

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

		Agenda Item	7.1b
Meeting Title	Council of Governors	Meeting Date	31 October 2017
Report Title	Quarterly Patient Experience Report (Quarter 1)		
Author	Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness)		
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

Purpose

To provide a summary of what patients said about their experience of services provided by the Trust during the first quarter of 2017/18.

Key issues to note

The key positive messages from this report are:

- UH Bristol continues to receive positive scores in our local surveys, with 98% of patients rating their care as excellent, very good or good
- Praise for Trust staff remains by far the most common type of feedback that we receive
- In Quarter 1, the Patient Experience and Involvement Team had a focussed theme exploring patient / carer / family experience on the Trust's "care of the elderly" wards. This was primarily in response to relatively low survey scores being received for these areas. The feedback received from service-users about the quality of care was very positive. Bespoke analysis of the national inpatient survey data set indicates that UH Bristol is providing good care to older age patients compared to national norms

There are three negative outliers to highlight from the survey data:

- The postnatal wards “kindness and understanding” score dipped slightly in Quarter 1, taking it slightly below the target level
- South Bristol Community Hospital received relatively low inpatient scores compared to the Trust’s other hospitals
- Outpatients at the Bristol Haematology and Oncology Centre reported relatively long waiting times in clinic

Actions in response to these scores are presented in the report.

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 28 Sept 2017
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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 1 2017/18*

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"> • UH Bristol received an excellent set of results in the 2016 national inpatient survey: achieving better than average scores on 20 survey questions and the best overall patient experience rating of any general acute trust in the country • UH Bristol continues to receive positive scores in our local surveys, with 98% of patients rating their care as excellent, very good or good • A focus on care of the elderly wards in Quarter 1, primarily as a result of relatively low survey scores for these areas, generated very positive feedback from patients and families about the care being provided • UH Bristol’s new SMS (text message) outpatient Friends and Family Test survey was successfully introduced during April 2017. As a result, the new 6% target response rate target set for the Trust by the Bristol Clinical Commissioning Group was exceeded in Quarter 1 (6.6%) 	<p>As outlined in the UH Bristol Quality Strategy (2016-20), the Trust is committed to providing patients / visitors with more opportunities to give feedback during their hospitals visit / stay. This will involve installing electronic feedback points at a number of high-visibility public areas across the Trust (e.g. the Bristol Royal Infirmary Welcome Centre), and a comprehensive “marketing” campaign on wards and clinics to signpost service-users to give feedback through their personal devices or via a comments card. Negative feedback received via this system will trigger an automated alert to a relevant UH Bristol member of staff, potentially providing an opportunity to resolve the issue before it escalates into a poor overall experience and / or a complaint. In addition, the system will provide a reporting hub to give our staff better access to the wealth of patient feedback collected at UH Bristol. Internal funding was approved for this project in April 2017 and an IM&T business case was approved in May 2017. The tender process is currently being finalised with the Procurement Department. We anticipate the tender process commencing in September 2017.</p>
Opportunities	Risks & Threats
<p>The Trust’s new SMS (text message) based outpatient Friends and Family Test survey is currently providing trust-level data for adult services. This provides an opportunity to “test the concept” of SMS surveying in this context and to refine our methodology. The next step is to trial this approach in the Bristol Royal Hospital for Children. The Patient Experience and Involvement Team will also be seeking to procure a more sophisticated system that will allow service-level data to be generated. This is likely to be linked to the Trust’s SMS appointment reminder system, which is scheduled for re-tendering during 2017/18.</p>	<ul style="list-style-type: none"> • The postnatal wards “kindness and understanding” score dipped slightly in Quarter 1, taking it below the target level. This has been discussed with the Head of Midwifery, who has asked that ward staff attend “living the values” training. • South Bristol Community Hospital received relatively low inpatient scores compared to the Trust’s other hospitals. This has been a reasonably consistent trend, but does not correlate with wider quality data received by the Division of Medicine, or a Healthwatch “enter and view” inspection carried out in 2016. “Patient Experience @ Heart” staff workshops will be convened at the hospital in Quarter 3 to explore this further. • Outpatients at the Bristol Haematology and Oncology Centre reported relatively long waiting times in clinic. The management team is working to relieve the capacity issues and has reminded clinic staff of the important of telling patients if there are delays.

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

2.1 Quarter 1 focus on care of the elderly wards

As noted in previous Quarterly Patient Experience and Involvement Reports, there has been a consistent trend of the Trust receiving *relatively* lower inpatient survey scores for wards which have a high proportion of older patients. This feedback is still generally very positive, and analysis carried out by the Patient Experience and Involvement Team supports the view that these results reflect the real challenges of caring for patients with complex / chronic conditions, rather than being a reflection of poor quality care. To further test this, during Quarter 1 the Patient Experience and Involvement Team worked with the Division of Medicine to carry out a focussed piece of work on “care of the elderly” inpatient services. The main aims of this exercise were to:

- Provide further reassurance about the quality of care in these areas of the Trust
- Examine whether the relatively lower patient satisfaction scores seen at UH Bristol in older age groups is in line with national norms
- Identify service improvement opportunities.

The Patient Experience and Involvement Team used the *Face2Face* volunteer interview team to talk to over 50 patient / family / carer interviews. We also carried out desk research, engagement with the Trust’s Involvement Network, and a “patient experience at heart” staff workshop. This activity was focussed on inpatient wards in the Bristol Royal Infirmary¹, to build on the collaborative work already undertaken with Healthwatch at South Bristol Community Hospital².

The feedback received from patients and families was generally extremely positive. The following comments were typical:

“Excellent: I felt welcomed after initially feeling apprehensive”

“I feel very well looked after.”

“Excellent. They spend time with you when they can. Very kind.”

The positive feedback that we received about the Bristol Royal Infirmary’s “care of the elderly” wards, particularly about the dedication of staff on the wards, very much echoes the Healthwatch findings at South Bristol Community Hospital.

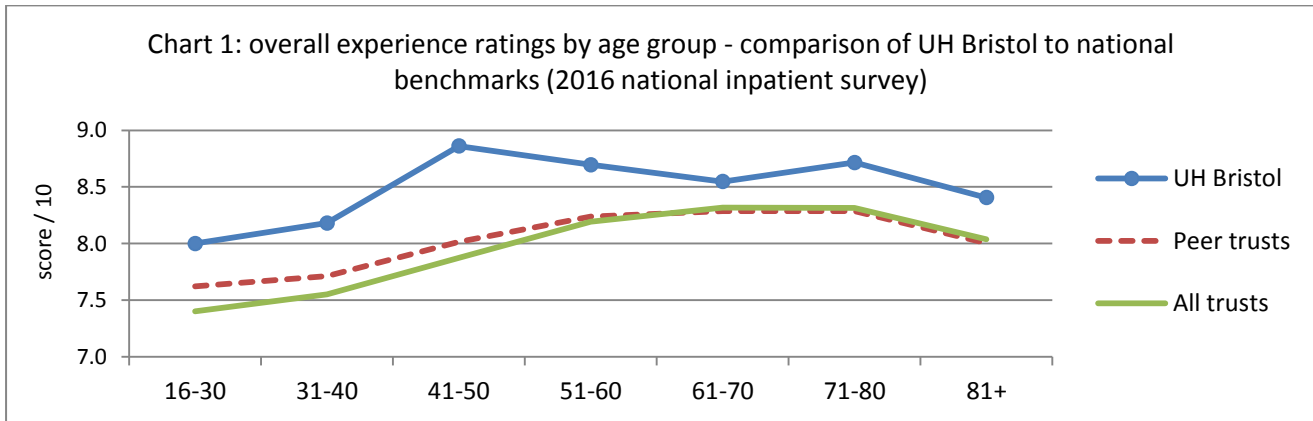
Research at a national level has shown that patient experience ratings increase with age, then decline in the oldest age groups. UH Bristol’s data shows a similar general trend, but we are not able to use this national research to directly benchmark UH Bristol’s performance. The Trust’s Patient Experience and Involvement Team therefore requested a bespoke national inpatient survey dataset from the Care Quality Commission, to analyse this effect in more detail. This data showed that the rate of decline in ratings in the oldest age group was the same at UH Bristol as it was nationally. Furthermore, in every age group (including 81+ years), UH Bristol outperformed national and peer³ trust averages, and there was also less variation in UH Bristol’s scores⁴. **In other words, in this highly robust national data set, UH Bristol was shown to provide a consistently better experience for older patients than most other trusts (see Chart 1 - over).**

¹ Wards: A605, C808, A515, A518, A400, A528.

² In response to relatively low survey scores at South Bristol Community Hospital, the Trust invited Healthwatch to carry out an “enter and view” at this hospital in October 2016. The findings were very positive about the quality of care being provided.

³ Twenty large city centre acute trusts, identified by CHKS Ltd as being broadly similar to UH Bristol.

⁴ In the 81+ age group, UH Bristol had a score of 8.4/10, compared to 8.0 for the benchmark trusts. UH Bristol’s standard deviation in this age group was 1.5, compared to 2.0 for peer trusts and 1.9 for all English trusts.



Source: Care Quality Commission Survey Team. Analysis: UH Bristol Patient Experience and Involvement Team

Overall, this focus on care of the elderly areas at the Bristol Royal Infirmary, along with the Healthwatch work at South Bristol Community Hospital, supports the idea that UH Bristol provides a high quality service to our older patients. Nevertheless, it is disappointing that there is *any* tail off in patient satisfaction with age⁵. Our work identified the following areas for improvement:

- better communication with patients, carers and families
- more patient involvement in care and treatment decisions
- relieving boredom for long stay patients
- ensuring patients / families receive UH Bristol's "welcome guide" on arrival at a ward

Initial feedback has been provided to the ward sisters. The next stage is to work with the Division of Medicine Patient Experience Group to identify specific actions in response to these findings. An update will be provided in the next Quarterly Patient Experience and Involvement Report.

2.2 Customer service

Delivering a consistent "customer service mind set" at UH Bristol is a key theme in the Trust's Quality Strategy (2016-20) and is the current focus of a corporate quality objective⁶. A number of activities have taken place to explore this concept with patients, staff, the public, and an expert customer service consultant⁷. Feedback was very positive about the idea of applying customer service principles to a hospital setting. As a result of this work, a number of new initiatives are in development for 2017/18, including:

- A review of the Trust's customer service training
- An improvement programme for voice communications and management of incoming telephone calls
- Defining UH Bristol's Principles of Good Customer Service. (A further staff workshop will be held in September to generate these principles, which will then be tested as part of the Improving Outpatients transformation programme with a view to a wider roll out)
- Ensuring UH Bristol's corporate patient experience programme is aligned to these principles

This work will be led by the Transformation Team with support from the Patient Experience and Involvement Team.

⁵ It is interesting to see in Chart 1 that the younger age groups have the lowest of all hospital satisfaction levels. Again, there may be demographic factors influencing this result, but we will have an opportunity to study this in more detail later in 2017 when we receive the results of the latest national children's survey (we expect this to be released in October).

⁶ Corporate quality objectives are improvement priorities for the Trust.

⁷ Tony Dale, who donated his time free of charge.

2.3 Engaging with the Bristol Deaf Community

UH Bristol had previously committed to signing up to the Bristol Deaf Charter in Quarter 1. The Charter outlines best practice in delivering care to patients who are deaf or hard of hearing. Unfortunately, Bristol City Council has not received funding for this project for 2017/18 and so it has not been possible to formally sign up to it. Options are currently being explored to determine how the Trust can still use the learning contained in the Charter. This is likely to be overseen via the establishment of a new patient-focussed Patient Inclusion and Diversity Group at UH Bristol. In the meantime, the Patient Experience and Involvement Team is working with representatives from the deaf community to re-establish the Bristol Deaf Patient Experience Group. This Group provides a forum for discussion among local healthcare organisations and representatives from the deaf community.

3. Patient survey data to Quarter 1

The Trust's Patient Experience and Involvement Team is responsible for measuring patient-reported experience, primarily via the Trust's patient survey programme⁸. 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.

3.1 Changes to local inpatient survey targets

There have been two changes to our inpatient survey targets from Quarter 1:

- We made methodological changes to our local inpatient survey in April 2016⁹. This made the scores slightly more positive, so we've set the target slightly higher this year to account for this effect.
- A minimum target has now been set for the Emergency Department Friends and Family Test. This had proved difficult to do previously because we had been testing difference methods of collecting data in these settings. The new target is applied at Trust level only, because the varying methodologies being used have different effects on the scores at an individual department level¹⁰.

3.2 Trust level patient survey data

- All of the UH Bristol's Trust-level patient survey measures remained above target in Quarter 1, demonstrating the continued provision of a high quality patient experience (Charts 2-7)
- The Trust met all of its response rate targets for the Friends and Family Test (Charts 8-11). In particular, following the implementation of an SMS (text message) survey for outpatient services in April 2017, the Trust's new 6% response rate target was exceeded in Quarter 1 (6.6%)
- The outpatient experience tracker (Chart 4) has declined for three consecutive months. This is not a statistically significant effect as the sample sizes are small: the most likely explanation is random fluctuation in the data. However, it is noted that there was an increase in complaints for outpatient services during Quarter 1 (see accompanying report) and, although a direct correlation with the survey feedback could not be detected, this data will continue to be monitored (the latest survey score, for July, has increased to 90).

⁸ 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.

⁹ We removed the reminder letter to non-responders, in order to speed up the data delivery time by one month.

¹⁰ Cards produce the best scores, touchscreens the lowest, and SMS is somewhere in between. The BRI ED is heavily reliant on touchscreen feedback, whilst the BEH ED is almost all cards. We can see this methodological effect within the same departments and so it is not a reflection of service quality. The target is set at three standard deviations below the mean.

Chart 2 - Kindness and understanding on UH Bristol's wards

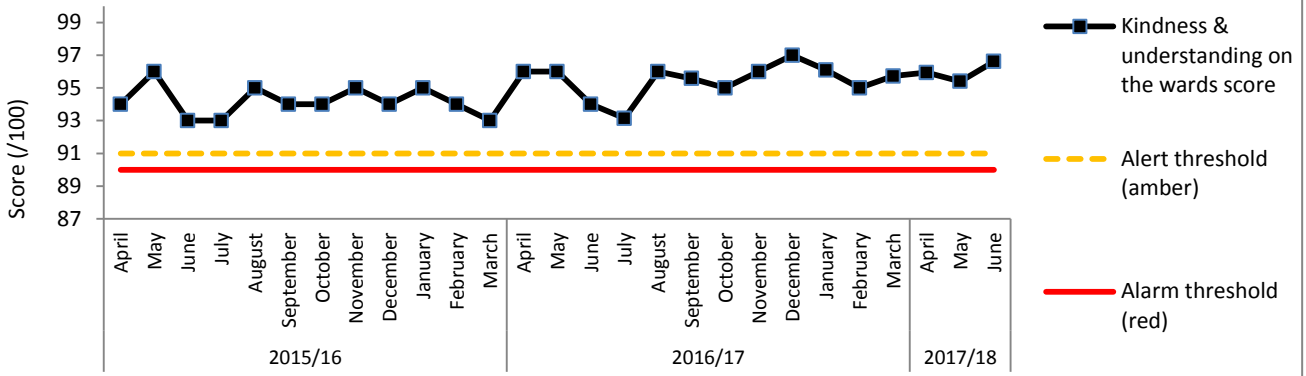


Chart 3 - Inpatient experience tracker score

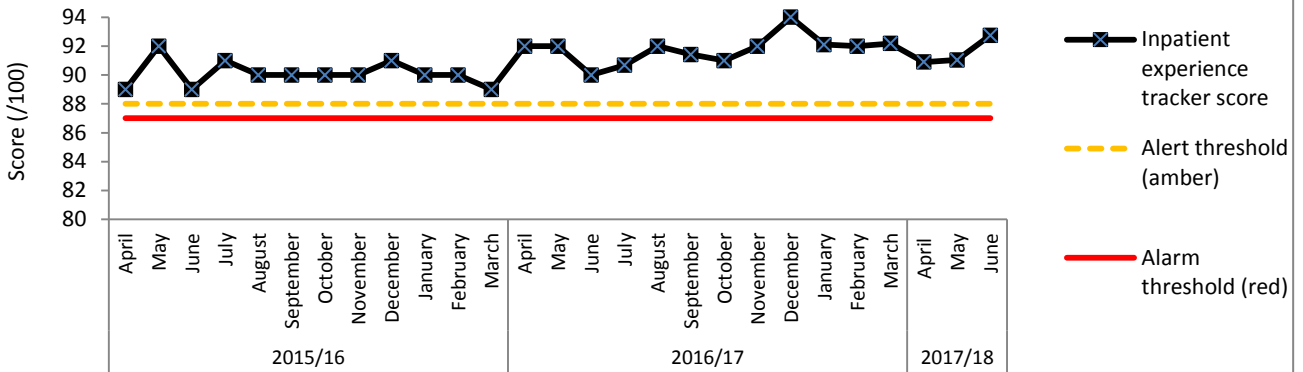


Chart 4 - Outpatient experience tracker score (established April 2015)

