

COUNCIL OF GOVERNORS

Meeting to be held on 31 January 2017 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

SUPPORTING INFORMATION

Q2 16/17 Patient Experience Report

Q2 16/17 Complaints Report

Independent Review of Children's Cardiac Services
at the Bristol Royal Hospital for Children (BRCH)

**Report to the Council of Governors meeting to be held on 31 January 2017 at
 14:00 in the Conference Room, Trust Headquarters, Marlborough Street,
 Bristol, BS1 3NU**

		Agenda Item	8.1b
Meeting Title	Council of Governors	Meeting Date	31 January 2017
Report Title	Quarterly Patient Experience and Involvement Report (Quarter 2)		
Author	Carolyn Mills, Chief Nurse		
Executive Lead	Carolyn Mills, Chief Nurse		
Freedom of Information Status		Open	

Governor Responsibility (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

Action/Decision Required (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>
		For Approval	<input type="checkbox"/>
		For Information	<input checked="" type="checkbox"/>

Executive Summary

Purpose

To share insight and learning from patient-reported experience generated from patient surveys and patient and public involvement activities.

Key points to note

- All of the UH Bristol's headline patient satisfaction survey measures in Quarter 2 were above [better than] target, at Trust, Divisional and hospital level - demonstrating the continued provision of a high quality inpatient and outpatient experience.
- A number of patient and public involvement activities are noted in the report. In particular, at the invitation of the Trust, Healthwatch carried out an "enter and view" of South Bristol Community Hospital inpatient areas, primarily in response to relatively low survey scores being achieved in this setting. Analysis of these survey results in previous Quarterly Patient Experience and Involvement Reports, suggested that they reflect the real challenges in effectively communicating with patients who have complex health and social care needs, and are in line with survey trends seen at a national level. The enter and view provided an opportunity to independently test this analysis. The findings of the report were very positive about the care being provided at South Bristol Community Hospital. A number of suggestions were put forward by Healthwatch to enhance patient experience, in particular recognising that many patients have a relatively long stay and therefore, as far as possible, efforts should be made to ensure access to magazines, activities and the

café. A summary of the Trust’s response to these recommendations will be provided in the next Quarterly Patient Experience and Involvement Report (due at Trust Board in March 2017).

- The following wards received relatively low survey scores in Quarter 2:
 - Ward 37 (paediatric renal) received relatively low scores on both the “inpatient experience tracker” and “kindness and understanding” survey measures. Further analysis was carried out by the Patient Experience and Involvement Team and the Head of Nursing, but the results did not correlate with other quality metrics reviewed by the Bristol Royal Hospital for Children, including complaints. Therefore, this result may have been a “statistical blip” and survey scores for Ward 37 will continue to be monitored closely (they are more positive in Quarter 3 to date).
 - A400 (older people’s assessment unit) had the lowest score on the headline “kindness and understanding” measure, although this appeared to primarily be due to low sample sizes affecting the data and did not correlate with the Friends and Family Test or other quality metrics reviewed by the Division of Medicine for this ward.
 - Ward C808 (care of the elderly) has received relatively low “inpatient tracker” survey scores for several quarters. Our analysis has shown that this correlates with trends seen at a national level and is likely to reflect the real challenges of communicating with patients who have complex health and social care needs. The care of the elderly service nevertheless recognises that there is an opportunity to improve patient experience and a number of service development actions are outlined in the Quarterly report. This includes a focus by the Patient Experience and Involvement Team on understanding the experience of patients in care of the elderly services in Quarter 1 (April-June 2017), utilising the Trust’s Involvement Network and *Face2Face* volunteer interview programme.
- In outpatient settings, the Trust receives relatively low survey scores in respect of ensuring patients are kept informed about any delays in clinic. A recent development has seen the installation of new, standardised clinic information boards in a number of clinics. This issue will continue to be a focus for the Trust as improving this survey score is a corporate quality objective for 2016/17.

Recommendations

Governors are asked to:

- **Note** the report.

Intended Audience

(please tick any which are relevant to this paper)

Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>
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Date papers were previously submitted to other committees

Nominations & Appointments Committee	Quality Focus Group	Governor Strategy Group	Constitution Focus Group	Public Trust Board 31/1/17
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Quarterly Patient Experience and Involvement Report

*Incorporating current Patient and Public Involvement activity and patient survey data
received up to Quarter 2 2016/17*

Author: Paul Lewis, Patient Experience and Involvement Team Manager

Patient Experience and Involvement Team

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1. Overview of patient-reported experience at UH Bristol: update since the last Quarterly Report

Successes	Priorities
<ul style="list-style-type: none"> Approval of the Trust's new Quality Strategy by the Trust Board, incorporating plans for a step-change in the way that UH Bristol collects and uses service-user feedback The launch of the Trust's new Welcome Guide on adult inpatient wards Healthwatch carried out an "enter and view" of inpatient services at South Bristol Community Hospital, with positive feedback received from Healthwatch about the care provided there The Trust expanded opportunities for patients to give feedback about the Bristol Royal Infirmary Emergency Department by introducing a new SMS (text-message) based Friends and Family Test survey 	<ul style="list-style-type: none"> For 2017/18, the Trust has been set a challenging response rate target for the outpatient Friends and Family Test by the Bristol Clinical Commissioning Group. An options appraisal to identify the best methodology has been undertaken by the Patient Experience and Involvement Team, which points to an SMS-based approach (possibly via an extension of the Trust's SMS appointment reminder system). This has support in principle from the Trust's Outpatient Steering Group and funding options are now being considered.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> In light of the Trust's new Quality Strategy, to enhance the collection and use of patient feedback via the procurement of a new "real-time feedback" IT system. A working group re-convened in early December 2016 to agree the procurement specification (this will be shared with the Senior Leadership Team for review). To extend the text-message Friends and Family Test to the Bristol Royal Hospital for Children Emergency Department (commenced in Quarter 3). To share the positive patient feedback in this Quarterly Report with staff delivering care and users of our services 	<ul style="list-style-type: none"> The following wards received relatively low survey scores (a full exploration of these results is provided in Section 3 of the current report): <ul style="list-style-type: none"> Ward 37 (paediatric renal) received relatively low scores on both the "inpatient experience tracker" and "kindness and understanding" survey measures. This did not correlate with other quality metrics reviewed by the Bristol Royal Hospital for Children, so may be a "statistical blip". These survey scores will continue to be monitored closely (they are more positive in Quarter 3 to date) A400 (older people's assessment unit) had the lowest score on the headline "kindness and understanding" measure, although this appeared to primarily be due to low sample sizes affecting the data and did not correlate with the Friends and Family Test or other quality metrics reviewed by the Division of Medicine for this ward Ward C808 (care of the elderly) has received relatively low "inpatient tracker" survey scores for several quarters. Our analysis has shown that this correlates with trends seen at a national level and is likely to reflect the real challenges of communicating with patients who have complex health and social care needs. The care of the elderly service nevertheless recognises that there is an opportunity to improve patient experience and a number of service development actions are outlined in Section 3 of the current report

2. Update on recent and current Patient and Public Involvement (PPI) Activity

The UH Bristol Patient Experience and Involvement Team carries out a range of activities to ensure that patients and the public influence and shape the services that the Trust provides. There are three broad areas of work in this respect:

- The corporate Patient and Public Involvement (PPI) programme (principally the Involvement Network, *Face2Face* patient interviews, Patient Experience at Heart staff workshops, and the “15 steps challenge” – see Appendix B for a summary)
- Service-level PPI activity
- Engagement with partner organisations (e.g. Healthwatch, Patient’s Association, local health and social providers)

This section of the Quarterly Report provides a summary of notable PPI activity that has recently been undertaken by the Trust.

Face2Face volunteer interview programme

The volunteer interview team was involved in two recent projects that aimed to understand the experience of specific patient groups:

- In the Adult Congenital Heart Disease clinical nurse specialist service, a dedicated volunteer interviewer was assigned to talk to patients about their experience of care. Conversations took place over several weeks as patients attended appointments. A relatively high proportion of patients in this service have a learning disability and so the volunteer interviewer was trained specifically for this task. The feedback received from patients is currently being collated, but was generally very positive. Insight from this work will also inform the Trust’s response to the national Congenital Heart Disease public consultation planned for early 2017.
- In conjunction with the Trust’s Transformation Team and the Bristol Clinical Commissioning Group, members of the *Face2Face* interview team talked to inpatients in the Trust’s care who were homeless or vulnerably housed. This proved to be a challenging task for the team, particularly because the patients had often left the Trust’s care by the time the interviewer arrived to talk to them, and on some occasions it wasn’t appropriate for the volunteer to interview the patient. Although limited feedback was elicited from this work, it was a useful learning experience in terms of the *Face2Face* programme itself. The Trust will continue to work with its partners in this project to find ways of engaging with our patients who are homeless or vulnerably housed.

The Involvement Network

The Trust’s Involvement Network is currently engaged in discussions about the “Butterfly End of Life Improvement Project”, which is being led by the Trust’s Palliative Care Team. This project aims to improve the identification of patients on palliative care pathways on the wards and to provide better individualised care planning for these patients. In addition to consultation with the Involvement Network, the Patient Experience and Involvement Team has worked with the Palliative Care Team to carry out focus groups with staff who provide end of life care and also patient representatives.

A representative from Bristol Black Carers (a group that is part of the Involvement Network) talked at a recent meeting of the Trust Board about the experience of carers and the importance of ensuring that carers are partners in care.

A timetable of Involvement Network activity in 2017 is currently being developed and the first event will be the annual “Quality Counts” meeting in January, the outcomes of which will inform the Trust’s corporate quality objectives for 2017/18.

Engaging with partner organisations – Healthwatch enter and view

As noted in the previous Quarterly Report, the Trust invited Healthwatch to carry out an “enter and view” of inpatient areas at South Bristol Community Hospital. This was in response to a consistent trend of lower patient survey scores for this hospital. The Patient Experience and Involvement Team’s analysis had suggested that these results were consistent with the challenges in caring for patients with complex / long-term health and social care needs, and reflect similar survey trends seen nationally and also for UH Bristol’s care of the elderly wards. The enter and view, which took place in October 2016, provided an opportunity to further test this theory. The outcomes report from this visit was recently received from Healthwatch. This put forward a number of service improvement suggestions, which the hospital management team are currently reviewing, but on the whole the findings were positive as the following summary from the report demonstrates:

“Inpatient wards 100 and 200 at South Bristol Community Hospital are to be commended for providing a friendly, caring, clean and functional environment for stroke and rehab’ patients to recover in. It was clear that the staff team were happy in their work, treated well by UHB and dedicated to aiding patient recovery. Patients and visitors said very complimentary things about the staff team.”

(Healthwatch, South Bristol Community Hospital enter and view report, December 2016)

A summary of the Trust’s formal response to this enter and view will be provided in the next Quarterly Patient Experience and Involvement Report.

3. Patient survey data

3.1 Trust-level patient reported experience

The Trust’s Patient Experience and Involvement Team is also responsible for measuring patient-reported experience, primarily via the Trust’s patient survey programme¹. This ensures that the quality of UH Bristol’s care, as perceived by service-users themselves, can be monitored on an ongoing basis to ensure that high standards are maintained. It should be noted that the postal survey methodology changed in April 2016 (to provide the data a month earlier than had previously been the case): this appears to have had a marginally positive effect on the scores, so caution is needed in directly comparing 2016/17 data with previous years. The key messages from Quarter 2 are:

- All of the UH Bristol’s headline patient survey measures remained above target, at Trust, Divisional and hospital level - demonstrating the continued provision of a high quality inpatient and outpatient experience (Charts 1-6)
- As noted in previous Quarterly Reports, it has not been possible to set a target for the Emergency Department Friends and Family Test scores in 2016/17 (Chart 5). This is because of the ongoing trialling

¹ A description of the key Trust surveys is provided in Appendix B. The headline metrics that are used to track patient-reported experience are: being treated with kindness and understanding, the inpatient and outpatient trackers (which combine several scores across the surveys relating to cleanliness, respect and dignity, communication, and waiting times), and the Friends and Family Test score. The postal survey target thresholds are set to detect a deterioration of around two standard deviations below the Trust’s average (mean) score, so that these measures can act as an “early warning” if the quality of patient experience significantly declines, and action can be taken in response.

of different approaches to collecting this feedback, all of which have varying effects on the score, making it difficult to establish a baseline from which we can set targets. This will continue to be the case until the effects of SMS surveying on the scores are assessed, but the aim remains to put a target in place for this survey from 2017/18.

- The Trust continued to meet its inpatient and day case Friends and Family Test response rate targets in Quarter 2 (Chart 7). However, these rates had started to decline during Quarter 2, to be just above target by the end of the quarter. The Heads of Nursing have therefore reminded their teams about the importance of this feedback process.
- The Trust met its Emergency Department Friends and Family Test response rate in August and September 2016, having achieved this inconsistently during the year to date (Chart 9). This was helped by the introduction of an SMS (text messaging) version of this survey, which is sent to Bristol Royal Infirmery Emergency Department patients after their discharge from the Department. This is being utilised alongside the cards and touchscreens available in the department itself and has proved successful both in terms of generating insightful feedback and supporting achievement of the response rate targets. A trial of this technology is now underway in the Bristol Royal Hospital for Children Emergency Department.

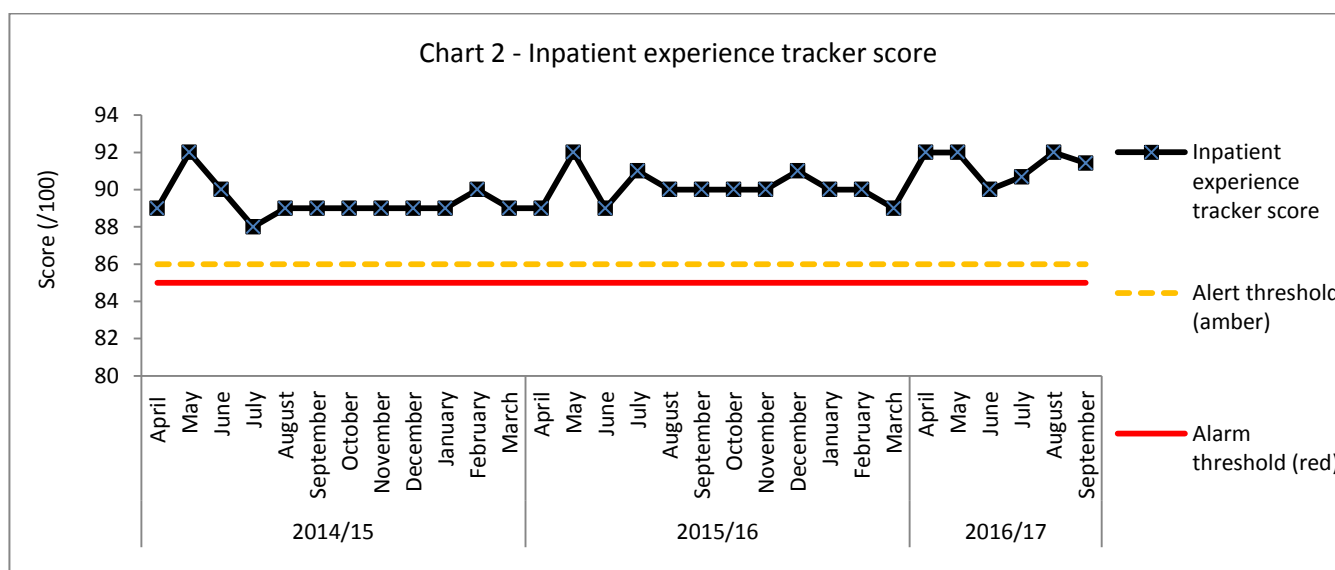
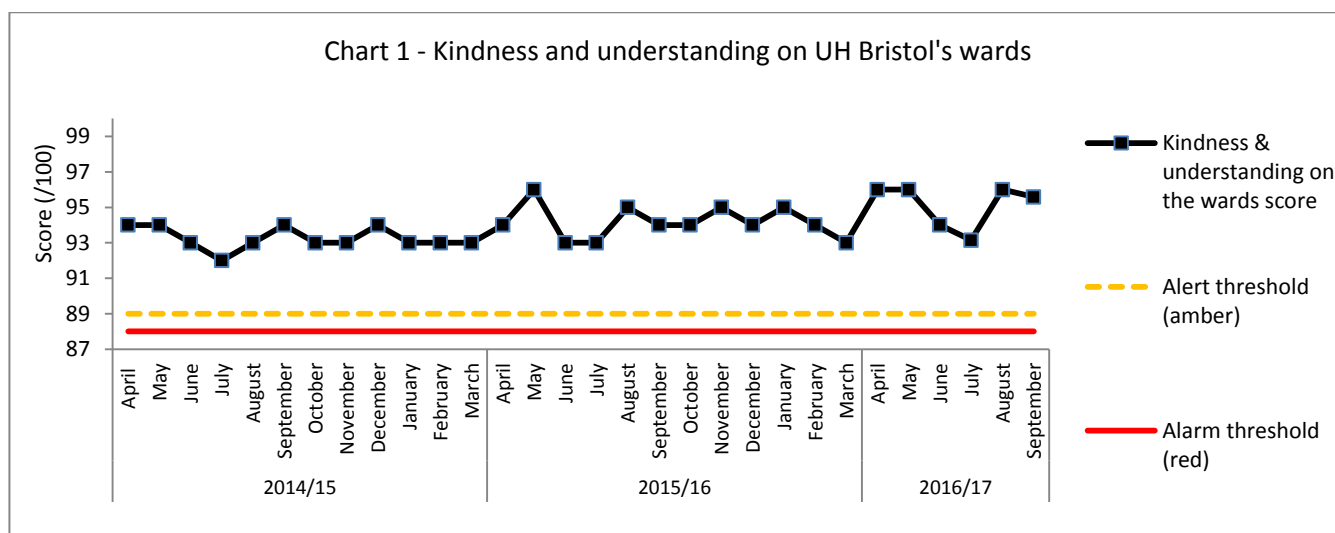


Chart 3 - Outpatient experience tracker score

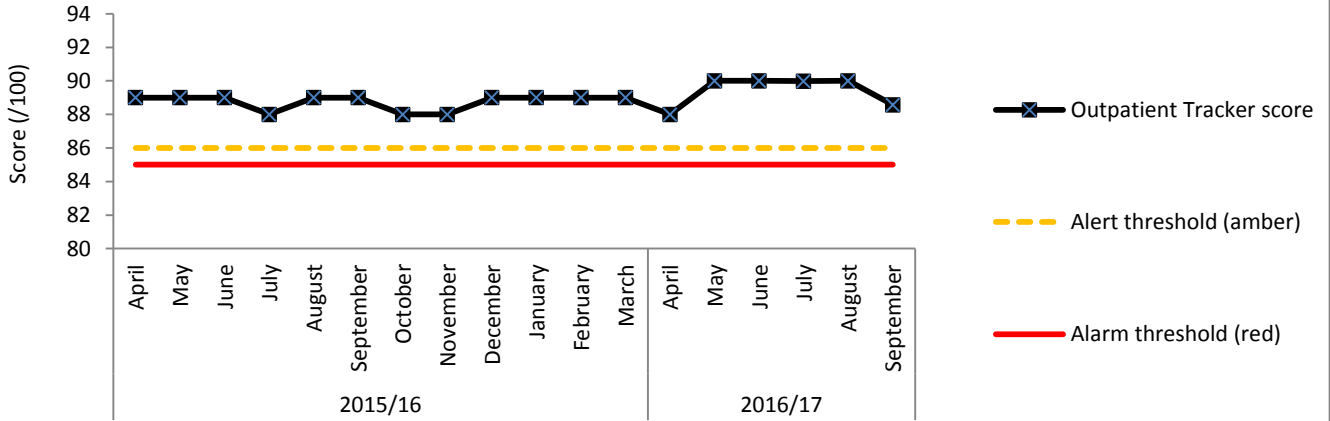


Chart 4 - Friends and Family Test Score - inpatient and day case

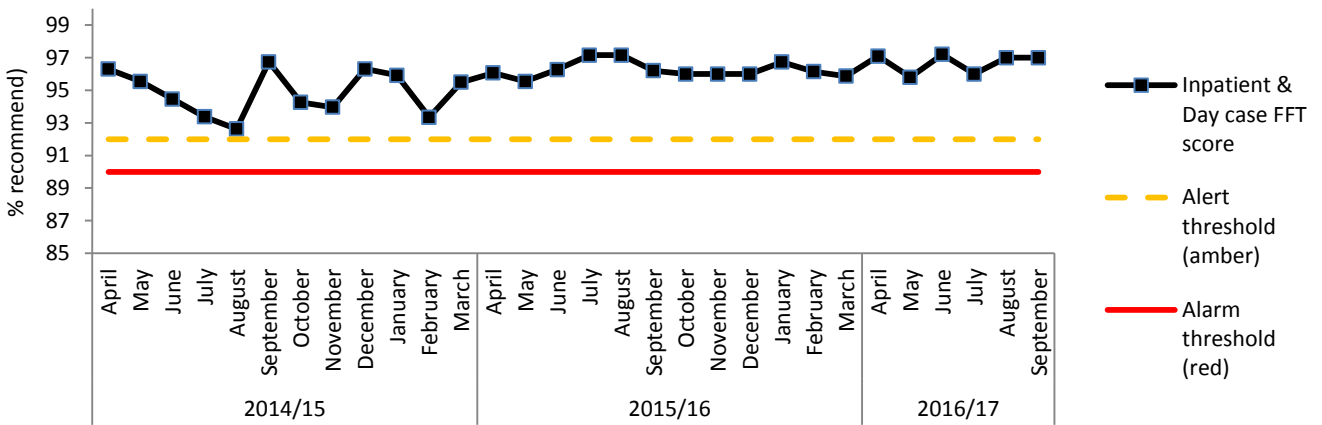


Chart 5 - Friends and Family Test Score - Emergency Department

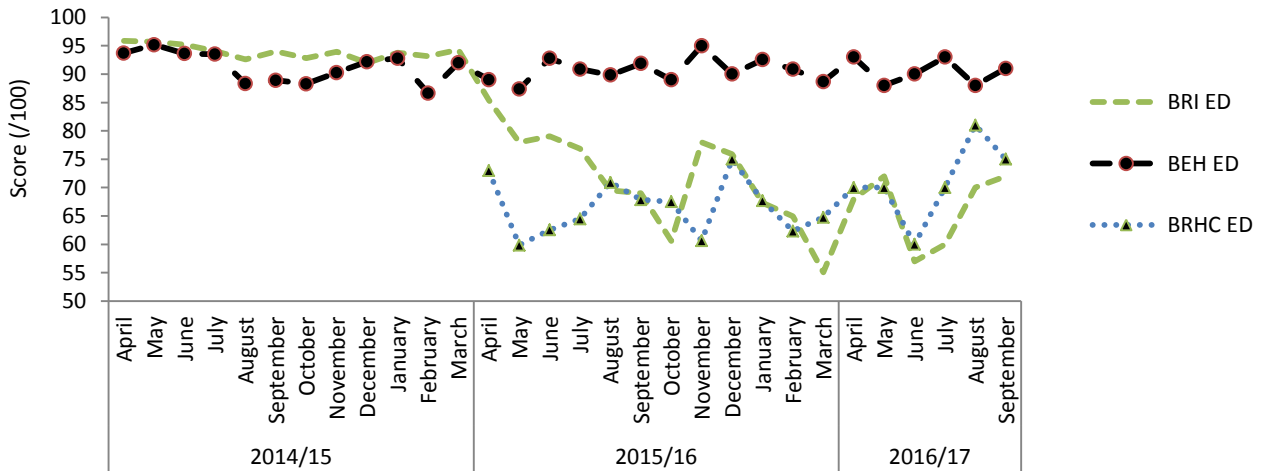


Chart 6 - Friends and Family Test Score - maternity (hospital and community)

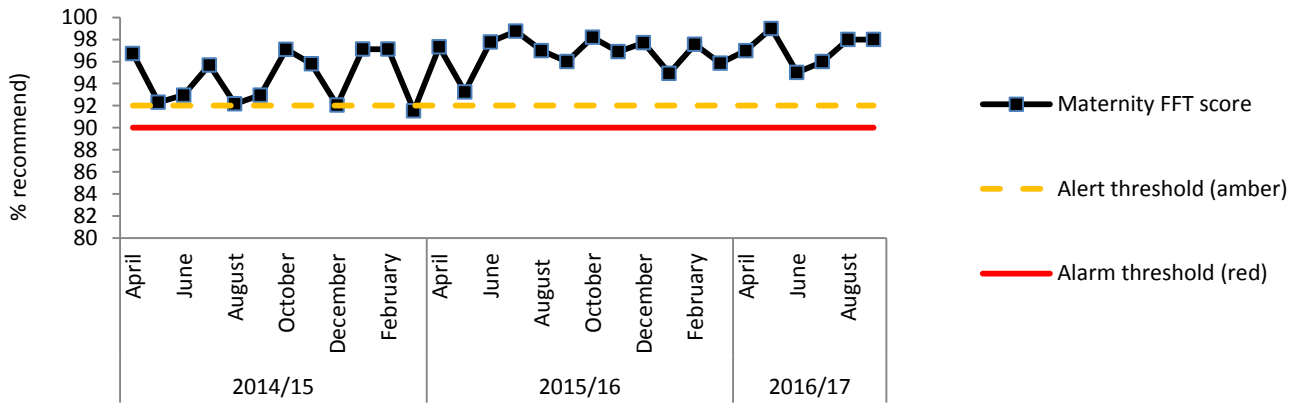


Chart 7: Friends and Family Test Response Rates (inpatient and day case) 2015/16

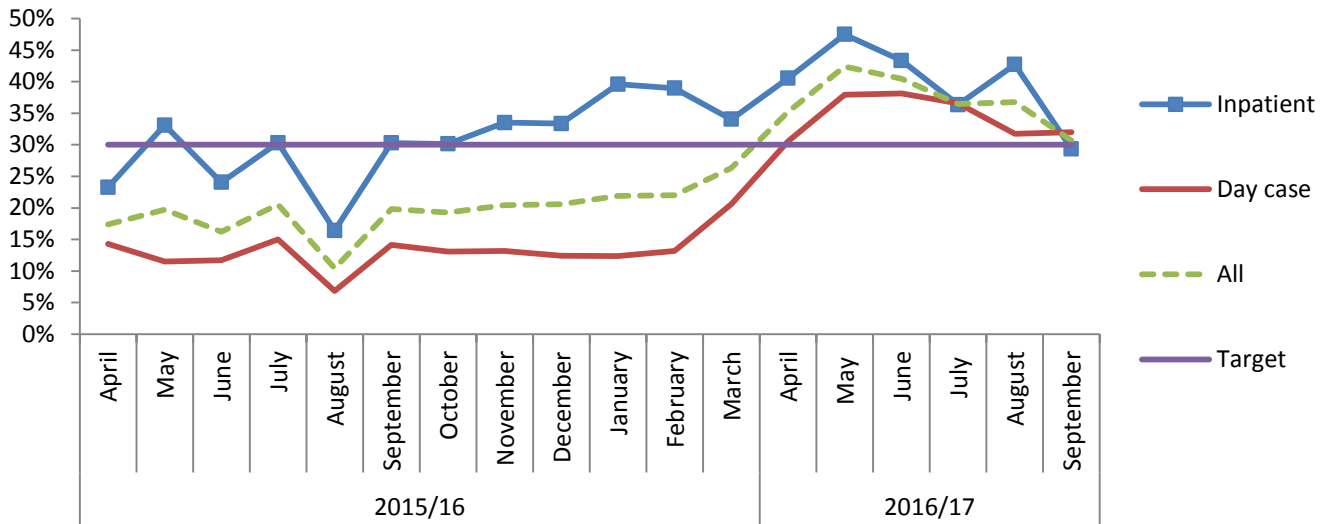


Chart 8: 2015 /16 Friends and Family Test Response Rates (maternity combined)

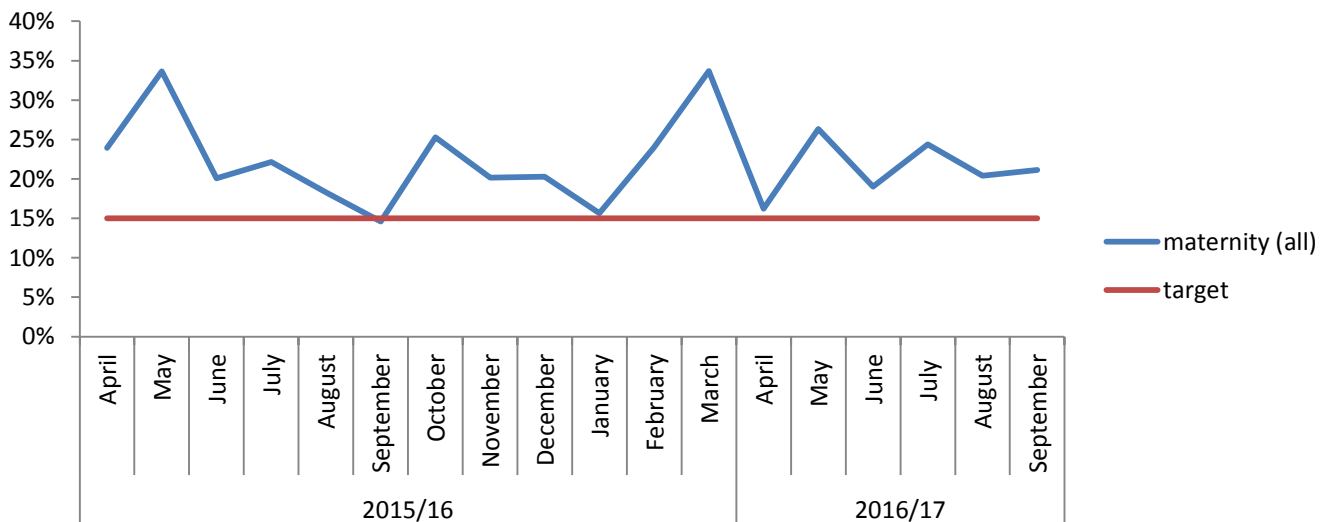
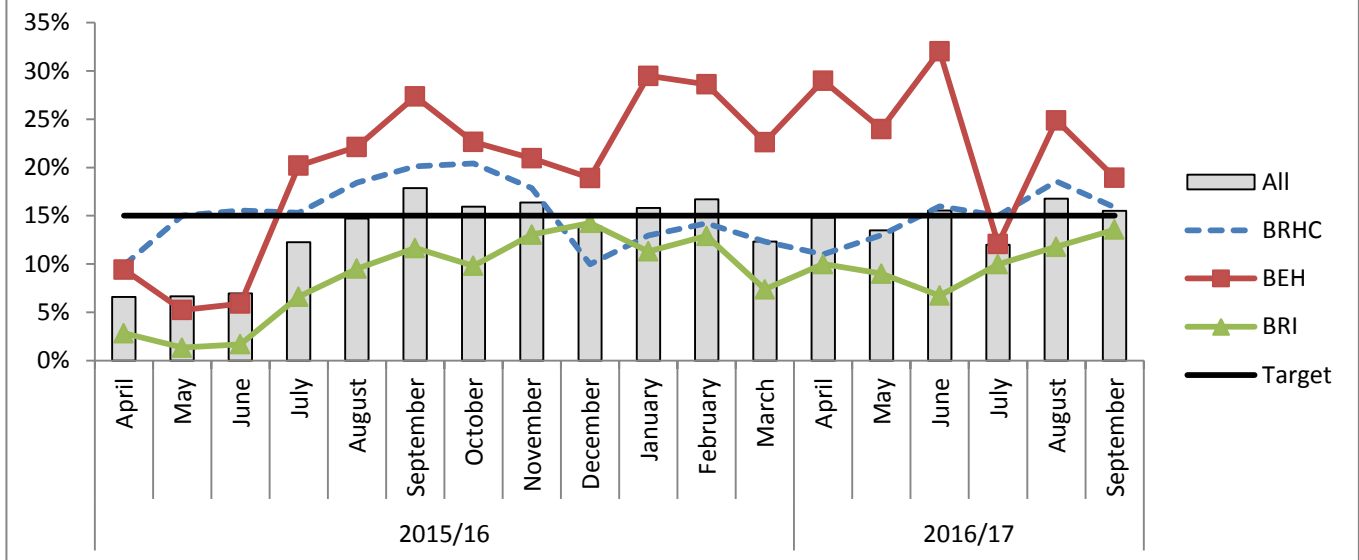


Chart 9: 2015/16 Friends and Family Test Response Rates (Emergency Departments)



(Key: BRI = Bristol Royal Infirmary; BEH = Bristol Eye Hospital; BRHC = Bristol Royal Hospital for Children; ED = Emergency Department)

3.2 Divisional, hospital and ward-level patient-reported experience

Charts 10-20 provide a view of patient-reported experience at UH Bristol, from a Division to ward-level. Please note that the margin of error gets larger as the data is broken down, so it becomes important to look for consistent trends across more than one of the scores (particularly at ward-level). The full Divisional-level inpatient and outpatient survey question data is provided in Tables 1 and 2 (pages 14-17).

