staff experience of the pathway.

Patient experience improvements:

Osteoporosis Outpatient Appointment experience

Over 89% patients had a positive experience of telephone consultations. However, the majority of patients said that they would prefer a mixture of face-to-face, video and telephone consultations in future. Some patients had difficulties around physical/sensory limitations with telephone clinics.

Some patients say they would like more information prior to their consultation about what their appointment involves

Not all patients were given details of who to contact following their appointment if they had further questions

Action taken: The appointment letter is being reviewed and will include more information about the appointment and details of who to contact if the patient has further questions.

Urology Nurse Specialist appointment experience

Patients benefitted from seeing the nurse specialist prior to seeing the Consultant

Patients understood the need for telephone consultations during the pandemic

Some patients felt that the results were going to be negative as they were having the results by telephone

Action taken: Patients are now given the choice to have telephone or face-to-face consultations (prostate results)

Patients waiting for bladder results are given the choice of how they receive these results e.g. face to face or by telephone

Paperwork/ leaflets are now sent first class to ensure arrival prior to consultation with consultant.

Prostate cancer Pre-habilitation Questionnaire

100% of patients said that they felt listened to during radiotherapy and felt generally well informed about their radiotherapy treatment prior to starting radiotherapy however there is some disparity in the information provided on side effects and other issues that can arise after a cancer diagnosis.

The dietary information given to patients in response to their bowel side effects is not as clear as it could be and patients describe it as being contradictory.

The majority of patients (n=10) say that they would not have been interested in attending a group information session prior to their radiotherapy treatment.

Action taken:

Radiotherapy dietary advice has been updated to make it clearer and easier to understand.

Consider other ways of delivering a pre-habilitation session/information to ensure that patient information and support needs are being met before starting radiotherapy treatment.

Patient Stories to the Board of Directors

In November, the story to the Board of Directors centred on the experiences of staff and volunteers at Bath Large Vaccination Centre. As at 29th October, 176,757 vaccinations had been given. The vaccination programme has been a good example of collaborative working across the local health community. Around twenty volunteers from 3SG supported the Centre each day. The team demonstrated autonomy and partnership working and using regular feedback from staff, volunteers and patients to improve the service. The team also shared a common sense of purpose.

See it my Way – experience of COVID

In Q3, the Patient Experience team released the latest ‘**See it my Way**’ film ‘**experience of COVID**’. Three patients who were cared for in Intensive Care shared their experience of having the illness, the impact on their family/friends and the care they received at the hospital. The video also featured staff reflecting on working in intensive care throughout the pandemic, describing how small acts of kindness can make such a difference for patients and their families. The film received excellent feedback from staff and patients.

‘I have just watched the video which was incredibly moving and I just wanted to say how amazing it is and how fabulous everybody was.’

‘well done they are so well produced, and really good to hear from the patients how the little things make such a difference to them... brought a tear to my eye, especially as I lost two family members to COVID, great to hear from those who survived.’

Bereavement and Medical Examiner (ME) Office

The Bereavement and Medical Examiner (B&ME) Office provides a service for bereaved families of patients who die at the RUH. They provide help, support to relatives, and explain how to deal with the formalities required by law. The number of patients who died in hospital increased in Q3 from lower numbers at the start of the pandemic.

	Q1	Q2	Q3	Q4	Total
2019-20	365	318	404	429	1516
2020-21	275	274	374	390	1313
2021-22	280	324	412		

Table 9: number of deaths at the hospital

Performance

	Apr 2021	May 2021	Jun 2021	July 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
Total no. of deaths	107	96	77	94	119	111	136	140	136
Scrutinised by ME %	97	95	98	96	98	95	99	98	97
Communication ME Office and next of kin %	99	98	100	96	95	97	97	97	97
Mortality Review check-list and SJR screen %	100	100	99	100	96	98	99	96	90
Referred for Structured Judgement Review %	21	21	13	16	22	11	16	16	17
Medical Cause of Death (MCCD) completed within 3 days %	86	83	84	64	85	82	75	72	73
MCCD rejected by the Registrar	0	1	0	0	1	1	4	0	3

Table 10: ME performance

Extension of the service across BANES community

From 22nd November 2021, the ME Office also now provide oversight of deaths at Dorothy House. It is expected that this will result in an additional workload of between 150-175 deaths per year. The next steps will include the community rollout in April 2022. A meeting involving all community stakeholders was held on 23rd November. Discussion included the need to:

- Have a common approach from all ME teams.
- Community boundaries for each ME team.
- Working under the jurisdiction of the Wiltshire Coroner in addition to the Bristol Coroner service.
- National statutory requirements for the ME service is expected in the summer of 2020.

An additional 0.3 wte Medical Examiners and 1.3 wte Medical Examiner Officers will be recruited in March 2022 to take on the additional work in the community, with the expectation of an additional 1300 community deaths to scrutinise per year.