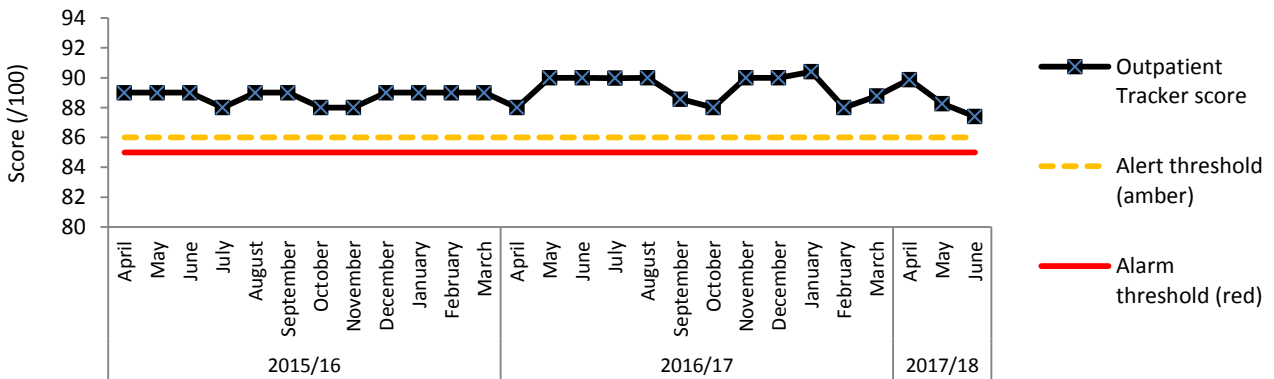


Chart 5 - Friends and Family Test Score - inpatient and day case

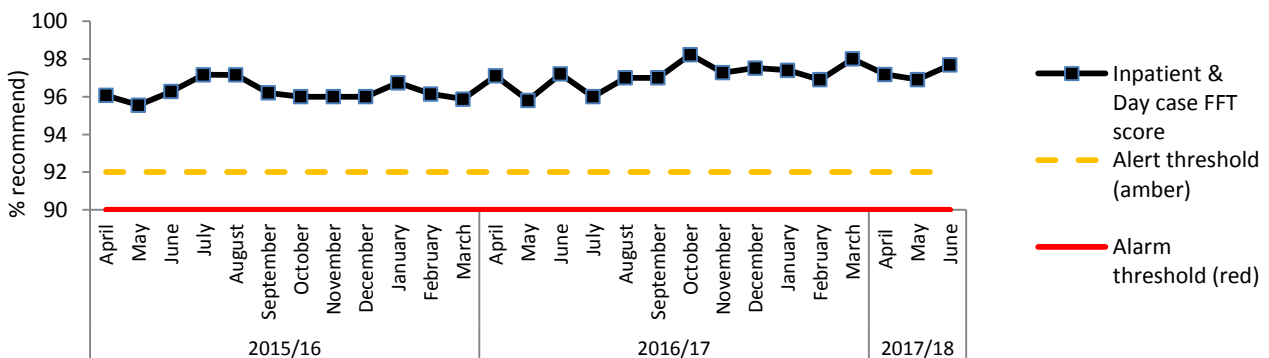


Chart 6 - Friends and Family Test Score - Emergency Departments

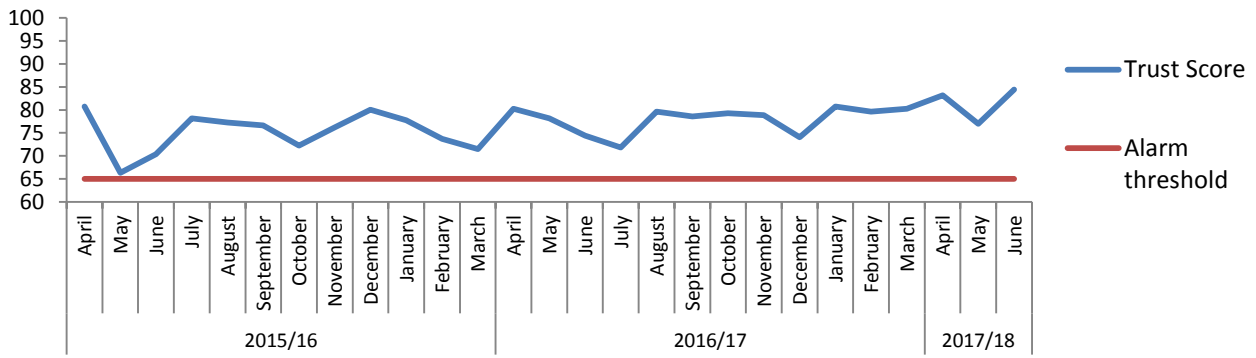


Chart 7 - Friends and Family Test Score - maternity (hospital and community)

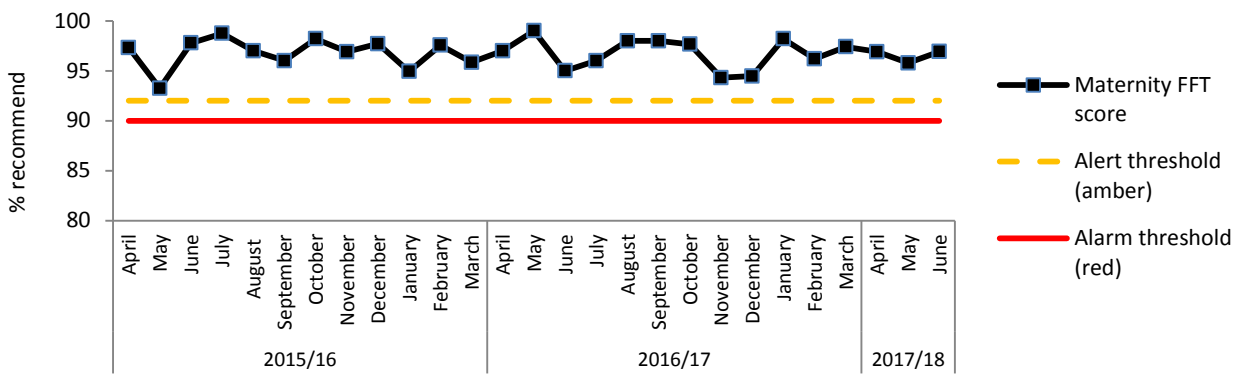


Chart 8: 2015 /16 Friends and Family Test Response Rates (maternity combined)

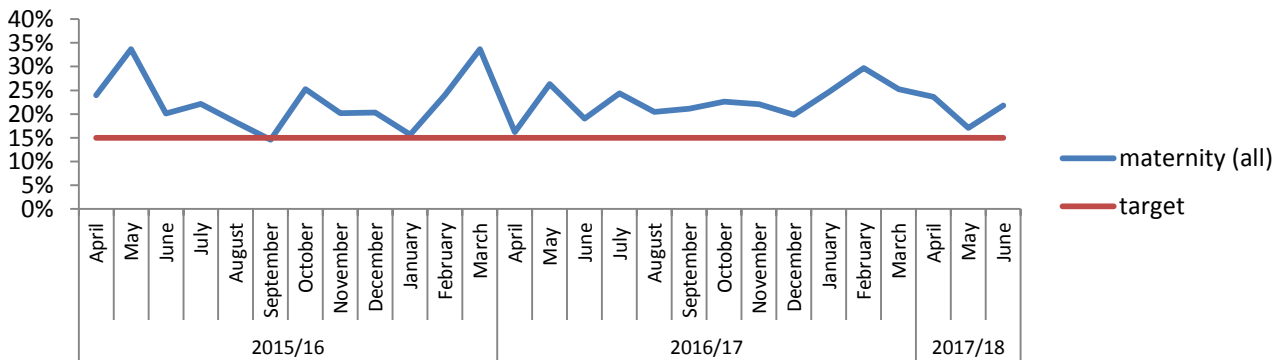


Chart 9: 2015/16 Friends and Family Test Response Rates (Emergency Departments)

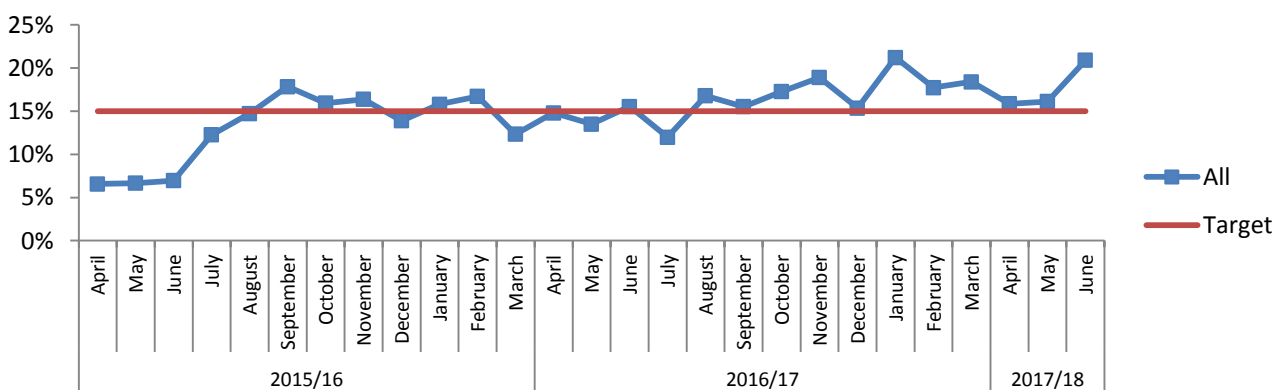


Chart 10: Friends and Family Test Response Rates (inpatient and day case)

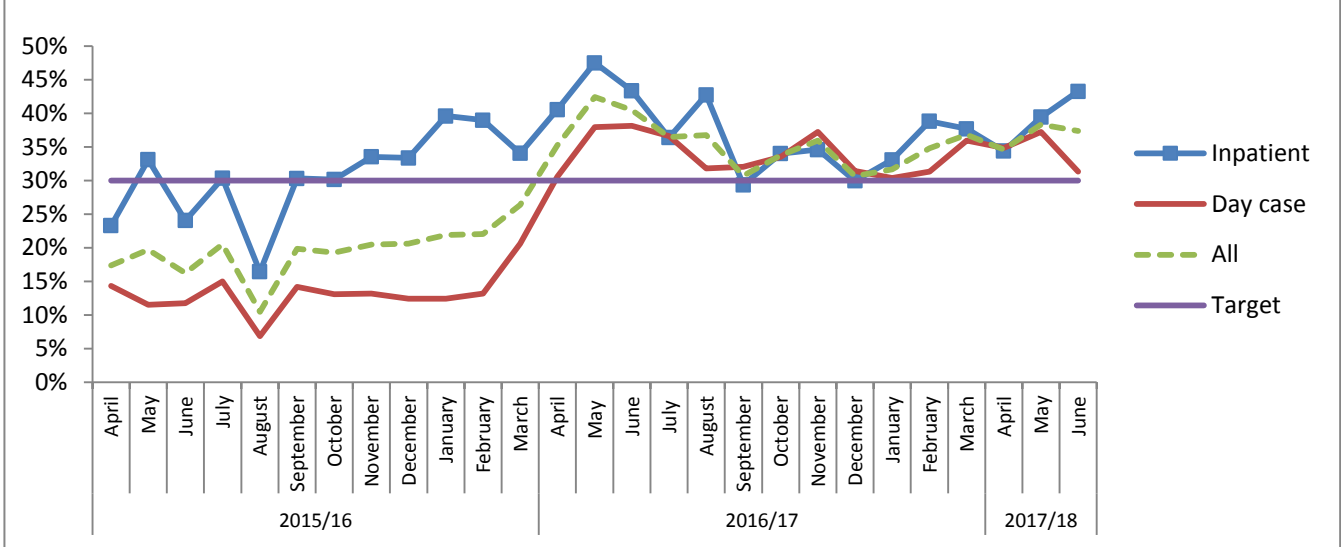
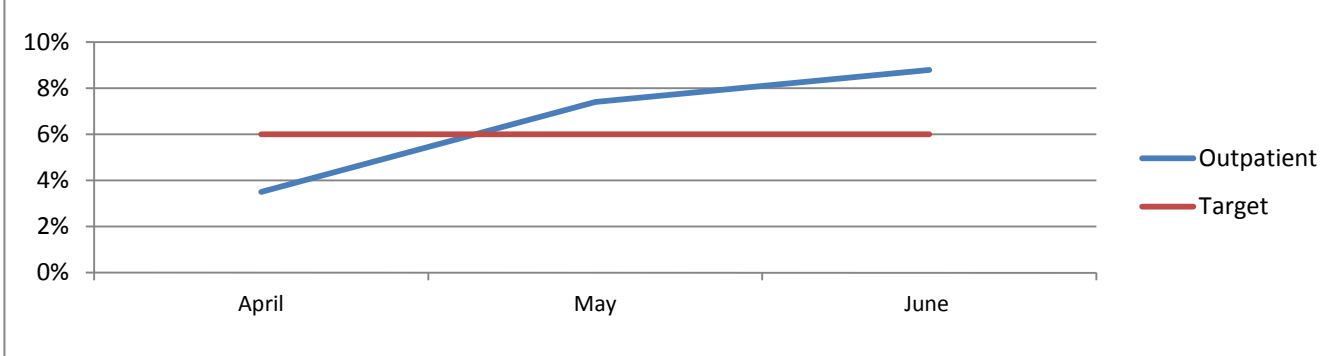


Chart 11: UH Bristol Outpatient Friends and Family Test Response Rates 2017/18



3.3 Survey scores at Division, hospital and ward level

Charts 12-22 provide a view of patient-reported experience at UH Bristol, from a Division to ward-level. The margin of error gets larger as the data is broken down and so the Trust alert / alarm threshold shown on the charts is only a guide at this level (at a ward level in particular it becomes important to look for consistent trends across more than one of the survey measures). The full Divisional-level inpatient and outpatient survey question data is provided in Tables 1 and 2 (pages 13-15).

South Bristol Community Hospital

South Bristol Community Hospital (wards 100 and 200) received low scores on both of our key inpatient measures (Charts 16-17). The sample sizes are small for this hospital and so we do see fluctuations in the scores. We could not identify a specific reason for the scores being particularly low in Quarter 1, and they do not correlate with other quality data being received by the Division. These trends are consistent with national data that shows lower patient experience ratings amongst long-stay patients (South Bristol Community Hospital inpatient wards specialise in rehabilitation care e.g. for patients who have had a stroke). As noted in Section 1 of the current report, Healthwatch were invited to carry out an “enter and view” at South Bristol Community Hospital in October 2016 and were very positive about the inpatient care being provided there. However, the trend for lower scores at South Bristol Community Hospital is reasonably consistent and so the matron has asked the Patient Experience and Involvement Team to facilitate “patient experience at heart” staff workshops at the

hospital in Quarter 3 2017/18. This approach was successfully employed in maternity services where it had a significant positive effect on their survey scores. An update will be provided in future Quarterly Patient Experience and Involvement Reports.

Postnatal maternity wards

The postnatal wards (wards 73 and 76) scored below the trust level target on treating women with “kindness and understanding” in Quarter 1 (Chart 12). The score was still positive (88/100), and we know that St Michael’s Hospital provides a very high quality maternity service - receiving some of the best ratings nationally in the 2015 national maternity survey. The below target performance was a slight decline on Quarter 4 (90) and, combined with the uplift in the target (see Section 3.1), this resulted in a below target score. The Head of Midwifery has asked that ward staff attend a “living the values” training session and has also requested that a further “patient experience at heart” workshop is re-run in Quarter 3 to explore the delivery of a positive experience for service-users.

The postnatal wards also received a relatively low score on cleanliness of toilets and bathrooms in Quarter 1 (Table 1). Further analysis suggested that this was a particular issue on Ward 76. The Operations Manager (Hotel Services) has been alerted to this and has personally checked the cleanliness of the bathrooms.

Division of Medicine – communication

The Division of Medicine received a number of relatively low scores around issues related to “communication” (Table 1). This is in some way reflective of the patients cared for by the Division – many of whom of complex health and social care needs. But, as identified in our focus on care of the elderly in Quarter 1 (see Section 1 of this report), opportunities to improve this aspect of care will be explored by the Division. An update will be provided in the next Quarterly Report.

Ward A605

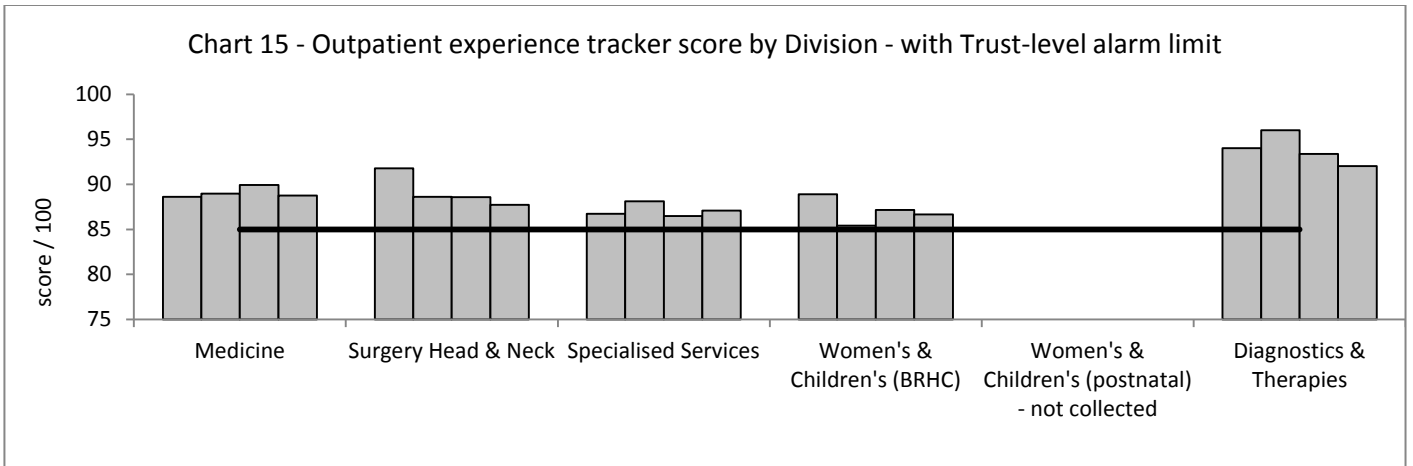
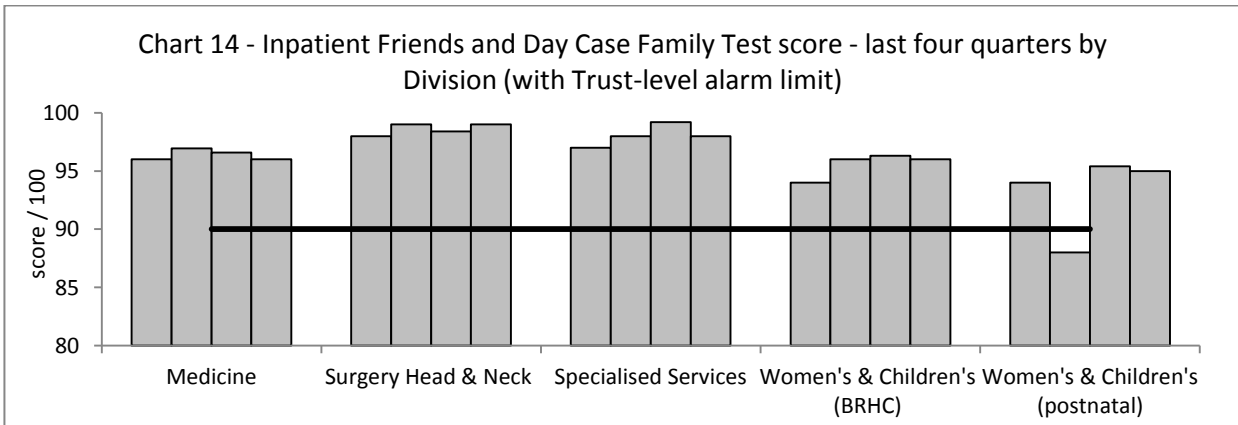
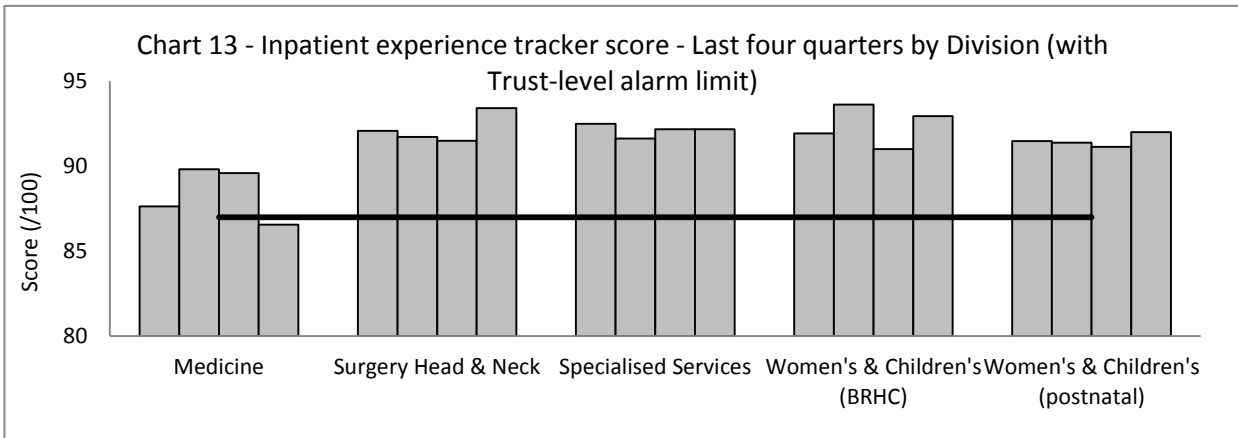
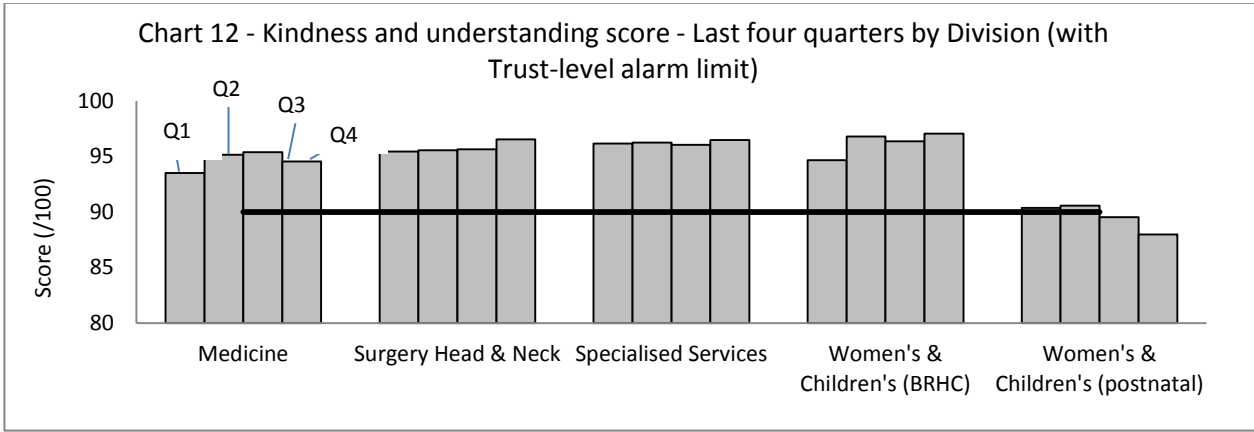
Ward A605 is a delayed discharge ward and had a relatively low score on two survey measures (Charts 21 and 22). This is disappointing as these scores had improved following service improvement work on the ward. Analysis of the Quarter 1 data has not identified consistent themes, and the results don’t correlate with other quality data the Division of Medicine has reviewed: it is therefore hoped that this is a temporary blip in an upward trend. The scores will continue to be closely monitored.