All of UH Bristol’s Divisions and hospitals scored above the target thresholds for the headline patient survey measures in Quarter 2 (charts 10-17) – the first time that this has been the case in the Quarterly Report. Nevertheless, in looking at the full set of survey questions (Tables 1 and 2) and ward-level data (charts 18-20), some negative outliers are present:

Ward 37

Ward 37 is a renal ward at the Bristol Royal Hospital for Children and had the lowest Friends and Family Test score and second lowest “kindness and understanding” score in Quarter 2 (Charts 18 and 20). A detailed analysis of the results has been carried out by the Patient Experience and Involvement Team. In terms of the Friends and Family Test ratings, of the thirteen people who rated Ward 37 in Quarter 2, eleven said they would be extremely likely or likely to recommend the care and two said they “didn’t know”. Unfortunately, “don’t know” responses are counted as negatives in the Friends and Family Test scoring system, which served to skew the result in this case. (It should be noted however that underlying this issue was a low response rate - 8.5% in Quarter 2 - and so the Head of Nursing has raised this with the Matron.) The “kindness and understanding” score is derived from the Trust’s postal survey programme, but was again skewed by small sample sizes: one respondent stating that they were not treated with kindness and understanding during Quarter 2. This person’s experience is not typical of Ward 37’s feedback but provides an important learning point for the ward, with the comments from this respondent citing issues around privacy, staff responsiveness, and pain control during their child’s care. These comments have been shared with the ward and the survey scores will continue to be closely monitored during Quarter 3 (no issues have been detected to date).

Ward A400

Ward A400 (Older people's assessment unit, Division of Medicine) had the lowest "kindness and understanding" score in Quarter 2. However, this was an artefact of low sample sizes for that ward, with only five respondents over the quarter: one of whom gave a negative rating to this question. This shouldn't be considered "acceptable", but in terms of assuring that the ward generally provides a positive patient experience, it is important to note that this is the only negative rating the ward has received on this measure in 2016. No comments were left by the respondent to provide insight into why a negative rating was given on this question. In light of this result, the Division has reviewed other quality data for the ward and have not found cause for concern. The result will be discussed further at the next Care of the Elderly Sisters meeting and will continue to be monitored, but at present the working hypothesis should be that it is a "statistical blip" caused by small sample sizes.

Wards C808 (lowest inpatient tracker score)

The Care of the Elderly wards (C808 and A528) have been noted in previous Quarterly Reports as achieving relatively low scores on the inpatient tracker compared to other wards (although in Q2 ward A528 was not an outlier), particularly in respect of the "communication" elements of this aggregate measure. The Division of Medicine has not been able to correlate this with other quality data that they collect, and it is also broadly reflective of trends seen nationally. This suggests that the scores reflect the real challenges of communicating effectively with patients who have complex health and social care needs (including a high proportion of patients with a cognitive impairment) – rather than an issue with the quality of caring. Nevertheless, in recognition that patient experience can be improved, the care of the elderly wards have committed to carrying out "Patient Experience and Heart" staff workshops in collaboration with the Patient Experience and Involvement Team. It had been anticipated that this would commence during Quarter 3, but clinical pressures mean that this was not possible and it will instead take place during Quarter 4. In addition, understanding and learning from experiences in the Trust's care of the elderly services will be a major theme for the Patient Experience and Involvement Team during Quarter 1 2017/18.

Individual survey questions (Tables 1 and 2)

The Division of Medicine had a relatively low score on telling patients information about operations / procedures and who to contact if they were concerned after they left hospital (Table 1). Unfortunately it has not been possible to ascertain why the operations / procedures question generates these scores, because the Division does not usually carry out formal procedures or operations. A *Face2Face* interview team will visit the Division in Quarter 4 to further explore this issue with patients and visitors. Nevertheless, it is broadly reflective of the challenges around communication with patients (see above re: care of the elderly and South Bristol Community Hospital) which the Division is seeking to understand and improve (e.g. via the Patient Experience at Heart workshops). In respect of ensuring that people know who to contact with concerns after they leave hospital, a new discharge checklist is currently being trialled and will be reviewed to ensure that it contains clear information in this respect.

A cluster of low survey scores are present in the outpatient survey data (Table 2), relating to ensuring patients are kept informed about delays in clinic, either via a member of staff or an information board (ideally both). The Bristol Royal Hospital for Children has tended to receive particularly low scores in this respect (these have been shared with the Hospital and also the Trust's Outpatient Steering Group) - although none of the Divisions perform well. The Trust recognises these issues and ensuring that patients are kept informed of delays is currently a corporate quality objective, which means that it is a key focus of improvement for the Trust during 2016/17 (a separate report about progress against these objectives is provided to the Trust Board each quarter). For

example, recently new, standardised, clinic information boards have been purchased for a number of outpatient department. Alongside this, a Standard Operating Procedure associated with keeping the information on the boards up to date has been reviewed and re-circulated to clinics. It should be noted that whilst the Diagnostics and Therapies Division doesn't generally have information boards in place (hence their particularly low survey score on this question), relatively few of their patients report delays in clinic.

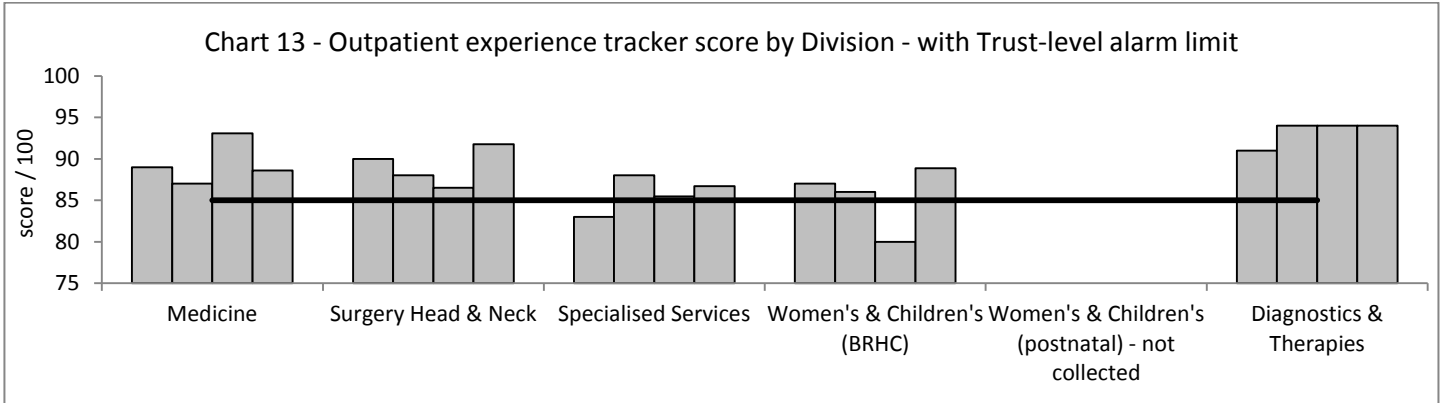
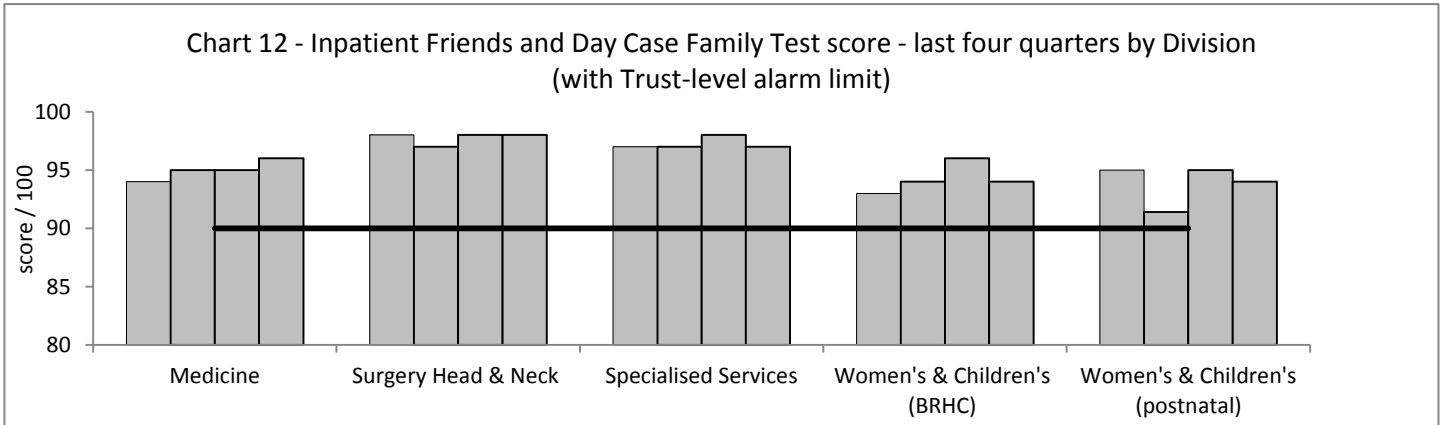
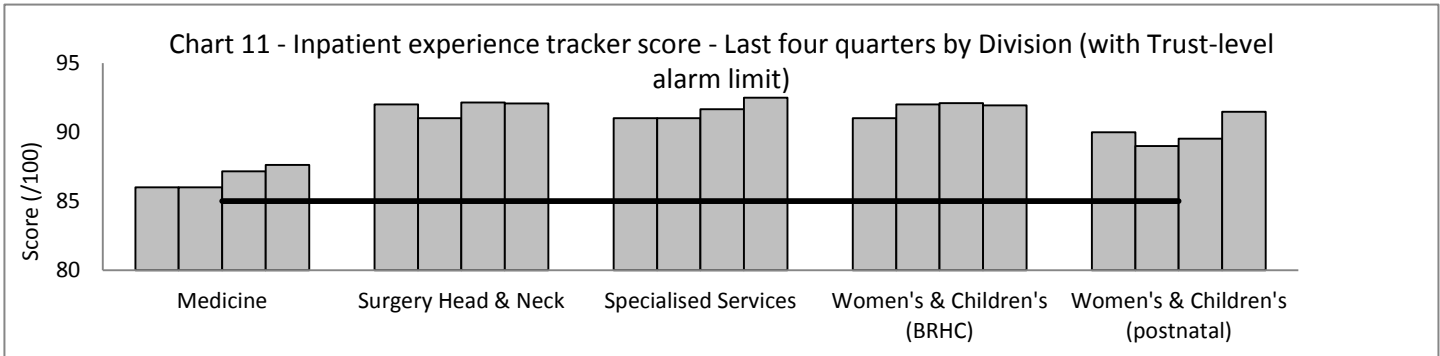
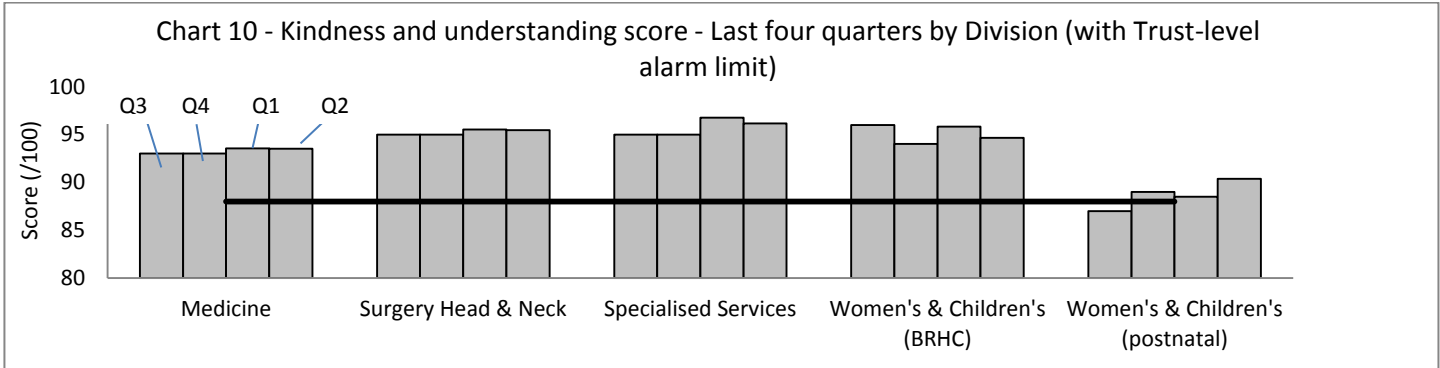


Chart 14: Kindness and understanding score by hospital (last four quarters; with Trust-level alert limit)

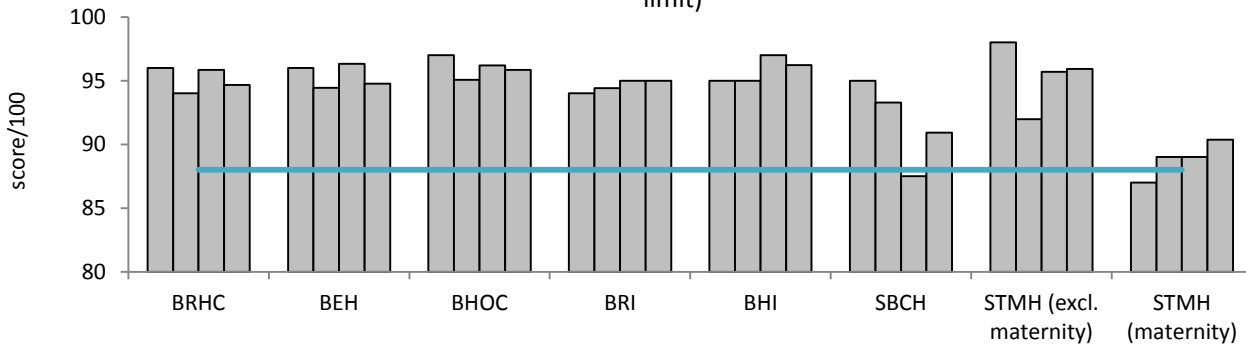


Chart 15: Inpatient experience tracker score by hospital (last four quarters; with Trust-level alarm limit)

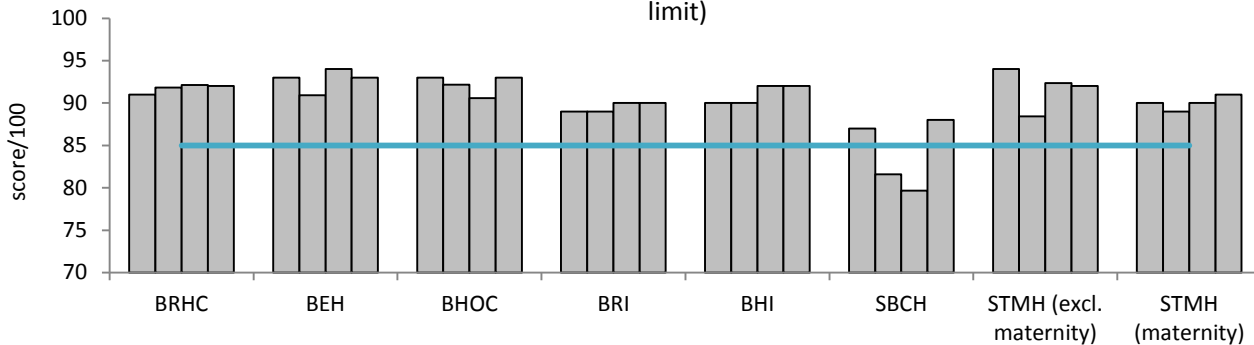


Chart 16: Inpatient and day case Friends and Family Test (last four quarters; with Trust-level alarm limit)

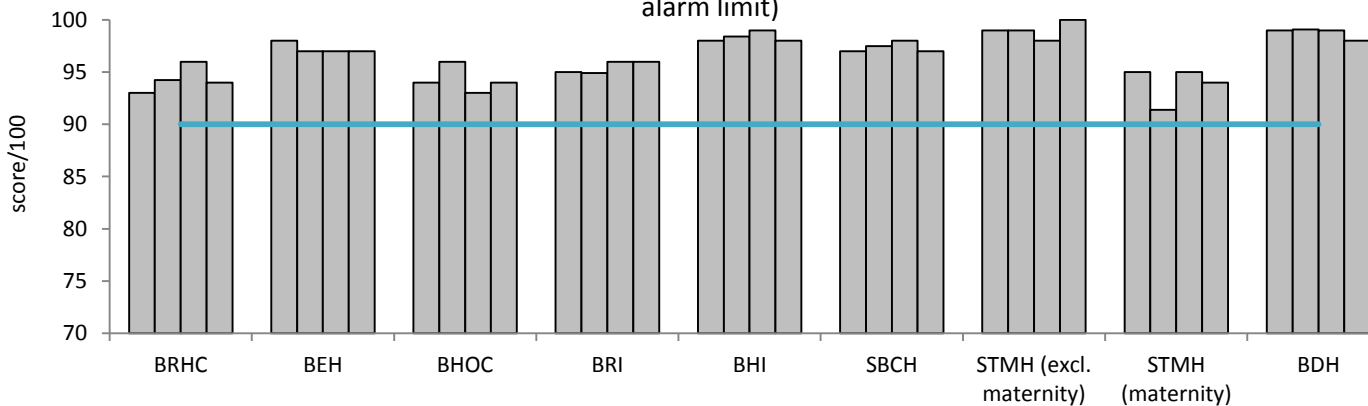


Chart 17: Outpatient experience tracker score by hospital (with Trust-level alarm limit)

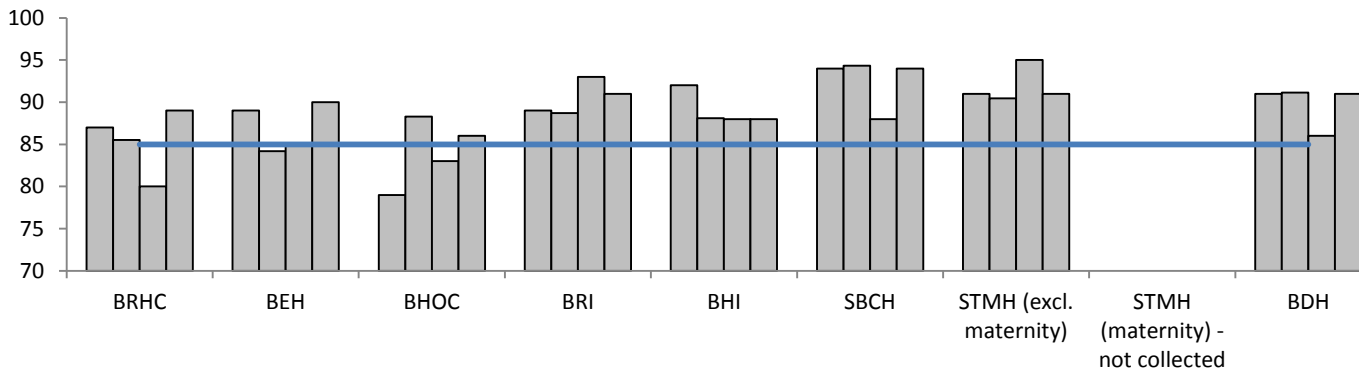


Chart 18: Kindness and understanding score by inpatient ward

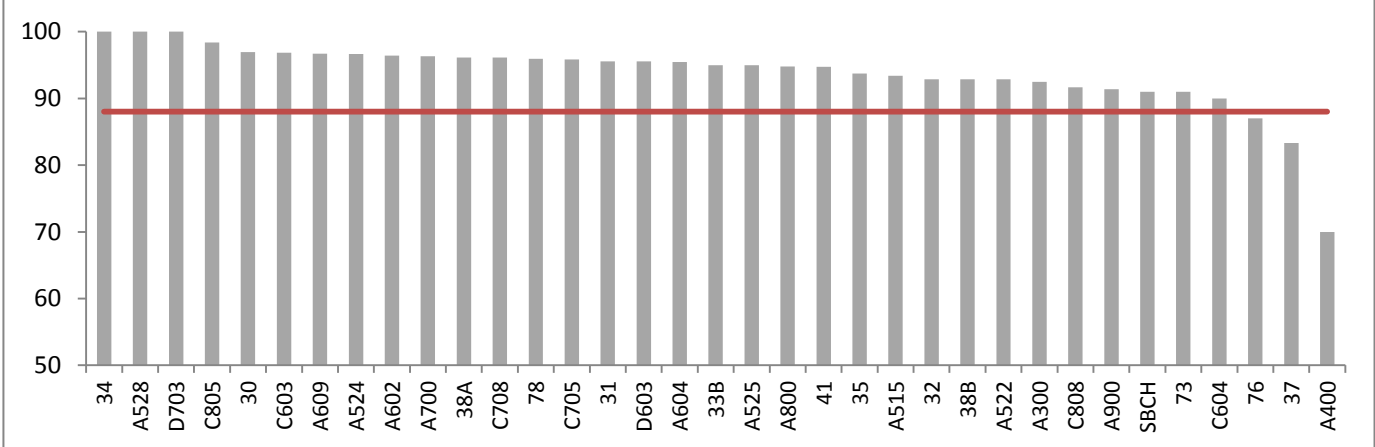


Chart 19: inpatient experience tracker score by inpatient ward

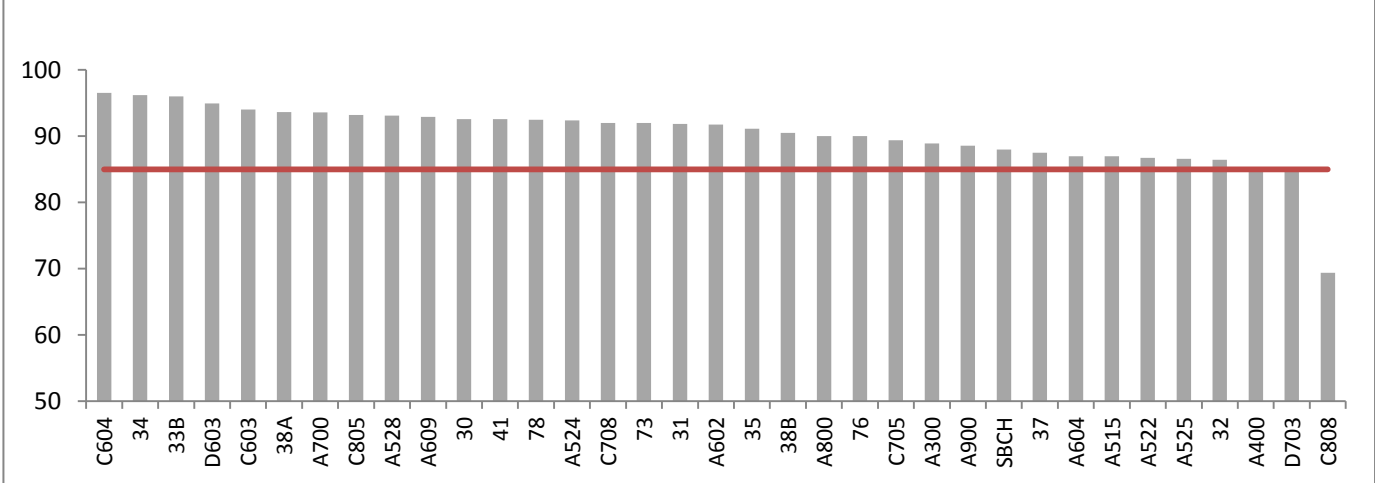
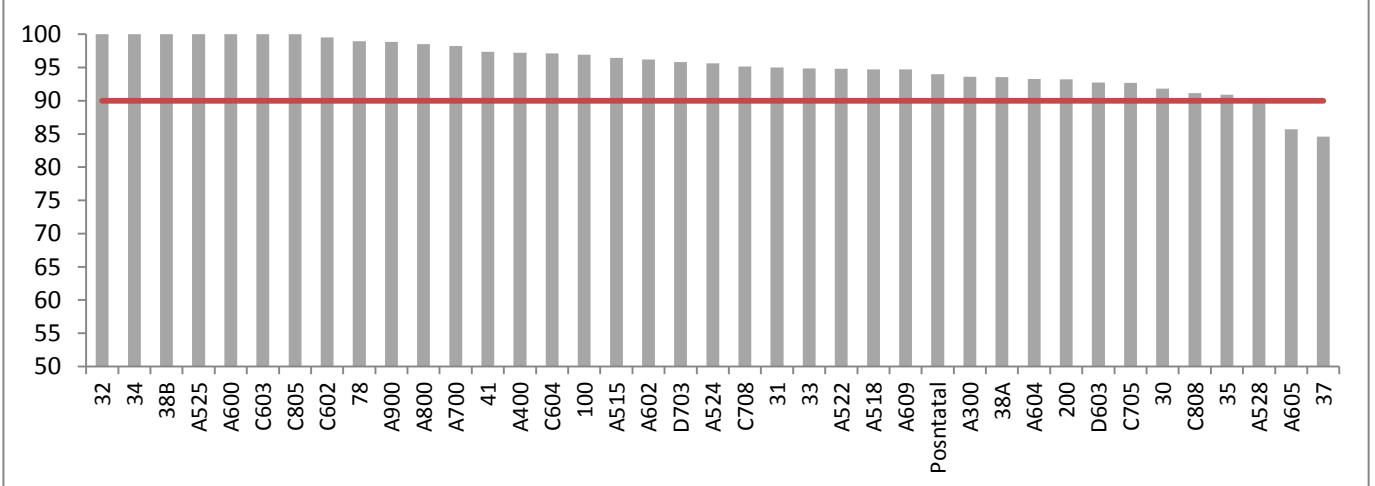


Chart 20: Friends and Family Test score by inpatient ward



(Please note that aggregated scores are provided for South Bristol Community Hospital postal survey in Chart 18 and 19, and for postnatal wards in Chart 20, due to very small sample sizes at individual ward-level)

Table 1: Full Quarter 2 Divisional scores from UH Bristol’s monthly **inpatient** postal survey (cells are highlighted if they are 10 points or more below the Trust score). Scores are out of 100 unless otherwise stated – see appendices for scoring mechanism. Note: not all inpatient questions are included in the maternity survey.

	Medicine	Surgery, Head & Neck	Specialised Services	Women’s & Children’s	Maternity	Trust (excl. Maternity)
Were you given enough privacy when discussing your condition or treatment?	91	95	94	93		93
How would you rate the hospital food?	63	65	63	63	56	64
Did you get enough help from staff to eat your meals?	78	89	86	81		85
In your opinion, how clean was the hospital room or ward that you were in?	95	96	96	93	92	95
How clean were the toilets and bathrooms that you used on the ward?	90	93	92	92	82	92
Were you ever bothered by noise at night from hospital staff?	81	87	79	86		84
Do you feel you were treated with respect and dignity by the staff on the ward?	94	97	97	97	93	96
Were you treated with kindness and understanding on the ward?	94	95	96	95	90	95
Overall, how would you rate the care you received on the ward?	85	91	91	91	84	90
When you had important questions to ask a doctor, did you get answers that you could understand?	82	90	91	89	92	89
When you had important questions to ask a nurse, did you get answers that you could understand?	86	91	91	91	91	90
If your family, or somebody close to you wanted to talk to a doctor, did they have enough opportunity to do so?	76	77	78	78	80	77
If your family, or somebody close to you wanted to talk to a nurse, did they have enough opportunity to do so?	86	89	89	91	88	89
Were you involved as much as you wanted to be in decisions about your care and treatment?	81	87	87	90	90	87
Do you feel that the medical staff had all of the information that they needed in order to care for you?	84	90	91	90		89
Did you find someone on the hospital staff to talk to about your worries or fears?	68	80	77	81	86	77
Did a member of staff explain why you needed these test(s) in a way you could understand?	85	87	87	93		88

	Medicine	Surgery, Head & Neck	Specialised Services	Women's & Children's	Maternity	Trust (excl. Maternity)
Did hospital staff keep you informed about what would happen next in your care during your stay?	78	86	87	88		85
Were you told when this would happen?	79	82	82	81		81
Before your operation or procedure, did a member of staff explain the risks/benefits in a way you could understand?	79	93	92	96		92
Before your operation or procedure, did a member of staff explain how you could expect to feel afterwards?	74	79	78	84		79
Were staff respectful of any decisions you made about your care and treatment?	89	95	95	95		94
During your hospital stay, were you ever asked to give your views on the quality of your care?	27	28	27	32	34	29
Do you feel you were kept well informed about your expected date of discharge from hospital?	77	88	82	84		84
On the day you left hospital, was your discharge delayed for any reason?	57	64	53	70	62	61
Did a member of staff tell you about medication side effects to watch for when you went home?	54	68	60	65		63
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	73	82	85	89		83
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	84	92	93	92	90	91
Number of survey responses	210	425	351	283	220	1489

Table 2: Full six-monthly Divisional-level scores from UH Bristol's monthly **outpatient** postal survey (cells are highlighted if they are 10 points or more below the Trust score). Scores are out of 100 unless otherwise stated – please see appendices for scoring mechanism.

<i>(Quarter 1 and 2: April-September 2016. Data combined to increase same sizes / reliability)</i>	Diagnostic & Therapy	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's (excl. maternity)	Trust
When you first booked the appointment, were you given a choice of appointment date and time?	86	72	73	65	56	72
Was the appointment cancelled and re-arranged by the hospital?	95	95	97	95	95	95
When you arrived at the outpatient department, how would you rate the courtesy of the receptionist?	84	85	87	86	77	85
If you contacted the hospital, how easy was it to get through to a member of staff who could help you?	73	63	69	58	59	64
Were you and your child able to find a place to sit in the waiting area?	99	99	98	98	100	99
In your opinion, how clean was the outpatient department?	91	93	94	93	88	92
How long after the stated appointment time did the appointment start? (% on time or within 15 minutes)	88%	69%	62%	71%	66%	71%
Were you told how long you would have to wait?	33	38	31	43	18	33
Were you told why you had to wait?	65	57	52	59	56	56
Did you see a display board in the clinic with waiting time information on it?	32	61	52	48	49	49
In your opinion, did he / she have all of the information needed to care for you (e.g. medical records, test results, etc)?	86	92	91	95	87	91
Did he / she listen to what you had to say?	97	96	96	94	95	96
If you had important questions to ask him / her, did you get answers that you could understand?	91	94	92	91	91	92
Did you have enough time to discuss your health or medical problem with him / her?	92	93	93	90	94	92
Were you treated with respect and dignity during the outpatient appointment?	100	99	99	98	97	99

	Diagnostic & Therapy	Medicine	Specialised Services	Surgery, Head & Neck	Women's & Children's (excl. maternity)	Trust
If you had any treatment, did a member of staff explain any risks and/or benefits in a way you could understand?	88	91	88	85	82	87
If you had any tests, did a member of staff explain the results in a way you could understand?	78	86	75	80	74	79
Did a member of staff tell you about medication side effects to watch for when you went home?	60	72	58	71	57	65
Overall, how would you rate the care you received during the outpatient appointment? (% excellent, very good, or good)	99%	99%	98%	98%	97%	98%
Number of survey responses	156	176	244	185	90	851

4 Specific issues raised via the Friends and Family Test in Quarter 2

The feedback received via the Trust’s Friends and Family Test is generally very positive. Table 3 provides an overview of activity that has arisen from the relatively small number of negative ratings, where this rating is accompanied by a specific, actionable, comment from the respondent.

Table 3: Divisional response to specific issues raised via the Friends and Family Test in Quarter 2, where patients / parents stated that they would not recommend the care provided by UH Bristol

Division	Ward	Issue raised	Response from Division
Division of Medicine	A604	A patient lost her dentures during her stay.	Unfortunately the dentures have not been found, but a member of staff was able to contact the patient’s family to advise them of the reimbursement process.
	Bristol Royal Infirmary Emergency Department	Three comments related to responsiveness to patient needs: <ul style="list-style-type: none"> • One patient pulled the emergency cord in the bathroom and was not attended to • A patient left in pain for four hours with head blocks and no way of alerting staff to the pain • One person commented that they had to ask several times for their son to receive oxygen for severe pain, and was then asked by a doctor why they hadn’t gone to another hospital ED nearer to their home 	We are sorry that the patients did not receive more responsive care from us - these poor experiences fall well below the standards we expect our staff to deliver. Staff will be reminded of their responsibilities to keep patients informed, check on them regularly (including carrying out pain scores where necessary) and to ensure that patients have access to call bells. We will review the call bell system in the department to ensure that it meets patient and staff needs.
Division of Specialised Services	Chemotherapy day unit	Waiting times and temperature of the ward (too hot)	Work has been undertaken with the Trust Transformation team to review and improve the processes in delivering chemotherapy within the specified time frames. The general manager is currently reviewing the recommendations from the review to enable some changes within the process. Air conditioning units have been fitted within the outpatient department to resolve this issue.

Division	Ward	Issue raised	Response from Division
Women's & Children's Division	Maternity Services - Amelia Nutt community midwifery	Found myself waiting in all day for appointments and one day the health visitor didn't show up. Sometimes they would speak to my partner like I wasn't in the room asking about my moods.	Unfortunately the Community midwives are unable to give specific times for post-natal visits because it is difficult to predict how long each visit will take. The community midwifery service has introduced postnatal clinics where women can have an appointment time. The feedback has been shared with Amelia Nutt Team to reflect on how they approach discussions around post-natal depression, particularly if partners are involved in the discussion.
	Bristol Royal Hospital for Children Emergency Department	A bed that the patient was on had blood from a previous patient on it	This has been fed back to the care team and cleaners in the Emergency Department as a point of learning.
Division of Surgery, Head and Neck	Ward 41 (Bristol Eye Hospital)	Window on the ward not closing properly, with resulting traffic noise making it hard to sleep	This issue was reported to the Estates Department and the window has now been fixed.
	Queen's Day Unit	A patient said that the receptionist was rude to them	This feedback has been shared with the teams to ensure that they provide a consistently good reception service.
	Bristol Eye Hospital Emergency Department	Two comments about a receptionist who was unfriendly and "sharp" with patients	Although patients are generally positive about our receptionists, we are going to implement checks around the quality of service being provided: this will be built in to our internal inspection processes in 2017
	Bristol Eye Hospital Emergency Department	Urine on the floor of the toilet had not been cleaned	We are sorry that this patient experienced a lack of cleanliness on this occasion. The department receives very positive results in its cleanliness audits and we will continue to monitor these scores
	A700	A patient said that they had not received food or treatment for three days on the ward	The ward has reviewed and updated its Standard Operating Procedure (SOP) for "nil by mouth" patients. There are a number of new staff on the ward and the importance of this SOP has been raised with them.

5 Update on key issues identified in the previous Quarterly report

The previous (Quarter 1) Quarterly Patient Experience report identified a number of survey scores that required further attention. Table 4 provides a summary and update on these issues.

Table 4: update on key issues identified in the previous Quarterly Patient Experience report

<i>Issue / area</i>	<i>Main action(s) cited</i>	<i>Outcome</i>
Low survey scores on Ward 38b (paediatric neurology).	A member of the LIAISE Team to visit Ward 38b and talk to parents about their levels of satisfaction with their experience, and identify improvements where necessary.	There have been a number of ward moves involving paediatric neurology. This action has therefore been deferred until January 2017, at which time the ward will be settled into their new location.
Emergency Department Friends and Family Test response rates	SMS (text message) technology introduced to carry out the survey	This has been successfully introduced and response rates are now hitting the 15% target
Relatively low survey scores in South Bristol Community Hospital and care of the elderly wards	Healthwatch South Bristol Community Hospital enter and view	An enter and view was carried out in October. The report is being reviewed and a response will be provided to Healthwatch in January 2017.
Ensure that each ward has a “Tell us about your care poster”, signposting people to the main feedback and complaints opportunities	Install a framed A1 size poster on each ward.	Complete.
Ward A518 – low Friends and Family Test and headline postal survey scores	Likely explanation identified as a statistical blip – further monitoring of scores	The scores were back within the expected range in Quarter 2 for the Friends and Family Test. Low numbers for the postal survey for this ward in Quarter 2 meant that this data could not be evaluated.
Waiting times in outpatient clinics – particularly in the Bristol Haematology and Oncology Centre and Bristol Royal Hospital for Children	Reducing waiting times is a Trust corporate quality objective	The outpatient experience tracker scores were above (i.e. better than) the target in Quarter 2 for all sites, but it is likely that waiting times will continue to fluctuate in the future due to increasing demands on services
Ensuring that outpatient clinics have a functioning comments card collection and review process	<ul style="list-style-type: none"> • Re-issuing guidance on this process to clinics • Review of core materials (cards / comments boxes) and where necessary providing these to clinics • An audit to check that the process is now functioning in all clinics 	Complete. A further audit will be carried out in early 2017/18.

6 Themes arising from inpatient free-text comments in the monthly inpatient survey

At the end of the Trust's postal survey questionnaires, patients are invited to comment on any aspect of their stay. The themes from these comments are provided in Table 5 (inpatients) and Table 6 (outpatients). (Please note that "sentiment" is a term that identifies whether a comment theme is positive (i.e. praise) or negative (improvement needed)). The themes are broad, but it can be seen that they are reasonably consistent across Divisions. By far the most frequent type of feedback is praise for staff, with the key improvement issues being around communication, staff behaviour and waiting times. Although these categories do not directly overlap with the way that the Trust classifies complaints, there are similarities between these issues (see accompanying Quarter 2 complaints report). Please note that the coding of the outpatient survey comments is a relatively recent development, and therefore we do not currently have a Divisional breakdown of these themes. However, these should be available for the next Quarterly Patient Experience and Involvement report.

Table 5: inpatient survey comments by theme (Quarter 2 2016/17)

	<i>Theme</i>	<i>Sentiment</i>	<i>Percentage of comments containing this theme</i>
Trust (excluding maternity ²)	Staff	Positive	62%
	Communication / information	Negative	13%
	Food / catering	Negative	12%
	Staff	Negative	10%
	Waiting / delays	Negative	7%
Division of Medicine	Staff	Positive	63%
	Food / catering	Negative	16%
	Staff	Negative	15%
Division of Specialised Services	Staff	Positive	67%
	Food / catering	Negative	13%
	Communication / information	Negative	11%
Division of Surgery, Head and Neck	Staff	Positive	75%
	Communication / information	Negative	13%
	Food / catering	Negative	8%
Women's and Children's Division (excluding Maternity)	Staff	Positive	74%
	Communication / information	Negative	15%
	Food / catering	Positive	14%
Maternity	Staff	Positive	62%
	Care during labour and birth	Positive	26%
	Staff	Negative	11%

Table 6: outpatient comments themes (Trust-wide, excluding maternity)

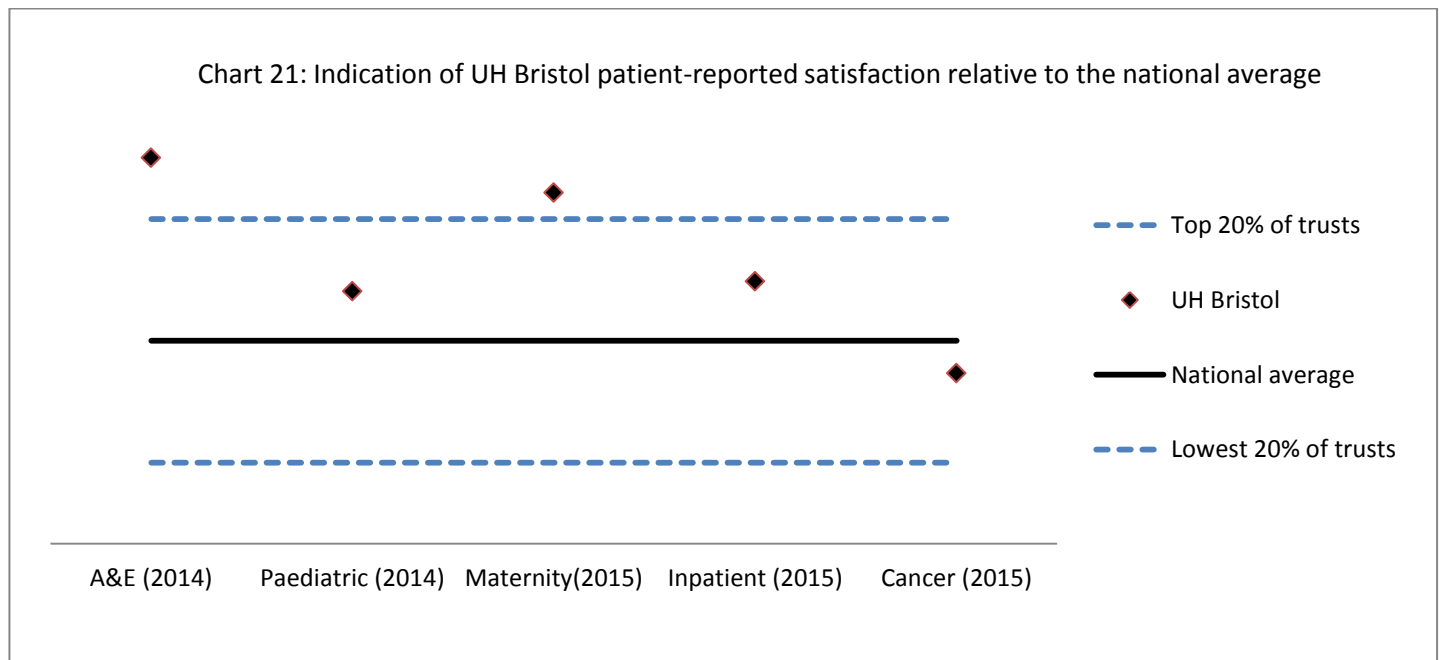
<i>Positive</i>		<i>Negative</i>	
Staff	56%	Communication / information	11%
Communication / information	9%	Waiting / delays	9%
Clinic environment	5%	Staff	5%
Waiting / delays (lack of)	4%	Car parking	5%
Follow up appointments	3%	General administration issues	4%

² The maternity inpatient comments have a slightly different coding scheme to the other areas, and maternity is not part of the outpatient survey due to the large number of highly sensitive outpatient clinics in that area of care.

7 National Patient Surveys

The Care Quality Commission's (CQC's) National Patient Survey programme is a mandatory survey programme for acute English trusts. It provides a robust national benchmark against which the patient experience at UH Bristol can be compared to other organisations. Chart 21 provides a broad summary of the Trust's position³. The Trust Board receives a full report containing an analysis of each national survey and UH Bristol's response to these results (see Appendix A for a summary).

There have been no further national survey results since the last Quarterly Report was published and therefore Chart 21 is provided for information only.



³ It is difficult to directly compare the results of different surveys, and also to encapsulate performance in a single metric. Chart 21 is an attempt to do both of these things. It should be treated with caution and isn't an "official" classification, but it is broadly indicative of UH Bristol's performance relative to other trusts.

Appendix A: summary of national patient survey results and key actions arising for UH Bristol (note: progress against action plans is monitored by the Patient Experience Group)

<i>Survey</i>	<i>Headline results for UH Bristol</i>	<i>Report and action plan approved by the Trust Board</i>	<i>Action plan review</i>	<i>Key issues addressed in action plan</i>	<i>Next survey results due (approximate)</i>
2015 National Inpatient Survey	61/63 scores were in line with the national average. One score was below (availability of hand gels) and one was (privacy when discussing the patients treatment or condition)	July 2016	Six-monthly	<ul style="list-style-type: none"> • Availability of hand gels • Awareness of the complaints / feedback processes • Asking patients about the quality of their care in hospital 	July 2017
2015 National Maternity Survey	9 scores were in line with the national average; 10 were better than the national average	March 2016	Six-monthly	<ul style="list-style-type: none"> • Continuity of antenatal care • Partners staying on the ward • Care on postnatal wards 	January 2018
2015 National Cancer Survey	45/50 scores were in line with the national average; one score was above the national average (being assigned a nurse specialist); four were worse (related to holistic care)	September 2016	Six-monthly	<ul style="list-style-type: none"> • Support from partner health and social care organisations • Providing patients with a care plan • Coordination of care with the patient's GP 	September 2017
2014 National Accident and Emergency surveys	33/35 scores in line with the national average; 2 scores were better than the national average	February 2015	Six-monthly	<ul style="list-style-type: none"> • Keeping patients informed of any delays • Taking the patient's home situation into account at discharge • Patients feeling safe in the Department • Key information about condition / medication at discharge 	August 2017
2015 National Paediatric Survey	All scores in line with the national average, except one which was better than this benchmark	November 2015	Six-monthly	<ul style="list-style-type: none"> • Information provision • Communication • Facilities / accommodation for parents 	November 2017
2011 National Outpatient Survey	All scores in line with the national average	March 2012	n/a	<ul style="list-style-type: none"> • Waiting times in the department and being kept informed of any delays • Telephone answering/response • Cancelled appointments 	No longer part of the national programme

Appendix B – UH Bristol corporate patient experience programme

The Patient Experience and Involvement Team at UH Bristol manage a comprehensive programme of patient feedback and engage activities. If you would like further information about this programme, or if you would like to volunteer to participate in it, please contact Paul Lewis (paul.lewis@uhbristol.nhs.uk) or Tony Watkin (tony.watkin@uhbristol.nhs.uk). The following table provides a description of the core patient experience programme, but the team also supports a large number of local (i.e. staff-led) activities across the Trust.

Purpose	Method	Description
<i>Rapid-time feedback</i>	The Friends & Family Test	Before leaving hospital, all adult inpatients, day case, Emergency Department patients, and maternity service users should be given the chance to state whether they would recommend the care they received to their friends and family.
	Comments cards	Comments cards and boxes are available on wards and in clinics. Anyone can fill out a comment card at any time. This process is “ward owned”, in that the wards/clinics manage the collection and use of these cards.
<i>Robust measurement</i>	Postal survey programme (monthly inpatient / maternity surveys, annual outpatient and day case surveys)	These surveys, which each month are sent to a random sample of approximately 1500 patients, parents and women who gave birth at St Michael’s Hospital, provide systematic, robust measurement of patient experience across the Trust and down to a ward-level. A new monthly outpatient survey commenced in April 2015, which is sent to around 500 patients / parents per month.
	Annual national patient surveys	These surveys are overseen by the Care Quality Commission allow us to benchmark patient experience against other Trusts. The sample sizes are relatively small and so only Trust-level data is available, and there is usually a delay of around 10 months in receiving the benchmark data.
<i>In-depth understanding of patient experience, and Patient and Public Involvement</i>	Face2Face interview programme	Every two months, a team of volunteers is deployed across the Trust to interview inpatients whilst they are in our care. The interview topics are related to issues that arise from the core survey programme, or any other important “topic of the day”. The surveys can also be targeted at specific wards (e.g. low scoring areas) if needed.
	The 15 steps challenge	This is a structured “inspection” process, targeted at specific wards, and carried out by a team of volunteers and staff. The process aims to assess the “feel” of a ward from the patient’s point of view.
	Involvement Network	UH Bristol has direct links with a range of patient and community groups across the city, who the Trust engages with in various activities / discussions
	Focus groups, workshops and other engagement activities	These approaches are used to gain an in-depth understanding of patient experience. They are often employed to engage with patients and the public in service design, planning and change. The events are held within our hospitals and out in the community.

The methodology for the UH Bristol postal survey changed in April 2016 (inclusive), and so caution is needed in comparing data before and after this point in time. Up until April 2016, the questionnaire had one reminder letter for people who did not respond to the initial mail out. In April we changed the methodology so that the questionnaire had no reminder letters. A larger monthly sample of respondents is now taken to compensate for the lower response rate that the removal of the reminder letter caused (from around 45% to around 30%). This change allowed the data to be reported two weeks after the end of month of discharge, rather than six weeks. It appears to have had a limited effect on the reliability of the results, although at a Trust level they are perhaps marginally more positive following this change (these effects will be reviewed fully later in 2016/17, and the target thresholds adjusted if necessary). The survey remains a highly robust patient experience measure.

Appendix C: survey scoring methodologies

Postal surveys

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

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

	Weighting	Responses	Score
Yes, definitely	1	81%	$81 * 100 = 81$
Yes, probably	0.5	18%	$18 * 50 = 9$
No	0	1%	$1 * 0 = 0$
<i>Score</i>			<i>90</i>

Friends and Family Test Score

The inpatient and day case Friends and Family Test (FFT) is a card given to patients at the point of discharge from hospital. It contains one main question, with space to write in comments: How likely are you to recommend our ward to Friends and Family if they needed similar care or treatment? The score is calculated as the percentage of patients who tick “extremely likely” or “likely”.

The Emergency Department (A&E) FFT is similar in terms of the recommend question and scoring mechanism, but at present UH Bristol operates a mixed card and touchscreen approach to data collection.

**Report to the Council of Governors meeting to be held on 31 January 2017 at
 14:00 in the Conference Room, Trust Headquarters, Marlborough Street,
 Bristol, BS1 3NU**

		Agenda Item	8.1b
Meeting Title	Council of Governors	Meeting Date	31 January 2017
Report Title	Quarterly Complaints Report (Quarter 2)		
Author	Carolyn Mills, Chief Nurse		
Executive Lead	Carolyn Mills, Chief Nurse		
Freedom of Information Status		Open	

Governor Responsibility (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

Action/Decision Required (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>
		For Approval	<input type="checkbox"/>
		For Information	<input checked="" type="checkbox"/>

Executive Summary

Purpose: To summarise complaints data for Quarter 2 (July-September 2016) and to share learning from this important source of service-user feedback.

Key points to note

Improvements in Quarter 2 (Q2):

- The number of complaints received in Q2 represents a very slight decrease of 0.6% compared to Q1, but a more significant 7.7% decrease on the corresponding period one year previously.
- In Q2, 88.1% of responses were posted within the agreed timescale, compared to 76.2% in Q1 and 74.6% in Q4 (2015/16).
- The majority of complaints continue to be resolved by the Trust informally.
- Complaints about the following reduced in Q2: staff attitude and communication; cancelled and delayed operations; lower GI surgery; ear nose and throat surgery; gastroenterology and hepatology; paediatric plastic surgery; and Ward 78 at St Michael's Hospital.
- The long-term downwards trend in complaints about Bristol Eye Hospital also continued in Q2.

However:

- The proportion of complainants who tell us that they are dissatisfied with our formal complaint investigation response has deteriorated – a pattern which continued into Q3.
- Complaints about the following increased in Q2: trauma and orthopaedics; and the division of specialised services including the GUCH (Grown up congenital heart disease) service.

Corporate plans include:

- The Head of Quality (Patient Experience and Clinical Effectiveness) and Acting Patient Support and Complaints Manager met in early January to review dissatisfied responses to complaints responses sent out during August and September for any themes and learning.
- Establishing a new complaint review panel in early 2017, incorporating learning from Salford Royal.
- Working with the Patients Association to develop a potential model for exceptional external investigation or review of high-risk complaints. This work will commence in early 2017 with an invited focus group of previous dissatisfied complainants.

Recommendations

Governors are asked to:

- **Note** the report.

Intended Audience

(please tick any which are relevant to this paper)

Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>
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Date papers were previously submitted to other committees

Nominations and Appointments Committee	Quality Focus Group	Governor Strategy Group	Constitution Focus Group	Public Trust Board 31/1/17
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Complaints Report

Quarter 2, 2016/2017

(1st July 2016 to 30th September 2016)

Authors: Tanya Tofts, Patient Support and Complaints Manager
Louise Townsend, Acting Patient Support and Complaints Manager
Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness)

Overview

Successes	Priorities
<ul style="list-style-type: none"> • The number of complaints received in Q2 represents a very slight decrease of 0.6% compared to Q1 but a more significant 7.7% decrease on the corresponding period one year previously. • In Q2, 88.1% of responses were posted within the agreed timescale, compared to 76.2% in Q1 and 74.6% in Q4 (2015/16). • The majority of complaints continue to be resolved by the Trist informally. • Complaints about the following reduced in Q2: staff attitude and communication; cancelled and delayed operations; lower GI surgery; ear nose and throat surgery; gastroenterology and hepatology; paediatric plastic surgery; and Ward 78 at St Michael's Hospital. • The long-term downwards trend in complaints about Bristol Eye Hospital also continued in Q2. 	<ul style="list-style-type: none"> • To continue to implement learning arising from the complaints and incidents delivery group following the independent review of children's cardiac services, including strengthening the patient/family voice within the complaint process. • To retain an ongoing focus on delivery of training to senior divisional staff about conducting complaints investigations and writing effective responses. • To review coding procedures within the Patient Support and Complaints Team to ensure that complaints are consistently assigned to the most appropriate categories and sub-categories.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • To establish a new complaint review panel in early 2017, incorporating learning from Salford Royal and NBT. This panel will include retrospective review of a proportion of dissatisfied complaints in order to improve shared learning from these cases. • To work with the Patients Association to develop a potential model for exceptional external investigation or review of high-risk complaints. This work will commence in early 2017 with an invited focus group of previous dissatisfied complainants. • To apply further learning from: the recent NHS Improvement review of the complaints service (report awaited); the recent Care Quality Commission inspection (report awaited) and the forthcoming internal audit of learning from complaints. 	<ul style="list-style-type: none"> • The proportion of complainants who tell us that they are dissatisfied with our formal complaint investigation response has been above (worse than) our amber performance threshold for three consecutive reporting months. Although this amounts to small numbers of cases in absolute terms (in July, we breached our amber target by one case; in August, by two cases), it does not represent the level of performance that we are striving to achieve. • Complaints about the following increased in Q2: trauma and orthopaedics; and the division of Specialised Services including the GUCH (Grown up congenital heart disease) service.

1. Complaints performance – Trust overview

The Board monitors three indicators of how well the Trust is doing in respect of complaints performance:

- Total complaints received as a proportion of activity;
- Proportion of complaints responded to within timescale; and
- Numbers of complainants who are dissatisfied with our response.

1.1 Total complaints received

The Trust's preferred way of expressing the volume of complaints it receives is as a proportion of patient activity, i.e. total inpatient admissions and outpatient attendances in a given month.

We received 517 complaints in Q2, which equates to 0.27% of patient activity. This includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹. This figure does not include concerns which may have been raised by patients and dealt with immediately by front line staff. The number of complaints received in Q2 represents a very slight decrease of 0.6% compared to Q1 and a 7.7% decrease on the corresponding period one year previously.

Figure 1 shows the pattern of complaints received in the last 15 months. Figure 2 shows the complaints received as a percentage of patient activity and Figure 3 shows the numbers of complaints dealt with via the formal investigation process compared to those dealt with via the informal investigation process.

1.2 Complaints responses within agreed timescale

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

The Trust's target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust's response is posted to the complainant. In Q2, 88.1% of responses were posted within the agreed timescale, compared to 76.2% in Q1 and 74.6% in Q4 (2015/16). This represents 16 breaches out of 134 formal complaints which were due to receive a response during Q2². Figure 4 shows the Trust's performance in responding to complaints since July 2015.