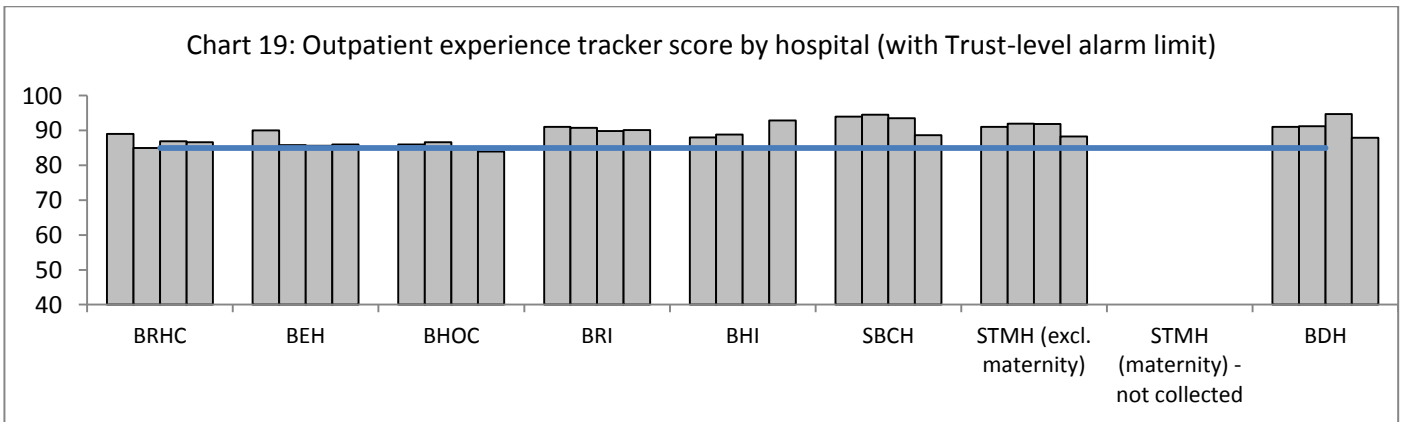
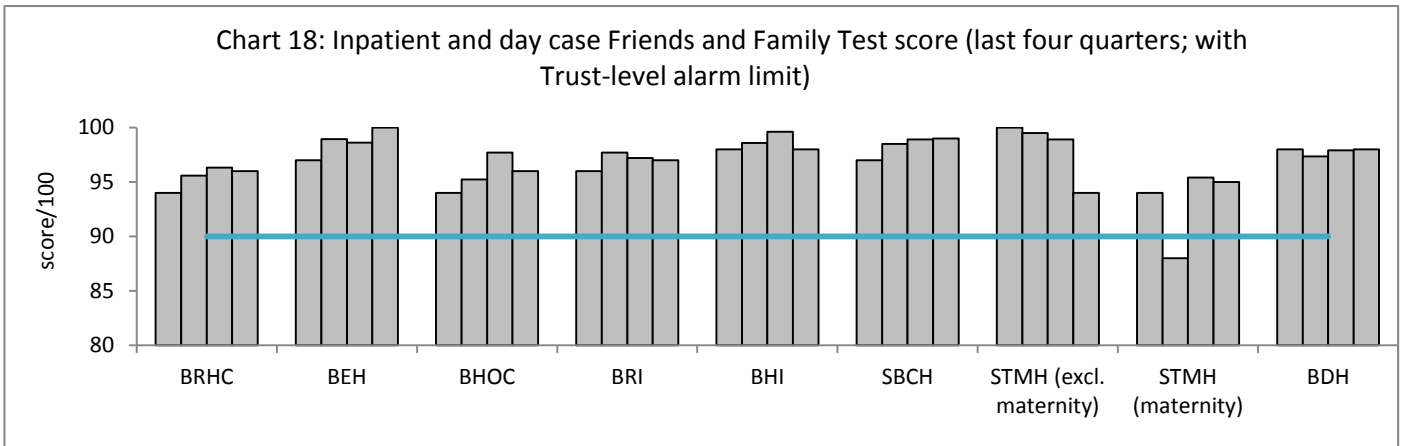
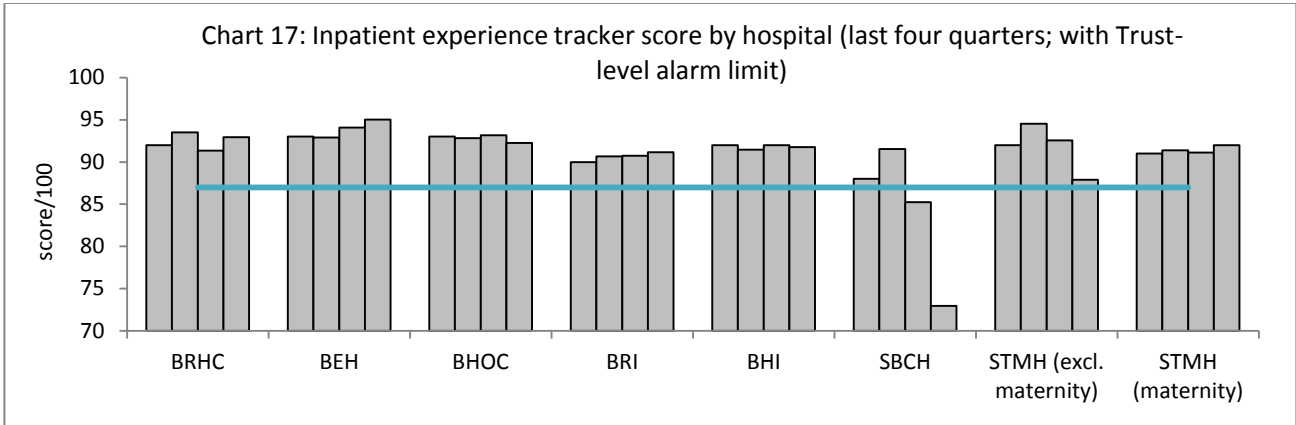
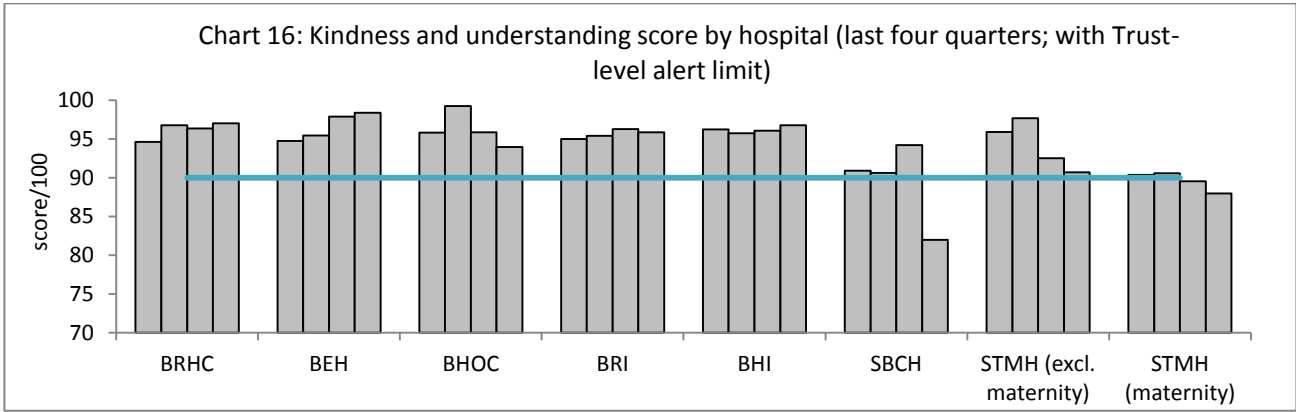
Ward C604

Ward C604 at the Bristol Heart Institute score had the lowest score in the inpatient Friends and Family Test in Quarter 1 (Chart 22). This was an artefact of the Friends and Family Test scoring system: 12/14 patients said they would recommend the care, one person wasn’t sure, and a further person said that they would not recommend the care but left the comment “successful treatment” - so may have misinterpreted the question. These latter two scores are counted as “negatives” in the Friends and Family Test scoring and so skewed the result.

Bristol Haematology and Oncology Centre

The Bristol Haematology and Oncology Centre had a below target score on the outpatient tracker in Quarter 1 (Chart 19). Within this aggregate survey measure, it was “delays in clinic” that dragged down the overall score. The hospital has seen significant levels of demand in outpatient clinics and the management team is currently working to ensure these needs can be met. Staff in outpatient clinics have been reminded of the importance of telling patients if there are delays.





Key: BRHC (Bristol Royal Hospital for Children), BEH (Bristol Eye Hospital), BHOC (Bristol Haematology and Oncology Centre), BRI (Bristol Royal Infirmary), BHI (Bristol Heart Institute), SBCH (South Bristol Community Hospital), STMH (St Michael's Hospital), BDH (Bristol Dental Hospital)

Chart 20: Kindness and understanding score by inpatient ward

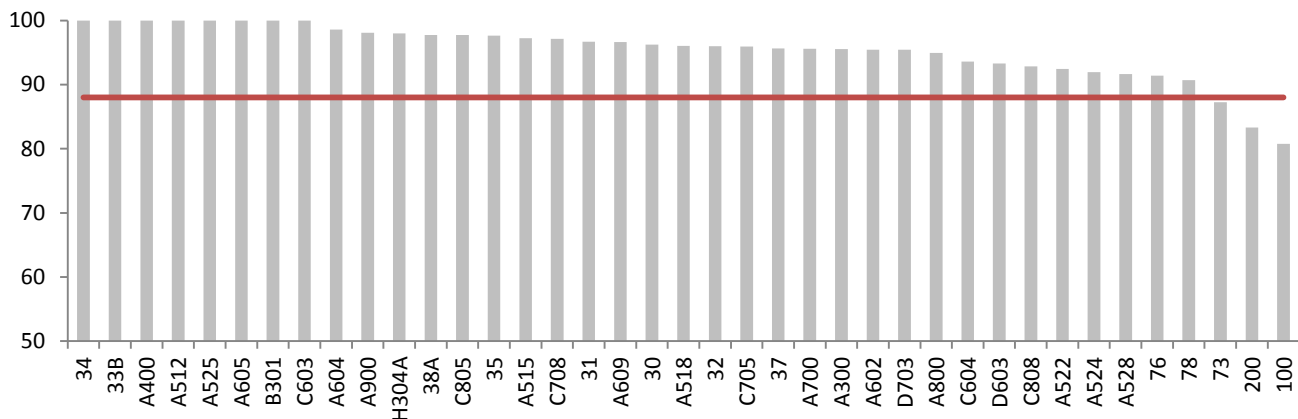


Chart 21: inpatient experience tracker score by inpatient ward

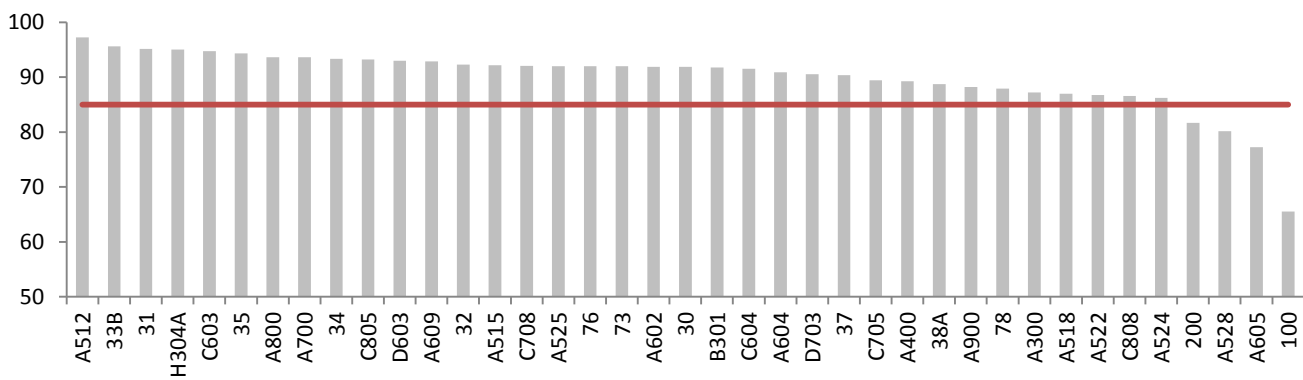
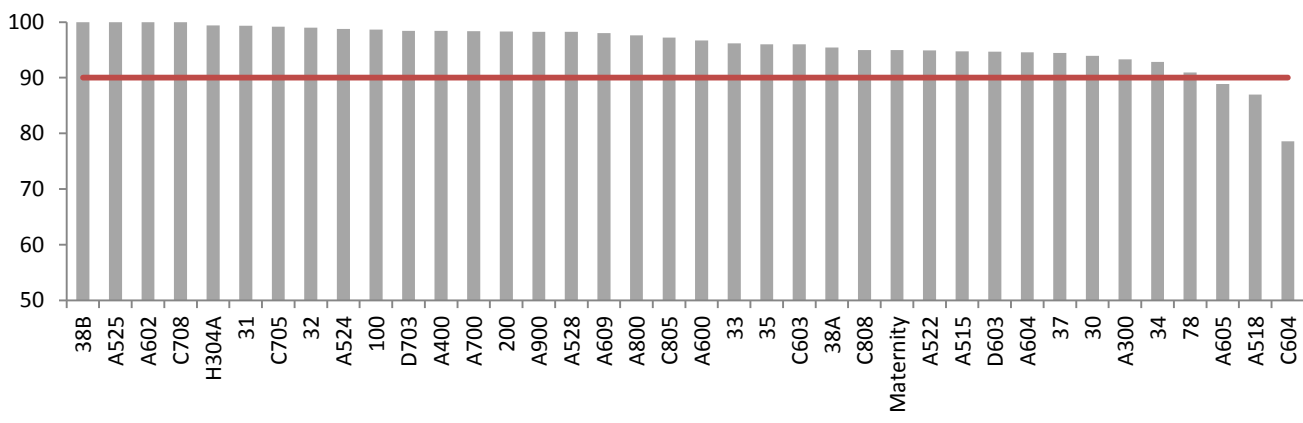


Chart 22: Friends and Family Test score by inpatient ward



(Please note that as per NHS England national-level reporting protocol, the maternity Friends and Family Test data is reported at "postnatal ward" level).

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

	Medicine	Specialised Services	Surgery	Women's & Children's	Maternity	Trust
Were you given enough privacy when discussing your condition or treatment?	91	94	94	93		93
How would you rate the hospital food?	65	63	64	64	58	64
Did you get enough help from staff to eat your meals?	79	89	88	77		84
In your opinion, how clean was the hospital room or ward that you were in?	94	96	97	94	92	96
How clean were the toilets and bathrooms that you used on the ward?	90	92	95	92	82	93
Were you ever bothered by noise at night from hospital staff?	81	81	86	83		83
Do you feel you were treated with respect and dignity by the staff on the ward?	94	98	97	96	94	97
Were you treated with kindness and understanding on the ward?	95	96	97	95	88	96
Overall, how would you rate the care you received on the ward?	88	92	91	92	84	91
When you had important questions to ask a doctor, did you get answers that you could understand?	83	91	92	89	93	89
When you had important questions to ask a nurse, did you get answers that you could understand?	84	91	91	91	92	90
If your family, or somebody close to you wanted to talk to a doctor, did they have enough opportunity to do so?	70	80	79	79	79	77
If your family, or somebody close to you wanted to talk to a nurse, did they have enough opportunity to do so?	82	90	90	91	88	89
Were you involved as much as you wanted to be in decisions about your care and treatment?	77	85	90	89	88	86
Do you feel that the medical staff had all of the information that they needed in order to care for you?	84	91	91	87		89
Did you find someone on the hospital staff to talk to about your worries or fears?	67	78	78	84	85	76
Did a member of staff explain why you needed these test(s) in a way you could understand?	80	86	92	91		88

	Medicine	Specialised Services	Surgery	Women's & Children's	Maternity	Trust
Did hospital staff keep you informed about what would happen next in your care during your stay?	76	86	88	86		84
Were you told when this would happen?	79	83	86	87		84
Beforehand, did a member of staff explain the risks/benefits in a way you could understand?	80	93	95	96		93
Beforehand, did a member of staff explain how you could expect to feel afterwards?	69	78	82	88		80
Were staff respectful of any decisions you made about your care and treatment?	90	94	96	95		94
During your hospital stay, were you ever asked to give your views on the quality of your care?	28	31	32	39	37	32
Do you feel you were kept well informed about your expected date of discharge from hospital?	74	80	89	88		83
On the day you left hospital, was your discharge delayed for any reason?	59	59	65	66	66	62
Did a member of staff tell you about medication side effects to watch for when you went home?	45	56	67	68		59
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	65	83	85	90		82
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	86	93	92	93	89	92

Table 2: Full six-monthly Divisional-level scores (January –June 2017) from UH Bristol’s monthly **outpatient** postal survey (cells are highlighted if they are more than 10 points below the Trust score). Scores are out of 100 unless otherwise stated – please see appendices for an explanation of this scoring mechanism.