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

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

Figure 1: Number of complaints received

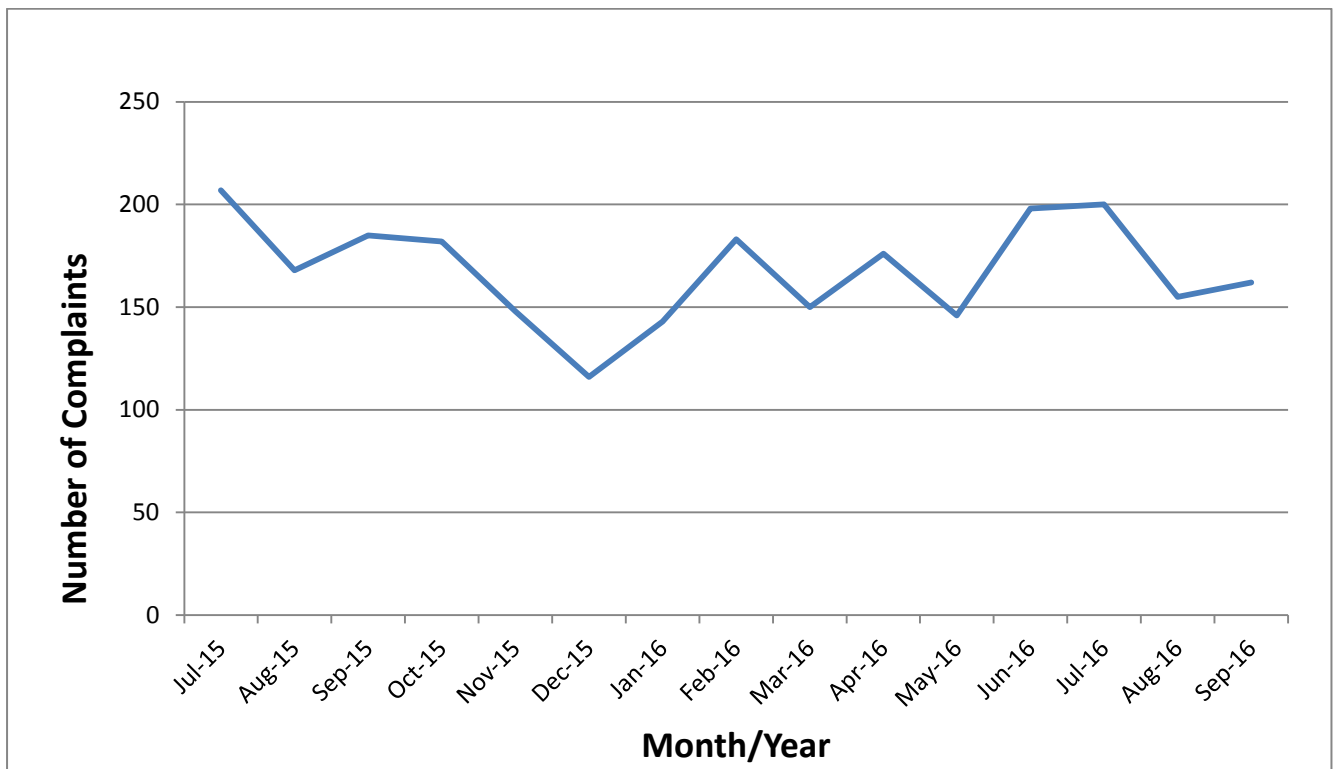


Figure 2: Complaints received, as a percentage of patient activity

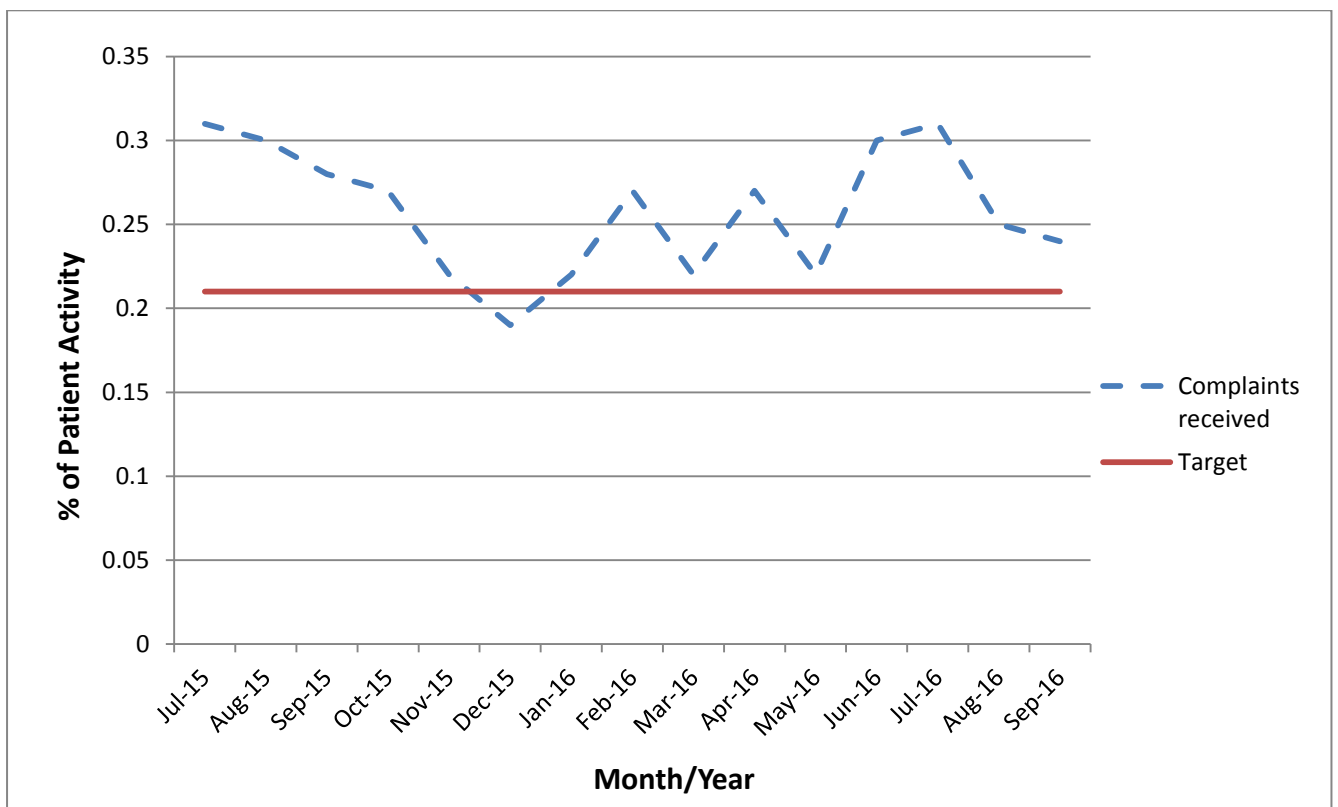


Figure 3: Numbers of formal v informal complaints

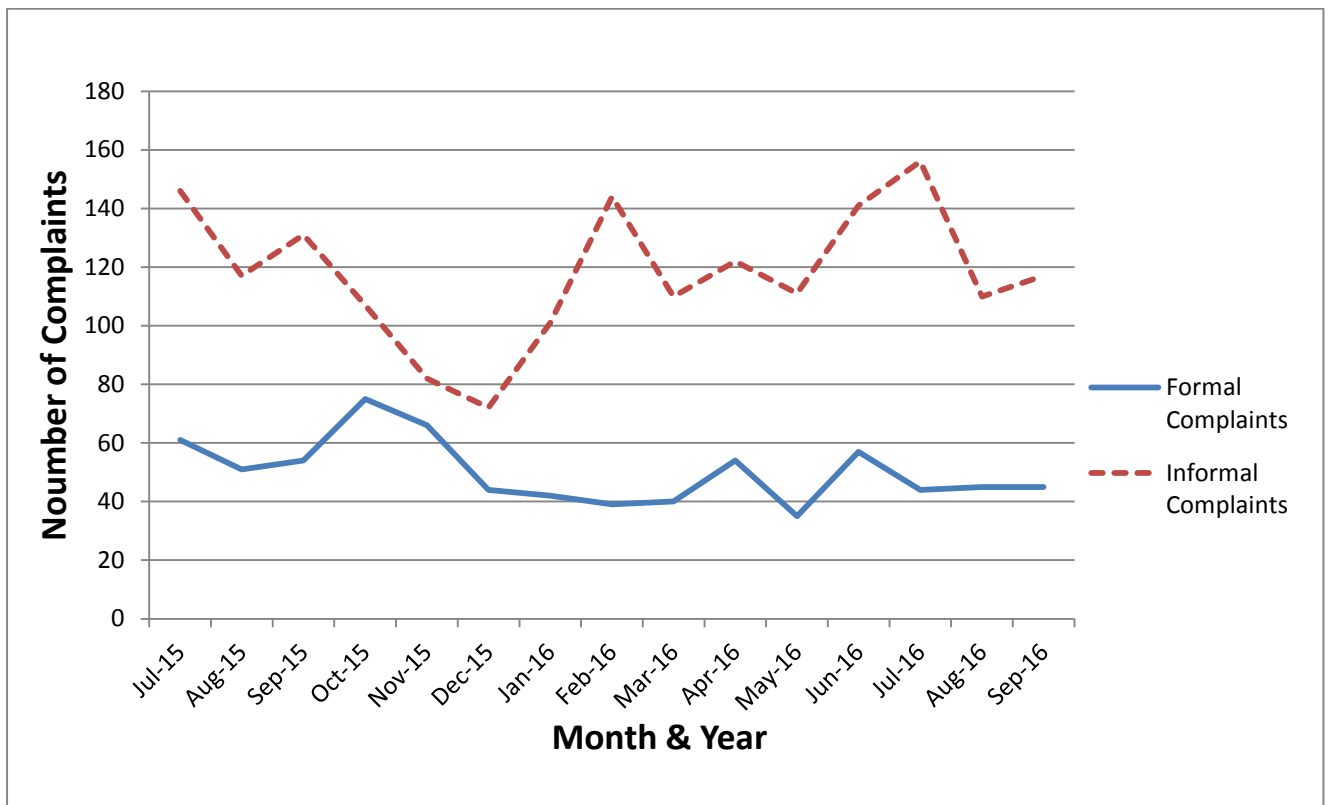


Figure 4: Percentage of complaints responded to within agreed timescale

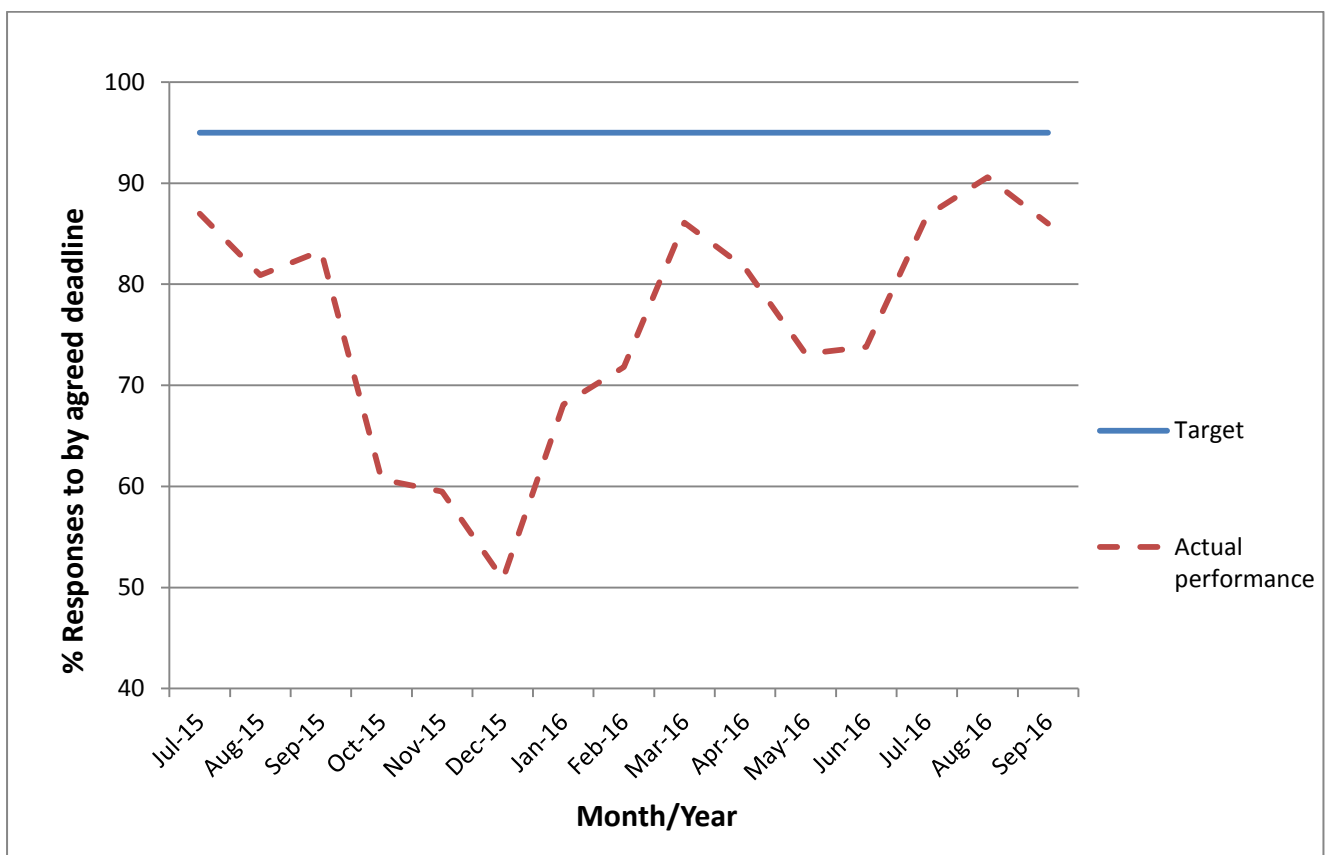


Table 1: Complaints performance

Items in italics are reportable to the Trust Board. Other data items are for internal monitoring/reporting to the Patient Experience Group where appropriate.

		Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Total complaints received (inc. TS and F&E from April 2013)	TOTAL	185	182	148	116	143	183	150	176	146	198	200	155	162
	Formal	54	75	66	44	42	39	40	54	35	57	44	45	45
	Informal	131	107	82	72	101	144	110	122	111	141	156	110	117
<i>Number and % of complaints per patient attendance in the month</i>	%	0.28%	0.27%	0.22%	0.19%	0.22%	0.27%	0.22%	0.27%	0.22%	0.30%	0.31%	0.25%	0.24%
	Complaints	185	182	148	116	143	183	150	176	146	198	200	155	162
	Attendances	66,285	68,131	67,434	61,126	63,582	68,391	67,932	64,750	66,973	66,816	63,580	63,073	67,371
<i>% responded to within the agreed timescale (i.e. response posted to complainant)</i>	%	83.3%	60.7%	59.5%	50.8%	68.1%	71.8%	86.1%	80.0%	73.1%	73.8%	86.8%	90.6%	86.0%
	Within timescale	40	34	25	32	32	28	31	40	38	31	33	48	37
	Total	48	56	42	63	47	39	36	49	52	42	38	53	43
<i>% responded to by Division within required timescale for executive review</i>	%	95.8%	80.4%	81.0%	90.5%	91.5%	84.6%	100%	86.0%	92.3%	92.9%	89.5%	94.3%	81.4%
	Within timescale	45	45	34	57	43	33	36	43	48	39	34	50	35
	Total	48	56	42	63	47	39	36	50	52	42	38	53	43
Number of breached cases where the breached deadline is attributable to Division	Attributable to Division	2	7	7	20	12	10	5	3	8	7	4	4	4
	Total Breaches	8	22	17	31	15	11	5	9	14	11	5	5	6
Number of extensions to originally agreed timescale (formal investigation process only)		10	23	13	26	21	14	25	21	8	11	15	18	12
<i>% of complainants dissatisfied with response and case re-opened</i>	%	16.7%	10.7%	4.8%	7.9%	6.4%	7.7%	8.3%	8.0%	9.6%	16.7%	10.5%	13.2%	-
	Reopened Dissatisfied	8	6	2	5	3	3	3	4	5	7	4	7	-
	Total Responses Due	48	56	42	63	47	39	36	50	52	42	38	53	-

1.3 Dissatisfied complaints

Reducing numbers of dissatisfied complainants was one of the Trust's corporate quality objectives for 2015/16 and remains a priority in 2016/17. We are disappointed whenever anyone feels the need to complain about our services; but especially so if they are then dissatisfied with the quality of our investigation into and response to their concerns. For every complaint we receive, our aim is to identify whether and where we have made mistakes, to put things right if we can, and to learn as an organisation to that we do not make the same mistake again. Our target is that nobody should be dissatisfied with the quality of our response to their complaint³.

An additional level scrutiny of dissatisfied cases has been incorporated into the process for dealing with cases where the complainant is unhappy with our response. This involves the Head of Quality (Patient Experience and Clinical Effectiveness) reviewing all dissatisfied responses before they are sent to the Executives for sign-off. This additional review ensures that we are learning from these cases, i.e. is there anything we could or should have done differently in our original response. This learning is then shared with the Division responsible for the response.

The way in which dissatisfied cases are reported is expressed as a percentage of the responses the Trust has sent out in any given month. From Q3 2015/16 onwards, our target has been for less than 5% of complainants to be dissatisfied. This data is now reported two months' in arrears in order to capture the majority of cases where complainants tell us they were not happy with our response.

In Q2, we are only able to report on the months of July and August, as the September data had not yet been confirmed at the time of writing this report. Of the 91 responses sent out in July and August 2016, and by the cut-off point of mid-November 2016 (the date on which the dissatisfied data for August 2016 was finalised); 11 people had contacted us to say they were dissatisfied. This represents 12.1% of the responses sent out during this period.

In Q1, a total of 143 responses were sent out. By the cut-off point of mid-September 2016 (the date on which the dissatisfied data for June 2016 was finalised), 16 people had contacted us to say they were dissatisfied with our response. This represented 11.2% of the responses sent out and was an increase on the 7.4% (10 of 161) reported in Q4.

Figure 5 shows the percentage of complainants who were dissatisfied with aspects of our complaints response up until August 2016.

Each case where a complainant advises they are dissatisfied, the case is reviewed by the Patient Support and Complaints Manager. This review leads to one of the following courses of action, according to the complainant's preference:

- The lead Division is asked to reinvestigate the outstanding concerns and send a further response letter to the complainant addressing these issues;
- The lead Division is asked to reinvestigate the outstanding concerns and arrange to meet with the complainant to address these issues
- On rare occasions, a letter may be sent to the complainant advising that the Trust feels that it has already addressed all of the concerns raised and reminding the complainant that if they remain unhappy, they have the option of asking the Ombudsman to independently

³ Please note that we differentiate this from complainants who may raise new issues or questions as a result of our response.

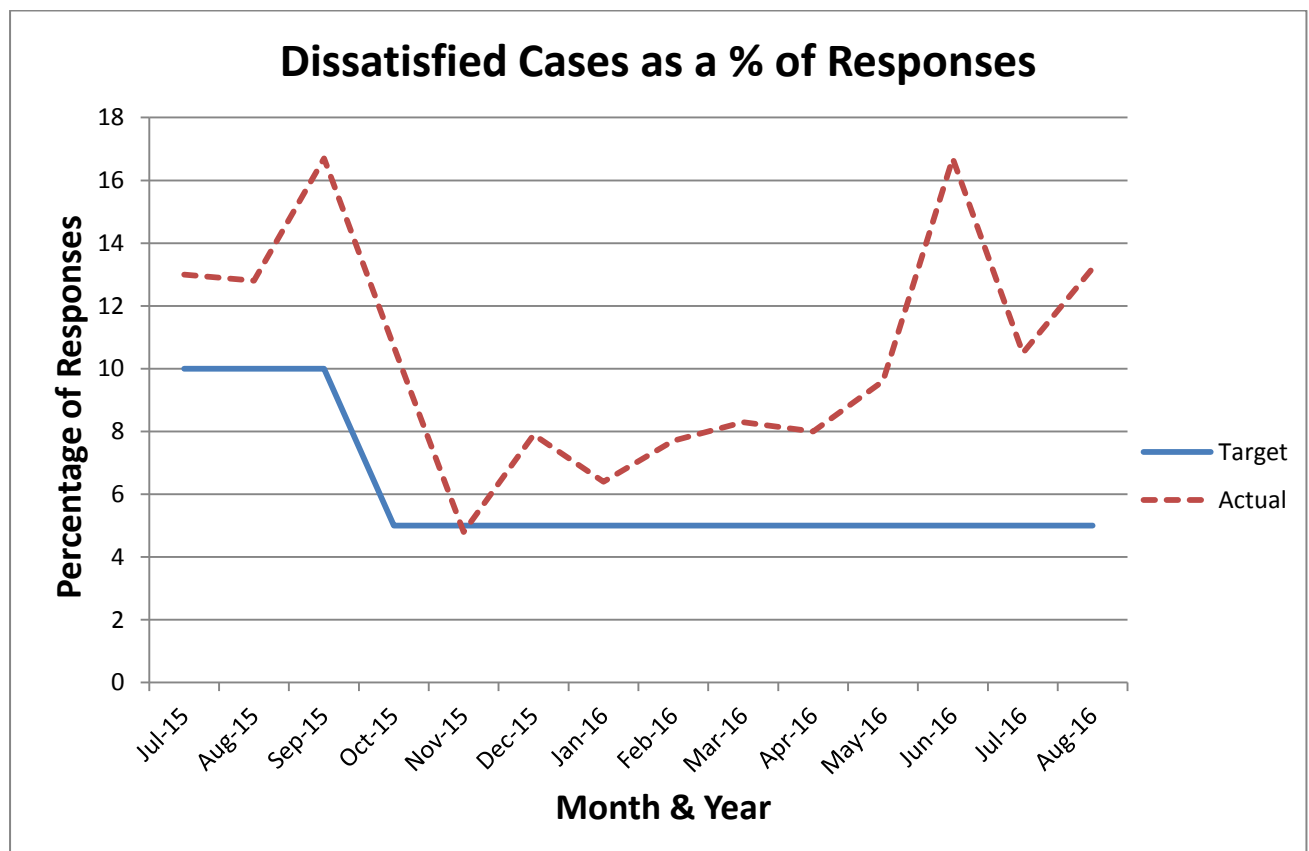
review their complaint. This option might be appropriate if, for example, if a complainant was disputing certain events that had been captured on CCTV and were therefore incontrovertible.

In the event that we do not have enough information to initiate the process outlined above, the allocated caseworker from the Patient Support and Complaints Team will contact the complainant to clarify which issues remain unresolved and, where possible, identify some specific questions that the complainant wishes to be answered. Following this, the process noted above would then be followed.

In all cases where a further written response is produced, the draft is reviewed by the Patient Support and Complaints Manager and by the Head of Quality (Patient Experience and Clinical Effectiveness) before sending it to an Executive Director for signing.

In the event that a complainant comes back to us again, having received two responses (whether in writing or by way of a meeting), the case will be escalated to the Chief Nurse for review.

Figure 5: Percentage of complainants dissatisfied with complaint response



2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 2 provides a breakdown of complaints received in Q2 2016/17 compared to Q1 2016/17. The only noteworthy change compared to Q1 was a reduction in complaints about staff attitude and communication (135 to 116). Changes in all other categories were either marginal or the numbers involved were small. Complaints about access increased from 5 in Q1 to 10 in Q2. This category includes complaints about physical access to our hospitals, services not being available and dissatisfaction with visiting hours.

Table 2: Complaints by category/theme

Category/Theme	Number of complaints received in Q2 (2016/17)	Number of complaints received in Q1 (2016/17)
Access	10 (1.9% of total complaints) ↑	5 (0.9% of total complaints) ↓
Appointments & Admissions	170 (32.9%) ↑	169 (32.5%) ↑
Attitude & Communication	116 (22.4%) ↓	135 (26%) ↓
Clinical Care	132 (25.5%) ↑	128 (24.7%) ↑
Discharge/Transfer/Transport	28 (5.4%) ↑	26 (5%)
Documentation	3 (0.6%) ↑	2 (0.4%)
Facilities & Environment	26 (5%) ↑	22 (4.2%) ↓
Information & Support	32 (6.2%) ↓	33 (6.3%) ↑
Total	517	520

Each complaint is also assigned to a more specific sub-category, for which there are over 100. Table 3 lists the ten most consistently reported sub-categories. In total, these sub-categories account for approximately two thirds of the complaints received in Q2 (336/517).

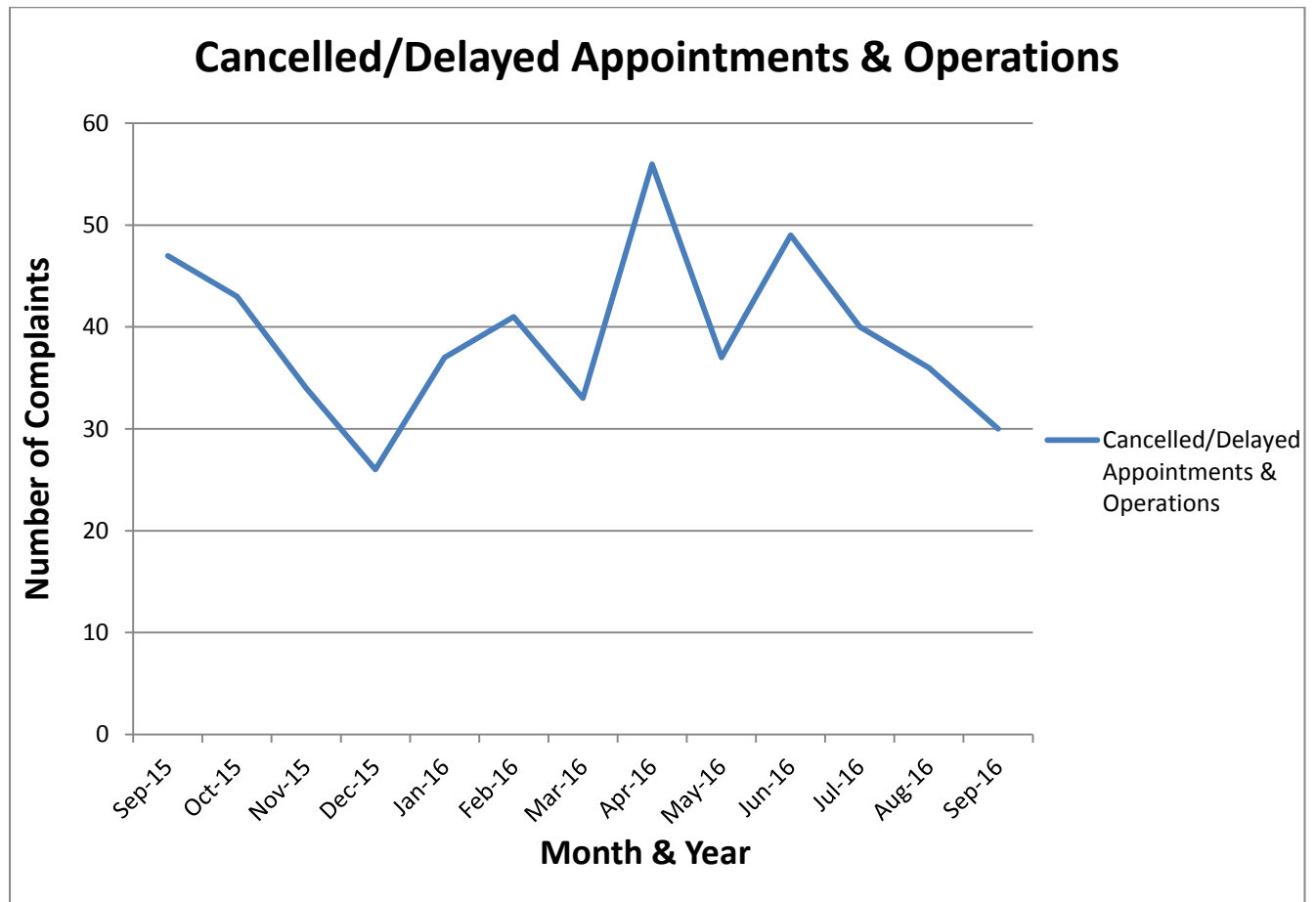
Table 3: Complaints by sub-category

Sub-category	Number of complaints received in Q2 (2016/17)	Q1 2016/17	Q4 2015/16	Q3 2015/16
Cancelled/delayed appointments and operations	106 (25.4% decrease compared to Q1) ↓	142	111	103
Communication with patient/relative	23 (32.4% decrease) ↓	34	62	41
Clinical Care (Medical/Surgical)	60 (14.3% decrease) ↓	70	41	54
Failure to answer telephones/failure to respond	27 (20.6% decrease) ↓	34	29	17
Clinical Care (Nursing/Midwifery)	19 (13.6% decrease) ↓	22	25	18
Attitude of Medical Staff	24 (4.3% increase) ↑	23	18	16
Attitude of Admin/Clerical Staff	11 (31.3% decrease) ↓	16	13	9
Attitude of Nursing Staff	17 (41.7% increase) ↑	12	8	13
Appointments Administration Issues (<i>new sub-category</i>)	38 (90% increase) ↑	20	-	-
Transport (Late/Non Arrival/Inappropriate)	11 (83.3% increase) ↑	6	2	8

Complaints about 'cancelled or delayed appointments or operations/procedures' have decreased from 142 in Q1 to 106 in Q2⁴.

Figures 6, 7, and 8 show the four most commonly recorded sub-categories of complaint as detailed above, tracked since July 2015. These graphs suggest a recovering pattern of complaints about cancelled or delayed appointments and operations since December 2015, and an improving pattern of complaints about communication with patients/relatives.