	Diagnostic & Therapy	Medicine	Specialised Services	Surgery	Women's & Children's (excl. maternity)	TOTAL
When you first booked the appointment, were you given a choice of appointment date and time?	83	73	72	70	68	74
Was the appointment cancelled and re-arranged by the hospital?	96	95	96	95	97	95
When you contacted the hospital, was it easy to get through to a member of staff who could help you?	69	67	73	69	71	70
How would you rate the courtesy of the receptionist?	87	84	86	85	84	86
Were you and your child able to find a place to sit in the waiting area?	100	99	98	100	97	99
In your opinion, how clean was the outpatient department?	95	95	95	93	89	94
How long after the stated appointment time did the appointment start? (% on time or within 15 minutes)	86	70	64	71	66	71
Were you told how long you would have to wait?	47	39	37	25	26	35
Were you told why you had to wait?	63	56	57	56	61	58
Did you see a display board in the clinic with waiting time information on it?	37	62	45	38	42	45
Did the medical professional have all of the information needed to care for you?	85	90	90	92	90	89
Did he / she listen to what you had to say?	94	95	94	97	94	95
If you had important questions, did you get answers that you could understand?	91	93	90	90	89	91
Did you have enough time to discuss your health or medical problem?	88	93	89	93	95	91
Were you treated with respect and dignity during the outpatient appointment?	98	99	97	98	98	98
Overall, how would you rate the care you received?	92	94	91	92	92	92
If you had any treatment, did a member of staff explain any risks and/or benefits in a way you could understand?	85	93	78	89	86	86
If you had any tests, did a member of staff explain the results in a way you could understand?	78	83	77	81	81	80
Did a member of staff tell you about medication side effects to watch for when you went home?	50	76	62	64	78	67
How likely are you to recommend the outpatient department to friends and family if they needed similar care or treatment?	92	90	91	90	83	91

3.3.1 Themes arising from free-text comments

At the end of the Trust’s postal survey questionnaires, respondents are invited to comment on any aspect of their stay. The themes from these comments are provided in Table 3. By far the most frequent type of feedback is praise for staff. Key improvement themes focus on 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 and themes seen in the complaints data (see accompanying Quarterly Complaints Report).

Table 3: Quarter 1 themes arising from free-text comments in the patient surveys (the comments are taken from the Trust’s postal survey programme, unless otherwise stated)¹¹

	<i>Theme</i>	<i>Sentiment</i>	<i>Percentage of comments containing this theme</i>
Trust (excluding maternity ¹²)	Staff	Positive	72%
	Staff	Negative	12%
	Communication/information	Negative	9%
Division of Medicine	Staff	Positive	63%
	Information/communication	Negative	17%
	Waiting / delays	Negative	11%
Division of Specialised Services	Staff	Positive	69%
	Information/communication	Negative	18%
	Food/catering	Negative	10%
Division of Surgery, Head and Neck	Staff	Positive	74%
	Communication/information	Negative	14%
	Food/catering	Negative	9%
Women's and Children's Division (excluding Maternity)	Staff	Positive	76%
	Staff	Negative	15%
	Waiting/delays	Negative	7%
Maternity	Staff	Positive	67%
	Care during labour and birth	Positive	28%
	Staff	Negative	15%
Outpatient Services	Staff	Positive	63%
	Waiting/delays	Negative	13%
	Communication/information	Negative	11%

¹¹ The percentages shown refer to the number of times a particular theme appears in the free-text comments. As each comment often contains several themes, the percentages in Table 1 add up to more than 100%. “Sentiment” refers to whether a comment theme relates to praise (“positive”) or an improvement opportunity (“negative”).

¹² 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.

4. Specific issues raised via the Friends and Family Test in Quarter 1

The feedback received via the Trust’s Friends and Family Test is generally very positive. Table 4 provides an overview of activity that has arisen from the relatively small number of negative ratings, where that rating was accompanied by a specific, actionable, comment from the respondent.

Table 4: Divisional response to specific issues raised via the Friends and Family Test in Quarter 4, where respondents stated that they would not recommend UH Bristol and a specific / actionable reason was given.

Division	Area	Comment	Response from ward / department
Surgery	Ward 41	Too much thumping noise at night. Sounds like hammering on trash can.	As a result of this feedback, the nurse in charge checked the silent closing bins and confirmed that some of these are not working properly. The Estates Department has been contacted to fix these.
	A800	Majority of staff were lovely but found that the night shift were not as caring. On a couple of occasions there were a few staffing problems and some staff were loud considering patients were trying to settle down.	The ward Sister has shared this feedback with the ward staff and reiterated the importance of being as quiet as possible (particularly in terms of talking). It is difficult to resolve feedback about how caring the night staff are compared to the day staff, because the ward do not have “night staff” as such – the same staff rotate onto nights. However, this feedback has shared with <u>all</u> of the ward staff as a point of learning.
Specialised Services	D603	Poor ventilation in toilet. Not enough extra plug sockets for patients use. General poor maintenance of windows and blinds. Mattresses generally uncomfortable. Not enough pillows (I only had one and no others could be found). Need more visitor chairs.	We appreciate that the ward environment is important for our patients and are sorry that this patient experienced these issues. An update to the D603 facilities / environment is currently under discussion with the Executive Team. We are sorry that the patient found the mattress uncomfortable. However, the mattresses used on the ward are the standard mattresses used across the Trust, and they are subject to regular quality checks. As a result of this feedback, the ward Sister is exploring the possibility of increasing the numbers of chairs available for visitors.

Division	Area	Comment	Response from ward / department
Women's and Children's – Bristol Royal Hospital for Children	Ward 30	Facilities need updating and bed spaces in bay small. Not enough toilets and facilities for parents/carers. Parents leave kitchens dirty. Absurd that carers don't get fed, especially breastfeeding mothers. Just because a baby is over 6 months doesn't mean their feeding mother doesn't get hungry. It would be helpful to have a strap-in baby seat in toilet so parents can use toilet without holding a baby.	<p>We apologise for the negative experience that this parent had on our ward.</p> <p>We are in the process of securing funding for our bed spaces to be re-decorated. For the bay that we think this comment refers to, we are planning to attach the monitors to the wall in order to free-up space.</p> <p>For reasons of patient safety, unfortunately we had to remove some of the bathrooms in the High Dependency Unit to allow for easier access to patients.</p> <p>As a result of this feedback we will put notices up in the kitchen about keeping the kitchen facilities clean.</p> <p>The feedback about food provision for breast-feeding Mums has been discussed with the paediatric dietetics team. It is hospital Policy that if a baby aged six months or younger is admitted to the Children's hospital, and is being breast fed or fed expressed breast milk, then the mother can receive free hospital meals during the stay. Unfortunately, due to the costs involved, there has to be a cut off point for this provision. Six months was chosen as the cut off because babies will usually also be getting some nutrition from solid food from this time, and so are less dependent on breast milk as sole source of nutrition.</p> <p>There is a variety of equipment available for babies and our staff are also happy to look after babies for a short time if needed (e.g. for bathroom breaks). We are sorry that this was not explained to this parent.</p>
Medicine	A518	Staff sit around reception area at night talking very loudly about other staff and the activities of the day, not considering patients who want to sleep. Not having enough choice of foods to go around and having to take what's left.	This feedback has been raised at safety briefs with staff on the ward to remind them to respect the patients need to sleep at night, and to reduce noise at night. We are sorry for the lack of food choice – patients should receive the meal of their choice and this patient's experience has been discussed with the ward sister and catering team.

Division	Area	Comment	Response from ward / department
Medicine (continued)	A300	I was not introduced to the ward, i.e. not told where the toilet was, shown the button to summon help, shown the light switch etc. The night nurse was extraordinarily uncommunicative	The Matron has had a discussion with the staff nurse that this comment refers to, to convey the importance of good communication skills and how we should welcome new patients onto the unit in the correct manner.
	A300	I was not able to sleep due to the noise in the ward but all the staff are amazing, helpful, know what they're doing.	Unfortunately, due to the nature of the acute medical unit, the ward can be quite noisy, as transferring and admitting patients is an ongoing activity. However, we have reminded our staff of the need to keep noise to a minimum wherever possible – particularly at night.
	Bristol Royal Infirmary Emergency Department	The place was filthy, and the stench was unbearable, the toilet facility was disgusting and there was no antibacterial hand gel anywhere, I asked if there was any and was told “oh there may be some over there”, I looked everywhere and there wasn't	<p>This feedback has been discussed with the Trust's Facilities Department, who have confirmed that there is 24 hours / 7 days a week cleaning cover in the Emergency Department, but that at peak times it is extremely challenging to maintain all areas. A mini-audit was recently carried out by the Facilities Management Team, which corroborated this patient's view that works need to be carried out to improve the condition of the public toilet in the main reception area: this action will now be taken forward by the Estates Department.</p> <p>In addition, the Emergency Department are recruiting to a new “housekeeper” role, which will operate in a similar way to the wards - taking ownership of departmental cleanliness, supervision of the domestic staff and ensuring hand gels are available.</p> <p>The Matron has also reminded staff to check the hand gels and for the reception team to monitor the state of the waiting room and direct the domestic staff to the area when required</p>

5. Update on key issues identified in the previous Quarterly report

Table 5 provides a summary and update on issues identified in the previous Quarterly Patient Experience report.

Table 5: update on key issues identified in the previous Quarterly Patient Experience report

<i>Issue / area</i>	<i>Outcome</i>
Ensuring the Trust meets its new 6% target for response rates in the outpatient Friends and Family Test survey	The survey was introduced part-way through April. The response rate target was exceeded for Quarter 1 (6.6%).
Due to the ongoing testing of different methodologies for the Emergency Department Friends and Family Test, we had found it difficult to set a reasonable target score. However, it was stated that a minimum target score would be set from Quarter 1.	This has been done in the current report. It is only possible to set this score at a trust level – applying at hospital level wouldn't work very well because each hospital has a different primary survey methodology – each of which generates different scores and a lot of variation each month. At a Trust level however the data is more stable and a reasonable minimum target has now been applied to this (based on three standard deviations from the mean).
Ward C808 (care of the elderly) had the lowest score across the headline survey measures. It has been a consistent feature of the survey data that care of the elderly areas tend to attract lower patient experience scores. This has led to additional analysis and exploration of the data, which suggests that the scores are a realistic reflection of the challenges of caring for patients (and being a patient / carer) in this setting - rather than a reflection of the quality of care being provided. To further test this theory, in Quarter 1 the Patient Experience and Involvement Team are carrying out a range of patient / family feedback activities on care of the elderly wards.	The focussed work on care of the elderly has taken place. The findings were broadly very positive and an update is provided in the current report.
Ward A602 (trauma and orthopaedics) had relatively low scores on two key survey measures. This was an unusual result for this ward, further analysis did not identify any specific improvement issues, and the number of complaints actually fell over this period. The most likely explanation at present is that this was a statistical “blip”, but the ward Sister has been alerted to the result and the score will continue to be monitored to look for any consistent trend.	The scores are back in the normal range and so this appears to have been a blip – but the scores will continue to be monitored.
Patient Experience at Heart staff workshops in care of the elderly wards	This workshop took place in Quarter 1 as part of the focus on care of the elderly. Further workshops are now being planned at South Bristol Community Hospital in Quarter 3.

<i>Issue / area</i>	<i>Outcome</i>
More detailed analysis of the 2016 national inpatient survey results.	Further analysis has been provided in the current report. A full analysis was provided to the Trust Board in July 2017.
The Division of Medicine consistently achieves relatively low survey scores around telling patients information about operations / procedures and who to contact if they had concerns after leaving hospital. It has been difficult to explain this result as relatively few patients have operations / procedures in the Division of Medicine and comprehensive information is given at discharge.	The theme of “communication” was explored in Quarter 1 as part of the Patient Experience and Involvement Team’s collaboration with care of the elderly wards in the Division of Medicine (see current report).
A cluster of low survey scores are present in the outpatient survey data (Table 3), relating to ensuring patients are kept informed about delays in clinic, either via a member of staff or an information board (ideally both). Although a number of improvement actions were described in the report, the scores have essentially remained static since 2015/16.	This will remain the focus of a Trust quality improvement objective for 2017/18. Updates against these objectives are provided in a separate quarterly report to the Trust’s Senior Leadership Team Committee.

6. 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 position in these surveys¹³. For each national survey, the Trust Board receives a full report containing an analysis / response (see Appendix A for a summary).

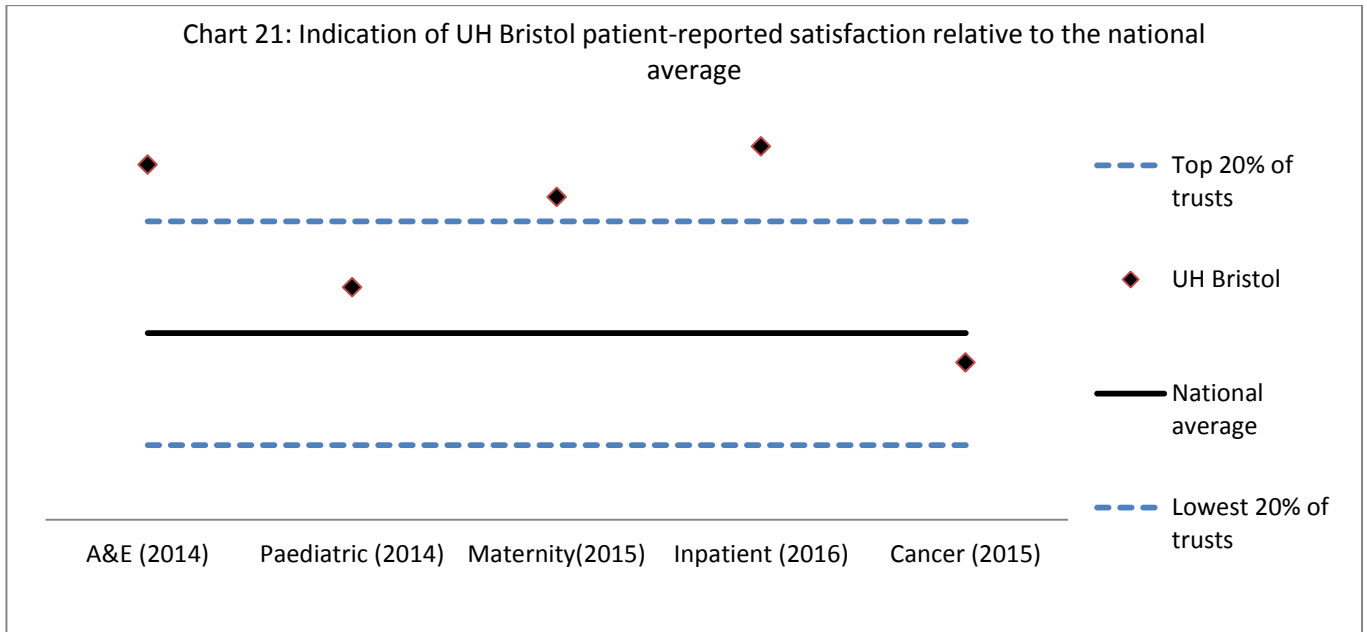
In Quarter 1 UH Bristol received the latest (2016) national inpatient survey. The 2016 results represent a significant, positive step-change for UH Bristol in terms of performance in this survey - putting the Trust among the very best nationally:

- UH Bristol inpatients’ overall rating of their experience in hospital was the best of any general acute trust in the country
- UH Bristol was classed as being better than the national average on 20 out of 65 survey question scores (all of the Trust’s remaining scores were in line with the national average)
- UH Bristol’s best scores in 2016, as in previous years, primarily relate to the quality of care delivered by staff and themes relating to privacy and dignity.

A report of the results was provided to the Trust Board in July 2017. This report also highlighted how UH Bristol will keep developing an ability to improve patient experience during 2017/18, in particular:

¹³ 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.

- Through the procurement of a real-time patient feedback and reporting system
- Developing consistent customer service standards
- Enhancing the way we “market” the importance of giving feedback and how we use this insight around our hospitals.



Source: Care Quality Commission / NHS England national surveys; analysis carried out by the Patient Experience and Involvement Team.

Note:

In July 2017 the Trust received the 2016 National Cancer Patient Experience Survey results. The results are broadly in line with the national average. At the time of writing, a full analysis of these results is being undertaken by the Trust’s Lead Cancer Nurse and the Patient Experience and Involvement Team. An update will be provided in the next Quarterly Patient Experience and Involvement Report.

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>
2016 National Inpatient Survey	20/63 scores better than the national average. None were below this benchmark.	July 2017	Six-monthly	<ul style="list-style-type: none"> • Awareness of the complaints / feedback processes • Asking patients about the quality of their care in hospital 	June 2018
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 	December 2017
2016 National Cancer Survey	All scores in line, with the exception of two that were better than this benchmark and one that was below (related to communication with the Clinical Nurse Specialist)	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 	July 2018
2014 National Accident and Emergency surveys	33/35 scores in line with the national average; two 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 	October 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 	October 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 / outpatient surveys)	These surveys, which each month are sent to a random sample of approximately 2500 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.
	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. Whilst the 15 steps challenge and Face2Face interviews remain stand-alone methodologies, in 2017 they were merged – so that volunteers now carry out the 15 steps challenge whilst in a ward / department to interview patients.
	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 October 2017 at
 14:00 in the Conference Room, Trust Headquarters, Marlborough Street,
 Bristol, BS1 3NU**

		Agenda Item	7.1b
Meeting Title	Council of Governors	Meeting Date	31 October 2017
Report Title	Quarterly Complaints Report (Quarter 1)		
Author	Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness)		
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	
<p><u>Purpose</u> To share information about complaints received during Quarter 1.</p>	
<p><u>Key points to note</u></p> <p>Improvements:</p> <ul style="list-style-type: none"> Complaints received by Bristol Eye Hospital continued a positive downwards trend in quarter 1 Complaints received by the department of Trauma & Orthopaedics reduced notably in quarter 1. The overall number of complaints received by the Bristol Heart Institute fell by 22% compared to quarter 4. <p>However:</p> <ul style="list-style-type: none"> The total number of complaints received in quarter 1 was 26% more than in quarter 4, due to a one-off incident which attracted public interest as a result of adverse press coverage (a decision to ask security staff to remove Union Jack badges from their uniform) – this generated more than a hundred complaints. In quarter 1, complaints about appointments and admissions rose in all bed-holding divisions with the exception of Medicine, ending a previously long-term downwards trend. 	