Figure 6: Cancelled or delayed appointments and operations



⁴ In Q2, a new theme of 'Appointment Administration Issues' was added to Datix as a sub-category of 'Appointments and Admissions'. 38 complaints were assigned to this sub-category. This explains why the total number of complaints in the parent category has risen marginally, even though complaints in the major sub-category (cancelled/delayed appointments and operations) have fallen significantly.

Figure 7: Clinical care – medical/surgical

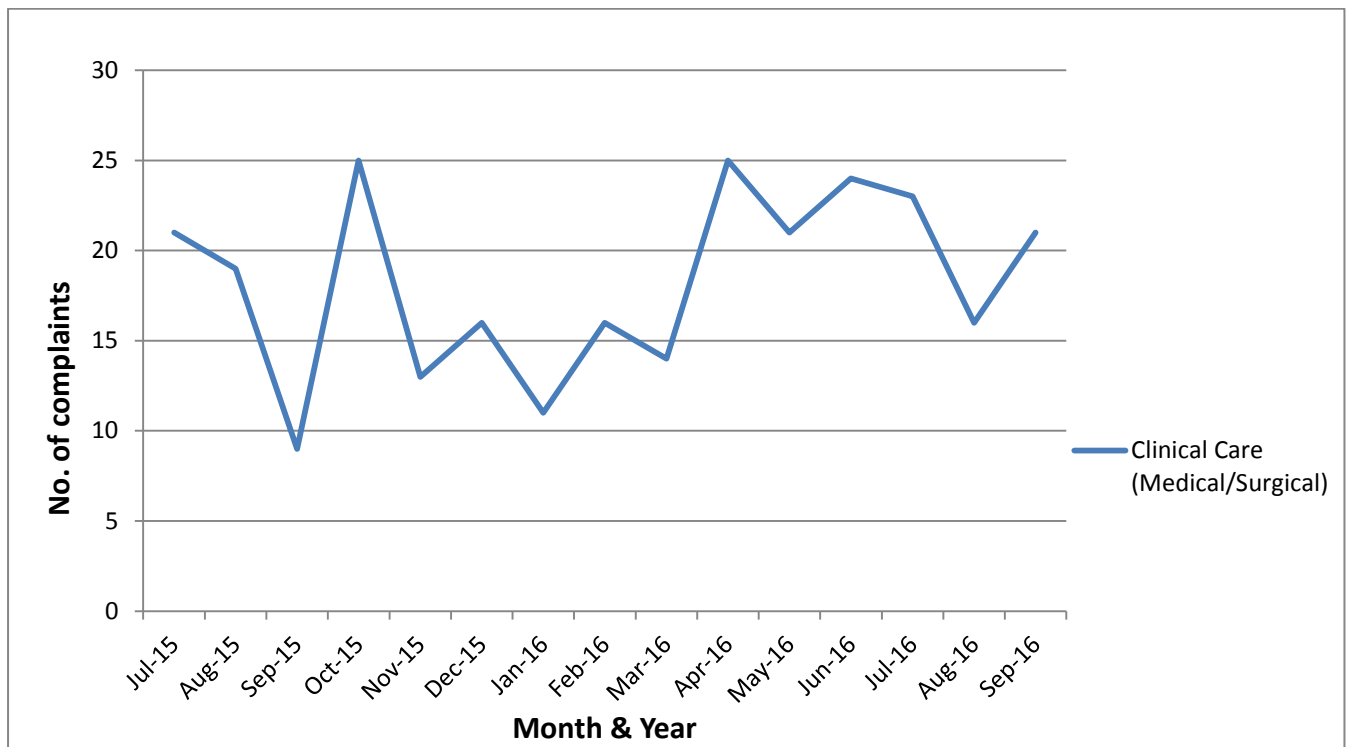
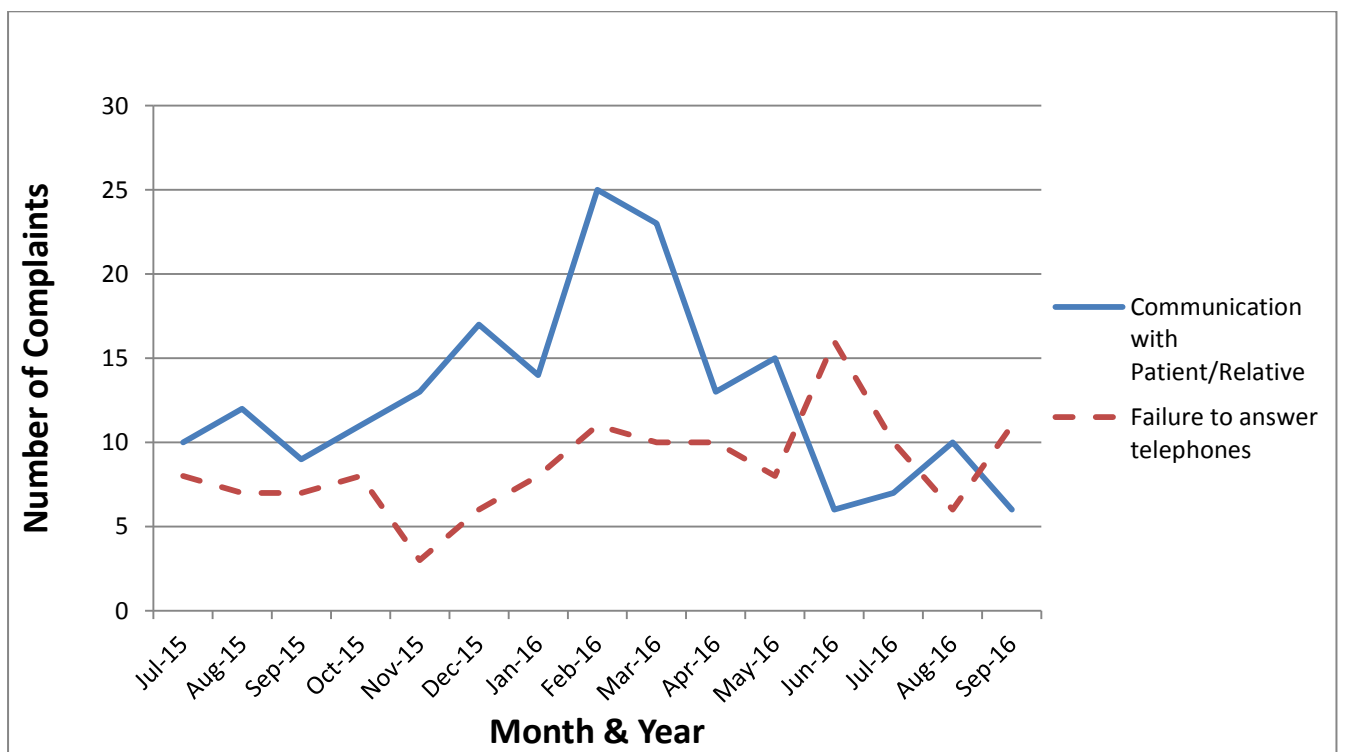


Figure 8: Communication with patient/relative and telephone answering

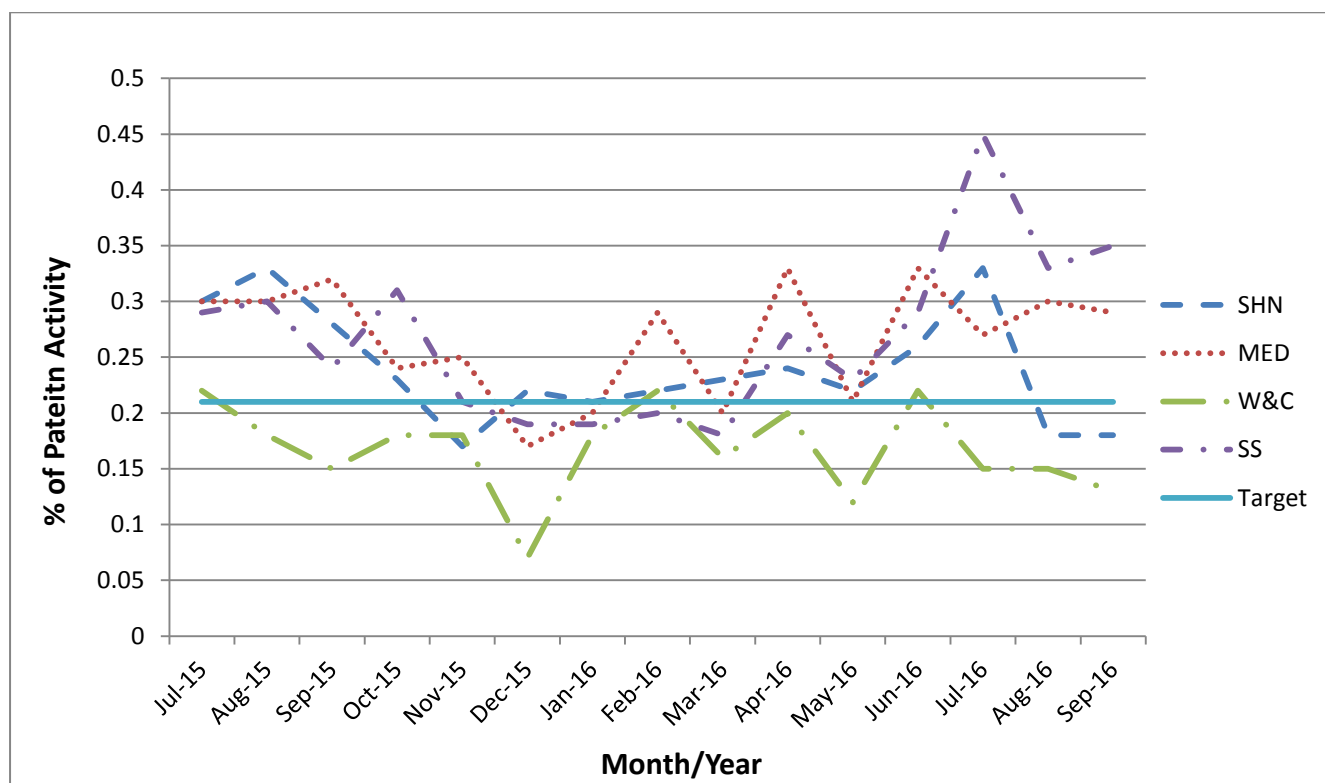


3. Divisional performance

3.1 Total complaints received

A divisional breakdown of the percentage of complaints per patient attendance is provided in Figure 9. This shows an overall increase in the volume of complaints received in the bed holding Divisions during Q4, with only Specialised Services showing a decrease in the number of complaints received.

Figure 9: Complaints by Division as a percentage of patient attendance



It should be noted that data for the Division of Diagnostics and Therapies is excluded from Figure 9 because this Division’s performance is calculated from a very small volume of outpatient and inpatient activity. Overall, reported Trust-level data includes Diagnostics and Therapies complaints, but it is not appropriate to draw comparisons with other Divisions. Since July 2015, the number of complaints received by the division has been as follows:

Table 4: Complaints received by Division of Diagnostics and Therapies

	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
No. of complaints received	10	4	5	12	5	7	5	13	6	5	7	12	4	9	6

3.2 Divisional analysis of complaints received

Table 5 provides an analysis of Q2 complaints performance by Division⁵. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; concerns about staff attitude and communication; and concerns about clinical care.

Table 5	Surgery, Head & Neck	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies
Total number of complaints received	182 (198) ↓	123 (122) ↑	95 (66) ↑	62 (84) ↓	19 (24) ↓
Total complaints received as a proportion of patient activity	0.23% (0.24%) ↓	0.29% (0.29%) =	0.38% (0.26%) ↑	0.14% (0.18%) ↓	N/A
Number of complaints about appointments and admissions	87 (93) ↓	26 (26) =	27 (18) ↑	18 (28) ↓	6 (7) ↓
Number of complaints about staff attitude and communication	32 (53) ↓	34 (38) ↓	22 (22) =	15 (17) ↓	3 (6) ↓
Number of complaints about clinical care	37 (40) ↓	29 (32) ↓	32 (18) ↑	19 (31) ↓	6 (7) ↓
Area where the most complaints have been received in Q2	Bristol Eye Hospital – 40 (46) Bristol Dental Hospital – 34 (46) Trauma & Orthopaedics – 47 (21) ENT – 10 (17) Upper GI – 10 (15)	Emergency Department (BRI) – 22 (25) Gastroenterology & Hepatology – 11 (20) Dermatology – 18 (14) Ward A300 (AMU) – 7 (9)	BHI Outpatients – 11 (8) GUCH Services – 21 (8) Chemo Day Unit/Outpatients – 5 (7) Ward C708 – 11 (7) Ward D603 – 10 (6)	Paediatric Orthopaedics – 5 (7) Ward 73 (Maternity) – 5 (8) Ward 78 – 3 (12)	Radiology – 8 (8) Audiology – 4 (6) Pharmacy – 3 (5) Physiotherapy – (4)
Notable deteriorations compared to Q1	Trauma & Orthopaedics – 47 (21)	None	GUCH Services – 21 (8)	None	None
Notable improvements compared to Q1	Lower GI – 4 (12) ENT – 10 (17)	Gastroenterology & Hepatology – 11 (20)	None	Paediatric Plastic Surgery – 1 (7) Ward 78 – 3 (12)	Physiotherapy – 1 (4)

⁵ It should be noted that the overall percentage of complaints against patient activity as shown in Table 5 differs slightly from the overall Trust percentage of 0.24% as the latter includes complaints from non-bed-holding Divisions.

3.2.1 Division of Surgery, Head & Neck

In Q2, the Division of Surgery Head & Neck had a notable reduction in complaints about attitude and communication (down from 53 to 32, consolidating the improvement in the previous quarter). Complaints about discharge transfer and transport increased, but the numbers involved were small. Complaints about trauma and orthopedics increased significantly (from 21 to 47), whilst complaints about Lower GI surgery and Ear Nose and Throat surgery reduced. The long-term downwards trend in complaints about Bristol Eye Hospital has continued.

Table 6: Complaints by category type

Category Type	Number and % of complaints received – Q2 2016/17	Number and % of complaints received – Q1 2016/17
Access	2 (1.1% of total complaints)	0 (0% of total complaints) ↓
Appointments & Admissions	87 (47.8%) ↓	90 (45.6%) ↑
Attitude & Communication	32 (17.6%) ↓	53 (26.7%) ↓
Clinical Care	37 (20.3%) ↓	40 (20%) ↑
Facilities & Environment	3 (1.6%) ↑	2 (1.1%) ↓
Information & Support	6 (3.3%) ↓	8 (3.8%) ↑
Discharge/Transfer/Transport	12 (6.6%) ↑	5 (2.8%)
Documentation	3 (1.6%) ↑	0
Total	182	198

Table 7: Top sub-categories

Category	Number of complaints received – Q2 2016/17	Number of complaints received – Q1 2016/17
Cancelled or delayed appointments and operations	49 ↓	73 ↑
Clinical Care (Medical/Surgical)	16 ↓	18 ↑
Communication with patient/relative	7 ↓	10 ↓
Attitude of Medical Staff	4 ↓	6 ↓
Attitude of Nursing/Midwifery	3 ↓	4 ↑
Attitude of Admin/Clerical Staff	4 ↓	5 ↑
Clinical Care (Nursing/Midwifery)	2 ↓	4 ↑
Failure to answer telephones	13 ↓	18 ↑

Table 8: Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
Complaints about Trauma and Orthopedics increased significantly (from 21 to 47). Of these 47 complaints received, 28 were in respect of appointment and admission issues. Eight complaints were in respect of attitude and communication and seven complaints were in respect of clinical care. There were no other discernible trends identified for the remaining four complaints.	<p>A large number of these complaints were about phoning the department: patients were either not able to get through, or were put through to a voicemail message. The problem is due to the sheer volume of calls, being received, exacerbated by staff vacancies, which are actively being recruited to.</p> <p>A senior registrar in the department is on long term sick leave, which has limited the availability of appointments.</p>	<p>Call use data is being gathered to inform a business case for the purchase of call centre software, which would enable patients to queue instead of receiving an engaged message.</p> <p>Since July 2016, the department has been in the process of employing more staff to help answer the calls and make appointments.</p>

Figure 10: Surgery, Head & Neck – formal and informal complaints received

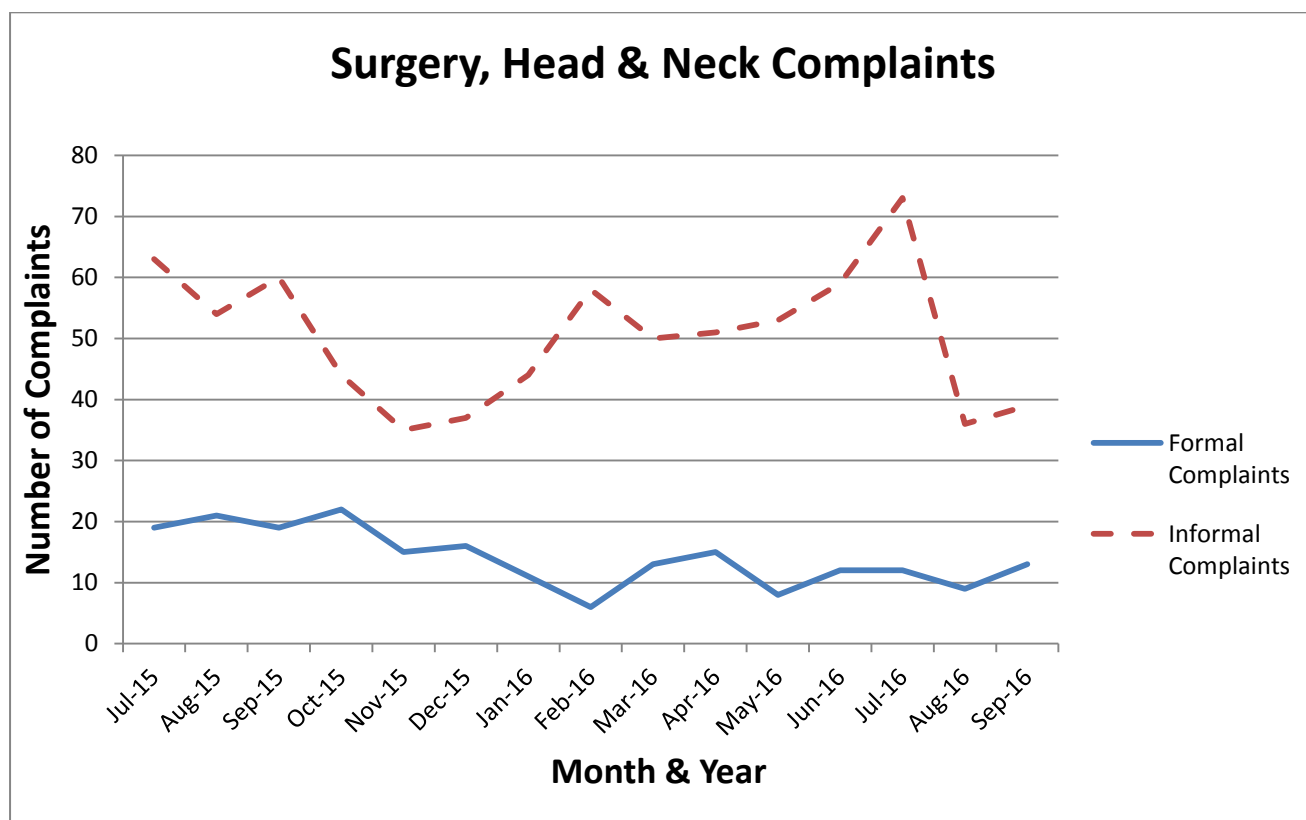
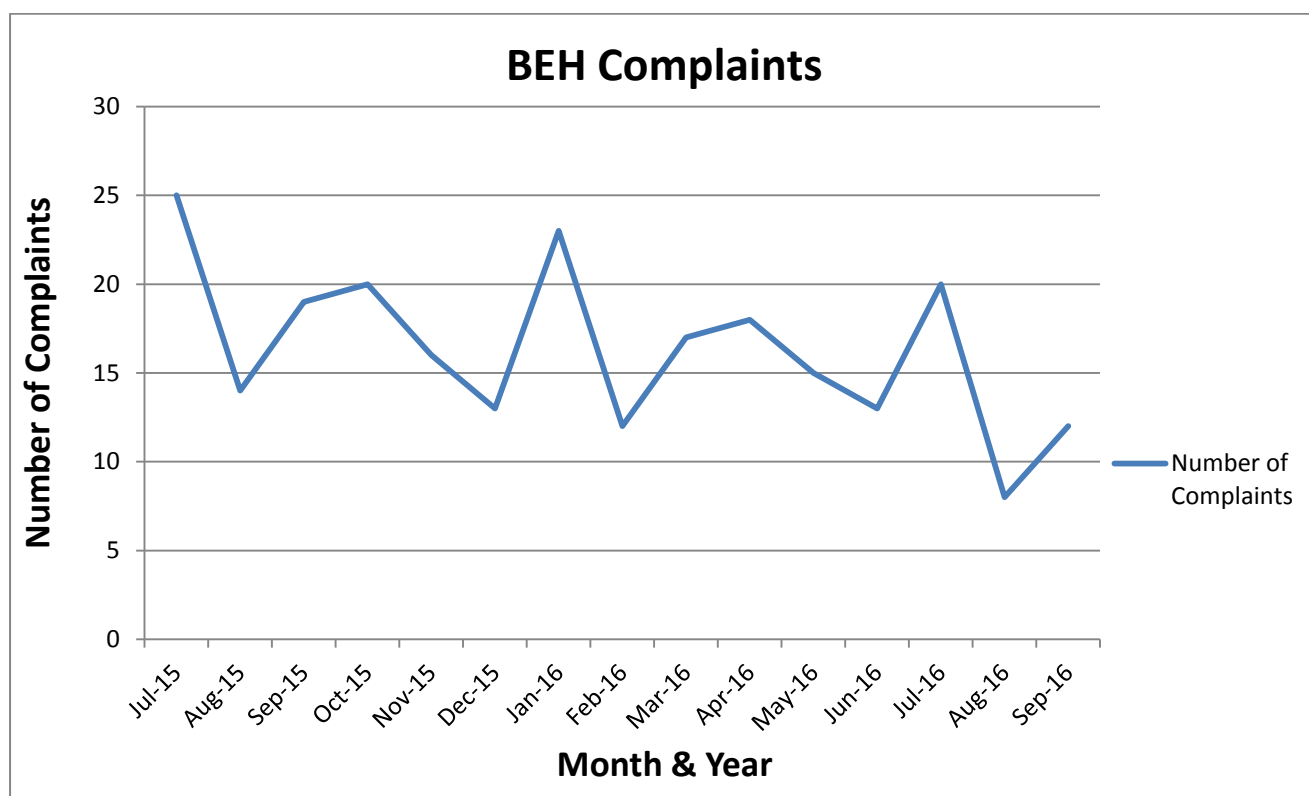


Figure 11: Complaints received by Bristol Eye Hospital



3.2.2 Division of Medicine

In Q2, the thematic pattern of complaints received by the Division of Medicine was unchanged from Q1. A consistent positive pattern of informal resolution in preference to formal resolution was established in Q2. Complaints about Gastroenterology & Hepatology, which had risen in Q1, returned to previously reported levels in Q2.

Table 9: Complaints by category type

Category Type	Number and % of complaints received – Q2 2016/17	Number and % of complaints received – Q1 2016/17
Access	2 (1.6% of total complaints) ↑	1 (0.8% of total complaints) =
Appointments & Admissions	26 (21.1%) ↓	28 (23.1%) ↑
Attitude & Communication	34 (27.6%) ↓	38 (31.1%) ↓
Clinical Care	29 (23.6%) ↓	32 (26.2%) ↑
Facilities & Environment	9 (7.3%) ↑	7 (5.7%) ↓
Information & Support	9 (7.3%) ↑	3 (2.5%) ↓
Discharge/Transfer/ Transport	11 (8.9%) ↓	12 (9.8%)
Documentation	3 (2.4%) ↑	1 (0.8%)
Total	123	122

Table 10: Top sub-categories

Category	Number of complaints received – Q2 2016/17	Number of complaints received – Q1 2016/17
Cancelled or delayed appointments and operations	17 =	17 ↑
Clinical Care (Medical/Surgical)	14 ↓	17 ↑
Communication with patient/relative	5 ↓	12 =
Attitude of Medical Staff	9 ↑	8 ↑
Attitude of Nursing/Midwifery	7 ↑	5 ↑
Attitude of Admin/Clerical Staff	4 ↓	5 ↑
Clinical Care (Nursing/Midwifery)	5 =	5 ↑
Failure to answer telephones	6 ↑	5 ↓

Figure 12: Medicine – formal and informal complaints received

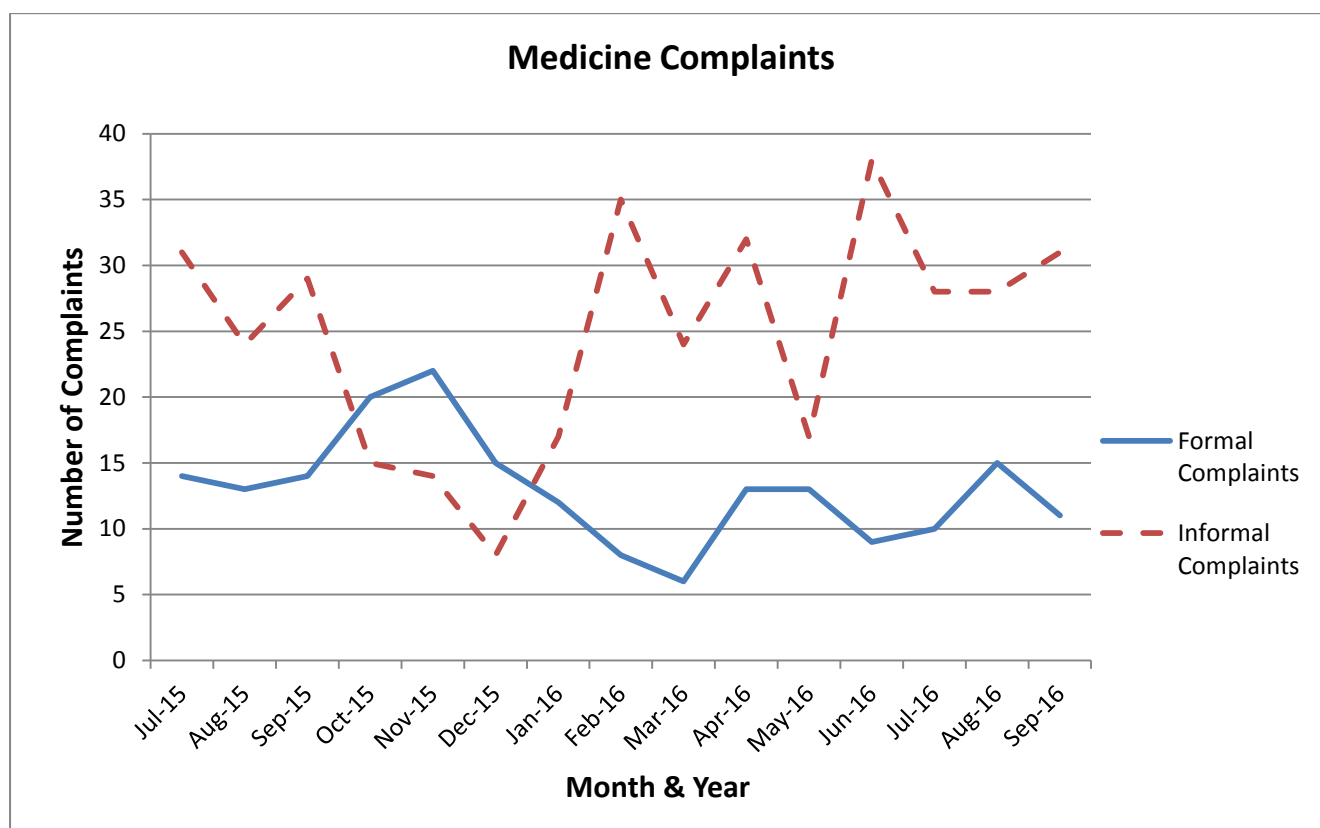
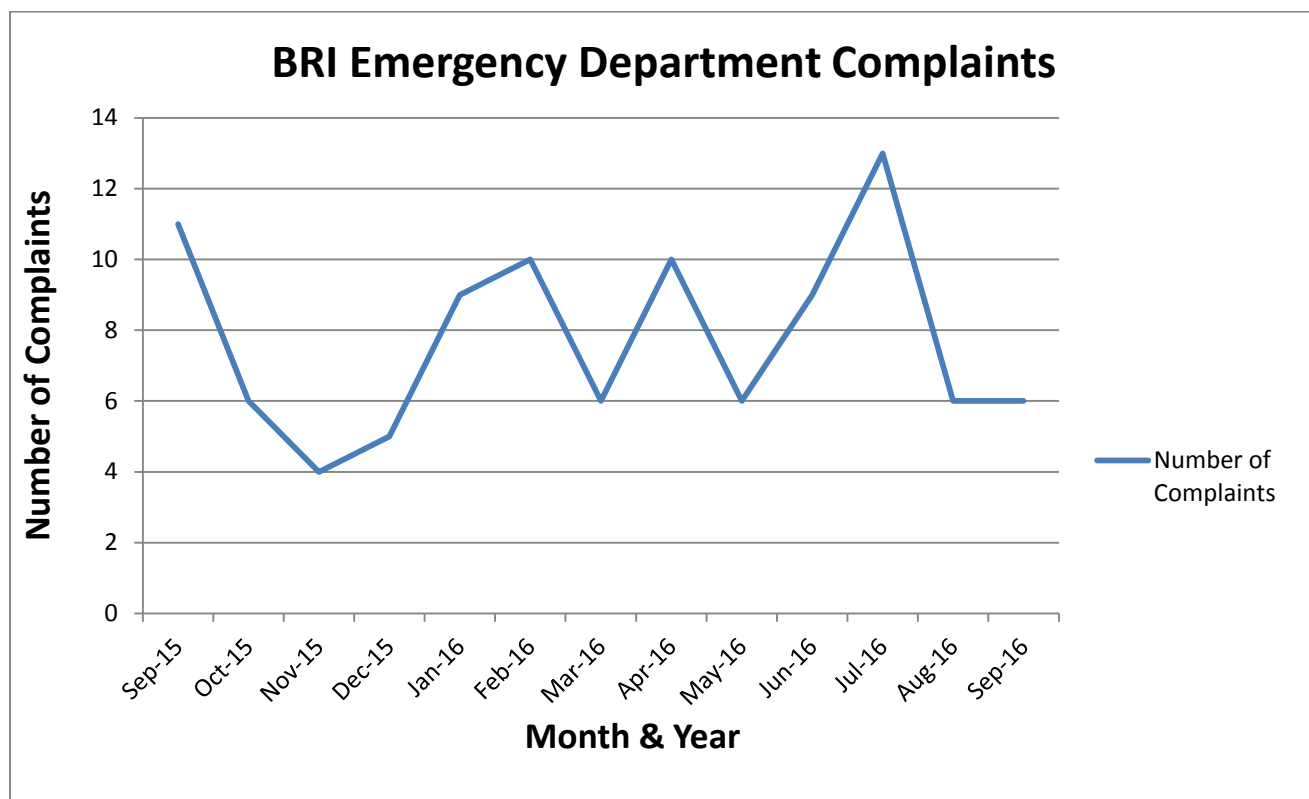


Figure 13: Complaints received by BRI Emergency Department



3.2.3 Division of Specialised Services

In Q2, the Division of Specialised Services experienced a 50% increase in complaints about appointments and admissions, and a similar increase in complaints about clinical care. Complaints about information and support increased, but the numbers involved were small. Overall, complaints increased significantly from 66 to 95. Complaints about GUCH (Grown up congenital heart disease) increase from eight to 21.

Table 12: Complaints by category type

Category Type	Number and % of complaints received – Q2 2016/17	Number and % of complaints received – Q1 2016/17
Access	2 (2.1% of total complaints) ↑	0 (0% of total complaints) =
Appointments & Admissions	27 (28.4%) ↑	18 (27.3%) ↓
Attitude & Communication	22 (23.2%) =	22 (33.3%) ↑
Clinical Care	32 (33.7%) ↑	18 (27.3%) ↑
Facilities & Environment	3 (3.2%) ↑	1 (1.5%) ↑
Information & Support	7 (7.4%) ↑	1 (1.5%) ↓
Discharge/Transfer/Transport	1 (1.1%) ↓	5 (7.6%)
Documentation	1 (1.1%) =	1 (1.5%)
Total	95	66

Table 13: Top sub-categories

Category	Number of complaints received – Q2 2016/17	Number of complaints received – Q1 2016/17
Cancelled or delayed appointments and operations	27 ↑ 17 =	17 ↑
Clinical Care (Medical/Surgical)	17 ↑	9 ↑
Communication with patient/relative	5 ↓	8 ↑
Attitude of Medical Staff	5 ↑	1 ↑
Attitude of Nursing/Midwifery	2 =	2 ↑
Attitude of Admin/Clerical Staff	1 ↑	0 ↓
Clinical Care (Nursing/Midwifery)	4 ↑	3 =
Failure to answer telephones	5 =	5 ↑

Table 14: Divisional response to concerns highlighted by Q2 data

Concern	Explanation	Action
Complaints about clinical care increased from 14 in Q4 and 18 in Q1 to 32 in Q2. Of these 32 complaints, 17 were in respect of clinical care provided by medical/surgical staff and four complaints were about care received by nursing staff. There were no other discernible patterns for the remaining 11 complaints.	<p>Some of the 32 cases in Q2 may not have been assigned to the most appropriate complaint category. The division's view is that the core theme in five of these complaints was delay to, or cancellation of procedures and appointments. Similarly, three complaints were about delays in communicating test results and three were patients asking clinical questions following discharge.</p> <p>Local analysis of the remaining 21 complaints has identified the following themes:</p> <ul style="list-style-type: none"> • questions or concerns highlighted by patients and relatives following the death of a patient both across the Bristol Heart Institute (BHI) and the Bristol Haematology and Oncology Centre (BHOC) • queries and concerns surrounding the diagnosis and treatment of cancer • management of cardiac surgery patients and the patient's experience as a result of delays or 	<p>The Division is currently:</p> <ul style="list-style-type: none"> • exploring ways in which staff can provide further support and information to families following the death of their loved one so that they feel that they have the opportunity to ask questions earlier on in their journey. • reviewing the way in which the patient information and support centre at the BHOC is promoted • embarking upon a <i>Patient Experience at Heart</i> project in early 2017 to improve the patient experience across cardiac surgery and cancer pathways specifically.

	cancellation of their procedures	
Complaints about GUCH (Grown up congenital heart disease) increase from eight in Q1 to 21 in Q2. Of these 21 complaints, eight were in respect of cancelled or delayed appointments or operations. There were no other discernible trends identified for the remaining 13 complaints.	The Division experienced significant challenges with patient flow towards the end of Q2 which led to an increased number of cancelled operations.	The Division has allocated specific patient flow responsibilities to a matron within the BHI; processes are currently being reviewed with a view to reducing cancelled operations.

Figure 14: Specialised Services – formal and informal complaints received

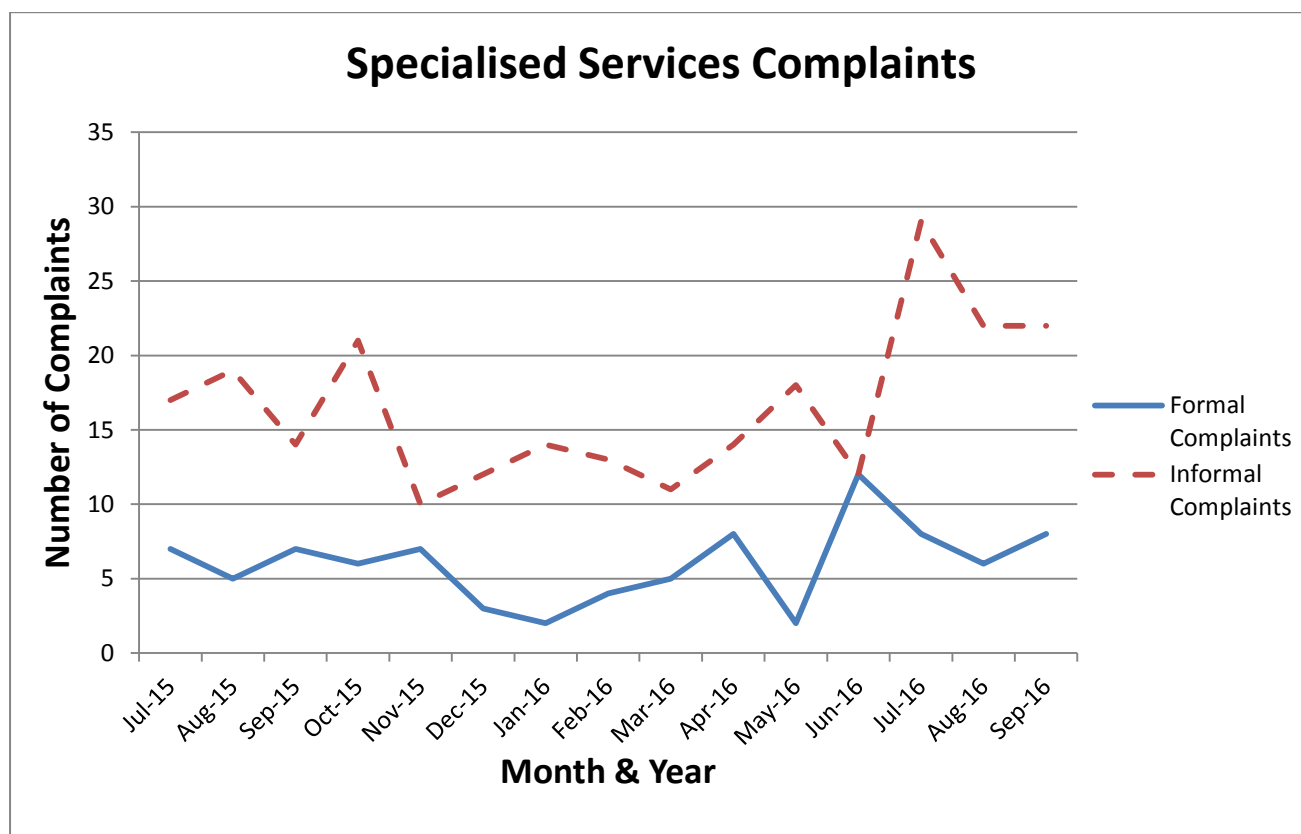
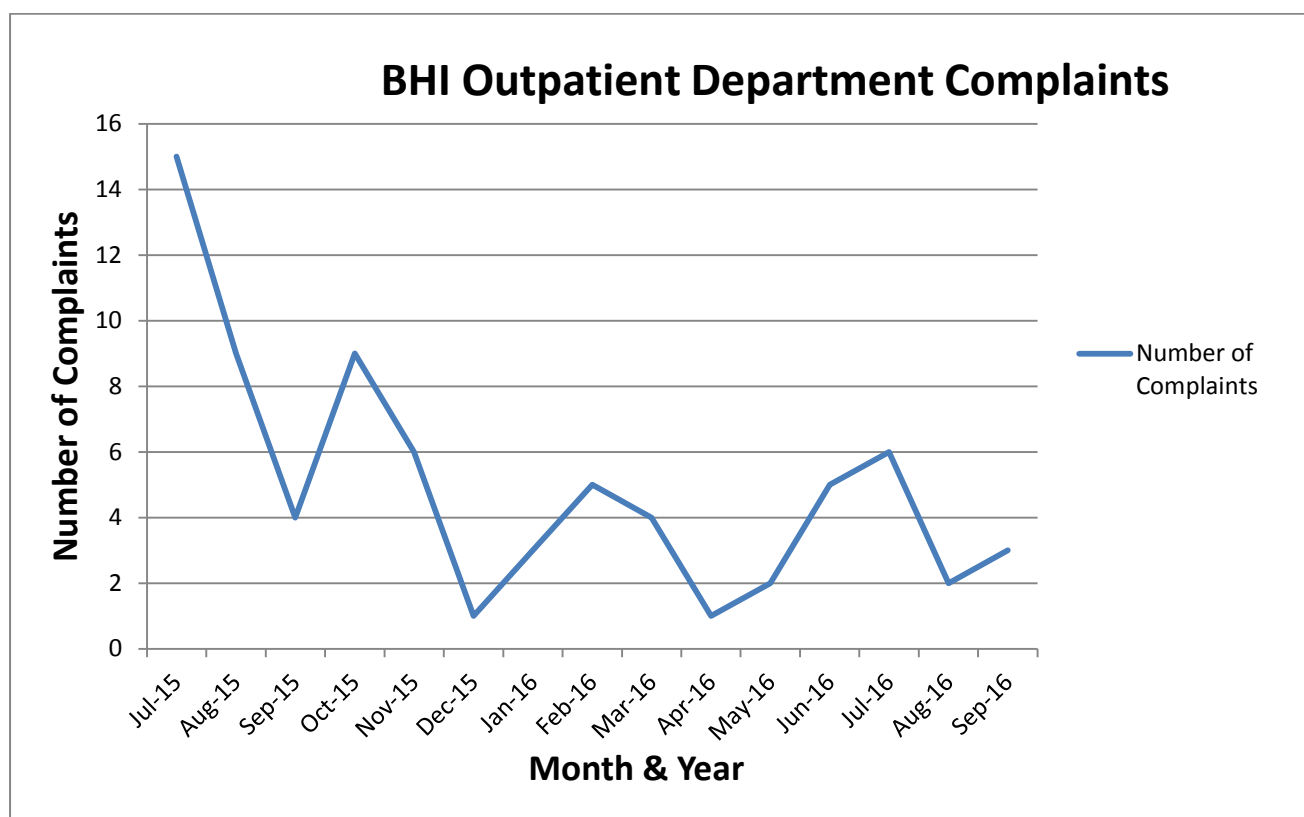


Figure 15: Complaints received by BHI Outpatients



3.2.4 Division of Women’s and Children’s Services

In Q2, the Division of Women’s and Children’s Services received fewer complaints about appointments and admissions than in Q1 (18 compared to 29), following a previous increase. Complaints about clinical care also fell in Q2 (from 31 to 19). Paediatric plastic surgery received only one complaint in Q2, following seven complaints in Q1. Ward 78 also saw a notable reduction in complaints, from 12 in Q1 to three in Q2.

Table 15: Complaints by category type

Category Type	Number and % of complaints received – Q2 2016/17	Number and % of complaints received – Q1 2016/17
Access	1 (1.6% of total complaints) ↑	0 (0% of total complaints) =
Appointments & Admissions	18 (29%) ↓	29 (34.5%) ↑
Attitude & Communication	15 (24.2%) ↓	17 (20.2%) ↓
Clinical Care	19 (30.6%) ↓	31 (36.9%) ↑
Facilities & Environment	2 (3.2%) ↑	1 (1.2%) ↓
Information & Support	3 (4.8%) ↓	4 (4.8%) ↑
Discharge/Transfer/Transport	2 (3.2%) =	2 (2.4%)
Documentation	2 (3.2%) ↑	0 (0%)
Total	62	84

Table 16: Top sub-categories

Category	Number of complaints received – Q2 2016/17	Number of complaints received – Q1 2016/17
Cancelled or delayed appointments and operations	11 ↓	27 ↑
Clinical Care (Medical/Surgical)	7 ↓	15 ↑
Communication with patient/relative	4 ↑	3 ↓
Attitude of Medical Staff	6 ↑	5 ↑
Attitude of Nursing/Midwifery	4 ↑	1 ↓
Attitude of Admin/Clerical Staff	0 ↓	2 ↑
Clinical Care (Nursing/Midwifery)	7 ↑	5 ↓
Failure to answer telephones	1 ↓	2 ↑

Figure 16: Women & Children – formal and informal complaints received

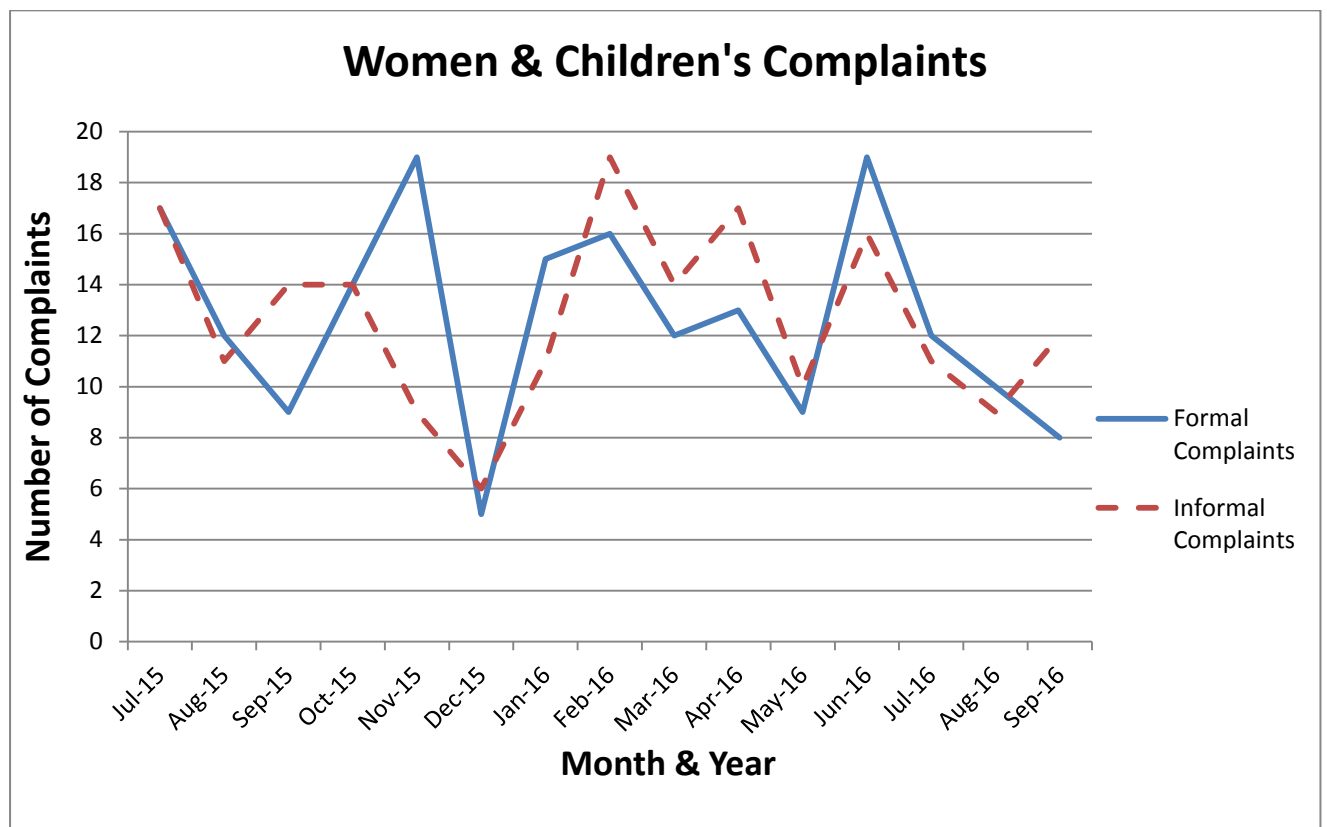
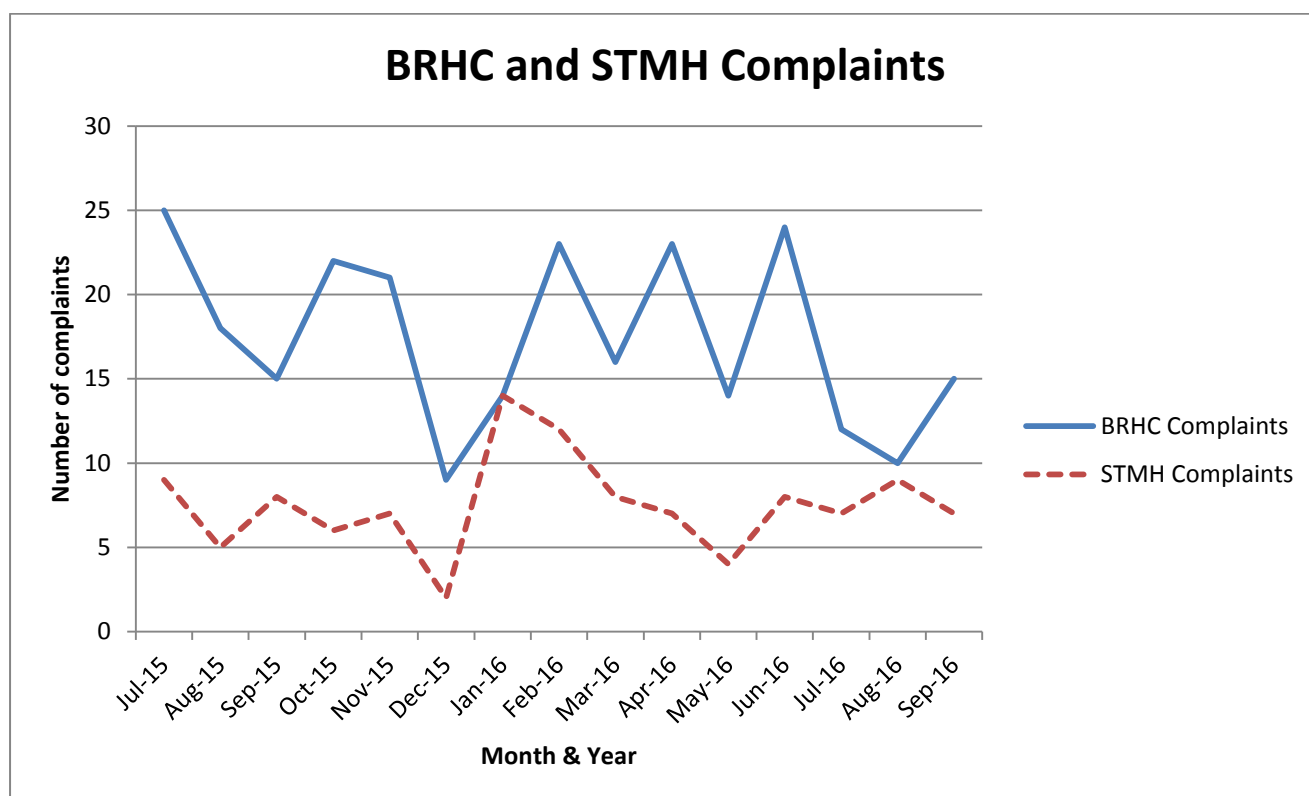


Figure 17: Complaints received by Bristol Royal Hospital for Children and St Michael's Hospital



3.2.5 Division of Diagnostics & Therapies

In Q2, complaints received by the Diagnostics and Therapies Division fell from 24 to 19. The physiotherapy service received only one complaint in this three month period and there were no significant themes or patterns within the divisional data.

Table 18: Complaints by category type

Category Type	Number and % of complaints received – Q2 2016/17	Number and % of complaints received – Q1 2016/17
Access	2 (10.5% of total complaints) ↑	1 (4.2% of total complaints) ↑
Appointments & Admissions	6 (31.6%) ↓	7 (29.2%) ↑
Attitude & Communication	3 (15.8%) ↓	6 (25%) ↓
Clinical Care	6 (31.6%) ↓	7 (29.2%) ↑
Facilities & Environment	1 (5.3%) ↓	3 (12.5%) ↑
Information & Support	0 (0%) =	0 (0%) ↓
Discharge/Transfer/Transport	1 (5.3%) ↑	0 (0%)
Documentation	0 (0%) =	0 (0%)
Total	19	24

Figure 18: Diagnostics and Therapies – formal and informal complaints received

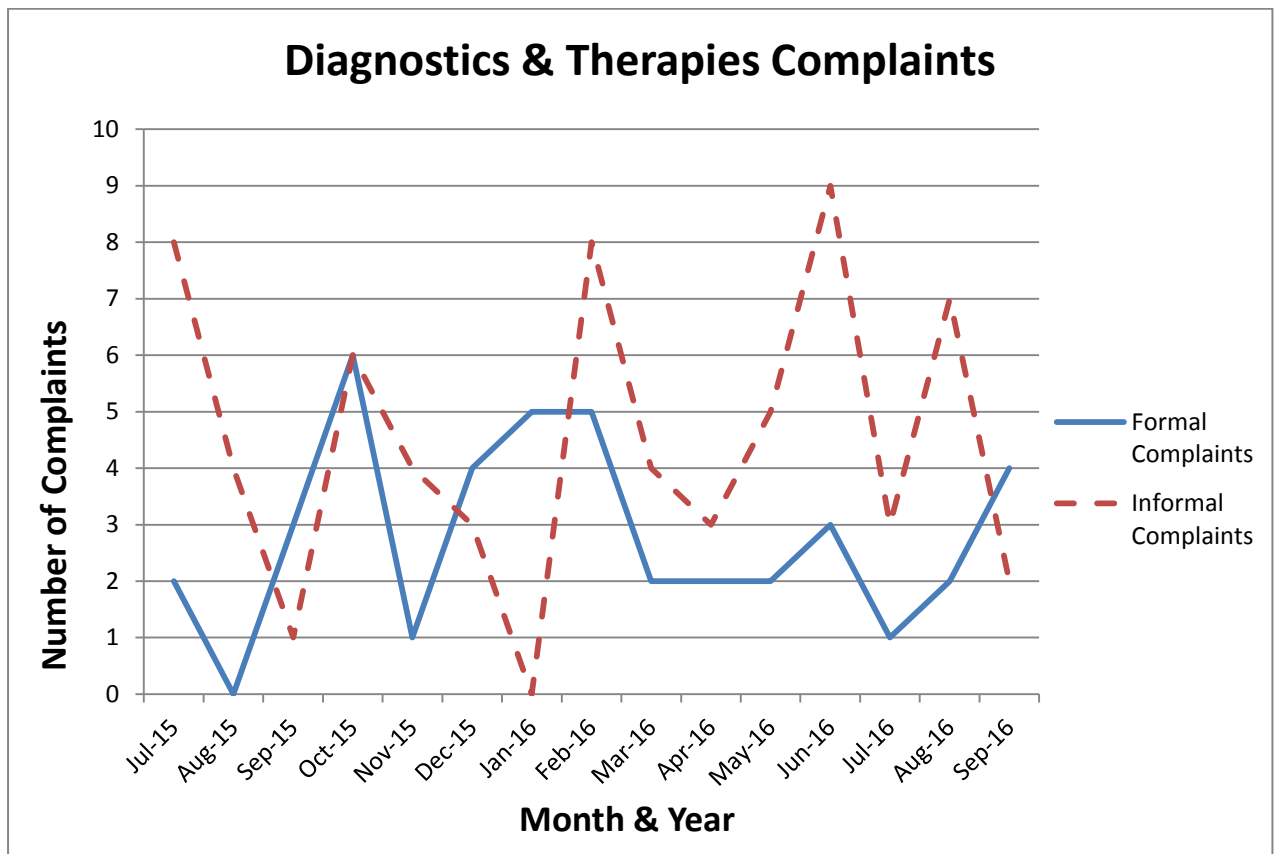
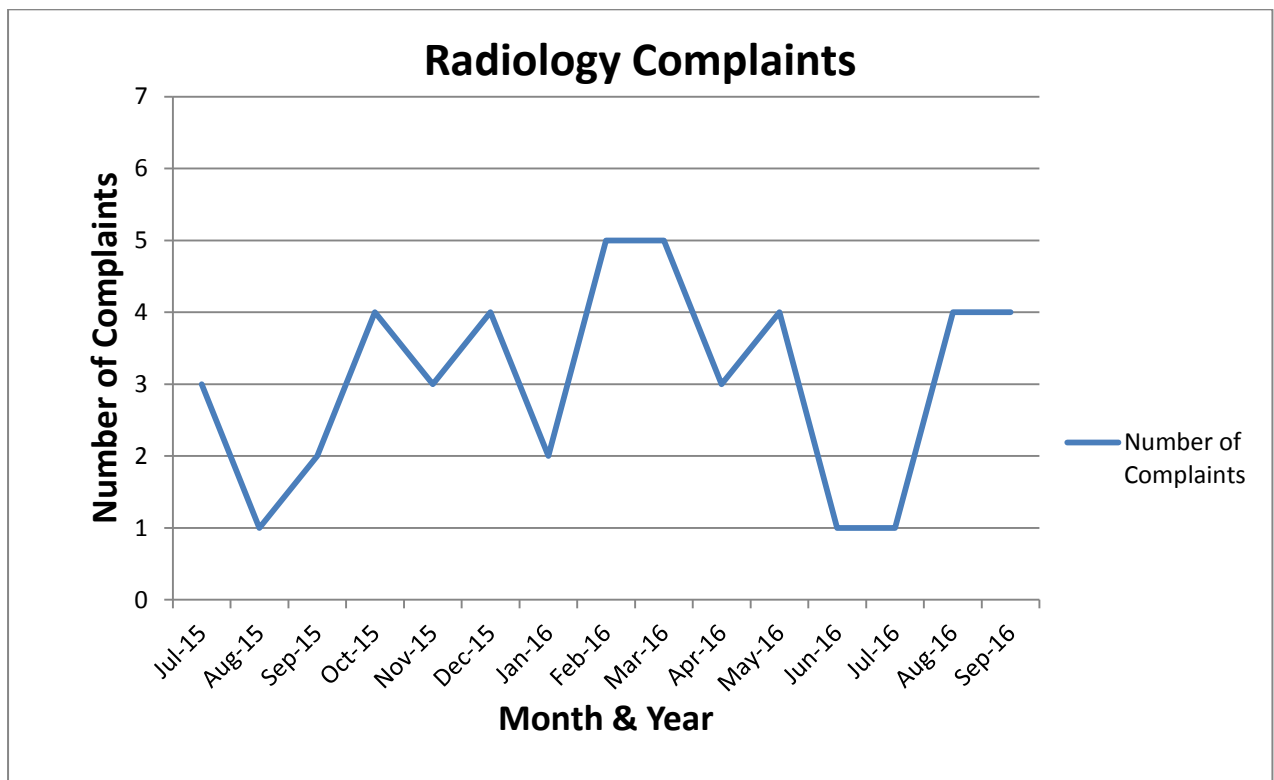


Figure 19: Complaints received by Radiology (Trust-wide)



3.3 Complaints by hospital site

Of those complaints with an identifiable site, the breakdown by hospital is as follows:

Table 19: Breakdown of complaints by hospital site

Hospital/Site	Number and % of complaints received in Q2 2016/17	Number and % of complaints received in Q1 2016/17
Bristol Royal Infirmary (BRI)	300 (58.0%)	228 (43.8% of total complaints)
Bristol Eye Hospital (BEH)	41 (7.9%)	46 (8.9%)
Bristol Dental Hospital (BDH)	34 (6.6%)	46 (8.9%)
St Michael's Hospital (StMH)	40 (7.3%)	47
Bristol Heart Institute (BHI)	17 (3.3%)	50 (9.6%)
Bristol Haematology & Oncology Centre (BHOC)	35 (6.8%)	22 (4.2%)
Bristol Royal Hospital for Children (BRHC)	38 (7.3%)	62 (11.9%)
South Bristol Community Hospital (SBCH)	12 (2.3%)	10 (1.9%)
Total	517	520

Table 20 below breaks this information down further, showing the complaints rate as a percentage of patient activity for each site and whether the number of complaints each hospital site receives is broadly in line with its proportion of attendances. For example, in Q2, the BRI accounted for 31.16% of all attendances and 58.0% of all complaints.