- Complaints about Bristol Dental Hospital rose significantly in quarter 1, driven largely by an increase in complaints about contacting the hospital by phone.

Corporate plans include:

- To continue to work with the Patients Association to develop a potential model for independent review of high-risk complaints.

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 28 Sept 2017
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Complaints Report

Quarter 1, 2017/2018

(1 April 2017 to 30 June 2017)

Author: Tanya Tofts, Patient Support and Complaints Manager

Overview

Successes	Priorities
<ul style="list-style-type: none"> • Although the total number of complaints received in quarter 1 was 26% more than in quarter 4, this was largely due to a one-off incident which attracted public interest as a result of adverse press coverage. • Complaints received by Bristol Eye Hospital continued a positive downwards trend in quarter 1 • Complaints received by the department of Trauma & Orthopaedics reduced notably in quarter 1. • The overall number of complaints received by the Bristol Heart Institute fell by 22% compared to quarter 4. • Information about Trust Services complaints has been included in this quarterly report for the first time • For the first time, this quarterly report includes a split of inpatient, outpatient and ED complaints, an analysis we will develop further in subsequent quarterly reports. 	<ul style="list-style-type: none"> • To re-focus on ensuring timely complaints responses – in quarter 1, 80.2% of formal complaints and 76.7% of informal complaints were responded to within the agreed timeframe. • To continue to focus on getting the tone and substance of response letters right. Despite our efforts, in 2016/17 as a whole, more complainants expressed dissatisfaction with our initial response to their formal complaints than in 2015/16 (65 compared to 59). All dissatisfied cases are now being formally reviewed on a monthly basis with learning shared with Divisions and the Patient Experience Group.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • To continue to work with the Patients Association to develop a potential model for independent review of high-risk complaints. An interim report from the Patients Association was discussed at the Patient Experience Group in August 2017. • The Trust's new complaints review panel is due to meet for the first time in October 2017 (Division of Medicine), including lay representation. 	<ul style="list-style-type: none"> • In quarter 1, complaints about appointments and admissions rose in all bed-holding divisions with the exception of Medicine, ending a previously long-term downwards trend. This included an increase in complaints about the appointments department at Bristol Haematology and Oncology Centre. • Complaints about Bristol Dental Hospital rose significantly in quarter 1, driven largely by an increase in complaints about contacting the hospital by phone.

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;
- Proportion of complaints responded to within timescale; and
- Numbers of complainants who are dissatisfied with our response.

Previous quarterly reports have provided data around the number of complaints received as a percentage of patient activity. However, it is very difficult to define a meaningful measure of “activity” across all the areas that complaints cover. Complaints can be about inpatient stays, Emergency Department (ED) attendances, outpatient appointments, diagnostic tests, or matters indirectly linked to that, such as car parking, toilets, catering, portering, websites, call centres, etc. In the past activity (admissions + outpatients + ED) has been counted, which gives equal weighting to a 20 day inpatient stay and a 10 minute outpatient consultation, for example. This implies both are equally likely to generate a complaint, which is clearly not likely to be the case. This resulted in distorted figures, especially when comparing across sites and specialties which have differing activity profiles.

Going forward we therefore intend to report complaints as a proportion of activity separately for inpatient, outpatient and ED. Whilst no solution is ever ideal (you might argue that within inpatients, a Dental Hospital day case should count “less than” a cardiac surgery admission for example), this approach does move us into a better place for reporting complaints as a proportion of activity. The first example of this data is shown later in this report at section 3.2.1.

1.1 Total complaints received

We received 555 complaints in Q1 of 2017/18. However, there was a special cause variation in April 2017, when 101 complaints were received from the public following national press coverage relating to Trust security staff being asked to remove union jack badges from their uniforms. The total figure of 555 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 Q1 represents an increase of 25.9% compared to Q4 of 2016/17 and an increase of 6.7% on the corresponding period one year previously.

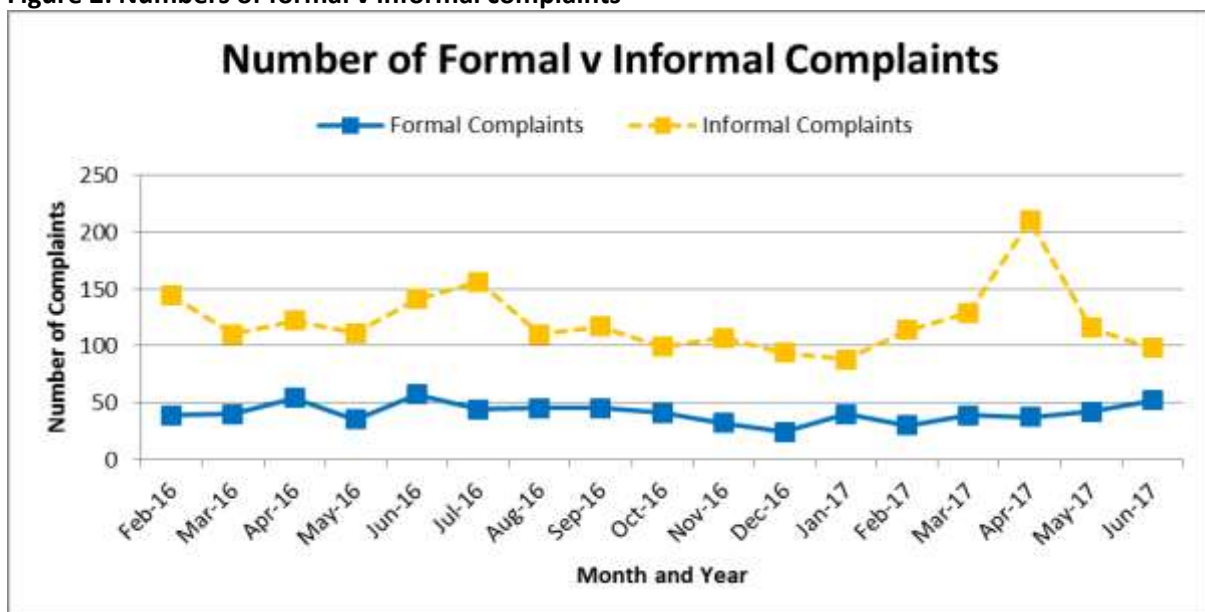
Figure 1 shows the pattern of complaints received in the last 17 months, which is when the Trust commenced recording complaints on the Datix system. Figure 2 shows complaints dealt with via the formal investigation process compared to those dealt with via the informal investigation process, over the same period.

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.

Figure 1: Number of complaints received



Figure 2: Numbers of formal v informal complaints



1.2 Complaints responses within agreed timescale

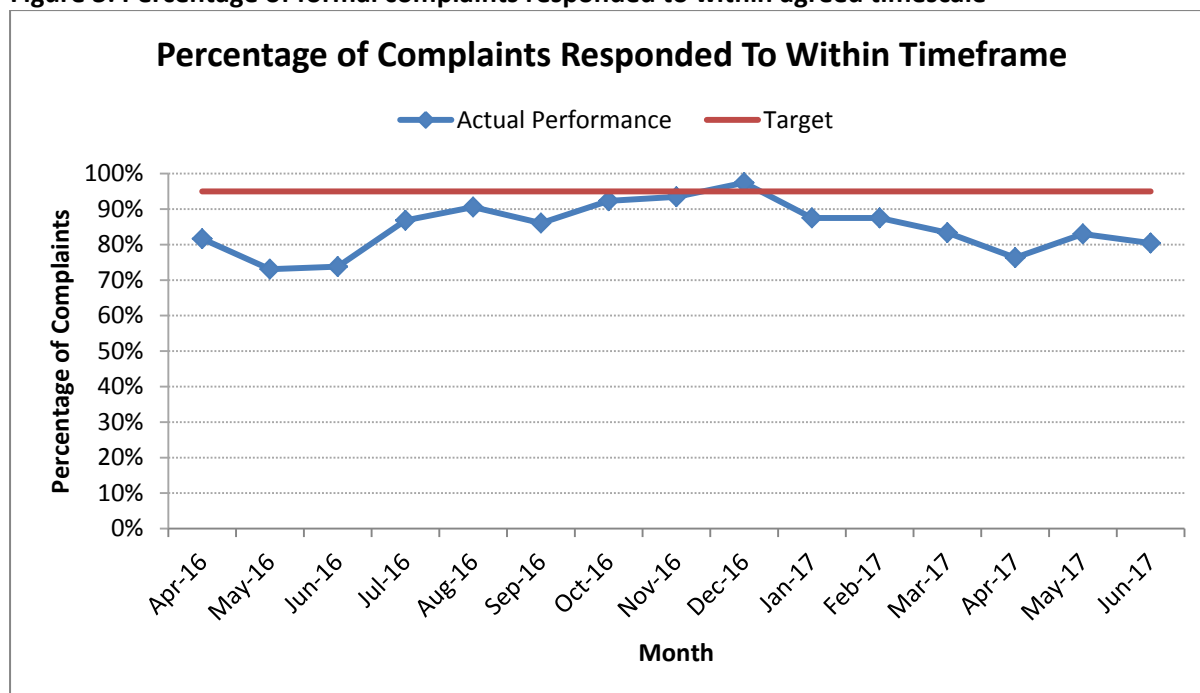
Whenever a complaint is managed through the formal resolution process, the Trust and the complainant agree a timescale within which we will investigate the complaint and write to the complainant with, or arrange a meeting to discuss, our findings. The timescale is agreed with the complainant upon receipt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

When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

1.2.1 Formal Investigations

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 Q1 of 2017/18, 80.2% of responses were posted within the agreed timescale, compared to 86.0% in Q4 of 2016/17 and 76.2% during the same period one year previously. This represents 26 breaches out of 132 formal complaints which were due to receive a response during Q1 of 2017/18². Figure 3 shows the Trust's performance in responding to complaints since February 2016.

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



1.2.2 Informal Investigations

In Q1 2017/18, the Trust received 314 complaints that were investigated via the informal process. This quarter, for the first time, we are reporting on how the Trust performed in respect of resolving these complaints within the agreed timescale.

In Q1, 76.7% of informal complaints (241 of 314) were resolved within the time agreed with the complainant. Data relating to past performance is not available (not previously recorded).

1.3 Dissatisfied complaints

Reducing numbers of dissatisfied complainants was one of the Trust's corporate quality objectives for 2015/16, remained a priority throughout 2016/17 and will continue to be closely monitored in 2017/18. 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

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

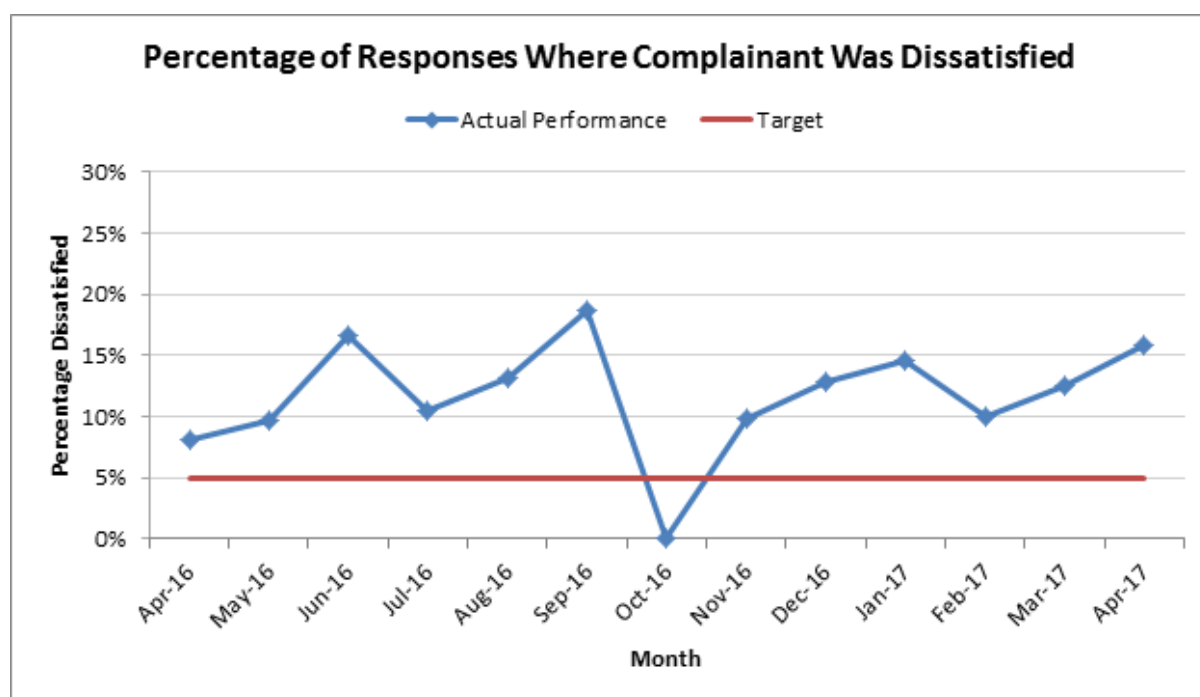
made mistakes, to put things right if we can, and to learn as an organisation to that we do not make the same mistake again. Our target is that nobody should be dissatisfied with the quality of our response to their complaint³.

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. Since Q3 2015/16, 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 Q1, of the responses sent out in April 2017 and by the cut-off point of mid-June 2017 (the date on which the dissatisfied data for April 2017 was finalised), six people had contacted us to say they were dissatisfied. This represents 15.8% of the responses sent out that month. Previously, in Q4, of a total of 136 responses sent out in the quarter, 17 had received a dissatisfied response at the point when monthly data was frozen for board reporting. This represents 12.5% of the responses sent out.

Figure 4 shows the percentage of complainants who were dissatisfied with aspects of our complaints response up until April 2017.

Figure 4: Dissatisfied cases as a percentage of responses



For each case where a complainant advises they are dissatisfied, the case is reviewed by a Patient Support and Complaints Officer, leading 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;

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

- 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 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 an Executive Director (usually the Chief Nurse) to review. As part of the escalation, Divisions are asked to consider whether some form of independent input might assist with achieving resolution and to discuss this with the Executive Director.

All dissatisfied cases are now reviewed by the Patient Support and Complaints Manager and the Head of Quality (Patient Experience and Clinical Effectiveness) on a monthly basis and learning from this review is shared with the Divisions. Those reports are then shared with the Patient Experience Group for information each quarter.

2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 1 provides a breakdown of complaints received in Q1 2017/18 compared to Q4 2016/17. In Q1, complaints in most of the major categories/themes increased, including appointments and admissions (increased from 132 complaints to 159). The large increase in complaints related to attitude and communication (104 to 191) was due to the complaints received in respect of the removal of union jack badges from security officers' uniforms, as mentioned in section 1.1, which generated media interest. There were only slight increases in complaints about clinical care, discharge/transfer/transport and documentation. Complaints about facilities & environment and information & support both showed small decreases.

Table 1: Complaints by category/theme

Category/Theme	Number of complaints received in Q1 (2017/18)	Number of complaints received in Q4 (2016/17)
Access	0 (0%) =	0 (0%) ↓
Appointments & Admissions	159 (28.6% of total complaints) ↑	132 (29.9%) ↑
Attitude & Communication	191 (34.4%) ↑	104 (23.6%) ↑
Clinical Care	129 (23.2%) ↑	126 (28.6%) ↑

Discharge/Transfer/Transport	17 (3.1%) ↑	15 (3.4%) ↓
Documentation	6 (1.1%) ↑	4 (0.9%) ↑
Facilities & Environment	16 (2.9%) ↓	21 (4.8%) ↑
Information & Support	37 (6.7%) ↓	39 (8.8%) ↑
Total	555	441

Each complaint is also assigned to a more specific sub-category, for which there are over 100. Table 2 lists the ten most consistently reported sub-categories. In total, these sub-categories account for slightly over half of the complaints received in Q1 (285/555). Complaints relating to attitude of security staff (totalling 101) have been excluded from Table 2 as this was considered a 'one-off' event.

Table 2: Complaints by sub-category

Sub-category	Number of complaints received in Q1 (2017/18)	Q4 (2016/17)	Q3 (2016/17)	Q2 (2016/17)
Cancelled/delayed appointments and operations	75 ↑ (38.9% increase compared to Q4)	54	66	106
Communication with patient/relative	15 ↓ (25% decrease compared to Q4)	20	25	23
Clinical Care (Medical/Surgical)	70 =	70	54	60
Failure to answer telephones/failure to respond	22 =	22	24	27
Clinical Care (Nursing/Midwifery)	18 ↑ (38.5% increase compared to Q4)	13	13	19
Attitude of Medical Staff	29 ↑ (7.4% increase compared to Q4)	27	14	24
Attitude of Admin/Clerical Staff	4 ↓ (77.8% decrease compared to Q4)	18	11	11
Attitude of Nursing Staff	3 =	4	5	17
Appointment Administration Issues	46 ↑ (31.4% increase compared to Q4)	35	15	38
Transport (Late/Non Arrival/Inappropriate)	3 ↑ (50% increase compared to Q4)	2	2	11

Complaints about 'cancelled or delayed appointments or operations/procedures' rose in Q1, having previously decreased for three consecutive quarters. There was also a rise in complaints in respect of 'appointment and administration issues' in Q1, and we will undertake a more detailed analysis if the reporting pattern is sustained in Q2 of 2017/18. Complaints about 'attitude of nursing staff' have reduced for three consecutive quarters, whilst the Q4 upturn in complaints about 'attitude of admin/clerical staff' was reversed in Q1.

Figures 5, 6, and 7 show the four most commonly recorded sub-categories of complaint as detailed above, tracked since February 2016.