Table 20: Complaints rates by hospital site

Site	No. of complaints	No. of attendances	Complaints rate	Proportion of all attendances	Proportion of all complaints
BRI	300	60,473	0.49%	31.16%	58.0%
BEH	41	31,551	0.13%	16.2%	7.9%
BDH	34	18,732	0.18%	9.65%	6.6%
StMH	40	21,816	0.18%	11.24%	7.3%
BHI	17	4,978	0.34%	2.7%	3.3%
BHOC	35	18,872	0.12%	9.7%	6.8%
BRHC	38	30,511	0.18%	15.73%	7.3%
SBCH	12	6,633	0.18%	3.42%	2.3%
Total	517	194,024	0.27%		

This analysis shows that Bristol Royal Infirmary and Bristol Heart Institute continue to receive the highest rates of complaints and that they both receive a disproportionately high volume of complaints compared to their share of patient activity.

3.4 Complaints responded to within agreed timescale

The Divisions of Medicine, Specialised Services and Women and Children, and Trust Services reported breaches in Q2, totalling 12 breaches, which is a significant decrease on the 34 breaches

recorded in Q1. Table 21 shows a quarterly pattern of reductions in breached deadlines across all clinical divisions.

Table 21: Breakdown of breached deadlines

Division	Q2 (2016/17)	Q1 2016/17	Q4 2015/16	Q3 2015/16
Surgery, Head & Neck	0 (0%)	6 (14.6%)	10 (24.4%)	16 (31.4%)
Medicine	4 (11.1%)	12 (36.4%)	10 (28.6%)	18 (48.6%)
Specialised Services	1 (4.5%)	2 (15.4%)	3 (23.1%)	8 (36.4%)
Women & Children	5 (16.7%)	12 (30.8%)	8 (34.8%)	21 (65.6%)
Diagnostics & Therapies	0 (0%)	2 (18.2%)	0 (0%)	2 (22.2%)
Trust Services	2 (0.1%)	0 (0%)	0 (0%)	0 (0%)
All	12 breaches	34 breaches	31 breaches	65 breaches

(So, as an example, there were five breaches of timescale in the Division of Women and Children in Q2, which constituted 16.67% of the complaints responses, had been due in that Division in Q2).

Breaches of timescale were caused either by late receipt of draft responses from Divisions which did not allow adequate time for Executive review and sign-off; delays in processing by the Patient Support and Complaints Team; any delays during the sign-off process itself; and/or responses being returned for amendment. Sources of delay are shown in the table below.

Table 22: Source of delays

	Source of delays in Q2 2016/17				Totals
	Division	PSCT	Executive sign-off	Other	
Surgery, Head & Neck	0	1	0	1	2
Medicine	4	1	0	0	5
Specialised Services	1	0	0	1	2
Women & Children	5	0	0	0	5
Diagnostics & Therapies	0	0	0	0	0
Trust Services	2	0	0	0	2
All	12	2	0	2	12 breaches

Actions being taken to improve the quality of responses and reduce the number of breaches include:

- All response letters received from Divisions are checked by the caseworker managing the complaint and then reviewed by the Patient Support & Complaints Manager prior to Executive sign-off.
- A random selection of complaint responses are also reviewed by the Head of Quality (Patient Experience & Clinical Effectiveness) prior to Executive sign-off.
- Training aimed at improving the quality of written complaint responses is being rolled out to all Divisions, with two sessions having already been delivered at the time of writing this report.
- Standard Operating Procedures (SOPs) have been produced in respect of the process for checking and signing off response letters and for the escalation of more serious or complex complaints for Executive review.

- During Q4 of 2015/16, the process was changed to allow seven working days for the review and sign-off process.

4. Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team is also responsible for providing patients, relatives and carers with help and support, including:

- Non-clinical information and advice;
- A contact point for patients who wish to feedback a compliment or general information about the Trust's services;
- Support for patients with additional support needs and their families/carers; and
- Signposting to other services and organisations.

In Q2, the team dealt with 212 such enquiries, compared to 257 in Q1. These enquiries can be categorised as:

- 124 requests for advice and information (121 in Q1)
- 80 compliments (129 in Q1)⁶
- 8 requests for support (7 in Q1)

The table below shows a breakdown of the 124 requests for advice, information and support dealt with by the team in Q2.

Table 23: Enquiries by category

Category	Number of enquiries
Information about patient	31
Hospital information request	13
Emotional support	11
Medical records requested	9
Clinical information request	8
Signposting	7
Bereavement Support	4
Clinical care	3
Accommodation enquiry	3
Communication with patient/relative	3
Wayfinding	3
Freedom of information request	2
Support with access	2
Transport request	2
Employment and volunteering	2
Benefits and social care	2
Discharge arrangements	2
Follow-up treatment	2
Expenses claim	1
Transfer arrangements	1
Attitude of staff	1

⁶ This figure includes compliments added directly to the Datix system by Divisions.

Car parking	1
Appointments administration issues	1
Personal property	1
Waiting time for correspondence	1
Patient choice information	1
Aids and Appliances	1
Confidentiality	1
Delayed appointment	1
Failure to answer phone	1
Privacy and Dignity	1
Referral errors	1
Services not available	1
Total	124

5. Acknowledgement of complaints by the Patient Support and Complaints Team

One of the Key Performance Indicators (KPIs) used by the Patient Support and Complaints Team is the length of time between receipt of a complaint and sending an acknowledgement.

The Trust's Complaints and Concerns Policy states that when the Patient Support and Complaints Team reviews a complaint following receipt:

- a risk assessment will be carried out;
- agreement will be reached with the complainant about how we will proceed with their complaint and a timescale for doing so;
- The appropriate paperwork will be produced and sent to the Divisional Complaints Coordinator for investigation; and
- An acknowledgement letter confirming how the complaint will be managed will be sent to the complainant.

In line with the NHS Complaints Procedure (2009), the Trust's policy states that this review will take place within three working days of receipt of written complaints (including emails), or within two working days of receipt of verbal complaints (including PSCT voicemail).

In Q2, 49% were received in writing.

493 complaints (95.4%) were acknowledged within two working days. The remaining 24 cases were all acknowledged within four working days.

6. PHSO cases

During Q2, the Trust was advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in two complaints. During Q2, four existing cases were closed, two of which were not upheld and two of which were partially upheld. Actions and learning from the two partially upheld cases are described below.

As of 30th September (i.e. the end of Q2), eight other cases remained open with the PHSO, four of which have since been closed as not upheld and two of which have been partially upheld.

Table 24: complaints opened by the PHSO during Q2

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
3983	AG	LCY	29/9/15 [7/9/16]	BRI	Trauma and Orthopaedics	Surgery, Head and Neck
Copy of complaint file and medical records sent to the PHSO. (note: since the end of Q2, the Trust has been advised that the PHSO has decided not to uphold this complaint)						
4841	AJ		9/11/15 [30/9/16]	BEH	Outpatients	Surgery, Head and Neck
Copy of complaint file and medical records sent to the PHSO on 17 November 2016. Currently awaiting PHSO response.						

Table 25: complaints closed by the PHSO during Q2

16474		CM	5/8/14	BRI	Ward A604	Surgery, Head & Neck
PHSO final report received 30 August 2016 – not upheld						
19541	AA	LA	13/8/15	BRI	Gastroenterology & Hepatology	Medicine
PHSO final report received 21 September 2016 – not upheld						
10977	ST	ST	7/6/12 [8/12/14]	BRCH	PICU	Women and Children
<p>The PHSO advised the Trust on 1 August that they were partially upholding this complaint. The PHSO found service failure in some aspects of the patient’s post-operative care and treatment, but not in other aspects of the patient’s care and treatment which were raised by the complainants. The PHSO found that the complainants suffered significant injustice as a consequence of the service failure they have identified, but did not find that the service failure resulted in the injustice the complainants described.</p> <p>The PHSO also found maladministration in the Trust’s handling of the complaint, concluding that the Trust did not provide an “open and accountable” response to some of the complainants’ questions about the patient’s care.</p> <p>The PHSO directed the Trust to write to the complainants by 1 September 2016 with an open and honest acknowledgement of the failings identified in the report and an apology for the impact these failings had on the patient and the complainants. The PHSO also advised that by no later than 1 February 2017, the Trust should write to the complainants, setting out:</p> <ul style="list-style-type: none"> • the lessons the Trust has learned from the failings the PHSO identified in the patient’s care; • the lessons the Trust has learned from the failings in complaint handling identified by the PHSO; • the action the Trust has taken and the changes the Trust has made to avoid a recurrence of these failings care and complaint handling; and • tangible evidence of the impact of the changes made by the Trust. 						

11453	SJ	LJ	1/8/12 [24/2/15]	BRCH	Cardiac Surgery	Women and Children
<p>The PHSO advised the Trust on 1 August that they were partially upholding this complaint. The PHSO found that there was service failure in the patient's post-operative care and treatment, but they did not conclude that the service failure led to the patient's death, as alleged by the complainant.</p> <p>The PHSO also found maladministration in the Trust's complaint handling, which led to an unresolved injustice to the complainants. The PHSO directed the Trust to write to the complainant by 1 September 2016 with an open and honest acknowledgement of the failings identified in the report with respect to the patient's care and treatment and the Trust's complaint handling. The PHSO added that the Trust should also apologise for the impact these failings had on the patient and the complainants.</p> <p>By the same date, the PHSO instructed the Trust to pay the complainants the sum of £2000 by way of a tangible acknowledgement of the added distress the complainants have suffered.</p> <p>Finally, the PHSO directed the Trust to write the complainants no later than 1 February 2017 setting out:</p> <ul style="list-style-type: none"> • the lessons the Trust has learned from the failings the PHSO identified in the patient's care; • the lessons the Trust has learned from the failings the PHSO identified in its complaint handling; • the action the Trust has taken and the changes the Trust has made to avoid a recurrence of these failings in the care and in complaint handling; and • tangible evidence of the impact of the changes made by the Trust. 						

Table 26: complaints ongoing with PHSO as at 30th September 2016

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received Trust [and date notified by PHSO]	Site	Department	Division
14561	HB	PB	5/12/13 [15/6/16]	STMH	ENT	Surgery, Head & Neck
Note: since the end of Q2, the Trust has received the PHSO's final report - not upheld						
18315	SOC		19/3/15 [13/1/16]	BRI	Rheumatology	Medicine
Note: since the end of Q2, the Trust has received the PHSO's final report - not upheld						
18318	SOC		27/3/15 [13/1/16]	BRI	Adult Therapy	Diagnostics & Therapies
Note: Case handled by PHSO in conjunction with 18315 Since the end of Q2, the Trust has received the PHSO's final report - not upheld						
17763	AP-S	CW	16/1/15 [6/4/16]	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
The PHSO's report was received by the Trust on 3 June 2016 however the 'partially upheld' judgement was subsequently challenged by the Trust. Note: since the end of Q2, following discussion between UH Bristol consultants and the PHSO's						

clinical advisor, the 'partially upheld' judgement has been retracted and the case has not been upheld.						
18479	NK		9/4/15 [8/6/16]	BEH	Outpatients	Surgery, Head & Neck
Note: since the end of Q2, the PHSO has decided to partially uphold this complaint, pertaining to the adequacy of a pre-operative assessment prior to eye surgery and how the risks associated with the surgery were shared with the patient. Actions and learning from this case will be described in the Q3 report.						
15534	AN		22/4/14 [12/4/16]	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Note: since the end of Q2, the PHSO has decided to partially uphold this complaint, pertaining to how the Trust responded to a patient's concerns about pain they were experiencing following wisdom tooth extraction surgery. Actions and learning from this case will be described in the Q3 report.						
17173	DF	DJ	29/10/14 [21/9/15]	BDH	Adult Restorative Dentistry	Surgery, Head & Neck
Currently awaiting further contact from the PHSO.						
18856	SC	VP	22/5/15 [15/2/16]	BRI	Ward B501	Medicine
Information relating to this case was most recently submitted to the PHSO in July 2016. Currently waiting to hear further from PHSO.						

**Report to the Council of Governors meeting to be held on 31 January 2017 at
 14:00 in the Conference Room, Trust Headquarters, Marlborough Street,
 Bristol, BS1 3NU**

		Agenda Item	8.2
Meeting Title	Council of Governors	Meeting Date	31 January 2017
Report Title	Independent Review of Children's Cardiac Services progress report		
Author	Carolyn Mills, Chief Nurse		
Executive Lead	Carolyn Mills, Chief Nurse		
Freedom of Information Status		Open	

Governor Responsibility (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input checked="" type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

Action/Decision Required (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>
		For Approval	<input type="checkbox"/>
		For Information	<input checked="" type="checkbox"/>

Executive Summary

This paper provides an update to governors on the programme plan to deliver the recommendations for University Hospitals Bristol NHS Foundation Trust and South West and Wales Congenital Heart Network as set out in the Independent Review of the children's cardiac service at the Bristol Royal Hospital for Children and a CQC expert review of clinical outcomes of the children cardiac service published on 30 June 2016.

Key issues to note:

- The closure of recommendation 8
- There are no risks to delivery of the recommendations detailed in the report
- Parent representatives have been appointed and attended their first steering group meeting in January (see appendix one)

The Cardiac Families Reference Group has also begun to actively review work underway within the services to meet the Independent Review Recommendations, prior to these actions being submitted to the Steering Group for closure (see appendix two).

Recommendations

Governors are asked to:

- **Note** the report.

Intended Audience (please tick any which are relevant to this paper)									
Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>

Date papers were previously submitted to other committees				
Nominations and Appointments Committee	Quality Focus Group	Governor Strategy Group	Constitution Focus Group	Public Trust Board meeting 31/01/17

Independent Review of Children’s Cardiac Services at the Bristol Royal Hospital for Children (BRCH)

1.0 Introduction

This paper provides an update to Board members on development of the programme plan to address the recommendations for University Hospitals Bristol NHS Foundation Trust and South West and Wales Congenital Heart Network as set out in the Independent Review of the children’s cardiac service at the Bristol Royal Hospital for Children and a CQC expert review of clinical outcomes of the children cardiac service published on 30 June 2016. It also provides and update on work to ensure that clinical leaders and service users (young people and family members) are engaged and involved in the development and delivery of the actions within the programme plan.

2.0 Programme management

The tables below details a high level progress update for the whole programme and for the three of the delivery groups. The plan shows that all actions will be complete by 30th June 2017. Reporting is a month in arrears this is to allow for validation and sign off of the action plans by the Steering Group each month before submission to the Trust Board.

MONTH	← Actions in Progress →						RECOMMENDATIONS CLOSED BY STEERING GROUP
	Red	Amber	Blue- on target	Green- completed	TBC	Not started	
Sept '16	0	0	16	1	11	4	0 of 32
Oct '16	0	0	26	5	1	0	0 of 32
Nov'16	0	5	19	8	0	0	0 of 32
Dec'16	0	5	19	8	0	0	1 of 32

Table 2: Status Women’s & Children’s Delivery Group (total= 18)

MONTH	← Actions in Progress →						RECOMMENDATIONS CLOSED BY STEERING GROUP
	Red	Amber	Blue- on target	Green- completed	TBC	Not started	
Sept '16	0	0	13	1	4	0	0 of 32
Oct '16	0	0	15	3	0	0	0 of 32
Nov'16	0	3	9	6	0	0	0 of 32
Dec'16	0	3	9	6	0	0	1 of 32

Table 3: Status Consent Delivery Group (total= 5)

MONTH	← Actions in Progress →						RECOMMENDATIONS CLOSED BY STEERING GROUP
	Red	Amber	Blue- on target	Green- completed	TBC	Not started	
Sept '16	0	0	1	0	1	3	0 of 32
Oct '16	0	0	5	0	0	0	0 of 32
Nov'16	0	0	5	0	0	0	0 of 32
Dec'16	0	0	5	0	0	0	0 of 32

Table 4: Status Incident and Complaints Delivery Group (total= 5)

MONTH	← Actions in Progress →						RECOMMENDATIONS CLOSED BY STEERING GROUP
	Red	Amber	Blue- on target	Green- completed	TBC	Not started	
Sept '16	0	0	1	0	4	0	0 of 32
Oct '16	0	0	5	0	0	0	0 of 32
Nov'16	0	2	3	0	0	0	0 of 32
Dec'16	0	2	3	0	0	0	0 of 32

Table 5: Status Other Actions governed by Steering Group (total=4)

MONTH	← Actions in Progress →						RECOMMENDATIONS CLOSED BY STEERING GROUP
	Red	Amber	Blue- on target	Green- completed	TBC	Not started	
Sept '16	0	0	1	0	2	1	0 of 32
Oct '16	0	0	1	2	1	0	0 of 32
Nov'16	0	0	2	2	0	0	0 of 32
Dec'16	0	0	2	2	0	0	0 of 32

3.0 Risks to Delivery

No risks to report to the Board.

4.0 Assurance Framework

The parent representatives have now been appointed to act as the parent voice on the steering group (see Roles and Responsibility document, appendix 1). The Cardiac Families Reference Group has also begun to actively review work underway within the services to meet the

Independent Review Recommendations, prior to these actions being submitted to the Steering Group for closure (see Terms of Reference, appendix 2).

The January Steering Group meeting was attended by 4 parent representatives who provided robust challenge, advice and assurance around the progress of the review actions and the recommendations made to the steering group to close.

5.0 Parent and young person's reference group and family involvement activities

- Four parent representatives attended the steering group meeting on 9th January 2017.
- The Virtual Parents Reference Group is in place and has been used to review evidence as part of the assurance process prior to recommendation actions for closure.
- There are 15 projects in the action plan that have had, or will have, family involvement in the associated service developments.
- A young person's involvement consultation has commenced to explore how they would like to get involved and feedback on where and how the Trust could further develop/ improve service provision. The initial feedback indicated there are a range of ways young people would like to be involved in the Independent Review and ongoing service improvement work. An action plan is being developed to meet these requirements

6.0 Wider Communications

To help fulfil our commitment to openness and transparency the Independent Review page on the trust website has been updated with links to the monthly Trust Board paper which includes the detailed action plan. We are currently developing the webpage further to include more details on what activities to date to support delivery of the plan and further information on how patients and families can get involved.

A 6-month review document will be produced in January 2017 to provide a simple overview of progress to date for staff, families and members of the public.

7.0 Recommendations closed

The January 2017 Steering Group approved Recommendation 8 for closure

The Trust Board is recommended to:

- Receive the progress report

Parent Representative Role and Responsibility Independent Review of Children's Cardiac Services Steering Group

1. Introduction

The Trust is responsible for the delivery of 32 recommendations from the Independent Review of Children's Cardiac Services and CQC report (<http://www.uhbristol.nhs.uk/about-us/reports-and-findings-relating-to-the-children's-hospital/>). A Steering Group has been set up, chaired by Carolyn Mills, Chief Nurse and Executive Lead for Children's Hospital, to ensure that the recommendations are delivered in a timely and comprehensive manner.

Parents have played an important role in bringing about significant changes and in improving the care we provide. We would like to work in partnership with parents to help deliver the recommendations of these reports. There are a number of ways we are engaging and involving parents and families in this work, and this includes inviting parent representatives on the Steering Group. Parent representative on the Steering Group will play an important part in supporting and informing the implementation of the recommendations from a parent and family perspective.

2. What is a parent representative?

A parent representative is a member of a group or committee who has personal experience of using health or care services. They offer a different point of view from people who provide or commission health care services.

Parent Representatives are appointed by the hospital to promote openness and transparency by involving and consulting the public in its work.

Parent representatives are not expected to represent the views of the wider community but rather bring a different, lay perspective to the work of the group, which professionals hear and take seriously. They are not constrained by professional protocols and can speak out, but also know how to listen and engage in constructive debate.

Parent Representatives are not paid for their work but are entitled to claim reimbursement of travel costs including mileage or public transport fees and parking.

3. What will I be asked to do?

The role of the parent representative will be to;

- Act as the voice of the parent on the Steering Group, ensuring the *interests of the families of cardiac services in the Children's hospital are represented in the implementation and sign off of the recommendations.*
- *Provide advice guidance and challenge to the Steering Group to help ensure that the family involvement in the implementation has been appropriate, relevant and effective.*

- *Be part of the virtual parents reference group (please see Cardiac Families Group Terms of Reference for more detail) and to be the link and liaison between the Steering Group and the parents reference group – disseminating information and updating both groups as required.*
- Support the assessment of whether a recommendation, should be signed off as effectively completed from a parent/family perspective.
- *To engage in the monthly meetings of the Independent Review Steering Group meeting by reviewing the meeting papers and providing input/comments prior to the meeting taking place or by attending the meeting if possible (Times and dates of meeting currently being reviewed).*
- Maintain confidentiality at all times and to comply with UH Bristol Health & Safety Policy, Information Governance policy, Safeguarding and Equalities legislation and other relevant policies. These will be provided at the commencement of your role.
- As Parent Representatives you are not responsible for the delivery of the recommendations or the delivery of any specific actions.

4. What skills and qualities will I need?

As a parent representative you will need the following skills:

- Willingness to develop an understanding of the work of the steering group and the role it plays in the Trust
- The ability to process and consider detailed information in the form of reports
- The ability to participate confidently in meetings
- The ability to focus on other individuals or on groups and organisations outside of one's own experiences.
- Empathy and the capacity to consider the needs and feelings of others
- Able to give an appropriate time commitment.
- The ability to maintain confidentiality.
- Good communications skills including respect for the views of others and the ability to listen and take part in constructive debate.

5. How will I be supported?

As a Parent Representative you will receive support from the Cardiac Review Programme Manager and the Family Involvement Working Group members. This will include:

- An initial induction to Trust policies and processes.
- Sending of papers for the Steering Group meeting plus the opportunity to discuss these prior to the meeting with the Cardiac Review programme manager
- Individual support to deliver the role, as required, including preparation for meetings and claiming your travel costs.
- A named individual to represent your views when you are unable to attend meetings and to give you feedback on the outcomes

- Ongoing support to identify development opportunities to allow you to develop in this role

You will also have the opportunity to be actively involved in the Congenital Heart Disease Network and other Children's hospital groups should you be interested.

6. Terms of Engagement

To act as a Parent Representative it would be important that you:

- Are able to commit to undertaking the responsibilities above
- Be willing to act in the best interests of all service users, independent of specific personal interests

We will ask you to complete a simple Expression of Interest form to let us know why you are interested in the role and what you would hope to gain from it. We will also ask you to complete a Disclosure and Barring form according to our standard procedures.

7. Duration

This is flexible and can be adapted to suit the individual circumstances. The implementation programme for the review is due to complete in June 2017 with a period of evaluation post implementation which we would expect to conclude by the end of the year.

We anticipate that there will then be further opportunities within the Congenital Heart Disease (CHD) Network to continue in a similar role for any parents who wish to do so.

The CHD network links together all the healthcare providers, patients and families in the South Wales and South West region. The network's vision is to ensure high quality, equitable access to care across the region; providing excellent information to patients, families and staff; collaborating to improve quality; and ensuring that there is a strong collective voice for CHD services.

We are aware that circumstances may change which may influence your ability to be part of this work. We hope that we would be able to support you with any changes or adjustments necessary but should you feel unable to continue with the role at any point, please advise the programme manager

If you would like to become a parent representative, please contact the LIAISE team on 0117 342 7444 or email bchinfo@UH Bristol.nhs.uk and we will be happy to contact you to discuss this further.

Appendix 2

Terms of Reference – Cardiac Families Reference Group

Document Data		
Corporate Entity	Cardiac Reference Group	
Document Type	Terms of Reference	
Document Status	Final version 1.0	
Hospital Lead	Clinical Chair, Women and Children’s Division	
Document Owner	Cardiac Review Programme Manager	
Approval Authority	Women and Children’s Cardiac Review Delivery Group	
Next Review Date:	Date of First Issue:	Date Version Effective From:
	FINAL v1.0, 29/11/16	01/12/2016
Estimated Reading Time	5 mins	

Document Abstract
This document provides the Terms of reference for the Cardiac Family Reference Group, giving guidance on the purpose and makeup of the group and identifying duties carried out by the group.

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
3/11/16	V0.1	Cardiac Review Family Involvement Group	Content	Content additions/deletions and amendments
17/11/16	V0.3	Cardiac Families	Content	Content additions/deletions and amendments
29/11/16	V1.0	Cardiac Review Family Involvement Group	Content	Content additions/deletions and amendments

What is the Group for?

This group is for supporting developments and improvements in the cardiac service both in Bristol and the wider South West Network.

Who can join this group?

The group is open to patients who are currently accessing or have accessed the cardiac service and their families. This includes both patients seen by a Cardiologist, and those who have undergone cardiac surgery.

How do you become a member?

Please let us know if you would like to become a member by emailing bchinfo@UH Bristol.nhs.uk with your name and a contact number. We will telephone you to confirm the additional details we need and then send you the link to join the group. By accepting the invitation you are agreeing to the **Group Guidelines** detailed below.

What does the group do?

- Acts as a voice of the family and provides an objective “sounding board” for the cardiac service to understand their views.
- Brings together families from a wide geographic area to participate in service development where attending meetings and focus groups may be a barrier to engagement.
- Provides a forum to discuss ideas about how to develop and improve the services offered.
- Works together to reach a consensus on the best way to progress specific projects or activities.
- Supports the development of documents such as patient information leaflets, policy and guidance documents and electronic information resources.
- Helps form and facilitate task groups for various activities as and when required
- Reviews and approves, from a family perspective, actions taken as a result of any reports or reviews of the cardiac service either by internal or by external organisations

Where will the outcomes of this group be shared?

Outcomes will be shared on the hospital and Congenital Heart Disease (CHD) network website, via the hospital facebook page, and through the cardiac support groups. They will be included in the CHD network newsletter which will be distributed across the region. The CHD network links together all the healthcare providers, patients and families in the South Wales and South West region. The networks vision is to ensure high quality, equitable access to care across the region; providing excellent information to patients, families and staff; collaborating to improve quality; and ensuring that there is a strong collective voice for CHD services.

How will the group work?

This is a virtual group which uses facebook as a platform for communication. The group will only be visible to group members in order to protect your privacy. Invitations to join the group will be offered

patients who are currently accessing or have access the cardiac service and their families, which will be verified by the clinical team. Your profile will be visible to other group members according to your own personal privacy settings. We will post when we would like you to get involved in pieces of work which may have a specific deadline for responses. There is no obligation or expectation for any of the group members to be involved in any pieces of work that is sent to them. We appreciate that members of the group have many other important commitments and may not be able to participate or get involved in the work at any given time. We respect every group member's right to withdraw their involvement at any time. Access to the group will be limited to group members and the hospital staff that are leading on involving families in this work, namely the Clinical Chair, Specialist Clinical Psychologist, LIAISE team manager and the Cardiac Review Programme Manager. Feedback from the group will be anonymised before sharing wider. Group members can get involved in a variety of different types of work; from reviewing documents to helping design and improve a specific process.

Group Guidelines

1. Any reporting of the discussions that take place in the group will be anonymised and will not contain any information that will identify members.
2. We expect that participants only post comments and commentary that is relevant to the group and the discussions taking place. Members should be respectful to the group community. Administrators will not accept vulgarity, personal attacks or insulting posts and all discussions must remain civil and courteous.
3. Members are expected to respect the privacy of other members of the group and treat any discussions within the group as confidential.
4. The group is not a means of communication with the cardiac team and should not be used to ask questions about diagnosis or treatment. Please speak to your clinical team should you have any questions. Any complaints or comments relating to the service for which you require a response should be directed through LIAISE or the Patient Support and Complaints Team. The group will not act as a support group however it may signpost people to relevant support groups if appropriate.
5. Only upload images or graphics that are owned by yourself and do not upload anything that encourages illegal activity.
6. The administrators reserve the right to remove members, posts, photos and comments from the group. This may be with or without explanation.
7. If any posts are identified which cause concern for an individual's safety the administrator will escalate this concern according to the Trust safeguarding policy.
8. Your participation in this group is at your own risk and you will take full responsibility for your comments and any information you choose to provide.
9. Be careful when providing personal information online. We would strongly advice that you do not upload the following information; full address, DOB, telephone no. national insurance no, school/workplace/birth place/previous addresses.
10. Please be aware that the views of members do not necessarily represent or reflect the opinions of University Hospital Bristol and the wider Congenital Heart Disease Network.
11. Please abide by Facebooks Statement of Rights and Responsibilities (www.facebook.com)

How can I unsubscribe from the group?

At any point you can remove yourself from the online group. Should you wish to re-join at a later date you can contact us on bchinfo@UHBristol.nhs.uk

Who will be the administrator for the group?

The Cardiac Review Programme Manager will be responsible for administrating and overseeing this group. This is a hospital employee whose responsibility is to lead and coordinate the implementation of the Cardiac Review and CQC recommendations.