Figure 5: Cancelled or delayed appointments and operations



Figure 6: Clinical care – Medical/Surgical

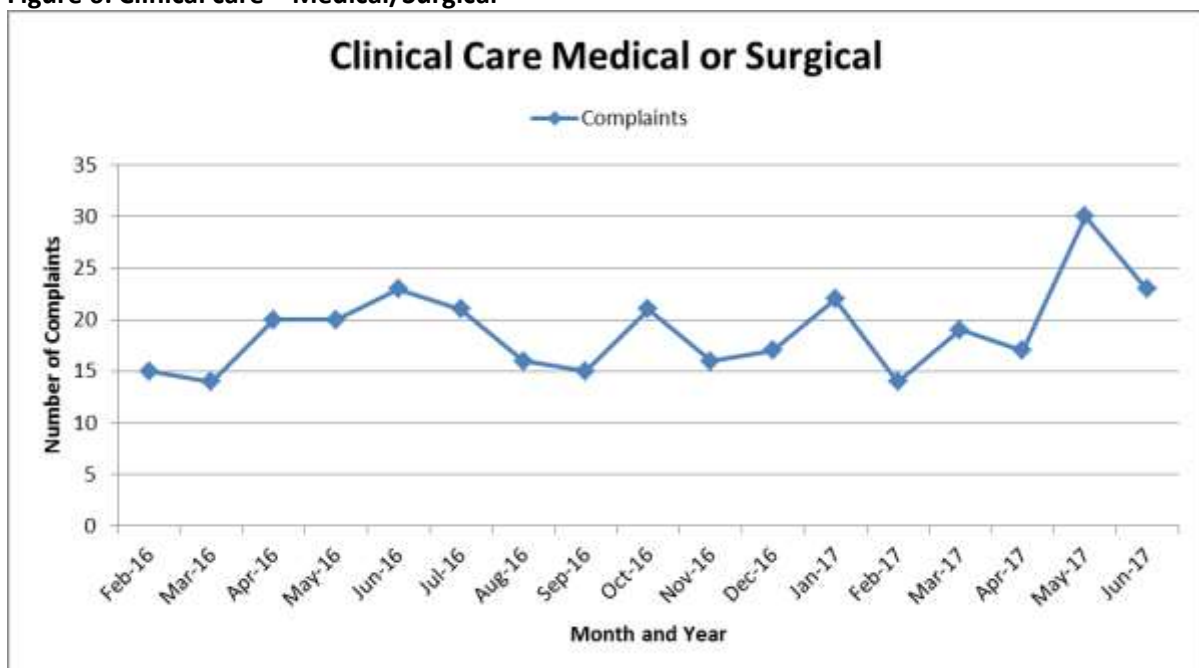
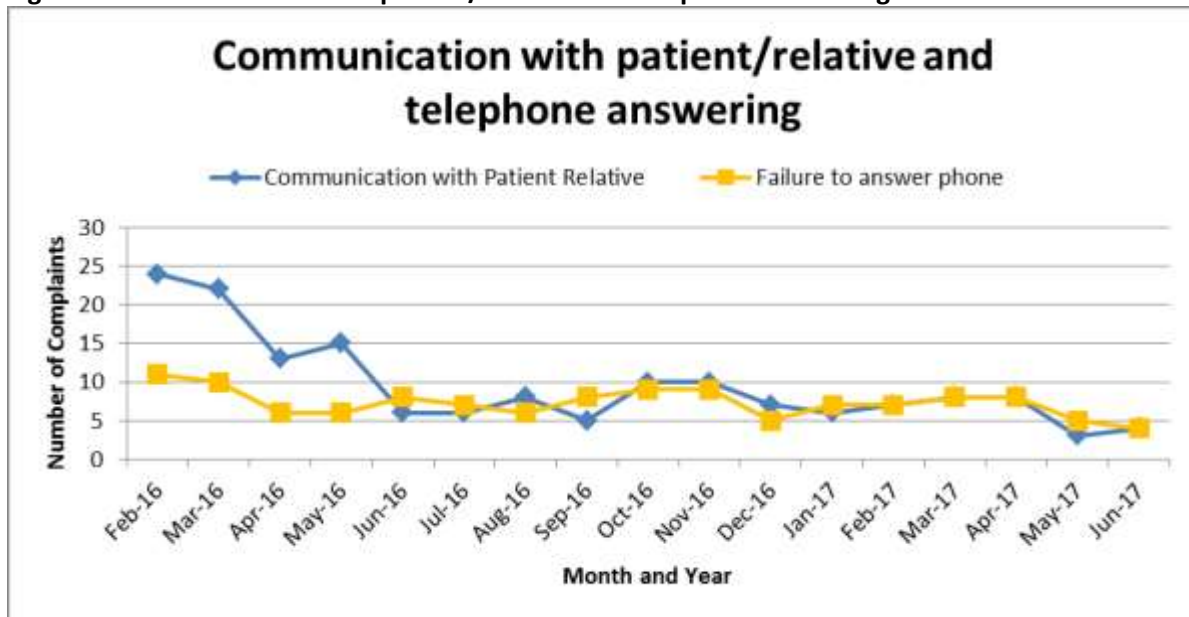


Figure 7: Communication with patient/relative and telephone answering



3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q1 complaints performance by Division. 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. Data for the Division of Trust Services is not included in this table but is summarised in section 3.1.6 of the report.

Table 3	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies
Total number of complaints received	175 (155) ↑	102 (88) ↑	70 (82) ↓	73 (67) ↑	13 (11) ↑
Number of complaints about appointments and admissions	94 (72) ↑	13 (19) ↓	31 (17) ↑	18 (15) ↑	3 (7) ↓
Number of complaints about staff attitude and communication	30 (37) ↓	27 (17) ↑	9 (17) ↓	19 (22) ↓	1 (2) ↓
Number of complaints about clinical care	36 (29) ↑	42 (34) ↑	19 (35) ↓	26 (27) ↓	5 (1) ↓
Area where the most complaints have been received in Q4	Bristol Dental Hospital – 79 (48) Bristol Eye Hospital – 25 (44) Trauma & Orthopaedics – 8 (15) ENT – 10 (10) Lower GI – 9 (7) Upper GI – 7 (12)	Emergency Department (BRI) – 28 (18) Dermatology – 9 (10) Sleep Unit 9 (7) Ward A300 (AMU) – 9 (5)	BHI (all) – 50 (64) BHI Outpatients – 12 (20) BHI Waiting List Office - 8 (8) Ward C708 – 6 (6) Appointments Dept (BHOC) – 10 (2)	Children's ED & Ward 39 (BRHC) – 4 (9) Gynaecology Outpatients (StMH) – 6 (7) Paediatric Orthopaedics – 2 (7) Central Delivery Suite (STMH) – 6 (3)	Radiology – 4 (3) Physiotherapy – 3 (2) Audiology – 2 (1)
Notable deteriorations compared to Q4	Bristol Dental Hospital - 79 (48)	Emergency Department (BRI) – 28 (18) Ward A300 (AMU) – 9 (5)	Appointments Dept (BHOC) – 10 (2)	None	None
Notable improvements compared to Q4	Bristol Eye Hospital - 25 (44) Trauma & Orthopaedics – 8 (15)	None	BHI (all) – 50 (64) BHI Outpatients – 12 (20)	Paediatric Orthopaedics – 2 (7) Children's ED & Ward 39 (BRHC) – 4 (9)	None

3.1.1 Division of Surgery

In Q1, the Division of Surgery experienced an increase in complaints about appointments and admissions, including an increase in complaints about cancelled or delayed appointments and operations. The downward trend in complaints about trauma and orthopedics continued in Q1 (down from 37 in Q3 and 15 in Q4, to 8 in Q1). Complaints relating to the Bristol Dental Hospital rose significantly to 79 in Q1, compared to 48 in Q4 and 31 in Q3. Complaints about Bristol Eye Hospital continued their downward trend in Q1. Q1 data also shows a continued positive shift toward informal resolution of concerns within the division.

Table 4: Complaints by category type

Category Type	Number and % of complaints received – Q1 2017/18	Number and % of complaints received – Q4 2016/17
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	94 (53.7%) ↑	72 (46.6%) ↑
Attitude & Communication	30 (17.1%) ↓	37 (23.9%) ↓
Clinical Care	36 (20.6%) ↑	29 (18.7%) ↑
Facilities & Environment	1 (0.6%) ↓	2 (1.29%) =
Information & Support	11 (6.3%) ↓	13 (8.39%) ↑
Discharge/Transfer/ Transport	2 (1.1%) ↑	1 (0.64%) ↓
Documentation	1 (0.6%) =	1 (0.64%) ↑
Total	175	155

Table 5: Top sub-categories

Category	Number of complaints received – Q1 2017/18	Number of complaints received – Q4 2016/17
Cancelled or delayed appointments and operations	42 ↑	30 ↓
Clinical Care (Medical/Surgical)	22 ↑	16 =
Communication with patient/relative	3 ↓	6 ↓
Attitude of Medical Staff	9 ↓	10 ↑
Attitude of Nursing/Midwifery	0 =	0 ↓
Attitude of Admin/Clerical Staff	3 ↓	7 ↑
Clinical Care (Nursing/Midwifery)	2 ↑	0 ↓
Failure to answer telephones	10 ↑	9 ↓
Transport (late/non arrival/inappropriate)	0 =	0 ↓

Table 6: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
Complaints about the Bristol Dental Hospital increased significantly in Q1 (48 to 79). Of these 78 complaints, the majority were about Adult Restorative Dentistry (20), Child	A significant proportion of complaints received about BDH in Q1 related to concerns about telephone communications (mostly informal complaints): difficulties experienced by	In respect of the reported difficulties in contacting BDH by phone, the division is currently seeking to identify which phone numbers are the source of the problem (identified either

<p>Dental Health (18), the Administration Department (16) and Oral Surgery (16).</p>	<p>patients when attempting to phone BDH to discuss their appointments and/or the attitude of administration staff when calls were answered.</p>	<p>retrospectively from patient letters or prospectively by asking the Patient Support and Complaints Team and Communication Team (re. concerns raised via social media) to record/seek this information)). This will identify whether the complaints relate to the Trust's outpatient call centre or direct lines into the BDH (and which ones).</p>
		<p>Customer services training is also being arranged for BDH admin staff.</p>

Figure 8: Surgery, Head & Neck – formal and informal complaints received

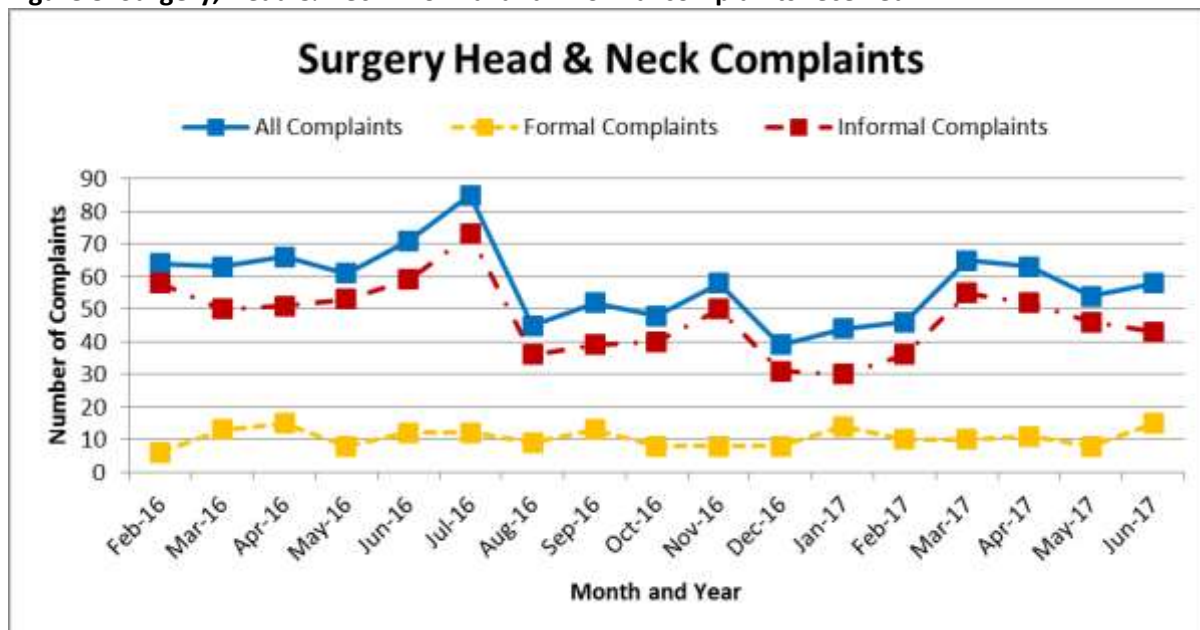


Figure 9: Complaints received by Bristol Dental Hospital

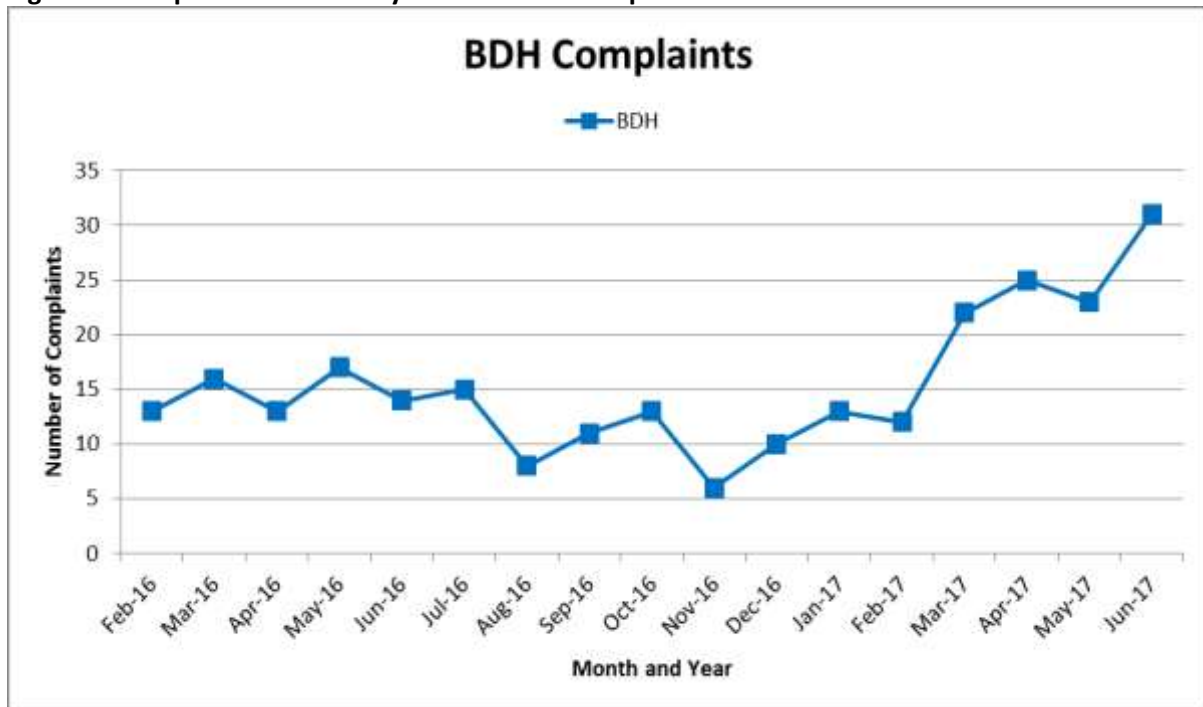
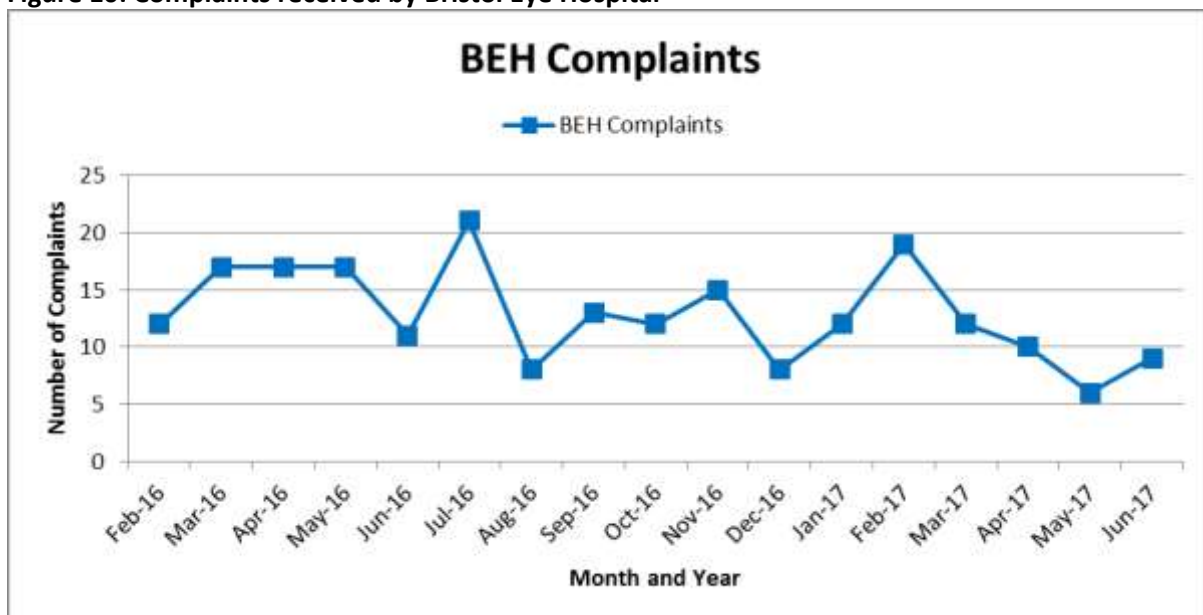


Figure 10: Complaints received by Bristol Eye Hospital



3.1.2 Division of Medicine

In Q1, there were increases in the number of complaints received in respect of 'clinical care (medical/surgical)' and 'attitude of medical staff'. However, unlike the other bed-holding Divisions, there was a decrease in the number of complaints about 'appointments and admissions'. Q1 data continued the trend identified in Q4 of a concerted shift toward informal resolution of concerns.

Table 7: Complaints by category type

Category Type	Number and % of complaints received – Q1 2017/18	Number and % of complaints received – Q4 2016/17
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	13 (12.7%) ↓	19 (21.6%) ↓
Attitude & Communication	27 (26.5%) ↑	17 (19.3%) ↓
Clinical Care	42 (41.2%) ↑	34 (38.6%) ↑
Facilities & Environment	4 (3.9%) ↓	6 (6.8%) =
Information & Support	4 (3.9%) =	4 (4.5%) ↑
Discharge/Transfer/ Transport	8 (7.8%) ↑	6 (6.8%) ↑
Documentation	4 (3.9%) ↑	2 (2.3%) ↑
Total	102	88

Table 8: Top sub-categories

Category	Number of complaints received – Q1 2017/18	Number of complaints received – Q4 2016/17
Cancelled or delayed appointments and operations	5 ↓	6 ↓
Clinical Care (Medical/Surgical)	26 ↑	17 ↑
Communication with patient/relative	2 ↓	3 ↓
Attitude of Medical Staff	12 ↑	7 ↑
Attitude of Nursing/Midwifery	2 ↑	0 ↓
Attitude of Admin/Clerical Staff	0 ↓	2 ↓
Clinical Care (Nursing/Midwifery)	7 ↑	4 ↓
Failure to answer telephones	5 ↑	4 ↓

Table 9: Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
There was an increase in the number of complaints under the category of 'clinical care (medical/surgical)' from 17 in Q4 to 26 in Q1. 10 of these related to the Emergency Department (BRI), five to Ward A300 (AMU) and four to the Dermatology Centre.	A review of these cases has taken place there are no identified themes other than within ED.	A continued focus on embedding the learning from these complaints and continued review of any identified themes will continue.
In addition to the concern noted above, there was a general increase in the number of complaints for the Emergency Department (ED) and Ward A300 (AMU). Eight complaints in the ED were in respect of 'attitude and communication'.	A theme was identified in ED regarding identification of injuries and subsequent requirement to return for ED for ongoing treatment.	The ED lead consultant has reviewed the six cases and identified that four relate to radiology and the reporting or results. This will be discussed in the departmental management meeting to raise awareness and plan any appropriate actions.

Figure 11: Medicine – formal and informal complaints received

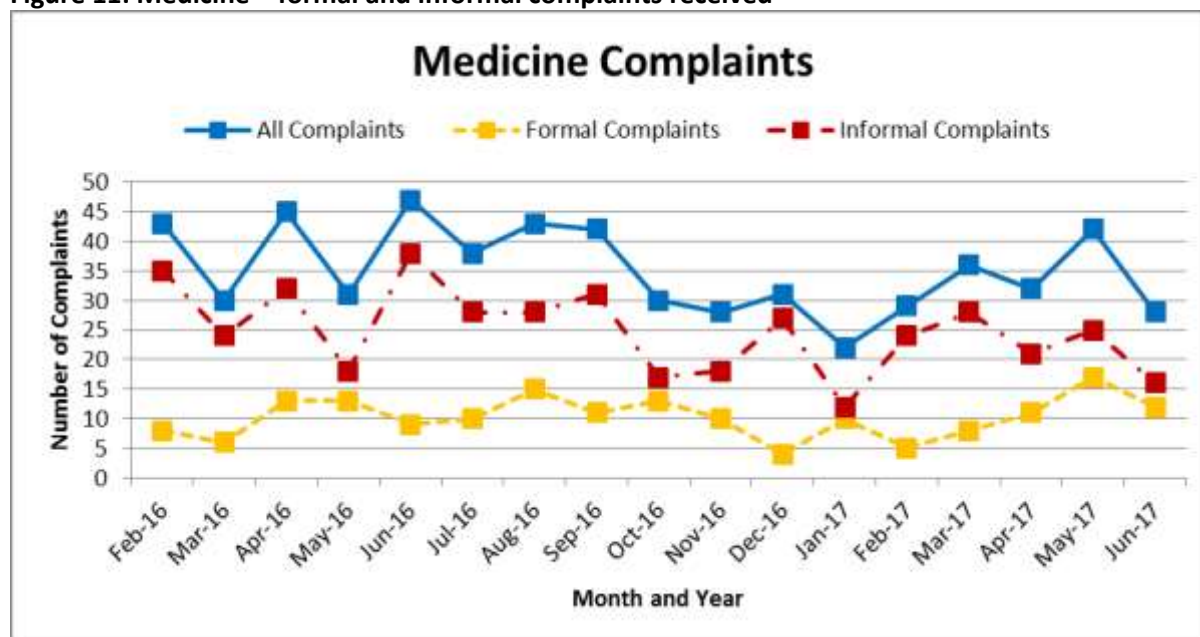
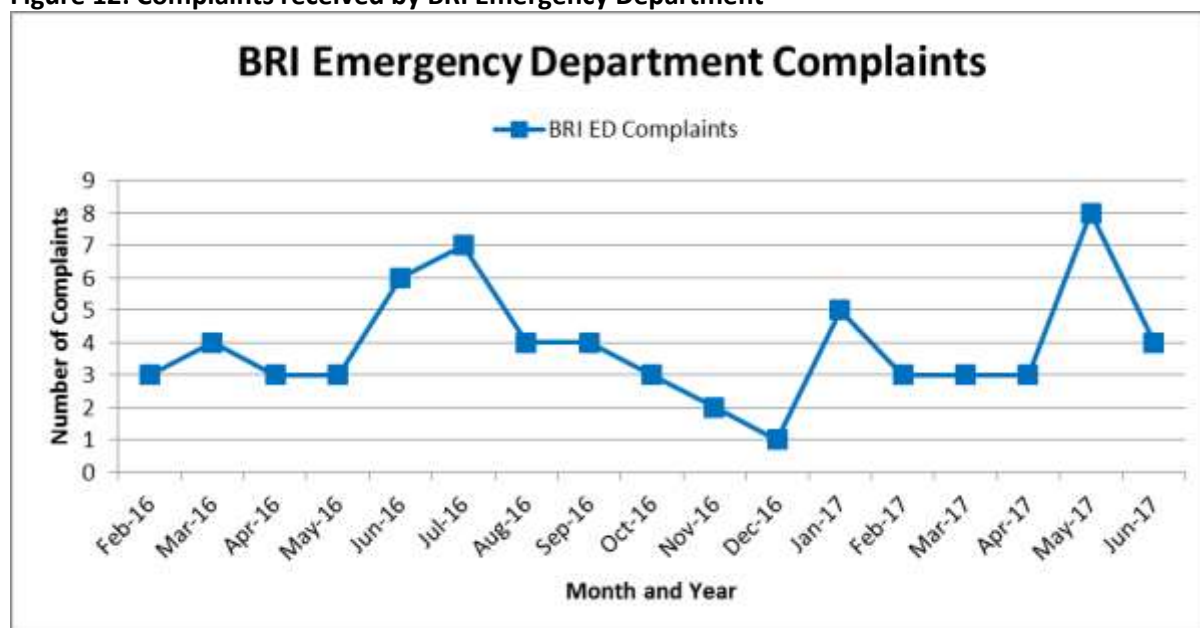


Figure 12: Complaints received by BRI Emergency Department



3.1.3 Division of Specialised Services

In Q1, the Division of Specialised Services experienced significant decreases in complaints about ‘attitude and communication’ and ‘clinical care’ when compared to Q4. In line with the other bed-holding Divisions (with the exception of Medicine), the Division did see an increase in the number of complaints relating to ‘appointments and admissions’ (from 17 in Q4 to 31 in Q1).

Table 10: Complaints by category type

Category Type	Number and % of complaints received – Q1 2017/18	Number and % of complaints received – Q4 2016/17
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	31 (44.3%) ↑	17 (20.7%) ↑
Attitude & Communication	9 (12.9%) ↓	17 (20.7%) ↑
Clinical Care	19 (27.1%) ↓	35 (42.7%) ↑
Facilities & Environment	3 (4.3%) ↑	1 (1.2%) ↓
Information & Support	6 (8.6%) ↓	7 (8.5%) ↓
Discharge/Transfer/Transport	2 (2.9%) ↓	5 (6.1%) ↓
Documentation	0 (0%) =	0 (0%) =
Total	70	82

Table 11: Top sub-categories

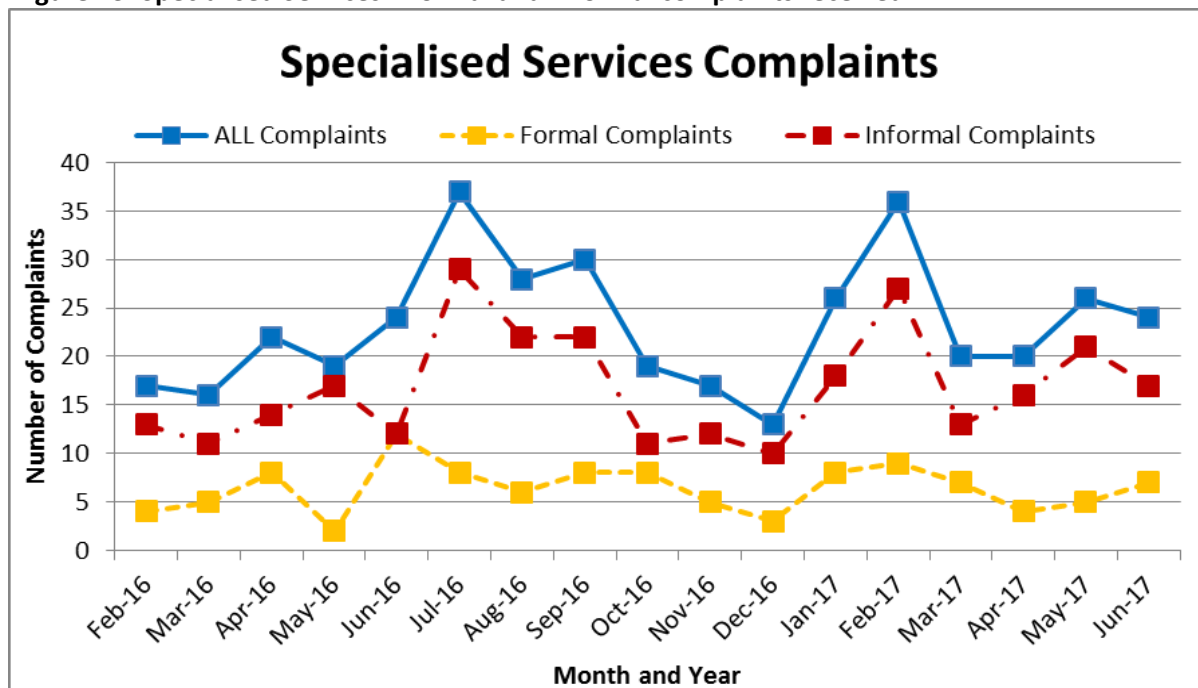
Category	Number of complaints received – Q1 2017/18	Number of complaints received – Q4 2016/17
Cancelled or delayed appointments and operations	16 ↑	8 =
Clinical Care (Medical/Surgical)	10 ↑	3 ↓
Communication with patient/relative	1 ↓	5 ↑
Attitude of Medical Staff	3 =	3 ↑
Attitude of Nursing/Midwifery	0 ↓	1 ↑
Attitude of Admin/Clerical Staff	0 =	0 =
Clinical Care (Nursing/Midwifery)	1 =	1 ↓
Failure to answer telephones	5 ↓	7 ↑

Table 12: Divisional response to concerns highlighted by Q4 data

Concern	Explanation	Action
The Division has seen an increase in complaints about 'appointments and admissions' in Q1. Seven of these complaints were about the BHI Waiting List Office and six were received in respect of the BHOC Appointments Department.	There was significant sickness absence across the waiting list and admin teams in the BHI in Q1 which was also compounded by vacancies in the cardiac waiting list team; this led to delays in answering telephones and responding to patients queries. See below for BHOC appointments	The sickness has resolved across both teams and therefore the expected service has resumed.
In addition to the above point, the BHOC Appointments Department saw an increase from two complaints in Q4 to 10 complaints in Q1.	The BHOC is experiencing a significant rise in the number of patients requiring chemotherapy which has been compounded by a reduction of the number of	The Division is working with health care at home to increase capacity for the delivery of chemotherapy during September. In October, a new method of managing patients

	chemotherapy slots available as a result of bank holidays.	will be introduced to increase capacity in the Chemotherapy Day Unit. The Division is also working with the Division of Diagnostics and Therapies to develop a service covering bank holidays.
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Figure 13: Specialised Services – formal and informal complaints received



3.1.4 Division of Women’s and Children’s Services

In Q1, the Division of Women’s and Children’s Services received a similar number of complaints to Q3. Complaints about Attitude and Communication rose (up from 15 to 22), however, there were no discernable patterns within this group of complaints.

Table 13: Complaints by category type

Category Type	Number and % of complaints received – Q1 2017/18	Number and % of complaints received – Q4 2016/17
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	18 (24.7%) ↑	15 (22.4%) =
Attitude & Communication	19 (26.1%) ↓	22 (32.8%) ↑
Clinical Care	26 (35.6%) ↓	27 (40.3%) ↑
Facilities & Environment	2 (2.7%) ↑	1 (1.5%) =
Information & Support	5 (6.8%) ↑	1 (1.5%) ↓
Discharge/Transfer/Transport	2 (2.7%) ↑	0 (0%) ↓
Documentation	1 (1.4%) =	1 (1.5%) ↑
Total	73	67

Table 14: Top sub-categories

Category	Number of complaints received – Q1 2017/18	Number of complaints received – Q4 2016/17
Cancelled or delayed appointments and operations	11 ↑	8 ↑
Clinical Care (Medical/Surgical)	11 ↓	15 ↑
Communication with patient/relative	8 ↑	6 ↑
Attitude of Medical Staff	5 ↓	6 ↑
Attitude of Nursing/Midwifery	1 ↓	3 =
Attitude of Admin/Clerical Staff	0 ↓	3 ↑
Clinical Care (Nursing/Midwifery)	8 =	8 ↑
Failure to answer telephones	2 ↑	1 =

Figure 14: Women & Children – formal and informal complaints received

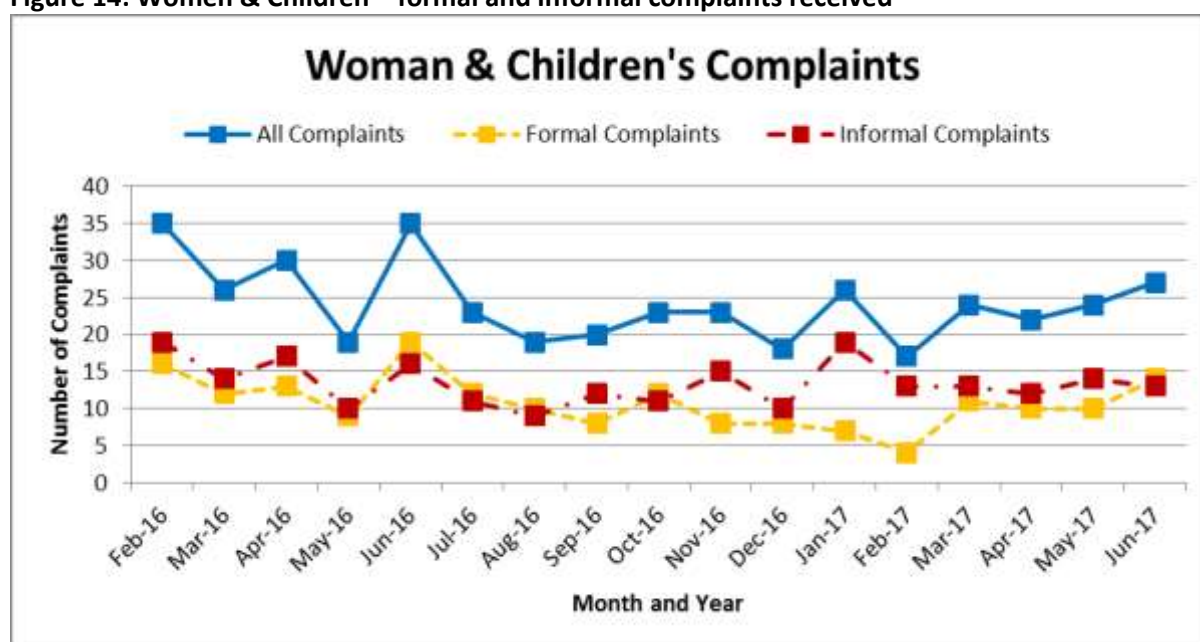
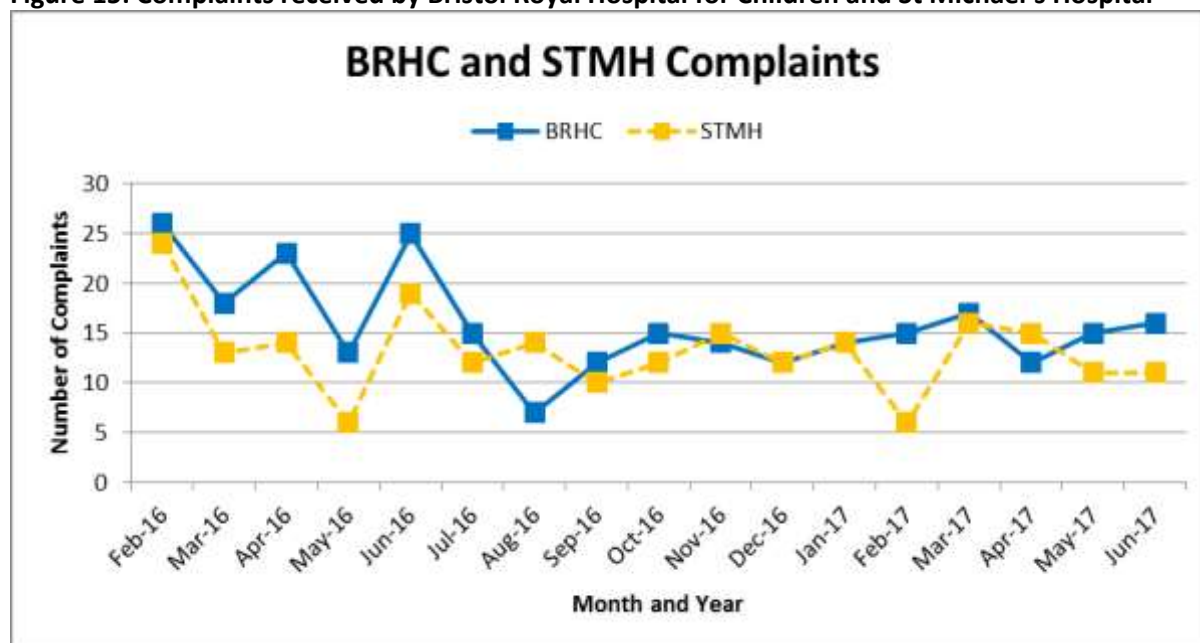


Figure 15: Complaints received by Bristol Royal Hospital for Children and St Michael's Hospital



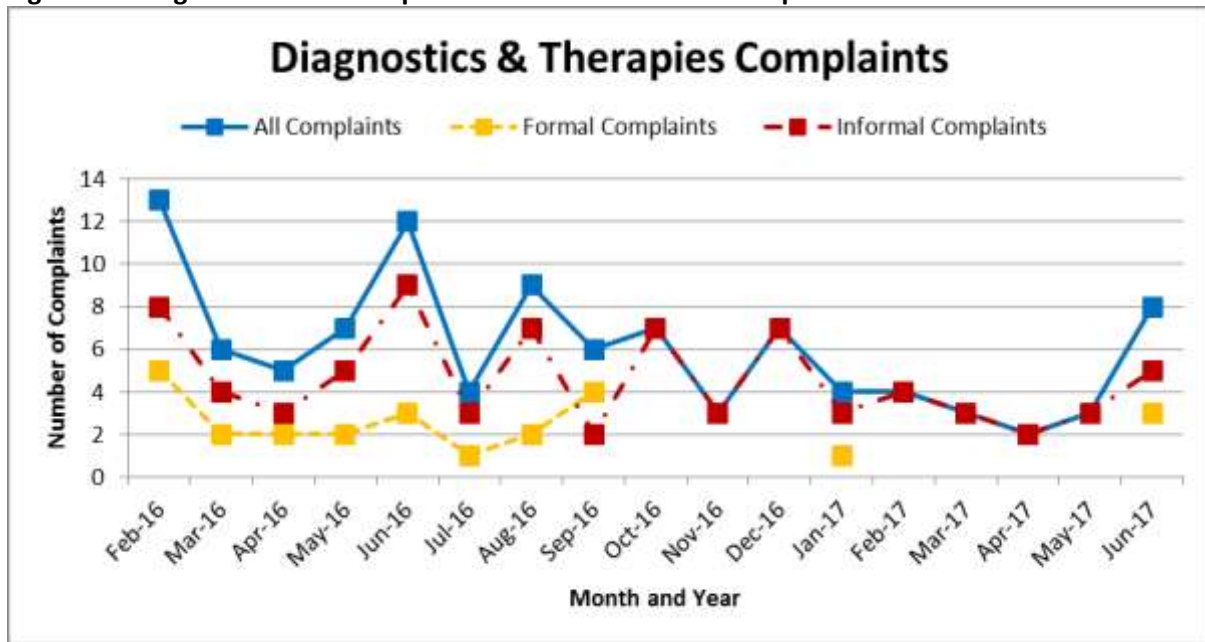
3.1.5 Division of Diagnostics & Therapies

In Q1, complaints received by the Diagnostics and Therapies Division increased slightly, with 13 complaints in Q1 compared to 11 in Q4. This remains lower than the 17 complaints reported in Q3 and 19 in Q2.