I want to be involved, but not part of this group?

We have a range of options for engagement and participation. Please contact us on bchinfo@UHBristol.nhs.uk or telephone 0117-3427444 and we will be happy to discuss these further.

PROGRESS REPORT AGAINST UH BRISTOL RECOMMENDATIONS FROM THE INDEPENDENT REVIEW OF CHILDREN'S CARDIAC SERVICES – November 2016

1. Women's and Children's Delivery Group Action Plan, Senior Responsible Office: Ian Barrington, Divisional Director

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
2	That the Trust should review the adequacy of staffing to support NCHDA's audit and collection of data.	Deputy Divisional Director	Apr '17	Blue- on target	None		Review of staffing	Assistant General Manager for Paediatric Cardiac Services	Sept '17	Green-complete	Staffing review report
							Results and recommendations reported at Women's and Children's Delivery Group in Sept. '16.	Assistant General Manager for Paediatric Cardiac Services	Sept '17	Green-complete	Women's and Children's Delivery Group Agenda and minutes 20.09.16
							Requirement for additional staff will feed into business round 2016-17	Assistant General Manager for Paediatric Cardiac Services	Apr' 17	Blue- on target	Expression of interest form and Women's and Children's Operating Plan
3	That the Trust should review the information given to families at the point of diagnosis (whether antenatal or post-natal), to ensure that it covers not only diagnosis but also the proposed pathway of care. Attention	Specialist Clinical Psychologist	Apr '17	Blue- on target			Information given to families at the point of diagnosis reviewed by the clinical team and the cardiac families – remaining information for Catheter Procedures and Discharge leaflet. Website and leaflets updated to reflect improvements	Clinical Team & Cardiac Families	Jan' 16	Green-complete	Revised patient information leaflets
							Links to access relevant information to be added to the bottom of clinic letters for patients.	Specialist Clinical Psychologist	Dec '16	Blue- on target	Clinic letter with links
							Review and amendment of Catheter and Discharge leaflet	Cardiac CNS team	Feb' 17	Blue- on target	Revised Catheter and Discharge leaflet

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	should be paid to the means by which such information is conveyed, and the use of internet and electronic resources to supplement leaflets and letters.						Enhance existing information with a visual diagram displaying pathways of care (FI).	Specialist Clinical Psychologist	Apr '17	Blue- on target	Pathway of Care accessible visual
							Website proposal to be written for new Children's website including cardiac information similar to Evelina to improve accessibility of our information. <i>This will be additional and not essential for delivery of the recommendation (FI).</i>	LIAISE Team Manager and Specialist Clinical Psychologist	tbc	Started	
								Smart phone App proposal to be written for Cardiac Services to enable patient/families to access information electronically (FI). <i>This will be additional and not essential for delivery of the recommendation</i>	LIAISE Team Manager and Specialist Clinical Psychologist	tbc	Not started
4	That the Commissioners and providers of fetal cardiology services in Wales should review the availability of support for women, including for any transition to Bristol or other specialist tertiary centres. For example, women whose fetus is diagnosed with a cardiac anomaly and are delivering their	CHD Network Clinical Director	Apr '17	Amber – behind plan	Risk that we are unable to get commitment / agreement on the changes that are required across the two hospitals / commissioning bodies Risk that operational challenges	Jun 17 due to delay in engagement with UHW and the operational challenges in their fetal cardiology service	Meeting arranged for 18 th November with English and Welsh commissioners as well as Bristol and Cardiff trusts to establish: <ul style="list-style-type: none"> 1. Commissioner oversight of network 2. Commissioner support for IR actions (4,5 &11) 3. Establishment of working group(s) to address the specific changes in practices required 	CHD Network Clinical Director and Network Manager	Nov '16	Green - complete	Agreed pathway of care in line with new CHD standards and in line with patient feedback
							Ahead of the meeting: define specifics of recommendation (e.g. approaches to diagnosis and counselling); options for patient involvement (survey then focus group); CHD standards that relate to this recommendation; examples of practice from other centres	CHD Network Clinical Director and Network Manager	Nov '16	Green - complete	

Progress overview							Detailed actions					
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence	
	baby in Wales should be offered the opportunity, and be supported to visit the centre in Bristol, if there is an expectation that their baby will be transferred to Bristol at some point following the birth				in delivery of the fetal cardiology service in UHW prevent focus on the achievement of this recommendation business plan		University Hospital Wales to define how additional fetal sessions will be delivered and who from fetal cardiology will lead the recommendation implementation and collaborate with Bristol to set up working group in January	Clinical Director for Acute Child Health, university hospital wales	Dec '16	Blue- on target		
							Fetal working group to define changes / new pathways, taking account of patient feedback	Working group	Jan '17	Blue- on target		
								Undertake patient survey and focus groups (FI).	CHD Network Manager	Jan '17 Revised to Feb 17 due to delay in engagement with UHW and the operational challenges in their fetal service	Amber – behind plan	
								Co-design the offer with patient representatives for women whose fetus has been diagnosed with cardiac anomaly and deliver agreed model.	CHD Network Manager	Apr 17	Blue- on target	

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
				Amber – behind plan			New pathways in place	CHD Network Clinical Director and Network Manager	Apr '17 Revised to Jun 17	Amber – behind plan	Summary paper showing previous and new ways of working, detailing an assessment of the benefits
5	The South West and Wales Network should regard it as a priority in its development to achieve better co-ordination between the paediatric cardiology service in Wales and the paediatric cardiac services in Bristol.	CHD Network Clinical Director	Apr '17	Amber – behind plan	Risk that we are unable to get commitment / agreement on the changes that are required across the two hospitals / commissioning bodies Risk that lack of paediatric cardiology lead in UHW delays the ability to undertake actions	Final completion delayed to May 17 due to initial delay getting engagement from UHW	Network Manager and Network Clinical Director to contact Welsh Commissioners and University of Hospital of Wales to meet to discuss and agree process including method of monitoring its implementation	CHD Network Manager	Nov 16	Green-complete	
							Set up joint working group set up with Network Team facilitating. UHB, UHW and commissioners to deliver the relevant actions and improvements required for service.	CHD Network Manager	Dec 16	Blue- on target	
							To define the opportunities for improvement in coordination and the actions to achieve this	CHD Network Manager	Dec 16	Blue- on target	
							To undertake a patient engagement exercise (e.g. focus group, survey, online reference group) to test the proposed options for improvement	CHD Network Manager	Jan 17	Blue- on target	
							Deliver actions to improve coordination	CHD Network Manager	May 17	Blue- on target	

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
7	The paediatric cardiac service in Bristol should carry out periodic audit of follow-up care to ensure that the care is in line with the intended treatment plan, including with regards to the timing of follow-up appointments.	Deputy Divisional Director	Jan '17	Green-complete	None		Audit proposal submitted to the audit facilitator for inclusion on the Children's annual audit plan	Patient Safety Manager	Aug '16	Green-complete	Audit proposal
							Conduct 1 st annual audit into follow up care for cardiac patients as per recommendation	Patient Safety Manager	Nov '16	Green-complete	Audit report
							Report findings of the audit	Patient Safety Manager	Jan '17	Green-complete	Audit presentation and W&C delivery group Agenda and minutes November meeting
							System developed for the regular reporting and review of follow up waiting lists at monthly Cardiac Business meeting.	Assistant General Manager for Paediatric Cardiac Services	Aug '16	Green-complete	Follow up backlog report, Cardiac Monthly Business meeting standard agenda
8	The Trust should monitor the experience of children and families to ensure that improvements in the organisation of outpatient clinics have been effective.	Nurse Project Lead	Oct '16	Approved as closed by Steering Group (09/01/17)			Baseline assessment (monthly outpatient survey) of current experience of children and families in outpatients reviewed)	Outpatients Experience working group	Aug '16	Green-complete	1. Outpatients and Clinical Investigations Unit Service Delivery Terms of Reference
							Gap analysis of current monitoring vs monitoring required to understand patients experience of the organisation of outpatient's completed	Outpatients Experience working group	Sept '16	Green-complete	2. Outpatients and Clinical Investigations Unit Service Delivery Group

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
							Systems in place for regular and specific monitoring, and reviewing and acting on results (FI)	Outpatients & CIU Service Delivery Group	Oct '16	Green-complete	<p>Agenda(3.10.16)</p> <p>3. Outpatients and Clinical Investigations Unit Service Delivery minutes of meeting (3.10.16)</p> <p>4. OPD Patient Experience Report (October 2016)</p> <p>5. Paediatric Cardiology – Non-Admitted RTT Recovery (Appendix 1)</p> <p>6. Cardiology Follow-Up backlog update (Appendix</p> <p>7. Project on a Page: Outpatient Productivity at BRHC (Appendix 7)</p>
9	In the light of concerns about the continuing pressure on cardiologists and the facilities and	Divisional Director	Jan'17	Blue- on target	Risk that other sites are unable to share data		Undertake benchmarking exercise with other CHD Networks, reviewing a defined list of criteria including aspects such as: job planning, IT and imaging links, information governance. To include site visits as appropriate	CHD Network Manager	Jan '17	Blue- on target	

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	resources available, the Children's Hospital should benchmark itself against comparable centres and make the necessary changes which such an exercise demonstrates as being necessary.				required to complete a comprehensive benchmarking exercise Dependent on the action required to address the gaps it may not be possible to have implemented all the changes in the timescale.		Identification of actions required to address the gaps	CHD Network Manager	Jan '17	Blue- on target	
							Progress to implementing any changes in practice that are deemed necessary	CHD Network Manager and Divisional Director	Jan '17	Blue- on target	
11	That the paediatric cardiac service benchmarks its current arrangements against other comparable centres, to ensure that its ability, as a tertiary 'Level 1' centre under the NCHD Standards, to communicate with a 'Level 2' centre, are adequate and sufficiently resourced. Benchmarking would require a study both of the technical resources	CHD Network Clinical Director	Jan'17	Blue- on target	Linked to recommendation no.9. Actions detailed under recommendation no. 9 will also achieve recommendation no. 11. Risks to delivery, timescales, progress against delivery and evidence will be the same as per recommendation no. 9						

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	underpinning good communication, and the physical capacity of clinicians to attend planning meetings such as the JCC (Links to recommendation no. 5)										
16	As an interim measure pending any national guidance, that the paediatric cardiac service in the Trust reviews its practice to ensure that there is consistency of approach in the information provided to parents about the involvement of other operators or team members.	Clinical Lead for Cardiac Services and Consultant Paediatric Cardiac Surgeon	Dec '16	Blue- on target			Enhance existing guidance to describe team working and in particular the involvement of other operators and team members in patient care. Review by the Trust wide consent group and Cardiac Clinical Governance for approval and then implement.	Consultant Paediatric Surgeon and Specialist Clinical Psychologist	Dec '16	Blue- on target	
18	That steps be taken by the Trust to review the adequacy of the procedures for assessing risk in relation to reviewing cancellations and the timing of re-scheduled procedures within paediatric cardiac services.	Deputy Divisional Director	Nov '16	Green- complete			Assessment of current process of risk assessing patients who have been cancelled and the timing of their rescheduled procedure	Cardiac Review Programme Manager	Aug '16	Green- complete	Current process review report
							Develop new and improved process for risk assessing cancelled patients ensuring outcomes of this are documented	Consultant Paediatric Surgeon and Cardiac Review Programme Manager	Nov '16	Green- complete	JCC performance review meeting agenda and cancelled operations report

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
20	That the Trust should set out a timetable for the establishment of appropriate services for end-of-life care and bereavement support.	Deputy Divisional Director	Nov '16	Green-complete	None		End-of-life care and bereavement support pathway developed (FI)	Deputy Divisional Director	Sept '16	Green-complete	End-of-life and bereavement support pathway
							Implementation and roll out of new pathway	Deputy Divisional Director	Nov '16	Green-complete	Communication and presentations to roll out
21	Commissioners should give priority to the need to provide adequate funds for the provision of a comprehensive service of psychological support	Commissioners		Green-complete (provider actions)			Previous submission to commissioners for psychological support updated	Head of Psychology Services	Sept '16	Green-complete	Submission to Commissions
							Expression of Interest for increased resource to be submitted as part of business planning	Head of Psychology Services / Deputy Divisional Director	Mar'17	Green-complete	Expression of interest and W&C Business plan
23	That the BRHC confirm, by audit or other suitable means of review, that effective action has been taken to ensure that staff possess a shared understanding of the nature of patient safety incidents and how they should be ranked.	Deputy Divisional Director	Dec '16	Blue-on target	None		Review results of Trust wide Manchester Patient Safety (MAPSAF) to understand current baseline for both team level and divisional staff views on patient safety incident reporting and management	Deputy Divisional Director	Sept '16	Green-complete	
							Annual programme- Targeted approach to all staff groups to be developed with implementation of bespoke training and regular updates to clinical staff	Deputy Divisional Director	Dec '16	Blue-on target	
CQ C.2	Provision of a formal report of transoesophageal or epicardial echocardiography performed during surgery	Clinical Lead for Cardiac Services	Nov '16	Amber-behind target		Jan '17 <i>Slippage due to capacity constraints</i>	ECHO form for reporting in theatres implemented	Consultant Paediatric Cardiologist	Aug '16	Green-complete	
							Audit to assess implementation (Nov'16) and request to Steering Group to close	Patient Safety Manager	Nov '16	Amber-behind target	

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
CQ C. 3	Recording pain and comfort scores in line with planned care and when pain relief is changed to evaluate practice	Ward 32 Manager	Aug '16	Green-complete 22/11/16-approved for closure by W&C delivery group			Documentation developed to record pain scores more easily	Ward 32 Manager	Jan '16	Green-complete	Nursing documentation
							Complete an audit on existing practise and report findings	Ward 32 Manager	Aug '16	Green-complete	Audit of nursing documentation
CQ C. 4	Ensuring all discussions with parents are recorded to avoid inconsistency in communication. This includes communications with the Cardiac Liaison Nurses, who should record contacts with families in the patient records (links with review recommendation 12)	Head of Nursing	Dec '16	Blue-on target			Work with Cardiac Nurse Specialists to improve recording communication in the patients' medical records and review option of Medway proforma's to support recording in notes	Head of Nursing	Dec '16	Blue-on target	
CQ C. 5	Providing written material to families relating to diagnosis and recording this in the records. (links to review recommendation 3)	Clinical Lead for Cardiac Services	Apr '17	Blue-on target	Linked to recommendation no. 3. Actions detailed under recommendation no. 3 will also achieve CQC recommendation no. 5						
CQ C.6	Ensuring that advice from all professionals involved with individual children is	Head of Allied Health Professionals and Clinical	Jan '17	Blue-on target		Agreed mechanism for including AHP	Assessment of current Allied Health Professionals input into discharge planning for Cardiac Services Audit completed and results to be formulated 27 th October 2016.	Head of Allied Health Professionals	Oct '16	Green-complete	Assessment documentation

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	included in discharge planning to ensure that all needs are addressed.	Lead for Cardiac Services				advice into discharge planning for children within Cardiac Services	Agree with Cardiac Services Team an effective mechanism for including Allied Health Professionals into discharge planning for Cardiac Services. Meeting setup for 4 th November.	Head of Allied Health Professionals and Clinical Lead for Cardiac Services	Nov'16	Blue – on target	Agreed mechanism for including AHP advice into discharge planning for children within Cardiac Services
							Implement agreed mechanism for including Allied Health Professionals into discharging planning for Cardiac Services	Head of Allied Health Professionals and Clinical Lead for Cardiac Services	Jan 17	Blue – on target	Implementation plan delivery report

Key	
R	Red - Milestone behind plan, impact on recommendation delivery date and/or benefits delivery
A	Amber - Milestone behind plan, no impact on recommendation delivery date and benefits delivery
B	Blue - Activities on plan to achieve milestone
TBC	To be confirmed
G	Complete / Closed
FI	Indicates family involvement in the action(s)

2. Trust wide Incidents and Complaints Delivery Group Action Plan – Senior Responsible Officer: Helen Morgan, Deputy Chief Nurse

Progress overview							Detailed actions				
No	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
26.	That the Trust should explore urgently the development of an integrated process for the management of complaints and all related investigations following either a death of a child or a serious incident, taking account of the work of the NHS England's Medical Directorate on this matter. Clear guidance should be given to patients or parents about the function and purpose of each element of an investigation, how they may contribute if they so choose, and how their contributions will be reflected in reports. Such guidance should also draw attention to any sources of support which they may draw upon.	Chief Nurse	Jan '17	Amber-behind target		Jun'17 additional and amended actions to fulfil recommendation	26.1 Develop an appendix to the Serious Incident (SI) policy defining "link" between Child Death Review (CDR), complaints and SI investigations / reporting, includes adults and children.	Women and Children's Head of Governance	July '16	Green-Complete <i>Approved by delivery group 15.11.16</i>	Link between serious incidents and other investigatory procedures (e.g. Complaints and Child Death Review) July 2016
							26.2 Develop and implement guidance for staff in children's services on standards procedures / practices that need to be followed to provide a high quality and equitable service for all patients / families in the event of bereavement.	Women and Children's Head of Governance	Dec '16	Blue- on target	
							26.3 Develop and implement guidance for staff in adult services on standards procedures / practices that need to be followed to provide a high quality and equitable service for all patients / families in the event of bereavement.	Head of Quality (Patient Safety)	Jul '16	Green-Complete	Guidance for Supporting and Working with patients/families after unexpected death of an adult or a serious incident involving an adult, July 2016 (latest version)
							26.4 Develop 'guidance' / information for families in children's services how the x3 processes of Child Death Review (CDR) / Serious Investigation (SI) / Root Cause Analysis (RCA) investigation inquests and complaints are initiated / managed and integrate (FI)	Women and Children's Head of Governance	April '17	Blue- on target	

Progress overview							Detailed actions				
No	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
							26.5 Develop 'guidance' / information for staff in children's services on how the x3 processes of CDR / SI / RCA investigation inquests and complaints are initiated / managed and integrate.	Women and Children's Head of Governance	Dec '16	Blue- on target	
							26.6 Develop the above staff guidance for adult patients and families (minus CDR)	Head of Quality (Patient Safety)	Dec '16	Blue- on target	
							26.7 Develop the above family guidance for adult patients and families (minus CDR) (FI) .	Head of Quality (Patient Safety)	Apr '17	Blue- on target	
							26.8 Review options for how patients / families can participate (if they want to) with the SI RCA process implement preferred options (FI) .	Head of Quality (Patient Safety)	Jun '17	Blue- on target	
							26.9 Implement a process for gaining regular feedback from patients / families involved in a SI RCAs process to understand what it felt like for them and how we can improve the process for them (FI)	Head of Quality (Patient Safety)	Jun '17	Blue- on target	
27	That the design of the processes we refer to should take account also of the need for guidance and training for clinical staff as regards liaising with families and enabling effective dialogue.	Chief Nurse	Jun '17	Blue-on target			27.1 Guidance developed for staff for the preparation and conduct of meetings with parents/families to discuss concerns and/or adverse event feedback	Medical Director	Jun '16	Green-complete	Guidance for the Preparation and Conduct of Meetings with Parents/Families to discuss concerns and/or adverse event feedback, June 2016
							As per actions 26.4 and 26.5, included in recommendation no. 26 to develop guidance for staff				

Progress overview							Detailed actions				
No	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
							<p>27.2 Develop a framework for training staff to support them to effectively and sensitively manage processes relating to CDR/SI's and complaints. Develop and pilot session.</p> <p>Existing complaints training materials to be reviewed and updated to include guidance on supporting families in circumstances where a complaint is being investigated alongside a CDR or SI. January 2017.</p> <p>Other bespoke training opportunities to be considered in light of development of staff guidance by Children's Services (see 26.5), due April 2017.</p>	Head of Quality (Patient Experience and Clinical Effectiveness) And Head of Quality (Patient Safety)	Jun '17	Blue- on target	
28	That guidance be drawn up which identifies when, and if so, how, an 'independent element' can be introduced into the handling of those complaints or investigations which require it.	Chief Nurse	Dec '16	Blue-on target			<p>28.1 To review UHBristol's previous use of independent review / benchmarking from other trusts to inform above.</p> <ul style="list-style-type: none"> - Complaints - RCA's 	Patient Support and Complaints Manager and Patient Safety Manager	Nov '16 Nov '16	Green-complete	Reports of the Reviews undertaken
							<p>28.2 Develop guidance for when to access 'independent advise / review' for</p> <ul style="list-style-type: none"> - Complaints - SI RCAs 	Head of Quality (Patient Experience and Clinical Effectiveness) And Head of Quality (Patient Safety)	Oct '16 Dec '16	Blue- on target	Complaints policy Serious Incident Policy (appendix 9, pg. 33)
							<p>28.3 The Trust has entered into exploratory discussions with the Patients Association about developing a model for exceptional independent investigation/review. This work will commence with a focus group of previous dissatisfied complainants in</p>	Head of Quality (Patient Experience and	Mar '17		

Progress overview							Detailed actions				
No	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
							February 2017.	Clinical Effectiveness			
29	That as part of the process of exploring the options for more effective handling of complaints, including the introduction of an independent element, serious consideration be given to offering as early as possible, alternative forms of dispute resolution, such as medical mediation.	Chief Nurse	Apr '17	Blue-on target			<p>29.0 Consider how an independent review can be introduced for 2nd time dissatisfied complainants / involve users in developing a solution.</p> <p>29.1 Visit the Evelina to understand their model for mediation and possible replication at UHBristol. A report will be presented following the visit to consider next steps and possible resource implications.</p>	Head of Quality (Patient Experience and Clinical Effectiveness)	Oct '16	Green-complete	Complaints policy
30	That the Trust should review its procedures to ensure that patients or families are offered not only information about any changes in practice introduced as a result of a complaint or incident involving them or their families and seek feedback on its effectiveness, but also the opportunity to be involved in designing those changes and overseeing their implementation.	Chief Nurse	Dec '16	Amber-behind target		Apr '17 Revised to allow for family involvement	<p>30.1 Develop a clear process with timescales trust-wide for feedback to families / patients outcomes involved in SI panels / review and actions ongoing from this and staff (FI).</p>	Head of Quality (Patient Safety) and Clinical Effectiveness)	Apr '17	Blue-on target	
							<p>30.2 Ensure complainants are routinely asked whether and how they would like to be involved in designing changes in practice in response to the concerns they have raised (FI)</p>	Head of Quality (Patient Experience and Clinical Effectiveness)	Oct '16	Green-complete	

Progress overview							Detailed actions				
No	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
							30.3 Use of process for asking patients how they would like to be involved in designing changes in practice in response to the concerns they have raised to be audited at the end of February 2017, including review of survey replies.	Head of Quality (Patient Experience and Clinical Effectiveness)	Feb '17	Blue – on target	
							30.4 Regular complainant focus groups to be held from April 2017 onwards as part of routine follow-up of people's experience of the complaints system. Ambition is for these focus groups to eventually be facilitated by previous complainants.	Head of Quality (Patient Experience and Clinical Effectiveness)	April '17	Blue – on target	

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FI	Indicates family involvement in the action(s)

3. Trust wide Consent Delivery Group Action Plan – Senior Responsible Officer: Jane Luker, Deputy Medical Director

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
12	That clinicians encourage an open and transparent dialogue with patients and families upon the option of recording conversations when a diagnosis, course of treatment, or prognosis is being discussed.	Medical Director	Dec '16	Blue on target			12.1 Guidance developed to medical staff to ensure patients and families are given the option to record conversations when a diagnosis, course of treatment, or prognosis is being discussed	Medical Director	Aug '16	Green-completed	Medical Staff Guidance
							12.2 Review of new existing guidance to reflect the recommendation and include recommendation in updated consent policy , guidance notes and e-learning	Deputy Medical Director	Nov '16	Green-Completed	Consent policy Guidance on consent policy e-learning for consent
							12.3 Incorporate new guidance into existing Children's Consent pathway (existing letter that goes to families before their surgical appointment) (FI)	Consultant Paediatric Cardiac Surgeon	Dec '16	Blue-on target	Letter to families
13	That the Trust review its Consent Policy and the training of staff, to ensure that any questions regarding the capacity of parents or carers to give consent to treatment on behalf of their children are identified and appropriate advice sought	Deputy Medical Director	Jan '17	Blue-on target	E-learning lead is currently on learn term sick which has led to a delay in updating e-learning material		13.1 Trust wide Consent delivery group set up	Deputy Medical Director	Sept '17	Green-Completed	Terms of reference for Trust Wide Consent Group Minutes and actions from meetings
							13.2 Review the consent policy and agree a re-write policy or amend existing policy to ensure patients and clinicians are supported to make decisions together	Consent Group	Nov'16	Green Completed	Revised consent policy ratified by CQC December 2016
							13.3 Develop training and communication plan	Deputy Medical Director	Dec '16	Amber behind but no impact on completion date	Training and communications plan

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
							13.4 Advice from legal team and safeguarding on revised consent policy and e-learning	Deputy Medical Director	Nov '16	Amber	Legal and safeguarding assurance confirmation
							13.5 Update e-learning for any changes to consent policy and process	Deputy Medical Director	Jan '17	Amber	Updated E-learning package for consent
14	That the Trust reviews its Consent Policy to take account of recent developments in the law in this area, emphasising the rights of patients to be treated as partners by doctors, and to be properly informed about material risks	Deputy Medical Director	Linked to recommendation no. 13, actions, timescales and status as detailed under this recommendation – Blue on target, date completion scheduled Jan '17								
17	That the Trust carry out a review or audit of (i) its policy concerning obtaining consent to anaesthesia, and its implementation; and (ii) the implementation of the changes to its processes and procedures	Deputy Medical Director	May'17	Blue-on target			17.1 Anaesthetic group to be set up to review current practise in pre-op assessment in relation to consent for anaesthesia and how they can implement a consent for anaesthesia process trust wide (FI)	Consultant Paediatric Cardiac Anaesthetist	Dec '16	Blue on target	Minutes and actions from meeting
							17.2 Liaise with Royal College of Anaesthesia and other appropriate professional bodies with regarding national policy	Paediatric Anaesthesia consent group	Jan' 17	Blue-on-target	Correspondence with Royal College of Anaesthetists and Associations
							17.3 Implementation plan for trust wide consent process	Paediatric Anaesthesia consent group	May '17	Not started	

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	relating to consent										
CQC. 1	Recording the percentage risk of mortality or other major complications discussed with parents or carers on consent forms	Deputy Medical Director	Jan '17	Blue-on target			1.1 Review trust wide consent form in use to agree whether they should be amended to improve recording of risk	Consent Group	Dec '17	Blue-on target	Updated / amended trust consent forms
							1.2 Paediatric Cardiac Services to agree whether service would benefit from a bespoke cardiac consent form that includes percentage risk	Consultant Paediatric Cardiac Surgeon	Nov '16	Amber	Agreement of Paediatric Consent Group to utilise bespoke consent forms where appropriate
							1.3 Cardiac Services- agree and implement process for discussing percentage risk with families (FI)	Consultant Paediatric Cardiac Surgeon	Nov '16	Green	Information and consent forms available to parents

Key	
R	Red - Milestone behind plan, impact on recommendation delivery date and/or benefits delivery
A	Amber - Milestone behind plan, no impact on recommendation delivery date and benefits delivery
B	Blue - Activities on plan to achieve milestone
TBC	To be confirmed
G	Complete / Closed
FI	Indicates family involvement in the action(s)

4. Other Actions Plan – governed by the Independent Review of Childrens Cardiac Services Steering Group

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
22	That the Trust review the implementation of the recommendation of the Kennedy Report that a member of the Trust's Executive, sitting on the Board, has responsibility to ensure that the interests of children are preserved and protected, and should routinely report on this matter to the Board.	Trust Secretary	Sept '16	Green-complete			Review of current arrangements and processes (Sept '16)	Trust Secretary	Sept '16	Green-complete	Executive Lead Role description
24	That urgent attention be given to developing more effective mechanisms for maintaining dialogue in the future in situations such as these, at the level of both the provider and commissioning organisations.	Commissioners and Trust	Jan '16	Blue-on target			Discussion with commissioners about the issues and agreement to mitigate a similar occurrence	Commissioners and Trust	Jan '16	Blue-on target	
31	That the Trust should review the history of recent events and the contents of this report, with a view to acknowledging publically the role which parents have played in bringing about significant changes in practice	Chief Nurse	Oct '16	Green-complete			Trust board paper presented in July acknowledging the role which parents have played in bring about significant changes in practice and in improving the provision of care	Chief Executive	July '16	Green-complete	Trust Board Paper and Trust Board Agenda, July '16
							Presentation to Health and Overview Scrutiny Committee	Chief Executive, Medical Director, Chief Nurse and Women's and	Aug '16	Green-complete	

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	and in improving the provision of care.							Children's Divisional Director			
							Presentation to the Bristol Safeguarding Children's Board	Chief Nurse	Oct '16	Green-complete	
32	That the Trust redesignate its activities regarding the safety of patients so as to replace the notion of "patient safety" with the reference to the safety of patients, thereby placing patients at the centre of its concern for safe care.	Medical Director	Dec '16	Blue- on target			Adoption of the term "Safety of Patients" in place of "Patient Safety" going forward and communication of preferred term Trust wide	Medical Director	Dec '16	Blue- on target	

Key	
R	Red - Milestone behind plan, impact on recommendation delivery date and/or benefits delivery
A	Amber - Milestone behind plan, no impact on recommendation delivery date and benefits delivery
B	Blue - Activities on plan to achieve milestone
TBC	To be confirmed
G	Complete / Closed
FI	Indicates family involvement in the action(s)