Table 15: Complaints by category type

Category Type	Number and % of complaints received – Q1 2017/18	Number and % of complaints received – Q4 2016/17
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	3 (23.1%)	7 (63.6%) ↓
Attitude & Communication	1 (7.7%)	2 (18.9%) ↓
Clinical Care	5 (38.4%)	1 (9%) ↓
Facilities & Environment	2 (15.4%)	0 (0%) =
Information & Support	2 (15.4%)	0 (0%) ↓
Discharge/Transfer/Transport	0 (0%)	1 (9%) ↑
Documentation	0 (0%) =	0 (0%) =
Total	13	11

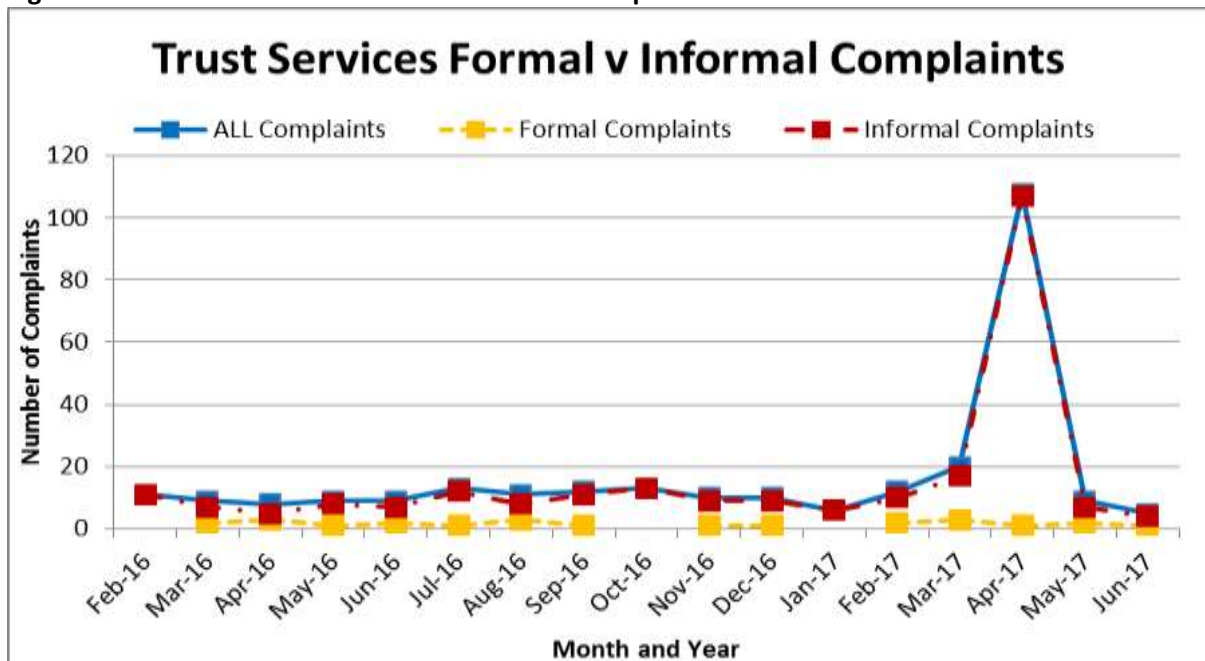
Figure 16: Diagnostics and Therapies – formal and informal complaints received



3.1.6 Division of Trust Services

For the first time this quarter (Q1 2017/18), we are including data relating to complaints received by Trust Services, which includes the Facilities & Estates department. Figure 17 below shows the number of complaints received by the Division since February 2016 and clearly shows the spike in complaints in April 2017 when the Trust received over 100 complaints about security officers being asked to remove wearing union jack badges.

Figure 17: Trust Services – formal and informal complaints received



3.2 Complaints by hospital site

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

Table 16: Breakdown of complaints by hospital site

Hospital/Site	Number and % of complaints received in Q1 2017/18	Number and % of complaints received in Q4 2016/17
Bristol Royal Infirmary	279 (50.3%) ↑	164 (37.2%)
Bristol Dental Hospital	79 (14.2%) ↑	48 (10.9%)
Bristol Heart Institute	50 (9.0%) ↓	64 (14.5%)
Bristol Royal Hospital for Children	44 (7.9%) ↓	49 (11.1%)
St Michael's Hospital	37 (6.7%) ↑	36 (8.2%)
Bristol Eye Hospital	25 (4.5%) ↓	43 (9.8%)
Bristol Haematology & Oncology Centre	21 (3.8%) =	21 (4.8%)
South Bristol Community Hospital	7 (1.3%) ↑	6 (1.4%)
Community Midwifery Services	3 (0.5%) ↑	1 (0.2%)
Central Health Clinic	3 (0.5%) =	3 (0.7%)
Southmead Hospital (UH Bristol services)	3 (0.5%) ↑	1 (0.2%)
Other Trust	2 (0.4%) ↓	4 (0.8%)
Community Dental Sites	1 (0.2%) =	1 (0.2%)
Trust Headquarters	1 (0.2%) ↑	0 (0%)
TOTAL	555	441

The large increase in complaints relating to the BRI is due to the 'union jack' complaint described elsewhere in this report, i.e. all 101 related complaints are included in the BRI total of 279.

3.2.1 Breakdown of complaints by inpatient/outpatient/ED status

Also for the first time, this quarterly report includes data differentiating between inpatient, outpatient and Emergency Department complaints.

Figure 18: Complaints received broken down by inpatients and outpatients

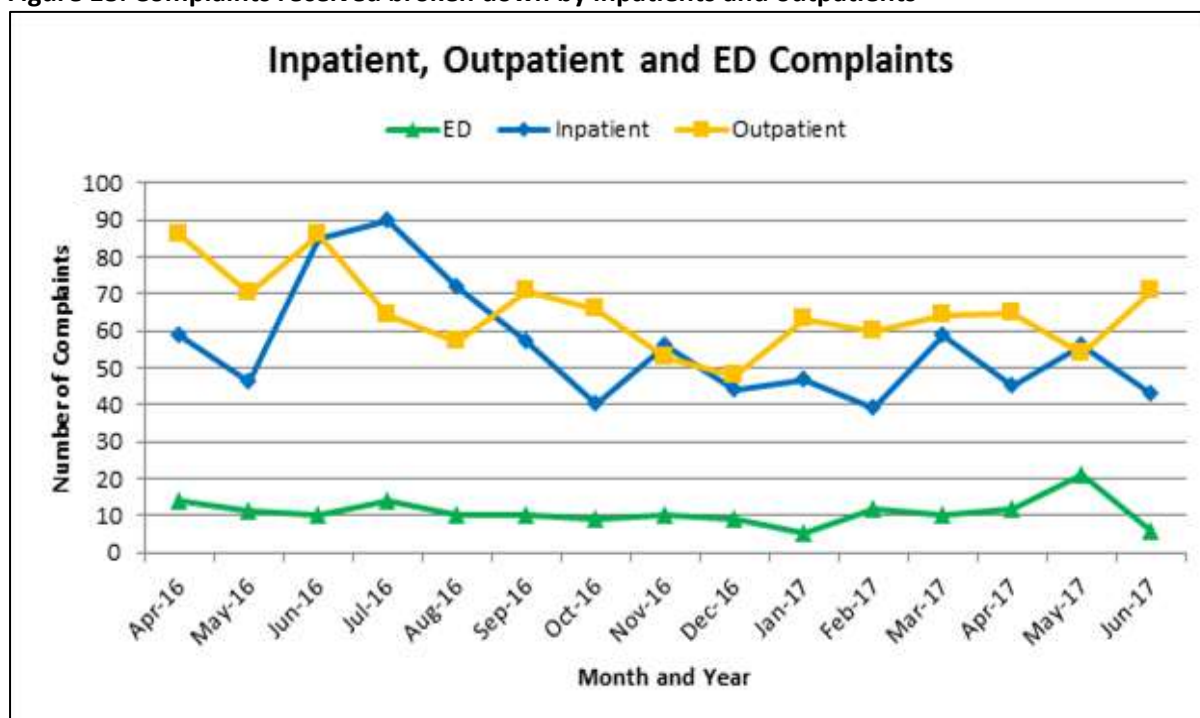


Table 17: Breakdown of Area Type

Complaints	Area Type				
Month	ED	Inpatient	Outpatient	Other	Grand Total
Apr-16	14	59	86	17	176
May-16	11	46	70	19	146
Jun-16	10	85	86	17	198
Jul-16	14	90	64	32	200
Aug-16	10	72	57	16	155
Sep-16	10	57	71	24	162
Oct-16	9	40	66	25	140
Nov-16	10	56	53	20	139
Dec-16	9	44	48	17	118
Jan-17	5	47	63	14	129
Feb-17	12	39	60	33	144
Mar-17	10	59	64	35	168
Apr-17	12	45	65	125	247
May-17	21	56	54	27	158
Jun-17	6	43	71	30	150
Grand Total	163	838	978	451	2430

3.3 Complaints responded to within agreed timescale

All Divisions, with the exception of Diagnostics and Therapies, reported breaches in Q1, totalling 26, which is an increase on the 19 breaches recorded in Q4. These breaches are spread across all of the

bed-holding Divisions, with the largest increase within the Division of Specialised Services (when compared to Q4). Comments on this increase are included in table 12 in section 3.1.3.

Table 18: Breakdown of breached deadlines

Division	Q1 (2017/18)	Q4 (2016/17)	Q3 (2016/17)	Q2 (2016/17)
Surgery	6 (14.6%)	7 (14.3%)	1 (0.7%)	0 (0%)
Medicine	6 (22.2%)	4 (15.4%)	0 (0%)	4 (11.1%)
Specialised Services	6 (24%)	2 (6.4%)	4 (8.9%)	1 (4.5%)
Women & Children	6 (18.2%)	6 (24%)	3 (4.7%)	5 (16.7%)
Diagnostics & Therapies	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Trust Services	2 (50%)	0 (0%)	0 (0%)	2 (66.7%)
All	26 breaches	19 breaches	8 breaches	12 breaches

(So, as an example, there were six breaches of timescale in the division of Specialised Services in Q1, which constituted 24% of the complaints responses which had been due in that division in Q1).

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; delays during the sign-off process itself; and/or responses being returned for amendment following Executive review.

3.4 Outcome of formal complaints

In Q1 we responded to 132 formal complaints⁴. Tables 19 and 20 below show a breakdown, by Division, of how many cases were upheld, partly upheld or not upheld in Q1 of 2017/18 and Q4 of 2016/17.

Whilst the number of responses in Q1 was similar to Q4 (132 compared to 136), 15 more complaints were upheld, with a corresponding reduction in cases recorded as partly upheld. This shift applied to responses in all Divisions, however there is no discernible reason for this change.

Table 19: Outcome of formal complaints – Q1 2017/18

	Upheld	Partly Upheld	Not Upheld
Surgery	6 (14.6%)	28 (68.3%)	7 (17.1%)
Medicine	6 (22.2%)	15 (55.6%)	6 (22.2%)
Specialised Services	3 (12%)	17 (68%)	5 (20%)
Women & Children	7 (21.2%)	21 (63.6%)	5 (15.2%)
Diagnostics & Therapies	1 (100%)	0 (0%)	0 (0%)
Trust Services	1 (20%)	3 (60%)	1 (20%)
Total	24 (18.2%)	84 (63.6%)	24 (18.2%)

⁴ Note: this is different to the number of formal complaints we *received* in the quarter

Table 20: Outcome of formal complaints – Q4 2016/17

	Upheld	Partly Upheld	Not Upheld
Surgery	3 (6.1%)	34 (69.4%)	12 (24.5%)
Medicine	3 (11.5%)	21 (80.8%)	2 (7.7%)
Specialised Services	1 (3.2%)	26 (83.9%)	4 (12.9%)
Women & Children	2 (8%)	17 (68%)	6 (24%)
Diagnostics & Therapies	0 (0%)	1 (50%)	1 (50%)
Trust Services	0 (0%)	2 (66.7%)	1 (33.3%)
Total	9 (6.6%)	101 (74.3%)	26 (19.1%)

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 Q1, the team dealt with 174 such enquiries, compared to 191 in Q4. These enquiries can be categorised as:

- 138 requests for advice and information (142 in Q4)
- 34 compliments (47 in Q4)⁵
- 2 request for support (4 in Q4)

Table 21 below shows a breakdown of the 138 requests for advice, information and support dealt with by the team in Q1.

Table 21: Enquiries by category

Category	Number of enquiries
Information about patient	35
Hospital information request	23
Signposting	15
Medical records requested	8
Appointments administration issues	6
Clinical care	4
Clinical information request	4
Transport request	4
Employment and volunteering	4
Delayed operation/procedure	3
Freedom of information request	3
Accommodation enquiry	3
Travel arrangements	3
Invoicing	2

⁵ This figure includes compliments added directly to the Datix system by Divisions.

Translating & Interpreting	2
Lost/misplaced test results	2
Failure to answer phone/respond	2
Admissions arrangements	2
Cleanliness (internal)	2
Telecommunications	1
Signage	1
Medication incorrect	1
Follow up treatment	1
Expenses claim	1
Confidentiality	1
Discharge arrangements	1
Bereavement support	1
Waiting time in clinic	1
Appointment letter not received	1
Car parking	1
Total	138

In addition to the enquiries detailed above, in Q1 the Patient Support and Complaints team recorded 203 enquiries that did not proceed. This is where someone contacts the department to make a complaint or enquiry but does not leave enough information to enable the team to carry out an investigation, or they subsequently decide that they no longer wish to proceed with the complaint.

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

One of the Key Performance Indicators (KPIs) used to monitor the performance of 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.

The NHS Complaints Procedure (2009) states that complaints must be acknowledged within three working days. This is also a requirement of the NHS Constitution. The Trust's own policy states that complaints made in writing (including emails) will be acknowledged within three working days and that complaints made orally (via the telephone or in person) will be acknowledged within two working days.

In Q1, 333 complaints were received in writing (email, letter or complaint form) and 222 were received verbally (35 in person via drop-in service and 187 by telephone). Of the 555 complaints received in Q1, 515 (92.8%) met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written).

The reasons why 40 cases missed the standard have been investigated; the vast majority (38/40) related to the 'union jack' complaint and were due to the sheer volume of complaints being handled by the team in response to that issue.

6. PHSO cases

During Q1, the Trust was advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in three complaints. During the same period, five existing cases were closed and one existing case remains ongoing. Of the five cases closed, two were partly upheld by the PHSO.

Table 22: Complaints opened by the PHSO in Q1

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
4537	EB	MB	10/11/2016 [25/05/2017]	BRI	Ward A515	Medicine
Copy of complaint file and medical records sent to the PHSO. Pending further contact from the PHSO.						
2624	CC	RC	14/07/2016 [19/05/2017]	BRI	Ward A600 (ITU/HDU)	Surgery
Copy of complaint file and medical records sent to the PHSO. Pending further contact from the PHSO.						
679	LH		02/03/2016 [09/05/2017]	BEH	Outpatients	Surgery
Copy of complaint file and medical records sent to the PHSO. Contacted by PHSO to advise us that they intend to investigate. Further information subsequently requested by the PHSO and provided by the Trust. Awaiting PHSO's draft report.						

Table 23: Complaints ongoing with the PHSO during Q1

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
2870	AM	PM	3/11/16 [7/3/17]	BHOC	Ward D603	Specialised Services
Copy of complaint file and medical records sent to the PHSO. PHSO notified us that they plan to issue a draft report in early August 2017.						

Table 24: Complaints formally closed by the PHSO in Q1

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
3604	GV	PV	16/09/2016 [17/01/2017]	BRI/StMH	Lower GI/Ward 78	Surgery & Women's & Children's
Final report received from PHSO – complaint not upheld						
2095	NH	MH	16/6/16 [26/10/16]	BRI	Lower GI	Surgery
Final report received from PHSO – complaint partly upheld and the following recommendations made for the Trust to: <ul style="list-style-type: none"> • Acknowledge the failings summarised in the report and apologise for the anxiety, distress and discomfort these caused; and • Provide assurances to the patient and the Ombudsman that it will take additional remedial action to more effectively manage future patients presenting with similar symptoms to prevent unnecessary delays in their further assessment and admittance, and to ensure they are appropriately hydrated at these times in accordance with relevant guidance. 						
3983	AG	LCY	29/9/15 [7/9/16]	BRI	Trauma and Orthopaedics	Surgery
Final report received from PHSO – complaint not upheld						
4841	AJ		9/11/15 [30/9/16]	BEH	Outpatients	Surgery
Final report received from PHSO – complaint partly upheld and the following recommendations made for the Trust to: <ul style="list-style-type: none"> • Within one month of the date of the final report, write to the patient to acknowledge the communication failings identified in the report (both in the consent process and in communication with us), and apologise for the impact that these failings had on her <p>The PHSO's draft report included a recommendation of financial recompense due to the Trust not being able to provide evidence that Mrs J had signed a consent form in October 2014. During subsequent conversations between the Division and the PHSO, the Division was able to provide a copy of this missing evidence. Therefore, the PHSO altered their report to withdraw the recommendation of financial recompense, but still partly upheld the complaint.</p> <p>The patient is currently appealing the PHSO's decision, which she does not agree with.</p>						
18856	SC	VP	22/5/15 [15/2/16]	BRI	Ward B501	Medicine
Final report received from PHSO – complaint not upheld						